Examining Essential Functions

Through the Lens of Diversity, Equity, and Inclusions

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Presentation Abstract

Essential functions documents are widely used in communication sciences and disorders programs to protect clients by admitting students who perceive themselves to have the emotional, physical, intellectual, etc. capacity to do such work. Our study examined if the relationship between students' perceptions of their cultural identity and their perceptions of their ability to meet essential functions exists and the nature and consequences of such a relationship. This session discussed the results of the study and offered suggestions for using essential functions documents and supporting socially marginalized students.

Learning Objectives

Discuss

 Discuss literature regarding essential functions and their utility in graduate education

Name

 Name specific ways in which to limit bias in essential functions documents

Describe

 Describe barriers to recruitment and retention of students from historically socially marginalized groups

Discussion Outline

- 1. Why an interest in EF's relationship to DEI?
- 2. Background
- 3. Study Methods & Participants
- 4. Results
- 5. Discussion
- 6. Conclusions
- 7. Take Away





Guide to Acronyms Used \odot

- EF=Essential Functions
- DEI= Diversity Equity and Inclusion
- CLD=Cultural and Linguistic Diversity
- RUCSD= Rockhurst University Department of Communication Sciences and disorders

Why an interest in EF's relationship to DEI?







Our Study

Background & Literature Review



What is diversity, equity, and inclusion?

Robert Sellers, Chief Diversity Officer at the University of Michigan likens DEI to a dance in his illustration (quoted)

DIVERSITY

• Everyone is invited to the party

• EQUITY

- Everyone gets to contribute to the play list
- INCLUSION
 - Everyone has an opportunity to dance

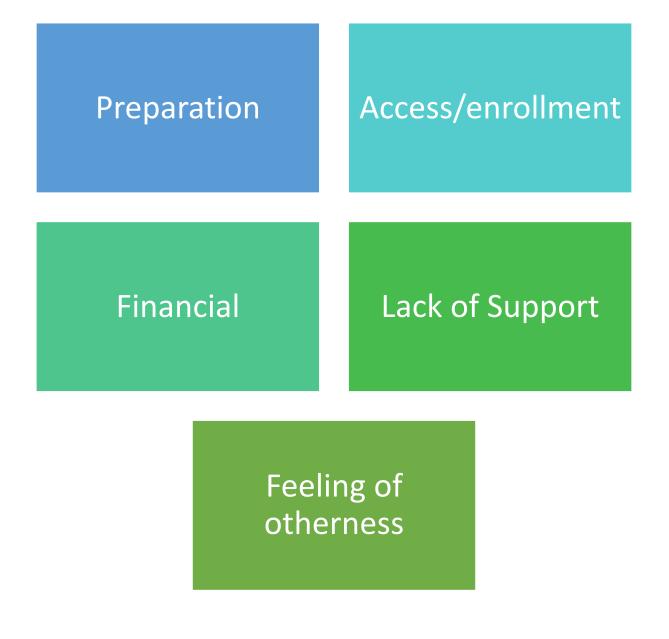


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Tuskegee University & eXtension Foundation Impact Collaborative

Robert Sellers, CDO, University of Michigan

Barriers to Recruitment & Retention of Historically Socially Marginalized Students



Overcoming those barriers

Mission

Outreach

Support

Climate

What is typically included in essential functions documents?

- 2007 Essential Functions Rubric Adopted (CAPCSD)
 - Five Areas
 - Communication
 - Motor
 - Intellectual-Cognitive
 - Sensory/observational
 - Behavioral/Social
- These requirements/aptitudes/skills are required in several disciplines including medicine, nursing, and other allied health disciplines

(Horner, et al., 2007)

- Nursing students should possess and be able to demonstrate the following:
- Critical Thinking: critical thinking ability sufficient for clinical judgment. For example, student must be able to identify cause-effect relationships in clinical situations; collect and analyze data to aid in problem solving; develop or participate in the development of nursing care plans. The student must be able to read and apply information in the clinical setting.
- Interpersonal Skills: interpersonal abilities sufficient to interact with individuals, families, groups, etc. from a variety of social, emotional, cultural, and intellectual backgrounds. For example student shall establish rapport.
- Communication Skills: communication abilities sufficient for interaction with others in English verbal and English written form. Must be able to read a patient chart and apply information to the clinical setting. Must be able to spell medical terms. For example: explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.

