

## DISABILITY-RELATED ACCOMMODATIONS IN REHABILITATION PROGRAMS

ACCOMMODATING STUDENTS WITH DISABILITIES  
IN PROFESSIONAL REHABILITATION PROGRAMS

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## **Lay Abstract**

Students with disabilities experience difficulty entering and graduating from health professional programs, including rehabilitation. This group of students face challenges in meeting all the requirements for their programs. Through three discrete studies, this thesis explores educators' perspectives on the accommodation process of students with disabilities. The first study demonstrated that the most relevant documents to the accommodation process require educators to take on conflicting roles. The second study showed that university-based educators struggle with the focus on students at the university, which seemed to be prioritized over the focus on clients in healthcare, the context for which educators prepare students. The final study illustrated that fieldwork educators did not experience these struggles. Rather, they accommodated students as part of the students' learning journey. These studies help explain why educators may have difficulty with the accommodation process of students with disabilities and offer solutions for educational programs and future research.

## Abstract

**Introduction:** Students with disabilities are underrepresented in post-secondary education, including health professional programs. They experience higher rates of attrition and lower rates of graduation compared to their non-disabled peers. Some research indicates that educators engage in ableist practices preventing students with disabilities from successfully completing these programs. Educators report difficulty meeting the myriad of professional and educational expectations in professional programs. Rehabilitation professions provide a unique opportunity for research given their emphasis on participation and inclusion. **Purpose:** The purpose of this program of research was to explore the educator perspective in the accommodation of students with disabilities in professional rehabilitation programs. **Method:** There are three studies that constitute this thesis. The first study is a critical discourse analysis in which the most relevant *texts* in the accommodation process were examined. The second study is an institutional ethnography informed study, whereby university-based educators were interviewed about their actions in the accommodation process of students with disabilities. The final study is an interpretive description that involved interviews with fieldwork educators who provide disability-related accommodations to students in their work settings. **Findings:** The *texts* involved in the accommodation process revealed varied and conflicting discourses and subject positions for educators in rehabilitation programs. University-based educators identified tensions reconciling the focus on students in the post-secondary education context with the focus on clients in the healthcare context, for which they were preparing students. However, fieldwork educators were generally at ease with the accommodation process as they integrated accommodations into the broader goal of learning. **Implications:** This body of work provides insight into the reasons why educators may struggle with the accommodation process in

professional rehabilitation programs. It also identifies potential solutions for educational programs and future directions for research.

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The research projects presented in this thesis would not have been possible without the participation of my colleagues in the studies. Given the sensitive nature of this topic area, I feel honored that they trusted me with their perspectives and to reflect them accurately it in my work. Many colleagues were not participants and yet, facilitated my journey to the finish line. Completing a PhD is hard work, isolating and takes time – to every one of my colleagues/friends who offered to read something, made space (physical or temporal) for me to write or told me, “you got this” – thank you. You believed in me at times that I did not believe in myself.

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studying at this age and stage in life. I believe this work has made me a better person and I am glad I did it – thank you for helping me.



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## **List of Abbreviations and Symbols**

AODA	Accessibility for Ontarians with Disabilities Act
ASL	American Sign Language
CBFE-OT	Competency-Based Fieldwork Evaluation for Occupational Therapists
CDA	Critical Discourse Analysis
EBP	Evidence-Based Practice
HRTO	Human Rights Tribunal of Ontario
ICF	International Classification of Functioning, Disability and Health
IQAP	Institutional Quality Assurance Process
OHRC	Ontario Human Rights Code
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PSE	Post-Secondary Education
PBL	Problem-Based Learning
PBT	Problem-Based Tutorials
PT	Physiotherapy
UDL	Universal Design for Learning
UK	United Kingdom
WFOT	World Federation of Occupational Therapists
WHO	World Health Organization

## **Declaration of Academic Achievement**

In this manuscript-style PhD thesis, there are three studies (Chapters 2 – 4) sandwiched between an introductory and concluding chapter. As a doctoral candidate, I am the first author on all chapters and as such, I am responsible for the conceptual ideas and design of the studies included. I took the lead in developing the research questions, study designs, data collection, data analysis, writing and submission of each manuscript, based on my learning about qualitative research. My PhD Supervisor, Dr. Patricia Solomon, and supervisory committee members (Dr. Sandra Moll, Dr. Beth Marquis, and Dr. Magda Stroińska) assisted me by guiding my approach and refining my ideas at each stage of the research process. Specific contributions to each manuscript are identified below.

**Chapter Two: Texts Influencing the Accommodation Process of Students with Disabilities in Professional Rehabilitation Programs: An Analysis of Discourse.** I conceptualized the idea for this study including the research questions, selected the methodology and developed the overall design with generous input from Dr. Solomon. I led data analysis with hands-on support for data extraction and analysis from Dr. Stroińska, an expert in discourse analysis in the field of Linguistics. Dr. Moll and Dr. Marquis provided feedback on the proposal and manuscript drafts. This manuscript was published online in *Disability & Rehabilitation* in December 2021.

**Chapter Three: Accommodating Students with Disabilities in Professional Rehabilitation Programs: An Institutional Ethnography Informed Study.** I conceptualized the idea for this study including the research question, selected the methodology and developed the overall design with generous input from Dr. Solomon and Dr. Moll, an expert on institutional

ethnography methodology. I conducted all interviews and hired a research assistant to complete interview transcriptions. I analyzed the transcripts and led the writing process. Dr. Marquis and Dr. Stroińska provided feedback on the proposal and manuscript drafts. This manuscript was published online in the *Journal of Humanities in Rehabilitation* in November 2022.

#### **Chapter Four: Accommodating Students with Disabilities in Fieldwork: A Qualitative**

**Study.** I conceptualized the idea for this study, however I needed to make changes to the methodology from the original approach, which the entire supervisory committee supported and facilitated. I completed data collection and hired a research assistant to transcribe the interviews. I coded half the transcripts with Dr. Solomon, to build a coding tree and then proceeded to code and analyze the remaining transcripts on my own. Dr. Moll, Dr. Marquis, and Dr. Stroińska provided feedback on the manuscript drafts. This manuscript has been submitted to the Canadian Journal of Occupational Therapy.

## **Chapter One: Introduction**

The World Health Organization (WHO, 2022a) estimates that nearly 15% of the population, that is one billion people worldwide, have a disability. Historically though, the voices of people with disabilities have been silenced because of the way disability was, and often still is understood. Most theoretical models explaining disability have been individual models, meaning that disability is defined as an attribute belonging to the individual (Oliver, 1990). Therefore, the responsibility for any changes required for an individual to be able to participate in society, remained with the individual who has the disability. The oldest individual model is the moral/religious model, which has been pervasive because of its ties to faith and the role that faith has in regulating individuals' behavior (Hammell, 2006). This model identifies disability as a "punishment by God" for sins committed by an individual either in this or a previous life or as the manifestation of evil spirits within the human body (Hammell, 2006). A consequence of this model is that non-disabled members of society must demonstrate "good will" towards people with disabilities through monetary or material donations because disabled people are deemed "less fortunate" (Hammell, 2006). Thus, disability is viewed negatively as a "personal tragedy" for the individual to own and accept as their fate (Oliver, 1990).

Most relevant to the field of rehabilitation is another individual model, the medical model of disability. While many individuals do not align themselves with this model, this way of thinking has become a symbol of many problems for disabled people because it defines them by their bodily impairments and therefore, allows them to be disempowered by professionals (Shakespeare, 2006). In this model, disability is understood as the medical problem with which the patient presents, and a healthcare professional is needed as an expert to "cure" the patient (Driedger, 1989; French & Swain, 2008; Oliver, 1996). A consequence of understanding



disability in this manner is that people with disabilities are not deemed to have expertise, but rather are passive recipients of the “care” provided by health professionals (Driedger, 1989). Any failure to achieve medical goals is perceived as a lack of adjustment on the part of the individual with the disability, because the rigorous science behind medical interventions is viewed as unquestionable (Oliver, 1996).

In the 1980s, Michael Oliver, a disabled sociologist and scholar in the United Kingdom (UK), proposed a social model of disability, in which the problem of disability is located in the environment. He indicated that people were not disabled by their bodies but rather by physical and institutional environments built from the attitudes of (non-disabled) people in society, or the social environment (Oliver, 1990). For example, a wheelchair user is unable to access public spaces in the community because stairs are built instead of ramps. Stairs are built because non-disabled people are assumed to be the “typical” end users of these spaces. Oliver initiated the field of Disability Studies to build on these ideas and generate scholarship about disability (Oliver, 2013). This work evolved into Critical Disability Studies, which is underpinned by critical theory, a recognition of the role that power and class have in privileging non-disabled individuals (e.g., many health professionals) and subordinating disabled individuals (McColl, 2019).

Critical disability scholarship has moved beyond the social model of disability, highlighting several limitations, including its lack of relevance in rural contexts and many developing countries (Shakespeare, 2006). Lang (2007) provides the example of individuals with learning disabilities living in rural regions of Southern India, which are mostly agrarian. He argues that literacy is not a prerequisite for work in such a context and thus, the social model does nothing to improve the lives of people with learning disabilities in this area. Most

concerning to some disability activists is the absence in the social model of the embodied experience of impairment and its complex relationship with disability (Shakespeare, 2006). Disabled people identify that their lived experience includes impairments such as pain, pressure sores and urinary tract infections; however this reality is in conflict with the mantra of the social model and disability movement, “disabled by society, not by our bodies” (Shakespeare & Watson, 2002). Thus, people with disabilities may have difficulty aligning with the social model of disability, even though they feel excluded in society.

Nonetheless, the social model of disability is often referred to as a socio-political model because it underpins the disability movement (Oliver, 2013). Through grassroots activism led by Disabled Peoples International, people with disabilities who viewed their difficulties as environmental, began mobilizing to bring awareness of their collective experience of oppression as a minority group in many countries (Lepage et al., 2015). They protested governments and institutions about the discrimination they experienced on the basis of disability. Globally, these collective efforts led to the United Nations declaring the Year of the Disabled in 1981 and the Decade of Disabled Persons from 1983 to 1992, thereby bringing awareness to the societal barriers disabled people experienced (Leplege et al., 2015). Activism also led to legislative changes in many places worldwide, including Ontario, where the Accessibility for Ontarians with Disabilities Act (AODA) was enacted in 2005, with the goal of full implementation by 2025 (Government of Ontario, 2022). The AODA underscores that people with disabilities have the right to participate in their communities as full citizens. The introduction of this legislation has led to mandatory disability awareness and training across industries and organizations.

The debate between the social and medical models of disability has not disappeared even though it has been criticized as generating a false dichotomy of “good” versus “bad” rather than

considering a breadth of approaches that could help disabled people (Shakespeare, 2014). Different ways of understanding of disability are constantly evolving to include broader perspectives, such as an affirmative model of disability that celebrates disabled identity and shifts the conversation to value disability (French & Swain, 2008). Despite the advancements in both theory and practice, people with disabilities have ongoing concerns about the attitudes and social relations that continue to exclude them (Oliver, 2013).

### **Disability, Accommodation and Accessibility**

In 2001, the WHO member states endorsed a biopsychosocial model named the International Classification of Functioning, Disability and Health (ICF) to describe the relationship between health and disability (WHO, 2022b). The underlying assumptions of the ICF are consistent with the medical model of disability in that there are direct relationships between body structures and functions, activities, and participation (Leplege et al., 2015; Hammell, 2006). Further, the model is also a classification system and measurement tool based on individuals' differences (Leplege et al., 2015; Hammell, 2006). However, Disability Studies scholars acknowledge that the recognition of environmental factors as potentially disabling in this model is a positive step (Shakespeare, 2014).

Accessibility and accommodation are related to environmental factors in the ICF (Roberts, 2013). They involve changes to different aspects of the environment, such as physical (e.g., ensuring that people with disabilities can function in various spaces), institutional (e.g., introducing legislation that removes barriers for people with disabilities) and cultural/social (e.g., targeting individuals' biases about disability). Accessibility and accommodation improve equity and inclusion for people with disabilities. They ensure that people are not discriminated against

on the basis of disability; rights that are guaranteed through both sections 1 and 9 of the Ontario Human Rights Code (OHRC) and section 15 of the Canadian Charter of Rights and Freedoms (Ontario Human Rights Commission, n.d.). While this legislation applies to a variety of rights, disability is the most common basis for discrimination brought to the Human Rights Tribunal of Ontario (HRTO) (Ontario Human Rights Commission, n.d.).

Accessibility is a pro-active systemic approach whereby the environment is altered to increase the access to and usability of spaces (Roberts, 2013). For example, buildings that are constructed with stairs and ramps enable people to access space as needed. A ramp is helpful to someone who uses a wheelchair, parents with small children in strollers, anyone with wheeled carts/luggage, etc. Accessibility aligns with the social model of disability in that the environment is altered to increase access for many individuals (Burgstahler, 2015, Kumar & Wideman, 2014). However, increasing accessibility does not always result in increased inclusion as building both stairs and ramps segregates people rather than bringing them together (Burgstahler, 2015). Accessibility has its limitations in that not every environment can be made equally helpful to everyone (Kumar & Wideman, 2014). For example, a wheelchair user may find curb cuts helpful in navigating sidewalk to road transitions, whereas someone with a different mobility aid such as a cane, may find steps easier to navigate than a sloped curb cut (Shakespeare, 2006).

Accommodation is an individualized reactive approach to alter an environment for one person, based on their specific needs (Roberts, 2013). For example, a wheelchair user who works in a building without ramps may be accommodated by having access to the cargo elevator made available to them, where this elevator is typically not open to the public. Often, accommodations are not ideal in that: 1) individuals must ask for accommodation thereby “outing” their disability to the institution, 2) the accommodation itself may “out” the individual to the public, 3) the

accommodation may take time to obtain, be onerous for the individual and the institution to implement and be less effective than a proactive design (Burgstahler, 2015; Dolmage, 2017). Accommodations are consistent with the medical model of disability in that the individual's functional problem is identified based on a medical issue by a professional and an individualized plan is prescribed as the solution within the existing environment (Burgstahler, 2015; Kumar & Wideman, 2014). Nonetheless, an accommodation can be helpful to people who have specific needs for which the accommodation improves their quality of life. For example, for a family with osteogenesis imperfecta (i.e., brittle bone disease), having an accessible parking permit means a decreased risk of falls and resulting fractures. In this example of accommodation, the family receives what they need rather than the same as everyone else. Even though increasing accessibility can promote the inclusion of more people and decrease the need for individual accommodation, accommodations are an integral part of many institutions, including post-secondary education (PSE; Burgstahler, 2015).

### **Students with Disabilities in Post-Secondary Education**

Changes in legislation and disability awareness as a result of the disability civil rights movement mentioned earlier, have led to people with disabilities having greater access to PSE, particularly in North America (Ozelie et al., 2019; Stier et al., 2015). People with disabilities who complete PSE experience higher rates of employment compared to those who do not (Morris et al., 2018). Students with disabilities indicate that a PSE improves not only their employability, but also their identity (Cunnah, 2015). Although improved access has resulted in more students with disabilities in PSE, they continue to be underrepresented and have higher

attrition rates than their non-disabled peers (Cunnah, 2015; Madriaga, 2007; Sharby & Roush, 2009).

In a systematic review conducted by Lindsay and colleagues (2018), they found that the most common barrier experienced by students with disabilities was stigma and discrimination. Students with disabilities are often assumed by PSE staff, faculty and administrators to be dishonest about their disability-related needs and are perceived to be using the system to gain advantage in their studies (Dolmage, 2017). Students must work hard at combating the stigma of having a disability, given the assumptions that are made about their lack of abilities (Cunnah, 2015). Dolmage (2017) states that academia is structured to require students to be able-bodied and able-minded, leaving no space for disability. Further, disablism or the negative perception of disability is part of this mindset. An example of disablism is the amount of funding allocated towards research focused on curing disabilities versus funding to support people living with disabilities (Dolmage, 2017).

Current strategies to remove barriers for students with disabilities in PSE, include efforts aimed at improving accessibility and accommodation. Accessibility is the collective responsibility of the administrators, faculty, and staff to ensure students' access to physical and virtual spaces, course content and assessment of learning (Sukhai et al., 2014). However, the implementation of accessible teaching and learning practices in PSE does not preclude the need for individual accommodation as not all accessible practices meet individual needs (Roberts, 2013). Accommodations for individual students are typically developed through a student disability office on campus, where the student must provide medical documentation of their disability. A counsellor at the office will meet with the student and examine the fit between the functional implications of the student's disability and the academic requirements of their

educational program (Roberts, 2013). The counsellor then negotiates possible accommodations to improve this fit. Some of the most common classroom accommodations are additional time on exams, extensions for assignments and note-taking aids or supports. Despite accommodation processes, students with disabilities continue to experience challenges in PSE (Ozelie et al., 2019).

### **Health Professional Programs**

Students with disabilities applying to health professional programs, such as nursing, medicine, occupational therapy, and physiotherapy, are also experiencing an increase in admission to these programs (Bevan, 2014; Epstein et al., 2021; Hargreaves & Walker, 2014; Meeks et al, 2019; Newsham, 2008). However, the same pattern of poor performance and low graduation rates exists amongst health professional programs as it does in broader PSE programs (Ingram et al, 2015; Sharby & Roush, 2009; Swenor & Meeks, 2019; Teherani & Papadakis, 2013). The implications for employment are that people with disabilities are underrepresented in these health professions (Lindsay et al., 2022).

The experiences of students and clinicians with disabilities are summarized in a recent systematic review by Lindsay et al. (2022), in which they found many types of ableism that manifested in institutional policies, inaccessible environments, poor support systems and individual stigma and discrimination. Problems were cyclical in that student concerns about how they would be perceived prevented disclosure, which led to insufficient support and accommodation and eventually, a perceived lack of career opportunities. Again, students with disabilities felt they had to hide their disabilities and/or accommodations and prove their legitimacy in health professional programs (Epstein et al., 2021; Easterbrook et al., 2015; Jarus et al., 2022).

Students with disabilities indicate that they understand their clients' situations and barriers intimately, making them good clinicians (Bevan, 2014; Easterbrook et al., 2015; Jung et al., 2014; Marquis et al., 2012; Velde et al., 2005). Clients and caregivers indicate that clinicians who are disabled would make good role models and understand the experience of navigating the healthcare system (Jarus et al., 2020). Despite these strengths, students and practitioners with disabilities indicate that they experience ableism within their professions (Bevan, 2014, Lindsay et al., 2022). Recent research including interviews with disabled students, faculty and staff, and professional regulators, indicates that ableist practices are reproduced within health professional programs and professions through assumptions such as, "professionals don't have disabilities" (Bulk et al., 2017; Easterbrook et al., 2019). Stakeholders assume students with disabilities cannot be successful in their programs and practice, thus limiting disabled students' participation in both (Easterbrook et al., 2019). It has been argued that ableism in health professional programs will need to be addressed to improve overall justice, equity, diversity, and inclusion (Lindsay et al., 2022).

A unique feature of health professional programs is that they prepare students for employment in the profession after graduation. Thus, they include fieldwork courses whereby students apply their knowledge and skills with clients and families under the supervision of a registered health professional employed by an organization. Organizations are agreeing to provide experiential learning opportunities along with client healthcare services (Rankin et al., 2010). Researchers report that disability-related accommodations in the classroom are considered relatively straightforward compared to accommodations in fieldwork, which occur in vastly different environments (e.g., hospitals, clinics, community, etc.) (Epstein et al., 2021). Students



with disabilities indicate that fieldwork settings are generally rigid and unable to accommodate their needs (Bevan, 2014; Jung et al., 2014).

The educators' perspective on accommodation in health professional education settings is less well understood. Educators are required to meet many requirements, such as the institution's quality assurance standards, professional competencies, and accreditation standards, which may include a minimum number of field-based learning hours. There are also policies operationalizing human rights and disability legislation at the institutional and departmental level. Educators have expressed challenges in accommodating students because of these requirements (Jung et al., 2008; Stier et al., 2015). In fieldwork specifically, challenges include the availability of willing sites/educators, the ability to accommodate students with disabilities and simultaneously ensure adequate client care, and the ability to ensure students meet the fieldwork learning objectives (Hirneith & Mackenzie, 2004; Rankin et al., 2010; Stier et al., 2015).

### **Occupational Therapy & Physiotherapy**

Occupational therapy and physiotherapy are two health professions, amongst others that fall within the purview of rehabilitation. They are uniquely positioned in that their goal is to assist individuals with participation in daily life activities (Jung et al., 2014; McPherson et al., 2015; WHO, 2020). These client focused activities could include attending PSE and enrolling in a rehabilitation professional program. Therefore, the occupational therapy and physiotherapy professions have the philosophical values of participation and inclusion that could help them be leaders in implementing disability-related accommodations. However, students with disabilities in these programs identify both positive and negative attitudes from educators in their

accommodation experiences (Bevan, 2014; Jung et al, 2014; Velde et al, 2005). As mentioned previously, educators in these health professional programs also experience challenges.

Overall, it has been argued that increasing the number of disabled health professionals will: 1) more accurately reflect the diversity of the populations served by these professions (Easterbrook et al., 2019; Hargreaves & Walker, 2014); 2) enable a broader understanding of client experiences through the contributions of disabled professionals (Bulk et al., 2020); and 3) create more supportive spaces for clients of their services (Mayer et al., 2022). However, work needs to be done to understand and address the unique issues in accommodating students with disabilities in occupational therapy and physiotherapy programs. While students are the experts on their experiences of professional programs, educators have expertise in their professions and methods of teaching/learning that prepare students for these professions. Increased understanding of the requirements educators must address and of their actions in the accommodation process, can inform the process of change for both educators and students.

