

Joint Position Statement on Inclusive Occupational Therapy Education for Persons with Disabilities



CAOT - ACE
Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes



It is the position of the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP), that persons with disabilities who are enrolled in a Canadian occupational therapy entry-level program have the right to equitable participation in all aspects of their education. Academic and professional standards will be upheld at all times (Cooper et al., 2012, p.7). This document addresses both entry-level and continuing professional occupational therapy education.

CAOT and ACOTUP endorse the World Federation of Occupational Therapists' (WFOT) position statement on inclusive education (2008) which states: 'WFOT believes that the right to inclusive education is paramount and non-negotiable. Occupational therapy is a profession that strives to enable individuals to realize their potential, developing meaning in life and advocating for ability. Therefore, it is imperative that occupational therapy educational programs are accessible to students with disabilities and that the strategies employed to meet this goal become models for others to emulate.'

It is anticipated that this position statement will be utilized by individuals and organizations that have an interest in the education of occupational therapy personnel. Individual stakeholders may include the learners themselves, practitioners, educators and academics, researchers, student service professionals, other professionals, employers, advocates, and clients. Stakeholder organizations may include occupational therapy professional organizations, institutes of higher education and occupational therapy regulators.

Recommendations for Occupational Therapists and Educators

1. Promote full and equitable participation in the valued occupation of learning.
2. Employ diverse bodies of knowledge related to inclusive education to inform practice, education, policy development and research.
3. Acknowledge the depth of wisdom that comes from the lived experience of disability within the occupational therapist community.
4. Promote awareness of and adherence to all relevant legislation and organizational policies.
5. Work diligently to ensure ableist assumptions are not grounding the assessment of competency in the broader context (including fieldwork, entry-to-practice and continuing competency).
6. Promote Universal Design for Learning and address barriers inherent in the structure and implementation of occupational therapy education.
7. Advocate for persons with disabilities to be included within educational opportunities in the profession.
8. Promote the sharing of best practices on inclusive occupational therapy education.
9. Promote the development of research evidence that will advance understanding of inclusive education within the profession.

Recommended Initiatives for Organizations involved in Occupational Therapy Education

1. Develop best practice guidelines to assist with the creation of a national strategy to implement inclusive Canadian occupational therapy education within the classroom and fieldwork settings.
2. Increase knowledge of effective strategies for the implementation of accessible academic and practice learning opportunities by promoting collaboration between the Canadian university programs, the occupational therapy community and other stakeholders.
3. Build awareness of barriers and ableist assumptions within the design of competency documents and assessment of competency by promoting discussion amongst occupational therapy stakeholders.
4. Develop educational workshops on inclusive environments for students with varying abilities.
5. Promote educational scholarship regarding access to education for persons with disabilities.
6. Examine organizational policies to ensure adherence to relevant legislation.
7. Ensure that accreditation standards and indicators account for policy, structures and programs that allow

for accessible OT and OTA educational programs for persons with disabilities.

8. Promote accessible continuing education opportunities.
9. Ensure full access to the National Occupational Therapy Certification Examination with the provision of reasonable accommodations, as required.
10. Promote discussion of inclusive education with the regulatory mandate to address fitness to practice issues.

Background

Although there is a growing number of people with disabilities enrolled in university programs across Canada, persons with disabilities are still underrepresented, particularly within the health professional programs (Cooper et al., 2012; Easterbrook et al., 2015; Harrison & Wolforth, 2012; Wolanin and Steele 2004). Health professional programs (for example occupational therapy or medicine) are particularly challenging since students are expected to achieve competencies in both academic and practice settings. In addition, little is known regarding accommodations in the practice settings (Jung et al., 2008; Rankin et al., 2010), where students may require unique accommodations to demonstrate professional competencies. Often students are not given those accommodations due to concern that doing so will lead to different practice experiences and compromise professional standards (Rankin et al., 2010; Tee et al., 2010). Additionally, there is research evidence that societal attitudes, and the history of marginalization and stigmatization of people with disabilities has been a barrier to participation (Bulk et al., 2017; Daruwalla & Darcy, 2005; Easterbrook et al., 2015; Ford, 2001; McLaren, 1990; Waldschmidt, 2010). Such barriers are evidenced in university programs when some students with disabilities do not request accommodations due to the fear of being labelled and discriminated against (Easterbrook, 2015; Jung et al., 2008). Perceived and real risks are associated with disclosure (Bulk et al., 2017). It could be perceived that disclosure is a responsibility to mitigate any issues that may put the public in harm's way; however, disclosure remains an individual's choice and they should not be denied the right to exercise this choice. Supportive systems need to provide for a space where individuals feel safe to disclose and where accommodations are not a sign of stigma or inability to perform a job.

