COMMENTARY

The universal design of learning in nurse education is pedagogy as social justice

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INTRODUCTION

Arguably properly, social justice discourse in nursing frequently emphasises the injustices, inequality, and exclusion suffered by oppressed groups or persons we come in contact with as caretakers. However, this essay examines the idea related to contemporary educational practises and suggests the Universal Design of Learning as a means of pedagogical social justice. Buettner Schmidt and Lobo identify key characteristics of social justice in their concept analysis, including fairness, equity in the distribution of power, resources, and processes that influence the sufficiency of the social determinants of health, just institutions, systems, structures, policies, and procedures, equity in human development, rights, and sustainability, and sufficiency of well-being. In addition to the effect on health outcomes. These qualities could also be taken into account in terms of nursing education outcomes. If for no other purpose than to ensure that all students have equal access to and success in nursing school, social justice in nursing education might be thought of as a means of diversifying the nursing workforce. A more diverse workforce will also have a positive impact on patient outcomes. The fundamental goal of the Universal Design of Learning is to guarantee that all students have equal access to educational opportunities and participation in them. We already have a diverse workforce of nurses, as was mentioned in the commentary on racism in nursing, but more needs to be done to support everyone's success in our profession. Equity should take precedence over diversity as a goal.

Inclusionary design for learning

The idea of universal design for learning is based on the idea that all people should be able to use and access places and, consequently, learning methodologies. Everything can function more effectively for everyone if it is made with people with impairments in mind. UDL was initially created specifically to improve opportunities for students with disabilities, but at its core, it recognises the diversity of all students and learner communities. It involves developing a setting that can be flexible and adaptable to different learning needs, giving students at least the chance to succeed.

In a commentary on combating ableism in nursing education, it is made clear that efforts to make programmes more inclusive for students with disabilities are not about ignoring fundamental abilities, knowledge, or competencies; rather, they help teachers figure out how these fundamental abilities, knowledge, or competencies can be acquired and demonstrated in a variety of ways. This is fundamental to both the idea of multiple means and Universal Design for Learning.

Although the approach is further supported by principles of neuroscience, the goals and ethos of UDL are closely aligned with the notions of fairness and equity in social justice discussed above. Three neural networks are taken into account in order to interact in a learner-centered manner: the affective network, the "why" of learning, which binds the student to the activity and results of learning; the recognition network, the "what" of learning, which considers how students make sense of the information they are exposed to; and the strategic network, which focuses on how students apply the knowledge they have learned.

Even while each network is unique, they are all interconnected and involved in every learning experience. They interact with UDL using three different strategies: many ways to interact, representation, and expression/action. The idea of "multiple means" reflects the variability principle; UDL places more emphasis on a flexible curriculum and a diversity of approaches than generalizability of learning for all learners. Each of these strategies is discussed below along with examples of how it can be used in nursing education.

Instead of being an independent educational theory, UDL offers a framework to improve learning design in terms of accessibility and inclusion. The UDL Guidelines offer straightforward recommendations in the form of guidelines and checkpoints that are grouped around the three main principles outlined below, rather than serving as a "prescription" for inclusive learning. This method can aid in gradually increasing the scope of accessibility and inclusivity of learning activities.

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Multiple ways to interact

Engaging the learner is about getting their buy-in, getting their attention, and getting them committed to the learning process. The first principle of UDL focuses on the affective brain pathway and can therefore be extremely emotive. While pre-learning is the time when engagement may be most crucial, it goes beyond only piqued interest to include continued effort and perseverance as well as the ability of the learner to self-regulate and interact.

In an instructional model of education, the teacher is in charge of dictating to the student what they will learn, why they will learn it, and how they will learn it; in UDL, the student is empowered to direct their own learning process. The ability of learners to create their own "hook" to learning objectives and activities is one of the framework's primary functions. It may be assumed that all nursing students enter the programme with similar "hooks" in mind: they desire to provide care for others, advance health and welfare, and become skilled healthcare providers. In this way, it is crucial to guarantee that instructional activities and resources are applicable to the healthcare situations that learners will experience. However, it is helpful to consider with whom and for whom healthcare is being supplied when we are instructing about its supply. It could be challenging for learners to find their "hook" if our courses, resources, and activities only cover a limited range of healthcare experiences or requirements. For instance, clinical scenarios and case presentations are standard learning tools in nursing education, but who are the cases for? It is a good exercise to consider the demographics and traits of the characters in these situations. Do they represent the identities of the students, their communities, or the variety of patients they will treat in clinical practise?

As was previously mentioned, racism plays a huge role in both the healthcare and educational sectors. Rather than ignoring the structural injustices that exist, White faculty members and nurses in particular will need to alter the way they think and act. Changing our attitudes and behaviours might help us think more broadly about inclusivity, beyond issues of race and racism. When we consider diversity broadly, we can include variety in terms of financial level, gender or sexual orientation, heritage, culture, handicap, or other identity feature. UDL can help all learners engage with, assimilate, and communicate their learning in a variety of ways.

Variety equals representation

The 'what' of learning, as well as how we package and deliver the content and information necessary to satisfy the learning outcomes, are all taken into account by this second UDL concept. The process of gathering and presenting information to learners in a way that they can comprehend, interact with, and learn from is taken into account in representation. Of course, how each learner interprets and processes the information that is given to them varies. It is impossible to try to develop a single method of representation that will be ideal for all learners; therefore, offering options for representation is crucial.