### **Positionality of the Researcher**

As the individual responsible for the research presented in this thesis, it is important that I identify myself and my understandings and perspectives. These perspectives have informed my thesis and cannot be considered separate and unrelated. I am the eldest daughter of Indian immigrant parents who moved to Canada in the mid-1970s. My parents held undergraduate degrees from India but worked as general laborers in unionized positions in Canada. When I was six years old, my sister was born with Down's Syndrome. She had several complications including the need for heart surgeries early in life. Even though I was young, I could see the stress my parents experienced for years. Socially, we had no family supports in Canada, however

we had family friends in the Indian community. Unfortunately, most of them understood disability in alignment with the religious/charity model and so my parents heard many unhelpful comments, such as, “if only God had given you something good.” Not only did my parents not have the prized “son” which is highly valued in Indian culture, they had two daughters, one of whom had a life-long disability.

For me, these childhood experiences had two major impacts: 1) a profound appreciation for my parents’ struggles in raising our family and their openness to embracing programs and supports that were completely unfamiliar to them so that we could all thrive as a family, and 2) a commitment to understand and address the ways in which people with disabilities are stigmatized and marginalized in everyday life.

While completing my undergraduate degree in Biochemistry, I rounded out my studies with a minor in International Justice and Human Rights. In third year, I took a course on Disability and Human Rights, which was taught by an occupational therapist and faculty member named Dr. Mary Tremblay. She changed my world. Everything I felt I knew about the value of disability but did not see operationalized in the world, was validated in this course through various kinds of literature. I began to see what an inclusive society could look like and how we might move towards it as a collective. I wanted to do this work and so I became an occupational therapist.

While occupational therapy was not synonymous with disability rights, as I had assumed, I felt there was a very good fit and enjoyed the opportunities that I had to explore this work in clinical practice, graduate research and eventually teaching. The teaching role is where I also experienced mounting tensions. I felt as educators we did a good job of discussing disability in relation to our clients, in terms of both the broad impacts of living with a disability and the

specific impact that the disability orientation of an occupational therapist can have on the therapeutic relationship. We also had disabled students in the program who wanted to become occupational therapists, which would increase the diversity and growth of the profession. However, the experience of accommodating students with disabilities was not straightforward. I wondered whether the aspects of the program being accommodated were essential requirements or not. I sought out resources and realized that there was not a lot of guidance. I noticed that other educators in different spaces were discussing accommodations as a struggle. These conversations were held in private. Personally, I felt quite uncomfortable and realized that questioning accommodations, which were a legislated right for students with disabilities, may be perceived as evidence of ableism. Not surprisingly, there was limited research about these uncertainties. Rather, the research pointed towards challenges and barriers that students with disabilities were experiencing. It was at this time that I made the decision to pursue doctoral studies.

Subsequently, I needed to consider how I would approach my studies and ensure that this approach aligned with my worldview. First, my way of being is consistent with a critical social science perspective in which taken-for-granted assumptions require interrogation, all processes involve power relations, contradictions need recognition and may be helpful for change and that a dialectic exists between broad social structures and the everyday actions of individuals (Eakin et al., 1996). I believe that knowledge, social processes, and discourses are all socially constructed, and that direct examination and analysis is required to unpack them. Reflexivity is an important feature in this perspective as the researcher is immersed and engaged in the phenomena being studied (Eakin et al., 1996). This approach is consistent with qualitative traditions where the researcher's involvement in the research requires explication and is not

assumed to be objective and apart from the research (Hatch, 2002). Qualitative research values understanding individuals from their perspectives, in their natural contexts, as a whole, with all of their complexity and therefore, requires an iterative approach to research design and implementation (Hatch, 2002).

### **Research Objectives**

In summary, a review of the literature indicates that students with disabilities are underrepresented in health professional programs and professions. Students cite ableism as a barrier within both their programs and professions. However, the educator perspective is less well understood. Educators in health professional programs identify challenges in meeting expectations related to professional competencies, quality assurance, accreditation, fieldwork, and human rights, but it is unclear why these challenges exist. Occupational therapy and physiotherapy programs provide a unique opportunity for understanding these challenges given their professional values of participation and inclusion in society.

While both accommodation and accessibility are important for students with disabilities in PSE, educators are legally required to act on accommodation plans. Accessibility has not been enforced or regulated to the same extent.

The purpose of this program of research is to explore the educators' perspectives on the accommodation process of students with disabilities in occupational therapy and physiotherapy professional programs. The specific research objectives of this thesis are:

- 1) To describe the discourses and resulting subject positions operating in *texts* related to the accommodation process of students with disabilities.

- 2) To understand how the actions of university-based educators are shaped by the *ruling relations* governing the accommodation process of students with disabilities.
- 3) To understand the experiences of field-based educators providing disability-related accommodations to students in fieldwork.

The findings from this program of research may lead to recommendations that ease the challenges experienced by educators in occupational therapy and physiotherapy and improve the recruitment and retention of disabled students in rehabilitation programs, thereby increasing the diversity and enhancing the growth of the professions.

### **Composition of the Thesis**

Within this manuscript style thesis, there are five chapters. Each chapter constitutes a unique stand-alone contribution to the overall program of research examining the accommodation process of students with disabilities in professional rehabilitation programs. In this first chapter, I introduce the concept of disability and how it has been discussed and understood theoretically. I describe the impact of the disability movement leading to legislative reforms, particularly in the PSE sector. I summarize the literature on the experiences of students with disabilities in PSE generally and then specifically in health professional programs. Finally, I explicate my positionality, the aims of the research I conducted and the composition of the thesis.

The second chapter is a published manuscript of the first study. The aim of this critical discourse analysis was to understand how *texts* or written documents guided educators in the accommodation process. I collected and analyzed the *texts* that were most relevant to the accommodation process of students with disabilities in two specific occupational therapy and

physiotherapy programs. I described the major discourses in operation: rights and responsibilities, normative assumptions and inclusion and equity. I also explained the resulting subject positions of navigator, gatekeeper and advocate and their impacts on the accommodation process. The manuscript was published online in *Disability & Rehabilitation* in December 2021.

Chapter 3 is a published manuscript of an institutional ethnography informed study with university-based educators in the occupational therapy and physiotherapy programs of a local university. The literature indicates that educators struggle to meet various requirements and so I interviewed educators about their *work* accommodating students with disabilities. Analysis of the interview transcripts revealed an overarching *problematic* that involved competing *ruling relations* related to the focus on students in PSE versus the focus on clients in healthcare. This manuscript became available online in November 2022 through *The Journal of Humanities in Rehabilitation*.

Chapter 4 is the final study of the thesis, which focused on fieldwork educators and their experiences of accommodating students with disabilities in the workplace. In this interpretive description study, fieldwork educators revealed how they used their skills as occupational therapists to align students' accommodation needs with fieldwork opportunities to advance students' learning towards becoming professionals. They also discussed how their work requirements, social environment and personal responsibilities impacted their ability to support student learning. This manuscript has been submitted to the *Canadian Journal of Occupational Therapy* in December 2022.

In the final chapter of the thesis, Chapter 5, I discuss the findings across the three studies in terms of their contribution to the literature and implications for students, educators and health professional programs in relation to the accommodation process. I provide the limitations of this

program of research and suggest recommendations for education and future studies to address these limitations and ongoing gaps in the literature.

I would be remiss to end this introductory chapter without a comment on the language used throughout my thesis. Language is a contentious issue, particularly when discussing disability. Language communicates how we perceive something and the value we attach to it. Health professionals, which is the group with whom I identify, are taught to use person-first language (i.e., students with disabilities) to recognize the individual ahead of their disability (Government of Canada, 2022; McColl, 2019). In contrast, many disability activists and scholars use identity-first language (i.e., disabled students) to forefront the issue of disability as an integral part of disabled people's lives and to identify that the disability does not reside in the person, but rather that the person is disabled by their environment (McColl, 2019). Shakespeare (2014) writes that both approaches are grounded in the aim of inclusion. In this thesis, I have used both recognizing that both rationales are important and valid.



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**Chapter Two: Texts Influencing the Accommodation Process of Students with Disabilities in Professional Rehabilitation Programs: An Analysis of Discourse**

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## **Abstract**

**Purpose:** Students with disabilities have lower enrollment and higher attrition than their non-disabled peers. They identify negative attitudes from educators in their accommodation experiences within professional programs, such as occupational therapy and physiotherapy. Educators in these accredited programs must address a myriad of requirements through curriculum delivery. The documents or “texts” containing program requirements include discourses, or dominant understandings of reality. The purpose of this study is to identify these discourses and the resulting positions of educators, to better understand the tensions in accommodating students with disabilities. **Methods:** A critical discourse analysis study was conducted. Key informants and inclusion criteria led to the collection of 9 texts, which were subsequently analyzed using Norman Fairclough’s three-dimensional conception of discourse. **Results:** Three discourses were identified. “Rights and responsibilities” was the most salient discourse, followed by “normative assumptions” and then “inclusion and equity”. The associated educator positions are “navigator”, “gatekeeper” and “advocate”, respectively. **Conclusions:** The discourses and resulting educator positions are varied and in conflict with one another. There is a potential for change in the social practices related to accommodating students with disabilities. However, these changes need to be conscious and deliberate to ensure inclusivity within the occupational therapy and physiotherapy professions.

**Keywords:** discourse analysis, accommodation, disability, disabled students, health professional education, health professional practice

## **Introduction**

In the last several decades, legislation has led to increased accessibility of public spaces such as post-secondary education for people with disabilities. Despite this increase, students with disabilities remain under-represented amongst the student population (1). Health professional programs such as medicine, nursing, social work, physiotherapy and occupational therapy have experienced an increase in enrolment and graduation of students with disabilities (2–4), yet the attrition rates of students with disabilities are higher than those of students without disabilities (5). Ingram et al. (6) found that the mean pass rate of physiotherapy candidates with disabilities and accommodations while writing their licensing exam was statistically lower than that of candidates without disabilities. Occupational therapists with disabilities report barriers to practice from within the profession following graduation (7). At the same time, several studies highlight that students with disabilities in professional programs report having qualities that enable them to empathize with clients and address their barriers, making them better clinicians (7–11). Lower enrolment and higher attrition rates compared to non-disabled peers are concerning to health professions, given their goal to develop diverse workforces (2).

Both accessibility and accommodation are required on college and university campuses. Accessible teaching and learning practices do not eliminate the need for accommodation of students who identify challenges with learning due to disability (12). Accessibility is a proactive approach whereby curriculum is designed and delivered in such a way that all students are able to learn, whereas accommodation is a reactive approach to assist individual students with their unique learning needs (12). Few studies have examined accommodations within the health professions.

In occupational therapy, students describe facing both positive and negative attitudes in their accommodation experience. They emphasize the importance of attitudes about disability from individuals in their support system, including educators (7, 9, 11). Negative attitudes from educators have been attributed to ignorance and discrimination (7). So much so, that students hide their disabilities to avoid stigma and enhance their legitimacy as capable future health professionals (8). Critical research examining the experiences of students with disabilities, educators, staff members and representatives from regulatory organizations indicate the presence of assumptions such as, ‘professionals don’t have disabilities’ (13,14). Analysis of interviews and focus groups reveal that these assumptions inform stakeholders’ decisions to exclude students with disabilities from the professions (13,14).

Occupational therapy and physiotherapy programs are unique contexts for examining accommodation, given their values and beliefs about the importance of people with disabilities participating in society (15). In Canada, there are many system-level stakeholders who mandate specific policies and practices that the programs must address, including: the university’s graduate degree-level expectations, the professional regulatory organization’s essential requirements, and the profession’s accreditation standards which may include a requisite number of field-based learning hours. In addition, there are federal, provincial, university and department-level policies related to human rights and disability legislation. The documents containing the complex and multiple requirements that educators must meet in implementing their professional programs are summarized in table 1.

**Table 1: Documents Containing Professional Program Requirements**

Document	Stakeholder	Purpose / Role of Document
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Quality Assurance	University	Program meets graduate degree-level expectations
Essential/Professional Competencies for Practice	Regulatory Organization / Professional Association	Program prepares students for national licensing exam and entry-level practice
Accreditation <ul style="list-style-type: none"> <li>• Including field-based learning requirements</li> </ul>	Professional Association / Accreditation Council	Program meets standards (university & field based) and maps curriculum to professional competencies
Human Rights Legislation / Accommodation Policy	Government / University	Program provides equitable access to education for students with disabilities

Some programs include professional and regulatory competencies as essential requirements (16). Essential requirements are non-modifiable components of the program that are required to maintain academic standards (16). Any component that is not essential may be changed in an accommodation plan to enable access to education for a student with a disability. However, differentiating between essential and non-essential tasks is challenging in health professional programs (5). Accommodations are determined by understanding the functional implications of a student’s disability and the requirements of the academic task (17). With assistance from campus accessibility offices, students identify the implications of their disability for learning. It is then the responsibility of educators to consider students’ needs and the academic requirements of the program, in responding to the proposed accommodations. It can be challenging for educators to provide adequate accommodations due to the myriad requirements their programs must address (4,18).

In this study, the documents that contain the requirements that educators must fulfill are considered “texts” that govern their work. Each text “represents and reflects a version of reality”

and the discourse represented within each text is the “dominant understanding of reality at a particular time in history” (18, p.1144). Discourse can constrain individuals to social roles or “subject positions” (19). An understanding of the discourses inscribed in occupational therapy and physiotherapy program texts and the subject positions experienced by educators, may provide insight into the tensions associated with accommodating students with disabilities. A clear understanding of the discursive tensions may also inform potential solutions to improve the process, and ultimately lead to greater diversity within the professions. Discourse analysis has been a valuable methodology to understand how discourse contributes to the silencing and defining of disability in higher education (20). This study will address the following research questions:

- 1) What discourses are in operation in texts pertaining to the accommodation of students with disabilities in professional occupational therapy and physiotherapy programs?
- 2) How do these discourses construct particular subject positions for educators in professional occupational therapy and physiotherapy programs?

## **Materials & Methods**

### **Discourse, Discourse Analysis & Critical Discourse Analysis**

The concept of discourse is related to language use (21). Words are units of language that have some significance by themselves, however meaning is created through the use of words (22). People use language in distinct patterns that are context-dependent to create discourse (23). Thus, discourse is socially constructed (24). Discourse analysis is an interdisciplinary approach that has roots in social psychology, philosophy and linguistics (21). Consequently, there are a myriad of definitions and a range of approaches to conducting a study using discourse analysis.

Specific methods for conducting a discourse analysis are challenging to find given its diverse roots (25,26). Rather, recommended principles in discourse analysis guide researchers in conducting a rigorous study (25). A basic assumption of discourse analysis is that language is value-laden and the meaning assigned to language depends on the context in which it is used (25). Thus, “accommodation” could be viewed as socially constructed within the context of a civil rights movement led by people with disabilities seeking social justice and equity in an ableist society. Traditionally, post-secondary institutional policies and practices have served to silence and stigmatize people with disabilities (20). Fairclough describes a dialectical relationship between discourse and social practice such that discourse is shaped by social practice but also constructs it (27). Therefore, the discourse embedded in post-secondary accommodation policies may not only be shaped by the practices of stakeholders within the system, but also influence how accommodations are created, implemented and evaluated. The ways in which accommodation processes are inscribed in policy become the focus of analysis.

In contrast to discourse analysis, a critical discourse analysis acknowledges power and the role of discourse in maintaining power relations between social groups (23). In this study, a critical discourse analysis (CDA) is proposed in order to reveal connections and causal relations even if they are not overtly expressed (27). Fairclough states that the discourse in texts has a social purpose and that critical reflection could lead to greater awareness and potentially social change (28). Power is an important concept in a CDA. “Power is discursive” in that it “is transmitted and practiced through discourse” (26,p. 4). Power can be the ability or responsibility to act and thus, everyone in the accommodation process is engaged in power relations.

### **Data Collection: Charting the Discursive Field**

In this study, the field for discourse analysis includes the professions of occupational therapy and physiotherapy in the context of graduate education at a mid-sized university in Canada. Occupational therapy and physiotherapy programs in Canada are typically 24-month second-degree masters-level programs with both university-based and field-based coursework. Students experience their university-based coursework as a cohort on campus. However, in fieldwork placements, students may be the only one or one of a few students from their cohort. At the university where this study was conducted, the occupational therapy and physiotherapy programs are situated in an interprofessional Faculty of Health Sciences, underpinned by a problem-based learning philosophy and operationalized through a core curriculum that includes small-group, student-centred and self-directed learning. The research team has expertise in linguistics and languages, qualitative research methodologies, accessibility and accommodation and teaching and learning in higher education. The team includes two occupational therapists, a physiotherapist, and a member outside of rehabilitation who has expertise in language and linguistics. For the occupational therapists and physiotherapist, they are embedded in the inscribed discourses that have influenced the team's approach to the study.

The first step in the research process was to identify well known documents or texts containing the requirements that educators in these programs were expected to fulfill. These texts that formed the discursive field, included: 1) the Canadian Human Rights Act; 2) the Ontario Human Rights Code; 3) the Accessibility for Ontarians with Disabilities Act (AODA); 4) the University's accommodation policy; 5) the University's Institutional Quality Assurance Process (IQAP) self-study guidebook; 6) the occupational therapy accreditation standards; and the occupational therapy 7) professional competencies, 8) regulatory competencies and 9) fieldwork competencies. The equivalent professional texts (6-9) were retrieved in the physiotherapy



profession, yielding an additional two accreditation texts (the standards and handbook) and one set of professional competencies. In total, 12 texts containing “requirements” for educators in occupational therapy and physiotherapy professional programs were collected.

As recommended in discourse analysis (28), key consultations were conducted with two senior faculty members most familiar with the curriculum and accommodation process, one from the occupational therapy program and the other from the physiotherapy program. The first author, who is a female occupational therapist, faculty member, PhD candidate and has previously conducted qualitative research related to the experiences of student occupational therapists with disabilities, consulted the key informants. They confirmed the importance of the previously mentioned texts and recommended additional texts that were influential in planning the curriculum. Through this consultation process, 12 additional texts were retrieved. These additional texts include national and provincial descriptions, statements, policies and guidelines related to the profession; the university’s mission and vision; and program handbooks that operationalize the curriculum for students. All 24 texts are described in the appendix, in order of retrieval. The texts varied in the purpose they served, the agents (individuals and groups) who created them and the purpose or role of the agents.

Not all 24 texts directly influenced the work of educators. Many were broad in their focus and were drawn upon to create more specific texts that were also included. To ensure that the texts were relevant, the following criteria were used: 1) The text addressed accommodations for students with disabilities, and 2) The context involved either occupational therapy or physiotherapy educational programs. Of the 24 texts collected, 9 did not address accommodation for students with disabilities, 4 did not involve an occupational therapy or physiotherapy educational context and 2 did not meet either criterion – these groupings are highlighted in

Appendix A (supplementary table). The 9 remaining texts included in the study are listed in table

2.

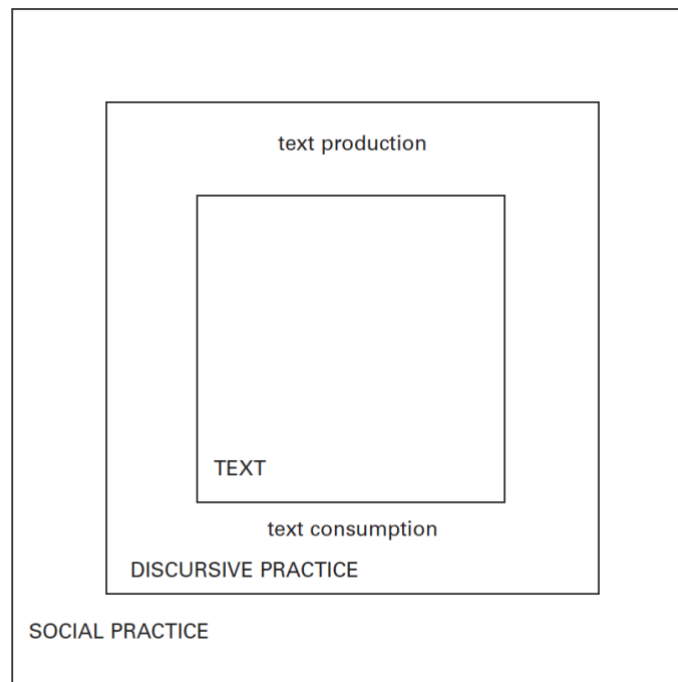
**Table 2: Documents (Texts) Included in the Discourse Analysis**

Name of Document (Text)	Author of Document (Text)	Year
A. Essential Skills and Attributes Required for the Study of Occupational Therapy	Ontario Council of University Programs in Rehabilitation Sciences (OCUPRS)	2009
B. Essential Skills and Attributes Required for the Study of Physical Therapy / Physiotherapy	OCUPRS	2009
C. Tips and Strategies for Students with Disability-Related Accommodations	MSc OT Program	2016
D. Essential Skills and Attributes Required for the Study of Occupational Therapy	OCUPRS	2017*
E. Essential Skills and Attributes Required for the Study of Physical Therapy / Physiotherapy	OCUPRS	2017*
F. Academic Accreditation Standards and Self-Study Guide	Canadian Association of Occupational Therapists (CAOT)	2017
G. Joint Position Statement on Inclusive Occupational Therapy Education for Individuals with Disabilities	Task Force of Association of Canadian Occupational Therapy University Programs (ACOTUP), Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) and CAOT	2017
H. Occupational Therapy Program Handbook	MSc OT Program	2017-2018
I. Program Handbook	MSc PT Program	2017-2018

\*There is both a 2009 and 2017 version for the *Essential Skills and Attributes* texts in occupational therapy (A & D) and another two versions for physiotherapy (B & E). All four versions are included in the data because the 2017 versions were in draft form at the time of data collection and analysis.