- Mobility: physical abilities sufficient to move from room to room and maneuver in small spaces. For example: frequent trips from work station to the patients' rooms, moves around a patient's room, work spaces, and treatment areas. Able to tolerate the 12 hour clinical experience.
- Motor skills: gross and fine motor abilities sufficient to provide safe and effective nursing care. For example: calibrate and use equipment, document care, position and move patients/clients, administer cardiopulmonary procedures, and perform skill procedures.
- Hearing: auditory ability, sufficient to monitor and assess health needs, and identify a change in patient condition. For example: hear monitor alarms, emergency signals, auscultation sounds, and cries for help. Hear, understand, and apply English language.

- Visual: visual ability sufficient for observation and assessment necessary in nursing care. For example: observe patient/client responses, specimen color, distinguish between the colors, as in determining stages of healing.
- Tactile: tactile ability sufficient for physical assessment. For example: perform palpation, functions of physical examination and/or those related to therapeutic intervention, insertions of catheters, taking pulses, and change in temperature. Olfactory: discern various odors from patients and environment. For example: foul smelling drainages, burning materials, gases, and spoiled food.
- Weight-Bearing Strength and Mobility: ability to lift and manipulate/move 45-50 pounds daily. For example: position patients/clients, move equipment.

- Cognitive Abilities: ability to be oriented to time, place and person, organize responsibilities, and make decisions. For example: student shall assess patient/client complaints, provide prioritized patient care, and implement appropriate plans. The student must be able to provide follow-up evaluative care.
- Temperament and Emotional Control: Must be able to be patient, calm, and react to perform in a high stress situation. For example: cardiac event, shock, hemorrhage, and high stakes testing.
- Professional Behaviors: behaviors consistent with forming a safe and effective therapeutic relationship with patients. For example: conveying a caring, respectful, sensitive, tactful, compassionate, empathetic, and tolerant attitude toward patients, family, and members of the interdisciplinary team. Handle multiple tasks concurrently. Provide nursing care in an appropriate time frame. Accept responsibility, accountability, and ownership of one's actions.

How might EFs be misused and what does this have to do with DEI?

- Risks of EFs if "misapplied"
 - Discrimination
 - Marginalization
 - Exclusion
 - Homogenization

(Jackson, Johnstone, & Mulligan, 2008)

Limitations in the current information?

- What's missing
 - Very limited literature of EFs in general in CSD
 - And literature is even more sparse on EFs with regard to DEI
 - Current literature
 - Student perspectives of Efs
- What's available
 - Presentations on EFs
 - A desire to implement these in the most biased free, culturally fair way possible while protecting the integrity of the profession and most importantly the clients

Our Study

Methodology



Our Study: Methodology

- Qualitative dominate mixed methods Exploratory
 - Quantitative Descriptive
 - Qualitative Description
- Anonymous survey with
 - Basic demographic data
 - Likert scale survey items
 - Open ended text response questions
- Data gathered using Qualtrics
- Population: Current UG and Graduate CSD students

Structure of Survey Questions

- Example
 - Would you be comfortable disclosing any physical, psychological/emotional, or sensory disabilities you have to your CSD graduate program? (Likert)
 - Why or why not (follow up open ended)
 - Rate yourself on your ability to perform the following essential functions
 - Likert scale 1-10; self perception





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Description of population: Age

- Age of study participants
 - Mean= 25.02 years
 - Minimum= 18
 - Maximum= 48

Total Responding: 48/62 participants

*Note, several students declined to state age

Description of Population: Gender

- Self reported gender:
 - Trans-Female: 0
 - Trans-Male: 0
 - Non-binary/third gender: 0
 - Cis-Female: 58
 - Cis-Male: 3
 - Other/Prefer Not to Respond: 1