Higher education environments frequently make modifications or concessions to the course materials to accommodate students with impairments, which is frequently mandated by law. This, however, depends on the students admitting or even realizing that they require further support. While UDL does not eliminate the need for disclosure or reasonable accommodations for students with disabilities, it can certainly lessen it. Disclosure of disability can be a stigmatizing and isolating experience for students.

Consideration should be given to a variety of representational techniques when it comes to cognition, language, and symbolism. We interact with various types of information through a variety of senses when it comes to perception. We make sure that information is available in formats that do not rely on any one sense, such as sight, hearing, movement, or touch, by using a variety of representational techniques. Information translation and reformatting have gotten much simpler as we've shifted to more blended learning delivery methods using virtual learning environments and learning technologies. The provision of digital formats can, and should, allow for customization of things like font, colour, size, etc., which allows for both learner learning preferences to be met as well as reasonable adjustments, for example, for neurodiverse learners or those with visual impairment. This is in contrast to traditional modes of only providing printed materials where the display is permanent. When using multimedia formats like videos, considerations of perception should also be taken into account; closed captioning and video formats with adjustable speed and sound can be especially helpful for students with hearing impairment, but simultaneously provide multiple means of representation for all students.

A variety of action and expression options

The third principle, providing learners with different ways to act and express themselves, is connected to the strategic brain network, which is known as the "how" of learning. Action and expression, which concentrate primarily on curricular assessment components, are crucial components of teaching and learning. In addition to being a vital component of learning, assessment should also allow students to show that they have mastered the material. The professional registration of nurses is the end goal and therefore a driving force in nursing education, but assessment success is frequently determined by the grade or result that students achieve, regardless of their variability. As previously discussed in higher education, learners are required to register a diagnosed learning need and may then be provided with reasonable accommodations in relation to assessment. O'Neill and Paden report an increasing number of learners are now applying for special accommodations to assessments; thus, indicating that current assessment practices are unsuitable for learners with diverse needs. The use of the principle of different methods of action and expression lowers the requirement for learners to have a diagnosis or label in order to experience equity of treatment or opportunity and allows inclusive evaluation. As was already stated, social justice in education and curriculum entails actively promoting inclusivity and diversity in order to advance justice and equality. Nurse educators must begin with intentionality and incorporate many modes of action and expression into our assessment and feedback practises if they want to embrace learner diversity and enhance learning. The implementation of additional UDL concepts in the curriculum should support consideration for the design of assessment and feedback on a variety of levels. An environment where students can approach content and assessment in a way that best suits their approach and learning styles is made possible by a more inclusive approach to assessment. The UDL approach teaches students to express their knowledge in various ways, which helps them develop their strategic and goal-directed thinking skills. There isn't a single way of acting or expressing oneself that will be best for all students, just like with the other principles; giving them options is crucial. Givi-

-ng learners options for content, due dates, formats, and mediums should be part of inclusive assessment. It should also be supported by clear instructions, rubrics, and sample assignments. Additionally, chances for timely, constructive feedback from a variety of sources, such as peer review of one another's work, in-class feedback, or formative assignments with feedback at various stages, should be made available. However, inclusive assessment should increase the opportunity for all students to demonstrate their knowledge and skills in order to meet the module or programme learning outcomes. Inclusive assessment is not "easier assessment" and must not compromise academic or professional standards.

DISCUSSION

In addition to giving our current students more chances to succeed, diversifying and universalizing our teaching and learning has positive effects on the diversity of the nursing workforce. All study programmes should priorities making nursing education more accessible in light of the current global nursing shortage. Although the nursing profession has long recognized the need to increase diversity, there has never been a more pressing time to do so. As has already been mentioned, the goal of UDL is not to make learning "easier" per se, but rather to level the playing field for all students by taking into account their individual needs and skill levels. The framework shifts away from a deficit paradigm where unique modifications are needed for individual students to one where flexibility and adaptability are ingrained in educational processes and engagement. A UDL approach's flexibility involves providing numerous opportunities for engagement, assimilation, and expression of learning in addition to ensuring that all learning activities are as accessible as possible. Undoubtedly, UDL's goals of creating a more equal, equitable, and just learning environment sound very ambitious; however, the principles can be applied in a step-by-step manner, and when incorporated from the beginning of learning plans, they can be integrated with little disruption. Although it is frequently the individual nursing educators who are responsible for enforcing these principles, higher education institutions, clinical learning environments, and professional regulators can also contribute by offering their own input on standards and curriculum design, as well as learning provision and resource allocation.

The UDL framework is described as a way of "Honoring" learners by American anti-racist educator and UDL facilitator Andratesha Fritzgerald. According to Fritzgerald, by implementing the Universal Design of Learning, we are communicating to our students that they and their learning are more significant than systems, educator preferences, or the way that content is presented, especially to those students who are frequently left out.

CONCLUSION

The goal of a universally designed nursing curriculum should be to produce safe and successful nurses, but it also offers a framework for a wider range of learners to help them reach that goal. In doing so, it develops a more inclusive nursing curriculum for all students. UDL offers the essential flexibility to keep up with changing learner expectations as well as professional and public health needs, as opposed to a prescriptive curriculum design. In addition, empowering students via UDL principles ensures that they develop

the capacity to become motivated, engaged students with improved executive function and a collaborative approach to learning for future practise and success. This article aims to address a general lack of knowledge and understanding of this significant and practical strategy, without advocating UDL as the only successful methodology or framework to increase inclusivity and justice.