Canadian occupational therapy educational programs need to be informed by legislation provincially, nationally and internationally, including the Canadian Charter of

Rights and Freedoms (Department of Justice, 1982), the United Nations Convention on the Rights of Persons with Disabilities (Chen et al., 2004; Wright and Eathorne, 2003), and current provincial and federal accessibility legislation. Compliance with legislation is obligatory and will assist in creating inclusive educational environments that are free of discrimination and wherein students' rights are upheld. Although university programs have policies related to equitable participation, there may be challenges related to the implementation of the policies within an occupational therapy program including:

- the need to provide reasonable accommodations while upholding the academic and professional standards of the educational program (Rankin et al. 2010; Tee et al. 2010);
- an unclear understanding of the role of educators in the provision of reasonable accommodations, especially in clinical settings;
- paramount considerations of client and learner safety in delivering fieldwork experiences;
- the need to provide varied fieldwork experiences for students to ensure that students graduate as generalists;
- the time and resources to work with unique and complex situations; and,
- the lack of systems to share experiences across university programs.

A national conversation on inclusive occupational therapy education began in 2012 with the ACOTUP Education Committee survey that identified trends related to the proportion of students receiving accommodations and the provision and implementation of student accommodations (See Stier, Barker & Campbell-Rempel, 2015 for a summary). A discussion on accommodation processes and implementation strategies was then held at the 2013 CAOT Conference. Since that time, there has been a growing body of research and action on accessible occupational therapy education, including the recommendation from the Joint Position Statement on Diversity (a joint position statement of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), ACOTUP, CAOT, the Canadian Occupational Therapy Foundation, and the Professional Alliance of Canada (now called the Alliance of Canadian Occupational Therapy Professional Associations)), created in 2014, that recommended that educators and researchers expand awareness of diversity to include disability. More recently, there was a national discussion at the 2016 CAOT conference, which identified a need to create a Canadian position statement to demonstrate a commitment to inclusive occupational therapy education.

This position statement serves as a sign of solidarity and support for occupational therapy students and potential colleagues who have disabilities. Supporting equitable participation in all academic endeavours brings occupational therapy closer to realizing an inclusive and stronger profession that draws from the strengths of all and aligns with a value of justice that includes the right for all individuals to enjoy social inclusion and meaningful choice in occupation (Canadian Association of Occupational Therapists, 2017). Diversity within Canada is a matter of national pride and occupational therapy will thrive as inclusive occupational therapy education is realized.

Glossary

Ability is the “possession of the means or skill to do something” (Oxford dictionaries).

Accommodations “remove and prevent barriers for students with disabilities that may interfere with the opportunities for full participation in the learning environment” (OHRC, 2004 as cited in Oakley et al., 2012, p.4).

Ableism is a form of prejudice that says disabled people are inferior to non-disabled people. It forms the ideals on which the normal, able, autonomous, productive citizen is modelled (Goodley, 2014; Weeber, 1999).

Accessibility is a characteristic of environments and structures - physical, social, digital, systemic - that can be easily accessed and used by everyone, regardless of personal characteristics including disability. (UNenable, 2007)

Canadian occupational therapy community is defined by all involved in the profession, in different capacities or roles. For example, educators, occupational therapists, professional associations, regulators, researchers, and students.

Competency is “a measureable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully” (Shippmann et al., 2000 as cited in UBC - Department of OS & OT, 2011).

Disablism is the exclusion of people with disabilities from social, political, cultural, and/or economic participation. It also has psycho-emotional impacts, whereby disabled people are marginalized through social interactions in which non-disabled people negatively impact the self-perception and efficacy of disabled people. (Bulk et al., 2017).

Disability is an umbrella term that links variability in body and mind function or structure and an activity limitation or a participation restriction in an individual's social or physical environment (WHO, 2001, p.193; Hurst, 2003).

Diversity refers to individuals with varied characteristics like “communication skills, culture, marital status, ability to attend, learning abilities, intelligence, interests, (cognitive abilities), values, culture, social skills, family support, learning styles, age, socioeconomic status, religious beliefs, sexual orientation, ethnicity, physical abilities, sensory abilities, race, gender”. (Burgstahler & Cory, 2008, p.4).

