

# Promoting and Advancing Inclusive Excellence in Clinical Education



Fostering Trauma-Informed,  
Culturally Responsive Practices

# LEARNING intentions

# SUCCESS criteria

1. Equip clinical instructors with practical tools to create inclusive learning environments for diverse students.
2. Address social or professional disadvantage in clinical interactions and teaching.
3. Explore strategies to support students from diverse identities.
4. Create equity-minded practices in clinical education.

**SUCCESS**

# Reflect on Your Clinical Education

- What challenges stood out to you?
- How did the environment affect your learning/teaching?

# Liberating Structures: TRIZ



What are we currently doing that keeps making clinical education a similar environment for new learners?

# Community Engagement Guidelines

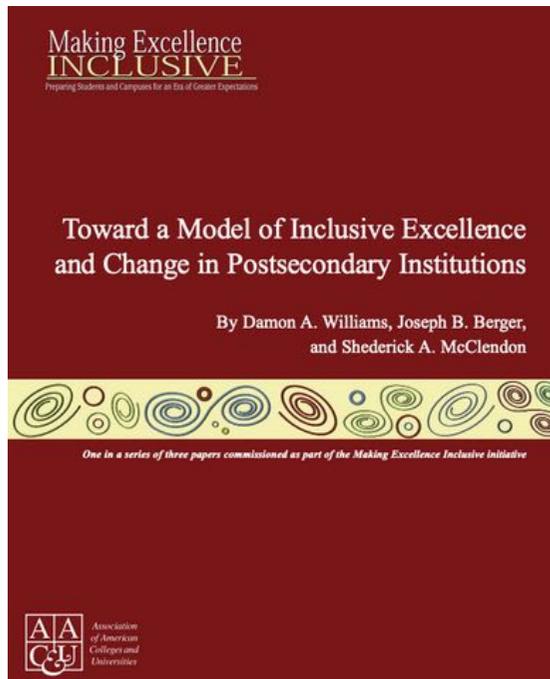
- Create respectful spaces
- Encourage dialogue, not debate
- Confidentiality and active listening





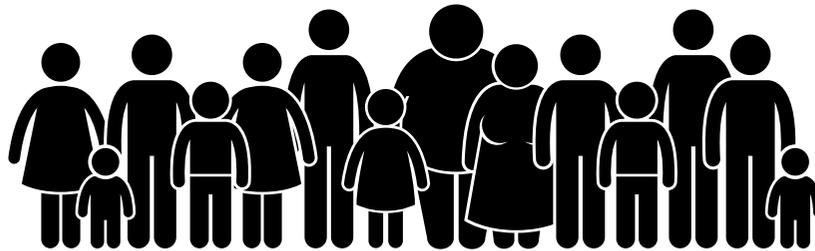
# Inclusive Excellence

- Alma Clayton-Pederson, PhD, VP of the Association of American Colleges and Universities (2005)



**Inclusive Excellence Requires  
Making Excellence Inclusive**

How do you or we create a clinical education community where **EVERYONE** can reach their full potential and the collective strengths of the community can be maximized???