Total Responding: 62/62 participants

Description of population: Race/Ethnicity

- American Indian; Alaska native: 0
- Asian: 2
- Black American: 0
- Latino; Hispanic: 5
- Two or More Categories: 5
- White American: 50

Total Responding: 62/62 participants

Description of Population: Year in School

- Undergraduate: 16
- Graduate: 46

Total Responding: 62/62 participants



	All		BIPOC		Cis Male		UG	
Question		Mean		Mean		Mean		
Comfortability disclosing physical		2.19		3.36		4.25		3.85
Comfortablity disclosing psychological emotional		2.66		2.9		4.5		3.5
Comfortability disclosing sensory		1.84		3.72		5		4.3
Comfortability disclosing communication impairments		2.29		3.27		4.75		3.71

Average scores on individual items

Qualitative Content Analysis

• Unit of Meaning

• Words & Phrases

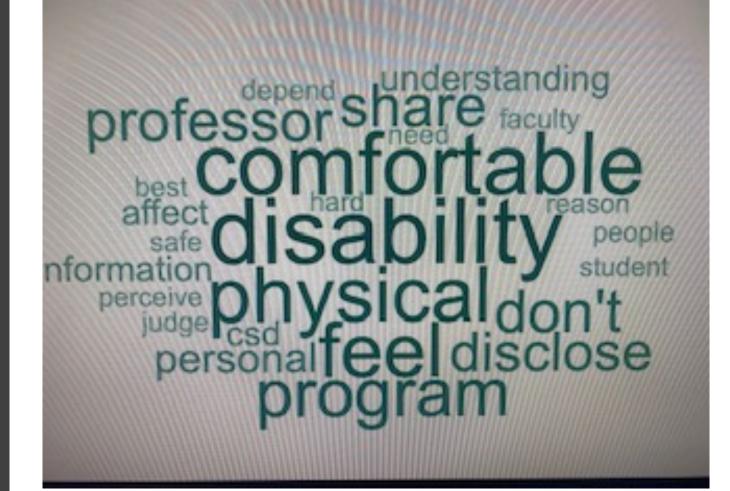
• Set of Categories

- All students
- Gender
- Race/Ethnicity
- Program (UG or Grad)

• Coding Levels (in order of time at which data is coded)

- Level 1: all students
- Level 2: gender
- Level 3: race/ethnicity
- Level 4: program (UG or Grad)
- Level 5: intersectionality

Qualitative Content Analysis Preliminary Results



Preliminary Exploration of the Raw Data: Beginning of the Thematic Analysis

Sharing some selected statements made by students



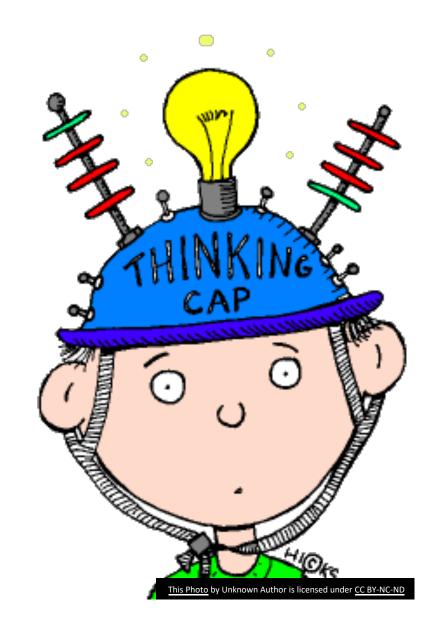
Our Study

Discussion & Conclusions

What wasn't said on the survey?

- Intent of the EF
- Signing because felt had to*
- Stories shared about other students
- Stigma of mental health

What can we do?





"A more diverse membership, along all dimensions of diversity, is a more engaged and empowered membership, willing to innovate, speak up, take risks, make their needs known and participate in the development of innovative solutions, all to the benefit of the discipline, the professions and those we serve" (Mike Skiados, 2015)

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