## Analysis

A systematic approach incorporating a theoretical model guided the analysis process (23). Fairclough's (21, p.73) three-dimensional conception of discourse, a tool that enables discourse analysis, guided the process of moving from linguistic analysis of the text to understanding how discourse influenced social practice (See Appendix B for permission to include in PhD thesis).



**Figure 1 Three-dimensional conception of discourse**

This framework, illustrated in figure 1, specifies the dimensions of: 1) text, which includes the exploration of linguistic features; 2) discursive practice, which relates to consuming and producing text and 3) social practice, which pertains to maintaining or challenging social order (23). These dimensions are fluid and influence one another in discourse (24,27). Although the analytic process is iterative, we have described each dimension of the analysis in turn, to facilitate understanding.

The analysis process began by the first two authors reading each text several times, followed by interrogation of the text with respect to what is happening and the context within which it is happening (26). Document analysis sheets were developed in Microsoft Word for each text to extract the relevant information separately and then discuss the findings together (29). The sheets included generic information, such as the title and purpose of the text, and prompts that reflected the concepts in Fairclough's three-dimensional conception of discourse. For example, for the linguistic tools in the text dimension, the prompts included the names and definitions of specific linguistic features named below.

#### *Text*

This study focused on two common linguistic features used in analyzing the texts; transitivity (connections between subjects and objects with events and processes) and modality (the alignment of the author with the content of the message) (23). Analysis involved searching for how the linguistic features may lead the reader to particular interpretations in the text (23,28). For example, the process of accommodation can create tensions between students and educators. In transitivity, a process is turned into a noun to create an objective and conservative tone in the text (23). Rather than identifying who will accommodate whom and how, the text may indicate that "reasonable accommodation will be provided on an individual basis". This statement creates a formal relationship between the authors (e.g., educators) and intended readers (e.g., students) without contentious content.

#### *Discursive Practice*

The discursive practice dimension included attention to the concepts of interdiscursivity (the presence of other discourses) and intertextuality (the presence of other texts) (23,28). This presence shows how texts have been consumed to produce new texts. A high degree of

interdiscursivity and intertextuality indicates the likelihood of innovation and change; whereas little interdiscursivity and intertextuality reproduces traditional social order (23). Intertextuality provides a historical record of change in language and incorporates interdiscursivity, as it is also a form of text (23). For example, early iterations of academic accommodation policy may not address the full range of accommodations, such as those that are temporary and retroactive because the language and discourse may only emerge once the policy is implemented in practice. Texts that include multiple discourses and texts are likely to provide opportunities for different and novel ways of thinking about accommodation. These changes are mitigated by existing power structures, such as individuals in decision-making positions and their priorities. Analysis sheets included prompts for discourses, texts, and the locations of people within the text being analyzed.

### *Social Practice*

Within the macro-level dimension of social practice, we examined how discourse is dispersed and regulated amongst texts, paying particular attention to power relations (23). Analysis at this level requires an exploration of why the discursive practice occurs as it does and how it influences the social practice, which is determined by examining the broader social context (28). In this study, the social practice refers to the accommodation of students with disabilities in professional programs and the broader social contexts include a disability rights movement, traditional post-secondary policies and practices and regulated healthcare and social service institutions.

Each text was analyzed in turn and analysis sheets were revisited and refined based on ideas emerging across texts. Patterns and differences were documented within and across the data set to identify discourses and subject positions embedded in the social practice and social

order (26). Finally, each discourse and subject position it constructed was described with supporting data as evidence for the interpretation.

## **Results**

Seven of the nine central texts (A-I in Table 2) that inform the work of educators in accommodating students with disabilities in the occupational therapy and physiotherapy programs were written by the educators rather than others governing their work. The authors of the remaining two texts (i.e., *Accreditation Standards* (F) and the *Position Statement* (G)) included educators as well as other stakeholders in the occupational therapy profession. Thus, educators whose primary work is teaching wrote texts to guide themselves and others when accommodating students with disabilities. The intended readers vary and include potential applicants, students, educators and others in the professions and the programs. Although educators are the authors of the included texts, they are not identified as individuals in the texts. Authors are identified as a program, council, association or task force, although it could be assumed that educators are included in these groups.

### **Discourses and Subject Positions**

Three major discourses are evident in the texts. Seven of the nine texts include the pervasive discourse of establishing the rights and responsibilities of students and to some extent, educators. Also, four of these seven texts involve discourse that describes normative assumptions about occupational therapists and physiotherapists. The remaining two texts, which do not include either of the previous discourses, focus on promoting inclusion and equity. Each discourse leads to educators being placed in a specific subject position or social role, as

described by Fairclough (25). The discourses and the subject positions they create are described in detail below.

*The Discourse of Rights and Responsibilities Creates Navigators*

The most salient discourse is the focus on the rights and responsibilities of students and potential applicants requiring disability-related accommodations. Seven of the nine texts include this discourse. The 2009 *Essential Skills and Attributes* (A & B), for example, state,

It is anticipated that reasonable accommodation may be provided to individuals who demonstrate such requirement on the basis of a prohibited ground of discrimination. (p. 1)

With respect to the discursive practice dimension in Fairclough's framework, the language of "reasonable accommodation" is invoked from the Ontario Human Rights Code, while "prohibited ground of discrimination" is invoked from the Canadian Human Rights Act. The presence of these texts (i.e., intertextuality) acknowledges that individuals with disabilities have a right to accommodation. At the level of the text from Fairclough's framework, the writing is impersonal using a passive voice and the author is absent from the content. For example, it is unclear who anticipates accommodations. As a result, the writing style and tone is formal. Linguistically, it divests the author of responsibility (24).

Further and with more detailed explanation, the texts describe the responsibilities of students with disability-related accommodations, to be able to exercise their rights. To begin the process, the *Program Handbooks* (H&I) state,

If you require accommodations for your academic courses (university based and /or clinical practica), you are required to book an appointment with [Accessibility Services]. (p. 32)

Further, the *Tips and Strategies* text (C) indicates that once students' accommodations have been finalized, they are responsible for activating their accommodations. In other words, they must

notify the educator which accommodation is needed when (e.g., a 2 day extension on Assignment #1).

The texts that include the discourse of rights and responsibilities (A-E, H-I), position educators as “navigators”. Educators have greater familiarity with the programs, professions and the systems within which they operate, compared to students who are positioned as “novices”. The 2017 *Essential Skills and Attributes* (H-I) identify the purposes of these texts as: providing information, guiding student achievement of skills and abilities, helping with decision-making pertaining to accommodations and ensuring the safety of students and clients. These purposes indicate that there is much to understand about the study of occupational therapy and physiotherapy. Thus, educators provide navigation through writing these texts and possibly if/when the texts are taken up in the accommodation process.

With respect to Fairclough’s final dimension of social practice, the texts define how students or applicants enact power by invoking their right to accommodation, however they also position students as likely unfamiliar with how the accommodation process unfolds in professional programs. Thus, educators are in a position to transmit power by sharing their knowledge about the accommodation process. This transmission appears to continue as applicants are accepted into the programs because, according to these texts, the acquisition of accommodations cannot be assumed, and the implementation of accommodations is time sensitive. The *Tips and Strategies* text (C) warns that “Failure to notify the instructor of the accommodation required at the beginning of the course may affect the availability of the accommodation” (C, p. 1). The complexity of acquiring and implementing disability-related accommodations may not be evident to novice applicants and students. In the position of



navigators, educators enact power by facilitating the accommodation process for students with disabilities via texts.

*The Discourse of Normative Assumptions Creates Gatekeepers*

While texts written by educators about accommodations inscribe a rights and responsibilities discourse, a subset of four of these texts also highlight the presence of normative assumptions. Specifically, the *Essential Skills and Attributes* (A-B, D-E) texts identify the skills and attributes that students in these programs must possess in order to be successful. The 2009 (A-B) texts state, “students must be able to speak, hear and observe...” (A p.1; B p.2). These statements exclude individuals with sensory impairments; they do not create space for reflection and exploration of alternative viewpoints or adaptive strategies to achieve the same learning.

The updated 2017 text for occupational therapy (D) addresses this issue to some extent in that the applicants’/students’ sensory functioning is no longer identified as an essential attribute: “Students must be able to listen, observe verbal and non-verbal information and formulate verbal communications and text that are appropriate” (D p.2). However, the use of “appropriate” implies judgement of a normative standard. Moreover, the focus continues to be applicants’ and students’ personal abilities and whether those are sufficient for the study of occupational therapy. An alternative approach is to consider the practice tasks or outcomes that students must demonstrate, such as competencies. From Fairclough’s discursive practice perspective, the identification of professional competencies, licensing exams and the Ontario Human Rights Code, are evidence of intertextuality in these texts. However, the discourse is centred on normative assumptions of students’ skills and abilities.

The 2017 *Essential Skills and Attributes* for physiotherapy (E) introduces the discourse of safety into the discursive practice level of the discourse framework,

Students must demonstrate sufficient motor function to safely perform initial and ongoing assessments and interventions, including collecting data and assessment tests and measures. Motor function should be sufficient to allow completion of tasks in a timely manner, to ensure client safety. (p.3)

Ensuring personal and client/patient safety is generally accepted as a core component of healthcare practice. However, when it is combined in a text with a description of the applicant's/student's motor function, it assumes that someone with a motor challenge is potentially unsafe. All applicants/students have the potential to be unsafe, but this text specifically connects a student's motor function to safety, thereby removing the space for applicants who could practice safely with the right supports in place and be valuable assets to the profession. At the text level of Fairclough's framework, the alignment of the authors to their message is demonstrated through the inflexibility of the language. Specifically, "students must" demonstrates mandatory requirements. The language re-enforces that there is no space for consideration of students who do not meet the stated performance standards.

Texts that include normative assumptions about occupational therapists and physiotherapists place educators in the subject position of "gatekeepers" to the professions, and applicants/students as physically, cognitively, and emotionally "intact" or "not intact" for the professions. The text may persuade or dissuade potential applicants to the occupational therapy and physiotherapy programs and professions, based on the construction of the "intact" candidate. In social practice, the role of gatekeeper is powerful as educators in the occupational therapy and physiotherapy programs will facilitate the growth and development of the professions by admitting the "right" students into the programs. They enact power in determining who is admitted to and rejected from the programs and professions, and the texts they produce and take up have consequences in enabling these actions. Power is transmitted to those who are successful

in meeting the normative criteria, are then admitted, and likely do not require accommodation in the program.

*The Discourse of Inclusion and Equity Creates Advocates*

In the occupational therapy profession, the discussion of accommodation and accessibility is situated within a broader discourse of inclusion and equity through two specific texts: *Accreditation Standards* (F) and the *Position Statement* (G). These texts do not contain the two discourses described previously and are unique in that the *Position Statement* (G) is intended for the entire profession and the *Accreditation Standards* (F) are written for educators.

The *Accreditation Standards* (F) require educators in the occupational therapy programs in Canada to express their program's educational and professional conceptual frameworks "in terms that are inclusive and respectful of diversity" (F pp.14-15). These texts imply that educators must consider the process and environment in which students learn. For example, it is stipulated that information about policies, regulations, services, and resources must be provided in multiple formats and be "accessible to all students, including students with special needs" (F pp.18-19). Similarly, the physical environment must be "safe and enable participation by all users" while it also "supports accommodations for special needs" (F p. 28). The emphasis on access to information and spaces promotes inclusion, while the identification of unique needs through accommodation promotes equity. These statements reflect the limited and brief instances of inclusion and equity discourse noted in this text.

In contrast, the *Position Statement* (G) makes clear in its title that its focus is inclusive education and, for this reason, the discourse of inclusion and equity is pervasive throughout the text. Recommendations are provided for educators and organizations involved in occupational therapy education, such that educators should:

- Promote full and equitable participation in the valued occupation of learning.
- Promote Universal Design for Learning and address barriers inherent in the structure and implementation of occupational therapy education.
- Promote the development of research evidence that will advance understanding of inclusive education within the profession. (p.1)

In relation to Fairclough's discursive practice, both texts are written by diverse groups including educators, clinicians/practitioners, regulators, employees of the professional association and members of the general public. Fairclough does not specifically identify a concept for the presence of other authors, however the diversity of authorship in these texts may explain the differences in assumptions reflected in the texts and the potential for progressive perspectives. Intertextuality is evident in these texts that cite the WFOT position statement, the Canadian Charter of Rights and Freedoms, the United Nations Convention on the Rights of Persons with Disabilities, and a literature review on inclusive education.

With respect to linguistic features at the level of text, the *Accreditation Standards* (F) refer to "students with special needs", which is a dated term. It can be viewed as paternalistic in that it positions students as individuals needing to be taken care of rather than entitled to inclusion with the supports that enable participation. In contrast, the *Position Statement* (G), refers to the more contemporary, though not universally accepted term "students with disabilities". It positions students as individuals with varying levels of ability and therefore, varying support needs.

The discourse of inclusion and equity constructs the subject position of "advocate" for educators in the *Position Statement* (G). The text acknowledges challenges to inclusion and equity, yet the will for inclusion and equity is evident in the mobilization of many stakeholders around a common purpose:

This position statement serves as a sign of solidarity and support for occupational therapy students and potential colleagues who have disabilities...occupational therapy will thrive as inclusive occupational therapy education is realized. (p.3)

This commitment to inclusion and equity is a call to action for all members of the profession in the role of advocate. Power in this text is enacted and transmitted amongst educators, students, clinicians, researchers, administrators, and all other members of the profession through collaborative efforts to produce and distribute this text across the profession.

### **Discussion**

The results reveal three distinct discourses embedded in the texts used by educators in occupational therapy and physiotherapy programs. The most pervasive is the discourse of rights and responsibilities, in which students are positioned as novices and educators are positioned as navigators through a process of empowering students to access accommodations. This discourse serves to inform students and potential students with disability-related accommodations of their right to accommodation and provide details on their responsibilities to develop and activate their accommodations. The second discourse embodies normative assumptions, where students are positioned as either physically, cognitively, and emotionally intact or not intact and educators are positioned as gatekeepers with the power to include or exclude students who do not meet the performance standards inscribed in the texts. Although not as prominent, this discourse communicates specific skills and attributes of successful student occupational therapists and physiotherapists and may reflect and institute unconscious bias regarding who the “right” students may be to meet the standards of the programs and professions. Lastly, the discourse of inclusion and equity creates a position of “student with disability” in the programs and professions. Educators, through the subject position of advocate, are directed to promote

educational environments that include students with disabilities, while also meeting their unique learning needs.

These discourses are not only different; they conflict with one another. For example, a tension exists between the discourse of inclusion and equity for students with disability-related accommodations, and the discourse of normative assumptions about who should be included/excluded from the programs on the basis of physical, cognitive, and emotional abilities. If educators are advocates for students with disabilities, they cannot simultaneously exclude students because of their disabilities in a gatekeeping role. Either the discourse of inclusion and equity or the discourse of normative assumptions will prevail at any time, which is likely why these discourses do not co-exist in any one text analyzed in this study. However, through analysis, it is evident that the two discourses co-exist in the occupational therapy and physiotherapy programs and professions at this time.

The focus of this study is on texts that previous research indicates are being taken up by professional programs experiencing challenges in accommodating students with disabilities (4). While the specific texts may vary, most programs' accommodation processes are guided by texts (17). Thus, the conflicting discourses and subject positions may explain in part the challenges in accommodating students with disabilities and point to the need for a critical approach to writing policy and practice texts.

Addressing discriminatory normative assumptions is important. In rehabilitation practice, normative assumptions contribute to poor health outcomes for clients (29). In education, the student subject positions of being physically, cognitively, and emotionally "intact" and "not intact" reflects the lack of "space" for students with disabilities in the composition of the programs and professions, thereby perpetuating uniform, non-disabled professions. The paradox

is that rehabilitation health professionals often have a better understanding of disability than most of society and identify a desire to reflect the diversity of the populations they serve, yet the institutional policies and structures do not reflect this trend (2,7).

Fairclough states that the potential for change arises with increased interdiscursivity, or presence of other discourses (27). The presence of vastly different and even competing discourses in the texts concerning the accommodations of students with disabilities indicates the need for and value of a shift that could impact power relations and create a better experience for students and potential students as well as for educators in the accommodation process. This study began with an assumption that the discursive field would include texts containing professional program requirements written by a range of stakeholders in the occupational therapy and physiotherapy professions. However, the texts that were most relevant to educators in assisting students with disability-related accommodations were written by educators themselves. These educators were engaging in the dialectical process described by Fairclough such that while their work was being shaped by the accommodation process, they were also shaping the accommodation process through the writing of texts (23,30). Thus, the dialectical process has not only contributed to the discourses and tensions found in this study but also offers an opportunity for moving forward.

### **Future Directions**

If the goal for the occupational therapy and physiotherapy professions is to reflect the diversity of the populations they serve, then greater uptake of the inclusion and equity discourse is needed. This discourse must be inscribed in the requirements of professional programs as it is in the *Accreditation Standards* text (F), rather than in texts that may or may not impact the day-to-day activities of educators. Research indicates that mandating accessible education does not

necessarily lead to true inclusion, but the reason for providing accessibility matters for how students are understood and treated (31). Similarly, ensuring that inclusion and equity discourse is present in the professions may not guarantee a positive accommodation experience, however it is a start in that it creates the space for the subject position of a “student with disability” to exist and the potential for dialogue and understanding to begin.

The inclusion and equity discourse must encompass both accessibility and accommodation. While accommodation requires students to produce medical documentation, it enables students to access and align supports that facilitate learning and performance. The concept of “assemblages” refers to multiple elements temporarily coming together in a particular time and space to facilitate activities and in doing so, problematizes assumptions about bodies and “normal” function (32). A focus on accessibility alone, such as universal design, cannot address the breadth of possibilities for doing and being (32). Thus, a combination of accessibility and accommodation options enables proactive inclusion of as many students as possible while also enabling individualized plans as needed.

With respect to the rights and responsibilities discourse, educators may benefit from considering assemblages while assisting students in navigating the accommodation process. Bias has been discussed within the normative assumptions discourse, however the texts in which normative assumptions are inscribed, namely the *Essential Skills and Attributes* (A-B, D-E), also contain the rights and responsibilities discourse. Thus, these discourses are not mutually exclusive, and bias is not limited to one discourse. Rehabilitation is criticized as a discipline that is preoccupied by notions of independence and norms for body movements and function (32). To assist students with disability-related accommodations, educators need to be self-aware of biases



that limit their understanding of the possible assemblages students may create to learn and demonstrate their learning as future therapists.

In order for systemic transformation to occur, the institutions that reproduce inequities must be targeted (30,33). Educators, particularly those in leadership positions, are part of these institutions. A collaborative and supportive space is needed for them to engage in critical analysis of unconscious bias and the ways in which it presents itself in education and the professions. This process may be facilitated using tools already available in the literature, such as the seven-step framework for critical analysis (29). Further, in their writing of texts, educators can be more attentive to the content and style of their writing to convey an openness to exploration of the issues related to the accommodation of students with disabilities in professional programs. This requires educators to identify themselves in their texts to promote a positive relationship with students from the beginning of the accommodation process.

Additionally, discourses that have the potential to be exclusionary such as those that convey normative assumptions about occupational therapists and physiotherapists need to be addressed. For example, in the *Essential Skills and Attributes* texts (A-B, D-E), there needs to be a shift away from discussing the body structures and functions of the student/candidate to discussing the tasks and outcomes of the work of occupational therapists and physiotherapists. Many professional programs have shifted towards competency-based education, whereby the professional competencies are taken up as the essential requirements of the programs to determine students' accommodations (15). In a competency-based approach, each therapist is viewed as unique in their abilities, however if the outcomes are clear, then there is flexibility in the means by which those outcomes are attained. The process by which accommodations are generated does not need to be the work of educators, although their contributions can be

valuable. The outcomes may be the essential/professional competencies in the profession, so long as these are not grounded in ableist assumptions.

From a research perspective, this study focused on the discourses inscribed in texts relevant to the accommodation process for students with disabilities, creating conceptual subject positions for both educators and students. It should be noted that the scope of the study is limited to examining texts. Future studies need to examine the process of developing, implementing, and evaluating the accommodation process to reveal if and how these texts are taken up in practice and the resulting implications for both educators and students.

### **Study Strengths and Limitations**

One of the strengths of this study is its application of Norman Fairclough's three-dimensional conception of discourse. This framework provided a clear and rigorous process for analyzing the texts in the discursive field. Fairclough's broad concept of dialectical relationships set the context for the study and enabled a process to make sense of the results and provide recommendations for the future.

Potential limitations include the process of collecting texts and narrowing the discursive field to the most relevant texts. Criteria used to identify the texts may have led to some being missed, including those that place a greater emphasis on accessibility over accommodation. While consultation with senior faculty in the occupational therapy and physiotherapy programs is a strength of the study, the inclusion of other key informants such as educators teaching in different types of courses may have resulted in the identification of additional texts. The draft of the updated versions of the *Essential Skills and Attributes* texts (D-E) provided a unique opportunity to examine the change in discourse from 2009 to 2017. However, analysis of the final versions may have generated different results. Finally, only texts that discussed

accommodation were included. The lack of discussion in relevant program and professional texts may also signal the lack of space for students with disabilities in the professions.