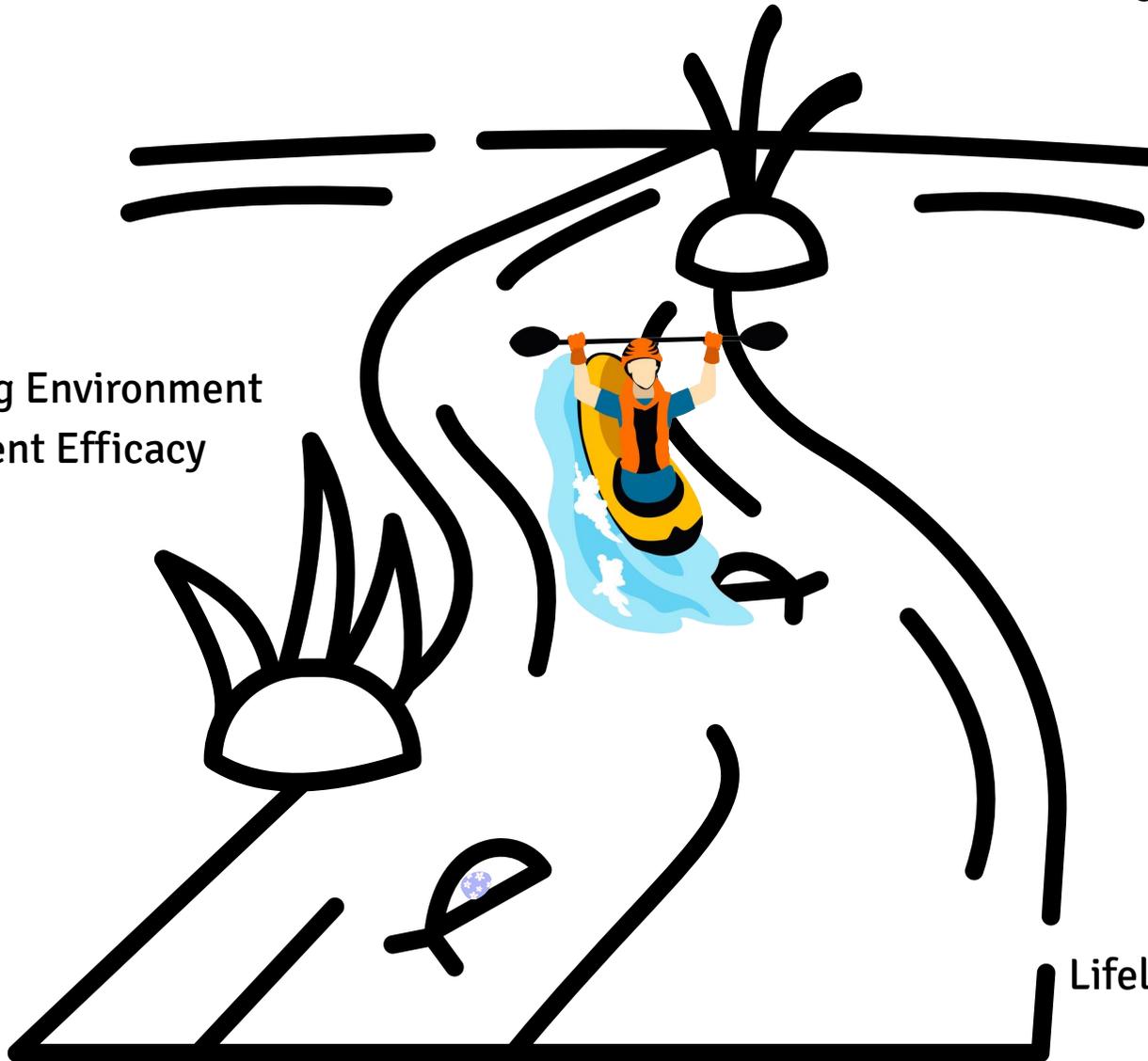


**What worked for you?**

# Inclusive Excellence

Hiring  
Curriculum & Instruction  
Community Building  
Mentoring  
Policies & Procedures

Learning Environment  
Student Efficacy



Equitable Learning  
Improved Outcomes  
Lifelong Community Member

## FERPA: Upholding Nursing Student Privacy in Clinical Settings

Yana Bolshem, DNP, MBA, RN and Jeannette Manchester, DNP, MBA, RN

Safeguarding student privacy is an essential component of academic excellence in nursing education. Two primary laws protect against unlawful disclosure of personal and health information: the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. FERPA protects student education records and their accessibility, while HIPAA regulates the protection of all health information.<sup>1</sup> Despite being in effect for many years, the proper application of FERPA and HIPAA in education has become more urgent since the U.S. Department of Health and Human Services and the U.S. Department of Education issued a joint statement about being less tolerant of their violations and imposing harsher penalties.<sup>1</sup> This underscores the need to understand and uphold privacy laws in clinical settings.

