

ACCESSIBILITY AND INCLUSION IN HEALTH PROFESSIONS EDUCATION:
PERSPECTIVES AND EXPERIENCES OF DISABLED COLLEGE STUDENTS

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by
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The undersigned, appointed by the dean of the Graduate School, have examined the [thesis or dissertation] entitled

ACCESSIBILITY AND INCLUSION IN HEALTH PROFESSIONS EDUCATION:
PERSPECTIVES AND EXPERIENCES OF DISABLED COLLEGE STUDENTS

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and hereby certify that, in their opinion, it is worthy of acceptance.

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DEDICATION

First and foremost I am thankful to my savior Jesus Christ for giving me the strength and tenacity to get through this process in spite of many personal and medical obstacles. It is through Him that all things are possible.

I am infinitely indebted to my husband Jeff who picked me up, dusted me off, and propelled me forward each time I fell and wanted to quit. His love and support never waned, no matter how much I did. Jeff, thank you for being my better half. This accomplishment is not mine alone, it is ours together. I love you.

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Chapter 1: Introduction

The U.S. Department of Education (2011) has identified concerns facing disabled college students as an important problem to be addressed. According to the most recent U.S. Census Bureau report, approximately 56.7 million people in this country are living with a disability (Brault, 2012), but only one in five who completes high school will enter higher education (Barnard, Stevens, Siwatu, & Lan, 2008). Consequently, only 13.5 percent of disabled individuals 25 years of age and older have a college degree (Brault, 2012). In spite of this seemingly low attendance rate, the U.S. Department of Education reports that 94% of all public and private institutions of higher learning (both 2-year and 4-year) enrolled disabled students in 2008-2009, with continued increases in the population projected in the foreseeable future (Getzel & Thoma, 2008; Gibson, 2012; Raue, Lewis, & Coopersmith, 2011; U.S. Department of Education, 2011). While physical barriers may immediately come to mind as a reason for low attendance and completion rates in higher education for disabled students, it is often educational and attitudinal barriers that most negatively impact college persistence and completion for disabled students with all types of impairments (Bell, 2014; Fuller, Bradley, & Healey, 2004a; Getzel & Thoma, 2008; Holloway, 2001).

Perhaps due to their own lived experiences with health care professionals, disabled students often select these helping professions as their own educational and career path. According to Newman et al. (2011), findings from the *National Longitudinal Transition Study-2* revealed that among disabled postsecondary students attending 4-year colleges 11 percent identified as medical and health-related majors, surpassed only by

business (15%) and social science (12%) majors.

Research Problem

Central University (CU) is a public, research very-high institution with an enrollment of 34,441 in 2014. The institution has an active diversity initiative as well as a diversity mission statement that includes disability (Appendix A). Central University also has an active Office of Disability Services (ODS), serving 1130 undergraduate and graduate students who self-identified with a disability in the spring of 2014. The ODS serves as a resource to students and the entire campus community to ensure disabled students are able to engage fully in all aspects of campus life through barrier removal, provision of academic accommodations, and promotion of principles of universal design. To qualify for accommodations, students must apply for services and provide documentation of disability (see Appendix B). The ODS director at CU has specifically identified concerns regarding full inclusion of disabled undergraduate and graduate students in the CHP including pre-health professions and professional programs in physical therapy, occupational therapy, communication science and disorders, diagnostic medical ultrasound, nuclear medicine, respiratory therapy, and health sciences (Central University – Office of Disability Services [CU-ODS], personal communication, January 16, 2014). At the time of the study, approximately 7% (n=73) of the students being served by the ODS at CU were enrolled in one of the CHP programs. The CU- ODS has identified these health professions programs as some of the most challenging in terms of ensuring accessibility and inclusion for disabled students. Further, the ODS indicates that the concern appears to extend to other health professions programs nationally based on interactions with other disability services offices across the country (CU- ODS, personal

communication, January 16, 2014). There are presently no known studies in the literature to support or refute this concern.

Purpose of the Research

The purpose of this study is to gain understanding of the experience and viewpoint of disabled students in the College of Health Professions (CHP) at Central University (CU), specifically in terms of accessibility and inclusion in their educational experiences. Understanding gained from this study will be utilized to inform policy related to access and inclusion in the CHP and facilitate education of all CHP members for maximal barrier reduction/removal and elimination of identified exclusive practices throughout the school.

Research Question

In order to achieve the purpose of this study, the following research question was addressed: What are the experiences and perceptions regarding accessibility and inclusion of disabled undergraduate and graduate students who are enrolled in a pre-health or health professions program at a large, public research institution?

Research Paradigm

This study falls within the constructivist paradigm, which “assumes the meaning of experiences and events are constructed by individuals, and therefore people construct the realities in which they participate” (Laukner, Paterson, & Krupa, 2012, p. 6). The aim of this study is to gain an in-depth understanding of the academic experiences of multiple students who live with disabilities. The assumption is that all students will have experienced their education differently based on his/her own history and interpretation of events in their own lives and therefore have constructed their own reality. While it is

expected there may be some themes or overlap between these multiple realities to be discovered and analyzed, it is essential that each participant's lived experience be considered in its own right as well.

Theoretical Framework

Medical Model of Disability

While not a primary lens utilized to frame or analyze data in this study, it is important to understand the medical model of disability (MMD) as the dominant paradigm of disability in the United States as it is “firmly ensconced in our culture’s collective consciousness” (Areheart, 2008, p. 183); specifically in terms of higher education, Hutcheon and Wolbring (2012) confirm that “Post-secondary institutions use a primarily biomedical framework of disability in their policy and practice” (p. 45). In spite of trends toward social constructionist accounts of other aspects of identity such as race and gender, disability “relies on normative categories of disabled or non-disabled” (Areheart, 2008, p. 185) and is recognized as a personal problem resulting from physical or cognitive impairment. When viewed through the medical model, disability is a direct result of impairment possessed by the individual, not due in any way to societal barriers or prejudices. The condition itself creates challenges and barriers, relieving society of any obligation to assist in remediation of difficulties imposed by the condition. The MMD places the responsibility for minimizing impairments due to physical or mental conditions upon physicians and other health professionals; the individual with the impairment is a recipient of these efforts and level of disability is a direct result of the response of the body to them. Disability according to the MMD is an individual problem characterized by dependence on others to overcome the disabling condition.

Consistent with the medical model perspective, the legal definition of a person with a disability in the United States is one who has a mental or physical impairment that limits the ability to independently function in one or more of life's essential activities (Anderson, 2006; U.S. Department of Justice, 2005). Review of the literature reveals a moderate amount of research in the United States presenting the voices of health professions faculty and students about students with disabilities, reflective of a medical model approach (see Tervo, Palmer, & Redinius, 2004; Vogel, Leyser, Wyland, & Brulle, 1999; Wood & Marshall, 2010 for examples). Exploration of the voices of disabled health professions students themselves as would be expected in a socially based model of disability does not appear to be a prevalent research aim in this country as evidenced through extensive literature review. See Figure 1 for a visual representation of the medical model of disability in higher education.

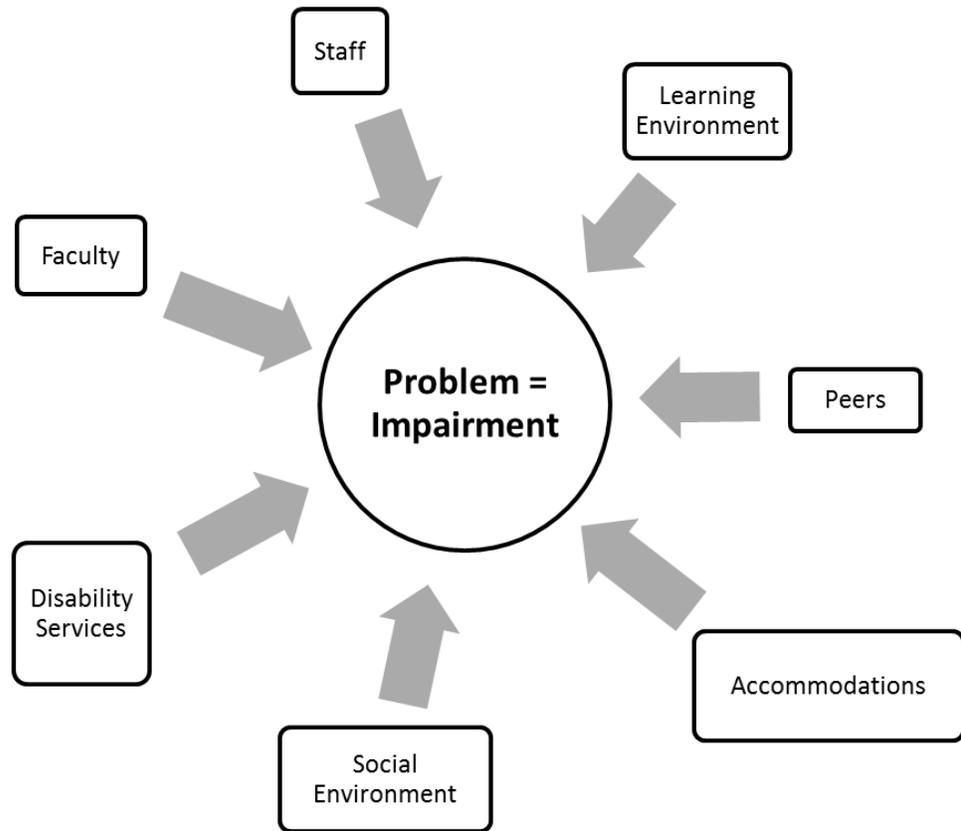


Figure 1. Medical model of disability in higher education. Adapted from Rieser, 2014.

In the medical model of disability, the impairment is the center of the problem. Student success is dependent upon the surrounding players acting on the problem. Disability services must render the student “qualified” for services and provide the student with paperwork verifying the impairment. Faculty and staff must provide input in the form of attitudinal support and accommodations mandated by disability services. The learning and social environments may require modification to manage the impairment, and peers may need to change their own behavior to accommodate the impairment into learning and social activities as well.

Social Model of Disability

Disability research conducted in countries outside the United States largely adopts a critical approach whereby the societal constraints and barriers become the focus of investigation as opposed to the student impairments. In 1976, the Union of the Physically Impaired against Segregation (UPIAS) developed the social model of disability (Swain, French, & Cameron, 2003). This model “was developed by disabled people to more accurately represent their day-to-day experience – rather than the medical model which it seeks to challenge” (Fuller et al., 2004b, p. 304). Viewing the learning environment through a socio-cultural lens allows the researcher to gain insight regarding the students’ perceptions of inclusion in higher education and may expose hidden incidences of academic exclusion (Gibson, 2012). Through qualitative methods, this international research has revealed experiences of disabled postsecondary students from their worldview and in their own words, allowing a more complete understanding of the ways in which the university system and culture create barriers to full access of the college experience. Similar efforts are disturbingly absent in the United States higher education literature.

The social model of disability (SMD) will be utilized to frame this study. Through this model disability is understood as a socially constructed phenomenon whereby an individual with a medical condition or impairment is transformed into a disabled person by the societal barriers imposed upon the individual (Anderson, 2006; Rocco & Delgado, 2011). The SMD contends that disabled students in higher education are subject to both physical and attitudinal barriers as a result of the societal value of and preference for unimpaired physical, intellectual, and emotional functioning (Grenier,

2010). Contradicting the medical model, the SMD does not consider the impairment itself the cause of disability. According to the SMD, the societal response to the impairment results in exclusion, thereby causing disability (Anderson, 2006; Susinos, 2007). Higher education institutions as organized by society encompass social processes that result in the isolation of marginalized groups, including disabled students (Susinos, 2007). Social exclusion is a process, not a condition; this process results in “successive barriers... which act as obstacles or hindrances to full social participation and cause [disabled persons’] eventual exclusion or segregation” (Susinos, 2007, p. 121). This disabling process of exclusion encompasses emotional and personal aspects necessary for understanding of the lived experience.

The SMD is “nothing more or less fundamental than a switch away from focusing on the physical or intellectual limitations of particular individuals” to the imposition of limitations upon the group of individuals by the physical or social environment (Barnes, 2007, p. 135). As opposed to being an environment where disabled students can easily navigate all aspects of collegiate life with comparative ease to their nondisabled peers, Madriaga (2007) identifies higher education as an example of institutionalization of the medical model whereby students must specifically seek out assistance to meet their learning and social needs based on their impairment. Madriaga terms this practice of perpetuating oppression through everyday practice as “disablism,” which is the process whereby “society produces and reproduces disability” through the unawareness and inadequacy of its members and structure (p. 400). See Figure 2 for visual representations of the social model of disability as it pertains to higher education.

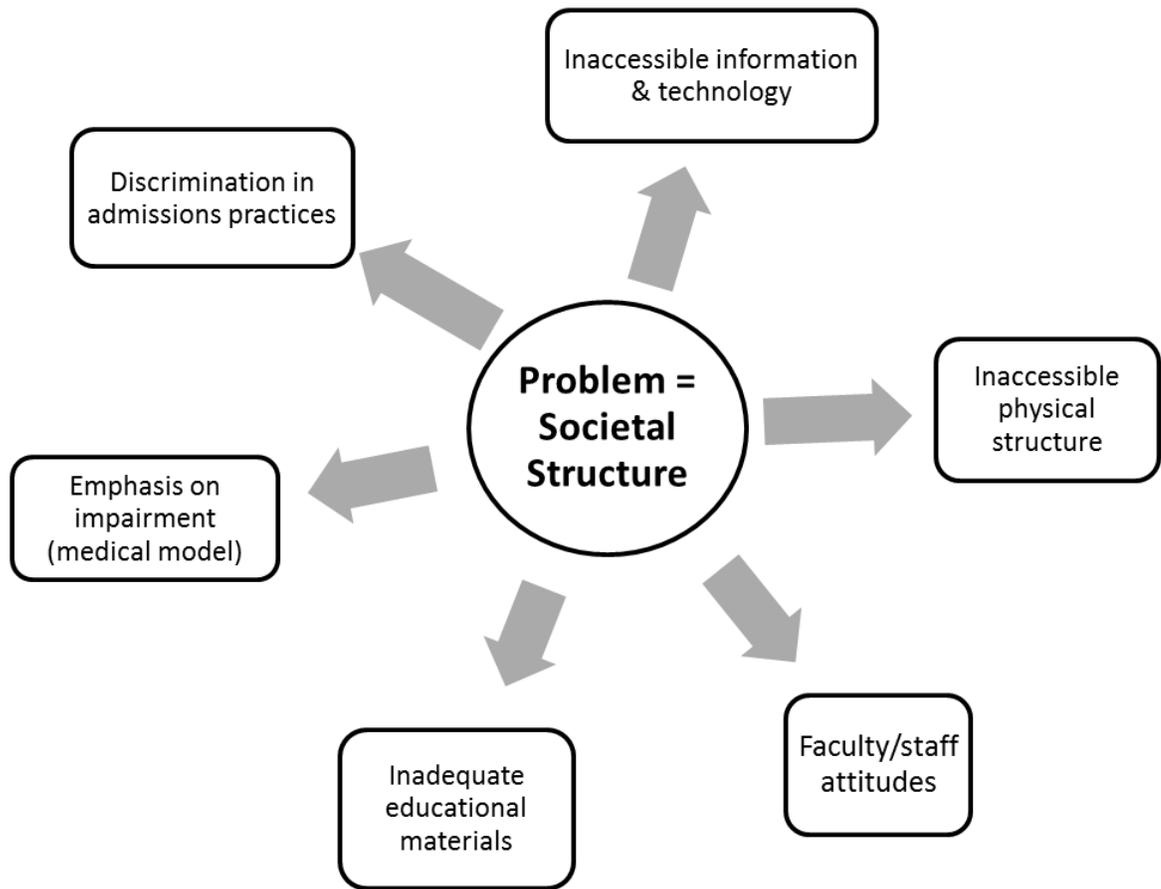


Figure 2. Social model of disability in higher education. Adapted from Rieser, R. (2014).

In the social model of disability, societal structure is the center of the problem. By nature our society emphasizes impairment over ability, often reflected in faculty and staff attitudes and preferences and may carry over to discriminative admission practices. Physical structures, educational materials, and educational information and technology are all created by society for what is perceived as “normal” and are therefore inadequate for students with impairments.

Based on the present review of the literature, disablist attitudes exist throughout higher education in the United States including, and perhaps particularly, in health

professions education. Disablism contributes to hesitancy of students to disclose disability and/or request accommodations and contributes to institutional attribution of disability issues to the student. By using the SMD as a conceptual basis for this study, I aim to gain understanding of the perspective of the students regarding their experiences of accessibility and inclusion in health professions education as imposed by institutional practices and attitudes as opposed to as a result of individual impairment. The goal of this study is to gain insight regarding the experiences of disabled students in health professions education programs related to accessibility and inclusion on all levels of their involvement in campus life in order to promote reduction of societally imposed barriers to access and exclusion of disabled students in health professions programs. Instead of the disabled individual being viewed as a “poor, unfortunate victim” of their impairment the SMD views disability as socially constructed (Rocco & Delgado, 2011), thereby fitting well into the constructivist research paradigm described above.

While the SMD clearly frames this study, the medical model is necessary to consider due to the location of CU in a country that bases its federal policies on the notion of impairment as disability. In U.S. higher education institutions, disabled students must meet the medically-based criteria of disability in order to qualify for accommodations through disability support services offices on campus.

Assumptions

The following assumptions were made in conducting this study: 1) Participating students were honest in their responses to interview questions to the best of their abilities; 2) Use of the medical model definition of disability as a means of identifying

participants through the ODS generated different findings than had the SMD definition been utilized.

Definition of Key Concepts

Disability

Disability is conceptualized in many ways. As previously discussed, U.S. policies utilize the medical model to define disability as an impairment requiring therapeutic intervention, while the social model of disability considers disability a “result of societal forces on impairment” as opposed to due to the impairment itself (Brault, 2012, p. 1). For this study, the federally accepted, medically-based definition of a student with a disability was considered only as it is the definition by which students at CU qualify for services through the ODS — i.e., it is currently the dominant way that students can self-identify as having some type of disability. For all other aspects of this study including data collection, analysis and interpretation the following definition based on the social model of disability was utilized: Disability is the disadvantage or restriction of activity placed on an individual with any type of health or learning impairment by societal barriers and prejudices (Baron, Philips & Stalker, 1996; Miskovic & Gabel, 2102; Smith, 2009). It is also important to note here that it is consistent with social model language to use the phrase “disabled students” as opposed to “students with disabilities” because the SMD denies individual ownership of impairments. Instead, individuals are “disabled by society, by the barriers that prevent them from becoming full participants in all aspects of society” (Miskovic & Gabel, 2012, p. 233).

For further clarity related to understanding the disability literature, visible disabilities are physical in nature and usually outwardly evident, such as when someone

uses a wheelchair or uses a white cane. Invisible disabilities are not apparent to the eye but may have significant impact on the student's ability to engage in the academic environment and/or learning process due to fatigue, pain, and/or difficulty with information processing. Examples of invisible disabilities include fibromyalgia, chronic fatigue syndrome, dyslexia or other learning disabilities, and autism spectrum disorders (Kemp, Chen, Erickson, & Friesen, 2003).

Inclusion

Inclusion in higher education is defined for this study as “all-encompassing access to admission, programs, events, classes, and physical spaces within the college and university environment” (Association for the Study of Higher Education, 2013, p. 7). It is important to note that inclusion is not only about a program or classroom, but all aspects of collegiate life.

Accessibility

Accessibility is another term that is used freely and universally but not defined in any consistent way. For the purpose of this research, accessibility exists when “individuals with disabilities are able to independently acquire the same information, engage in the same interactions, and enjoy the same services within the same timeframe as individuals without disabilities, with substantially equivalent ease of use” (University of Montana, n.d., p. 1).

Reasonable Accommodations

Reasonable accommodations are “modifications or adjustments to the tasks, environment or to the way things are usually done that enable individuals with disabilities to have an equal opportunity to participate in an academic program” (American

Psychological Association, 2014, para.1). For example, a program may be expected to make a change to the application process for a disabled student but would not be expected to make a change to the application requirements for the program. To be more specific, a student with a physical impairment that impedes his ability to write would still need to complete the required writing sample but might do so using a scribe or assistive voice technology.

Health Professionals

The category “health professionals” as used in this study refers specifically to the professions of nursing, social work, occupational therapy, physical therapy, speech-language pathology, ultrasound, respiratory therapy, and other health care professions requiring more than an associate’s degree but no more than a master’s degree as well as successful completion of a board exam to practice. While the literature review includes nursing and social work research, these health professions were omitted from this study as they are not a part of the CHP at CU; they are each their own academic unit. Further, medicine was intentionally omitted from this study due to significant differences between medical education and practice and that of other health professionals.

Design and Methods

Consistent with the social model of disability, Moore, Beazley and Maelzer (1998) indicate “that a research approach which places disabled people at the center of its processes and analyses is essential” (p. 56). This qualitative case study centered on students enrolled in the college of health professions at a very high research institution in the Midwest, identified in this study as CU. Disabled individuals enrolled as pre- or professional health professions students at CU were engaged in a series of three semi-

structured, open-ended interviews aimed at gaining understanding of their educational experiences, most specifically in terms of access and inclusion. Interviews were recorded and transcribed verbatim, coded, and analyzed using emergent thematic coding as described by Stake (1995).

As an additional means of gaining insight to the lived experiences and unique understandings of each individual student, participants were asked to take one to three photographs between the second and third interviews that reflect what accessibility and/or inclusion means to them. Photographs were discussed with the participants in the third interview. Finally, documents related to disability policy at all levels of the institution were examined.

Significance of the Study

According to Beecher, Rabe, and Wilder (2004), “students with disabilities constitute the largest minority in the United States” (p. 83). Increasing enrollment with comparatively decreased completion rates as well as social and attitudinal barriers to education for disabled students in higher education suggests an issue with inclusion. Although eluded by universal definition, inclusion in higher education is accomplished through reduction of barriers to the physical, social, teaching, and learning environment (Fuller et al., 2004a; Vickerman & Blundell, 2010). While inclusion has been increasingly promoted in the adoption of higher education diversity missions across the United States in the past decade, “disability has and continues to be viewed as the neglected diversity” in postsecondary education when compared to race, gender, and religious diversity (Barnard et al., 2008, p.169). Disability tends to be omitted from visual and narrative representations of diversity in college brochures and web sites as

well and is often excluded as an underrepresented minority from courses on diversity in postsecondary institutions (Davis, 2011). Omission of disability as a diversity issue may serve to decrease attention to the needs of disabled students as compared to other minority groups.

Like other underrepresented minority groups on American college campuses, disabled students have significant barriers to overcome. Similar to students with ethnically or racially diverse backgrounds, disabled students often face attitudinal barriers in the college environment. Discrimination, oppression, and harassment by other students, faculty, and staff are not unfamiliar to disabled students in the college or university setting (Bell, 2014; Denhart, 2008). Compounding attitudinal obstacles, structural barriers on campuses such as buildings with stairs, manual doors, and uneven sidewalks, as well as inaccessible technology and educational materials contribute to decreased persistence in college of disabled students (Barnard et al., 2008; Fuller et al., 2004a; Gilson & Dymond, 2012; Scullion, 2000). Given that “well-being has been shown to predict academic performance and attrition rates of university students” it is important to identify and remediate these barriers for successful engagement in and completion of higher education (Ekelman, Bazyk, & Bazyk, 2013, p. 236).

This study was intended to increase awareness and understanding of health professions educators and university administrators regarding the experiences of disabled students in their programs. No similar study has been found in review of the literature to date. While this research was conducted at a single institution, there are also national implications given the diversity movement in U.S. higher education and previously identified accessibility and inclusion concerns related to education in the health

professions. This study is of particular significance in that disabled people often receive health-related services from the very programs in which students are reportedly experiencing inadequate access and inclusion. The results of this study may serve to inform other higher education institutions with health professions programs seeking to increase diversity and maximize inclusion for disabled students by increasing understanding of the lived experiences of the students themselves.

Summary

Federal disability policies aimed at increasing participation and completion in higher education notwithstanding, disabled students remain an overlooked minority across college campuses in the United States. Perhaps particularly challenging for disabled students may be the process of gaining access to and inclusion in health professions programs due to barriers not encountered by non-disabled students. Gaining understanding of the lived experiences of disabled students enrolled in a health professions college at one large Midwest university may promote improved advocacy for policy and actions to increase accessibility and inclusion of these students.

The next chapter will serve to provide a review of the literature pertaining to the research question. The impact of disability policy in the United States will be briefly reviewed followed by research regarding disabled students in higher education overall and in the health professions specifically.

Chapter 2: Review of the Literature

This review of the literature serves to frame this study through exploration of three contextually and conceptually orienting themes: the present state of disability policy in the United States, research related to disabled students in higher education generally, and research related to disabled college students in health professions programs or schools. In addition, the social model of disability will be briefly reviewed as it has informed and guided this study.

Disability Policy in Higher Education

There are several federal policies in place intended to ensure equal access for persons with disabilities to federally funded and public institutions inclusive of postsecondary education. Jung (2003) captures the intent of these policies succinctly:

The services and accommodations provided through the disabilities apparatus are intended to foster the full inclusion and equal participation of students with disabilities in all aspects of university life, in accordance with human rights legislation. The rules and procedures of disability policies are also designed to ensure that academic standards are upheld, that the competitive conditions for academic achievement are preserved, and that the operations of the academy are not undermined. (p. 102).