### **Conclusion**

Critical discourse analysis is a valuable methodology to explore the discourses and subject positions embedded in everyday texts. In this critical discourse analysis study, texts concerning the accommodation of students with disabilities in occupational therapy and physiotherapy were analyzed using Norman Fairclough's three-dimensional framework of discourse. Results revealed that conflicting discourses of rights and responsibilities, normative assumptions, and inclusion and equity placed educators in the subject positions of navigator, gatekeeper, and advocate. The conflict between these positions presents an opportunity for change that could meaningfully consider power relations and ease tensions in the accommodation process. Attention to the discourses, unconscious bias, and style of writing in professional texts is important to prompt critical reflection on the ways in which they could inadvertently limit diversity in the pool of candidates who could be supported to apply and successfully graduate from occupational therapy and physiotherapy programs. Attention to policies and practices that increase diversity and address inequities could enrich both professions.

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### **Declaration of Interest**

The authors report no conflict of interest.

### **Implications for Rehabilitation**

- Critical discourse analysis is a methodology that can raise awareness of implicit assumptions embedded in texts that reflect and potentially perpetuate inequities and power imbalances.
- Conflicting discourses in the accommodation process provide a valuable opportunity for educators to critically reflect on personal and professional values and beliefs.
- Critical reflection on unconscious bias while writing policies and practices could ensure a more diverse pool of applicants for professional programs, thereby enriching rehabilitation professions.

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**Chapter Three: Accommodating Students with Disabilities in Professional Rehabilitation Programs: An Institutional Ethnography Informed Study**

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## Abstract

**Background:** Health and human service professionals with disabilities have unique experiences and knowledge to share with clients. However, people with disabilities continue to be underrepresented in rehabilitation education programs and professions. Research indicates that educators experience challenges in accommodating students with disabilities due to a myriad of professional program requirements. Research also suggests that educators reproduce ableist practices in these programs.

**Objectives:** To determine how the accommodation *work* of occupational therapy and physiotherapy educators is being organized by institutional expectations and practices and to critically reflect on how this impacts the accommodation process.

**Methods:** In this institutional ethnography informed study, 11 educators and four staff members from one Canadian university were interviewed about their *work* of accommodating students with disabilities in the university-based courses of the occupational therapy and physiotherapy programs. The analytic strategies of mapping, indexing and writing were implemented to reveal the *problematic* and the *ruling relations* governing educators.

**Results:** The *problematic* experienced by educators in this study is their struggle to reconcile two competing *ruling relations* in the accommodation process: the focus on students in the educational institution context with the focus on clients in professional and healthcare/social system contexts.

**Conclusion:** Critical consciousness is needed to recognize and reconcile this false dichotomy. Educators will need to be open to accommodations that may not resonate with their experience of the profession but assist students in learning and demonstrating their learning. However,

educators require clarity from stakeholders in the professions about essential requirements for entry-level practice.

## **Introduction**

Health and human service professions need to reflect the diversity in society.<sup>1,2</sup> Clients and their caregivers perceive positive impacts from working with health and human service professionals who have disabilities, including these professionals' understanding, empathy, knowledge of systems, and potential to be role models.<sup>3</sup> Students with disabilities in health and human service programs, and professionals with disabilities report having attributes that equip them to empathize with clients and address the barriers that clients experience.<sup>4-8</sup> However, disability is underrepresented in the health and human service workforce.<sup>9</sup> While changes to legislation have resulted in an increase in the admission of students with disabilities in these programs,<sup>2,4,10,11</sup> their academic performance and graduation rates are lower than students without disabilities.<sup>12-14</sup>

Recent research indicates that health and human service professionals reproduce ableist practices at different levels and in different ways.<sup>1,15</sup> Bulk and colleagues<sup>15</sup> interviewed students with disabilities, a professional with a disability and stakeholders including preceptors, faculty and representatives from regulatory organizations to understand the barriers experienced by students with disabilities in professional programs. They found that societal marginalization occurred through a dominant discourse where disability is presented as a problem and both students and professionals with disabilities are devalued. Institutional marginalization was reflected in rigid program structures, bureaucracy concerning accommodations and assumptions that professionals do not have disabilities. Interpersonal marginalization occurred through power

differences between disabled and non-disabled peers and between disabled students and faculty. Easterbrook and colleagues<sup>1</sup> found that participants similar to those in the study by Bulk and colleagues, justified their ableist actions through assumptions about the rationality, autonomy and productivity of people with disabilities. Stakeholders questioned disabled students' rationality when they expressed concerns about disabled students' ability to practice safely. They limited student autonomy with inflexible programs and arguments about the limitations of the *real world*. They excluded or did not accommodate disabled students based on assumptions about their ability to complete the program and practice the profession.

Occupational therapy and physiotherapy professionals value the inclusion and participation of all members of society, particularly people with disabilities.<sup>16</sup> However, in the role of educators, these professionals struggle to accommodate students with disabilities due to the myriad of requirements educational programs must address, such as professional competencies, accreditation standards and university degree-level expectations.<sup>11,17</sup> As mentioned, there is some literature that points to ableism as an explanation for the educators' difficulties.<sup>1,4,15</sup>

Institutional ethnography is a methodology that makes visible the intersection between people's everyday experiences (ethnography) and organizational structures (institutions).<sup>18-20</sup> The premise of this approach is that the daily activities of individuals are controlled by institutional or *ruling relations*.<sup>18</sup> In other words, the experiences and actions of educators in the accommodation process are organized by a complex set of institutional expectations. Institutional ethnography enables invisible *ruling relations* to become visible, revealing opportunities for transformation within organizational processes.<sup>18</sup> Our purpose was to use an institutional ethnographic approach to understand how the actions of educators in professional programs are

shaped by *ruling relations* governing the accommodation of students with disabilities and to critically reflect on how this impacts the accommodation process.

## **Methods**

### **The Research Team**

The research team includes educators: two occupational therapists, a physiotherapist and two from disciplines outside of rehabilitation. The first author, who conducted the interviews and led analysis, is an educator in one of the two programs and thus, had experiences coordinating courses, teaching sessions, tutoring and accommodating students with disabilities. The first author was self-aware of their position as an insider within the current ideology (discourse in the field/profession) in order to critically reflect on the social relations of power in the accommodation process.<sup>24</sup>

As an insider, the first author was also aware of texts and institutional language related to accommodations and teaching in professional rehabilitation programs. This knowledge is explicitly articulated in the results section, for example by invoking the texts describing program structure and philosophy. To ensure that the first author did not fall prey to *institutional capture*, which is the unintentional uptake of institutional discourse that makes *ruling relations* invisible, they engaged in reflexive analysis of assumptions and judgments through journaling and discussion with the research team.<sup>19,21</sup>

### **Institutional Ethnography**

Institutional ethnography is both a theory and methodology.<sup>21,22</sup> It is materialist in nature, such that its focus is on the actual activities of people in their everyday lives.<sup>22,23</sup> The theory posits that institutions, which are embedded in broader social discourses, coordinate the activities

of people who participate in work processes created for them but not by them.<sup>24</sup> By understanding what people do in their everyday lives, the researcher begins to understand how the *work* of people is socially organized.<sup>20</sup> Institutional ethnographers are interested in exploring and exposing the *ruling relations* of work, a particular subset of social relations.<sup>18</sup> *Ruling relations* serve to protect and maintain interests broader than the local context under study.<sup>19</sup> This is accomplished through *ruling texts* or taken-for-granted instruments which are activated by workers in a particular context and coordinate the actions of others elsewhere.<sup>24</sup> Thus, the results of an institutional ethnography have translocal implications for the individuals whose *work* is being explored. Dorothy Smith, the founder of institutional ethnography conceptualizes *work* as both paid and unpaid, visible and invisible, and includes aspects that are often taken-for-granted.<sup>25</sup> In this study, we define the *work* of educators as engaging in the process of accommodating students with disabilities.

An institutional ethnography begins with a *disjuncture* or a disconnect between individuals' experiences of the world, in comparison to the authorized knowing of these experiences, because the purpose of this method is to make visible the *ruling relations* that are causing the disconnect.<sup>19</sup> Based on the literature, a *disjuncture* for educators in professional rehabilitation programs is the disconnect between the values of inclusion and participation in rehabilitation with the challenges experienced by educators when accommodating students with disabilities. Once the *disjuncture* is named, data is required to explicate it.<sup>24</sup>

### **Data Collection**

An institutional ethnography involves taking a standpoint in the accommodation process, which will reveal a particular set of tensions and specific knowledge understood by the standpoint informants.<sup>21</sup> In this study, the standpoint is that of educators teaching in the

occupational therapy and physiotherapy programs at a mid-size university in Canada. Ethics approval was obtained from the research ethics board at the university.

We recruited educators in university-based courses who had provided disability-related accommodations in the last five years. They included university-based faculty and adjunct faculty whose primary roles were clinical. Email invitations were sent to a purposive sample of educators who taught different courses using a variety of delivery formats to ensure a range of perspectives. Twelve of the 25 core faculty and five of the approximately 100 adjunct faculty in the rehabilitation sciences provided accommodations in the past five years and were invited to participate in the study.

While we sought the standpoint of educators, we recognized the value of input from other key stakeholders in the accommodation process who could provide second-level data about organizing structures that are beyond the knowledge of the standpoint informants.<sup>24</sup> We therefore invited 4 additional participants from the Human Rights office, the Ombudsperson office, the Disability Services office and the Rehabilitation Department who had worked with student occupational therapists or physiotherapists with disability-related accommodations in the last two years. These staff members were noted by the standpoint informants to be key actors in the accommodation process, or chain of action.<sup>26</sup>

We conducted in-depth semi-structured interviews approximately one hour in length, to understand informants' daily *work* activities and experiences related to the accommodation process. These day-to-day experiences were a gateway into the social relations of their accommodations *work*.<sup>27</sup> The first author interviewed each informant, probing for references to specific *texts* (documents and expectations) guiding their actions.<sup>26</sup> Since a pre-determined interview guide is contrary to the spirit of an institutional ethnography, we developed broad



questions to capture the social relations emerging in the data,<sup>24,26</sup> including: 1) Where does the accommodation process begin for you? 2) What do you do in the accommodation process? 3) How do you accomplish this work? All interviews were recorded and transcribed verbatim.<sup>26</sup> Each informant was assigned a pseudonym to ensure anonymity. Documents were also collected as data in this study, including texts noted by informants that shaped their actions in relation to supporting students with disabilities. This included texts that were explicitly named, as well as implicit references to program texts that shaped educators' actions. Interviews and document analysis continued until the chain of action related to the accommodation process, and the social relations of the phenomenon were mapped.<sup>24,26</sup> In the study, this process ended when no new actors or actions were identified.

### **Data Analysis**

Where data collection explores the *ruling relations* or institutional structures as they impact the daily experiences of participants, data analysis explains how the process unfolds.<sup>18</sup> From the data, researchers discover and explicate a research *problematic*, which then organizes the research analysis process.<sup>21</sup> This *problematic* is characterized as a dissonance between informants' knowing and experience versus the authorized knowing as seen in the data.<sup>21</sup> To discover the *problematic*, we reviewed each transcript to notice instances when the informant described tensions in their accommodation *work* between what they experienced and how it was represented. We noticed when these same tensions were being described by different educators located in different places and at different times in the accommodation process and wrote about these accounts to better understand the *problematic*. This *problematic* provided a focal point for further analysis.

Three common analytic strategies assist in orienting to the data and understanding how the *problematic* occurs: mapping, indexing and writing.<sup>21</sup> Mapping is a concrete action that involves identifying and sequencing the actors and their actions in the *work* process. We reviewed each informant's transcript for their entry point into the accommodation process and mapped the subsequent chain of actions, including who was involved and how.

Indexing is an analytic strategy that clusters data into linked occurrences.<sup>21</sup> This strategy ensures that researchers remain in the materiality of the study as abstraction and theorizing are avoided.<sup>21</sup> We focused on the *work* of informants by indexing the rich descriptions they provided of work that was linked to others. For example, informants in different roles described the work involved in student appeals and human rights complaints. We indexed their descriptions together as quotes in a Word document, rather than preparing interpretive summaries.

Analysis continues through writing, with a preliminary sketch of the overall argument concerning the *ruling relations*.<sup>21,24</sup> The argument is built using “chunks” of data written as analytic points, presenting evidence for the overall argument. As more points are added, the overall argument is refined until the final version fully explains the data in relation to the *work* process and the relations of power that privilege some approaches and marginalize others.<sup>24</sup> By writing about the analytic points that explicated how educators' *work* was being organized, the way in which these *ruling relations* operated were made visible.

## **Results**

### **The Informants**

Six educators (5 core and 1 adjunct faculty) from the occupational therapy program and five educators (all core faculty) from the physiotherapy program participated in the study. Their

teaching experience ranged between five to 40 years and their practice experience in their profession ranged between 10 to 45 years. Informants worked with clients across the life span with expertise in: musculoskeletal/orthopedic health; cardiology/respirology health; mental health; chronic diseases; neurorehabilitation and social determinants of health. Nine informants had served multiple educational roles (e.g., Program Head, Term Chair, Tutor and Course Coordinator); two had experience in one role only. In addition to the educators, four staff members from campus offices participated in the study, including Disability Services, Human Rights and the Rehabilitation Department. These informants had been in their roles from 4 to 31 years, and three had a professional designation prior to this role. They confirmed the accommodation process explicated by the educators but did not offer any new insights beyond the reach of the standpoint sample.

### **The Texts**

The only text explicitly invoked by all the informants was the students' accommodation plans. In most instances, this plan was the entry point for the educator in the accommodation process. Informants received email notification regarding student accommodation plan(s), which they reviewed to understand their responsibilities in ensuring barrier-free access to learning for each student. Each plan varied depending on the student's needs and the accommodations as articulated by the staff at Disability Services.

The informants explicitly indicated that there were no texts from the rehabilitation field involved in their accommodation work. However, they identified content from texts in the program and university when explaining this work. As an insider, the first author was familiar with the content. The texts, their purpose and the context in which they were invoked by informants is listed in Table 1.

**Table 1: Ruling Texts**

Text	Purpose	Activation in the Accommodation Process
Term Handbooks	These handbooks are updated by faculty and provided to students in each term of study.	Informants cited information about PBT courses, including expectations for learning and evaluation.
Program Handbooks	These handbooks are a compilation of information from faculty, different offices on campus and some profession-specific content. They are updated annually and written for students to provide general information about the programs.	Informants indicated that disclosure of disability, including personal health information is not a requirement in the programs. This information is in the program handbooks.
University's Accommodation Policy	The accommodation policy is written for the university community. It outlines the general accommodation process.	Informants discussed retroactive accommodations, which were added to the university's accommodation policy in its most recent updated version.

Additional texts were identified by two informants (educators) who had specific gatekeeping roles in the accommodation process. However, to ensure anonymity, their reflections were combined with that of all the educators without identifying and analyzing the specific role of the texts they mentioned. We recognize the limitations of not including these text-action-text sequences, and refer to the study as being informed by institutional ethnography.

### **The Problematic**

The *problematic* in institutional ethnography, is the knowledge of the standpoint sample of *being there* in opposition to the authorized knowing of their experience.<sup>23</sup> Educators implemented disability-related accommodations as indicated in the “authorized knowing” inscribed in students’ accommodation plans. Often the process was smooth, particularly in courses that focus on theory, evidence, foundational knowledge, and healthcare/social systems. However, educators struggled with some accommodations that they believed prevented students from demonstrating the requirements of the course, program, and/or profession.

The occupational therapy and physiotherapy programs are underpinned by the philosophy of problem-based learning (PBL). As described in term handbooks, within the small group Problem-Based Tutorials (PBT) course, students learn collaboratively through group discussion of clinical scenarios while the tutor facilitates the learning process. Several educators, namely tutors and PBT coordinators, expressed concerns when students had accommodations that included leaving the group, not speaking during tutorial time or meeting with the tutor 1:1 outside of PBT time. They reported that the group experience is not strictly about the content being learned but also the learning process. Term handbooks indicated that tutorials include designated time to give and receive feedback on content and process at an individual and group level. This feedback is part of a formative and summative group evaluation process. Meghna described her challenges with an accommodation affecting this group experience,

“...the student wants an opportunity to meet one on one with the tutor to discuss performance...what’s in the group is discussed in the group, including individual students’ performance...students can feel, if they are struggling, can feel like they are being picked on but then is that a disability related accommodation or is that...‘I don’t want to be centred out’?...I do think there are some requirements to be in a professional preparation program...and in our program, part of it is you have to be prepared to work in small groups and be evaluated on your small group performance.” Meghna

As identified in term handbooks, one goal of PBT courses is to build skills that prepare students for professional practice in healthcare teams. Occupational therapists and physiotherapists collaborate on patient care plans and require process skills to work effectively on teams. Thus, the students’ group process skills, such as communication, are evaluated. Some educators reported feeling challenged to evaluate students who are accommodated in such a way that they are not demonstrating the skills in the manner intended (i.e., meeting the tutor separately rather than communicating issues in the group context). As a tutor, Meenal was concerned about whether foundational skills could be accommodated,

“how much are you able to...how much can the school accommodate someone who does not have the social...skill set, communication skill set to be able to work in a field that demands that? How much accommodation can be made for that?” Meenal

Term handbooks are written by educators teaching courses, including PBT, in the term. The philosophy of PBL is described along with how it is implemented in the course/program.

In PBT, some educators explained that some student behaviors were perceived to be unprofessional, unless the student chose to disclose a disability-related reason for their behavior. For example, fidgeting, absences, taking additional breaks and wearing sunglasses were cited by a few educators as unprofessional behaviors presented in tutorial. For the tutor and peers to understand, the student disclosed that their behaviors were either part of their disability or how they managed their disability. While program handbooks indicate that students are not required to share any personal information in the programs, several educators stated that disclosure often occurs in PBT.

Courses that focused on clinical skills raised concerns for the educators. Some educators did not support accommodations for certain clinical skills exams, such as the Objective Structured Clinical Examination (OSCE), including accommodations for breaks, extra time, completing the exam alone or using a proxy. They explained that they are attempting to examine students on their ability to problem-solve, adapt to changing environments and be efficient and effective in a safe manner. Ishar explained that these skills are being evaluated because they are required for the licensing exam and clinical practice.

“...it’s because it’s a professional program where there’s a practical exam upon completion which dictates whether or not you can practice as a physiotherapist and there are no accommodations provided in those situations. I think we’re following suit...it’s not really setting them up for success as physiotherapists being that they need to go and do these exams and use physical skills as part of their practice.” Ishar

Ultimately, the main tension amongst educators was that they believed they were educating and evaluating students to be qualified professionals providing safe and effective occupational therapy and physiotherapy services to the public. This was in contrast to messaging received from campus office staff that their responsibility was strictly to provide students with an education in occupational therapy or physiotherapy,

“...what comes back is ‘your job is only to make...or to give students an education. Your job is not to create professionals.’ And I will argue back saying ‘no, my job is to create professionals, that’s what we’re all about.’ But [Disability Services] will just say, ‘no you are just giving them a degree.’ So, they don’t see why we can’t implement these different things.” Myria

Thus, the university is organized to focus primarily on students and the supports they need to learn and demonstrate an understanding of subject matter and associated skills. Whereas educators are focused on the outcomes of an education in occupational therapy and physiotherapy, which is the ability to provide rehabilitation services to clients. There are two *ruling relations* that explain how educators in professional programs come to know this *problematic*: the focus on students in the education context and the focus on clients in the professional and healthcare/social system contexts. We will explain how each is governing the *work* of educators and how, in combination, they are creating tensions in the educators’ *work*.

### **Focus on Students**

Educators identified offices on the university campus designed to support students, such as Disability Services where accommodation plans are developed and Health Services where students can access medical/health care. Other offices they cited support the broader university community, such as the Human Rights office and the office of the Ombudsperson. However, some educators explained that in their accommodation experience, the staff from these offices

advocated for students, rather than attempting to understand and resolve issues collaboratively with educators. Myria described her experiences,

“...there are some students who do not respond to what the program has to say but they will respond to what [Disability Services] has to say. I’ve always felt in this particular context, that it’s an us versus them. So, it’s [Disability Services] and the student fighting the program...that’s the perception whereas it’s like why can’t we all just work together here? I think perhaps [Disability Services] feels the program doesn’t have the students’ best interest at heart. I don’t know, perhaps. Maybe it’s that you know, I’m going to fight for disabilities and you don’t understand disabilities even though we are rehab professionals.” Myria

“...the [Office of the Ombudsperson] has this big sign that says, ‘Problem with evaluation? Contact us.’...That’s not a neutral office.” Myria

The perceived lack of collaboration set up a challenging context for educators to engage in accommodation *work*. While they appreciated the importance of supports for students, they did not always agree with the accommodations provided by Disability Services. Educators described complaints and appeals initiated by students with disability-related accommodations that lasted for several years and involved stress and additional work. These “cautionary tales” resulted in educators feeling pressured to accommodate students. They expressed concern about the potential consequences of students filing human rights complaints or academic appeals. Nisha explained their thought process,

“I don’t know if that’s good or bad but often my yardstick that guides my decision making is what would happen on appeal...and is there a way to mitigate the need for an appeal and just save everybody time.” Nisha

The university’s accommodation policy includes retroactive accommodations, which are granted after a course is finished. Some educators indicated that in these instances, students did not have disability-related accommodations before or during the course. Rather, after the student failed a course, they received a retroactive accommodation whereby the failure was removed from their transcript. In their interviews, educators understood students’ right to privacy and had



not requested more information, however, they were surprised at being shut out of the process.

