Application of UDL principles to practice environments: Getting it right?

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Universal Design for Learning is an educational model that supports educators to design and develop curriculum that are accessible to as many diverse learners as is possible. In doing so, it creates products, environment and learning spaces that are usable by individuals with the least amount of adaptation or accommodations possible (Timmons et al. 2006). Whilst it is increasingly being adopted in educational establishments in the England (Schools, Further Education [FE] and Higher Education [HE]), its application to the workplace and workplace learning is not fully developed. In England, the differences between academic education and workplace learning have arguably been influenced by the Disabled Students Allowance that reinforces a traditional model of educational delivery of lectures, exams, and written assignments.

Nurse education, like other professional courses such as teaching, social work, health care professions (HCP) and medicine is positioned at the interface between education and work (Martyn 2014) and as such student learning occurs in both settings, success being dependent on the student achieving the academic and professional requirements of the course. Moreover, student nurses complete fifty percent of their course in clinical practice, and in England validation of their success in practice is dependent on 'sign off' mentors verifying their competence to be on the register (NMC 2010). The National Health Service (UK) has at its focus the delivery of effective and efficient health care and is influenced by local and national concerns. In particular successive governments in the UK have struggled in the equable delivery of health care to an increasingly diverse population that is responsive to public demands and meets the fiscal, social and professional standards that are set. Higher Education in delivering its service has broadly recognised their role in widening participation and supporting diverse learners and this is evidenced by the substantive increase in students disclosing a disability at application (UCAS 2014) or during a period of study (Martyn 2014). In

nursing, this is evident in the numbers of students who are in receipt of reasonable adjustments, many of which are funded through the Disabled Students Allowance (UB 2014).

The presence of students who have a disability, and the need to implement reasonable adjustments (or accommodations) within clinical practice experiences creates tension for health care professionals as the need for accommodations seemingly collides with the demands of the workplace. Tensions revolve around the demands of the workplace to deliver safe, effective and competent health care that maintains patient safety, with minimal disruption to the organisation. In doing so, health care meets both public and professional expectations and health care policy, and processes are upheld. As a consequence individual practitioners are concerned that in their support of diverse learners they may do 'too little', 'too much', and patients may be put at risk, and their personal workload will increase. There is often limited time to fully assess or gain appreciation of a student's needs in a fast-paced clinical setting, and this can result in snap judgements or decisions being made upon assumptions or based loosely on knowledge received third hand. This is particularly the case with unseen disabilities and can result in a lack of willingness to delve deeply into a student's situation (Gee 2012).

Using the principles of UDL, the focus is taken away from the individual student by making the general 'workplace curriculum' accessible to as many students as possible, thus negating some of the pitfalls above. This is accomplished by focussing on having a curriculum with multiple means of representation (the 'what'), multiple means of expression (the 'how') and multiple means of engagement (the 'why') (CAST 2011). This educational language can feel like another barrier to overcome and be difficult to translate into everyday working practices. Reframing the principles by using language that appears applicable to the work context, 'Simple, Flexible and Efficient', (Figure 1) can demonstrate that workplace accommodations need not be onerous, and most if not all are of benefit to all learners in a clinical setting.