Several policies compose the disabilities apparatus, which mandates equal access and accommodations for disabled students in the United States. Section 504 of the Rehabilitation Act originated in 1973 to protect individuals with disabilities from discriminative hiring practices and ensure equal access to federally funded programs, benefits, and services (U.S Department of Health and Human Services, 2006). Institutions of higher learning where students receive federal financial aid are subject to the mandates of Section 504, specifically Subpart E of Section 504 which mandates in

part that no qualified student shall be denied admission or otherwise be excluded from any educational aid, benefits, or services based on their disability (Katsiyannis, Zhang, Landmark, & Reber, 2008).

The Americans with Disabilities Act of 1990 (ADA) is intended to promote equal access for persons with disabilities to publicly available organizations and programs, including most public and private institutions of higher learning. It is a civil rights statute designed to ensure equality for persons with disabilities in employment and access to public facilities and is enforced by the U.S. Department of Justice (U.S. Department of Justice, 2005). This measure serves to obligate public institutions of higher learning to ensure physical access to all facets of the institution to individuals with disabilities; and it also categorizes academic adjustments or accommodations, which should be available to students with disabilities in higher education (Katsiyannis et al., 2008). In 2008, the Americans with Disabilities Amendments Act (ADAAA) was passed. The ADAAA amends the ADA and Rehabilitation Act of 1973 by expanding the definition of disability, making the law more inclusive of individuals with mental health and other invisible disabilities (U.S. Department of Education, 2011).

The Higher Education Opportunity Act of 2008 (HEOA) reauthorized the Higher Education Act of 1965, and contains “a number of important provisions intended to improve both access and success for students with disabilities in postsecondary education” (Cortiella, 2009, p. 58), particularly for students with invisible intellectual disabilities. Included in the HEOA are measures to improve the accessibility of instructional materials, promote teaching methods that meet the requirements of universal design for learning, promote recruitment and retention of students with disabilities, and evaluate disability

support services at institutions of higher learning (Council for Exceptional Children, 2008).

It is important to note that college students are not automatically provided with accommodations or services received in their elementary and/or secondary education. To receive accommodations in post-secondary settings a student with any type of disability must self-identify through disclosure of the disability to the institutions disability services office, placing the responsibility for success directly in the hands of the student (Bell, 2014; Hadley, 2006). In other words, students need to outwardly and medically label their impairment or diagnosis in order to release the resources provided by the campus disability office (Matthews, 2009). Whether or not to disclose their disability is a difficult choice for many college students; some who received accommodations previously may not want to be singled out in college whereas others who were able to get by previously without accommodation may find the new challenges of college too difficult to navigate without disability services support (Ashcroft & Lutfiyya, 2004; Bell, 2014). As an example, Lightner et al. (2012) report that only 35.5 percent of college students with a learning disability disclose their disability.

Educational accommodations required of postsecondary institutions for students with identified, qualified, documented disabilities are intended to ensure equal access to admissions, curriculum, and exams as non-disabled students. Although accessibility is mandated by federal policy, disabled students are not exempt from meeting the “key academic and professional requirements of their courses and professions” (Konur, 2006, p.354). In other words, adjustments to curriculum, teaching, or testing for disability-related accommodations are in no way required to reflect less knowledge, skill, or

reduction of content. Disabled students are required to show the same level of competence as non-disabled students in all aspects of education. In spite of this accommodation stipulation it has been stated that “at best, modifications to established practices of evaluation or conditions of testing are perceived as a lowering of academic standards; at worst, they are perceived as unfair” by faculty, administrators, and non-disabled student peers (Jung, 2003, p. 103). In other words, although academic requirements are not changed for disabled students with accommodations, the adjustments are often perceived by others as providing an unfair advantage to disabled students. Such misinterpretation of federal accommodation policy potentially leads to discriminatory behaviors such as selective screening out of disabled students from professional programs during the admission process. The challenges associated with requirements and interpretation of disability policy negatively impact disabled students in several ways, which will be highlighted in the next section.

Disability Issues in Higher Education

Students with disabilities are enrolling in higher education with greater frequency than ever (Jackson, Henderson, Edwards, Jr., & Raines, 2011). In spite of this trend, enrollment and persistence in college for students with disabilities remains significantly lower when compared to their non-disabled counterparts regardless of policies in place to enhance student access (Bell, 2014; Getzel & Thoma, 2008). Disabled college students also take longer to complete degrees than their non-disabled peers, if indeed they complete their degree at all (Lombardi, Murray & Gerdes, 2012). According to Bell, “Because of the complexity of disabilities and society’s ignorance about individuals with disabilities, this population encounters many instances of oppression and discrimination”

in higher education (2014, p. 10). Corby, Cousins and Slevin (2009) identify the following barriers to support for intellectually disabled adults in higher education in the United Kingdom: lack of student confidence, unwillingness to disclose disability, and the effort required to “overcome both their disability and the academic demands while managing their own individual access to teaching and learning” presumably due to attitudinal barriers of faculty (p. 75). Maheady (1999) refers to this need of disabled students to overcome personal and educational obstacles and work harder than those without disabilities to accomplish the same end goal as “jumping through hoops.” As discussed in the previous section, federal disability policies aimed at reducing oppression and discrimination in higher education require disclosure on the part of the student and are often misinterpreted once accommodations are requested; this section of the literature review aims to explore how these issues reveal themselves in the higher education environment.

In effort to broaden understanding of the experiences of disabled students, Tinklin and Hall (1999) described the experiences of 12 disabled college students in Scotland through use of individual in-depth case study analysis. Data collection methods included one full day of observation on campus, two in-depth open-ended interviews of the students, and interviews of staff members nominated by the student to gain understanding of their interactions with the students as well as institutional context. Overall, the findings suggested good intentions amongst campus disability offices and increasing (but still inadequate) levels of awareness of disability issues across campuses. However, they also found that “students [were] being offered a model of assisted access to a system which inherently includes obstacles to their participation” (Tinklin & Hall, 1999, p. 193).

Barriers were specifically identified in five areas: gaining entrance to the institution, access to information, physical campus environment, assumptions of normality, and levels of awareness. Although this study was completed more than 15 years ago and in the United Kingdom, many of these barriers persist in higher education for disabled students in the United States today.

Fuller et al. (2004a) interviewed 20 students at a university in the United Kingdom with the following impairments: dyslexia, chronic illness (epilepsy, diabetes, asthma), multiple (unspecified) impairments, deaf/hearing impaired, wheelchair user/mobility difficulty, and mental health problems. Through group interviews it was revealed that students were dissimilar in their awareness of available accommodations, willingness to disclose disability, and experiences of support from faculty and staff; variation did not appear to be related to type of disability. For example, two students diagnosed with learning disabilities (dyslexia) at the same institution had very different understanding about available accommodations resulting in only one student receiving beneficial classroom support. Disclosure of disability was positively associated with successful educational accommodation for those willing to self-identify.

Disclosure of Disability

As discussed previously, the obligation of students to disclose their disability to the campus disability office in order to receive educational accommodations is a requirement according to the ADA. According to Lombardi, Murray and Gerdes, “Disability disclosure and utilization of accommodations positively relates to the academic experience of students with disabilities and their academic performance in postsecondary school” (2012, p. 813). It is of concern, then, that for some disabled

college students, disclosure of the disability is the first socially derived obstacle that is challenging to overcome (Velde, Chapin & Wittman, 2005). Goode (2007) interviewed 20 college students with disabilities and found disclosure to equate to discrimination; she used the term “extravisibility” to describe the increased negative attention students with disabilities report when they have to go out of their way to make their learning needs known. Goode’s student interviews also revealed an exacerbation of the situation for students when they have to “battle the system” to be included in learning activities equally to their peers without disabilities.

Mullins and Preyde (2013) interviewed ten female disabled college students in Canada, each with an invisible disability. These authors report absence of relationship with faculty as one reason for non-disclosure of students with invisible learning disabilities and desire to appear normal as another; the participants in this study reported stigma associated with use of accommodations, which identified them as disabled. Echoing Goode’s (2007) terminology, Mullins and Preyde stated, “the need for accommodations involves a process that can make students with disabilities ‘extra-visible’ in a negative way, which has reduced students’ desire to request them” (2013, p. 153).

Hutcheon and Wolbring (2012) completed a set of two interviews with eight disabled students from several postsecondary institutions in Calgary in an attempt to understand their experiences in higher education. Disability disclosure was problematic for these students from the first thought of entering the disability office on campus, as the mere act of entering the building was interpreted as creating difference for the students. In this sense, disability policy requiring students to identify as disabled by entering a building labeled as a disability office disempowered the students and created an instant

attitudinal barrier between those who enter and those who do not:

Policies may disempower students through the following: the assumptions which underlie them (e.g. disability as a biomedical deficit) and the resulting labeling process; their tendency to deepen the disjuncture between dominant and peripheral understandings of disability; and their promotion of institution-student power differentials (Hutcheon & Wolbring, 2012, p. 47).

Through the power differential resulting from disclosure, disabled students are instantly marginalized and disempowered.

Student decisions about disclosure are typically made strategically, based on previous educational experiences (Matthews, 2009). Reasons for non-disclosure in higher education include concerns that “fellow students, as well as staff, will perceive [the student] as whining, lazy or not trying, and for those with hidden impairments even lying” (Matthews, 2009, p. 234). Fear of judgment and discrimination with disclosure were also reported by Jung, et al. (2014), who conducted electronic video interviews with fourteen occupational therapy students from eight programs in Canada. Further, the participants of this study perceived accommodations as a form of “forced disclosure” due to the fact that others could see when an exam was taken in another room, for example (Jung et al., 2014, p.150). Fear of stigmatization upon disclosure of psychiatric disabilities was also cited by Belch, who stated: “Discrimination and stigma lead to a sense of alienation and isolation, as well as feelings of inferiority. Students often experience a sense of social distance or avoidance by others” (2011, p. 82).

Discrimination in Accommodation Practices

Once students have made the effort to disclose their disability problems often arise with acquisition and implementation of appropriate accommodations. Holloway (2001) interviewed six college students with disabilities who identified several

discriminatory practices which created a negative college experience, including increased time required to access modified course materials and inadequate department-level response to request for accommodations. Interviews in this study largely revealed the desire of students with disabilities to be able to transition into college with the ease of their non-disabled peers as opposed to the marginalizing experience of students needing to “make a loud enough noise” to get existing accommodation policies enforced (Holloway, 2001, p. 610). The extra time and stress involved in being a disabled student was repeatedly cited as a challenge to educational completion. More recently, Cawthon and Cole (2010) surveyed 110 college students who identified as learning-disabled at a large research institution in the United States via online survey. In terms of academic accommodations, 21 percent of respondents reported challenges to receiving accommodations, including unwillingness of faculty to accommodate in spite of appropriate documentation of disability. It is evident that accommodative discrimination in higher education persists.

Students with chronic illnesses such as fibromyalgia, arthritis, cancer, and multiple sclerosis also experience challenges in achieving accommodations in higher education. Through in-depth interviews and informal discussions with six students, faculty, and staff as well as textual analysis at a university in the United Kingdom, Jung (2003) examined “how chronically ill women know and account for their experience of requesting and obtaining accommodation” (p. 95). While limited data were presented in her article, Jung cited the need for students with chronic illness to individually negotiate accommodations with each professor and with inconsistent results as the primary barrier to successful participation in the learning environment. Termed “individuation,” this

discriminatory process undermines full access and inclusion for students with chronic illness. Royster and Marshall similarly described the plight of students with chronic illness in college in their practice brief: "...students with chronic illness require accommodations that must continually be negotiated, adapted, and arranged" (2008, p. 121). They expound upon the discrimination faced by these students due to the invisibility of their illnesses which renders them "subject to disbelief and claims of malingering" by faculty who do not understand the nature of the disability (Royster & Marshall, 2008, p. 121).

Attitudinal Barriers and Inadequate Knowledge

Inadequate faculty and staff responses to accommodation requests may be exacerbated by discriminatory attitudes toward disabled students, who often report more challenges with attitudinal than physical barriers in higher education (Maheady, 1999). In fact, students with invisible disabilities such as social and emotional disabilities, learning disability (LD) and chronic illness who require no physical accommodation have been particularly noted to experience attitudinal barriers in university settings (Hill, 1996; Jung, 2003).

Denhart (2008) identified three recurrent themes in the qualitative research of students with LD: being misunderstood, having to work harder than their non-disabled peers, and having to seek out strategies for success in education. Misunderstandings are often due to the presumption of faculty that students with LD are intellectually inferior or that they are unfairly advantaged by their accommodations (Denhart, 2008), resulting in decreased willingness of faculty to provide the necessary modifications for equal opportunity for academic success. Hill suggests this lack of inclination to provide

accommodations arises from negative attitudes regarding the “integration of nontraditional students into the academic setting” (1996, p. 24). Stigmatization is also reported by students with LD, the “most severe form” of which is described by Barga (1996, p. 416) who reports the experiences of two students counseled out of their desired majors due to their learning disabilities and the expectation of failure. The focus on disability and limitations as opposed to student ability is pervasive in these examples.

Cortesi, Levin, Lis, Munch, and Sullivan (2004) interviewed thirteen disabled students at Loyola University by telephone (n=10) and in person (n=3) using a single semi-structured interview to ascertain their experiences with accommodations and interaction with others on campus. While some students reported satisfaction with their overall experiences on campus, others responded that some professors “acted as if accommodating them was a burden, acted coldly towards them, and were skeptical of the students’ need for services” (Cortesi et al., 2004, p. 27). The authors suggest inadequate knowledge of disability issues as a primary reason for the disabling faculty attitudes reported by participants.

The disabled students interviewed by Mullins and Preyde (2013) also reported negative attitudes as problematic on campus. Lack of others’ understanding about disabilities, particularly invisible disabilities, resulted in “social barriers related to negative attitudes, which were manifested in negative perceptions and comments about disabilities” (Mullins & Preyde, 2013, p. 153). The participants in this study indicated they felt that both students and faculty alike “questioned the validity of their invisible disabilities” which negatively impacted their decision to seek accommodations (Mullins & Preyde, 2013, p. 154). Additionally, students who did seek accommodations often

experienced faculty requests for extra documentation and were often met with resistance if requesting accommodations for which there was no formal procedure (e.g. pop-quizzes).

In addition to problems disabled students experience with disclosure, accommodations and attitudes, this review of the higher education literature reveals a research emphasis on exploration of how non-disabled people who interact with disabled students think or feel about disability with little attention to the experiences of the disabled students themselves. In the medical model, individual physical impairments are seen as the primary focus and the student perspectives and experiences are rarely considered (Holloway, 2001; Fuller et al., 2004a; Goode, 2007). Consistent with these leanings of the medical model, Beilke and Yessel (1999) suggest that this focus of research on others' perceptions of impairment instead of disabled student perceptions may be due to the fact that elimination of the outward obstacles typically thought of by non-disabled people as the appropriate reaction to impairment is easier. In other words, physical barriers are easier to reduce than the barriers generated by society and culture revealed through the voices of students. If disabled students are to fully engage in postsecondary education to degree completion, it is necessary to understand and reduce the barriers and obstacles, which historically impede persistence in college, particularly the more challenging social and attitudinal barriers.

Issues in Health Professions Education

While disabled student voices are infrequently explored in higher education overall, review of the health professions education literature reveals an even greater neglect of disabled student perspectives. The majority of research in health professions

education to date addresses faculty and clinician attitudes about and accommodations for students with disabilities and is predominantly undertaken in the United Kingdom with limited United States contribution to the small body of knowledge. Nursing and social work research represents the majority of the work done concerning disabled students in the health professions in both the United States and other countries. While not to be included in the study at hand due to their absence in the CU- CHP, both nursing and social work education programs require additional application criteria, clinical education and board licensing for practice and are therefore included in this literature review.

Why health professions? Hirneth (2005) reported increasing frequency of enrollment in health professions programs by students with disabilities. In fact, of postsecondary students in the United States who have identified as disabled, 14.8% of undergraduates and 12.6% of graduate students reported health as their primary field of study (Betz, Smith, & Bui, 2012). Careers in health fields would seem a fitting choice for disabled students; many disabled individuals have extensive personal experiences with health professionals as a result of their disability and are inspired to become a health professional as a result (Newsham, 2007). Velde et al. (2005) interviewed occupational therapy students with disabilities and found that these students held a strong conviction that their disabilities would enhance their own clinical practice, a highly motivating belief behind their desire to become occupational therapists. Similarly, nursing students with disabilities expressed belief that they would be better nurses due to their own experiences with illness and disability (Maheady, 1999). Personal experience seems to draw students with disabilities toward careers in the health professions.

It might also be expected that health professions educators would be welcoming

to students with disabilities in higher education given their own clinical experiences working with and understanding the unique abilities of people with impairments. Review of the health professions education literature, however, does not support this notion. Attitudinal barriers have a strong presence in health professions education and negatively impact disabled students in many ways as will be discussed in the following section.

Attitudinal barriers. Just as in higher education at large, disabled students in health professions education are impacted by attitudinal barriers, perhaps to an even greater degree than non-health related programs. According to Betz, Smith and Bui, “negative attitudes of faculty members and nursing students without disabilities are significant factors affecting the inclusion of students with disabilities into nursing programs” (2012, p. 678). Velde et al. (2005) suggest one reason these adverse attitudes develop in the health professions may be the strong assumptions faculty have related to the physical, cognitive, and psychological requirements for professional competence. In fact, “Research has shown that health care professionals’ views of having an impairment are typically consistent with views held by the general population” (Roush & Sharby 2011, p. 1717). This negative view by health professionals is likely to translate to the educational context in a harmful way to students with disabilities. Disabled students working to enter health professions programs may be discouraged from applying due to negative messages sent from faculty while those who have successfully gained entry do not feel adequately supported to complete their education.

Fuller et al. (2004b) found through interviews with students with disabilities across educational programs that those in health and social sciences report disproportionate faculty attitudinal barriers to learning when compared to students with

disabilities from other programs. Educational barriers identified in this study included unwillingness of health professions faculty to tape record lectures, offer user-friendly handouts, or adjust expectations of reading requirements.

Sowers and Smith (2004) surveyed 88 nursing faculty to “obtain a clearer picture of faculty and knowledge regarding individuals with disabilities who wish to be or are nursing students” (p. 213). They found that faculty in nursing programs have a number of concerns with educating disabled students which include disabled students providing unsafe care, concerns about provision of accommodations in the classroom and clinical settings, and concerns about the potentially negative impact of disabled students on a program’s academic and clinical standards. Overall, Sowers and Smith concluded “nursing faculty attitudes toward nursing students with disabilities serves as a barrier to these students” (p. 217).

Using a computer-based assessment called the Disability Attitude Implicit Association Test (DA-IAT) Aaberg (2012) assessed the implicit attitudes of 132 nursing educators toward students with physical disabilities. She found a “strong preference for able-bodied individuals” related to the emphasis of hands-on skills required for nursing practice, a notably stronger preference than that of the general population (Aaberg, 2012, p. 507). According to Aaberg, implications of this faculty preference for education of non-disabled nursing students may include difficulty in providing accommodations to disabled students, establishment of performance-based models of nursing that are unachievable for disabled students, and inadequate clinical education options for disabled students.

As opposed to studying faculty perceptions of disabled students, Velde et al.

(2005) interviewed four disabled OT students themselves to gain understanding of their educational experiences. Four themes arose from the interview data, all but the last of which in some way reflected student perceptions of attitudinal barriers. The first, “Work Around It,” reflected students’ desire to get through program in spite of their disability, even if they had to work twice as hard as other students due to inadequate environmental, peer or faculty support. The second theme was “Didn’t Want to Do It Alone.” Encompassed in this this theme were the need for support from family and friends, implementation of appropriate accommodations, and encouragement of faculty and others. “I’ve Always Viewed My Disability as a Part of Who I Am” was the third theme, which was based on one student’s need to “fight both the disability and his faculty to maintain his integrity as a person” (Velde et al., 2005, p. 87) and another’s need to reframe herself as a successful student. Last was the students’ unanimous perceptions that being disabled would make them better therapists because it allowed them to “Understand on a More Personal Level What They Were Going Through,” the name of the final theme.

Another study of disabled student voices revealed the presence of faculty stigma in occupational therapy education. Jung et al. (2014) found that “overt stigmatization and lack of sensitivity by faculty towards participants resulted in feelings of frustration and anger. Participants were shocked to find this in a profession that adheres to a philosophy of inclusion and acceptance regardless of ability” (p. 150). Students in this study assumed they would be welcomed into the profession based on their potential contributions but found themselves marginalized and devalued by faculty in many circumstances.

Admission requirements. Faculty attitudes toward disabled students interested in a career in the health professions may also be revealed through discriminatory

admissions practices. Most health profession education programs require a separate application process for admission based on professional accreditation standards in addition to the standard college application process. While intended to identify the most qualified students capable of meeting the academic and technical requirements of the profession, this professional application process creates an opportunity for screening out students with disabilities by faculty concerned about the capability of disabled students to be successful clinicians (Newsham, 2007).

Betz, Smith and Bui (2012) surveyed 65 nursing schools to investigate their admissions and accommodations policies for students with disabilities. They found that only 34% of nursing programs surveyed reported using their standard program criteria when determining whether a disabled student was eligible for admittance into the program. It is noteworthy that “a significant proportion of the sample respondents stated that no criteria were used to assess students’ eligibility” (Betz, Smith & Bui, 2012, p. 683). Whether this creates a welcoming open door policy or leaves the door open to possible discriminatory admission is not evident in this study.

Clinical education. While the aforementioned barriers of admissions requirements and faculty attitudes may be a deterrent to educational completion for disabled students, some students may not experience difficulties until they are in the midst of clinical placements. A unique and important component of most undergraduate and graduate health profession programs, off-campus clinical education entails completion of discipline-specific education requirements and technical standards, which may be inappropriately used as means of screening out disabled students from health professions programs. According to Newsham, “Students who must leave campus for

internships or clinical education are entitled to the same modifications in those settings as would be provided on campus” (2007, p. 113). Requirements notwithstanding, clinical internships can be a particular challenge in that fieldwork educators are typically full-time clinicians with minimal awareness and understanding of disability policy and accommodation requirements for students in higher education. In fact, “the issues associated with providing practice education placements to students with a disability are among the most challenging for practice educators” (Hirneth & Mackenzie, 2004, p. 396). While students with disabilities must meet the same minimum clinical and didactic requirements as their peers without disabilities, concerns regarding patient safety are often exacerbated in the clinical setting. Because accommodation for students with disabilities may require distinction between the essential and desirable functions of a clinician, rigid adherence to competency standards during student practice education could result in “indirect discrimination” against the student (Hirneth & Mackenzie, 2004, p. 397).

Maheady (1999) conducted a qualitative multiple case study to explore the experiences of disabled nursing students in the United States. This landmark study included 10 nursing students at varying levels of education and 61 nursing faculty members, clinical nurses, patients, and student peers. Through interviews, direct observation of the students in clinical settings, and document review Maheady identified “important concerns related to potentially unsafe nursing practices” during clinical education in addition to more commonly identified themes by disabled students including attitudinal barriers and concerns related to disclosure (1999, p. 162). Examples of unsafe clinical practice of disabled nursing students included failure to hear patient

calls for assistance, near-fall episodes, and confusion related to low blood sugar. While none of these episodes resulted in injury, Maheady's summary and recommendations were largely focused on these safety concerns that were based on researcher observation and not the reported experiences and perceptions of the students themselves. Although she sought out the voices of the students in her research, those voices were muffled by her own observations and perceptions as a non-disabled nurse researcher.

Hirneith and Mackenzie (2004) interviewed six occupational therapists who had experience working with disabled students and represented a broad range of practice settings. Using interview data as well as field notes and reflexive journal data, three themes evolved from the data reflecting fieldwork educator dilemmas when working with disabled occupational therapy (OT) students. It is important to note here that these themes reflect practitioner dilemmas, not those of disabled students engaged in the educational process. The first dilemma is the need for balance of reasonable accommodations for the students with competency-based practice standards. Clinicians expressed concerns regarding how to provide mandated accommodations without compromising quality of practice standards, some even questioning the legality of failing a student. The second theme is inadequate support from the university. Clinicians reported feeling inadequately prepared to handle the additional challenges of working with disabled students. The third clinical dilemma is the amount of time required for clinicians to provide the extra support required to disabled students given caseload demands. Without adequate support disabled students are less likely to be successful and more likely to be unfairly deemed incompetent in the clinical setting. It is easy to envision how each of these dilemmas has the potential to result in unintended or indirect

discrimination of disabled students in the clinical education environment.

Ashcroft and Lutfiyya (2013) explored the perceptions of 17 nursing educators regarding disabled students in Canada using semi-structured interviews. The interviews revealed that while “all participants believed students with disabilities belonged in nursing education programs” there were still some apprehensions for students with disabilities in clinical practice courses. Concerns for patient safety due to inability to make timely clinical decisions and time taken away from other students in order to effectively accommodate the student with a disability were the two primary concerns identified. While overall attitude toward disabled students was positive, the clinical education component of nursing education was perceived to be of highest concern, creating the potential for unintentional discrimination.

Only one study in the literature specifically (albeit briefly) mentioned the concerns of disabled students themselves in the clinical education setting. In their study of disabled occupational therapy students, Jung et al. (2014) found students less likely to disclose their disability in fieldwork placement settings than in the academic setting due to the fear of penalization. No specific examples or quotes were offered.

The Social Model of Disability Revisited

The literature pertaining to disabled students in higher education largely reflects the opinions and feelings of others – individuals without impairment – about people with disabilities as defined by impairment. Research about disabled students is centered on diagnosis and questions what the student can or cannot do or how others feel about how the limitations caused by the impairment. Rarely is the voice of the student sought when research is conducted using a medical model to conceptualize disability and frame the

inquiry in this way.

Whereas the medical model of disability creates barriers to higher education by focusing on impairment as the problem, the social model of disability (SMD) makes a distinction between impairment and disability (Ashcroft et al., 2008). The SMD recognizes disability as a negative condition created “when social definitions, attitudes, practices, and policies devalue, exclude, and disenfranchise persons with disabilities” (Kielhofner, 2005, p. 490). The impairment itself does not result in disability; the reaction of society to the perceived abnormality is what creates barriers that disable the individual. When using the SMD to frame research, “the focus shifts to identifying and eliminating barriers that create disability for academically qualified students who have an impairment” (Ashcroft et al., 2008, p. 4). When the goal of research is to understand and effectively reduce barriers to higher education, the students’ own experiences and understanding of disability as imposed upon them must be heard.

Summary

This review of the literature suggests that in spite of increasing interest of disabled students in health professions careers, education programs are not as welcoming to students with disabilities as might be expected. In fact, greater exclusivity may be the reality of these programs due to separate admissions processes with strict entry criteria and clinical education demands. The voices of disabled students in health professions education are inadequately represented in the literature, particularly in the United States; research in this area “tends to be limited and focused more on policy and institutional practices than the experiences of students” (Corby, Cousins & Slevin, 2009, p. 82). It is essential to gain understanding of these students’ experiences if we are to effectively

eradicate the societal barriers responsible for creating their disability and preventing full access to, inclusion in and completion of their professional education.

The following chapter will describe the research design and methodology in detail that was utilized to answer the research question: What are the experiences and perceptions regarding accessibility and inclusion of disabled undergraduate and graduate students who are enrolled in a pre-health or health professions program at a large, public research institution?

Chapter 3: Research Design

As revealed through literature review, increasing numbers of disabled students are enrolling in college. Many of these students aspire to work in health care professions, yet the very health professions that drew them in from personal experience may be preventing their full access to and inclusion in the educational experience.

Central University (CU) is a large, very high research institution in the Midwest with a strong, active Office of Disability Services (ODS). The ODS claims disproportionate instances of concern with accessibility and inclusion have been reported by disabled students in the College of Health Professions (CHP) at this institution. The intent of this study was to explore the experiences and perspectives of disabled students enrolled in the CU CHP in terms of accessibility and inclusion through a qualitative case study using extensive in-depth interviews, self-directed photography, and document review.

Methodology

Central to qualitative research is “the belief that people assign meaning to the objective world, that their valued experiences are situated within a historical and social context and that there can be multiple realities” (Myers, 2000, p. 2). This research utilized qualitative case study methodology as described by Creswell (2013) with the aim of understanding the experience of disabled students in the university context, consistent with the SMD emphasis of necessity of hearing the voice of disabled individuals themselves. The target population in this study was disabled students in one college (health professions) within one institution (CU) thereby meeting the criteria of a bounded

group as defined by Creswell. Further, this is an intrinsic case study as the case itself (the collective group of disabled students in the CHP) is the primary interest of the researcher (Stake, 1995). It has been stated that “exploring and understanding how students with disabilities describe the relationship of occupation and well-being within the context of a university setting is a vital first step” to enhancing their lived experience and presumably success in college (Eckelman et al., 2013). Because the aim of case study research is to attain an in-depth understanding of the case, data were collected through multiple interviews of disabled students enrolled in the health professions programs at CU. Additionally, policy documents related to disabled students at CU and specifically in the CHP were extensively reviewed for increased understanding of potential contributions to the student experiences. This methodology was selected based on the social model of disability, as within this model “understanding the lived educational experience from the students’ perspective is critical if universities are to change contextual and environmental issues that constitute barriers to students with a disability” (Velde et al., 2005, p. 84).

Participants

Disabled students from the following CU CHP programs were invited to participate in this study: Communication Science and Disorders, Health Sciences, Physical Therapy, Athletic Training, Clinical Laboratory Science, Respiratory Therapy, Radiologic Science, Diagnostic Medical Ultrasound, and Nuclear Medicine. Disabled students enrolled in any of these programs were invited to participate in the study via email sent by the ODS to protect confidentiality. Due to inadequate response to the initial email request, the ODS sent a second appeal for participants; in addition, department chairs for all programs sent an informational email to all students in their respective

programs, regardless of disability or disclosure status. The second round of emails from the ODS and department chairs included a cash incentive to which significantly more students responded. The Occupational Therapy program was omitted from this research as it is the program in which the researcher is a faculty member and perceived coercion to participate or coercion to participate is necessary to avoid.

Fifteen students responded overall to the invitation emails. Two respondents were not disabled and therefore did not qualify for the study, and three did not respond to researcher follow-up for initial meeting requests. The small sample size was deemed satisfactory as it allowed for in-depth understanding of each participant's perspective (Myers, 2000) and was adequately variable, as described in the next section. Further, given the extensive series of three in-person interviews, this sample size is comparable to or greater than other studies of disabled student voice in the literature.

Sampling

In terms of sampling, undergraduate, graduate, pre-professional, and professional students were all invited to participate in this study, and all qualified respondents were accepted to participate. The sample represented a fair program cross-section of CHP students; 70% of the participants were in the health sciences (non-professional) program and 30% were in professional programs in the CHP. Participants of this study were also highly representative of the distribution of students by disability type across campus, as 90% (n=9) of participants had invisible disabilities and 10% (n=1) had a visible disability (see Table 1 for distribution of students by disability type across campus).

Table 1

Student Disability by Type Across the CU Campus. Fall 2014-Spring 1016 (n=1130)

Type of Disability	Number	Percentage
Medical	114	10
Learning	639	57
Psychiatric	236	21
Sensory	56	4
Physical	56	4
Other	29	2
Visible (approximate)	112	10
Invisible (approximate)	1,018	90

Data Collection and Procedures

In an attempt to gain the most comprehensive understanding the students' experiences and perspectives of accessibility and inclusion in the CHP, data were collected via multiple (three) interviews, self-directed photography, and document review.

Interviews

The interviews were conducted in the researcher's office. Students had the option of sitting at a table or in a recliner, and were offered a beverage to maximize comfort and enhance rapport building essential for effective interviewing (Seidman, 2013).

Participants were all interviewed in person. Interview questions were open-ended and intended to engage the participants in reflection of all aspects of their college experience to date. Guided by the social model of disability, the nature and content of the interview questions served to steer the participants away from focus on the disability or impairment

and toward their perception of access to and inclusion in social and educational experiences. The three semi-structured interviews were conducted using Seidman's (2013) description of the three-interview series as a guide. The lengths of initial interviews were variable and lasted from 20 to 55 minutes, and were a modified version of Seidman's Focused Life History. Interview #1 served to contextualize the present experience of the participants by questioning their experiences in education to date. See Appendix D for sample questions for the first interview. Interview #2 typically occurred 2 weeks after interview #1 for any clarification of interview data and to learn the details of participants' current experience in the health professions education context, what Seidman labels The Details of the Experience. Second interviews were the longest overall, ranging from 30 to 60 minutes. Sample questions for interview #2 are available for review in Appendix E.

Self-Directed Photography

At the end of the second interview, participants were encouraged to take one to three photographs that characterize their own personal experience with or understanding of accessibility and/or inclusion in their education. Self-directed photography has the potential to increase engagement and participation in the research process and has an empowering effect on participants (Bijoux & Myers, 2006; Hergenrather, Rhodes, & Bardhoshi, 2009). Use of participant photography as a means of qualitative research is founded on constructivism and allows for "presentation of [participants'] lived experiences and priorities through self-identified images, language and context" (Hergenrather et al., 2009, p. 687). Consistent with the SMD, the individual, personal process of gathering images permits reflection upon less conscious experiences through

an alternate, non-verbal means and gives participants some control over the research process. The use of self-directed photography in addition to the semi-structured interview was intended to “add rigour, breadth, complexity, richness, depth and creativity to the research” (Bijoux & Myers, 2006, p. 48). Particularly relevant to this study is the nonverbal, non-linguistic nature of photographic data due to the potential of participant difficulty with verbal expression as a result of learning or motor impairment.

Photography is an alternate means of communication and self-expression and may enable participants to more fully capture and share lived experiences than they may be able to verbally. The participants were asked to submit their photo digitally via email to the researcher prior to interview #3 so it was available for discussion at the third and final interview. It is important to note the photographs were not a mandatory component of the study; half the participants of the study submitted photographs for discussion in the third interview.

The final interview occurred approximately 2 weeks after the second for further clarification of previous interview data and Reflection on the Meaning, which served to facilitate participant contemplation of life factors that brought them to the present time and examination of their present situation and context (Seidman, 2013). Additionally, the photos submitted to the researcher were explored with the participant to ensure accurate interpretation and analysis. Third interviews ranged from 15 to 60 minutes in length. Sample questions for interview #3 – Reflection on the Meaning and photo analysis are available for review in Appendix E.

Document Review

To gain perspective of the potential contribution of CU institutional policy related

to disability on the experiences of disabled students in the CHP, document analyses were conducted at the institution, college, and department level. Documents were collected with the assistance of the ODS at the institution level, the CHP dean at the college level. It is worthy of note that no specific documents regarding disabled student access or inclusion exist at the level of the College of Health Professions; only a statement regarding cultural competency, which briefly mentions ability exists (see Appendix C). Individual department heads were requested to provide any unit-level disability policy for review; no such policies exist at the department level.

Data Analysis

Interview Analysis

The interviews were conducted, recorded, transcribed and analyzed using emergent thematic coding following Stake's advice to outline the main issues of each participant, identify shared issues between participants, then establish or revise questions for subsequent interviews using emergent data (Lauckner et al., 2012; Stake, 1995). Prior to analysis, I read the transcripts thoroughly and listened to the audio recordings without highlighting or note taking that allowed me to "enter vicariously into the life of the participants, feel what they are experiencing, and listen to what they are telling [me]" (Corbin & Strauss, 2008, p. 163). The social model of disability was utilized to guide my listening and looking for themes related to socially constructed barriers to students' access to and inclusion in their education experiences.

After initial reading and listening to the transcript data, the data analysis process followed a combined sequence for case study and grounded theory data analysis according to Creswell (2013). I chose this process given the case study design and the

conceptual framework of the study; gaining understanding of the students' experiences and perceptions mandates allowing themes to emerge in the data justifying the use of grounded theory analysis. Specific coding techniques as described by Corbin and Strauss (2008) were utilized during the analysis process to capture emergent themes as well:

1. Create and organize files for data (Creswell, 2013).
2. Read through text, make margin notes, form initial codes (Creswell, 2013). Specifically, open coding was utilized here (Corbin & Strauss, 2008).
3. Utilize constant comparisons to identify similarities and differences across data types (Corbin & Strauss, 2008).
4. Use categorical aggregation to establish themes or patterns (Creswell, 2013).
5. Use axial coding to establish relationships between themes (Strauss & Corbin, 1990).
6. Develop naturalistic interpretations of what was "learned" (Creswell, 2013, pp. 190-191).

The Dedoose data management program was utilized to organize the data due to its reasonable cost, availability, familiarity to the researcher, and ease of use.

Photograph data were coded and analyzed after thematic discussion and confirmation by participants as part of interview #3 (Hergenrather et al., 2009). Data are reported in Chapter 4 in both narrative and visual forms including tables and figures as appropriate to provide a complete picture of the experiences of the students interviewed in terms of themes that arose through the data collection and analysis process.

Photograph Analysis

Participants were asked to talk about their photographs in interview #3, which

were then transcribed and analyzed in accordance with previously discussed procedure. Interview transcriptions from photograph discussion were examined separately from interview data to search for additional themes or patterns not revealed through interview alone as a means of gaining deeper understanding of the participants' individual and collective understanding of their experiences related to accessibility and inclusion in the CHP. No specific patterns were noted that were not otherwise identified from the interview data.

Document Analysis

Documents gathered were reviewed for content and themes related to accessibility, inclusion, definition of disability, and other patterns or themes that might emerge. As anticipated based on my experience dealing with disability issues on campus, there were few documents for review, and review revealed little in terms of contribution to understanding of the experiences of disabled students in the CHP beyond the important implication that disabled students are not a priority of the university or CHP.

Trustworthiness

To ensure trustworthiness of the research, four criteria for ensuring rigor in qualitative research as originally described by Lincoln and Guba (1986) were employed: credibility, transferability, dependability, and confirmability.

Credibility

Credibility is comparable to the concept of internal validity and “refers to confidence in how well data and processes of analysis address the intended focus” of the study (Graneheim & Lundman, 2003, p. 109). Several strategies suggested by Lincoln and Guba (1986) were employed to enhance credibility of the present research.

Prolonged engagement with the research participants occurred through the series of the three in-depth interviews, and participants were encouraged to be honest and reassured that there are no right or wrong answers to questions posed. This extensive interview process served to enhance comfort and rapport between the interviewer and respondent to increase interviewer understanding for maximal accuracy in interpretation of data. Persistent observation was accomplished through the three-part interview process, which allowed for clarification and/or expansion of previous interview data and repeated engagement with each participant over time. To ensure accurate representation of participants' experiences, member checks were completed after each interview by providing each participant a narrative transcription and allowing them to provide corrections and feedback. Extensive, repeated interviewing enhanced trustworthiness of the research. To ensure accuracy in coding, approximately 10% of data were shared with a peer for peer coding during each phase of interviewing. Disagreements in coding were discussed until consensus was reached. Additionally, I engaged in peer debriefing with a colleague to ensure researcher honesty during data analysis and for sharing of emotional responses to the data as needed.

Transferability

Comparable to external validity, transferability is the extent to which research findings are deemed transferable to other populations or settings by the readers of the research (Graneheim & Lundman, 2003; Lincoln & Guba, 1986) While this research was conducted in one college of one institution, the aim of extensive interviewing is to provide a rich, thick description of the student experience to allow for transference to other institutions (Stake, 1995). In order to maximize transferability of this research,

thick descriptive data were obtained and are reported in detail in chapter four. The following issues are included in the final report to maximize transferability, as suggested by Shenton (2004): type and general location of CU; number of participants who complete the study; excluded participants; data collection methods; length and duration of interviews for each participant; and time period of data collection. By providing this information clearly and completely, individuals in other settings will best be able to decide whether the study outcomes are meaningful for their situation.

Dependability

Dependability is the outcome of researcher accounting for the change in context and data over time and subsequent changes to the decision-making process as a result. To maximize dependability, it is essential to make clear the operational details of the research process and evaluation of the effectiveness of the process overall.

Initially, the ODS sent out email invitations to participate to all registered students enrolled in the CHP; a follow-up email was sent after one week as a reminder. This initial process yielded three potential participants, one who ultimately enrolled in the study. After an IRB amendment, the department chairs sent invitations to participate to all students enrolled in their respective programs regardless of enrollment status with the ODS. Included with this recruitment attempt was a cash incentive of \$75, \$25 for each completed interview. This email yielded significantly more responses; 15 students replied to the email. Informational meetings were carried out with each potential participant at a location of their choice to explain the study and allow for questions. Through these meetings it was determined that two students did not qualify as they were not disabled, and three students did not respond to follow-up. As a result, ten students

initially enrolled and nine completed all three interviews; Nicole was unable to complete all interviews due to a family emergency.

Immediately prior to the first interview, all participants reviewed the informed consent document and verbally consented to the study on audio recording. The first interview followed immediately; each interview opened with a prompt for the participant to tell me their story, as is consistent with Seidman's (2013) Focused Life History. Entering the first interview in this fashion gave me insight as to the perceptions of the participants in terms of what is important in their own history that brought them to where they were at that moment. For some like Jason, the answer was short and relatively simple, while for others like Jessica the path was less direct and considerably lengthier. I found myself most able to follow the list of sample questions for the first interview (Appendix D) than for the remainder of the interviews due to the variable nature of each participant's experience, yet I kept the sample questions in front of me as a guide in attempt to hold as true to Seidman's process as possible. Two participants became emotional during the first interview, which surprised me, as I did not anticipate that to happen until perhaps the second or third interview, if at all.

The second interview was generally 2 weeks later, depending on schedules, and was considerably more relaxed for everyone. Transcripts were emailed to all participants between interviews for member checks. The second and third interviews with most participants began with discussion of how the previous weeks had gone at school and other informal chatter, which allowed for relationship and trust-building. I then inquired whether the participants had response to or clarifications of the transcripts from the previous interview; interestingly, while most participants said they had indeed reviewed

them but had nothing to add or change, a few said they had no idea they felt that strongly and were surprised with how “raw” their responses were.

The participants were asked to take one to three photographs between interview two and three, but only half actually did so. Their descriptions of the photos were captured on audio recordings, transcribed, and analyzed with the other interview data. The photographic data were analyzed separately and together with the interview data. While no major themes arose specifically from the photographic data, several students shared images of classrooms and study spaces. Intriguingly, each of these images held a different meaning for each participant, confirming the collectivity of the societal problem of spaces created for the majority instead of for all in spite of the individual disability experience.

At the conclusion of the third interview, participants were given their cash incentive and thanked for their participation in the study. Of the nine participants who completed all three interviews, eight indicated they learned more about themselves from participating and thanked me for being interested in their plight. Additionally, four asked to keep in touch, which I consider an honor.

I had every intention of taking extensive field notes during the interviews, but found myself unable to attend to what the participants were saying adequately and to write at the same time. I did write furiously at the end of each interview in my journal, but am confident that I missed some nuances of the nonverbal behavior of the participants.

I personally transcribed approximately half of the 27 interviews completed. Upon receipt of a small financial award, I hired three student transcriptionists to assist with the process. Each received the same instruction in terms of level of detail required and was

given examples of interviews I had transcribed to use as a guide. Whenever possible, transcriptionists worked with data from the same participants for enhanced accuracy as accompanies familiarity.

Once transcribed, interview data were uploaded to Dedoose, a cloud-based data management program. Before coding the data, I read the transcripts through several times as they came in and made notes in the margins which served as initial codes. I also listened to the recorded interviews the evening of the interviews whenever possible to reinforce my memory of the content including the vocal nuances that transcription would not reflect. Data were then coded thematically and organized using Dedoose. As this was a case study, interviews were not analyzed by participant; rather, all first interviews were analyzed and coded, followed by the second, and then the third. New themes emerged with each interview while others persisted; constant comparisons were utilized across interview, photograph, and document review data (although the latter revealed little due the paucity of documents available). Axial coding was then utilized to develop relationships between themes, resulting in emergence of the final themes presented in chapter 4.

Confirmability

Closely tied to dependability is confirmability which is “concerned with establishing that data and interpretations of findings are not figments of the inquirer’s imagination, but are clearly derived from the data” (Tobin & Begley, 2004, p. 392). The researcher created an audit trail during the research process to enhance the external audit process (Shenton, 2004). Additionally, researcher reflexivity through researcher journaling occurred on an ongoing basis throughout the study to ensure minimization of

researcher bias and misrepresentation of data at each stage.

Research Ethics

Prior to data collection, approval to conduct the study was obtained from CU's institutional review board. Participants were asked to participate through email invitation, which was distributed by the ODS and department chairs to preserve student confidentiality. Students in the Occupational Therapy program were excluded from this study to prevent coercion, as the researcher is a member of the faculty in that program. Students who agreed to participate signed informed consent, which notified them that the interviews would be audiotaped and that their confidentiality would be ensured throughout all aspects of the study. Participants were also informed of their ability to withdraw at any time and their ability to decline the photography component of the study if desired. Interview transcripts are stored electronically via external drive and via Dedoose, a cloud-based password-protected data management system. Data are de-identified through participant-selected pseudonyms and accessible only to the primary investigator except for peer coding purposes. Photographs are stored electronically on the external drive as well, and those with the potential to reveal participant identity are not included in this summary in order to protect participant confidentiality.

Researcher Positionality

As an occupational therapist that teaches in a graduate occupational therapy program, I have personally had experiences teaching several disabled students in my academic career. These experiences have led me to question my own attitudes and constructed barriers to disabled students within my own teaching and across my own campus. I believe that individuals who have lived with a disability may indeed have

unique qualifications to be a health professional and should therefore not only have unequivocal access but the opportunity for full inclusion to health professions programs to the same degree as their peers without disabilities. I also believe there may be a tendency to expect failure of disabled students in the health professions resulting in a biased perspective in admissions and grading practices based on my own conversations with and observations of with other members of the CHP and campus community.

Additionally, during my time in academia I have had the opportunity to work on several committees responsible for evaluating and establishing disability policy. These experiences have given me a unique background and ability to understand what students are reporting and describing as I work to interpret the research data.

Finally, as someone close to a high school student with a learning disability I have been personal witness to teachers who dismiss disabled students as well as those who strive to understand the unique learning needs of all students, and have seen students thrive under the latter conditions. I have a personal belief that all individuals are entitled to equal educational opportunities regardless of how they learn or engage in the educational process.

Limitations

One limitation of this study is potential self-selection bias in that students may have been more inclined to participate if they have strong negative or positive feelings about their experiences at CU. The inability to interview all disabled students in the CHP at CU precludes a complete understanding of the student experience. One student left the study after one interview due to personal reasons. Overall, the sample was heavily weighted in terms of program enrollment (health sciences), which may have resulted in

limited understanding of the professional program experience. The necessary presence of the researcher during the interview may have negatively impacted participant honesty, as participants may have contributed what they anticipated what they thought I wanted to hear. Researcher bias in qualitative research is unavoidable but was minimized through journaling, reflection, and discussion of potential biases with a colleague not related to the study. Although representative of the disabled student population across CU, the percentage of students represented in this study with invisible disabilities is significantly higher than those with visible disabilities. As a result, the experiences and perceptions of individuals with physical disabilities may be incompletely represented in this study. While generalization is not the goal of qualitative research, it is possible that naturalistic generalization may occur in which other health professions programs may benefit from the findings of this study due to program similarities (Myers, 2000; Stake, 1995).

Reflective Appraisal

Overall, there is little I would have changed about this research process. Had I the time, I would have preferred to transcribe all of the interviews myself. Tedious as transcription is, it helps me feel further connected with the participants as it allows me to process their words slowly and with intention. I found the connections I made with the participants to be exceptionally rich; the benefit of doing three interviews with each participant was evident in the emotion and passion with which most of the participants spoke. Further, that so many participants thanked me for my research and work to improve their lives and others like them in the CHP is highly rewarding.

Due to the saturation of themes at the completion of the third interview, I do not believe any further interviews would have enriched the study. In terms of sample size, I

had originally hoped for 15 participants and had nine complete the study in its entirety. Although the sample was representative overall of the categorical (visible vs. invisible) distribution of disabilities across campus, ideally I would have liked to have two or three more students with physical/mobility disabilities to gain understanding of their perspectives and experiences as well.

Although the photography component was interesting, there was not high buy-in from study participants and the photographs overall did not reveal additional themes that failed to emerge from the interview data as anticipated. Should I use photography again as a means of data collection, I will first spend some time with an expert in this method to learn how to present the concept and purpose more effectively to participants in attempt to get increased participation in this aspect of the study.

Although I was unsuccessful with field notes, I do not believe the study suffered as a result. My ability to listen intently and reflectively to the participants due to the forfeiture of field notes allowed me to gain their trust more readily and ask thought-provoking follow-up questions immediately, while thoughts were fresh in the participants' minds.

Documentation review at CU and throughout the CHP revealed little in terms of contribution to the study, as a paucity of policy directly addressing disabled students exists. Most documentation in which any mention of ability or disability across campus is minimal and exists in the context of diversity missions and cultural competence statements. Several of the professional programs in the CHP have minimum technical standards including physical requirements, which may actually serve to exclude disabled students further.

Finally, I would have offered the cash incentive immediately if I were to do this study again. I initially hesitated to do so because of both the financial commitment and the potential for students to be dishonest about having a disability, but I found the students to be genuine and forthcoming about their disabilities and one even declined payment due to her enthusiasm for the project.

Chapter Summary

This chapter has served to explain the research setting, design, and rationale. Procedures for the data collection and analysis were described and means of maximizing trustworthiness were discussed. Finally, limitations and a summary of the research process were presented. The research findings will be presented in Chapter 4.

Chapter 4: Research Findings

This chapter presents the findings from the interview and photographic data. Major themes identified from the data include: a phenomenon dubbed the “disability box;” the process of othering; disabled students’ perceptions of working harder than their peers; challenges associated with registering for and receiving services through the university’s disability services office; faculty behavior and attitude in the CHP; and student recommendations for positive change towards inclusion in the school.

Participants

Ten students enrolled in the CHP who self-identified as having a disability participated in this study. Of these, nine were undergraduate students and one was a graduate student. Five students were enrolled as either pre-professional or non-professional health sciences students, and five were enrolled in professional programs within the CHP. One participant had a physical disability, one had a sensory disability, two had medical disabilities and six participants identified as having learning and/or mental health disabilities which impact learning. Of these, the physical impairment was the only outwardly visible disability; all others would be considered invisible disabilities. Five students were enrolled with the disability services department, and five were not. Table 1 provides a summary of these data by pseudonym.

Table 2
Participant Characteristics

Student	Disability	Education Level	Professional Program	ODS Registered
Ashley	Learning Psychiatric	Undergraduate	No	Yes
Jack Ryan	Learning Psychiatric	Undergraduate	No	No
Jason	Learning	Undergraduate	No	Yes
Jessica	Learning	Graduate	Yes	Yes
Katniss	Medical/Seizure	Undergraduate	Yes	No
Lucy	Sensory/Hearing	Undergraduate	No	Yes
Nicole	Psychiatric Learning	Undergraduate	No	No
Penny	Learning	Undergraduate	No	Yes
Theo	Physical	Undergraduate	Yes	No
Vesper	Medical/ Autoimmune	Undergraduate	No	Yes

Each participant completed a series of three interviews approximately 2 weeks apart, with the exception of one participant (Nicole) who exited the study after the first interview due to a family illness. Time between interviews was influenced by several

factors including student and researcher schedules, final exams, and timing of winter break. By student choice, all interviews were conducted in the investigator's office for privacy and to prevent distraction. It is worthy of reiteration that none of the participants were in the investigator's home program, so their presence in and around the investigator's office did not jeopardize their anonymity.

Participant Perceptions and Experiences

Through extensive and repetitive auditory and visual review of the interview data, several themes and subthemes emerged. Numerous common threads exist between experiences of students in the CHP at CU. Their voices reveal perceptions of stigmatization and marginalization, separateness and exclusion, having to work harder than others, challenges related to disclosure and educational accommodations, and inadequate faculty knowledge and understanding throughout their educational experiences in the school. The participants also had specific recommendations for improvement for the school, which are summarized at the end of this chapter.

The Disability Box

In order to more completely understand the experiences and perceptions of disabled students in the CHP, it was necessary to ascertain whether students utilized accommodations provided through the Office of Disability Services (ODS). It became apparent after the round of first interviews that the decision of whether or not to register with the ODS and seek accommodations was influenced in large part by the students' perceptions of what disability really means, both to society and to them personally. Overwhelmingly, the students characterized society's definition of disability as a predefined, encapsulated concept, labeled here as the disability box. While the

participants of this study did not necessarily view themselves as belonging in the box, they frequently found themselves inside the disability box anyway due to institutional requirements, societal norms, and the attitudes of others. Vesper, a student with a chronic autoimmune disorder, explained the disability box in this way:

People with disabilities that are very obvious, it's just a big red flag and you know, okaayyy don't say anything, don't do anything that is going to be offensive, and you end up being hyper vigilant and cautious, such that it puts it over the line to being patronizing. Like just treat them like a person. If you're respectful and you're kind and you're inclusive, that's all you need to be. That's all I think anybody wants. So, when that's—when you don't fit into that box and it's [the disability] not very obvious to someone then I think they're just as prone to being discriminatory against someone who has a disability that they don't recognize. And so they'll probably be skeptical. Like when I say I can't come to class, I'm sick, what a professor is probably thinking is sure you're sick. You're hung over or you know you've got the sniffles; you're an adult get out of bed and come to class.

In other words, people with visible or understood disabilities tend to be automatically placed in the box whether or not they need accommodation or support; reflective of similar insensitivity, those with invisible or poorly understood disabilities are often denied assistance even when they have sought support from teachers or the disability office. In either situation, the individual is prone to being subject to the inappropriate actions of others throughout their educational experience. See Figure 3 for a visual representation of the Disability Box.



Figure 3. The disability box.

Jessica is a graduate student in a professional program within the CHP. When explaining how she decides when to disclose her learning disability in her program, Jessica described the need to weigh the risks and benefits of being put into the disability box:

I think what makes the difference is you constantly have to weigh your options as someone who, uh, as someone who has a disability. Whenever you have to disclose anything that may be perceived negatively, you're always weighing options. You're always weighing "Am I going – is there a reasonable doubt that I might really mess up here? What is going to belong on the record and what doesn't?" And if there's a way that you feel you can reasonably, as a person with a disability, hide that, why wouldn't you? You know, you're guilty until proven innocent. So there is an expectation that you will have messed up, or there is an expectation that there will be a mistake. I don't, I don't think... and that would make me feel really insecure. It would make me feel really insecure that I was right off the bat scrutinized as the person who's not accurate or who's not careful. Even if it's a facet of something it's still a stigma that's associated to you.

Jessica also spoke more specifically to the actual academic consequences of not disclosing her disability and the potential consequences of doing so:

J: And when it was time for us to prove to the professor, to the lab professor what we could do, I completely failed the test. And they were entirely related to disability issues. I haven't um, I haven't brought it up with her. I'm concerned to, I'm afraid to.

G: By it you mean...

J: Oh, I haven't brought it up that I have a – that I'm registered with the disability center. I'm very, very concerned to do that.

G: Why?

J: I'm concerned because I don't want to, um... I'm concerned about the reaction, I'm concerned about the future repercussions of some – I've already been discouraged from doing a thesis.

Jessica was unsure which would be the least negative option – disclose her disability so she could utilize her testing accommodations and risk the potential repercussions from professors, or withhold disclosure and continue to struggle with exams. Tearfully, Jessica explained why she had chosen not to disclose to that point in time: "...I am so concerned about being transparent about having the disability. Who wants that student in their lab?" Her fear of being put into the disability box and consequently being excluded from research as a result of disclosure was too much to overcome, so she did not use the accommodations to which she was entitled.

Jack Ryan, a health sciences undergraduate student with an attention disorder and depression, described why he tries to get by without disclosing his disability to professors initially: "Because when I first go up I'm like a regular student asking for help, I'm not asking for extra credit. I figure that's the best way to do it." If Jack Ryan finds himself struggling with a course, however, he will begrudgingly disclose: "I do tell them like 'I have ADD, I don't like talking about it, I just like being a regular person.'" Jack Ryan is stuck in the dilemma between staying out of the disability box and struggling

academically or entering the box to receive support.

Vesper summed up her thoughts about how the CHP discriminates against individuals who do not fit into the disability in the expected way:

You know, how health professions regards equity... I don't think that they do things that are blatantly, um [pause] disparaging against obviously disabled populations. But then people who don't fit into those boxes that they understand, people who are health disabled, people who have learning disabilities—really, you name it. If you're not physically or sensory disabled, or mentally disabled, and you don't fit into their boxes, then where do they put you on their colorful flyer? They're probably not gonna go out of their way to help you. So, I don't think that they're intentionally mean or disabling to certain people, but they're a little bit patronizing. They're certainly not—they don't go out of their way to be enabling or to teach their students across the board that, you know, there's a different way that we can regard these populations.

Not allowed in the box. Many of the students with invisible disabilities described experiences in which faculty members would not allow them entry to the disability box at all, whether or not they had documentation from the ODS regarding reasonable accommodations. Vesper was quite articulate in her description of such an experience:

And, so explaining this [her disability] to professors was difficult and it was during my entire undergraduate time because my disability wasn't visible to them and they didn't understand and me trying to explain my entire health history to them wasn't productive. It shouldn't have been necessary. It felt a little bit invasive - like you know here I've got this letter in my hand from disability services so I've already proved it to them. I've already given them the medical documentation but I would still have professors ask me personally for notes from my physicians.

Vesper had particular difficulty with this issue of non-belief about her disability, which resulted in professors' unwillingness to provide the accommodations to which she was entitled. She went on to explain the internal conflict she felt about this issue:

Uh, like stating my health history cause they wouldn't believe me, and that's somewhat understandable because like "Ohh I can't make it to

class, I'm sick" you know, it's probably what they get all of the time, which I understood. But, I also kind of wanted to like put my foot down and be a little bit firm, but polite with them. Like, I let you know at the beginning of the semester that this could be an issue and um it's not—it's not right or legal for you to ask for my health history!

Katniss, another student with an invisible medical disability, also found herself challenged to get into the disability box for the purpose of faculty accommodation and understanding:

[One of my professors...] one morning I came in and once I got into the building I started throwing up from my meds. So I walked up to her and said I need to go home because if I keep throwing up, then I might have to go to the ER to get my meds put back in via IV. Um, then she got really upset and was like, "if you're going to miss anything in class it's going to affect your grade. So it's up to you on what you want to do." And I was like, "Well, I'm going home. So." That's just kind of that scare tactic that she was using. So like, I didn't know if she that was because she didn't believe me, or what... Like I'm not just going home because I don't feel good, it was an emergency situation. But I don't think she fully understood.

Even though Katniss's accommodations permit her to miss class for medical reasons, the teacher in this scenario was unwilling to accept her illness as a facet of her disability. As a result, Katniss received a lower grade in the course.

Lucy is deaf but can speak clearly without evidence of her hearing impairment. As a student in the CHP, Lucy began her education without accommodations but registered with the ODS upon urging from one of her professors who is also deaf. Even with documentation, Lucy found there to be many professors who still would not allow her into the disability box and provide her documented accommodations:

Uh, well, nothing really changed! [chuckles] Um, now teachers know I need help but, like, they pretty much don't really give it. I mean, nothing really changed... in terms of like captioning their video they don't do it. In terms of the like, I don't know – not turning your back. They still don't do that, so... So doing it and then, for the desired purpose of having memos and having teachers listen to what I'm saying is kind of difficult

because if, I felt like it was all for naught because it's like I did this so you would listen and then, and now it's like oh no but I still won't and so it's like why am I even doing this?'

Forced into the box. Disabled students are repeatedly challenged by words, attitudes, and actions of advisors, faculty and peers in the CHP who label or treat them with difference based on preconceived notions of the disability box. In his first interview, Jack Ryan described how he feels when, after disclosing his disability to his teachers, they try to help too much due to the assumption that he needs it:

JR: Actually confidence is when like, for me at least, it's when like I go to the teacher and they know my disability and stuff, but then they like, they try to give me more help than I need, and I don't like that. I don't like that!

G: So that detracts from your confidence?

JR: Yeah it detracts from my confidence and it makes me feel ostracized! That's the main thing that makes me feel ostracized.

Jack Ryan clearly experiences irritation and stigmatization when he is unwillingly placed in the disability box. In his second interview, Jack Ryan's frustration with teachers attempting to over-accommodate becomes even more evident:

Like sometimes for this, some of my teachers, I mean I'm just like I assume they're just trying to be good-hearted but, you wanna believe people as nice but it's like "Oh do you need this, this, and this?" I'm just like "No, I just need one little thing." I don't need to take the test in another room, I don't need extra time, I can't be here, I don't have the time for this. I just feel like that, that hurts your confidence a lot, people telling you that like, people trying to, people assuming that cause you have something, cause you have ADD or another disability that you need something more. Like because I have ADD I'm gonna need this, I'm gonna need that.

Similarly, some instructors attempted to provide unnecessary, even detrimental, adjustments to their teaching or interactions with Lucy:

Uh, some – in some ways it's become more irritating because, um, some people will do this thing where they start talking to you like a certain way, like they get louder, or they get, they start talking really slowly, but

people don't know that that distorts how you sound, and what it looks like. Because I'm used to a certain speed of speech. I talk fast and I'm used to even like, even, even if you don't talk fast I'm used to a certain speed so when people purposely slow down it distorts how it looks when I'm reading your lips and so it looks like really weird. I don't know what you're saying. And people do that more, teachers do that more now that they know [about the disability]...

In this example, Lucy has clearly been disabled by the behavior of her professors, a direct result of erroneous placement in the disability box.

Similarly, Theo described an advising experience in which the advisor attempted to put Theo in the disability box as soon as his physical disability became obvious:

One thing that I remember with my advisor when I went to go apply for the program and I talked to him about applying to the program he kind of gave me a- kinda just like this vibe I wasn't going to be able to do it- ya know- like I wasn't- I don't know- like he, he was hinting- like he started hinting that maybe I should look into some other areas or stuff like that- so I don't know if that was because of my injury or because of my grades or what but I-I'm not that bad of a student. I have good grades.

It is evident, then, that being both excluded from and forced into the disability box have the potential to adversely impact disabled students' feelings of belonging and inclusion in their education.

Do I belong in the disability box? The conflict associated with identifying oneself as belonging in the disability box was reflected to some degree in the voices of disabled students with all types of impairments represented in this study, whether invisible or visible.

Katniss, a professional student with a seizure disorder, reported conflict with her own place in relation to the box due to the invisible nature of her disability:

G: Help me to understand why you feel that [accommodation through the ODS] would not apply to you.

K: Cause I think mine is much more of an invisible illness. [Laughs]

G: That's a deep statement! But does the, how does the nature of your

illness being invisible make you less qualified to receive those services?
K: Less proof I guess, It's just like the how do we believe that you just don't feel good, which everyone in the class doesn't feel good sometimes?

The invisible nature of Katniss's seizure disorder led her to question the validity of her disability based on her experiences with others around her.

Vesper, the other participant with a medical disability, also questioned her own position relative to the disability box based on the actions of others:

You know, someone catches a bad flu—just an everyday person catches a bad flu, they're gonna be sick for a week. But they're not disabled. I'm disabled because of the people around me and I have to label myself as disabled and let everyone around me know like “hey I have these chronic health conditions” just in case I get sick, just in case I get a migraine, if I want them to give me any sort of break, you know...

The notion of being labeled by others was reinforced when Vesper was asked how she defines disability:

[Disability is a] significant impairment of life activities because of a mental or physical [pause] abnormality—I know that's not the definition, but that's basically what it's saying. You're somehow different than the majority of the populous because of a mental or a physical status and that impacts your ability to care for yourself, to function in society, to conduct everyday life activities. And that's where I do consider myself disabled, um, but more so by the people that I interact with than strictly because of my physical status.

Vesper is questioning whether she is actually disabled by her condition or by how others respond to it, leaving her uncertain as to whether she belongs in the disability box.

Lucy described the identity conflict associated with being a disabled student in a frank manner when she stated, “I need accommodations being deaf, but I also don't want to be deaf.” While the accommodations to which Lucy is entitled are necessary for maximal classroom inclusion, she does not appreciate the necessity of disclosing her deafness. In her second interview, Lucy discussed how she chooses not to wear her

hearing aids specifically to avoid the typical societal response to them:

That's like a really double-sided issue because if I wear my hearing aids I don't have to tell you because I can hear you but the problem is if I wear my hearing aides then you know. You know what I'm saying? So it's like a, ah it's so complicated. Because wearing hearing aides I don't have to tell you I can't hear because I can hear what you're saying because I have hearing aids. But because I'm wearing my hearing aides you know I can't hear, so it's like eeehhh!

Lucy's hearing aids are, in essence, a form of unwilling and unintended disclosure. By choosing not to wear them, she may have more challenges in the classroom but prefers them to the potential stigma associated with societal response.

Theo, the only student with a visible disability, is unsure as to his place in the box as well; although he has a visible disability, he has learned to adjust and maintain independence in almost all areas of his life:

T: Uh for me, like I said I-I feel like I can do pretty much everything um so I don't feel like I am disabled- I mean I have talked with disability office about getting compensation for being disabled they didn't think I was disabled enough to get compensation so I mean yeah I lost my dominant hand but I can still walk, I can still write, I can still do everything else pretty much I mean for the most- 98% I'd say- there is probably 2% of the things that I can't do... so I feel like I'm not disabled unless I put that on my head as I am... I don't let myself fall into that category.

G: okay

T: I consider myself to be a, ya know, just a regular person who can do whatever, ya know?

The internal disability debate seems to continue for Theo when he is asked what the word "accessibility" means to him: "What's available to me and what I-uh how easy I can have resources available to me considering I am disabled, if I was considered disabled." Theo changes his wording immediately from "considering I am disabled" to "if I was considered disabled," begging the question of whether or not he does indeed belong in the disability box and according to whom.

Eliminating the disability box. Some students suggested eliminating the use of the word disability completely, in effort to dismantle the disability box and decrease the barriers it creates. In interview three, Vesper suggested changing the word disability to “problems,” thereby eliminating the exclusionary language all together:

I just think that people would be more willing to be inclusive and just have a better perspective about the disabled population, or maybe don't even think of them as disabled, just think of them as people who have problems. Everyone's got problems and when people's attitudes change in that way then I think they'd be more willing to take actions to be inclusive.

In her effort to eliminate the disability box, Ashley advocated for changing language related to disability as well:

The people who I don't tell [about her disability] they just treat me like everyone else. There are just like “Oh hey!” they don't treat me different they just treat me like everyone else. So I still definitely think changing learning disability to learning challenge is definitely- that definitely has to change.

Ashley goes on to say:

I've met a lot of people who have had—who have a disability in some way, shape, or another. But in a lot of ways everyone has a disability. Not everyone's good at everything. Everyone has a disability whether or not they consider it a disability. It's more of everyone has a challenge...

By characterizing all people as the same because everyone has challenges, not only is Ashley removing herself from the disability box, she is essentially eliminating the box all together.

Jason, a health sciences student with a learning disability, dissociated visible from invisible disability by characterizing disability in a more “normal” way:

I know a lot of people associate disability with a physical thing, but um, I would just describe it as like a - an obstacle that someone needs to get over. Or, needs help like assistance getting over. So, I just view it like an obstacle.

When asked who decides what that obstacle is, Jason's response was simple, yet still included the word he was trying to replace: "The person with the disability." The term "disability" seems to remain entrenched in his thinking in spite of the effort to redefine it.

As a final example, Jack Ryan suggested, "There's gotta be a better word for it [disability], like 'I just have to take care of a certain aspect or attribute of mine,' like an attribute because it's part of who I am, I think." By using the word attribute, Jack Ryan is eliminating the negativity attributed to disability by society.

The disability box is not a black and white entity. Disabled students in the health professions might find themselves in the disability box, kept out of the disability box, and/or questioning their own position relative to the disability box at any given point in their experience at CU depending on how others around them understand, define or respond to the concept of disability.

Othering

One pervasive theme throughout the student interviews was the perception of being seen and treated as different or marginalized by others including advisors, faculty, peers, and clinical preceptors throughout their time in the CHP; this theme is referred to here as "Othering by Others." Otherness is also evident through students' reported self-perceptions of differences, which set them apart from others during their educational activities. These experiences fall into the theme entitled "Othering of Self." A third form of marginalization, "Institutional Othering" is that which occurs through institutional structure, at both the campus and classroom level.

Othering by others. A highly prevalent theme emanating from the interviews was how participants perceived themselves as marginalized by faculty, staff and peers in

the CHP, often in multiple ways. For some students, this experience began with their very first introduction to the institution. Penny, a health science student with a learning disability, reported this experience as a high school student at her first pre-occupational therapy advising appointment:

My parents and I came in to visit and we set up an appointment with an OT [occupational therapy] person to sit there and talk about it and from that very first appointment she made it feel what was very clear to my parents and I like this was a program that was only meant for people who were really smart. So I think I came in as a freshman already feeling very excluded from this program as a whole, from this school as a whole. That sense was already put down where we were talking a little bit and she was like well you know, this program's only for those who are doing really good in school and things like that. And I'm like I, I haven't even started college yet! Because I was very open with her with talking like, you know, I've had a learning disability and things like that before, you know. Because we had all our records and everything when we were talking. So that very first OT experience is very excluded-feeling. So it started off that way of not feeling included into it because it was already a sense of well you can try, but... like that's what she gave my parents and I [sic].

Penny was clearly othered by the CHP before she even attended CU. The occupational therapy advisor insinuated that Penny would not gain entry into the program given the selective admission process due to her learning disability.

Theo, a professional student with a physical disability, discussed his perception of having been othered by his first advisor in the college based on his disability:

Well you know as you say that one thing that I remember with my advisor when I went to go apply for the program and I talked to him about applying to the program he kind of gave me a- kinda just like this vibe I wasn't going to be able to do it- ya know- like I wasn't- I don't know- like he didn't like he was hinting- like he started hinting that maybe I should look into some other areas or stuff like that- so I don't know if that was because of my injury or because of my grades or what but I-I'm not that bad of a student I have good grades.

Both Penny and Theo describe a covert form of othering where the offender is not directly addressing what they perceive as a disability yet give the "vibe" of questioning

ability in a more subtle way. Jessica, a graduate student in a professional program in the CHP who has a learning disability, described this subtle othering particularly well:

I think so much of what students with disabilities encounter are these veiled, these veiled discouragements or these veiled attempts to steer you in a different direction so you can't really say "Oh this person told me no." And I can – It's not like I can go to someone and say, "I got a feeling that you don't want me to do this" because of course they'll say "Well when did I ever give you that impression..."

Jessica hesitated to disclose her disability to her professors because of the potential for othering such disclosure opens her up to:

And if there's a way that you feel you can reasonably, as a person with a disability, hide that [disability], why wouldn't you? Why wouldn't you? Why would you need the extra "Oh right, this is, you know..." so every time that your transcript is picked up it's going... what's the word I'm looking for? You know, you're guilty until proven innocent. So there is an expectation that you will have messed up, or there is an expectation that there will be a mistake.

Jessica assumed that disclosure will result in her being treated differently, scrutinized more closely than her non-disabled peers. She shared exactly such an experience during her first interview:

And she [the professor] asked me in front of my other classmates who were left behind, she said "That seemed like enough time, right? I mean, you didn't need more time" and it was, it was just so, oh my gosh it was... I felt embarrassed for her, you know? I had to, you know, really put my power stance on, pull back my shoulders and just say, "You know I could have used a little bit more time and I'm sure a lot of us could have too." You know? So you really have to learn to fend for yourself in those situations. I was floored when she had asked me that question.

By asking Jessica about test-taking time in front of her peers, the instructor's actions caused Jessica to feel singled out in a negative way, which is clearly othering behavior.

Jack Ryan, a health sciences student with a learning disability, described a blatant experience of othering when he first arrived at the university:

And like, even like during my freshman welcome when I came here and I'm in the [CHS], I'm like kind of setting up the classes, they asked everyone like "Oh if you have any special disabilities go to this person now" and they just like separate you from people. I felt like – they did that for something and I was like "I'm not going in that group, I'm not gonna just go in that group and be singled out like that."

Katniss, a professional student with a seizure disorder, was patently but less publicly othered by the director of the professional program to which she was seeking entry when the director learned about the medical diagnosis. Describing an incident when she had been in the hospital and had to explain a poor grade to the program director, Katniss stated:

Well then I explained to her that I was in the ER... and then she asked more questions about the epilepsy thing and my condition and then she told me that – she went on a very long [instructor name deleted] rant about um how I shouldn't work in any clinical setting at all. She told me that I should rethink my career path if I wanted to do be involved health care that I should do it in a managerial position and not involved with patient care at all because I could kill a patient she told me. Which really upset me. And it wasn't just a one-comment thing, you know. It was for ten or fifteen minutes about what I could cause and I could kill people and like I don't know. And then so like my whole world came crashing down because that's what I wanted to do...

Katniss' othering experience nearly resulted in an unwanted change of career path due to the lack of education about her disability on behalf of the director of her desired program of entry.

Penny uses testing accommodations through the Office of Disability Services (ODS) for her learning disability. She described how use of accommodations results in othering from her peers in the CHS:

But like for me, like, I guess when I have a class in a big lecture hall I don't always, like I'm ok not having friends in it because in the long run I don't take my tests in the lecture halls so it's always that awkward experience where somebody is sitting next to me who we met, like "Oh hello, I'm Penny" but then you go and take the first test and it's like "Oh

you weren't at the first test, you missed the first test" and it's like "No, I don't take my tests here" so like you have that whole explanation so it's then in many ways easy not to make friends in the programs.

Further describing how utilizing test-taking accommodations at the ODS creates a feeling of otherness, Penny stated, "Kind of like the tests for the disability office are elsewhere. And so it makes it difficult to have that feeling of inclusion." Accommodations intended to support disabled students clearly create an atmosphere of otherness for Penny.

Similarly to Penny, when describing her experiences of informing teachers of her learning disability and accommodations at the start of a new semester, Ashley is othered by her peers in health sciences in a nonverbal manner: "I always try to make sure that there's no one standing behind me because as soon as people learn that you have any learning challenge they give you like a weird look." Ashley also described how peers other her more overtly:

I definitely feel like after I tell people that there is kind of like that barrier that goes up um I tell people that because I want to be open with them and if they say something that's rude, I'm going to say that "That's not right, you are wrong."

Othering by peers remained a theme as Ashley went on to ponder her definition of disability:

I think the way how I define disability is based off of my peers, based off of how I think the world in general thinks about a disability and thinks about what it actually um, like what... It's more of how people treat people with a disability. You don't treat people with a disability like they're equal. It's more of that they treat them as someone who's different, sometimes like an alien, because they have this challenge.

The only photograph Ashley submitted for this study reflected her sense of being othered by others in a particularly poignant fashion (see Figure 4):

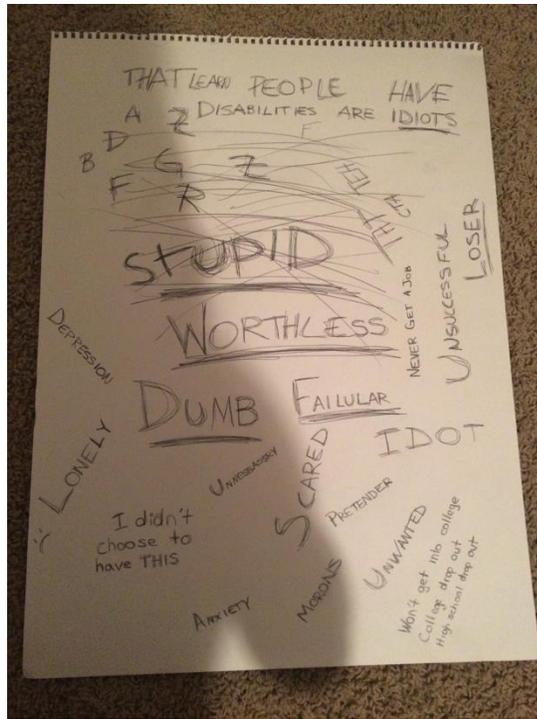


Figure 4. Ashley, photo submission #1.

Ashley's words on paper are an outward depiction of the internalization of the actions and words of those who other her.

When Katniss was asked how student peers perceive her when they find out she has seizures, her response was thick with overtones of othering:

It's almost like a freak, I guess. But not necessarily as negative connotation as freak, but almost there. Um, just because everyone has this total false realization of people who have seizures and they don't realize that it's normal people. They see it – I don't know - they think of this person that they're never going to meet in their life is going to drop and seize at any moment. And it's just so wrong. I don't know. And I think all the negative thoughts about them, like no one ever thinks that it could just be a normal person around them.

Later in the same interview, Katniss expounded upon the othering experience:

And so when I mention it, I automatically get this horrible negative connotation put onto me about it. Just because it's always been a negative connotation. Like seizures have never [laughs] been a positive thing to people, I feel like. Like I mean, if I was alive like 100 years ago, I would have been put in an insane asylum for what I have. So its like, even though

we're obviously not that bad, we're still not anywhere near what it's supposed to be. It has such an awful stigma to it.