Essential requirements “are the learning outcomes, or the skills, knowledge or attitudes that must be achieved at a designated level in order to be successful in the course ... (and are) indispensable, vital and very important... (and)... must be necessarily demonstrated in order to meet the objectives of a course”. (Oakley et al., 2012, p.4).

Inclusive education refers to teaching practices that aim to minimize consequences of functional limitations and remove barriers to learning (Beaudoin, 2013).

Reasonable accommodation refers to modifications that do not pose organizations an ‘undue hardship’, which is defined as significantly costly, extensive or disruptive (Cornell University, 2000, Repa, n.d.; Cooper et al., 2012).

Social theories of disability integrate a paradigm in which the learning environment, as a system, is defined by what each individual brings to the group - strengths, abilities and experiences - to create a community of learning. This paradigm does not focus on fixing people, but rather on supporting individuals in developing the full potential of the entire group, and by extension, of those individuals who are part of the group. Therefore, courses/lessons are planned to meet the diverse ways of learning (TLSS, 2017, Gill (1994) as cited in Access Service, n.d.).

Student service professionals offer services to students on university campuses where occupational therapy education programs are offered. They may vary by name from campus to campus, but commonly they offer counseling services; assist students in negotiating access and accommodations; support students as academic advisors and student mentors, among others.

Universal Design for Learning (UDL) is “a set of principles that can guide educators as they plan and deliver their instruction to students with a wide range of abilities ... Instead of retrofitting curriculum for students via accommodations and modifications, the principles of UDL prompt teachers to design curriculum that is flexible and adaptable to multiple forms of learning and engagement to facilitate the learning of all students... (It) does not imply a single solution for everyone, but rather it underscores the need for inherently flexible, customizable content, assignments, and activities.” (Lancaster, 2011, p. 5).