Anya described her experience of retroactive accommodations,

“...there have been those occasions over the years where like my grades have been overturned...where students have been permitted to pass where I felt very strongly that they should not, that they should fail...and situations with these retroactive accommodations where they were granted and...I just felt like at some level, “don’t you want to pay attention to the person who is the educator, who is experienced and has taught...and evaluated hundreds of students?” Anya

While identified as infrequent, educators’ experiences of retroactive accommodations illustrated for them the privileging of the focus on students in the university. Educators appreciated the importance of supporting students and noted that recently, they have increased their focus on student mental and physical health and well-being, through eliminating unnecessary barriers to education. Most educators reported implementing universal design in learning (UDL) principles such as lengthening the duration of the term while maintaining the same workload for students and giving all students more time to complete written exams when efficiency is not being evaluated. Their rationale was to improve students’ experiences in the programs, recognizing that disability-related accommodations would still be needed. Abha explained the changes with the most recent cohort,

“By reorganizing your exam week to have double time for everyone and having 24 hours between exams...we’ve tried to apply [UDL] to all of our exams. So rather than...before we might have had an exam in the morning and an exam in the afternoon, that was one hour each. Now, we give everybody two hours for each of those exams and we split those exams over different days...that’s accommodated in this past cohort, I think almost everybody...”  
Abha

The educators who discussed implementing UDL, reported it as a positive experience. However, in addition to their responsibilities to students, educators indicated that they felt a responsibility to their professions and saw the programs as bridges to students serving the public where the focus is on clients.

## **Focus on Clients**

For decades, rehabilitation professionals have been stating that their professions are underpinned by a client-centred philosophy where the client's needs and goals guide therapists' actions.<sup>28</sup> In their interviews, educators explained that students are not their clients and that there is no text from the rehabilitation field helping them navigate the accommodation process.

However, they draw on their professional skills in this process. Myria, for example, shared how she matched student accommodations to academic requirements,

“...what I'm doing at the time is just trying to problem solve in my head. So, there's no...there's no roadmap or there's no anything, I'm using my...my best professional judgement in situations in trying to support the student.” Myria

The educators' professional judgement included their understanding of rehabilitation practice as registered occupational therapists and physiotherapists and having knowledge of their responsibilities to the public. They provided examples of how their practice experience guided them in implementing students' accommodations that were novel. For example, Karam described a situation where a student's accommodation involved the student developing their own memory aid and then sending it to the educator for approval prior to each exam. When they reviewed the aid, Karam noted,

“...it's somewhat probably my skills as an OT knowing what is doing something too much for somebody [versus] what is a cue to help a task happen...and I made that decision based on how you remediate tasks...” Karam

Karam appeared to be drawing on the skills employed by occupational therapists in practice to discern the appropriateness of the student's memory aid in writing the course exam. Some educators also described how they drew on practice experience to determine temporary accommodations. In these situations, the student did not have a formal accommodation plan from Disability Services, however they required accommodations immediately. The educator, in the

role of course coordinator determined how best to accommodate the student, while maximizing their engagement in the learning process. Dhruv provided an example from their clinical skills course,

“...if a student has a brace on [their] leg, [they’re] not able to provide the support that a patient would need for a transfer, a patient with stroke or a patient with, you know, ataxia but they could do manual skills for upper extremities for example, right? So, it’s all...depending on the risk...” Dhruv

Addressing risk and safety were prominent in the interviews with educators who coordinate clinical skills courses. Educators felt that part of their role was ensuring all students were safe to engage in clinical learning and enter placement/practice. They did not indicate that students with disabilities are more likely to be unsafe, only that in some situations such as the one described by Dhruv, it was an important consideration.

Part of the accommodation *work* of educators in the occupational therapy and physiotherapy programs is grappling with the disconnect they witnessed between the student context at the university with their understanding of the clinical practice context. Anya articulates this concern,

“...it’s a very stressful job. So, you’re...you’re going to have to be able to cope with multiple demands and time pressures and sad situations and all of the kinds of things that sometimes the students have difficulty dealing with...if you are struggling this much with the program, are you actually going to be able to be in this profession?” Anya

Anya and other educators identified that students’ future employment situations are beyond the scope of their role. Educators stated that while there are a variety of ways to practice in the professions, they were unsettled by the prospect that some students may struggle in practice, particularly since they understood the programs to be bridges to practice.

## **Discussion**

The *disjuncture* in the literature between the professional philosophy of inclusion and participation versus the challenges expressed by educators and the ableism identified by researchers, was not the *problematic* that emerged in the data. The *problematic* experienced by educators in this study is the tension between the university structures that focus on students and the professional and health care/social system structures that focus on clients. In this institutional ethnography informed study, educators expressed that student interests are privileged while client interests are subordinated by the university in the accommodation process. Their experiences with student appeals and complaints, lack of collaboration from campus offices and having their course grades overturned demonstrate the activation of students' interests.<sup>21,23</sup> For the purposes of explicating the *ruling relations* and how they organize educators, we described the *ruling relations* individually. Separately, these *ruling relations* appear to be not only important but necessary. University staff and faculty have a mandate to focus on students and their success in academia. Professionals have a mandate to focus on clients and their health and well-being. However, when both sets of *ruling relations* are brought together in the context of professional rehabilitation programs within a university, there appears to be a competition of priorities, resulting in a dichotomy where the interests of one or the other is privileged. We argue, however, that the existence of the dichotomy needs to be challenged. There are discourses within rehabilitation practice that focus on both clients and students, such as safety. Educators in professional programs teach students to ensure the safety of both their clients and themselves during service delivery. To serve the public, rehabilitation professions require a healthy and diverse workforce, which means that greater attention is needed to recognize situations where educators struggle with competing priorities and to build bridges between these *ruling relations* that value both clients and students.

Schrewe and Frost<sup>29</sup> discuss a tension between the need for diversity amongst medical professionals and the standardization of medicine, including the essential requirements of being a physician. They state that separately, these issues make sense but together, they are in conflict. Schrewe and Frost suggest developing an approach that explores the essence of the profession and holds the space for both individuality and professional standardization. Rehabilitation professionals also need to come together and clarify the essential requirements of each profession while upholding the values of inclusion and diversity.

Academic accommodations remove barriers for students so that they may engage in the learning process, while maintaining academic standards. These academic standards are non-modifiable essential requirements of the program.<sup>30</sup> Differentiating essential and non-essential requirements is challenging in health and human service professions.<sup>13</sup> Some professional programs identify the profession's competencies as the essential requirements.<sup>30</sup> Occupational therapy and physiotherapy programs in Canada have not explicitly done this; however even if they do, competencies tend to be broad, encompassing a wide range of practice settings, professional roles and client populations. Such variation and breadth present challenges in defining essential requirements. For example, competence in "communication" can be an essential requirement; however, this competency requires vastly different skills from a professional working with a client who is disoriented and confused versus engaging with a client experiencing suicidal ideation. It is unclear which skills are essential for practice and skills courses were a major area of concern for informants in this study. There needs to be clarity on the minimum expectations for entry-level occupational therapists and physiotherapists to ensure that unnecessary barriers are removed for students with disabilities and to support educators who avoid raising concerns about accommodations due to fear of appeals and complaints.

Educators need to consider how they make individual decisions about disability-related accommodations. Very few of the educators in this study cited any texts that served to assist them in determining which accommodations removed barriers, while also upholding essential requirements. Thus, educators relied on their own understanding and experience of professional requirements to make decisions about accommodations. However, educators have not experienced all the ways in which the professions can be practiced. Not experiencing or seeing certain disability-related accommodations in practice does preclude their existence or the potential for their existence. There may be disability-related accommodations that have not yet been imagined, possibly because current practice may be operating on pre-existing systemic ableism. These systems must be interrogated, beginning with the texts that are written by educators (i.e., term and program handbooks). Educators need to be open to possibilities that facilitate the contributions that occupational therapists or physiotherapists with disabilities can make to advance the professions.<sup>31</sup>

In their interview, for example, Ishar states that there are no accommodations for the practical licensing exam, however a review of the exam application and information indicates that alternative accommodations are possible on a case-by-case basis.<sup>32</sup> Perhaps the availability of accommodations is not well known or the access to accommodations is difficult, but the misconception that these do not exist can have a negative impact on students who require accommodations in order to demonstrate their knowledge and skills in their programs and on licensing exams. Educators can improve the accommodation process by knowing the accommodations that exist, considering others that could be possible and advocating with students for systemic changes in practice where needed.

Another area for change is clarifying when or if disclosure of disability related needs and accommodations is required in professional programs and practice. In PBT courses, content and process were relevant to professional practice, thereby making the unique structure of the course (i.e., small group self-directed learning) essential to the programs. However, findings indicate that disclosure by students with disabilities in PBT was required for students to avoid receiving feedback that their presentation was unprofessional in the course. This feedback is significant because students are evaluated on professionalism in PBT. It seems that the implicit requirement to disclose conflicts with the student's right to privacy. Jarus and colleagues<sup>3</sup> interviewed clients and caregivers about their perceptions of receiving health and human services from disabled professionals. Their findings indicate that clients and caregivers felt disclosure was appropriate when relevant; for example, when the professional's behavior could be perceived as unprofessional. The issue of disclosure may be nuanced in practice, such that there may instances when it is more or less relevant to share personal information. However, there is also a need to revisit the definition of professionalism and whether it is underpinned by normative assumptions. There may be a need to consider more broad and expansive understandings where disclosure would be less of an issue.

### **Rigour**

Members of the research team ensured the alignment of institutional ethnography theory and methods with the study design.<sup>22</sup> The overall argument about conflicting *ruling relations* in the process of accommodating students with disabilities, is grounded in analytic points from the data. In the description of results, we explicated the connections between the overall argument, analytic points and data gathered (i.e., quotations). With respect to transferability, we have provided a detailed description of the local context. Institutional ethnography has a “generalized

and generalizing nature”, which examines social relations that apply beyond the local context.<sup>19(p42)</sup> In other words, since all accredited occupational therapy and physiotherapy programs in Canada are delivered via post-secondary university campuses and each profession has an accrediting organization, regulatory organizations and an organization that administers the professional licensing exam, the educators in other programs may also experience tensions due to the *ruling relations* described in this study.

### **Limitations**

This study was limited by the lack of data from students. While the standpoint sample involved educators, students are key stakeholders in the accommodation process and may have added second level data to understanding the accommodation process. Further, second level data was collected with the university as the “institution”, however, findings indicate that professional organizations also influence the accommodation of students with disabilities in rehabilitation programs. Thus, recruiting informants from professional and regulatory organizations may have added insights related to *ruling relations* that focus on clients.

### **Conclusion**

Dorothy Smith’s<sup>19</sup> institutional ethnography methodology provided a means to explore the accommodation *work* of educators in professional rehabilitation programs. While providing disability-related accommodations, educators in this study were influenced by two *ruling relations*: the focus on students in the university context and the focus on clients in the professional and healthcare/social system context. This created a false dichotomy where educators perceived that only one set of interests could prevail. Educators were not guided by a clear understanding of the essential requirements of their professions. Rather, they invoked their



knowledge and experience of the rehabilitation professions. However, rehabilitation practice may be rooted in systemic bias, that has yet to be unearthed and addressed. To prepare students in professional programs to provide services to the public, students need to be supported in their own health and well-being. This means knowing which, if any, parts of the professions and programs cannot be accommodated, remaining open to unimagined possibilities for accommodation and working with students to bridge the focus on students with the focus on clients.

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**Chapter Four: Accommodating Students with Disabilities in Fieldwork: A Qualitative Study**

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## **Abstract**

**Background.** Fieldwork is an essential part of experiential learning in occupational therapy education. Fieldwork educators identify limits on reasonable accommodation and difficulty implementing disability-related accommodations. Student occupational therapists with disabilities report discrimination from within the profession, including inflexible fieldwork environments. **Purpose.** To understand the experiences of occupational therapy fieldwork educators in Canada in accommodating students with disabilities and to develop action-oriented practice recommendations. **Method.** In this interpretive description study, we interviewed 11 fieldwork educators about their experiences accommodating students with disabilities. Interviews were recorded, transcribed and analyzed using a constant comparative approach. **Findings.** Educators emphasized a meta-theme of “Learning” when asked about disability-related accommodations. Three sub-themes about student learning emerged: 1. Educators focused on “Student Learning in Preparation for Professional Practice” rather than their fieldwork setting only; 2. Educators were “Using Occupational Therapy Skills for Student Learning” in fieldwork; and 3. Educators recognized that their professional and personal “Context Influences Student Learning”. **Conclusion.** Fieldwork educators can work with students to align their accommodations with required learning outcomes for professional practice and use their occupational therapy skills to assist with implementation. Fieldwork educators require time and other supports to work effectively with all students.

**Keywords:** disabled students; education; universities; professional programs; practice educators

## **Introduction**

Changes in legislation and increased disability awareness are enabling more students with disabilities to access post-secondary education (Hargreaves & Walker, 2014; Jung et al., 2014; Newsham, 2008; Ozelie et al., 2019, 2022). However, students with disabilities are underrepresented in health professional programs (Lindsay et al., 2022). They have higher attrition rates compared to their non-disabled peers (Sharby & Roush, 2009). Further, students with disabilities report challenges accessing appropriate accommodations (Ozelie et al., 2019). It has been argued that stakeholders in health professional programs perpetuate barriers for students with disabilities through ableist practices (Bulk et al., 2017; Easterbrook et al., 2019), and that addressing ableism in professional programs will improve justice, equity, diversity, and inclusion (Lindsay et al., 2022).

There is a breadth of literature describing the student experience in professional programs. A recent systematic review of 48 studies by Lindsay et al. (2022), summarized the literature on ableism in the workplace for health providers and students with disabilities in health professional programs. They listed several types of ableism, including institutional, inaccessible environments, insufficient supports, and stigma and discrimination. As a result of ableism, students and professionals experienced difficulty disclosing their disability and asking for accommodations, which impacted their perceived career prospects and well-being. While there were methodological concerns in many studies, the findings were very similar. Lindsay et al. recommended further research to improve the entry and retention rates of students with disabilities in professional programs.

Educators in professional programs must partner with health organizations to find sufficient fieldwork hours for students. Organizations are not required to offer fieldwork



opportunities, although it is an expectation for many teaching hospitals. Sites providing fieldwork opportunities must meet the needs of their patients and students (Rankin et al., 2010). Providing accommodations to students with disabilities in fieldwork can be challenging due to the limited availability of educators and sites, educators' capacity to accommodate student needs, balance them with patient care and ensure students meet fieldwork learning objectives (Stier et al., 2015).

The educator and their organization's perspective are less well understood. In Australia, Rankin et al. (2010) conducted an exploratory qualitative study in which they held focus groups with representatives from 50 organizations that provide fieldwork opportunities to student nurses with physical disabilities. Findings indicate that representatives were committed to providing learning opportunities, however they relied on timely disclosure of the student's disability for safety and their relationship with the student and university to facilitate the process. They also identified that the process can be more challenging with staff shortages and if the right mix of staff skill sets is not available.

Occupational therapists advocate for the inclusion of people with disabilities in meaningful activities (Dhillon et al., 2010; Ozelie et al., 2022). However, occupational therapists with disabilities have not been given the same attention and report experiencing discrimination within the profession from managers, educators, and colleagues (Bevan, 2014; Chacala et al., 2014). Student occupational therapists with disabilities describe accommodations as forced disclosure and indicate that fieldwork settings lack the flexibility needed for their learning (Jung et al., 2014).

Ozelie et al. (2022) surveyed occupational therapists and occupational therapist assistants about their perceptions of "reasonable" accommodations in fieldwork. They identified the most

reasonable accommodations as using adaptive equipment and missing fieldwork activities due to disability-related needs. Unreasonable accommodations included involving an intermediary person to carry out a task and use of American Sign Language (ASL) interpreters because the intermediary's tasks were considered essential and required another staff member to complete and interpreters were expensive.

In a qualitative pilot study conducted in Australia (Hirneith & Mackenzie, 2004), occupational therapy fieldwork educators reported struggling with the balance between providing disability-related accommodations and ensuring students met practice competencies. They relied on the university program to support them and the students. They also struggled with maintaining the role of educator and instead found themselves taking on the therapist role to meet students' needs.

There is a need for more research about occupational therapy fieldwork (Jung et al., 2014). The perspectives of occupational therapists and students with disabilities indicate challenges with this component of professional programs (Bevan, 2014; Jung et al., 2014). The existing literature primarily examines the perspectives of fieldwork educators in the US and Australia (Hirneith & Mackenzie, 2004; Ozellie et al., 2022). Given the regional and temporal influences on accessibility legislation, policies and practices, there is a need to understand accommodation in the local context. Understanding the experiences of occupational therapy fieldwork educators can aid in the development of practical recommendations to improve the retention of students with disabilities in occupational therapy programs and the profession. The purpose of this study is to explore the experiences of occupational therapy fieldwork educators in Ontario, Canada providing accommodations to students with disabilities.

## **Method**

We applied Thorne's interpretive description methodology to understand the experiences of occupational therapy educators providing fieldwork opportunities (Thorne et al., 1997). This methodology borrows from known traditions such as phenomenology, grounded theory and ethnography, and is flexible in its application (Thorne, 2016). Interpretive description is theoretically driven by the health discipline in which the research is being conducted (Thorne, 2016). This naturalistic approach recognizes that knowledge is constructed between researcher and participant and contextualized by the influence of the local environment (Hunt, 2009; Thorne et al., 1997, Thorne et al, 2004). The outcomes of an interpretive description study are explanations about individuals' experiences that are action-oriented for practice (Thorne et al., 2004). This approach is a good fit for this study on fieldwork educators' experiences and how these may lead to practical suggestions for accommodating students with disabilities.

We conducted the research at a mid-sized university in Ontario, Canada, which offers an entry-level occupational therapy program. Students complete a minimum of 1000 fieldwork hours in either clinical or non-clinical settings to meet accreditation standards. We used purposive sampling with maximum variation to recruit fieldwork educators from different practice settings, varying years of experience and geographical areas, anticipating that these factors may impact the educators' experience of providing disability-related accommodations. The faculty member responsible for fieldwork compiled a list of email addresses of educators who had provided at least one fieldwork experience for a student with disability-related accommodations in the last five years. This resulted in the identification of 96 educators who were sent an email inviting them to participate in an interview about their experience(s).

Eleven educators responded to the email invitation. Data were collected through in-depth interviews lasting between 30-90 minutes. One was conducted by phone, two virtually over Zoom and 8 in-person (7 of the in-person interviews occurred at the educators' workplaces and one at the University). Interview questions focused on the educators' experiences of accommodating students with disabilities and included questions such as: 1) How did you come to know that the student in fieldwork with you required accommodations? 2) What do you do in the accommodation process?

The first author is an occupational therapist and university-based educator, with fieldwork education experience. She has published research about the experiences of student occupational therapists in their professional programs (Jung et al., 2014). This research study is part of her doctoral work. She conducted all interviews and wrote reflective journal entries after interviews and throughout the analysis process to optimize reflexivity (Thorne et al., 1997). Field notes were also taken during each interview for context and to make links between the educator's comments and the ideas emerging from the data (Thorne et al., 1997). Data were collected until new data no longer improved the understanding of the topic to a great extent (Hunt, 2009).

Interviews were audio recorded and transcribed verbatim. To begin the data analysis, the first and last authors immersed themselves in the data before beginning the coding process to encourage conceptualization (Thorne et al., 1997; 2004). Then both authors coded five transcripts independently and met to discuss their codes and links within and across transcripts (Robinson et al, 2015). This process facilitated a "stable" coding framework such that a qualitative software program, Dedoose, could be used by the first author to code the remaining transcripts (Robinson et al., 2015). Then, analysis involved searching for patterns in a constant comparative method (Robinson et al, 2015). These patterns were examined in comparison to one

another to determine the overarching themes in the data, which led to considerations for the accommodation process. In keeping with interpretive description, the research team focused on results that could improve the process for both educators and students. Ethics approval was received from the university's research ethics board.

## **Findings**

### **Educators**

All 11 educators were practicing clinically with individuals across the lifespan. Their clinical foci spanned: neurology, cardiovascular health, complex care, mental health and/or general physical health. Table 1 provides an overview of the educators' experience and practices.

**Table 1: Educators' Experience and Practices**

	n	%
Experience in Practice		
• < 11 years	1	10
• 11 – 20 years	3	27
• 21 - 30 years	5	45
• 31 – 40 years	2	19
Experience as Educator		
• < 11 years	1	10
• 11 – 20 years	8	73
• 21 - 30 years	0	0
• 31 – 40 years	2	19
Practice Settings		
• Inpatient Hospital	4	36
• Outpatient Hospital	2	19
• Inpatient Community	1	10
• Outpatient Community	4	36
Geographical Location		
• Northern Ontario	2	19
• Southern Ontario	9	82

Eight educators supervised one student with disability-related accommodations, another supervised two students and a third supervised three students. One educator spoke more generally about their accommodation experiences. Table 2 provides information about students' disabilities and their accommodations.

