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**Editorial**

**Accommodating Occupational Therapy Students in Acute Care: Fostering Equity  
and Excellence in Clinical Education**

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In acute care settings, practitioners are often asked to supervise occupational therapy (OT) and occupational therapy assistant (OTA) students for fieldwork or capstone experiences. Graduate and undergraduate students represent a diverse population with varying abilities and needs. These needs may include physical disabilities, sensory processing variations, mental health conditions, and learning disabilities that require nuanced support in clinical settings. The National Center for Education Statistics (2023) reports that 11% of postbaccalaureate students reported having a disability. Ozelie and colleagues (2019) cited that up to 16.9 % of students reported having a disability while on fieldwork. Clinical accommodations are critical to ensuring equitable access to clinical education, particularly within acute care settings' intense and complex environment. Acute care practice settings present a unique crucible for students, where split-second decisions, high-stakes patient interactions, and rapidly changing clinical presentations create a particularly challenging environment for students with diverse needs. Hospital based fieldwork placements demand not just practice skills but also exceptional adaptability, time management, management of complexity, sensory processing, and mental resilience (Khan, 2023; Oldenburg, et al., 2023). Traditional, one-size-fits-all approaches to clinical training may unintentionally limit the growth of talented students so OT and OTA academia aim to illuminate the importance of thoughtful, individualized accommodations for acute care fieldwork placements. By examining the multifaceted challenges faced by OT students with diverse abilities, we aim to challenge existing paradigms and promote a more inclusive, supportive approach to fieldwork in the acute care setting. The goal is not simply compliance with legal standards, but a fundamental reimagining of how we support and

empower the next generation of OT professionals. For example, in an acute care placement a student with strong clinical reasoning and communication skills but requires additional processing time may struggle with time-sensitive documentation and chart review synthesis demands. Under a rigid, one-size-fits-all approach, this student might be unfairly judged as lacking competence, even though their clinical skills are exceptional. Providing individualized accommodations—such as access to documentation templates, speech-to-text technology, or adjusted timelines for charting—allows the student's strengths to shine while still meeting clinical requirements.

Accommodations in OT education are firmly grounded in multiple overlapping legal and ethical frameworks that ensure equitable access to professional training. The Americans with Disabilities Act (ADA) establishes the foundational legal requirements mandating reasonable accommodations that enable qualified students with disabilities to fully participate in both didactic coursework in clinical fieldwork experiences. These legal obligations are reinforced by the Accreditation Council for Occupational Therapy Education (ACOTE) standards, which evaluate OT programs' commitment to accessibility and inclusive practices in preparing future practitioners. Institutional equity policies further codify these commitments at the organizational level, establishing clear procedures for implementing accommodations across didactic and clinical settings. The primary objective is to create an educational environment that enables all students to demonstrate their clinical potential regardless of individual challenges.

Common accommodations used by OT students on fieldwork have included extra time for documentation, a quieter workspace, more breaks throughout the day, an altered daily schedule, and more time meeting with the supervisor (Ozelie, et al. 2019). Additional barriers may also include navigation of the physical layout of hospitals or the space available within client rooms, the increased auditory, lighting, and other sensory inputs commonplace in clinical settings, and a high bar for effective interprofessional verbal and written communication (Ozelie, et al. 2019). Specific accommodations that might be implemented in an acute care setting include the following (Oldenburg et. al., 2024; Ozelie, et al. 2022):

- Schedule modifications, including health maintenance breaks, additional access for snacks or drinks.
- Cognitive and processing support, including additional time to complete documentation or chart reviews, additional written or verbal instructions, memory aides, checklists or guides, or quiet space.
- Assistive technology, including text to speech apps, ergonomic supports, the use of headphones, or screen readers and magnification tools.
- Physical accommodations, including lifting restrictions or supports, the use or access to equipment, and parking access.

### **Strategies for Successful Application of Clinical Accommodations**

Central to the successful application of clinical accommodations in acute care settings is collaborative, frequent, and early communication among all parties involved in the process, including early support from the academic program (Hanson & Becker, 2021; Oldenburg et al., 2024). Additional considerations are included below to guide the

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developments of an intentional approach for successful field work experiences in the acute care setting (Hanson & Becker, 2021; Oldenburg et al., 2024).

- ***Pre-Placement Preparation***

- Academic Fieldwork Coordinator introduces fieldwork accommodations to all students as part of the introduction to fieldwork.
- Students should initiate the application for approval of fieldwork accommodations using their academic institutions procedures through the disability access consultant process .
- Early collaboration with the academic fieldwork coordinator to assist with initial planning.
- Technical standards and site-specific essential functions should be referenced to assist with informed decision making regarding initial accommodation recommendations and clinical placement decisions.
- Discuss disclosure with the student and provide support in initiating their preferred approach, if they choose to disclose.
- Collaborate with the student to share the requested accommodation(s) with the fieldwork site and/or educator as appropriate
- The fieldwork site coordinator and fieldwork educator should have the opportunity to provide feedback on the reasonableness of clinical accommodations.
- Final accommodations should be developed collaboratively to determine which accommodations are clinically feasible while maintaining safety and meeting learning objectives.

- ***Education and Training for Fieldwork Educators***

- In addition to supervisory training, fieldwork educators will benefit from resources regarding inclusive teaching strategies. Strategies may include using multimodal methods for teaching new skills and providing feedback (i.e. written, audio and visual formats), scaffolding complex clinical skills (i.e. breakdown skills into smaller steps), etc.
- Academic programs could facilitate training for fieldwork educators on inclusive teaching and universal design for learning as well as institutional policies governing disability accommodations associated with the academic program.
- Training regarding the legal contributions to clinical education and awareness of relevant state, national, and institutional policies is also beneficial.

- ***Creating a Supportive Learning Environment***

- Facilitate open communication between students, fieldwork educators, and institutions through the placement and fieldwork processes.
- Schedule regular checkpoint (weekly, biweekly or monthly pending the student's needs) during the fieldwork experience to reflect upon the effectiveness of the implemented accommodations.
- Integrate opportunities for reflection to identify systemic barriers, improve processes, and empower continuous feedback loops.

It is imperative that practitioners demonstrate adaptability to contribute to a safe and effective learning environment for the growing number of students with varying abilities

and needs that would benefit from accommodations during clinical education. With early planning, open discussion, and flexibility, educators, practitioners, students, and institutions can successfully share the responsibility of fostering inclusive learning environments to best facilitate and prepare the future workforce.

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