Elite Learning Podcast

Neurodiversity in Nursing Education

Designing inclusive learning environments that support neurodivergent students and faculty—from understanding brain differences to transforming teaching practices

Listen time: ~60 minutes · Audience: Nursing faculty, educators, academic leaders, clinical preceptors · Listen now: elitelearning.com/ce-podcasts

Featured Voices

Host: Dr. Mackenzie Butler — Faculty with Elite Learning by Colibri Healthcare, and healthcare educator

Guest: Dr. Megan Arbour — DNP, RN, Professor of Nursing at Frontier Nursing University; researcher focused on neurodiversity in nursing education and trauma-informed pedagogy

What You'll Learn

- What neurodiversity means and why it matters in nursing education
- The major types of neurodivergent diagnoses relevant to healthcare education (ADHD, autism, dyslexia, and more)
- Why the accommodation model is insufficient and often perpetuates gatekeeping
- What "inclusion by default" means and how to implement it in course design
- Three frameworks for inclusive teaching: TILT, UDL, and competency-based education
- How to identify hidden barriers in assignments and rubrics
- The prevalence of neurodivergence among nursing students and faculty
- Why neurodivergent nurses burn out faster and how mentorship can help
- Strategies for transparent assignment design and declarative feedback
- How to support neurodivergent faculty in academic work environments
- The role of implicit bias and ableism in nursing education
- Practical steps to review and revise course materials for accessibility

Key Takeaways

- **Neurodiversity is natural variation in how brains work:** It includes ADHD, autism spectrum disorder, dyslexia, dyspraxia, dysgraphia, dyscalculia, Tourette syndrome, sensory processing differences, and anxiety. These are not deficits—they are differences in how the brain receives, processes, and responds to information.
- **Neurodivergent people have real strengths:** Pattern recognition, deep focus, creativity, empathy, and systems thinking are common strengths. Neurodiversity is not just a problem to accommodate—it brings value to the nursing profession.

- **There is no single "neurotypical" brain:** Traditional education teaches to the middle two-thirds, but brains exist on a vast spectrum. Assuming everyone learns the same way excludes a significant portion of students and patients.
- **The accommodation model is insufficient:** Accommodations like extra time or note-taking services do not address how students actually learn. They also create gatekeeping: students must be "disabled enough" to qualify but "not too disabled" to be excluded from the profession.
- **Fewer than 50% of students with disabilities disclose:** Stigma, fear of judgment, and past negative experiences prevent disclosure. Many students also lack access to the expensive neuropsychological evaluations required for formal diagnosis.
- **Neuropsychological evaluations are a privilege barrier:** These six-hour assessments cost thousands of dollars, are rarely covered by insurance, and require specialized knowledge to access. This creates inequity in who can receive formal accommodations.
- **Inclusion by default removes barriers upstream:** Rather than retrofitting accommodations, design courses from the start to be accessible to 90-95% of students. This supports diagnosed, undiagnosed, and non-disclosing students equally.
- **Three frameworks guide inclusive design:** TILT (Transparency in Learning and Teaching) makes expectations explicit. UDL (Universal Design for Learning) offers multiple means of engagement, representation, and action. CBE (Competency-Based Education) focuses on what students must demonstrate, not how they get there.
- **TILT addresses the hidden curriculum:** Neurodivergent students struggle with implicit expectations. Making the "why" and "how" of assignments transparent reduces executive functioning barriers and improves outcomes for all students.
- **UDL asks: Is there another way to demonstrate competency?** If the goal is to show understanding, does it have to be a written paper? Could it be a video, oral presentation, or discussion? Flexibility in format does not lower standards—it removes irrelevant barriers.
- **20% of the general population has dyslexia:** That is 1 in 5 people. In any class of 25 students, approximately 5 have dyslexia. Yet most nursing programs still rely heavily on reading-based assessments and timed written exams.
- **50% of nursing faculty identify as neurodivergent:** A 2025 study found that half of nursing faculty surveyed either identified as neurodivergent or thought they might be. This mirrors findings in bedside nursing (50%) and pharmacy students (nearly 50%).
- **Neurodivergent nurses burn out faster:** Without mentorship and workplace accommodations, neurodivergent nurses leave bedside practice or the profession entirely within the first few years. Masking—hiding neurodivergent traits—is exhausting and unsustainable.
- **Different nursing roles suit different brains:** Emergency nursing, postpartum care, telehealth, sleep centers, and AI development all require different cognitive strengths. Helping students find the right fit reduces burnout and retains talent.
- **Rejection-sensitive dysphoria is common in ADHD and autism:** This is an overwhelming emotional response to perceived criticism. Faculty who experience this may struggle with student feedback. Reframing feedback as observation rather than judgment helps.

- **Declarative language reduces defensiveness:** "I noticed the rubric is not specific here" is more effective than "Why does this rubric look like this?" Observations invite collaboration; questions can feel accusatory.
- **Rubrics often measure the wrong things:** Are you grading APA formatting because it is essential to the learning objective, or because it is easy to score? Are points for "turning it in on time" teaching time management, or just measuring it?
- **Students are doing their best:** No student enrolls in nursing school to fail or cause trouble. If something is not working, the first question should be: What is the barrier? Not: Why are they not trying harder?
- **Implicit bias and ableism are pervasive:** Ableism is bias toward people who can perform tasks in a specific, "normal" way. It shows up in phrases like "they are not cut out for nursing" or "they just need to work harder."
- **AI in healthcare is embedding human bias:** Electronic health records and clinical decision support tools are built by humans with implicit biases. Nurses must be involved in building these systems to ensure diverse perspectives are included.
- **Adult learners need to understand the why—but so do all learners:** Children and adolescents also benefit from transparency about why assignments matter. Hierarchical education structures often withhold this information, which disengages learners at every level.
- **Start with one assignment:** Ask a colleague unfamiliar with your course to read the instructions and explain what they think students are supposed to do. This reveals gaps in clarity that neurodivergent students experience acutely.
- **Self-reflection is hard but essential:** It is difficult to recognize when your instructions are not clear—you wrote them, so they make sense to you. Inviting feedback without taking it personally is a skill that improves teaching for everyone.

Do This Next

- Choose one assignment from a course you teach. Ask a colleague unfamiliar with it to read the instructions and explain what students are supposed to do.
- Review your rubrics. Identify how many points are assigned to formatting, timeliness, or other non-content factors. Ask: Am I teaching this, or just measuring it?
- Add a "why this matters" statement to every major assignment. Explain how it connects to clinical practice or professional competency.
- Replace one written assignment with a choice: students can write a paper, record a video, create a visual presentation, or meet for an oral discussion.
- Use the TILT framework to make one course module more transparent: clarify the purpose, task, and criteria for success.
- Conduct a self-assessment: Do I assume students who struggle are "not trying hard enough," or do I ask what barriers they are facing?
- Invite student feedback on course accessibility. Use anonymous surveys and frame questions as opportunities for improvement, not criticism.
- Build relationships with your institution's accessibility office. Learn what accommodations are commonly requested and how you can design to reduce that need.

- