

HEALTH SCIENCES AND PRACTICE

Principles of inclusive curriculum design

Anticipatory
Flexible
Accountable
Collaborative
Transparent
Equitable

Generic considerations

- cost and financial considerations;
- embedding student and staff well-being;
- promoting student engagement;
- use of technology to enhance learning;
- responding to different approaches to learning;
- avoiding stereotypes and celebrating diversity;
- making reasonable adjustments.

Introduction

It is the responsibility of the every member of staff within HE to respond to the requirements of equality legislation. The basic principle that can and should be universally responded to is that **it is attitudes, barriers and other forms of discrimination within the system rather than individual characteristics or deficits that are the cause of disadvantage**. Employing an inclusive approach is underpinned by the adoption of other principles of inclusive curriculum design, summarised in the adjacent text box and discussed in the introduction section of this guide available at www.heacademy.ac.uk/assets/documents/inclusion/disability/ICD_introduction.pdf

May and Bridger assert, in respect of developing an inclusive culture, “making a shift of such magnitude requires cultural and systemic change at both policy and practice levels” (2010: 2). In essence this change is represented by a shift in focus from responding to the ‘needs’ of individuals or specific groups of students to an approach that anticipates and plans for the *entitlements* of the evolving student population. Thus the onus is on institutions and subject communities to change and adapt their policies and practice rather than expect this of individual or specific groups of students.

There are many generic considerations of inclusive curriculum design, summarised in the adjacent text box, which are discussed in the introduction section. The focus of this section is on subject-specific considerations for those in those subjects aligned to health sciences and practice. Here examples of innovation and effective practice are provided to demonstrate that effective practice for one group can and should be effective practice for all. The examples, resources and ideas included in this and other subject guides have come from the sector. They were obtained directly in response to a general request made to the sector during 2010, from a review of the HEA Subject Centres or from recommendations made by colleagues teaching in the specific subject.

Where there are examples in other subject guides that may be particularly relevant or worth reviewing for further adaptation these are flagged. However, notably inspiration and ideas for curriculum design can come from many sources, therefore reading strategies employed and ideas in other subject areas can be a useful source of new ideas.

Inclusive curriculum design: subject-specific considerations

[Engaging Health Sciences and Practice students in curriculum design](#)

Engaging students at the design stage an integral element of an inclusive curriculum design process that can reduce the need for individual and reactive responses when the course is delivered that can be time consuming and may cause delay or disruption to the student. Learning from existing effective practice from across the Health Sciences and Practice subjects and the wider sector can support those designing and delivering the curriculum to anticipate the specific student entitlements that may impact upon practice and to identify where these entitlements and adjustments to practice could be made and thus could benefit all students.

The School of Health and Social Care at the University of Lincoln has devised a pilot project, [Students Consulting on Teaching and Learning \(SCOTS\)](#). SCOTS purpose is to provide access to “the student ‘voice’ as a resource or service for lecturers”. Students are trained and supported to act as consultants and only work with modules and programmes that they are not enrolled on. Student participants are highly motivated around teaching and learning issues and over time build up experience across a range of subject areas. A benefit of this approach is that it enables students to more formally develop skills and knowledge in a paid capacity (Crawford and Etherington, 2009). The SCOTS project is ‘teacher-driven’ in that it is the lecturer who requests consultants’ involvement. The approach could be developed – and resourced – to enable student-led issues and topics to be explored.

The *Disability Database* (Health Sciences and Practice, undated; Palmer, 2007) collates [examples of feedback and suggestions for enhancing teaching and learning](#) submitted by a range of contributors including disabled students, academic staff and clinical educators and assessors. The database (Health Sciences and Practice, undated) can be searched by:

- disability category;
- professional group;
- professional status of person making the submission.

Feedback from disabled students on this database was then used to develop resources that increased the inclusion of all students. For example:

- A student with mobility difficulties highlighted the helpfulness of clear information being provided in advance and the difficulties caused by large amounts of repetitive form filling. The provision of clear and timely information can help all students plan and take greater responsibility for their own learning.
- A student with a specific learning difficulty described how access to computer software and visual aids such as a set of bones for learning anatomy supported their learning. The Bioscience section includes an example of an *Anatomy of the Human Body* module where a range of learning approaches support all students to engage with the content.