Katniss' hesitance to disclose her seizure disorder is due to the adverse reaction of people, who do not understand, based on a long history of society's ignorance of her disability.

Theo, the only participant with a visible disability in the study, has othering experiences on a regular basis due to common societal practices. For example, while interviewing at a clinical site, Theo described the following:

I went for my [clinical] interview in [another state] and I get there and the lady who I interview with I go to shake her hand with my left hand, and every time you go to shake a hand if you don't realize it you go with your right hand. And so now every time I go to shake my hand no matter who it is it's a thing ya know? So um she said "Oh what happened to your hand" and I said "Oh I cut my hand off in a four-wheeler accident blah blah blah" and she then proceeds to introduce me to everybody in the building and says "Tell your story to this person" then brings me into the whole class in front of every student in the class and there's 73 students and was like "tell them your story" and I was like, really?

Blatant othering has not happened in this fashion for Theo while in the CHP, but the clinical requirements of his education set him up for ostracizing by others on a regular basis.

Othering of self. A more subtle form of othering, othering of self is the consequence of self-perception of difference from the "normal" college student as defined by society. For example, Jack Ryan described the feelings he has in small classrooms and the angst they produce due to his own sense of otherness:

With small classrooms it's like I'm, I'm singled out cause I'm one out of 20. Maybe that's not a big size, maybe I shouldn't feel like that but I'm singled out, I'm forced with social interactions with people who I don't know and I don't want to and I don't want to do that. I feel like the spotlight's really on me and I hate that. That's really all I can say, really. The spotlight's all on me.

Because of his disability, Jack Ryan feels like everyone's eyes are on him and he is obligated to interact according to social norms, even when there are no outward indicators by others this is the case. He further clarified his disinclination to work with peers in classes: "I don't like meeting new people I don't like social interaction really, I'm kind of weird like that. I view social interaction very oddly... Human interaction is something that I look very objectively at." By labeling himself as "weird" Jack Ryan is engaging in self-othering behavior.

Jack Ryan also shared a photo that depicted his tendency to other himself through isolation (Figure 5):

G: Okay so it's a desk and a computer by itself. What do you mean that that's been you?

J: I mean it's just like—I mean I guess it's what college is but it's just been like kind of on my own, especially cause I don't go through the disability services or anything. It's just kind of like me. And like I have a different way of thinking I guess it could be from a disability or just my environment but I don't do very well with tutors, like not at all. Like I have a different way of doing math and everything like that. I do—I get it right but just like it goes differently [G: Mhmm] I have different train of thought. It's kind of just always been me by myself, just like studying. Like I've studied probably like twenty hours since Monday and had to work twice so it's like it's just me.

G: So everything you've accomplished has been on your own?

J: Pretty much.

G: Now when I look at that picture it looks kind of isolated in a way.

J: That's what it—yeah that's why I took it.



Figure 5. Jack Ryan photo submission #1.

Ashley described similar experiences related to her tendency to other her self socially in her classes:

I feel like that is partially me being very quiet and not as outgoing uh and stuff and not kind of addressing everyone else- and there are a lot of times I fear- there are a lot of times I fear going and talking to people- there are times I feel completely invisible.

Ashley's label for her own self-othering is "invisibility," as compared to Jack Ryan's "weirdness." She described invisibility further with prompting:

G: Invisible, I am struggling with what it feels like to feel invisible?

A: Okay, um to me it feels like no one notices you, no one really cares about what's going on with you, and no one really cares about um whether or not if they are distracting you. I know a lot of kids do that, they don't typically mean to I believe but they are just probably bored like "Why do I have to be in this class?" so they just start talking um but for me uh feeling invisible not only in the classroom and in my sorority and stuff sometimes, um sometimes I think it is because they don't care to figure out.

Ashley's invisibility then is a combination of self-othering through introverted behavior and othering by others who do not take the time to understand her disability experience.

Penny spoke of getting "lost in the crowd," a sentiment similar to Ashley's invisibility, when describing one of her photos (Figure 6):

My next picture, which is funny cause I had meant for this picture to be a classroom with students in it but I had a test so I studied for my test and by the time I got to the lecture hall there was no more lectures in it, so... but when I thought about that because it was like oh, you know, a busy lecture hall with students and kind of getting lost in the crowd and things like that, and how having a learning disability in the program it's been very easy to get kind of lost in the crowd, um but then I took the picture of the empty lecture hall and in many ways it also worked because you feel very, like I felt very alone in the program where like the personal connections I've made with my advisor and my few teachers that I've had really, like, mean that much more. Because I have felt very alone in the program.



Figure 6. Penny photo submission #2

Penny characterized herself as different from her peers in a similar fashion as she considered her potential fit for the professional program in the CHP for which she was planning to apply:

I had a girl on my floor freshman year who she was a sophomore and she was applying to the OT program and just like the way she talked about how smart you have to be or how this or that or the other, it just, it feels

very much like ok well I don't think I can fit into that mold. That would be a difficult mold because that's, that's, you know, I'm a very different person... the people that you see who are in the health science program in a variety of different areas, you just feel like they all fit into this mold of you know, being 4.0 GPA students and all that and it's just like well, I know I'm a good student and I know I work hard and I know I have good effort but for me to fit into that mold, it's just not possible.

Vesper is an undergraduate student who has a chronic health condition, which interferes with her ability to regularly attend classes and consistently engage in learning activities. Vesper depicts her own sense of difference more visually:

I just feel like I'm a little bit off of the bell curve, I'm slightly left of center, you know. I—I don't feel like I am disabled in a lot of ways but I also feel like I almost have to label myself that way if I want people to give me any kind of a break at all.

She others herself through her self-perceived need to label herself as disabled in spite of her uncertainty as to whether that label is appropriate for her.

Perhaps the most profound example of self-othering is the shortest, once again from Jack Ryan, who indicated he was not “normal” because of his attention deficit disorder (ADD) and depression. When asked why he felt that way, Jack Ryan simply responded, “Because I have something other people don't.”

Institutional othering. While the previous example of othering as described by Theo is quite flagrant, when describing what type of photo he would have taken for this study (Theo did not actually submit a picture) he described a commonly occurring othering by others through the educational environment:

I was going to take a picture of a normal style classroom and the desk are fold over desks so where you had to pull it up and down and uh all of them are right handed desks in the middle of the classroom. I am left-handed obviously. The only left-handed desks are at the edges of the borders of the ah-aisles I guess you would call them so ah I was going to take a picture just showing all those desks in the middle being right handed and the only two were the ones at the ends and I thought that would have

represented it okay...

The only seating options available for Theo in many classrooms are less than optimal for his learning, a subtle but real form of othering he experiences on a regular basis.

Lucy also described how the learning environment often resulted in her own othering using a photo she had not taken herself but felt represented her experience (Figure 7):

Okay I chose this picture because a lot of classrooms are set up like this and I really don't like it because um these classrooms are really, really hard to see people and like um if I sit in a front row and I need to see somebody in the back row, that's difficult and um [pause] sometimes I sit in the back or the middle so I can have better access to like every view but a lot of teachers think its better to sit in the front row so you can hear them but a lot of times especially in a very um interactive classrooms where a teacher asks questions and she responds to questions and it's a very like not tit for tat necessarily but like a very one and two kind of relationship. That's a hard thing because I don't necessarily hear that relationship.

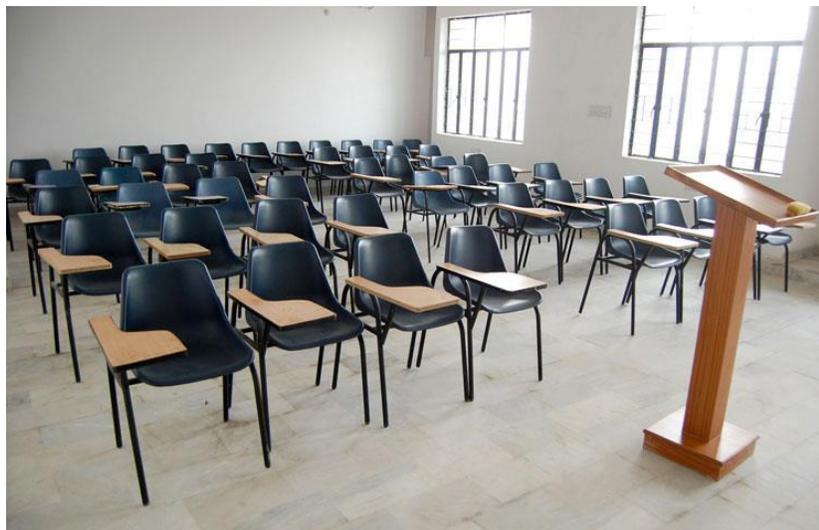


Figure 7. Lucy photo submission #1

Another way Lucy described feeling othered by the institution was through the process of registering for accommodations through the ODS:

I felt like ashamed, like I had done something wrong, I guess that's the best way to describe it. Because when I walked in the lady was like "Oh

what's going on?" and I was like "Oh, hey" so I felt like, I guess I felt like I had like I don't know, personally done whatever and I didn't like really, like I, like I felt like I was you know going to get tested for some kind of like STD or something. That's kind of more what I felt like... I know I wasn't proud to be there though. I know like when I went and met with her I was like, it wasn't like "Hey, I'm going to Disability..." so I know, I know it's like even though it might not have attributed like I think, I guess, I know somewhere it probably did because I know I was, it wasn't anywhere I wanted to be.

For Lucy, entering the ODS was in itself an othering experience based on the location and labeling of the office on campus and the stigma associated with being disabled.

Vesper described environmental othering not by the classroom structure but the campus in general. The size of the campus and timing of classes created the perfect storm of othering for Vesper, resulting in her late attendance to classes which made her stand out amongst her peers and impeded her learning:

If I could take a picture of the walk that I had to take every single day in the winter from the nursing school up to the [opposite side of] campus and I bet that you could get that from like a bird's eye view of on top of the medical school, that walk was so long. You've got ten minutes in between classes and I barely made it every single time, even when the weather was nice, but when it's cold and my joints lock up it's very hard and I had a funny little way of like cutting through as many buildings as I could to get from one place to the other. Um, but when I was making that walk it was very hard to find any buildings to cut through and I had to get there as quickly as possible and it was just such a long walk through the snow and the ice and so by the time I got to my class I was generally late and just frozen.

Through these examples it is evident that disabled students in the CHP experience otherness as a result of the actions and words of those around them as well as their educational environment.

I Work Harder

Perhaps as a response to being treated as "other" by the institution, others, and self, a prolific theme arising from the interview data is the perception of disabled students

that they need to work harder than their peers to achieve similar outcomes. Reasons behind this extra effort include the desire to succeed in their education and to prove themselves to others who ostracize, marginalize, or otherwise “other” them. For example, Ashley spoke of the need to work harder than others to get a passing grade:

Um if anything I think people with learning disabilities who do get like C's and stuff- they work their butts off more than anyone else in the world so whoever says like “Oh they are just doing because they don't want to try hard” I'm sorry but that is BS, that is a load of BS because if you could hear what teachers say, what peers say, and how that affects you mentally- that takes a toll on a person- because it definitely has taken a toll on me individually.

The lack of understanding that results in othering by peers and teachers adds to the emotional toll Ashley experiences due to the need to work harder than others to pass a class. Working harder in school also results in othering through the loss of social participation:

The best way that I can describe it is it sucks because um [pause] for me I have to spend more time working than what other people do. Like other people can go out and like party, they can go out and hang out with friends during the week. I don't have that option. I don't have the luxury of being able to really watch the shows or do what I want to do or like go and have lunch with friends for like a couple hours or go out and have dinner... [like] my peers and stuff are able to do. I can't do that. I have to work a lot more.

The emotional and social impact of working harder than her peers in the health sciences program have clearly impacted Ashley's sense of belonging in an adverse way.

Jason, another student with a learning disability, shared a photo of the library in which he studies on a regular basis (Figure 8). When asked whether he spends more time studying than his friends, Jason answered:

Um, I do. I definitely do. Um, I think it takes me a lot more time to like, um, study than it would than like my friends... I have a lot of friends that will be like, “My test is tomorrow and like I'm not that worried about it,

I'm just gonna study for like three or four hours." But when I would have a test, I would study 3 or 4 days before that.

The stairs in this photograph, taken from the bottom looking up, may be suggestive of the uphill battle of studying Jason experiences in comparison to his non-disabled peers.



Figure 8. Jason photo submission #1

Like Jason, Penny described how much harder she has to work than her peers to get to the same level of academic success:

For me to be at the same level as everyone else is at I usually have to work two to three times harder than they do so you know, to do, um... to study for a test. Usually I start studying like a week before where some people will be like "Oh you're already studying for that? Why are you – you only need to study the night before!" It's like no, no you don't, that may be you but that's not me... I know I had to work a lot harder than a lot of people in order to get to the same level.

Not only do Ashley, Penny and Jason describe the "working harder" phenomenon similarly, they allude to the othering this causes as a result of differentiation from their peers.

While not overtly claiming to work harder than others, Jessica described the burden of studying with a learning disability:

It's exhausting dealing with all of the compensatory strategies. It's exhausting to move on from one strategy to the next. It's exhausting to keep up with yourself, to try to figure out ok, what can I do today that will help me stay on task, what can I do today that will help me be on time. I was thinking about it this morning when I was on the way here, because it might be automatic for so many people to be on time... but an individual with a disability, almost everything that they do is a struggle, and is a learning process. It's tiring to have to always believe in yourself and to have to fight. It's just like we're constantly fighting all the time.

Jessica's depiction of "working harder" seems more reflective of an internal struggle - an othering of self - as compared to the portrayals discussed previously. Nicole, who has a mental health and learning disability, also described her tendency to work hard based on internal characteristics as opposed to desire to prove others wrong:

I mean I don't sleep. I get up at five, start doing work, go to bed at twelve, do it all over again the next day. And I mean that's just how I am. I work hard. So I might not be the smartest person in the class, but I'm a hard worker. So that's allowed me to succeed in some sort, which you know—my GPA isn't fantastic, but it's not bad, so that's allowed me to succeed in classes, the time and the effort that I put into it to overcome everything.

As a deaf student, Lucy describes how challenging it is for her to learn in the typical classroom environment in the CHP:

Oh, [it's] hard work... you might be able to hear something once and remember it or hear something twice and remember it but you have to work so much harder when you can't hear because I have to try to play back my "What was that?" then try to figure out what was said in like in the, in a book or in our notes or in a slideshow then try to put all this stuff together. I know everything that's said out loud isn't going to be in the notes, in the slide show in the book but it might be on the quiz though. And so I, I work really hard for that, because it's like, I don't know. Because at the end of the day I still no matter how deaf or not deaf I am, grades will always be there.

Lucy has to work harder just to attain the information other students have the capacity to attain naturally due to their hearing ability.

Jack Ryan's take on working harder holds a slightly different, but important, tone.

While he is clear about his need to work harder than his peers to achieve academically due to his learning disability, Jack Ryan also has a clear desire to prove to others that he can not only be successful but more so than his non-disabled peers:

When I work hard I have to leave no shadow of a doubt that I earned it. I don't just want to be the best, I want to just dominate, just be so much better than everyone. Cause I don't want, ever anyone to think cause I beat someone because I got an A by like 0.1 that it's cause of my ADD... that's why you have to work harder, you have to make sure there's no doubt that you earned it. Cause people, people will take stuff away from you! Kids do it all the time to me. It's like "Oh, you got this on your ACT, well it's cause you got this!" Like, no I didn't. I did it, I got the playing field evened and then I beat you fair and square. And I just work harder, like I probably spent ten hours on that and all my classmates probably spent three. And we were all equal parts. Just, I just work harder.

Theo described how he feels doubted by everyone once they realize he is disabled, and how he aims to prove the doubters wrong:

I feel like people doubt me in everything... I push myself to be great at everything, no matter what it is. I want to be the best at my classes, I want to be the best at, get the best grades, I wanna go further than what I'm doing now, whatever it is. Patient care, when I'm in the hospital I want to be the best for my patients. I know it sounds like I'm beating a dead horse here, but uh I like to prove people wrong, so... I want to prove people that doubt me, or may doubt me because of my hand, say, "He can't. He can't do that!" You know, yes I can!

Theo works as hard as he can in everything at all times, to which he attributes his success in his professional program. Working harder to prove himself exceptionally capable in spite of, even because of, the doubt of others was a repeated theme throughout Theo's interviews. Ashley was also enthusiastic in her desire to prove others wrong in terms of what she can do academically:

But every single time someone has said that [I can't do it], I've always proved them wrong. For me, I'm like, "Nah I'm gonna do this anyway and I'm gonna get a good grade, and I'm gonna prove you wrong."

As a recurrent theme in this study, students perceive themselves as working

harder than their non-disabled peers for many reasons, both internal and externally driven. It is worthy of note that students with and without accommodations through the disability services office reported this phenomenon of working harder; the ODS, as will be discussed in the next section, does not appear to be providing consistent and/or adequate support to disabled students in the CHP.

The Disability Services Conundrum

The Disability Services office at CU is the primary vehicle through which the CHP offers support to disabled students. Fifty percent of the students participating in this study were registered with the ODS at the time of the study. The stories behind reasons for non-registration are varied and informative, as are the struggles of those who are registered and receiving services.

First and foremost, students must know what services are available to them through the ODS in order make an informed decision as to whether or not to register. Interviews revealed that for some students, knowledge of potential support from the ODS was inadequate or absent all together. “Knowledge,” then, is the first subtheme to be discussed. For the students who did possess knowledge of the ODS and its available services, the second challenge was the decision as to whether or not to enroll; this subtheme is entitled “Choice.” Once the decision was made by some study participants to register with the ODS, obstacles to the registration process and utilizing accommodations had to be overcome. These obstacles are described under the subtheme “Registration Challenges.” Finally, and perhaps most significantly, the final challenge to utilizing services provided by the ODS is discussed in the final subtheme, “Instructor Non-Compliance.”

Knowledge. Although faculty are requested by the ODS to place a statement into their syllabi related to disabled students and accommodations (see Appendix H) the statement does not mention to any degree the types of impairments or diagnoses that qualify a student for services or the types of services available. If academic advisors or faculty do not inform students of potentially available services, the opportunity is often missed.

Nicole is a senior health sciences student with an anxiety disorder, which impacts her ability to take exams, work in groups, and make presentations. Although Nicole had disclosed her anxiety to her CHP advisor, her advisor never discussed the availability of accommodations through the ODS with her. When asked if she would have registered with the ODS if she had been given the information, Nicole responded:

Looking back on my sophomore year with all that going on and um, I definitely—I think I would have. Because I—I still to this day don't know what they can do for me. Um, like sitting here right now, I know it exists but as you know—what are the advantages? [G:Mhmm] Um, so I—I think I would, or at least talk to someone about it, if I qualify to register, um what I can get in exam, whether it's extra time, whether um anything like that. Looking back, I probably would have, yeah, absolutely.

Similarly to Nicole, Katniss was unaware that the ODS could provide her with accommodations for her specific learning needs because she does not have a diagnosis commonly known to result in academic challenges. When asked why she had not registered with ODS, Katniss stated, “Um, I've never really had an issue with – like I don't have to take tests separate. Like I don't need extra time or anything else like that. Um, anything they offer never really kinda benefitted me.” Katniss was unaware that her medical condition entitled her to accommodations including missed course time and extended deadlines for course work, as she had not been advised to contact the ODS

directly by either advisors or instructors.

Choice. Jack Ryan chose not to register for accommodations despite his documented disability. When questioned as to the reasons behind this decision, his response was simple: “I really don’t get accommodations in college. I don’t want them, it’s kind of a pride thing.” In a later interview, Jack Ryan expanded on his reasons for non-registration:

If I go to disability services and for some reason if someone ever looks at my transcripts and sees “Oh, he got a 3.7, it’s better than this guy who got a 3.69 but he went to disability services. Eh, I don’t, we don’t have that in graduate school so I don’t know if he’ll be able to... we’ll take the guy with the 3.6.” People just view you negatively. It’s like you’re getting an extra, it’s like you’re getting an unfair, people view it like I’m getting an unfair advantage and I’m not. I’m just getting what I’m supposed to.

Jack Ryan’s fear of discrimination and othering as a result of receiving accommodations has kept him from registering with the disability center and receiving what he needs to be able to engage in the education process to his full capacity.

Jason, a senior in health sciences with a learning disability, knew when he transitioned to college he would register for accommodations due to his success with them during high school. He explained how he decided to register with the CU ODS:

Um, actually, my teacher in high school, ‘cause I had accommodations in high school, and, when uh, I was applying for schools, he’s like “you know whatever school you’re going to, would you want to have accommodations in college?” And I said “yeah” ‘cause I couldn’t think of any, like, why not? But like way more beneficial to me, like, probably helped me succeed a lot better... well obviously I wanted help with my academics. That was my main concern coming into college... I get two free tutors per semester, for whatever classes I choose. I was like - I was on board right away.

Jason’s positive experiences in high school and the encouragement of a high school teacher ultimately led to his successful enrollment in the ODS and use of educational

accommodations in college. In fact, Jason said the best thing he has done academically at CU is register with the ODS: “As far as health professions go, definitely that uh utilizing the resources that are like granted to me. Um, for like specific classes towards my major - - in the [college] of health professions.”

Although she did not register immediately upon attending CU, Vesper described what led her to register with the ODS her first year in the CHP:

My story I guess would start with my freshmen year whenever I came into uh college and I was trying to decide how to interact with the school environment and my chronic health condition, which predisposed me to getting sick more often and sometimes missing classes. And the previous year when I was a senior in high school I had a really bad bout of inflammation and it kept me in the hospital for several days and it was really, really bad so when I was afraid that might happen again and because my health was so poor um I went ahead and registered with disability services after consulting with the University um just because I wanted someone to be aware of my health condition in the fact that it could get in the way of me going to class.

Comparably, Lucy registered with the ODS after having completed some coursework at CU without accommodations, in spite of the fact that she had accommodations at another university previously. Deaf and hearing-impaired friends who had accommodations, as well as a deaf teacher encouraged her:

I didn't, I didn't really request accommodations but it was, I met a lot of people that were like “No, you should probably request accommodations because then I met people like uh my TA's deaf too, [professor's name] is deaf, and it was like, um, I don't know they all just were like “No you should probably get some accommodations” and I was like “oh, ok” so I did.

Although she did eventually acquiesce, Lucy explained why she felt like she should not have had to register with the ODS in the first place:

Um, I felt like, I, I feel like some people shouldn't have to register with the Office of Disability Services, honestly. I don't think I should have had to register, honestly, because I don't need any kind of exam, I don't know,

modification. I don't need any extra exam time or anything which is the majority of what the disability services center is doing, is giving people extra – if you need it you can have it, but no... no teachers are gonna randomly give that to you.

It is apparent that students' choice regarding registration with the ODS is dependent on different student experiences, both before and during college. Knowledge must precede choice, yet students who have knowledge of or experience with accommodations prior to enrolling in the CHP may still be hesitant to seek assistance without encouragement for fear of negative repercussions.

Registration challenges. Getting registered through the disability center at CU requires proof of disability, which can be a particular challenge for disabled students during an already stressful time. Lucy described her experience of registering with the ODS:

It's not easy to get uh, to get registered with the disability services. People think you just go, jump in there and you're like "Oh I'm deaf" and they're like "Oh you're deaf" and I'm like, no, it's like, you have to like – I had to go to 2 or 3 audiology appointments, and I had to do like a bunch of stuff because one place I went to didn't really count and a bunch of different things just to get registered with the Office of Disability Services. And so, and I didn't really want to be there anyway.

Not only was Lucy in a place she did not want to be to get signed up for accommodations she was hesitant to request, the actual process of getting all required documentation in line was an unwelcome struggle. Lucy went on to describe how she felt about the process of registering with the ODS:

It didn't make me feel really good 'cause it felt like, it felt like I had to prove I, what I was saying was valid in order for, I don't know, it to be accepted. And I didn't, I didn't, I don't think that I should have to prove that I'm really deaf, or I really have hearing loss, or any person should have to prove something on that kind of level.

The emotional, intrapersonal hurdles of registering with the ODS are not to be overlooked when seeking to understand the experiences of disabled students in the CHP.

In describing his decision to register with ODS, the hoops and hurdles of utilizing accommodations led Theo to ultimately discontinue receiving its services:

Um, I just remember hearing something about disability services. And I think maybe it was something that was in one of the syllabuses that was like “Oh, this is available to you” and I said “Okay, let me check it out.” You know, longer test times seemed like a good idea. Um, but you know as I went in there, it just became a hassle to me because I would have to reschedule my exams, and then do all this extra work that I felt that I’m disabled – I don’t consider myself disabled – but, the disability shouldn’t have to make me do more things to get to have to test, you know?

The hoops and hurdles obviously extend beyond registration with the ODS; the process of getting accommodations in place requires students to overcome obstacles as well.

Jessica spoke to the educational challenges presented by utilizing testing accommodations:

I don’t like taking exams at the disability center. I think that it definitely puts me at a disadvantage if I have to ask a question and that’s not fair and so many of – so much of – so much I think of what you have to do as a student is not so much master the material but master how your instructor asks the question.

The unavailability of the instructor to answer questions during testing is perceived by Jessica as a distinct academic hardship.

Penny described the institutional challenges of utilizing her testing accommodations for an on-line class she took through the CHP, which proved to be even more challenging than for traditional courses:

Trying to get your on-line courses to work with the disability office is very, very, very difficult because the disability office needs you to request the test nine days ahead of time but you can’t request your tests for on-line testing until either all your papers have been graded or a week and a half. So it’s like, it’s just, they don’t blend together very well, they don’t... and

they know it because I actually went and talked with someone at the on-line services and went “I don’t know how to get you guys to work together” and she’s like “Yeah we don’t do that very well.” I felt like it was all for naught because it’s like I did this so you would listen and then, and now it’s like oh no but I still won’t and so it’s like why am I even doing this?