The Department of Education oversees FERPA and provides Federal Financial Aid to schools that comply with student privacy laws.<sup>2</sup> If a FERPA violation occurs, the Department of Education may withdraw federal funding.<sup>3</sup> A reported FERPA violation can hinder the ultimate nursing education goal: address the nursing shortage by boosting student enrollment and graduation rates. Without financial aid, eligible students will struggle to afford the costs of nursing education, which can lead to lower enrollment. A declining number of graduates from nursing programs could lead to a reduction in the number of licensed nurses entering the workforce, potentially exacerbating the already pressing nursing shortage.

The primary purpose of FERPA is to limit the disclosure of information from student education records, which may include health information protected by HIPAA. In clinical settings, both privacy laws often intersect and may create confusion for adjunct nursing faculty (ANF).<sup>4</sup> For example, a nursing student arrives to a clinical setting with

a physician's note indicating that the student must carry a medical device in the clinical setting. As nurses, we anticipate the need to provide assistance to the student and would like to know what type of device is required. However, as ANF, we cannot ask the student about the device. Instead, we should guide the student to request special accommodations through the appropriate school channels. To avoid violations, ANFs must be able to effectively navigate both privacy laws in clinical settings.

While nurses are well-versed in HIPAA, they may be unfamiliar with FERPA. However, when nurses take on the role of ANF, they are bound by FERPA mandates.<sup>2</sup> Given that ANFs are often hired by semester, they may lack sufficient training of student privacy laws, potentially risking violations. The Department of Education does not offer specific guidance for FERPA training.<sup>2</sup> Educational entities provide generalized FERPA notices or training, but these may not cover scenarios applicable in clinical settings. Reliance on generalized FERPA notices without considering the specific needs of academic programs could lead to privacy violations. Comprehensive FERPA training tailored for nursing education is a critical step to improve student privacy adherence in clinical settings.

### Method

At a large school of nursing, 32 ANF completed FERPA training. The program aimed to enhance their understanding of FERPA guided actions in the clinical setting for ANF. Objectives included recalling privacy laws and applying FERPA principles to real-life situations. Training covered basic concepts of student privacy, such as what constitutes an education record under FERPA. For example, email communication between ANF and students is considered part of the education record. Since personal email accounts are not protected under FERPA and HIPAA regulations, while the school's email account is, all communication between ANF and students should occur exclusively through the school's email account. The training also featured interactive animated case scenarios illustrating FERPA guided actions, such as determining what information ANF can share with a unit manager about a student the unit wants to recruit, requiring participants to select the correct response while maintaining student privacy (Supplemental Digital Content 1, available at: <http://links.lww.com/NE/B803>). Supplemental Digital Content 2 (available at: [\*\*Author Affiliation:\*\* Rutgers School of Nursing, Entry to Baccalaureate Division, Newark, New Jersey.](http://links.lww.com/</a></p></div><div data-bbox=)

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# Universal Design for Learning (UDL)

- Multiple means of engagement
  - Interaction with you, their classmates, and the content
- Multiple means of representation
  - Instructional formats
- Multiple means of action and expression
  - Demonstration of understanding

# Universal Design for Learning Guidelines

The goal of UDL is **learner agency** that is purposeful & reflective, resourceful & authentic, strategic & action-oriented.

## Design Multiple Means of Engagement →



## Design Multiple Means of Representation →



## Design Multiple Means of Action & Expression →



### Access

#### Design Options for Welcoming Interests & Identities (7) →

- Optimize choice and autonomy (7.1) >
- Optimize relevance, value, and authenticity (7.2) >
- Nurture joy and play (7.3) >
- Address biases, threats, and distractions (7.4) >

#### Design Options for Perception (1) →

- Support opportunities to customize the display of information (1.1) >
- Support multiple ways to perceive information (1.2) >
- Represent a diversity of perspectives and identities in authentic ways (1.3) >

#### Design Options for Interaction (4) →

- Vary and honor the methods for response, navigation, and movement (4.1) >
- Optimize access to accessible materials and assistive and accessible technologies and tools (4.2) >

### Support

#### Design Options for Sustaining Effort & Persistence (8) →

- Clarify the meaning and purpose of goals (8.1) >
- Optimize challenge and support (8.2) >
- Foster collaboration, interdependence, and collective learning (8.3) >
- Foster belonging and community (8.4) >
- Offer action-oriented feedback (8.5) >

#### Design Options for Language & Symbols (2) →

- Clarify vocabulary, symbols, and language structures (2.1) >
- Support decoding of text, mathematical notation, and symbols (2.2) >
- Cultivate understanding and respect across languages and dialects (2.3) >
- Address biases in the use of language and symbols (2.4) >
- Illustrate through multiple media (2.5) >

#### Design Options for Expression & Communication (5) →

- Use multiple media for communication (5.1) >
- Use multiple tools for construction, composition, and creativity (5.2) >
- Build fluencies with graduated support for practice and performance (5.3) >
- Address biases related to modes of expression and communication (5.4) >

### Executive Function

#### Design Options for Emotional Capacity (9) →

- Recognize expectations, beliefs, and motivations (9.1) >
- Develop awareness of self and others (9.2) >
- Promote individual and collective reflection (9.3) >
- Cultivate empathy and restorative practices (9.4) >

#### Design Options for Building Knowledge (3) →

- Connect prior knowledge to new learning (3.1) >
- Highlight and explore patterns, critical features, big ideas, and relationships (3.2) >
- Cultivate multiple ways of knowing and making meaning (3.3) >
- Maximize transfer and generalization (3.4) >

#### Design Options for Strategy Development (6) →

- Set meaningful goals (6.1) >
- Anticipate and plan for challenges (6.2) >
- Organize information and resources (6.3) >
- Enhance capacity for monitoring progress (6.4) >
- Challenge exclusionary practices (6.5) >



Clarke et al.<sup>1</sup> previously defined disability as “a product of the interaction between the social environment and an individual's health condition, in which a person with an impairment cannot fully participate in society due to an environment which is structured to favour able-bodied individuals.”

Canadian Medical Education Journal

Commentary and  
Opinions

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The case for centralization of academic accommodations in  
undergraduate medical education

Arguments en faveur d'une centralisation des aménagements universitaires  
dans la formation médicale de premier cycle

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Per Saltes,<sup>2</sup> accommodations recognizes that “spaces and environments are not accessible to everyone and that modifications at the individual level may be required in order for some people to gain access and/or be able to fully participate.”

# Making Excellence Inclusive: Accommodations

- Categories
  - Presentation
    - How information is received
  - Responding
    - How learning is shown
  - Setting
    - How the environment is perceived
  - Scheduling
    - How schedules are constructed

# What is the nature of your circumstance?

## Disability

**Examples:** ongoing mental health, ADHD, ASD, chronic health/medical, Deaf, deafened, hard of hearing, low vision/blind, LD, physical/ functional/ mobility, MID.

## Health

**Examples:** short term physical or mental health issues that are sudden/acute (e.g. the flu), unexpected illness or injury, hospitalization or treatment, significant aggravation of a pre-existing condition.

## Compassionate

**Examples:** bereavement, life-threatening injury/illness of a close relative or friend, traumatic event, caregiver responsibilities.

## Other

**Examples:** university sanctioned events, legal commitments, participation in events related to field of study.

## Academic Accommodation Support (AAS)

Students with disabilities that require accommodations to reduce barriers so they may fully participate in their studies.

Accommodations may be provided on an ongoing basis, or on a temporary/short term basis.

**Register with AAS:** To explore registration, visit the AAS website.

**Questions?** Contact [aasintake1@ryerson.ca](mailto:aasintake1@ryerson.ca) if you require support.

Based on the duration of your situation, either Academic Accommodation Support or Academic Consideration may provide the support you need.

## What is the duration of your situation?

### Longer-term (generally)

**Examples:** you require assistive technology, note-taking support, extra time for tests, interpreters, etc.

### Acute shorter-term circumstances

**Examples:** you require a make-up test, extended deadline, transferred weight of missed work, etc.

## Academic Consideration Request (ACR)

Students who encounter shorter-term extenuating circumstances (such as health or compassion) that impact their ability to meet academic obligations can request Academic Consideration (*Senate Policy 167*).

**Apply for an ACR:** Submit your ACR within three (3) business days of the missed work.

**Questions?** Contact your academic advisor if you require support.

### Accommodations vs. Considerations

What is the difference between an academic consideration and academic accommodations?

Toronto Metropolitan University (TMU)

# DIFFERENT TYPES OF TRAUMA

Trauma is a deeply disturbing or distressing experience that can have long-lasting psychological and emotional effects. While often associated with dramatic events, trauma can arise from a wide range of situations.

Here's a breakdown of some common types:



## Acute Trauma

Acute trauma stems from a single, highly stressful or dangerous event, such as natural disasters, serious accidents, or sudden loss of a loved one, triggering an immediate and intense emotional reaction.



## Chronic Trauma

Chronic trauma results from repeated exposure to highly stressful events, such as ongoing domestic violence, long-term childhood abuse, or living in a war zone, and can cause lasting emotional and psychological changes.



## Complex Trauma

Complex trauma involves multiple traumatic events, often invasive and interpersonal, such as severe, persistent abuse or neglect, especially in childhood. Its effects are profound and pervasive, impacting many aspects of an individual's life.



## Secondary Trauma

Secondary trauma, occurs when someone is indirectly exposed to trauma through close contact with a trauma survivor. This is common among professionals like therapists, emergency responders, and healthcare providers.



## Developmental Trauma

Developmental trauma is early exposure to abuse, neglect, or dysfunctional family dynamics that interferes with a child's normal development. Early trauma disrupts normal development and can cause emotional and behavioral issues.

# Kira's Classification I: 5 Types of Trauma by Impact on Area of Individual's Functioning

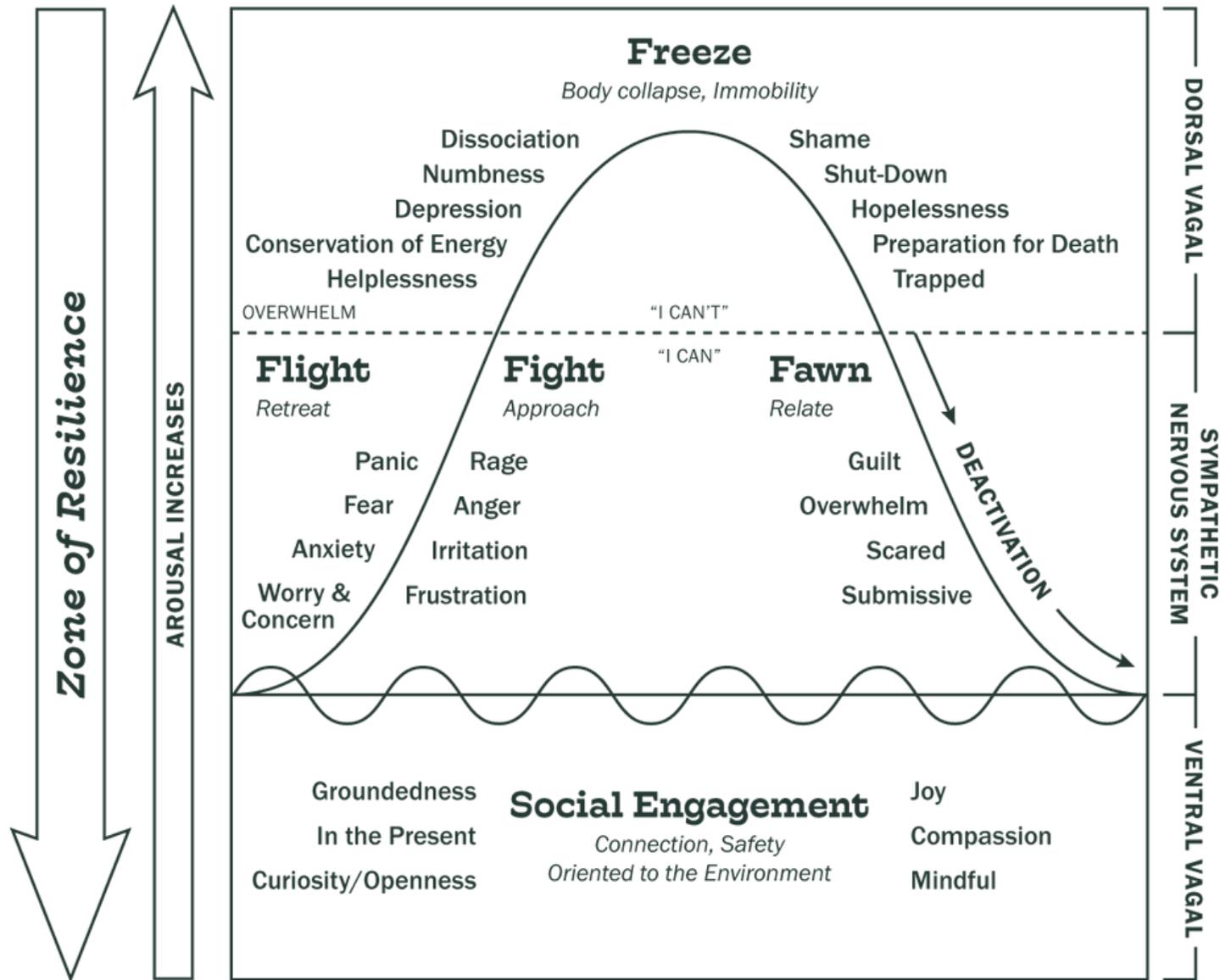
## Impact to Individual's Area of Functioning

Maslow's theory of human motivation, "Hierarchy of Needs", suggests that humans have three drives or needs: basic, psychological, and self-fulfillment. Needs at the bottom of the pyramid must be satisfied before an individual can progress up the hierarchy. The parallels between this classification I, proposed by Kira and the Maslow's hierarchy are represented below.



- Self-fulfillment and the goal of thriving to the top of one's potential is defeated
- Feelings of self-efficacy and self-worth are shattered
- individual's feelings of love and belonging are inadequate
- The need for security and familiarity are thwarted
- Basic physiological needs are compromised





## The Activation Cycle

Adapted by Porges (2011 & 2017) & Missimer (2020)

Negative effects of adverse childhood experiences and absence of positive childhood experiences on healthcare employees: survey findings built on 10 years of trauma-informed development

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# Clinical Education Warning: Impact of Trauma

- Trauma affects student learning
- Trauma transmission in the workplace
- Potential harm to future public health outcomes

> [Psychol Trauma](#). 2023 Sep;15(Suppl 2):S231-S245. doi: 10.1037/tra0001506. Epub 2023 May 4.

## Prevalence of adverse childhood experiences and associations with personal and professional factors in health and social care workers: A systematic review

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Affiliations + expand

PMID: 37141025 DOI: [10.1037/tra0001506](https://doi.org/10.1037/tra0001506)

### Abstract

**Objective:** To systematically review papers reporting the prevalence of adverse childhood experiences (ACEs) in health and social care workers, as well as any personal or professional factors they were associated with.

**Method:** CINAHL, EMCARE, PsychInfo, and Medline were searched to find studies utilizing the ACE questionnaire (Felitti et al., 1998) in health and social care worker populations.

**Results:** The initial search returned 1,764 papers, with 17 studies meeting the inclusion criteria to be in the review.

**Conclusions:** ACEs among health and social care workers were frequently reported and occurred more often than in the general population. They were also associated with several personal and professional outcomes, including poor physical and mental health, and workplace stress. Understanding staff ACE characteristics can help organizations to consider ways to support staff, which may be individual or systemic. Trauma-responsive systems may be a possible answer among organizations to improve staff well-being, quality of service, and better outcomes for service users. (PsychInfo Database Record (c) 2023 APA, all rights reserved).