**Table 2: Students' Disabilities and their Accommodations**

	n	%
<b>Students' Disabilities</b>		
• Educator did not identify	4	36
• Learning disabilities	3	27
• Mental health/illness & trauma	3	27
• Neurological conditions	2	19
• Metabolic conditions	1	10
• Sensory deficits	1	10
<b>When Accommodations were Identified</b>		
• Prior to fieldwork beginning	8	73
• At the beginning of fieldwork	4	36
• As fieldwork progressed	4	36
<b>Students' Accommodations</b>		
• Space for rest, medication/service animal or reading documentation	5	45
• Absence from fieldwork for medical/technology appointments	2	19
• Modifications to eliminate work on the floor	2	19
• Modifications to the fieldwork schedule	2	19
• Excuse themselves from triggering clinical interactions	2	19
• Breaks throughout the day	1	10
• Software program	1	10
• More feedback	1	10
• Reduced workload	1	10
• Involvement of support personnel	1	10

The meta-theme of *Learning* was evident across the 11 educators' interviews, even though they were asked mostly about disability-related accommodations. There were three prominent sub-themes: 1) *Student Learning in Preparation for Professional Practice*, 2) *Using*

*Occupational Therapy Skills for Student Learning*, 3) *Context Influences Student Learning*. Each theme is described below with representative quotations attributed to educators using pseudonyms.

### **Meta-Theme: Learning**

Overall, educators identified that their primary focus in fieldwork was student learning. It was often unclear whether the educators were referring to their experiences with disabled students, or students in general, because of the value they placed on learning in fieldwork, irrespective of the learner. Educators reported that while some students have formal accommodations, all students had learning needs. Alka emphasized the importance of working with each student individually to address those needs:

...I'm sure other students I've had in the past have maybe not had accommodations, but they have...ways of learning, different learning styles. So, I think you have to accommodate everybody in some way, it's just this one is more a formal accommodation...I think every student, you don't know...how they are going to interact, how their documentation is going to be...their strengths and weaknesses. So, just making sure that you can work within...their needs.

Educators understood that they were required to implement disability-related accommodations and because accommodations are needed for the broader goal of learning, the formal process often fit seamlessly into their work.

Most often educators discussed student learning, however, they also reported learning about themselves as practitioners and educators. They learned about disability-related accommodations and their own knowledge gaps in this area. Educators reflected on their assumptions and the need to challenge them. After meeting a student with a physical disability while teaching in the occupational therapy program at the University, Meenal invited her to have a fieldwork experience, thinking that the student may be interested in “mentoring” young clients at work:

I thought she would be able to share quite a bit...with our adolescents...I thought...it would be good. It wasn't good for a number of reasons...there was no expectation at all that she would do that, so it wasn't sort of part of the placement. And it became very clear, very early...she indicated that she did not want to do that, she wanted to do nothing that related to mentoring someone who had a physical disability...

Meenal recognized that it was inappropriate to assume that the student would engage in a mentorship role because she had a disability. This experience underscores the importance of recognizing that each student is unique and will determine their own place in the profession. The following three sub-themes focus on student learning and how educators engage in their learning process.

### **Sub-Theme 1: Student Learning in Preparation for Professional Practice**

Educators identified that their goal was to help students prepare for occupational therapy practice and that accommodations facilitated this process. Educators commented on important skills (e.g., problem solving, prioritization, work-life balance and ensuring safety) students needed to learn for practice; some of these skills intersected with the accommodations being implemented. Gyan discussed the importance of transitioning to the workplace. The student she supervised struggled to complete documentation in the organization's electronic health records system because the student did not have access to the computer software they used at the university:

...you are making all these accommodations for her in school so she can do well on her assignments but there needs to be that transition for that to work for her in the working world as well...she is applying for jobs...I think it will make a big difference for her success in the workplace...having the tools that she already knows will help her...

Gyan worked with the student to access the required software and encouraged the student to speak to Human Resources about the accommodation process during employment. Amanat also discussed preparing students for practice, but emphasized helping students and occupational therapists consider different models of employment:



...it might mean [that occupational therapists practice] individual psychotherapy with further training and [see] patients and/or clients once a week. That way [they are] taking on as many [clients] as [they] can handle at [their] own pace...I think sometimes we get tunnel vision and I think that we forget that...there is really inventive, creative models for working as an OT that I think as a profession, we haven't gone there really.

Most educators commented on how students' learning incorporated managing their disability while in fieldwork. For example, students learned about the impact of medication adjustments on their performance, how to manage mental health issues triggered by client interactions and who to reach out to for disability-related support while in fieldwork. In some instances, the learning involved adjusting their accommodation to facilitate skill development. The student in fieldwork with Alka had an accommodation to bring scripts with her to client visits:

... she'd try to take that script with her...which I think is good to have some direction but also trying to...say okay, it's not just a script, we need to talk with [clients] and then base questions off what they say...I tried to have her not bring in the script but that she could still write down...responses and then I could jump in, as needed...and trying to work with her...so she gets all the information.

Alka reported that the student agreed that she was missing information and learned to gradually use the script less as she became more skilled at interviewing. Educators were future-oriented in their work with students, encouraging them to maximize learning in their fieldwork experience to help them prepare for professional practice.

### **Sub-Theme 2: Using Occupational Therapy Skills for Student Learning**

When asked how they knew how to implement disability-related accommodations, educators identified that they used their skills as occupational therapists. Their response to accommodation needs was based on the student's report and their knowledge of how to improve occupational participation. For example, Raaina worked with a student who identified challenges

working on the floor with babies due to mobility limitations. The student did not have formal accommodations:

Of course, I'm not seeing her as my client, but I have to use some of those OT skills...when she starts saying that something wrong with her knee then I start asking, so that's where the OT part comes in. So, what can you not do functionally or what you can do functionally...I don't expect a student on the first week of a placement...would know what is available...So, I think I'm using my OT skills to do compensation and adaptation...

Raaina used a strengths-based approach to work with the student to facilitate the goal of learning in fieldwork.

Educators identified that engaging with students was essential to understand their needs and address them in a way that was helpful for their learning. This engagement required communication and collaboration. Daksh emphasized communication and listening to students' expertise, in particular:

[The student] was the one who knows best what she needs or what has worked for her in the past and she was able to tell me enough about her condition and what happens and what the response should be and all that, that I felt comfortable just with that.

Shlok emphasized collaboration to determine the best way forward in her work setting and was open to various possibilities that suited the student:

... we identified the barriers...very quickly within the first few days and then we just sort of brainstormed together, like what are we going to do to...help this work for [the student]... if we needed to take extra time to do some things then that's fine...if we needed to use other methods to record information or to gather information or to move around in the school, then that's fine too.

Occupational therapists are required to be competent in communication and collaboration, which were also identified by educators as important for implementing disability-related accommodations.

Most educators stated that implementing accommodations was an iterative process, where they responded to the student's changing needs and engaged others if needed. Kudrat

supervised a student with accommodations in a combined traditional and role-emerging fieldwork opportunity, in which they prepared in advance since Kudrat was not on-site full-time:

I think what I was prepared for was if this goes sideways, we adjust...let's do this and adjust as necessary based on what happens...I knew that there could be a time where just in terms of managing all of this, [the student] may have to tap out completely.

The student had recently been diagnosed and therefore, was in the process of adjusting to a new lifestyle while also trying to complete the final requirements of the occupational therapy program. As a result, Kudrat prioritized check-ins with the student and mobilized support as needed. If required, educators consulted others in the accommodation process, including work supervisors, colleagues, staff, and university-based educators. Overall, educators were solution-oriented and used their knowledge and skills as occupational therapists to accommodate students and ensure learning.

### **Sub-Theme 3: Context Influences Student Learning**

Educators discussed how the experience of accommodating students depends on their context, specifically the employment demands/requirements, the social environment, and the educators' personal responsibilities. Many educators commented on whether their work setting was conducive to taking students in fieldwork. Zoya worked in an outpatient community mental health setting that she said was a good fit for many students, including students with physical disabilities:

...if, for example, I had...a student with a physical disability, that's not going to be as much of a barrier to him or her than if...they were in acute medicine or in geriatrics or something like that where they have to do transfers and things like that. That's just not part of my job here. So, it's not going to be part of the students' job.

Both educators working in mental health settings felt their workplace was flexible and accommodating for student learning as compared to other settings. Mahi works with people who have complex neurological injuries and was initially concerned about their ability to manage a

clinical caseload and teaching responsibilities with limited information when asked to take a student with disability-related accommodations:

I was hesitant mainly because I know that my job is such a fast-paced job and because I know that [university-based educators] can't really divulge a lot of information...and this is an accommodation [the student] need[s]. So, for me it's not knowing what is coming my way is a little nerve wracking.

After speaking with university-based educators, Mahi felt they could adequately fulfill both roles and proceeded with the fieldwork opportunity.

Some educators commented on the importance of support from managers and colleagues.

Shlok felt supported in her current role, but identified that this has not always been the case:

Where I work right now...my supervisor [is] an occupational therapist and so in going to her and saying...we are going to need a little bit more time for this...she was very accommodating but one thing I found from my own experience over the years is that not all employers appreciate the amount of time that goes into having a student and being a [fieldwork educator].

While not speaking specifically about students with accommodations, Shlok highlighted that support from the employer is essential for facilitating student learning.

Gyan reflected on the personal context of the educator and their roles and responsibilities outside of employment and teaching. Gyan identified that not all educators are able to support student learning, as needed:

other people, if they have small children, they may be, 'I got to be out the door at four o'clock because I have to pick up my kids', but I'm...happy to stay longer and spend more time with the student because my kids are older, and I can be flexible that way. So, I think it would be harder for someone who...has other commitments if [they] have a student who...needs a bit more time if it's a busy placement.

Educators were cognizant of their personal context that either facilitated or challenged their ability to ensure student learning. Overall, educators recognized that the student's learning is influenced by the context of their own employment setting and personal circumstances.

## **Discussion**

The findings from this study indicate that educators prioritize learning in the fieldwork setting. They use their occupational therapy skills to implement disability-related accommodations and facilitate student learning in preparation for professional practice. Educators report that their workplace and personal context are important factors in students' learning. While not surprising, these findings lead to several recommendations.

Studies about students with disabilities in professional programs focus on disability discourse, human rights, and their implications for students and other stakeholders in the accommodation process (Bulk et al., 2017; Easterbrook et al., 2019). Discourse about disability can explain why challenges exist and potentially offer solutions to these challenges (Gabel & Miskovic, 2014). Similarly, a human rights lens ensures that students have access to accommodations that remove barriers to their learning (Roberts, 2013). In this study, educators focused on learning more than disability and human rights. Their standpoint was that of educator and thus, their descriptions of accommodating students in fieldwork followed from this perspective. Learning discourse forefronts this aspect of fieldwork, rather than disability or accommodations, which could help normalize accommodations rather than perpetuating the “othering” effect that disabled students may experience.

However, the risk in this approach is that educators may not provide accommodations if they are perceived as more than “typical” learning needs. Educators are legally required to implement disability-related accommodations in fieldwork. Also, some students with disabilities may strongly affirm their identity as a disabled person for socio-political reasons, in which case normalizing accommodations as part of learning, may diminish this identity. Disability awareness and legislation training for educators has been recommended previously (Botham &

Nicholson, 2014; Brown et al., 2006; Calloway & Copeland, 2021). However, occupational therapists are educated in understanding disability and its impact on occupation (Townsend & Polatajko, 2013). Given the competing discourses, this study highlights the ways in which a learning discourse can provide an alternate framework for discussions about disability-related accommodations in fieldwork.

Further, a discourse focused on learning does not negate the importance of occupational therapists considering their own social position and its implications for their work. Ongoing critical reflexivity by educators is needed to understand and appreciate differences, including disability, within the profession (Chacala et al., 2014; Taguchi Meyer, 2014). The educators in this study identified their assumptions related to disability and accommodations, signaling that they are also learning alongside students. This opportunity for reciprocal learning may be a benefit of supporting students with disabilities. In addition, the accommodation process may reveal opportunities for flexibility in employment that could be helpful beyond a specific student.

In previous fieldwork research, occupational therapy educators separated the tasks of accommodating students and assisting them in meeting professional competencies and they reported difficulty achieving both concurrently (Hirneith & Mackenzie, 2004). In this study, there was no dichotomy as both tasks were included within the purview of learning. Educators leveraged accommodations to assist students in working towards achieving professional competencies. For example, Gyan stated that the student required the same computer software they used for university-based courses, to meet documentation standards efficiently and effectively. Educators did not perceive fieldwork to be a separate and static entity in which students had to learn to function. Rather, they described a fluid situation in which they worked with the student to align accommodations with learning goals. The fieldwork opportunity was

one part of the student's journey to becoming an occupational therapist. We recommend this future-oriented approach to enable flexibility when working with students to address accommodations and learning needs.

Educators identified using their occupational therapy skills, such as communication and collaboration, when providing accommodations. Similar studies also cite the importance of communication between educators and students (Ozelie et al., 2019; Rankin et al., 2010). Hirneth and Mackenzie (2004) found that fieldwork educators were taking on the role of therapist to fulfill students' needs. This may be a potential boundary crossing if educators are providing treatment to students while also assessing their learning. Students can benefit from educators' knowledge and skills in altering the task or environment to facilitate their participation in learning, which does not require the educator to become their therapist and cross any boundaries.

Educators provided insights on how their context including, job requirements, work supervisors and personal responsibilities could influence their ability to facilitate student learning. Previous research demonstrates that rehabilitation settings are perceived to be most flexible for students with disabilities (Hirneth & Mackenzie, 2004; Ozelie et al., 2022). In this study, mental health settings were identified as most flexible due to limited physical demands and the pace of work. Several educators specified that time is needed to develop implementation plans with students for their accommodations. Time can also be an issue for educators working with students who are not meeting minimum performance requirements. Similarly, while accommodations may be challenging due to the limited availability of educators, the skills of the educators and their ability to provide client services simultaneously (Rankin et al., 2010; Stier et al., 2015), these factors are not unique to working with students with disabilities. Educators need support from their supervisors because the role of fieldwork educator requires resources. Specific

resource needs will vary depending on the nature of support the educator must provide, not because they are working with a student who has a disability.

### **Strengths and Limitations**

The strengths of this study include the application of interpretive description methodology, which has led to practical considerations for fieldwork educators. Further, two members of the research team coded half of the transcripts independently to build a coding tree and ensure rigor in the analysis process. Also, the educators in the study represent a breadth of practice and teaching experience across varied practice settings.

The limitations of the study include using only interviews as a data source at one point in time in the catchment area of one Canadian University. Knowledge claims from this study are limited to educators who worked with students with disability-related accommodations, had generally positive experiences, and felt comfortable discussing these experiences.

### **Conclusion**

Students with disabilities in professional programs report experiencing ableism within their programs. Educators in these programs express challenges with finding adequate fieldwork opportunities and difficulty accommodating students with disabilities. Rather than focusing on challenges, these study findings demonstrate opportunities, and the value of a strengths-based, future oriented approach to fieldwork accommodations. Educators prioritized learning and used their knowledge and skills to create flexible accommodation options for students to progress in their individual journeys to becoming occupational therapists. Providing fieldwork education can be a rewarding yet demanding role and educators require support to do this work. This study provides the perspective of Canadian fieldwork educators from one university program. Future



studies need to involve fieldwork educators across the country, including educators who struggle with implementing disability-related accommodations.

### **Key Messages**

- Being open and flexible to learning with and from students with disabilities can enhance practice for both the student and the therapist.
- Adopting a future orientation and engaging students about their learning needs can enrich learning and preparation for occupational therapy practice.
- Fieldwork educators require support from supervisors, particularly time, to fulfill this role well and in addition to their clinical role.

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### **Conflict of Interest**

The Authors declare that there is no conflict of interest.

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## **Chapter Five: Discussion and Conclusions**

The purpose of this thesis is to explore educators' perspectives on the accommodation process of students with disabilities in professional rehabilitation programs, specifically occupational therapy, and physiotherapy. The findings from these studies build on previous work which indicates that educators struggle to meet the myriad of institutional expectations from the university and professions (Jung et al., 2008; Stier et al., 2015). Specifically, the studies described in this thesis explain why educators struggle to accommodate students with disabilities in professional rehabilitation programs.

The first study described in Chapter 2, focuses on *texts* relevant to the accommodation process in occupational therapy and physiotherapy education. A critical analysis of these texts reveals conflicting discourses and subject positions for the educators. While the *texts* show the professions' commitment to equity and inclusion, they also show the presence of normative assumptions that prevent true equity and inclusion. Educators are required to be *navigators* and *advocates* for students with disabilities and *gatekeepers* for the profession simultaneously. These conflicting roles may be contributing to the challenges educators experience in accommodating students with disabilities.

The second study in Chapter 3 demonstrates that there are also conflicts in the practice of implementing accommodations. University-based educators in an occupational therapy and physiotherapy program were interviewed to understand their actions in the accommodation process and how these actions are organized. Educators describe a *problematic* in which they struggled to reconcile the focus on students in the PSE context with the focus on clients in the healthcare context. Educators believe they are preparing students for the outcome of caring for clients in their future practices. There is a need to bring the separate foci on students and clients

together, rather than positioning them as a dichotomy where only one or the other can be prioritized.

Since context is a major influence on practice, and the healthcare context is focused on the client, one may expect that fieldwork educators struggle even more with the accommodation process than university-based educators. However, the fieldwork educators in the final study (Chapter 4) are generally at ease with implementing students' disability-related accommodations in their workplace. They use their occupational therapy skills and focus on students' learning in the current fieldwork opportunity as a steppingstone to students becoming professionals. Fieldwork educators describe how their context can have facilitative or impeding effects on their ability to support students in fieldwork. Specifically, they cite their work demands related to caseloads and time and support or lack thereof from employers and personal circumstances, as having an influence on their role as a fieldwork educator.

Overall, this body of work highlights strengths and challenges experienced by educators when accommodating students with disabilities. It also identifies potential strategies in terms of conceptualizing accommodations as part of a student's learning journey to advance their knowledge and skills towards becoming a practicing occupational therapist or physiotherapist.

### **Themes**

Two main themes across the studies warrant further discussion about their contribution to this thesis and area of scholarship. First, there is a need to discuss the role of *texts* across the studies, with respect to methodology and findings. In the first study, *texts* are essential to critical discourse analysis methodology. *Texts* are "any representation of an aspect of reality" and discourse is the most prevalent understanding of reality at the time (Cheek, 2004, p.1144). Thus,

an analysis of the discourses embedded in *texts* enables an understanding of how language is used as social practice (Fairclough, 1992). Findings from this study reveal that seven of the nine most relevant *texts* that were analyzed were written by educators and not people from the educational or professional institutions to whom the educators are accountable. Previous literature indicates that educators struggle to meet institutional requirements (Jung et al., 2008; Stier et al., 2015). Presumably, the most relevant texts then would be those that contain institutional requirements for educators. Rather, the included texts explained expectations and processes to students/applicants. This finding suggests that there are limited texts that explain how educators are expected to address accommodations in professional rehabilitation programs. Instead, educators have written texts for themselves and students/applicants to clarify this information to bridge the gap between broad institutional documents, such as the accommodation policy, and practice. It is unclear if and how *texts* are taken up or acted on in practice from a critical discourse analysis study (Ballinger & Payne, 2000).

The second study is informed by institutional ethnography methodology. Whereas discourse analysis involves society in an abstract way, institutional ethnography requires social actors to examine the phenomenon. Nonetheless, texts have an integral role in institutional ethnography, such that they are activated and result in specific actions that maintain the interests of the institution (Smith, 2005). Texts are not in and of themselves the object of analysis (Smith & Turner, 2014). In this study, educators were interviewed to understand their accommodation *work*. It was evident that most educators did not consult any texts, including those that were written by other educators. The lack of texts being invoked by informants has been noted in other institutional ethnography research (Moll et al., 2013), reinforcing the findings from the first study that there are limited texts that assist educators with accommodations. In this study,



educators generally entered the accommodation process by the activation of a student's accommodation plan. Once this plan was reviewed by the educator, there was no further text activation. Rather, educators described relying on their professional practice experience to determine their actions in the accommodation process, which as discussed previously, can be limiting. Since text activation is integral to this methodology, the study is identified as being informed by institutional ethnography methodology rather than being an institutional ethnography study.

The third study involves an interpretive description methodology, where texts, more commonly referred to as documents, may be used as primary or collateral data (Thorne, 2016). Texts provide another angle from which to study an experience and potentially address limitations of the primary data source (Thorne, 2016). The focus of the third study is to understand educators' experiences of accommodating students with disabilities in the fieldwork setting, namely their workplace. Similar to the university-based educators, fieldwork educators did not consult texts to inform their actions. At times, they connected with their colleagues, supervisors, or staff in other offices within the institution, but not as usual practice. Different from the university-based educators, they did not rely on a fixed understanding of clinical practice environments to guide their actions in the accommodation process. Rather, they used broad occupational therapy skills to create possibilities for students to gain competence in their fieldwork settings. This future-oriented approach may be a helpful way to think about providing accommodations as the professions continue to evolve.

Overall, texts had the most central role in the critical discourse analysis study and the findings were exclusively about the discourses embedded in those texts. Texts are important in institutional ethnography, not as a data source but as part of the text-action-text sequence in

determining how individuals' work is organized (DeVault & McCoy, 2006). However, the findings of this study demonstrated limited activation of formal texts, suggesting a gap in explicit policies and procedures that are designed to inform the accommodation process. Finally, in the interpretive descriptive study of fieldwork educators, there were very few references to formal texts in terms of their work in the accommodation process. Given the role of written documentation in knowledge translation and representing prevailing discourses, there is value in exploring the creation of texts in rehabilitation professional programs that describe inclusive approaches to accommodations, such as those used by the fieldwork educators in the final study.