Instructor non-compliance. Lucy reported challenges in getting her instructors to comply with her mandated accommodations, which included captioning of video, preferential seating, and instructors facing the students when speaking and repeating questions asked by other students. About her instructors, Lucy stated:

They [the ODS] were just like they sent memos to all my teachers and I’m like... like some of my teachers were like were complaining about the captioning because they couldn’t caption certain things, or they didn’t know how, or whatever which is so funny cause I’m like “If you can hear it can’t you caption it?” So doing it and then, for the desired purpose of having memos and having teachers listen to what I’m saying is kind of difficult because if, I felt like it was all for naught because it’s like I did this so you would listen and then, and now it’s like oh no but I still won’t and so it’s like why am I even doing this?

Lucy’s required accommodations largely include easily altered instructor behaviors for which she considers basic human kindness. The frustration she experiences when her instructors do not comply is evident as she explained her need this way:

If I told you I couldn’t hear you when you – I don’t know faced behind me or did something I would figure you would turn around so I could hear you. I wouldn’t think that was – not even like a, like a teacher, just a common, two people talking kind of thing. Somebody talking to other people kind of thing. Like, when, if you have, I have seen tons of shows where a person wasn’t speaking into the microphone and people were yelling out like “Oh we can’t hear you” and they accommodated them. They weren’t like “Oh, well you need a memo, go get a paper to say, you know, whatever,” and I was like, I feel like that’s kind of what I was experiencing. I wasn’t asking for anything I don’t know, incredulous where I’m like “Give me so many things,” I’m just saying basic things. If you could find a video that’s captioned, can you, that’d be great. If you can’t can you send it to me ahead of time so I can have time to listen to it one on one by myself with no sound so I can make sure I can hear what’s going on. Or I can have somebody with me who can hear and he’ll relate the message to me, which is what I do a lot. But I couldn’t get those

simple things. And I was like I'm not asking you for anything extra, like I didn't, I didn't feel like I was asking for anything extra [emphasis in second "I"]. I feel like I was asking for just basics. I didn't ask you for extra time, I didn't ask you to talk one on one to me, I didn't ask for extra hours, I just... I you could not turn your back and talk, and you could not do these other things, that'd be great.

Lucy had documentation of her disability and her mandated accommodations, yet her professors blatantly disregarded her educational needs.

Vesper had similar issues with instructors not complying with accommodations in spite of her documentation from the ODS:

And, so explaining this to professors was difficult and it was during my entire undergraduate time because my disability wasn't visible to them and they didn't understand and me trying to explain my entire health history to them wasn't productive. It shouldn't have been necessary. It felt a little bit invasive; like you know here I've got this letter in my hand from disability services so I've already proved it to them. I've already given them the medical documentation but I would still have professors ask me personally for notes from my physicians... Like me handing over this accommodation note to you is not your opportunity to then pass judgment and decide whether or not it's okay. It's just even if you don't agree with it, you can just say okay and go with it even if you don't understand it. And that's what I have experienced with a lot of professors...

Jessica spoke of the emotional toll having professors question her need for accommodations has had on her:

It's just been difficult because sometimes they'll drop comments like "Do you really need three hours to do the exam?" [amazement in voice] and that's [exasperated sigh] that's not anyone's business for them to be asking that question, so [becoming tearful]. And you know when a teacher you look up to takes stabs like that I don't think they realize how hurtful it is.

Jessica also described an incident in which a faculty member did not respond in an appropriate fashion to Jessica's disclosure of her disability, theoretically due to inadequate knowledge:

I think that she was kind in the capacity that she could be but again there

was this, there was this feeling of ‘Oh I’m not really sure what to do,’ there was a bit of discomfort of ‘I don’t know what to do, yeah that’s a really great idea, let me agree with everything that you’re saying.’

Although they had each navigated the hoops and hurdles of the ODS, Vesper, Lucy and Jessica still faced challenges in receiving the accommodations to which they were entitled due to inadequate instructor response to or understanding of the disability or accommodations. A common theme throughout the interviews of most participants, Faculty Behavior and Attitude is the next to be described as emerged from this study.

Faculty Behavior and Attitude

According to the interview data, the actions and behaviors of faculty have the potential to make or break the learning experiences of disabled students in the CHP.

Marginalizing actions. A heavily recurrent theme throughout the interviews was the lack of sensitivity and negative attitude of others, particularly professors, towards the disabled students because of their disability that resulted in student experiences and perceptions of marginalization. In his first interview, Jack Ryan, who is not registered with the ODS, described the typical response he receives when he asks his instructors in the CHP for leniency on rare occasion due to his attention deficit:

They just don’t give me any leeway. Like I do my stuff, I make sure I do it. I’ve never not turned in an assignment in college, that would just, I would lose it if I did that. So I’ve never been lazy enough – so if I turn something in not early it’s because I forgot about it, but I always remember. I just need a little like, I need a little like, the general human understanding that professors don’t have, apparently. I don’t know how hard I have to keep trying in their courses for them to understand that I’m not just trying to slide by, I’m trying to actually thrive. But some of these professors just don’t get any of it. They just don’t care.

During the second interview, Jessica posed the following question when discussing the need for more inclusive faculty in the CHP: “The other piece of that

though, is how do you get them [faculty] to care [about change]? And how do you get them to truly implement that?” Later, in the same interview, Jessica tearfully described how hurtful it is when an instructor questions her accommodations with a rude tone of voice: “And you know when a teacher you look up to takes stabs like that I don’t think they realize how hurtful it is.” Inclusive actions on behalf of instructors are not evident in Jessica’s interview responses.

When asked how she would prefer faculty in the CHP to respond to her learning accommodations and needs, Vesper was quite simple in her request for an inclusive instructor response:

I’m not asking them to make huge exceptions for me, you know, here comes Vesper let’s lay down the red carpet and make all these changes for her. I just want people to be reasonable, reasonable accommodations, just be nice about it... I want them to just say okay, we believe you, rather than being skeptical or acting like it’s their problem, like you’re really putting me out, because I don’t see how it affects you that much. Um, so that’s the biggest thing, is I just want people to believe me and be respectful about it rather than acting like it’s some sort of huge problem for them.

Not expecting faculty to go so far as to care, mere kindness and respect is all Vesper is looking for. Vesper also identified the way CHP faculty place the standard ADA statement on their syllabi but do not have any understanding of what it means as a lack of caring behavior:

I think you put your ADA policy up pretty much everywhere, but it’s the same copied and pasted version so it seems more like, we’re putting this up because we have to, not because I want to help students out. Like teachers will put it at the very end of their syllabus, again because they have to, but if you then go and talk with them they don’t even necessarily know what kind of accommodations or teaching aids are available to them to help foster their students’ success. Um, and if you do ask them they’ll say uh you have to take it up with the disability office. Like they don’t want to have a discussion with you; they don’t want to learn more about your specific situation so that they can—I mean I think that that would be

a great opportunity, what better way to learn about how to help students than to talk with someone who has that issue?

Vesper also shared a specific experience with a professor who refused to accept her disability or accommodations, demonstrating marginalizing behavior and a negative attitude toward her:

One of my more negative experiences was with a health professions professor and I had to email him over and over and over and he refused to believe me, he refused to accept my reasonable accommodation letter at the beginning of the semester and he wanted to like speak personally with the coordinators in disability services to vouch for the fact that I was telling the truth or like he said, “This letter doesn’t explain enough of what she needs,” and they said well it says right on there, like “She might not make it to class sometimes, she might need to reschedule some things and that’s all she’s asking for.” Um, and he’s like, “Well, that’s not good enough, I want to see the medical paperwork. I want you to specifically tell me why I should go out of my way to change the set up of my class for her because I shouldn’t have to as part of a reasonable accommodation, change the parameters of my class.”

This behavior as described by Vesper captures a negative attitude and inappropriate actions resulting from inadequate knowledge of disability and the ODS on behalf of the professor.

Because of past adverse experiences with faculty in the CHP, Jessica fears instructor response when she turns in her accommodation requests:

For me, for any class it’s nerve-wracking to go up to any professor and say, “Hey, I have a learning disability, here is my form” because I don’t know how they’re going to react. I don’t know if they’re going to be like “Uhh, not another student who has a disability.”

Jessica went on to be more explicit about her fear: “I am so concerned about being transparent about having the disability. Who wants that student in their lab? And I understand it’s not, it’s not that professors, um, and I understand that it’s perceived as a liability...” Jessica assumes that if she discloses to her professors, the response will not

be one of inclusion but judgment and marginalization.

Katniss reported feeling doubted by her professors when she disclosed her disability to them because of the invisible and often misunderstood nature of her seizure disorder: “They just have to trust what I’m saying and most don’t and that’s the most frustrating thing to feel in the whole world.” After being in her professional program for several semesters and proving her ability, Katniss noted how her professors’ attitude had improved: “And they’re all aware and they’ve become very supportive of it. Um, there have been a couple times where I have been sick and they have been very frustrated, um, about me not being able to be there.” It is noteworthy that Katniss’ characterization of faculty support in this instance includes residual intermittent faculty frustration, which falls short of inclusive behavior. Instead of questioning and penalizing her in a marginalizing manner, Katniss described a more inclusive response: “I wish she would have said, ‘I respect that you’re still trying very hard to keep up with everyone else through your struggles and the strength of you not giving up...’” For Katniss, acknowledgement of the struggle she experiences to be successful in the program would have been more supportive and reflective of inclusion on behalf of faculty members.

Jason, the participant claiming the most satisfactory experience in the CHP, did not report directly exclusive behavior on the part of faculty but general avoidance: “It’s pretty much just you’re on your own. Like as long as you sign up for what you need to sign up for, then you’re fine. But really, underneath that nobody really talks about it.”

Jack Ryan explained away some of the marginalizing actions instructors in the CHP as a consequence of their inability to empathize with the learning difficulties he has:

I mean these professors are so smart like I bet they have no idea what it’s like to like actually—I mean I’m sure they work hard and there’s no doubt

that they do. But I'm sure they've never actually like studied something and just legitimately not gotten it and not understood it. And that's the problem. I don't. I don't get stuff. I frankly do not get things, just I study for hours and hours and do not get simple stuff like that and they do. And it's just ones a person and the others a professor. They just don't understand other people.... it is kind of hard when you like want them to understand like certain problems you're having and they only view it so professor like and not like I'm a person. Just like I'm trying to, not that I'm like a person, but that I'm just like a number. Yeah that's good, like a number in the class.

According to Jack Ryan, this absence of understanding is unfortunately not offset by inclusive behavior on behalf of the CHP faculty. He described how he feels stigmatized by and unimportant to his instructors on occasion:

But I just feel like sometimes it is the teachers. Like they do look at you like, well you could just be making it up, this and that. You could just be this. You could just be over reacting, like everyone has their own problems and recently from what I've been realizing a lot is a lot of people put their problems first and they think theirs is the hardest. And I do that. Everyone does that, but um they view it like that. And they view that like my problem—my disadvantage isn't—is low on the totem pole.

Finally, and most explicitly, Jack Ryan summed up his thoughts on faculty behavior in this way:

G: Tell me, if I ask you “What are the challenges that you've faced so far?” what is the first thing that pops into your mind?

JR: Professors. They suck. They just do. They just don't understand. Honest to God. Like I don't know how hard I have to keep trying in their courses for them to understand that I'm not just trying to slide by, I'm trying to actually thrive. But some of these professors just don't get any of it. They just don't care. And like... I don't know, I just... I feel like I've had to do everything for myself. And I know that's what college is, but it's a little frickin' ridiculous when I'm like, I'm just asking “Can you explain this question for me?” Just explain the question... But they don't, they don't help me with that!

Penny spoke about professors who respond perfunctorily to her request for accommodations, as well as those who dismiss her accommodation requests completely.

Penny framed her thoughts of these reactions in terms of insensible faculty attitudes:

Um, in many ways like those kinds of responses just, it almost is a reminder that like someone doesn't think that you can, that you can be here in this college setting... But I think when teachers aren't willing to get to, to work with the student on an individual level and just classify them as a whole, or just not be flexible it just is a reminder that we're not necessarily – not that we're not necessarily all made to be in college but we're, people are, there are people out there who do not believe that we can do this, who do not believe that with a learning disability you know, we can be called to become [rehabilitation] therapists or doctors or different, you know things on those senses. Like, very much um, the idea of our success level is lower because of our learning disabilities. So I think that's just a reminder that you know, those people see our success levels as lower because they're not willing to, to help us succeed by doing a little bit more to help us.

Penny gave a very specific example of a marginalizing faculty response to an accommodation request:

So I actually had a teacher sophomore year who ran a “no computer” class and so I talked with her about using – is there any way I can sit in the back and take notes on my computer, is there any way that you could email me the PowerPoints ahead of time? And she was just very non-receptive in any way, like, “No, I won't do that. That's not how I run my policy in my class.” It's like, ok well I'm not asking to disobey your policy but I'm asking because I'm trying to learn and this will better help my learning. So like that was, especially like just starting my accommodations, was really like so even with accommodations teachers aren't going to help me.

Faculty attitude and ignorance result in marginalizing actions, which are clearly problematic for disabled students in the CHP. Conversely, caring on behalf of faculty was less frequently reported by students but heralded when it occurred.

Inclusive actions. All participants in this study saw inclusive actions on behalf of instructors as essential to academic success. While some students experienced such actions directly, others illustrated inclusive actions through role-play during the third interview.

Jason, the student in the study who describes an overall positive experience at CU and in the CHP in terms of being a disabled student, had this to say about supportive

instructor responses:

Um, and It's really nice when you ask the teacher, "Can I – do you care if I take the test outside of class or anything?" and they're understanding and are like "Yup we'll get you set up right away." It's like you do like your part and I'll do everything else. And that goes back to the make me feel included part because its just really easy cause I – I was talking about this with someone the other day and they said that they've never talked to a teacher on a personal level before in college. I was like that's weird cause I talk to every single one of mine! Like I have to otherwise I can't use my accommodations or and um I just felt like it just seemed weird that like they wouldn't go out of their way to talk to a teacher if they had a question or something like that so...

Jason mentions not only the response of the instructor, but also the importance of the relationship with the instructor as key to his success in the health sciences program.

Ashley also reports positive interactions with her instructors, particularly after she takes the time to help educate them about her learning disability and its impact:

My relationship with my professors has been pretty good. A lot of them have been understanding, especially when I describe to them what actually happens, such as if I see the word cat I might see the word—or the word is cat, I might see the word cat or it might be that, there, it might be through, it could be hippopotamus... It's definitely a challenge for me and that's what I see, so when I describe it to teachers and show them the possibilities of what I see... it helps them understand. And it does make them concerned and I think it gives them a better aspect on what it's like for me on a daily basis.

Ashley has learned to take the time to provide education to her instructors about her disability given her expectation that they will not have the requisite knowledge otherwise:

I think it's a lack of knowledge, mostly just because there are a lot of people who don't know a lot about learning disabilities or just any type of disabilities. You see the normal type of disabilities, like if someone's blind or deaf. But the other disabilities, because there are so many of them, no one really knows about. They don't know the challenge or the struggle that other people have, like in their life. And they don't really consider that. They consider everyone as themselves—like themselves, which is the self-serving bias so... um I just feel like in general the knowledge of being empathetic to people who have learning disabilities, um and having empathy for people with disabilities is crucial to our society, but there is a

lot of it lacking.

Both Jason and Ashley take initiative with their professors to help them understand their needs, with positive results on most occasions. It is noteworthy that disabled students find it necessary to educate their professors about their disability and learning needs in order to receive the instruction to which they are entitled, which is in itself a marginalizing experience.

Vesper described a helpful, inclusive experience she had in a non-CHP course with a professor when she was dealing with medication side effects, which impeded her ability to learn:

And she was really, really accommodating. She wanted to help me learn. She said, “The lectures are easy, we go over them again in the (I don’t know what you call them) the outside sessions that the TAs teach. They go through problems from the book. They go over the lectures. She said go to those. If you don’t get it, go to another one. Go to any one that you can make. Like if you are sick of the time that you’re scheduled, just show up to another TA session. Tell them that I said it was okay.”

In part from that experience, Vesper characterized her ideal professor response in this way:

If I—I can picture myself being a professor and if a student came to me at the beginning of the semester and said, “I really struggle, I have health problems, I have trouble making it to class, I have migraines so it’s difficult for me to complete all of this reading.” I would say to them, “Let’s find another way. You are here, you need an education, you’re paying for it. You don’t need to be penalized twice—like you’re sick, you don’t need to be suffering in your classes as well. Let’s find a way to make this class work for you.” But I didn’t experience that at all [in the CHP].

Ashley quoted a typical teacher response to her request for accommodations in the classroom: “Some are just like ‘Okay just tell me what I need to do and I’ll do it’ rather than saying ‘Okay I want to get to know a little bit more about this.’” Her role-play of an ideal professor response to disclosure began with a warm greeting, followed by a request

for any additional information that would help her to learn:

It is so nice to meet you! Thank you for letting me know. Is there anything specifically that you need me to do- and would you like me- would you like to elaborate more on what you need and how this influences you in any type of way?

Penny's ideal response to accommodation requests was strikingly similar to Ashley's:

"No, absolutely I would love to work with you on your accommodations. Let me know if there's anything that I can do additional besides those things, if you need to come in for additional time to talk about things I've got my office hours or you can schedule an appointment with me if those don't work." But yeah, it's just that I'd want any faculty member just to respond with you know, that positive like "Yes, I can help you with this. If there's anything else, like, just know that I'm open."

It is worth noting that when Penny played the role of the inclusive professor, her body language was one way and completely changed for the marginalizing role-play:

G: When you were role playing the professor the first time your eye contact was great, you were open, your body language was you know, just really open and you had a warm smile on your face. The second time you did that, I noticed you slouched down in your chair, you kind of backed up a little bit, you looked away from me, almost like you were dismissing me. Talk to me about that a little bit.

P: It's very easy to feel dismissed by teachers. It's very... and it's very easy to pick up on that for me... So like for me, I can tell very easily when someone's like not being genuine about wanting to help me. In that sense, if they're not wanting to I don't want to pressure, make them feel pressured to. So in like classes like that I won't be willing to go in and talk when I don't get something, because I don't want to be a hindrance.

The body language associated with inclusive behavior is warm and open, as opposed to the closed, indirect body language associated with exclusive actions.

When asked how he would prefer his instructors to engage with him, Jack Ryan's request was simple:

I mean I want to be taught everything I need to know or at least presented it, at least presented it. I want there to be interaction. I want to be able to talk to my professor because apparently you can do that [sarcasm].

When asked to role play what that might look like, Jack Ryan modeled what he would like a professor to say to him when he asked for assistance:

There would have to be some conditions. I wanna make sure you're not like—I wanna make sure that you are trying, cause you seem like you're trying. Just sit in the front of the class and if I see you in the front of the class everyday it shouldn't be a problem. That'll help with your attention. I can give you notes that you don't get, that's perfectly fine. I just want to make sure you're putting in the effort if I'm helping you. And that's fine I can of course.

Jack Ryan made it clear in his role-play that an inclusive professor response involves conveying the expectation that there needs to be effort on the part of the student for the assistance to be provided. Similar to Penny, Jack Ryan visibly changed in his demeanor from the inclusive to the marginalizing professor:

G: So I noticed a really significant change in your facial expression from the first one to the second one. And what I noticed is when you were being the receptive professor you were being very open and speaking to me with a relaxed look on your face and um very pleasant. And then I noticed as soon as you went into the second character of the professor that wasn't accommodating you had more of a [J: stoic] yeah look on your face. Is that—tell me about that?

J: Uh the first ones a human being, the second one is a professor. That's it like. That's it like a human being that understands and a professor that just doesn't get it.

Jessica had described an experience she had with a professor in which she tearfully disclosed her disability to the professor and was responded to with a “deer in the headlights” look and a nudge out the door. As she described the response she wished she would have gotten, Jessica focused on student strengths and opening the door to a relationship with the student:

For me the most supportive response would have been to say, “Take your time.” To say “What do you need from me? And you don't have to think about that right now, but if you want I'll take some notes down. If you think about some other things, that, in particular that you think would help you please let me know. That I can do personally. Let me know if there

are some things that we can do as a program that could help you a little bit more. I welcome those suggestions.” I’ll make a side note here to talk about that in a little bit, um, suggestions about the program as a whole. I would have encouraged the student and said you know, “I can see that you’re really dedicated and it’s really smart to be thinking ahead, it’s smart to get ahead. And it’s not just a good thing for you in a particular, this is a good thing for all students. I wish that all students would come to me and say ‘I’d like to get a head start’ or ‘I feel uncomfortable about this.’ I’m really happy that you’re coming to me to tell me that you’re uncomfortable, and this is, this is the objective of education. It should be a conversation, it should be a dialogue.”

Katniss also mentioned student effort when describing how she wished her program director would have responded to her when she learned of her seizure disorder:

I wish she would have said, “I respect that you’re still trying very hard to keep up with everyone else through your struggles and the strength of you not giving up and really, like, showing dedication for wanting to get into this program and not letting that hinder and just give up,” I guess.

Acknowledgement, kindness, and at the very least, an attempt to understand seem to be the minimum requirements disabled students in the CHP are asking for. In conclusion to this chapter, the last theme derived from the interview data is “What We Need.” This final section will serve to outline recommendations made by the students interviewed to improve inclusion for disabled students in the College of Health Professions.

What We Need

The participants of this study were more than willing to share their thoughts about ways to improve access to and inclusion in the CHP, most of them directly relating to the themes described previously. Katniss did not hesitate when asked what suggestions she had to improve the experiences of disabled students in the CHP:

I think attitude of faculty and staff is what forms this school as a whole. And if it’s a negative attitude from everyone then this school is not going to be accepting of anyone. And I think that’s going to be the bottom of the pyramid of success in any way possible, not just the inclusion of us but us being successful and getting to where we want to be... and attitude

including being open—just, you can't be a close minded person in the health field and it amazes me when I find people who are because that doesn't work.

Jason, who described the most positive experience overall in the CHP, emphasized the need for an open-minded, understanding attitude on behalf of all teachers:

I would say if you have so many students and, you know, everybody goes through something different... you need to be like open, uh, open-minded to every one's situation. You need to be understanding. Especially as a teacher, I really think being understanding is a huge part of that. So, I think that's like a major thing. And opening that door, you're not only allowing the student to, you know, um, get more help but you're also allowing them to overcome that part of their fear for that.

According to Penny, genuineness in attitude is also important:

[It's about] making sure that the student knows that you're being genuine about being open. Because you can say "Oh yeah, just, yeah let me do this for you, if you need anything else let me know" [spoken in short, flat tones] but like, in that sense you're like oh, ok, this... you're making it sound as if it would be extra work that you don't want to do.

Vesper combined the need for understanding with genuine, responsive action in her when describing what would make her feel most included and accepted in the CHP:

I would look for faculty and staff that not only are willing to understand my situation, cause I don't expect people to understand it, there's always learning opportunities... but say okay, let's get you involved in a learning process, any small adaptations that we need to make to the program, let's figure out a way to do that so you have the best opportunity for success. And people who will essentially just believe me. All I want to be included—I would feel most included if people just believed me. I just want people to believe me and be respectful about it rather than acting like it's some sort of huge problem for them.

Ashley suggested training faculty to enhance knowledge about disability as a necessary prerequisite to improved attitude and action:

I feel like there should be some kind of exercise to-to like have teachers do but while they are trying to be a teacher just so that they have a better understanding of what its like and so when they have a student they are not just like "Oh okay yeah I'll just do what you want me to do," 'cause

sometimes teachers don't have a lot of empathy in that aspect. Cause I know that I've had some teachers that are "Oh yay you have a learning disability- that means more work for me yay!" so I mean that's always not the best thing in the world but it happens.

In addition to knowledge about, attitude towards, and behavior in response to disability, the students in this study identified the need for improved knowledge about and increased discussion of resources available to disabled students in the CHP. Vesper had this to say about the importance of faculty understanding about the ODS and other campus resources, and the potential benefit to not just disabled students but all students in the college:

Make sure that rather than just including the ADA policy in your syllabus, um ask the disability center what kind of testing formats or teaching formats or teaching tools are available to you as a teacher and what kind of study aides are available on campus, and just be aware of those. And whichever ones you think could be best utilized by your students in your class, advertise those specifically. And not just for students that are disabled, you can say you know, these study aides are available in the library and if a person is disabled and they're familiar with those, they'll say all right, this teacher knows and she's on board with what I'm dealing with. And other students, who might still benefit from that, even things like proofreading at the library or you know, study aides, they'll see that there and it might help their success as well.

Jessica made note of the lack of inclusion of campus resources in her orientation upon arrival to the CHP when discussing areas for potential improvement:

And even at our orientation for grad school we didn't have an orientation of "This is, these are the resources on campus in case you get too stressed out. This is a packet you get when you're accepted." So I got nothing as a nontraditional – I know we got nothing as grad students. Zero.

As a heavy user of resources across campus, Jessica had the extra burden of searching for support on her own that could easily have been provided by her advisor or program.

Similarly, Nicole was never informed of campus resources but became aware of them through participation in this study:

In order to find out how—how I can manage this—cause I can't be the only person that has high anxiety [laughs] and stuff like that. So because of this study—bluhhh—this study specifically, I definitely plan on um, finding out if there's stuff like that available and utilizing those resources.

Jason suggested that faculty encouragement of students to utilize the resources available to them and demonstration acceptance of the student, their disability, and their accommodations is the most important recommendation:

Obviously there's students that are afraid and don't necessarily, you know, use all the resources that they have because they don't want people to know, so I guess the only way that it would make it better for me that I would like to see is letting students that are typically afraid of their disability or afraid people knowing, letting them know that it's all right.