References

- Ability. (2018). In *Oxford Dictionaries online*. Retrieved from <https://en.oxforddictionaries.com/definition/ability>
- Access Service. (n.d.). *Minimizing the Impact of Learning Obstacles: A Guide for Professors*. Retrieved from <http://www.uottawa.ca/respect/sites/www.uottawa.ca.respect/files/accessibility-rkp-4-minimizing-learning-obstacles-access-service.pdf>.
- Beaudoin, J. P. (2013). *Introduction to inclusive teaching practices*. Retrieved from <http://www.uottawa.ca/respect/sites/www.uottawa.ca.respect/files/accessibility-inclusion-guide-2013-10-30.pdf>.
- Bulk, L., Easterbrook, A., Roberts, E., Groening, M., Murphy, S., Lee, M., Ghanouni, P., & Jarus, T. (2017). "We are not anything alike": Marginalization of health professionals with disabilities. *Disability and Society*, 32(5), 615-634.
- Burgstahler, S. E. & Cory, R. C. (2008). *Universal Design in Higher Education: From Principles to Practice*. Harvard Education Press.
- CAOT (2017). *What is occupational therapy?* Retrieved from: <http://www.caot-ace.ca/site/aboutot/whatisot?nav=sidebar>
- Chen, L., Evans, T., Anand, S., Boufford, J. I., Brown, H., Chowdhury, M., ... & Fee, E. (2004). Human resources for health: Overcoming the crisis. *The Lancet*, 364(9449), 1984-1990.
- Cooper, J., Coyston, S., Crooks, D., Gabbert, M., Juliano, G., Leclair, L., ... Whitmore, M. (2012). *Report of the ad hoc committee of senate executive to examine accommodation of students with disabilities and governance procedures related to academic requirements*. Retrieved from http://umanitoba.ca/student/saa/accessibility/media/Cooper_Commission_Report_Feb_2012.pdf
- Cornell University. (2000). *Reasonable Accommodation Under the ADA*. Retrieved from <https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?referer=https://www.google.ca/&httpsredir=1&article=1319&context=edicollect>.
- Daruwalla, P., & Darcy, S. (2005). Personal and societal attitudes to disability. *Annals of Tourism Research*, 32, 549-570.
- Department of Justice. (1982). *Canadian Charter of Rights and Freedoms*. Retrieved from <http://laws-lois.justice.gc.ca/eng/Const/page-15.html>
- Easterbrook, A., Bulk, L., Ghanouni, P., Lee, M., Opini, B., Roberts, E., Parhar, G., & Jarus, T. (2015). The legitimization process of students with disabilities in health and human service educational programs in Canada. *Disability & Society*, 30, 1505-1520, <http://dx.doi.org/10.1080/09687599.2015.1108183>.
- Ford, F. (2001). *The Bell in Hadamar*. Retrieved from <http://www.ccdonline.ca/en/humanrights/endoflife/latimer/2001/04>
- Goodley, D. (2014). *Dis/ability Studies: Theorising Disablism and Ableism*. Routledge.
- Harrison, A. G., & Wolforth, J. (2012). Findings from a pan-Canadian survey of disability services providers in post-secondary education. *International Journal of Disability, Community & Rehabilitation*, 11(1).
- Hurst, R. (2003). The International Disability Rights Movement and the ICF. *Disability and Rehabilitation*, 25, 572-576.
- Jung, B., Salvatori, P., Tremblay, M., Baptiste, S., & Sinclair, K. (2008). Inclusive Occupational Therapy Education: An international perspective. *WFOT Bulletin*, 57, 33-41.
- Lancaster, P. (2011). Universal design for learning. *Colleagues*, 3(1), 5.
- McLaren, A. (1990). *Creating a Haven for Human Thoroughbreds. Our Own Master Race: Eugenics in Canada, 1885-1945*. Toronto: McClelland & Stewart.
- Oakley, B., Parsons, J., Wideman, M. (2012). *Identifying Essential Requirements: A Guide for University Disability Service Professionals*. Retrieved from <http://queensu.ca/studentaffairs/sites/webpublish.queensu.ca.vpsavwww/files/files/idiaguide.pdf>.
- Rankin, E., Naydo, R., Cocks, S., & Smith, M. (2010). Students with disabilities and clinical placement: Understanding the perspective of healthcare organizations. *International Journal of Inclusive Education*, 14(5), 533-542.
- Repa, B. (n.d.). *Your Right to a Reasonable Accommodation Under the Americans with Disabilities Act (ADA)*. Retrieved from <https://www.nolo.com/legal-encyclopedia/free-books/employee-rights-book/chapter7-8.html>.
- Stier, J., Barker, D., & Campbell-Rempel, M. (2015). Student accommodations in occupational therapy university programs: Requirements, present environment and trends. *Occupational Therapy Now*, 17(3), 16-18.
- Teaching and Learning Support Service (TLSS). (2017). *Webinar on Accessibility in Higher Education*. Unpublished.
- Tee, S., Owens, K., Plowright, S., Ramnath, P., Rourke, S., James, C., & Bayliss, J. (2010). Being reasonable: Supporting disabled nursing students in practice. *Nurse Education in Practice*, 10(4), 216-221.
- UBC - Department of OS & OT. (2011). *Fieldwork Site Manual*. Retrieved from http://med-fom-osot.sites.olt.ubc.ca/files/2016/07/UBC_OT_FW_Site_Manual_2016.pdf.
- UNenable (2007). *Accessibility: A guiding principle of the Convention*. Retrieved from <http://static.un.org/esa/socdev/enable/disacc.htm>
- Waldschmidt, A. (2010). Who is normal? who is deviant? "Normality" and "risk" in genetic diagnostics and counseling. In S. L. Tremain (Ed.), *Foucault and the Government of Disability* (pp. 191-207). Ipswich; Ann Arbor: University of Michigan Press.
- Weeber, J. E. (1999). What Could I Know of Racism? *Journal of Counseling & Development*, 77(1), 20-23.
- Wolanin, T., & Steele, P. (2004). Higher education opportunities for students with disabilities: A primer for policymakers. *Institute for Higher Education Policy*.
- World Federation of Occupational Therapists (2008). *Position Statement on Inclusive Occupational Therapy Education*. Retrieved from <http://www.wfot.org/ResourceCentre.aspx>
- World Health Organization (WHO). (2001). *International Classification of Functioning, Disability, and Health*. Geneva, Switzerland: WHO.
- Wright, D., & Eathorne, V. (2003). Supporting students with disabilities. *Nursing Standard*, 18(11), 37-42.

The Joint Position Statement on Inclusive Occupational Therapy Education for Individuals with Disabilities has been prepared with the input of representatives from ACOTUP, CAOT, ACOTRO, and ACOTPA with representation of occupational therapists from across Canada. The participation of these groups represents a desire to reach a broad common understanding on this topic: it does not imply the explicit endorsement of each constituent of these consortiums. The Joint Position Statement on Inclusive Education Task Force approved this joint position statement on April 3, 2018.