Lessons learned – Evaluation of programs supporting the Inclusion of disabled people in health education and professions

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Introduction. Despite international human rights legislation and inclusion rhetoric, disabled people face barriers leading them to be less likely to attend and remain in university compared to non-disabled peers. This inequity is manifest in the health sector, where there exists a tension between promoting inclusion and maintaining professional competencies. This complexity creates a struggle for educators and service providers. The International Consortium for Inclusive Campuses addresses this issue with partners in seven nations. This presentation shares the work of the Canadian partner.

Methods: In-depth focus groups/interviews on the perspectives of health professional students, administrators, faculty and clinicians, indicated there are many barriers and facilitators to the inclusion of disabled students. Subsequently, strategies to mitigate barriers were developed and evaluated using interviews and questionnaires. Strategies included personalized accommodation plans, the development of resources and workshops for students and educators, online modules for students with disabilities, and an enhanced understanding of inclusive policies within national health professional programs.

Results: Disabled people face barriers to participation in health programs, including stigma and discrimination. Findings indicate that the strategies we developed, including resources and education, were effective in supporting students and clinical educators. However, current policies of health education programs do not clearly outline the process for providing accommodations for clinical training.

Conclusions: The inclusion of disabled people is vital for ensuring health professionals represent the populations they will serve. Our findings demonstrate how insidious forms of marginalization exclude individuals with disabilities from health education/professions, as well as ways this can be effectively addressed.