The voices of the disabled CHP students interviewed for this study reveal a mix of experiences and perceptions; some of these were supportive, some indifferent, and many outright discriminatory. The next chapter will serve to summarize and discuss these findings in terms of the research question, conceptual framework, and existing literature.

Chapter 5: Summary, Discussion and Conclusions

This chapter will serve first to examine the findings presented in chapter four in the context of the research question and framed in the social model of disability (SMD) as presented in chapter 1. The findings will then be discussed in terms of the review of the existing literature, followed by a summative conclusion. Finally, implications of this study for educational practice and future research will be discussed.

Summary of Findings

The research question for this study was: What are the experiences and perceptions regarding accessibility and inclusion of disabled undergraduate and graduate students who are enrolled in a pre-health or health professions program at a large, public research institution? The themes generated from the data are readily understood through the lens of the SMD and reveal the answer to this question. The SMD model in higher education is replicated here for reader convenience:

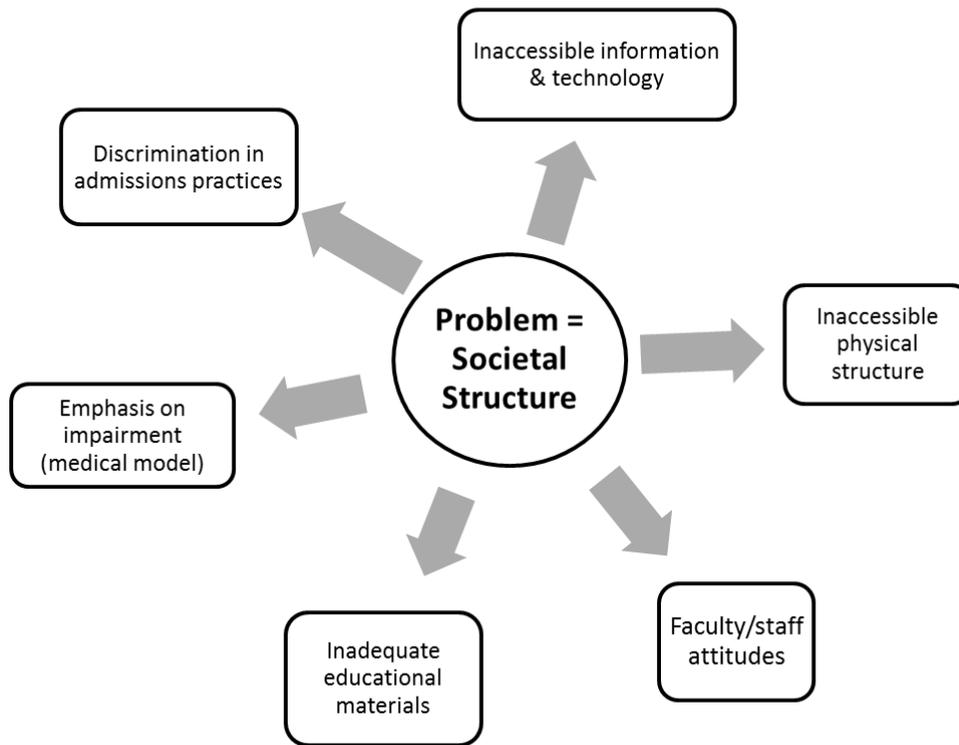


Figure 2. Social model of disability in higher education. Adapted from Rieser, 2014.

This model represents the structure of society as the center of the problem of accessibility and inclusion for disabled college students. Higher education institutions are societies constructed on notions of normativity and are rich with perpetrators of disablism. For the present discussion, CU (inclusive of the CHP) sits at the center of the model. The experiences and perceptions of disabled students in the CHP can be readily understood when examined through the lens of this model. Each component will be considered in turn, beginning with “Emphasis on Impairment.”

Emphasis on Impairment

As evidenced by the voices of disabled students who participated in this study, emphasis on impairment is created by the societal structure of CU both within and

outside the CHP.

Disability services. Because federal postsecondary disability policy in this country is based on the medical model of disability, the structure of CU and the CHP in terms of provision of support for disabled students is entirely based on proof of impairment. Students must register with the ODS, a process which includes declaration of impairment and provision of appropriate documentation so the impairments can be “fixed” with educational accommodations (which are also determined in large part by the nature of the impairment). While some disabled students in the CHP found the application process tedious and problematic due to the paperwork and documentation required to prove their impairment, others found the emotional barriers to identifying as disabled and accepting accommodations as necessary to be the most challenging. The latter group of participants voiced particular concern about the stigma associated with being labeled as “disabled” and the concern about the perception of being given an advantage by their teachers and peers due to the impairment-focused nature of reasonable accommodations. The medically-oriented structure of the ODS and the mandate to disclose disability and define impairment in order to receive reasonable accommodations creates perceptions of separation and undervalue.

Consequences of disclosure. In order for documented accommodations to be implemented, it is mandatory for students to disclose their disability to their instructors. While most participants reported feeling more included by those who had no knowledge of their disability, once disability was disclosed focus on impairment typically resulted. Reflective of this emphasis on impairment, several participants experienced instructor refusal to provide documented accommodations due to what they ascertained as

insufficient proof of impairment; even with a documented diagnosis, some instructors insisted on additional documentation of impairment. This disablist faculty behavior was particularly notable in the voices of Katniss and Vesper who were often denied accommodation due to the invisible and medical nature of their disabilities. As another example, upon disclosure of her seizure disorder Katniss's program director attempted to advise Katniss out of her chosen program due to assumptions that she would be unable to be competent in all requisite skills. Similarly, Theo's initial advisor questioned his ability to be successful in his desired professional program due to his physical impairment, and Jessica had the experience of a professor directly questioning her ability to be successful in her professional education due to her learning disability. The offenders in these examples were focused on the impairments associated with the students' diagnoses and were unwilling to consider the abilities or strengths of these students. Lucy's experiences with instructors changing their rate of speech and Jack Ryan's frustration with teachers who impose more assistance on him than he requested are also examples focus on impairment due to inadequate instructor understanding. It is evident through these examples that societal misconception of disability directly results in an unwelcome emphasis on impairment.

Discrimination in Admissions Practices

While none of the participants of this study reported challenges with admission to the university, several reported discriminatory actions on the part of advisors and faculty members responsible for admissions to programs within the CHP. As described above, Katniss and Theo were both doubted and discouraged from applying to their desired professional program in the CHP; faculty and advisor desire for normativity was evident

in their discouragement which was based solely on expectations of failure due to perceived student impairment and expectation of inability.

Immediately upon disclosure of her learning disability, Penny was subtly discouraged by a faculty advisor in a CHP professional program from applying to the program when she was only a junior in high school. The advising faculty member repeatedly emphasized the competitive nature of the program and the high grades of the typically accepted student as soon as Penny revealed her learning disability. Penny attributed this sudden change in advisor attitude to the expectation that all students accepted to the program be “smart” and able to learn the same way as one another. It is interesting to note that Penny did eventually apply to her desired professional program and was denied entry; Penny holds firm in her belief that this denial was due to her disability disclosure.

Inaccessible Information and Technology

While not a pervasive theme in this study, instances of inadequate access to both information and technology were reflected in participant interviews.

Inaccessible information. Some participants were denied equal access to information due to decreased access to their instructors, most typically due to the need to take extended-time examinations elsewhere on campus as opposed to with their peers and instructor. These students were not only denied access to their instructors to ask questions about the exams, they were unable to hear the instructor’s answers to other students’ questions, placing them at a distinct disadvantage to their peers. This disadvantage served to add insult to injury, as most students reported already feeling marginalized from their peers due to the physical separation during exams resulting from

the accommodation process. The structure of the ODS again contributes to this marginalization of disabled students.

Participants were also denied access to instructors by the instructors themselves. Participants reported negative, dismissive attitudes on behalf of faculty members on several occasions, which served to separate the students from their instructors and detract from the learning process. The impact on student learning was particularly harmful when faculty members did not believe the student had impairment that impacted learning at all, such as in the case of Vesper and Katniss who had chronic illnesses; closed body language and hardened facial expressions on behalf of faculty also served to separate the students from their instructors on several occasions as expressed by Jack Ryan, Ashley, and Jessica. Marginalizing actions such as these are representative of the culture of the CHP as experienced by the students represented in this study.

Inaccessible technology. One participant specifically identified problems with access to technology. Lucy had a documented accommodation for captioning of videos used in her classes, yet very few videos were ever captioned in spite of the fact that the ODS was willing to caption all videos for free. Lucy found herself at a disadvantage to her peers as she was unable to hear the videos in class and had to watch them again later with a friend who could interpret them for her via sign language. Lucy blamed inadequate instructor knowledge and time for this denial of captioning; if the CHP was better educated regarding the importance and ease of captioning for individuals with hearing impairments, she would have equal access to her peers to educational technology.

Inaccessible Physical Structure

Several disabled students in this study reported challenges with either the physical

structure of classrooms in the CHP or the campus as a whole due to the lack of consideration of the physical needs of all students, not only those with intact physical and sensory function. One factor contributing to decreased educational access involves the classrooms themselves. From types of desks to classroom arrangement, learning environments were not conducive to equal engagement for several of the participants in this study. For Theo, classrooms with all right-handed desks posed a note taking challenge due to the absence of his right hand; for Lucy, traditional seating in rows prevented her from seeing the faces of her instructor and peers, thereby reducing her ability to read lips; and for Ashley, being forced to sit in the back of a large classroom reduced her ability to attend to the instructor.

For Vesper, the act of traversing campus with a chronic illness was a particular challenge. The layout of the campus combined with short intervals between classes made getting to class on time for Vesper difficult, especially in times of extreme heat or cold. This student was often dually penalized for arriving to classes late, once by the instructor for tardiness and once by missing out on information given at the beginning of class. The time allotted between classes on a large campus such as CU may be adequate for the “average” college student, but is clearly inadequate for students with limited mobility due to pain or other physical restrictions.

Faculty/Staff Attitudes

The participants in this study attributed their feelings of inclusion or exclusion in the CHP most significantly to the attitudes of faculty and staff in the college.

Positive actions and attitudes. Participants primarily attributed feelings of inclusion related to their professors based on existence of relationship. Almost all of the

participants described faculty members and/or staff members who took the time to get to know them, listen to them, and understand their unique abilities and needs. In these relationships, students felt most included in their educational process.

Penny, Vesper, Katniss, Lucy, and Jack Ryan indicated that their most inclusive educational experiences arose as a result of faculty and staff who were willing to take the time to understand their learning needs. Each of these students has one particular person in the CHP they consider their primary supporter and expressed gratitude for the positive nature of their interactions.

Jason, the one student who was overall the most positive about his experiences in the CHP, attributed his success to his high school experiences with a faculty member who mentored him and encouraged him to use accommodations without hesitation. Because Jason did not perceive accommodations as negative, he was able to build relationships with his peers and instructors more readily and felt he was fully included in all aspects of his education. Unfortunately, Jason's experience was not largely reflective of the majority of interactions the students interviewed had with their instructors overall.

Negative actions and attitudes. By far, negative actions and attitudes of others resulted in the most experiences and feelings of exclusion for the participants in this study. The students interviewed did not collectively feel welcome or accepted in the CHP, for Penny starting as soon as her very first advising visit when she was still a high school student and disclosed her learning disability to her faculty advisor. Jack Ryan and Jessica were particularly vocal about feeling marginalized while in their respective programs, suggesting that faculty did not understand what it was like to have learning challenges because of their own intellectual superiority. Jessica was directly questioned

as to her capacity to be successful in her professional program, and Katniss was almost pushed out of her chosen program by a department chair who did not understand the nature of her seizure disorder. Theo's near-exclusion from his professional program is also reflective of the disablist culture of the CHP.

Subtler, less direct words and actions also served to generate feelings of exclusion for the participants of this study. For Ashley, seeing other students' appalled expressions when they heard her disclose her learning disability generated feelings of self-consciousness and exclusion. Jessica, Penny, and Jack Ryan all described the nonverbal behavior of professors when they disclosed their disability, describing them as "backing away" and "brushing [them] off" and demonstrating closed body language and facial expressions when demonstrating marginalizing responses they had received. Penny felt discouraged by an advisor who continually emphasized the challenging admission requirements to her desired program and the rigor of the program once her learning disability was disclosed, a veiled form of marginalization. Lucy described the unwillingness of many of her professors to make simple adjustments to their teaching such as facing the class while talking and repeating other students' questions, subtle but highly exclusionary actions. Penny and Jack Ryan both identified a strong dislike for group work due to the excluding behaviors they tend to be recipients of due to their learning disabilities. The students interviewed for this study did not characterize the atmosphere of the CHP as one of acceptance or understanding.

Inadequate knowledge. It is appropriate to include inadequate faculty and staff knowledge of disability issues under attitudes as they appear to be directly related; the faculty and staff who take time to understand the students learning needs interact with the

students in a more positive manner and accommodate them more readily. It also follows suit that those who do not engage with students with an aim to understand their learning needs are less interested in becoming more knowledgeable, which is perceived as a negative response by disabled students. The faculty and staff knowledge deficit is an unanticipated finding of this study due to the fact that most health professions educators work or have worked with disabled individuals outside of the academic environment; it was expected that health professions faculty would be more knowledgeable and willing to accommodate students than the interview data revealed. Disabled students in the CHP feel marginalized and stigmatized due to uneducated faculty responses to their educational needs; this occurs in several ways, the first being lack of knowledge about what constitutes a disability as defined by the ADA/ADAAA, CU, and the ODS. Students' invisible illnesses are impacted by this most significantly, particularly those such as Katniss and Vesper with chronic illness due to the inconsistent and unpredictable nature of the illness. Many faculty members in the CHP do not realize these students are entitled to extended due dates and extra absences, for example; those who are aware of the ODS and reasonable accommodations are often not aware of the full spectrum of options and fail to treat chronically ill students with respect and understanding. Vesper in particular repeatedly experienced faculty disbelief of her disability and was treated with contempt and ignorance.

Not just a problem for those with chronic illness, students with all types of disabilities are subject to the consequences of inadequate faculty knowledge in the CHP. Lucy reported experiences with faculty members who attempted to interact with her by speaking slowly because of her hearing impairment, which served only to make it more

difficult for Lucy to understand what they were saying. Jack Ryan described frustration with faculty members who attempted to push extra help and time on him because of his learning disability when it was not needed or requested, resulting in feelings of separateness and difference. Jessica was steered away from one of her primary educational ambitions, engaging in research, due to inadequate faculty understanding of her capabilities given her learning disability; she was excluded instead of supported and encouraged to achieve her goals by faculty members who did not know how to provide her what she needs to be successful.

Inadequate Educational Materials

Limited data regarding educational materials emerged from the study. Two participants did mention the inadequacy of course syllabi in terms of accommodation policies or the ODS. The syllabus statement offered by the ODS at CU includes minimal information, and faculty in the CHP do not routinely review or elaborate upon the statement as a rule, most likely due to their own knowledge deficits. As a positive, several students did report benefits of the use of a course management system for easy access to educational documents and presentations in an electronic format.

The social model of disability, then, is a useful tool for increasing understanding of how disabled students in the CHP experience and perceive their educational process. Marginalization results from the process of student acquisition and utilization of disability services and is further perpetuated by the response of others to the disclosure of the disability. An educational environment and educational processes built within a culture of normativity creates an unequal educational experience for disabled students in the CHP

Discussion of Findings

The data in this study supported the limited existing literature on disabled health professions students in some aspects, differed in others, and revealed some new themes not present in the literature to date. It is essential here to recall that the literature representing disabled students in higher education in the United States is minimal, and that representing disabled health professions students as represented in the CHP is nearly absent.

The Collective Voice

As a case study, it is appropriate to summarize the findings of this research using the collective voice of all the participants of this study to capture the overall perceptions and experience of disabled students in the CHP through the frame of the social model of disability. In doing so, it is impossible to ignore the impact of the dominant influence of the medical model of disability in this country.

Consistent with the medical model, federal policy required disabled students in the CHP to disclose their impairment to the ODS and describe how the impairments negatively impact their learning in order to qualify for services (see Appendix B for review of the ODS application). Once approved, students then receive documentation for reasonable accommodations their instructors are requested to provide; these accommodations are impairment-specific and vary from student to student depending on impairment-related learning deficits. In this way, CU individualizes the response to impairment, thus “disregarding other sources of disablement, including attitudinal barriers, barriers caused by institutional structure, and others” (Hutcheon & Wolbring, 2012, p. 46). It is worthy of note that at CU and in the CHP faculty are not held

accountable to provision of documented accommodations in any way, so in spite of the patronizing and disabling process of requesting accommodations, those in power may ultimately deny them.

Overall, the disabled students in this study who chose to seek accommodations found the process of requesting and receiving them challenging for several reasons, best understood through the lens of the social model of disability. The SMD upholds the notion that individuals are not disabled by impairment; rather, disability is the direct result of policy, institutional structure, attitudinal barriers, and educational materials and technology conceptualized on what is typified as normal. The mere requirement for students to have documented accommodations in order to receive an equal education is a barrier created by society; it is not “normal” for a student to have impairment, so society requires proof that the impairment exists, then expects the faculty to correct the impairment through provision of accommodations. Unfortunately, attitudinal barriers on behalf of the faculty due to inadequate knowledge, understanding, or lack of belief often preclude administration of the accommodations at all. The disabled students are left on their own, disabled not by their impairment but by the dysfunctional impairment-based system in place to help them “overcome their problems.”

The participants of this study have revealed societal disablement to be the norm in the CHP. Most registered students struggled with their own identity as “disabled” as they made the decision to seek assistance through the ODS, with several reporting feeling disabled by the actual process of registering for and receiving their reasonable accommodations. The geographical separateness of the ODS, the physical separation of disabled students at the welcome session to CU, and the need to take tests with extended

time at a remote testing site away from the instructor and peers all contributed to feelings of separateness and being “less than” for the participants of this study registered with the ODS. Additionally, several students indicated they thought their “accommodation” should be the educational norm; for example, Lucy noted how having instructors face the class and repeat students’ questions before answering them would be helpful to all and should not be considered an accommodation.

Students registered through the ODS also reported attitudinal barriers with faculty who refused to comply with their accommodation requests. Perhaps due to the selective admission process to professional programs and reputation of the CHP across campus as competitive and rigorous, disabled students were discouraged by faculty members who implied (or overtly stated) they would not be able to succeed or excel due to their disability. The assumption that disabled students are “less than” is evident, and the consequent limitations placed on students as a result is markedly disabling.

The experiences of disabled students in the CHP that chose not to disclose are also understood through the SMD lens. For the majority of participants, the primary reason for non-disclosure of disability was fear of retribution. Students did not want the disability label and all the negative societal implications that accompany it. While some acknowledged the potential benefit of accommodations, the fear of being ostracized and stigmatized due to disclosure outweighed the idea of a level academic playing field offered by reasonable accommodations. The societal conceptualization of normativity has served to disable these students; their expectation of marginalization due to disclosure has prevented them from getting what they need for an education equal to their non-disabled peers.

Whether or not they disclosed their disability, a consistent theme across participants was the desire to prove themselves to others, to prove others wrong and negate the societal stigma associated with disability. In addition to having to work harder to overcome their learning obstacles, students felt additional pressure to not only do as well as but better than their peers; this additional layer of stress and emotional investment due to the desire to disaffirm normative societal belief and understanding resulted in negative health outcomes for several participants.

While each participant of this study was able to identify at least one person in the CHP who demonstrated open, understanding, and supportive attitudes towards them and their disability, the interview data were replete with examples of behaviors and attitudes reflective of non-acceptance and discrimination. Lack of knowledge about what comprises a disability, what the ODS offers, the necessity of accommodations, and how to effectively relate to and support students disabilities is astoundingly troublesome in the CU College of Health Professions.

Disability Policy

Consistent with disability policy in the United States, the medical model of disability is embedded throughout CU and the ODS in the process required to obtain reasonable accommodations. Educational accommodations are offered at CU based on impairment; consistent with the existing literature, this biomedical approach and the resulting process for obtaining accommodations serves to contribute to the stigmatization of disabled students in the CHP. Perhaps surprisingly, the health professions faculty at CU appears to be no more aware of disability policy than non- health professions faculty represented throughout the literature as evidenced by their negative attitudes and

behaviors towards disabled students in the CHP.

Disability Disclosure

Overall findings of this study are largely consistent with the literature in terms of disclosure of disability. Disabled students in the CHP hesitate to disclose for similar reasons to those of disabled students described in previous research; fear of being stigmatized by peers and discounted by faculty precludes revelation of disability, as does fear of being perceived as lazy or getting an advantage (Belch, 2011; Matthews, 2009). Labeled “othering by others” in the present study, isolating responses often follow disability disclosure through the non-verbal (and sometimes verbal) response of faculty and peers when accommodation requests are presented. Othering continues when peers realize the disabled students are not present for exams or are receiving class notes, which may be perceived as special treatment.

Similar to findings by Mullins and Preyde (2013), some disabled CHP students (both with and without documented accommodations) delay decision to disclose until they have some degree of interaction with the professor to determine whether the professor is likely to respond in a supportive manner. This type of selective disclosure seems to give students a perceived measure of control over their educational experience. Similarly, professional students in the CHP hesitate to disclose their disability to clinical preceptors due to fear of negative ramifications; two professional students in this study reported making decision to disclose based on the attitudes of others around them at clinical sites.

Less reflected in the existing literature, the participants of this study revealed hesitance to disclose based on their own conceptualization of disability and perception of

whether they themselves were actually disabled. Students who did not place themselves in the disability box were less likely to disclose than those who had no difficulty identifying as disabled to get the accommodations they need. The challenge identified here is that some students who placed themselves in the box were not considered disabled by their professors due to the invisible nature of their disability, while others were labeled as disabled unwillingly due to inadequate knowledge and disparaging attitudes on behalf of faculty members. Participants with chronic illnesses in particular experienced challenges with faculty not believing their disability status, in part due to the fluctuating nature of their symptoms (Mullins & Preyde, 2013; Royster & Marshall, 2008).

Accommodation Discrimination

The findings of this study served to validate the existing literature in terms of disabled student experiences of noncompliance with accommodations. Similar to Holloway (2001), Jung (2003), and others cited in chapter two, some students in this study experienced outright refusal on behalf of faculty members to provide documented accommodations. Additionally, two students had professors request additional medical documentation in spite of documentation from the ODS, clearly discriminatory behavior. Students with disclosed disabilities who requested non-official “accommodations” such as facing the class while speaking and requesting clarification on assignments also reported a lack of willingness on behalf of faculty members to comply in spite of the potential benefit of these actions for all students, not just those who are disabled.

Attitudinal Barriers

Review of the literature revealed attitudinal barriers as more pervasive than physical barriers for disabled college students; this study confirmed these findings in the

CHP. Participants of this study encountered attitudinal barriers across the board in the CHP including advisors prior to admission, professional advisors, peers, and faculty members. Negative attitudes and stigmatizing behaviors occur verbally and nonverbally, explicitly and implicitly in the CHP; several participants reported surprise and amazement that a school led by health professionals with the goal of graduating health professionals has issues with detrimental attitudes towards disabled students. The present study affirmed the minimal existing research specific to health professions education (e.g. Betz, Smith & Bui, 2012; Jung et al., 2014; Velde et al., 2005), which attributes equally, if not more, negative attitudes to health professions faculty who have high academic expectations due to stringent application requirements. Although validating existing literature, most of the literature on attitudes evolves from perceptions of others about disabled students. More uniquely, the current study verified the actual impact of negative attitudes of others directly through the student voices.

Health Professions Admission Requirements

Examination of existing research did not reveal any studies of the perspectives of disabled students attempting to gain entry into the health professions. While admission requirements were not a specific focus of this study, one theme arose which was not found in the literature to date. Three participants of this study reported challenges to the admission process due to advisor and faculty attitudes and assumptions about disability. One student perceived nuances of discouragement from a pre-professional faculty advisor as soon as the student disclosed her learning disability; a second student was discouraged by a pre-professional staff advisor from pursuing his chosen area of study due to a physical impairment; and a third student was (inappropriately) told by the chair of the

program she desired to enter that she was not qualified for the program on the basis of her seizure disorder. It is worth noting that the first student described above was not accepted to her desired program and is applying to other schools, while the second and third are each about to graduate with degrees in their chosen fields from which they were initially discouraged.

Although included in the literature review in chapter two, clinical education was not specifically addressed in this study as it occurs outside the boundaries of the CHP. While three participants did acknowledge concerns with disclosure in clinical settings due to potential for negative response, two of the three reported having had success in clinical settings once they proved themselves capable of necessary work tasks.

Implications for Practice

It is evident through this research that many staff and faculty members in the CHP do not understand disability, the role of the ODS, or the purpose of and mandate behind reasonable accommodations. Further, it is of tremendous concern that a culture of discrimination and marginalization of disabled students exists in the college on behalf of staff, faculty, and non-disabled students. In the CHP, no policies exist at the college or department level that require faculty members or advisors to demonstrate understanding of educational issues related to disabled students. The results of this study suggest the need for disability policy development and education throughout the college; further, accountability for implementation of policy should be required. Incorporation of universal design for learning principles throughout the school would minimize the need for accommodations that create barriers between students and facilitate an atmosphere of inclusion. It would be beneficial for all programs in the CHP – undergraduate and

graduate professional, undergraduate pre-professional, and non-professional degree programs – to incorporate a required course on disability and inclusion. Finally, it is recommended that the CHP implement a support structure for disabled and non-disabled students to facilitate inclusion and barrier reduction together and promote supportive student relationships.