# Inclusive Excellence

Intercultural  
development training

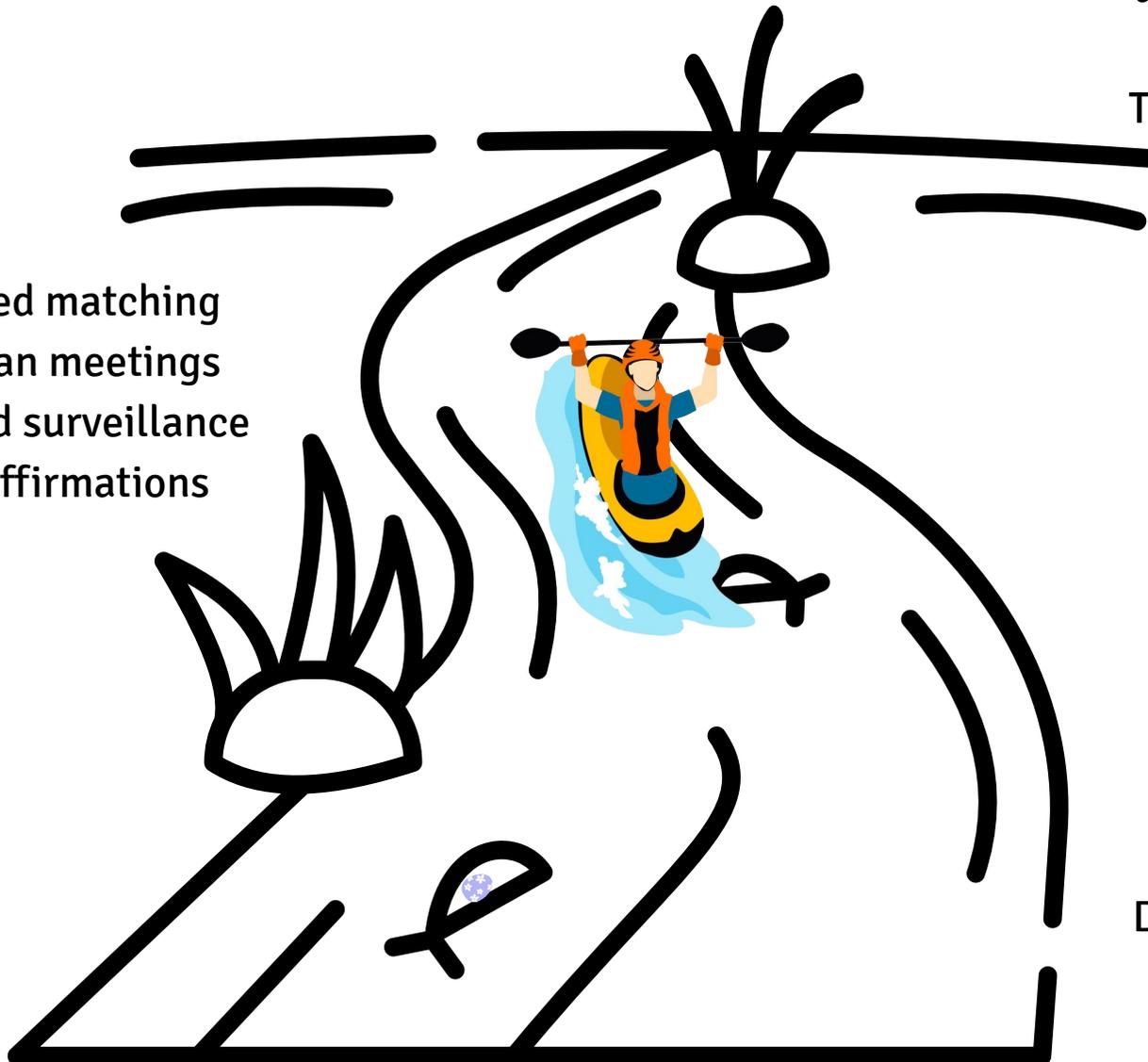
Trauma informed care  
training

Assessment and  
evaluation training

Policy changes

Different measures  
Different assessments  
Accountability

Improved matching  
Care plan meetings  
Increased surveillance  
Microaffirmations



What Will You Try?

# Navigating Challenges



# Toolkit for Resilience

## Inclusive Excellence Requires Making Excellence Inclusive

# Recap

LEARNING  
intentions

SUCCESS  
criteria

1. Equip clinical instructors with practical tools to create inclusive learning environments for diverse students.
2. Address social or professional disadvantage in clinical interactions and teaching.
3. Explore strategies to support students from diverse identities.
4. Create equity-minded practices in clinical education.

# Thank You! Go Be A TrailBlazer!



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