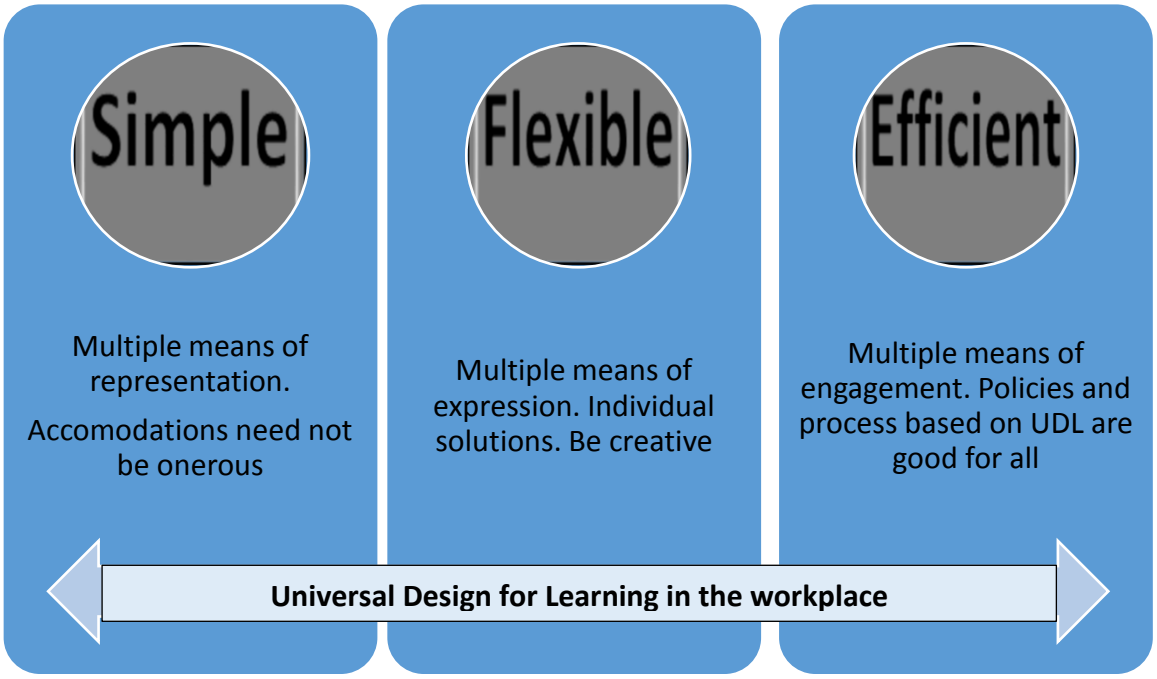

Figure 1 Universal Design for learning in the workplace

The key features in the application of UDL to workplace learning are summarised as follows:-

Simple

Keeping the student at the heart of discussions so that they can reflect on prior learning, what they can bring to the experience and share their strategies with clinical practitioners is a simple and effective approach. Often a discussion with clinical practitioners commences by being **'about'** a student with an assumption that the student will lack capability and self-determination (Martyn 2014). Discussing **with a** student often demonstrates their insight, their understanding and their creativity in overcoming obstacles to their performance and progress.

Flexible

Accommodations in the form of learning support plans (Planned accommodations produced by a University following discussions with a student) often focus on the language and expectations of studying including issues of time, writing and examinations. Exploring these with the student and

the clinical practitioner in the context of a clinical experience can easily link them to handovers, reports, and patient's records, planning care and learning new clinical skills.

Efficient

At the heart of clinical practice is the need to deliver competent and efficient care. Having policies and processes that break down the barriers to using technology, including mobile devices and APPs in clinical education creates an enabling learning environment. This can then demonstrate how technology can support all those working in practice and address concerns about data protection and confidentiality with students and practitioners.

In exploring the application of UDL to workplace learning, it is evident that despite examples of good practice there is still a preponderance to consider the student who may have a disability as being less capable. The workplace environment of health care is complex and difficult with multiple challenges facing the staff who work there. The hesitancy they experience when considering accommodating reasonable adjustments, and the feeling that it would be 'too difficult' could be overcome by considering the principles of UDL. Embedding these as part of a planned strategy to support all workplace learning would take the focus away from the individual student and move some way to creating a truly authentic representation of diversity in the workplace.

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References

CAST 2011 Universal design for learning guidelines version 2. Available from www.udlcenter.org/aboutudl/udlguidelines. *Accessed 3 March 2015*

Gee, N. 2012 Disability and Difference in Higher Education: be prepared for what you can't know. *Diversity and Equality in Health and Care* 2012, 9:151-5

Martyn, *K.*	2014	*Brokering: A grounded theory of how nurse educations manage inclusion within nurse education.* Unpublished Thesis University of Brighton
NMC	2010	Mentorship. Available from http://www.nmc-uk.org/Educators/Standards-for-education/Standards-to-support-learning-and-assessment-in-practice/Standards-to-support-learning-and-assessment-in-practice-settings-SLAiP/Mentorship/. Accessed 3 March 2015
Timmons, J. et al.	2006	*Paving the way to work: a guide to career development for youth with disabilities*. Washington D.C. : National Collaborative on Workforce and Disability for Youth. Institute for Educational Leadership
UB	2014	Academic Health Data 2013-14. University of Brighton. UK Unpublished.
UCAS	2014	UCAS End of Cycle 2014 Data Resources DR2_025_06 Applicants by disability. Available from https://www.ucas.com/corporate/data-and-analysis/end-cycle-data-resources/applicants-and-acceptances-groups-applicants. Accessed 3 March 2015