Implications for Research

The implications for future research evolving from this study are immense. As the participants of this study primarily had invisible disabilities, perceptions and experiences of visibly disabled students in the CHP, including those with mobility impairments, would be an important addition to the understanding emerging from this research. As several students reported discriminative practices in the preadmission process, the admissions requirements and processes would be worthy of study in the context of disability; further, discipline-specific guidelines and requisite skills for professional practice would be an interesting addition to this line research. As this study examined disabled student perceptions of CHP staff, faculty, and students in terms of knowledge and attitude, it would be important to also talk to the staff, faculty and students in the CHP to gain understanding of their actual attitudes and understanding. Finally, because all professional programs in the CHP have clinical requirements and the non-professional program has internships, gaining understanding of the thoughts and understanding of clinical preceptors and internship supervisors would be helpful in understanding the disabled student experience.

There are also implications for research beyond the CHP at CU. The findings of this study validate the social model of disability as an essential lens through which to

examine the postsecondary experiences of students nationally, both within and outside of the health professions. The impairment-based nature of federal legislation has resulted in impairment-based services for disabled college students in the United States; examination of the success of these policies and subsequent support services as perceived by the students themselves is essential if disabled students are to gain equal access to all aspects of the higher education experience. Further, understanding of the experiences of disabled students in this context would serve to inform campus diversity agendas across the country with the goal of enhancing inclusion for these students. Enhanced knowledge of the disability experience may also serve as the impetus for reexamination of disability policy in the United States and its implementation in postsecondary education.

Conclusions

This study is the first to examine the voices of disabled students in a college of health professions in the United States, and the only known exploration of the experiences of disabled students in health professions education in this country utilizing the social model of disability as the conceptual framework. Further, the three-interview series renders this the most in-depth qualitative study of disabled health professions student voice in the literature to date. Many of the findings of this study reflect similarity to themes existing elsewhere in the literature related to disabled students in higher education. The contradiction between application of the medical model to conceptualize disability on the CU campus and the use of the social model of disability as the lens through which the data are analyzed in this study resulted in emergence of several new themes that serve to increase understanding of the experiences and perceptions of disabled students in the CHP.

The medical and social models of disability define disability in very different ways, the former by impairment of the individual, the latter by societal barriers imposed upon the individual. It is evident through this research that the social model of disability tells stories the medical model could never tell. Disabled students in the CHP do not see themselves as their impairments; they see themselves as individuals just like their peers who have to work harder to achieve their educational goals. Student stories are of disablement through their systematic oppression by the procedure for acquiring and utilizing reasonable accommodations, the arrangement of classrooms and classroom behavior of teachers based on societal conception of normativity, the attitudes and actions of others, and inadequate knowledge and understanding of disability throughout the CHP. It is when these marginalizing processes and actions occur that students define themselves as disabled.

The aim of this research was to improve the experiences of disabled students in the College of Health Professions at Central University. It is my hope that the understanding gained from this study will serve to begin the conversation about disability in the college and pave the path toward accessibility and inclusion for all. Through extended conversation with the disabled students who participated in this study, my own understanding of the disability experience has increased exponentially, and I am more convinced than ever it is time for change. The work has just begun.

Appendix A

CSU Diversity Statement

ABOUT DIVERSITY AT [CSU]

Mission and Vision

Our Vision

[CSU] will become a more inclusive, creative, and innovative research and learning environment that facilitates the competent functioning of students, faculty and staff in a diverse and competitive global society.

Chancellor's Diversity Initiative Mission

To integrate diversity and inclusion throughout the University by

- Providing leadership, expertise, and resources to the [CSU] community to further [CSU's] strategic goals.
- Collaborating with others in the campus community to build the infrastructure and capacity for students, faculty and staff to work and learn in an inclusive and welcoming environment.
- Promoting the understanding that diversity is inclusive of a community of people of differing genders, racial-ethnic backgrounds, languages, religious beliefs, sexual orientations, disabilities, national and geographical origins, socio-economic class, veterans' status, and political views; and
- Ensuring that diversity is reflected in the campus climate, curriculum, intellectual discourse, leadership, scholarly products, and recruitment and retention efforts.

Appendix B

Office of Disability Services Application

Student Information Questionnaire

Steps to Establish an Accommodation Plan:

1. Complete the Student Information Questionnaire (SIQ) form and return it to [campus and email address]. Be sure to fill out the form yourself thoroughly and accurately.
2. Schedule an introductory meeting with an access advisor/coordinator, which will take about an hour. Bring a list of questions, and be prepared to talk about your disability and how it affects your learning.
3. Be prepared to provide documentation of your disability (also referred to as third party documentation). Third party documentation may consist of an IEP/504 plan, recent diagnostic evaluation, or a letter from a qualified professional that explains more about your disability and how your disability impacts you.
4. Participate in a New Student Orientation (NSO). The orientation will provide you with information about our office, explanations of policies and procedures, and accommodation memos for professors.
5. Set up appointments with your professors, during their office hours. Present your professor with your accommodation memo and have a conversation about your accommodations to develop a plan for the semester.
6. Once you have received accommodations for your first semester, you can quickly and easily renew your accommodation plan online for all following semesters.

All prospective student records will be kept on file for one (1) year. Following that timeframe, files will be destroyed. If you have questions or concerns regarding this policy, please contact our office.

Reason for visit (check all that apply):

- I have a disability and I am requesting accommodations
- I think I might have a disability
- Housing Accommodations
-

Other:

Student Status (check all that apply):

- Incoming Current Transfer Mizzou Online
- Freshman Sophomore Junior Senior Graduate
- Professional
- Other: _____

Major: _____

Minor: _____

Semester Applying for: _____

- Part Time Student Full Time Student

Disability(ies) (check all that apply):

- Cognitive (e.g. ADHD, Brain Injury) Development Health Hearing
- Learning (LD) Neurological Physical Dexterity/Mobility
- Psychological
- Speech/Language Vision Other: _____

Do you receive Vocational Rehabilitation Services (VR)? YES NO

If yes, who is your counselor? _____

Do you receive Rehabilitation Services for the Blind (RSB)? YES NO

If yes, who is your counselor? _____

Veteran Status:

- N/A Veteran Military Personnel Families (spouse/dependents)

Please describe your specific disability?

How and when was your disability diagnosed and documented?

Describe how your disability currently impacts you in:

School: _____

Work: _____

Social/Personal: _____

If you have used accommodations in the past, what have you used?

What accommodations are you requesting (e.g. adaptive equipment, alternative format, note taking, bus services, classroom/lab assistant, exam, housing, sign language, etc.)?

If applicable, list the housing accommodations you are requesting for living on campus (e.g. wheelchair accessible, visual alarms, etc.)?

Student Name (Print) _____

Student Signature _____ **Date:** _____

Appendix C

Recruitment Email – Office of Disability Services #1

Project #: 1212798

Giulianne Krug

Project Title: Accessibility and Inclusion in Health Professions Education: Perspectives and Experiences of Disabled College Students

Email from Disability Center to Potential Participants

Dear SHP Student,

This email is to invite you to participate in a research study being conducted to explore the experiences and perceptions of students with disabilities in the MU School of Health Professions (SHP). The purpose of this study is to gain understanding of how students with disabilities experience the SHP to inform the policymaking process and enhance accessibility and inclusion within the school. Few studies have given students with disabilities voice to describe their experiences in higher education, and no such studies exist to gain understanding of students' experiences specifically in the health professions. This study aims to begin to fill that gap.

In this study you will be asked to participate in three semi-structured, open-ended interviews at the location of your choice, approximately two weeks apart. The interviews will be audio recorded and transcribed. You will select a pseudonym for your name so you will in no way be identifiable during the transcription, analysis, or final report. In addition, you will be asked to take photographs after the second interview which represent your experience in the SHP; any potential identifiers will be removed from these photos if they are to be shared in any way.

If you are interested in participating in this study or have additional questions, please contact:

Giuli Krug (“Julie”), Doctoral Candidate
Educational Leadership and Policy Analysis

Appendix D

Informational Meeting Script #1

Project #: 1212798

Giulianne Krug

Project Title: Accessibility and Inclusion in Health Professions Education: Perspectives and Experiences of Disabled College Students

Script for Informational Meeting

- Introduce ourselves
- Share my background
 - Occupational therapist
 - Faculty member of MU OT
 - Doctoral student in ELPA
 - How I became interested in this topic
 - My own experiences in the SHP
 - Doctoral coursework
- Ask students about themselves
 - Year of study
 - Undergraduate/graduate
 - Program of interest (if pre-professional) or program enrolled (if professional)
- Discuss the study
 - Purpose: to gain understanding of how students with disabilities experience the SHP to inform the policymaking process and enhance accessibility and inclusion within the school
 - Process
 - Set up first interview (approximately one hour) in a place where the student feels comfortable
 - Interviews will be audio recorded and I will be taking notes to capture any observations the recorder
 - The interviews will be transcribed by a paid transcriptionist
 - The transcribed interview will be emailed to you (or gotten to you any way you prefer) for review for accuracy

- At the subsequent interview, you can make any corrections or changes to the interview data you wish, then the process will be repeated.
 - After the third and final interview, the transcribed data will be again be provided to you for review, then you can contact me in any way you prefer with feedback, changes, etc. (phone, email, in-person meeting for example)
 - At the end of the second interview, you will be asked to take 1-3 digital photographs that represent your experiences in/perceptions of the SHP if you are able. A digital camera will be provided to you for use if necessary, which you will return at the third interview.
 - Photographs should be provided to me in electronic form before the third interview
 - You be encouraged to talk about the photograph(s) at third interview
 - If you choose not to participate in this part of the study, you will still be eligible to participate in the interview portion.
 - You will also have the opportunity to review a summary of the interpretation of your interview to ensure you're intended meaning has been accurately and adequately captured after data has been analyzed.
 - Privacy/confidentiality
 - Should you choose to participate, at the end of this meeting I will ask you for a pseudonym that we will use from this point forward in all interview and photographic data so that your identity will not be revealed to the transcriptionist or other members of my dissertation committee, future readers of the dissertation or anyone else.
 - If you provide photographs which contain potentially identifying information, that portion of the photograph will be blurred before being revealed as part of this dissertation.
 - Should you choose to participate. you can discontinue this study at any time without any penalty or consequence.
 - There is no compensation for participation in this study.
 - Do you have any questions? Is there anything I can clarify for you?
 - Would you like to participate in this study?

- If yes = Great! I will be in contact with you soon, thank you so much for your time today!
- If no = Ok, I really appreciate your time – thank you for your time, have a great semester!

Appendix E

Consent Script #1

Project #: 1212798

Giulianne Krug

Project Title: Accessibility and Inclusion in Health Professions Education: Perspectives and Experiences of Disabled College Students

Participant Information: Provided at time of initial interview

- **Purpose:** to gain understanding of how students with disabilities experience the SHP to inform the policymaking process and enhance accessibility and inclusion within the school

- **Process**
 - Interviews will be audio recorded and notes will be taken to capture any observations the recorder cannot capture
 - The interviews will be transcribed by a paid transcriptionist
 - The transcribed interview will be emailed to you (or gotten to you any way you prefer) for review for accuracy
 - At the subsequent interview, you can make any corrections or changes to the interview data you wish, then the process will be repeated.
 - After the third and final interview, the transcribed data will be again be provided to you for review, then you can contact me in any way you prefer with feedback, changes, etc. (phone, email, in-person meeting for example)
 - At the end of the second interview, you will be asked to take 1-3 digital photographs that represent your experiences in/perceptions of the SHP if you are able. A digital camera will be provided to you for use if necessary, which you will return at the third interview.
 - Photographs should be provided to me in electronic form before the third interview (email
 - You be encouraged to talk about the photograph(s) at third interview
 - If you choose not to participate in this part of the study, you will still be eligible to participate in the interview portion.
 - You will also have the opportunity to review a summary of the interpretation of your interview to ensure you're intended

meaning has been accurately and adequately captured after data has been analyzed.

Privacy/confidentiality

- You will provide a pseudonym that will be used from this point forward in all interview and photographic data so that your identity will not be revealed to the transcriptionist or other members of my dissertation committee, future readers of the dissertation or anyone else.
- If you provide photographs which contain potentially identifying information, that portion of the photograph will be blurred before being revealed as part of this dissertation.

Compensation

- There is no compensation for participation in this study.

Your Rights as a Participant

- Participation in this study is voluntary. You do not have to participate in this study. Your present or future education will not be affected should you choose not to participate.
- If you decide to participate you can change your mind and drop out of the study at any time without affecting your present or future education in the School of Health Professions. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.
- In addition, the investigator of this study may decide to end your participation in this study at any time after they have explained the reasons for doing so.
- You will be informed of any significant new findings discovered during the course of this study that might influence your health, welfare, or willingness to continue participation in this study.

Whom Do I Call if I Have Questions or Problems?

- If you have any questions regarding your rights as a participant in this research and/or concerns about the study, or if you feel under any pressure to enroll or to continue to participate in this study, you may contact the University of Missouri Institutional Review Board (which is a group of people who review the research studies to protect participants' rights) at (573) 882-9585.
- You may also contact the dissertation advisor for this study, Dr. Joe Donaldson, at (573) 882-289-0725.

If you agree to participate in this study, **please provide your verbal consent now**. A signature is not required in effort to maximize your confidentiality by not associating your actual name with this study in any way. Please keep this document for your future reference.

Thank you!

Giuli Krug, Doctoral Candidate
Educational Leadership and Policy Analysis

Appendix F

Recruitment Email – Office of Disability Services #2

Project #: 1212798

Giulianne Krug

Project Title: Accessibility and Inclusion in Health Professions Education: Perspectives and Experiences of Disabled College Students

Email from Disability Center to Potential Participants

Dear SHP Student,

You have received this email because you are both enrolled in the MU School of Health Professions and registered with the Disability Center. This email is to invite you to participate in a research study being conducted to explore the experiences and perceptions of students with disabilities in the SHP. The purpose of this study is to gain understanding of how students with disabilities experience the SHP to inform the policymaking process and enhance accessibility and inclusion within the school. Few studies have given students with disabilities voice to describe their experiences in higher education, and no such studies exist to gain understanding of students' experiences specifically in the health professions. This study aims to begin to fill that gap.

In this study you will be asked to participate in three semi-structured, open-ended interviews at the location of your choice, approximately two weeks apart. The interviews will be audio recorded and transcribed. You will select a pseudonym for your name so you will in no way be identifiable during the transcription, analysis, or final report. In addition, you will be asked to take photographs after the second interview which represent your experience in the SHP; any potential identifiers will be removed from these photos if they are to be shared in any way.

You will be offered \$25.00 cash for each interview you complete, up to \$75.00 for completion of all three interviews.

If you are interested in participating in this study or have additional questions, please contact:

Giuli Krug (“Julie”), Doctoral Candidate
Educational Leadership and Policy Analysis

Appendix G

Recruitment Email – Department Chairs

Project #: 1212798

Giulianne Krug

Project Title: Accessibility and Inclusion in Health Professions Education: Perspectives and Experiences of Disabled College Students

Email from Department Chairs to Potential Participants

Dear Students,

You have received this email because you are enrolled in the MU School of Health Professions. This email is to invite you to participate in a research study being conducted to explore the experiences and perceptions of students with disabilities in the SHP. The purpose of this study is to gain understanding of how students with disabilities experience the SHP to inform the policymaking process and enhance accessibility and inclusion within the school. Few studies have given students with disabilities voice to describe their experiences in higher education, and no such studies exist to gain understanding of students' experiences specifically in the health professions. This study aims to begin to fill that gap.

In this study you will be asked to participate in three semi-structured, open-ended interviews at the location of your choice, approximately two weeks apart. The interviews will be audio recorded and transcribed. You will select a pseudonym for your name so you will in no way be identifiable during the transcription, analysis, or final report. In addition, you will be asked to take photographs after the second interview which represent your experience in the SHP; any potential identifiers will be removed from these photos if they are to be shared in any way during the presentation of the final dissertation project.

If you are a student with a disability of any type, whether or not you are registered with the MU Disability Center, I encourage you to participate in this important study. You will be offered \$25.00 cash for each interview you complete, up to \$75.00 for

completion of all three interviews.

If you are interested in participating in this study or have additional questions, please contact:

Giuli Krug (“Julie”), Doctoral Candidate
Educational Leadership and Policy Analysis

Appendix H

Informational Script #2

Project #: 1212798

Giulianne Krug

Project Title: Accessibility and Inclusion in Health Professions Education: Perspectives and Experiences of Disabled College Students

Script for Informational Meeting

- Introduce ourselves
- Share my background
 - Occupational therapist
 - Faculty member of MU OT
 - Doctoral student in ELPA
 - How I became interested in this topic
 - My own experiences in the SHP
 - Doctoral coursework
- Ask students about themselves
 - Year of study
 - Undergraduate/graduate
 - Program of interest (if pre-professional) or program enrolled (if professional)
- Discuss the study
 - Purpose: to gain understanding of how students with disabilities experience the SHP to inform the policymaking process and enhance accessibility and inclusion within the school
 - Process
 - Set up first interview (approximately one hour) in a place where the student feels comfortable
 - Interviews will be audio recorded and I will be taking notes to capture any observations the recorder
 - The interviews will be transcribed by a paid transcriptionist
 - The transcribed interview will be emailed to you (or gotten to you any way you prefer) for review for accuracy

- At the subsequent interview, you can make any corrections or changes to the interview data you wish, then the process will be repeated.
 - After the third and final interview, the transcribed data will be again be provided to you for review, then you can contact me in any way you prefer with feedback, changes, etc. (phone, email, in-person meeting for example)
 - At the end of the second interview, you will be asked to take 1-3 digital photographs that represent your experiences in/perceptions of the SHP if you are able. A digital camera will be provided to you for use if necessary, which you will return at the third interview.
 - Photographs should be provided to me in electronic form before the third interview
 - You be encouraged to talk about the photograph(s) at third interview
 - If you choose not to participate in this part of the study, you will still be eligible to participate in the interview portion.
 - You will also have the opportunity to review a summary of the interpretation of your interview to ensure you're intended meaning has been accurately and adequately captured after data has been analyzed.
 - Privacy/confidentiality
 - Should you choose to participate, at the end of this meeting I will ask you for a pseudonym that we will use from this point forward in all interview and photographic data so that your identity will not be revealed to the transcriptionist or other members of my dissertation committee, future readers of the dissertation or anyone else.
 - If you provide photographs which contain potentially identifying information, that portion of the photograph will be blurred before being revealed as part of this dissertation.
 - Should you choose to participate. you can discontinue this study at any time without any penalty or consequence.
 - You will be compensated \$25.00 cash per interview, for a total of \$75.00 should you complete the study. If you choose to discontinue the study at any time, you will be paid \$25.00 for each interview completed to the time of discontinuation.

- Do you have any questions? Is there anything I can clarify for you?
- Would you like to participate in this study?
 - If yes = Great! I will be in contact with you soon, thank you so much for your time today!
 - If no = Ok, I really appreciate your time – thank you for your time, have a great semester!

Appendix I

Consent Script #2

Project #: 1212798

Giulianne Krug

Project Title: Accessibility and Inclusion in Health Professions Education: Perspectives and Experiences of Disabled College Students

Participant Information: Provided at time of initial interview

- **Purpose:** to gain understanding of how students with disabilities experience the [CHP] to inform the policymaking process and enhance accessibility and inclusion within the school

- **Process**
 - Interviews will be audio recorded and notes will be taken to capture any observations the recorder cannot capture
 - The interviews will be transcribed by a paid transcriptionist
 - The transcribed interview will be emailed to you (or gotten to you any way you prefer) for review for accuracy
 - At the subsequent interview, you can make any corrections or changes to the interview data you wish, then the process will be repeated.
 - After the third and final interview, the transcribed data will be again be provided to you for review, then you can contact me in any way you prefer with feedback, changes, etc. (phone, email, in-person meeting for example)
 - At the end of the second interview, you will be asked to take 1-3 digital photographs that represent your experiences in/perceptions of the SHP if you are able. A digital camera will be provided to you for use if necessary, which you will return at the third interview.
 - Photographs should be provided to me in electronic form before the third interview (email
 - You be encouraged to talk about the photograph(s) at third interview
 - If you choose not to participate in this part of the study, you will still be eligible to participate in the interview portion.
 - You will also have the opportunity to review a summary of the interpretation of your interview to ensure you're intended

meaning has been accurately and adequately captured after data has been analyzed.

Privacy/confidentiality

- You will provide a pseudonym that will be used from this point forward in all interview and photographic data so that your identity will not be revealed to the transcriptionist or other members of my dissertation committee, future readers of the dissertation or anyone else.
- If you provide photographs which contain potentially identifying information, that portion of the photograph will be blurred before being revealed as part of this dissertation.

Compensation

- You will be compensated \$25.00 cash per interview, for a total of \$75.00 should you complete the study. If you choose to discontinue the study at any time, you will be paid \$25.00 for each interview completed to the time of discontinuation.

Your Rights as a Participant

- Participation in this study is voluntary. You do not have to participate in this study. Your present or future education will not be affected should you choose not to participate.
- If you decide to participate you can change your mind and drop out of the study at any time without affecting your present or future education in the School of Health Professions. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.
- In addition, the investigator of this study may decide to end your participation in this study at any time after they have explained the reasons for doing so.
- You will be informed of any significant new findings discovered during the course of this study that might influence your health, welfare, or willingness to continue participation in this study.

Whom Do I Call if I Have Questions or Problems?

- If you have any questions regarding your rights as a participant in this research and/or concerns about the study, or if you feel under any pressure to enroll or to continue to participate in this study, you may contact the [Central University] Institutional Review Board (which is a group of people who review the research studies to protect participants' rights) at [phone number].
- You may also contact the dissertation advisor for this study, [advisor's name], at [phone number].

If you agree to participate in this study, **please provide your verbal consent now**. A signature is not required in effort to maximize your confidentiality by not associating

your actual name with this study in any way. Please keep this document for your future reference.

Thank you!

Giuli Krug, Doctoral Candidate

Appendix J

Sample questions for Interview #1: Educational experiences to date

- What are your current educational goals?
- Tell me about what led you to register with the Office of Disability Services.
- Tell me about your disability (here it will be most informative to use “disability” vs. “impairment” to gain understanding of how the participants themselves define and/or understand disability).
- Did you have any educational support in high school?
- What was your transition from high school to college like?
- Do you utilize any accommodations now?
- Tell me about some successes or “personal victories” you have had in your education so far.
- To what or whom do you attribute those victories?
- Now tell me about some challenges you have faced in your education so far.
- To what or whom do you attribute those challenges?

Appendix K

Sample questions for Interview #2: Details of the experience

- Is there anything you would like to clarify or change from our last conversation?
- Tell me about the process you have gone through to get what you need to engage fully in your education.
- What are some of the emotions you experience when you describe the experience?
- What are your experiences in terms of engagement in other campus activities?
- How does reflecting on those experiences make you feel?
- When you are in (the classroom, a professor's office, a campus club or activity, etc. depending on the answers above), do you feel heard? Explain what you mean.
- Describe a memory that particularly strikes you as supporting or suppressing your educational experience while in the CHP at CU.
 - What about that experience make it stand out to you?

Appendix L

Sample questions for Interview #3: Reflection of meaning

- Is there anything you would like to clarify or change from our last conversation?
- What was the experience of taking the photograph(s) like for you?
- Tell me what the picture(s) mean to you.
- When considering your experience at CU to this point, how would you summarize your experiences in terms of accessibility?
- How would you summarize your experiences in terms of inclusion?

Appendix M

Recommended CU Syllabus Statement

Students with disabilities:

Please let me know as soon as possible if:

- You anticipate barriers related to the format or requirements of this course.
- You have emergency medical information to share with me.
- You need to make arrangements in case the building must be evacuated.

If you require disability-related accommodations (such as a notetaker, extended time on exams or captioning), please establish an Accommodation Plan with the [Office of Disability Services]:

- [email]
- [campus address]
- [phone number]

After you have registered, please notify me of your eligibility for reasonable accommodations. For other [CU] resources for students with disabilities, click on "Disability Resources" on the [CU] homepage.

Appendix N

College of Health Professions Cultural Competency Policy

[College of Health Professions]

Cultural competency is an integral part of the [CHP] and is reflected in all aspects of our teaching, research and service missions. Our commitment to cultural competency extends beyond our halls and is inclusive of communities and populations both near and far. Our graduates are placed nationwide in both rural and urban settings – often bringing care to areas that are desperately underserved.

Concepts related to cultural differences and competencies are taught in courses across all curricula in the [CHP].

Understanding a patients' culture is a necessary component for students to become effective clinicians.

SHP faculty, staff and students devote countless research and volunteer hours in support of populations with a variety of abilities, challenges and backgrounds, from children on the autism spectrum to seniors. Our passion is to serve and support any and all people in need of our services.

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VITA

Giulianne Krug was born in 1965 in Chicago Heights, IL. Shortly after her birth, Giuli's family moved to Delavan, Wisconsin where she graduated from Delavan-Darien High School in 1983. After wandering a bit, Giuli received her bachelor's degree in occupational therapy from the University of Wisconsin-Milwaukee in 1989. Giuli worked as an occupational therapist for five years in Milwaukee, and then relocated to Columbia, Missouri where she worked as a clinical supervisor and eventually began lecturing at the University of Missouri-Columbia (MU). Amidst growing a family with her husband Jeff and while working part-time as an occupational therapist and lecturer, Giuli completed her Master of Arts degree in 2003 from the University of Missouri in the department of Educational Leadership and Policy Analysis (ELPA). Giuli accepted a full-time academic appointment in the MU Department of Occupational Therapy in 2006 and began her doctoral coursework in 2009, returning to ELPA to complete her education. Giuli is thankful to finally reach her educational summit, with an anticipated degree conferment date of May 16, 2015. She currently lives in Columbia, Missouri with her husband, three children, two dogs, and two cats.