The second theme that is salient across this thesis involves tensions within the rehabilitation professions regarding disability-related accommodations. These tensions reflect the complexity of implementing accommodations and this program of research served to raise consciousness about this complexity. For example, in the first study examining texts, there are tensions between the discourses of “normative assumptions” and “equity and inclusion”, along with the corresponding subject positions for educators that include both *advocating* and *gatekeeping*. These findings support previous research that identifies existing assumptions indicating that “health professionals are not disabled” themselves, however they espouse inclusion for clients who have disabilities (Bulk et al., 2017; Easterbrook et al., 2019). In this instance, the “normative assumptions” discourse must be addressed to shift the focus from students' bodies and minds and their functions to the outcomes required of occupational therapists. This focus is not surprising given that the occupational therapy and physiotherapy professions are rooted in the medical model understanding of disability. Historically, people with disabilities or clients of rehabilitation services are held responsible for their own participation and inclusion through an emphasis on *independence* and meeting *norms* for movement, strength,

and other body-level components (Gibson, 2014). By identifying the outcomes of occupational therapists' and physiotherapists' work, rather than their bodies' functions, the space is created for disabled students and rehabilitation professionals to flexibly determine how those outcomes may be achieved.

Other tensions are more challenging to address. In the second study involving university-based educators, findings reveal a central problematic in which the educators experienced a tension between two *ruling relations*: the focus on students in the PSE context and the focus on clients in the healthcare context. The focus on students involved issues of equity and inclusion, which the university-based educators were addressing through universal design for learning (UDL) initiatives. However, their concern was how the focus on students seemed to be privileged while the focus on clients was subordinated.

Schrewe and Frost (2012) identify a similar tension in medicine where the need for diversity in medicine conflicts with the standardization of the profession, even though separately these ideas were important and valued. They suggest bringing both goals together, rather than creating a dichotomy where one is in opposition to the other. The field of critical disability studies has achieved a similar goal in that disability is understood as a complex interaction of societal barriers and personal impairments, which does not negate the need for systems level activism AND access to healthcare interventions that address body-level impairments (Shakespeare, 2014). The rehabilitation professions must also shift towards supporting students while simultaneously, facilitating their learning and growth as future professionals in service of the public.

In the final study of this thesis, fieldwork educators seem to have achieved the goal of supporting students while facilitating their learning towards becoming occupational therapists

through the disability-related accommodation process. They addressed students' accommodation needs while also helping them gain competence in the knowledge and skills of occupational therapy. In fact, the implementation of accommodations *facilitated* student learning. This finding is different from previous research, in which fieldwork educators struggled to support students with their accommodations and achieve practice competencies (Hirneth & Mackenzie, 2003). Fieldwork educators' experiences in this study will be difficult to replicate in a university-based setting where educators are working with many students in a cohort, preparing them for all practice settings, rather than one or two students in a particular practice setting. There is limited time and resources to provide an individualized approach for each student. However, the principle of aligning accommodations and learning is useful, even if the specific examples are not replicable. Further, a greater emphasis on accessibility for all students may be advantageous to support more students than only those who access accommodations.

Accessibility and accommodation are not meant to lower expectations, but rather involve using alternate means for learning and demonstrating requirements (Roberts et al., 2014). Therefore, clarity about the essential requirements of professional programs is imperative. In some programs, professional competencies have been identified as the essential requirements (Roberts et al., 2014). However, the professions and programs need to ensure that their competencies are not underpinned by ableist assumptions; this may be challenging to identify. For example, in the third study many fieldwork educators report concerns about their own workload and pace of work, indicating that efficiency is an essential requirement. Similarly, university-based courses often have timed exams that simulate this work efficiency. It can be argued that work efficiency enables clients to receive healthcare services in a timely way, thereby avoiding adverse outcomes from delayed treatment. However, Jarus and colleagues

(2022) argue that when work efficiency is a competency, it disadvantages students and professionals with disabilities. They argue that managing increasing caseloads and limited time is a workplace reality rooted in ableist social priorities of “efficiency” and “productivity” that are privileged over adequate funding for enough therapists to provide healthcare services to clients.

Another approach is restricting practice for disabled occupational therapists and physiotherapists to speciality areas. Currently, occupational therapists and physiotherapists graduate from their professional programs as generalists who may work in any practice setting. Shrewsbury (2015), a disabled physician states that disabilities may restrict doctors from certain specialities where they cannot meet practice requirements, however they cannot preclude people with disabilities from practicing medicine at all. He suggests that the future may include graduates achieving a particular set of competencies, which enable them to practice in specific contexts. While this approach may remove barriers for therapists with disabilities in professional programs and in access to practice, it also has the potential to create a two-tiered system. Further, this shift would require professions to not only change their practice requirements, but also create new educational opportunities for graduates to achieve specific learning in specialty areas.

Alternatively, Jarus and colleagues (2022) suggest that health professionals be required to demonstrate collective competence within the healthcare team to illustrate that each team member is contributing to team function, rather simply demonstrating individual competence. This approach is consistent with a perspective offered by Podlucka (2020) who recommends an epistemological shift to collective, rather than individualized learning in PSE broadly. However, one of the challenges is that each profession has its own scope of practice, which means the complement of professionals would need to address all relevant scopes of practice. Further, it's unclear how individual licensure may be achieved if competence is collective. Developing these

models is a large undertaking and will take time to develop and implement. I propose recommendations that may assist students and educators in the interim.

## **Recommendations**

### **Education**

Texts represent and convey meaning and features of reality (Cheek, 2004). One important function that texts serve in education, is being a repository for the guidelines and processes students need to know in relation to their professional program. Educators are typically writing these texts to communicate information, for example, how students can access disability-related accommodations in the program. Based on the findings of the critical discourse analysis study presented in this thesis, educators need to write these texts clearly, transparently and using inclusive language. For example, educators should identify themselves as authors and invite dialogue with students about the processes described within the texts. Following from the findings in the interpretive description study, educators should write information in a way that aligns accommodations with learning for professional practice and underscores the importance of flexibility to achieve learning outcomes. This process of creating texts that bring together accommodation and learning with flexibility will influence the practice of implementing accommodations in a dialectical relationship (Fairclough, 1992).

Educators write texts that are relevant throughout the student's journey, from reading about the essential requirements of being a student occupational therapist or physiotherapist to how they will demonstrate their learning on exams and assignments. The focus on *how* skills will be demonstrated and *what* functional abilities students must possess creates barriers for students who cannot achieve the outcome in a prescribed manner, leading educators to conclude that

students with disabilities lack competence (Jarus et al., 2022). The findings from this research indicate that the focus of these texts must be on outcomes. Specifically, texts must identify the knowledge and skills that student occupational therapists and physiotherapists need to demonstrate. To determine whether a requirement poses barriers, educators will need to critically reflect on the texts they write, the classes they teach and the assessments of learning they design. This work can be done individually or collaboratively, using informal or formal tools such as the Seven-Step Framework for Critical Analysis (Nixon et al., 2017).

Students with disabilities in professional programs are preparing for a career in rehabilitation; thus, as part of their accountability and professionalism, they need to take ownership, as all students do, to develop coping and self-advocacy skills. The systematic review by Lindsay et al. (2018), found that these skills facilitated access to accommodations for students with disabilities. This is a contentious area in that some researchers *politicize* self-advocacy, indicating that this approach is deficit-based and rooted in ableism, such that it requires disabled students to engage in additional work relative to their peers (Woolf & de Bie, 2022). For example, students with disabilities in their study reported that there was only one way to self-advocate and that included: 1) obtaining formal accommodations, 2) appearing visibly/physically disabled, 3) communicating as per the educators' preferences, and 4) making others feel at ease about their disability. Notably, the research participants in this study included predominantly undergraduate students, who are not in professional programs. This is a significant limitation because professional programs require students to develop the skills of a professional who is responsible for the healthcare services they provide to the public. Self-awareness and the ability to communicate gaps/needs, are therefore important competencies for practice. However, the work by Woolf and de Bie (2022) demonstrates the importance of partnering with disabled

students to understand how flexibility may be needed in competency attainment. For example, students with disabilities have more complex needs that may require additional resources of time and emotional energy to not only disclose/communicate but also assist in coordinating the services to address those needs, as compared to non-disabled students. So while all students are required to meet competencies, educators need to consider ways to mitigate the additional toll that disabled students experience.

It is important to look beyond the individual accommodation process to also developing broader accessibility initiatives in professional programs (Jarus et al., 2022). For example, increasing accessibility does not necessarily require students to disclose their medical information, involve a student disability office on campus, or require ongoing time from faculty and staff from the professional programs to develop and implement accommodation plans. Examples of ways to increase accessibility to and within professional programs includes a minimum number of admissions allotted for disabled students, part-time options for study in the programs, increasing scholarships for disabled students and most importantly, involving disabled students, clinicians, and faculty in developing these initiatives (Sileika, 2022). Increasing the accessibility of PSE is not a long-term recommendation, but rather an imminent imperative as the postsecondary education standards development committee have submitted their final recommendations for an education standard under the AODA (Government of Ontario, 2022). Post-secondary institutions in Ontario will be required to implement these recommendations related to the education standard soon.

### **Further Research**

A shift towards accessibility has several positive implications including the potential of a decreased need for individualized accommodations. However, the need will not be eliminated



altogether as the student population and their learning needs are diverse. In the accommodation process, it is imperative that the essential requirements of professional rehabilitation programs be clear, because only then can flexibility be used to develop accommodations that meet student needs without compromising program requirements. While professional competencies have been positioned by some health professions as their essential requirements (Roberts et al., 2014), occupational therapy and physiotherapy have not done so explicitly. Even when professional competencies are established, as described in Chapter 3, they are general as they encompass different practice areas, populations, and settings. There are several research questions that require investigation in this area, beginning with an overarching question, such as:

How might we redesign rehabilitation professional education programs and practice requirements to be more accessible and inclusive of students/professionals with disabilities?

Specific sub-questions may be presented as touch points:

- a. What, if any, aspects of occupational therapy and physiotherapy scope of practice cannot be accommodated?
- b. What, if any, professional competencies are grounded in ableist assumptions about occupational therapists and physiotherapists?
- c. Are the profession's competencies also the essential requirements of the educational programs/practice?

This research should be done in partnership with disabled professionals who, based on their experiences in rehabilitation professions, may be able to identify barriers more readily than non-disabled professionals. However, this work is not their responsibility alone, but rather that of the professions and thus, requires the participation of students, educators and representatives from

the regulatory organizations, professional associations and committees that oversee the certification exam. This research should involve a co-design approach to developing solutions in a safe space without the privileging of some voices and subordination of others.

To address broader accessibility issues, research with disabled students who applied, but were not admitted to and/or did not complete graduation from professional rehabilitation programs is required to understand the barriers that may have prevented their success (Shrewsbury, 2015). Qualitative approaches to research that involve in-depth interviews to understand participants' perspectives are needed to answer the question: What challenges do applicants/students with disabilities who are not accepted/do not graduate from professional programs experience? Their input may form the basis for recruitment and retention efforts to improve equity, inclusion, and diversity.

Further, the efforts that educators are making to improve students' experiences and the accessibility of professional programs through UDL initiatives need systematic evaluation. Quantitative data is needed for evaluating retention/graduation rates and qualitative interviews or focus groups will facilitate understanding of the experiences of students and educators. However, for this work to be meaningful, the inherent value that disabled people bring to rehabilitation programs and professions must be taken up by all stakeholders.

### **Strengths & Limitations**

The individual studies in this body of work, as well as the thesis as whole, have several strengths and limitations. Table 1 includes a summary of each individual study's strengths and limitations, which have already been explicated in the preceding manuscripts. The final row

includes strengths and limitations for the overall thesis, which are described in more detail following the table.

**Table 1: Strengths and Limitations of Studies and Thesis**

<b>Study</b>	<b>Strengths</b>	<b>Limitations</b>
<b>Texts influencing the accommodation process of students with disabilities in professional rehabilitation programs: An analysis of discourse</b>	<ul style="list-style-type: none"> <li>• Application of Norman Fairclough’s three-dimensional conception of discourse in critical discourse analysis methodology</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection process may have led to some <i>texts</i> being missed</li> <li>• Inclusion of <i>texts</i> in their draft versus final versions</li> <li>• Implications of excluding <i>texts</i> that do not discuss accommodation</li> </ul>
<b>Accommodating students with disabilities in professional rehabilitation programs: An institutional informed study</b>	<ul style="list-style-type: none"> <li>• Overall argument concerning conflicting <i>ruling relations</i> grounded in analytic points in data</li> <li>• Detailed description of the local context for translocal application</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of data from students as stakeholders and professional “institutions” as contributors to the <i>ruling relations</i></li> </ul>
<b>Accommodating students with disabilities in fieldwork: A qualitative study</b>	<ul style="list-style-type: none"> <li>• Practical suggestions for fieldwork educators</li> <li>• Two research team members coded half the transcripts separately and discussed to build the coding tree</li> <li>• Educators from a variety of practice settings and years of practice and teaching experience</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews conducted at one point in time as the only data source</li> <li>• All educators practicing in catchment area of one occupational therapy program</li> <li>• Results do not include educators who do not work with students with disabilities or have challenging experiences</li> </ul>
<b>Thesis</b>	<ul style="list-style-type: none"> <li>• Contributes an educator perspective to the literature, which is limited, particularly in rehabilitation</li> <li>• Describes educators’ tensions in how they understand and act on accommodations, rather</li> </ul>	<ul style="list-style-type: none"> <li>• Limited direct attention to systemic and structural forces that continue to deny equity for students with disabilities. Multiple perspectives are required, particularly those of students with disabilities</li> </ul>

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than directly linking to ableism

- Focus on occupational therapy educators only in the final study
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The current body of literature on disability-related accommodations heavily emphasizes the perspective of students with disabilities, including in systematic reviews (Lindsay et al., 2018, 2022). Thus, the strength of the studies conducted in this program of research is that they contribute to understanding educator perspectives. Further, they provide educator perspectives situated in rehabilitation professional programs, which are even more limited in the literature. These perspectives are important because students engage most frequently with educators in relation to their disability-related accommodations. Thus, understanding educators' perspectives provides insight into potential challenges and areas for change.

Another strength of this program of research is the exploration of the tensions that educators experience. Their tensions are grounded in how they come to understand and implement disability-related accommodations. There is an increasing number of studies in the health professional literature that collect data from educators and other stakeholders in the accommodation process, and then directly link them to ableism (Bulk et al., 2017; Easterbrook et al., 2019). Ableism is unacceptable and must be addressed, however labelling ableism alone does not necessarily lead to change. In fact, it may alienate the very individuals needed to champion change. Understanding educators' perspectives and tensions in accommodating students provides far more helpful information about how they can be engaged in a change process. The application of critical and action-oriented methodologies is a strength in enabling these perspectives and tensions to emerge and be described.

This body of work also has its limitations. As mentioned in the introduction, this work began at a time when educators were required to act on accommodation plans, and accessibility

was not enforced to the same extent. However, recent years have changed the social landscape in almost every industry in many countries, including Canada, such that justice, equity, diversity, and inclusion for groups who have historically been marginalized, are now being prioritized to some extent. The change being called for is a dismantling of the systemic and structural forces that continue to deny equity for these groups, including students with disabilities. While this body of work examines discourses and institutional practices that shape educators' work, many recommendations are targeted towards educators. A different approach may be needed to target structural changes, for example by considering the trajectory of the student experience and the barriers and facilitators in each domain (e.g., admissions, orientation, social support, etc.). While educators are involved in these domains, they involve additional stakeholders and may lead to larger-scale changes.

Therefore, another limitation of the current program of research that will need to be addressed moving forward is the involvement of multiple perspectives in the research. As identified previously, the unique involvement of professional associations and regulators means that they are also stakeholders in the accommodation process. Most importantly and consistent with the imperative "nothing about us without us" from the disability movement (Charlton, 2000), students with disabilities are needed to contribute to understanding about their unique barriers and the solutions required to dismantle them.

A final limitation is the sole focus on occupational therapy fieldwork educators in the third study. The decision to focus on one profession was made due to pragmatic constraints in the research process, however future studies should include more rehabilitation professions.

### **Revisiting the Researcher's Positionality**

Before concluding this body of work, I want to revisit my positionality first with respect to my relationship with the informants/participants, otherwise known as the educators in these studies. The educators were recruited through the same department within which I have worked for 17 years. I knew all the texts, most of the university-based educators and many of the field-based educators. They are colleagues and many are friends. Thus, I feel I am an insider in this work such that I understand not only the context, but also some experiences having implemented many accommodation plans together. I think the impact on recruitment is unpredictable in that if the educator knew me, it could serve to make them feel comfortable or uncomfortable talking to me and sharing their perspectives. Overall, I recruited a sufficient sample of educators to contribute new knowledge about the accommodation process in professional rehabilitation programs.

As an insider, I did not want to remove myself from the research process as I acknowledge that my experiences as an educator have played a large role in my decision to study this area. Rather, I wanted to be cognizant of my perspective, ensure it did not dominate the studies and to guard against assuming that I understood the participants' experiences simply because I am also an educator in the same department. I used journaling to capture my perspective and reflect on the assumptions I was bringing to this work. Particularly during the analysis and writing phases, I communicated regularly with my supervisor to discuss the salient ideas from the data and how they connected with my thinking. Even though the participants and I are all educators in the same department, we have many intersectional identities that influence our work with students. Thus, I do not believe that we all have the same perspective and so I

strived to identify differences and nuances in the processes taken to accommodate disabled students.

Finally, I have been reflecting on how my position on this topic has shifted. Most importantly, I'm not afraid to raise issues in the form of questions and from a place of humility. I feel I have learned a lot, but I have also come to appreciate how much there is to do to move forward. I am concerned about the forceful and judgemental approach that I have had to bear witness to from colleagues in specific spaces when discussing accessibility and accommodations in professional programs. While they espouse the values of justice and equity, I find their approach alienates people rather than bringing them together to move forward. People constitute professions and programs and so as a community of people, we need to determine a way forward together by listening with empathy and openness and explaining with a sense of safety and security. Only then, will we be able to practice true inclusion and diversity.

In summary, I have presented a body of work from the perspective of educators in professional rehabilitation programs about the accommodation of students with disabilities in these programs. Rehabilitation provides a unique context for this work given the importance of participation and inclusion of people with disabilities. Less attention has been given to the possibility that "we" as rehabilitation professionals and educators also have varied abilities and disabilities and how we can apply our knowledge and skills to diversify our professions. The process is not straightforward in the context of self-regulation and competency-based education; however, the values of justice, equity, diversity and inclusion are foundational to our reason for being and social change is already in motion...