To facilitate the inter-professional learning of over 600 Nursing, Midwifery, Occupational Therapy, Physiotherapy, Operating Department Practice and Social Work students, Bournemouth University created an [online simulated community 'Wessex Bay'](#) (Scammell et al., 2008). The purpose of Wessex Bay was to provide opportunities for students to work collaboratively across and between programmes to consider case scenarios. Web-based learning activities, particularly where participation can be asynchronous, can promote the inclusion of all students by enabling their participation at a time and location of their choosing. It can also encourage the participation of students who may be more reticent in face-to-face activities. Content that addresses issues of inclusion can be embedded within the case scenarios.

Considering feedback from students and professionals and encouraging dialogue with those responsible for curriculum design can encourage the use of teaching and learning methods and materials that will enhance the learning of all students.

See also Economics, English, and Physical Sciences subject guides for other examples of student engagement in module design.

[Communicating clearly the competence and fitness-to-practise standards](#)

Many programmes within the health sciences and practice subject grouping are subject to competence standards set by external professional bodies (see Simpson, 2011). Several Health Sciences and Practice programmes require students to meet 'fitness-to-practise' standards during their programmes and in practice after completion. These requirements can

constrain curriculum design; however, as Carey (forthcoming) suggests applying competence/fitness-to-practise standards is often subject to the individual staff decisions. This can provide opportunities for staff to challenge stereotypes and presumptions about students and contribute to broader debates about what constitutes 'fitness to practise' and competence in these subjects. An inclusive approach should provide clear transparent information for potential and current Health Sciences and Practice students so that they are able to make informed decisions about their choice of programme and specialism.

Some students may be concerned about the implications of disclosing an impairment or medical condition in subjects where there are 'fitness to practise' standards. Research undertaken at Edge Hill University found that many students did not declare a disability because they were either concerned about the implications of disclosing or because they did not perceive themselves to be disabled (Jack et al., 2010). The project made a number of recommendations about the sort of information that should be provided on a website many of which could be adapted to respond to the entitlements of other groups of students, these included:

- students' stories – case examples of students with different experiences and advice;
- providing clear and accessible information about competence standards and fitness-to-practise requirements.

Guidance about the benefits of disclosing a condition or other circumstances and information about the tailored support available allows students to make informed decisions about the modules they choose. It is important that course designers are clear about what is a competence standard and explore with professional bodies what is non-negotiable.

See the Academy's inclusion e-bulletin for further discussion of competence standards: www.heacademy.ac.uk/assets/York/documents/ourwork/inclusion/ebulletin_ICompetence_Standards.pdf

Working with patients and service users to enrich the curriculum

Patients and service users can contribute to the Health Sciences and Practice curriculum design as well as providing curriculum content through participation in teaching sessions and the development of learning materials. Service user perspectives can enrich curriculum relevance and provide a way of embedding the promotion of diversity and inclusion. Embedding the involvement of Health and Social Care Service

users at every stage of curriculum design and delivery provides a powerful message to students about the principles and the practice of inclusion.

Service user collaboration in the design and delivery of the Learning Disability Nursing programme at Edinburgh Napier University is achieved via its Stakeholder Group. The stakeholder group membership comprises people with learning disabilities, family carers and practitioners from the field. The participation of disabled people and their carers is promoted through capacity building events and the provision of accessible presentations and workshops. Collaborative design benefits include drawing on a broader knowledge base and wider perspectives and being 'more likely to get it right' by incorporating at the start the views and experiences of disabled people (Kwiatek and Powell, undated).

Staffordshire University User and Carer Involvement Team in the community co-ordinates service user involvement across the Faculty of Health. An important element of the team's work is its focus on what service users gain from their participation as well as what they contribute to the institution. The following excerpt details what the institution offers to users and carers. They make it clear that they can:

- “pay you, depending on what you do;
- pay your travel expenses;
- offer training and support and provide materials to help you;
- provide feedback about your work;
- provide you with a written testimonial related to your work.

In addition they note that:

- there is good disabled access;
- working with us can widen your skills and boost your confidence and self-esteem” (Staffordshire University, undated).