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**Appendix A: Supplementary Table of Texts in the Discursive Field**

#	Name of Text	Purpose of Text	Author of Text	Author(s)' Mandate / Purpose	Year & # of Words (corpus)
1.	Canadian Human Rights Act	To ensure that all individuals have an equal opportunity to live without discrimination on prohibitive grounds, including disability.	Government of Canada	To consider, pass, change or repeal laws that govern the citizens of Canada.	1985 & 33,650 words
2.	Ontario Human Rights Code	To prevent discrimination and harassment on the basis of 17 protected grounds, including disability.	Province of Ontario (government)	To consider, pass, change or repeal laws that govern the citizens of Ontario.	1990 & 19,130 words
3.	Accessibility for Ontarians with Disabilities Act	To develop, implement and enforce standards to achieve accessibility for Ontarians with disabilities.	Province of Ontario (government)	To consider, pass, change or repeal laws that govern the citizens of Ontario.	2005 & 11,165 words
4.	Academic Accommodation of Students with Disabilities	Unable to find.	University	The discovery, communication and preservation of knowledge.	2017 & 7814 words
5.	University Self-Study Guidebook (Institutional Quality Assurance Process [IQAP])	To assist departments in completing the cyclical review Self-Study document.	University	The discovery, communication and preservation of knowledge.	2017 7434 words
6.	Academic Accreditation Standards and Self-Study Guide	Unable to find.	Canadian Association of Occupational Therapists	To develop leadership, advance knowledge, develop and	2017

				maintain professional and education standards, and build human resource capacity for excellence in occupational therapy.	
7.	Profile of Practice of Occupational Therapists in Canada	To present a model of practice that includes a wide spectrum of competencies.	Canadian Association of Occupational Therapists	To develop leadership, advance knowledge, develop and maintain professional and education standards, and build human resource capacity for excellence in occupational therapy.	2012 & 13785 words
8	Essential Competencies of Practice for Occupational Therapists in Canada, 3 <sup>rd</sup> ed.	To describe the knowledge, skills and attitudes required for occupational therapists to demonstrate they are competent for occupational therapy practice in Canada.	Association of Canadian Occupational Therapy Regulatory Organizations	To protect the public by fulfilling their statutory mandate to regulate the practice of occupational therapy in their respective jurisdictions.	2012 & 9927 words
9	Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT)	Measure to be used by occupational therapists and students to evaluate fieldwork.	Ann Bossers, Linda T. Miller, Helene J. Polatajko & Mark Hartley	To conduct research at the University of Western Ontario's Occupational Therapy Program	2007
10	Accreditation Handbook for	To provide information about	Physiotherapy Education	To conduct accreditation	2017

	Education Programs	the accreditation of physiotherapy education programs in Canada including the evaluative standards and elements, and the policies and procedures of the accreditation program.	Accreditation Canada	reviews of Canada’s fifteen physiotherapy education programs.	
11	Physiotherapy Education Accreditation Canada – Accreditation Standards	To provide a shared and full understanding of the accreditation standards and evaluative criteria of Physiotherapy Education Accreditation Canada.	Physiotherapy Education Accreditation Canada	To conduct accreditation reviews of Canada’s fifteen physiotherapy education programs.	2017
12	Competency Profile for Physiotherapists in Canada	To describe the essential competencies required of a physiotherapist in Canada throughout their career and specific milestones expected of a physiotherapist at entry to the profession.	National Physiotherapy Advisory Group	To promote the provision of quality physiotherapy services and positive health outcomes for Canadians through collaboration and communication on matters of mutual interest.	2017 & 3840 words
13	Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs (E +PP)	To help program faculty design and implement a curriculum that will prepare the entry-to-practice physiotherapist to be an autonomous, effective, safe	Canadian Universities Physiotherapy Academic Council, Canadian Physiotherapy Association, the Canadian Alliance of	To develop entry-to-practice physiotherapy curriculum content guidelines.	2009 & 23,445 words

		and compassionate professional, who practices collaboratively in a variety of health and social service settings and is responsive to the current and future needs of the Canadian health care system.	Physiotherapy Regulators and the Accreditation Council of Canadian Physiotherapy Academic Programs		
14	Entry-to-Practice Physiotherapy Curriculum: A Companion Document – Clinical Education Guidelines for Canadian University Programs	To produce a set of guidelines for clinical education that provides national consistency in preparing safe and effective entry-level physiotherapy practitioners.	Clinical Education Working Group, with representation from Canadian Council of Physiotherapy University Programs, National Association for Clinical Education in Physiotherapy, Accreditation Council for Canadian Physiotherapy Academic Programs, Canadian Physiotherapy Association and the Canadian Alliance of Physiotherapy Regulators	To develop national guidelines for clinical education in physiotherapy programs.	2011
15	Description of Physiotherapy in Canada	To define physiotherapy, the methods used, and the purpose	Canadian Physiotherapy Association	To lead, advocate and inspire excellence and	2012 & 3550 words

		for physiotherapists' actions.		innovation to promote health.	
16	University Mission and Vision	Unable to find.	University	The discovery, communication and preservation of knowledge.	2016 & 134 words
17	Essential Skills and Attributes Required for the Study of Occupational Therapy	To describe the skills and attributes required for success in completing a university program in occupational therapy.	Ontario Council of University Programs in Rehabilitation Sciences	To provide leadership on rehabilitation science education and scholarship with the goal of improving the health and well-being of Ontarians.	2009
18	Essential Skills and Attributes Required for the Study of Occupational Therapy	To provide information to prospective OT candidates so they can make an informed choice regarding applying to a program; help guide OT candidate, faculty and staff efforts toward student achievement of the essential skills and abilities; help prospective and current candidates decide if they should register with student accessibility services; help candidates, student accessibility	Ontario Council of University Programs in Rehabilitation Sciences	To provide leadership on rehabilitation science education and scholarship with the goal of improving the health and well-being of Ontarians.	2017 & 1458 words



		advisors, faculty, staff and health professionals develop reasonable accommodations such that candidates may meet the ESA requirements; help ensure the safety of learners during the education program; help ensure the safety of patients/clients during student clinical encounters.			
19	Essential Skills and Attributes Required for the Study of Physical Therapy	To describe the skills and attributes required for success in completing a university program in physical therapy.	Ontario Council of University Programs in Rehabilitation Sciences	To provide leadership on rehabilitation science education and scholarship with the goal of improving the health and well-being of Ontarians.	2009
20	Essential Skills and Attributes Required for the Study of Physical Therapy / Physiotherapy	To provide information to prospective PT candidates so they can make an informed choice regarding applying to a program; help guide PT candidate, faculty and staff efforts toward student achievement of the essential	Ontario Council of University Programs in Rehabilitation Sciences	To provide leadership on rehabilitation science education and scholarship with the goal of improving the health and well-being of Ontarians.	2017 & 1857 words

		skills and abilities; help prospective and current candidates decide if they should register with student accessibility services; help candidates, student accessibility advisors, faculty, staff and health professionals develop reasonable accommodations such that candidates may meet the ESA requirements; help ensure the safety of learners during the education program; help ensure the safety of patients/clients during student clinical encounters.			
21	Program Handbook	To outline specific academic regulations and general information related to the program	MSc PT Program	To educate student physiotherapists who deliver compassionate and effective physiotherapy in dynamic health environments through integration of best evidence	2017 – 2018 & 23,892 words

				and physiotherapy practice management principles, professional standards and collaborative care; who demonstrate leadership by contributing to their profession, to their communities and to the physiotherapy knowledge base.	
22	Occupational Therapy Program Handbook	To provide background on the frameworks that guide the curriculum, reviews the curriculum, outlines specific academic regulations and general information related to the program about which students need to be aware.	MSc OT Program	To prepare graduates with requisite knowledge, skills, and professional behaviors to practice as entry-level occupational therapists in a range of institutional and community settings throughout Canada and in the international community.	2017 - 2018
23	Joint Position Statement on Inclusive Occupational Therapy Education for Individuals with Disabilities	To serve as a sign of solidarity and support for occupational therapy students and potential colleagues who have disabilities.	Representatives from the Association of Canadian Occupational Therapy Programs, the Association of Canadian	To develop a position statement on this topic that is a broad common understanding but does not imply explicit	2017 & 2777 words

			Occupational Therapy Regulatory Organizations, the Canadian Association of Occupational Therapists and OTs from across Canada	endorsement by each individual from these groups.	
24	Tips and Strategies for Students with Disability-Related Accommodations	To provide students with disability-related accommodations with relevant information about the accommodation process within the OT program.	MSc OT Program	To prepare graduates with requisite knowledge, skills, and professional behaviors to practice as entry-level occupational therapists in a range of institutional and community settings throughout Canada and in the international community.	2016 & 808 words

Green: Met inclusion criteria

Pink: Did not address accommodation for students with disabilities

Yellow: Did not occur in the context of occupational therapy or physiotherapy education programs

Blue: Did not meet either criterion

## Appendix B: Permission to Include Norman Fairclough's Figure

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## Appendix C: Hamilton Integrated Research Ethics Board Approval Letter



Jul-23-2018

**Project Number:** 5011

**Project Title:** The Accommodation Process of Students with Disabilities in Professional Rehabilitation Programs: Explicating the Ruling Relations<br>

**Principal Investigator:** Mrs Shaminder Dhillon

As you are aware your study was presented at the July 17, 2018 Hamilton Integrated Research Ethics Board and has been given *final* approval from the full HiREB.

The following documents have been approved on both ethical and scientific grounds:

Document Name	Document Date	Document Version
Information and Consent - Version 1 - June 2018	Jun-23-2018	1
Interview Guide - Version 1 - June 2018	Jun-23-2018	1
Recruitment Emails - Version 1 - June 2018	Jun-23-2018	1
Study Protocol - Version 1 - June 2018	Jun-23-2018	1

The following documents have been acknowledged:

Document Name	Document Date	Document Version
TCPS2 Core Certificate	Jun-23-2018	TCPS 2: CORE

**Please Note:** All consent forms and recruitment materials used in this study must be copies of the above referenced documents.

We are pleased to issue final approval for the above-named study for a period of 12 months from the date of the HiREB meeting on 17 July 2018. Continuation beyond that date will require further review and renewal of HiREB approval. Any changes or revisions to the original submission must be submitted on a HiREB amendment form for review and approval by the Hamilton Integrated Research Ethics Board.

**PLEASE QUOTE THE ABOVE REFERENCED PROJECT NUMBER ON ALL FUTURE CORRESPONDENCE**

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Inman".

Dr. Mark Inman, MD, PhD  
Chair, Hamilton Integrated Research Ethics Board

The Hamilton Integrated Research Ethics Board (HiREB) represents the institutions of Hamilton Health Sciences, St. Joseph's Healthcare Hamilton, Research St. Joseph's-Hamilton, and the Faculty of Health Sciences at McMaster University and operates in compliance with and is constituted in accordance with the requirements of: The Tri-Council Policy Statement on Ethical Conduct of Research Involving Humans; The International Conference on Harmonization of Good Clinical Practices; Part C Division 5 of the Food and Drug Regulations of Health Canada, and the provisions of the Ontario Personal Health Information Protection Act 2004 and its applicable Regulations; For studies conducted at St. Joseph's Healthcare Hamilton, HiREB complies with the Health Ethics Guide of the Catholic Alliance of Canada

## **Appendix D: Email Invitations to Participate**

### **Email to Preceptors for the OT & PT Programs**

Subject: Experiences in the Accommodation Process

Dear Colleagues,

Shaminder (Shami) Dhillon, a PhD candidate and Assistant Professor in the School of Rehabilitation Science and has contacted me to share with the clinical community in our catchment, details about a study she is conducting as part of her dissertation work in regards to accommodating students with disabilities in professional rehabilitation programs – specifically, occupational therapy and physiotherapy.

Occupational therapists/physiotherapists who have been a preceptor in the last five years for at least one McMaster student OT/PT with a disability and have accommodated the student on placement, are invited to participate in the study. If you are interested in receiving more information or participating in the study, please read additional details below and/or contact Shami directly at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca).

The study will involve a 1 hour interview with Shami, which will be anonymized, transcribed and analyzed. Participation in the study is voluntary and confidential. You may skip any questions you do not wish to answer and you are completely free to withdraw from the study at any time. No one other than Shami will be made aware of your participation. Any transcripts shared with her supervisory committee will be anonymized. Participating or not participating in the study will not impact your opportunity to offer ongoing placements to McMaster OT/PT students. In recognition of your time, a \$10 gift card for Starbucks will be provided!

Attached to this email is a letter of information, which provides full details about the study. If, once you have read the letter, you decide you would like to participate in an interview, please email Shami at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca) to schedule a date/time.

Thank-you, Director of Clinical Education.

**Email to Tutors for the OT & PT Programs**

Subject: Experiences in the Accommodation Process

Dear Colleagues,

Shaminder (Shami) Dhillon, a PhD candidate and Assistant Professor in the School of Rehabilitation Science and has contacted me to share with the clinical community in our catchment, details about a study she is conducting as part of her dissertation work in regards to accommodating students with disabilities in professional rehabilitation programs – specifically, occupational therapy and physiotherapy.

Occupational therapists/physiotherapists who have tutored in the McMaster OT/PT Program in the last five years AND have accommodated at least one student with a disability in the program, are invited to participate in the study. If you are interested in receiving more information or participating in the study, please read additional details below and/or contact Shami directly at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca).

The study will involve a 1 hour interview with Shami, which will be anonymized, transcribed and analyzed. Participation in the study is voluntary and confidential. You may skip any questions you do not wish to answer and you are completely free to withdraw from the study at any time. No one other than Shami will be made aware of your participation. Any transcripts shared with her supervisory committee will be anonymized. Participating or not participating in the study will not impact your opportunity to tutor in the OT/PT program on an ongoing basis. In recognition of your time, a \$10 gift card for Starbucks will be provided!

Attached to this email is a letter of information, which provides full details about the study. If, once you have read the letter, you decide you would like to participate in an interview, please email Shami at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca) to schedule a date/time.

Thank-you, PBT Coordinator.



**Email to Faculty in the OT & PT Programs**

Subject: Experiences in the Accommodation Process

Dear Colleagues,

I am reaching out to you today as a PhD candidate in the School of Rehabilitation Science about a study I am conducting as part of my dissertation work in regards to accommodating students with disabilities in professional rehabilitation programs – specifically, occupational therapy and physiotherapy.

All paid educators who teach university-based courses in the occupational therapy or physiotherapy program AND have accommodated students with disabilities in these programs in the last five years, are invited to participate. This group includes part-time, full-time, contractually-limited and sessional instructors. If you are interested in receiving more information or participating in the study, please read additional details below and/or contact me directly at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca).

The study will involve a 1 hour interview with me, which will be anonymized, transcribed and analyzed. Participation in the study is voluntary and confidential. You may skip any questions you do not wish to answer and you are completely free to withdraw from the study at any time. No one other than me will be made aware of your participation. Any transcripts shared with my supervisory committee will be anonymized with identifying information redacted (e.g. roles & responsibilities). Participating or not participating in the study will not impact your employment. In recognition of your time, a \$10 gift card for Starbucks will be provided!

Attached to this email is a letter of information, which provides full details about the study. If, once you have read the letter, you decide you would like to participate in an interview, please email me at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca) to schedule a date/time.

Thank-you, Shami.

**Shaminder Dhillon, MSc., O.T. Reg. (Ont.)**

PhD Candidate, School of Rehabilitation Science  
McMaster University, IAHS Building, Room 427  
1400 Main Street West, Hamilton, Ontario, L8S 1C7  
[sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca); 905.525.9140 ext. 27815

**Email to Staff involved in the Accommodation of Students with Disabilities from the OT and PT Programs at McMaster University**

Subject: Experiences in the Accommodation Process

Dear Colleagues,

Shaminder (Shami) Dhillon, is a PhD candidate and Assistant Professor in the School of Rehabilitation Science and has contacted me to share with our staff, the details about a study she is conducting as part of her dissertation work in regards to accommodating students with disabilities in professional rehabilitation programs – specifically, occupational therapy and physiotherapy.

Any staff member who has had experiences working with students and/or faculty from the occupational therapy or physiotherapy programs at McMaster University in the last five years, are invited to participate in the study. If you are interested in receiving more information or participating in the study, please read additional details below and/or contact Shami directly at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca).

The study will involve a 1 hour interview with Shami, which will be anonymized, transcribed and analyzed. Participation in the study is voluntary and confidential. You may skip any questions you do not wish to answer and you are completely free to withdraw from the study at any time. No one other than Shami will be made aware of your participation. Any transcripts shared with her supervisory committee will be anonymized. In recognition of your time, a \$10 gift card for Starbucks will be provided!

Attached to this email is a letter of information, which provides full details about the study. If, once you have read the letter, you decide you would like to participate in an interview, please email Shami at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca) to schedule a date/time.

Thank-you, Director/Manager of Student Accessibility Services, the Equity & Inclusion Office or the Ombuds Office.

## Appendix E: Participant Information and Consent



School of Rehabilitation Science  
1400 Main Street West  
IAHS-403  
Hamilton, ON L8S 1C7  
T: (905) 525-9140, ext 22867  
E: rehab@mcmaster.ca  
www.srs-mcmaster.ca



|

### Information/Consent Form (Participant)

Study Title: The Accommodation Process of Students with Disabilities  
in Professional Rehabilitation Programs – Explicating the Ruling Relations

**Local Principal Investigator  
and PhD Candidate:**

Shaminder (Shami) Dhillon, Assistant Professor  
School of Rehabilitation Science, McMaster University  
1400 Main Street West, Hamilton ON L68 1C7  
[sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca); 905.525.9140 ext. 27815

**Co-investigators and  
Supervisory Committee:**

Dr. Patty Solomon, Professor (Supervisor)  
School of Rehabilitation Science

Dr. Beth Marquis, Assistant Professor  
Arts & Science Program and MacPherson Institute

Dr. Sandra Moll, Associate Professor  
School of Rehabilitation Science

Dr. Magda Stroinska, Professor  
Department of Linguistics and Languages

**Sponsor:**

Priority Areas for Learning and Teaching (PALAT) Grant  
MacPherson Institute, McMaster University

**Conflict of Interest:**

While one member of the supervisory committee is situated  
at the MacPherson Institute at McMaster University, there is  
no potential benefit to the investigators beyond the  
professional benefit from academic achievement or  
presentation of the results.



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### **Why is this study being done?**

The Accessibility for Ontarians with Disabilities Act (AODA) is enabling more students with disabilities to enter post-secondary education, including health professional programs. However, students with disabilities drop out of these programs more often than their non-disabled peers. In occupational therapy and physiotherapy programs, educators report challenges in managing the academic, professional and human rights requirements in their programs. While these requirements guide educators in their curriculum planning and engagement with students, they also create tensions for educators attempting to reconcile them. There is a need to identify the specific sources where these requirements arise and understand how occupational therapy and physiotherapy educators interact with these sources in the accommodation process. Understanding these social relations will reveal areas of tension between balancing the rights of students with disabilities with the program's requirements of preparing competent entry-level rehabilitation therapists. Thus, this study aims to understand how policies and discourse about disability and practice, shape educators' actions when accommodating students with disabilities in McMaster University's occupational therapy and physiotherapy programs. Educators are defined as university based faculty and tutors as well as field-based preceptors.

The study will be guided by the following research questions: 1) How do educators in occupational therapy and physiotherapy programs negotiate, implement and evaluate the accommodations of students with disabilities? 2) How are their actions shaped by policies and discourses governing the accommodation of students with disabilities?

### **How many participants will be in this study?**

McMaster University is the only site in this study. Approximately 5 faculty, 5 tutors and 5 preceptors will be recruited from the occupational therapy program and then the physiotherapy program to a total of 30 participants. An additional 5 staff members will be recruited from campus support services, specifically Student Accessibility Services (SAS), Equity & Inclusion and the Ombuds office.

### **What will happen to participants in this study?**

If you volunteer to participate in this study, you will be asked to engage in a one hour interview with the principal investigator, Shami Dhillon at a location of your choice. You will be asked about your experiences accommodating students with disabilities in the occupational therapy or physiotherapy program at McMaster University. The interview will be recorded for accuracy

Version date: June 2018

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and transcribed for analysis.

**Will I be paid in this study? Will there be any costs?**

You will not be paid in this study. However, in recognition of your time, a \$10 gift card to Starbucks will be provided to you. Depending on where you would like the interview to take place, there may be travel costs. We will cover any parking costs.

**Are there any risks?**

The risks involved in participating in this study are minimal. You may feel uncomfortable discussing your experiences accommodating students with disabilities, particularly if these experiences were difficult and distressing. Talking about disability, human rights and health care practice involves personal and professional values of inclusion and competence, which may also be challenging to discuss. You may be concerned about the principal investigator's response to your experiences, particularly as a colleague you may know.

Further, this study is focused on institutional and practice policies and discourses – these may originate from organizations that exert some power over educators. This study is being conducted to unearth the policies and discourses that shape the work of educators. However, if you choose to participate, you may skip any questions that you do not wish to answer. Also, you may withdraw from the study at any time. Below, we have outlined the steps we are taking to ensure your privacy and how you may withdraw from the study.

**Are there any benefits?**

You may find it beneficial to reflect on your experiences in accommodating students with disabilities in occupational therapy or physiotherapy. The findings from the study will be shared with faculty, tutors and preceptors in the occupational therapy and physiotherapy programs at McMaster University. This may provide an opportunity to begin a broader discussion of the tensions experienced by educators in the accommodation process. The study findings will also be presented at academic conferences and published in peer-reviewed journals to contribute to the growing body of literature on accommodation in rehabilitation professional programs.

**What will happen to my personal information?**

We will keep your personal information private and confidential. If you choose to take part in the interview, your identity will be known to the principal investigator only. No recordings will be



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shared. Any interview transcripts shared with the research team will have identifying information redacted.

Personal information including participant numbers linked to transcripts and demographic information will be recorded in a word document and stored on a password-protected computer. Signed consent forms will be scanned and also stored on the password-protected computer in a separate folder from other data. The original consent form will then be destroyed. Anonymized interview transcripts will be analyzed using Dedoose software ([www.dedoose.com](http://www.dedoose.com)). When sharing results in presentations or reports/publications, no identifying information will be provided. Participants will be described as a group(s) rather than individuals, thereby limiting recognition. All electronic files (consent forms, recordings and transcripts) will be destroyed after 10 years.

Please note that even with the use of pseudonyms or placeholders, we can sometimes be recognized in quotes by our words or the ways in which we express ourselves. Quotes are used to provide evidence for the findings and ensure their credibility.

#### **Can participation end early?**

Your participation in this study is voluntary and you may withdraw (even after giving consent) by notifying the principal investigator, Shami Dhillon by email ([sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca)). Also, you may skip any interview questions you wish and continue to participate in the study. Withdrawing from the study or choosing not to answer questions will in no way impact your employment or relationship with the occupational therapy or physiotherapy programs at McMaster University.

Please note that approximately 2 weeks after the interview, your transcript will be added to the data set and will begin to inform the overall analysis. At this point, the individual transcript cannot be removed.

#### **If I have questions about this study, who should I call?**

If you have any questions about the study either now or later, please call Shami Dhillon at 905.525.9140 ext. 27815 or email at [sdhill@mcmaster.ca](mailto:sdhill@mcmaster.ca).





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### CONSENT STATEMENT

**Participant:**

I have read the preceding information thoroughly. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to participate in this study. I understand that I will receive a signed copy of this form.

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Name	Signature	Date
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**Person Obtaining Consent:**

I have discussed this study in detail with the participant. I believe the participant understands what is involved in this study.

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Shaminder Dhillon, Principal Investigator	Signature	Date
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This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, Hamilton Integrated Research Ethics Board at 905.521.2100 x 42013.

## **Appendix F: Interview Guide**

### **Study Title: The Accommodation Process of Students with Disabilities in Professional Rehabilitation Programs: Explicating the Ruling Relations**

#### **Interview Guide**

##### Demographic Information:

1. What is your specific educator role (e.g. faculty, preceptor or tutor)?
  - a. If faculty, which type of course do you teach (e.g. skills, inquiry, PBT, EBP or clinical education)?
2. How many years have you been practicing? How many years have you been teaching?
3. What is your practice area/area of expertise in OT or PT?

##### Content Questions:

4. What do you do in the accommodation process?
  - a. What is your role in this process?
5. How do you accomplish this work?
  - a. Can you explain the accommodation process and the place where you engage in this process?
6. What informs your actions?
  - a. What rules, regulations, requirements, policies and/or discourses are informing your actions?
7. What is in an accommodation letter?
  - a. How does the letter inform your work/engagement in the accommodation process?
8. Is there anything that I have not asked you about in relation to your work in the accommodation process that you wish to share with me?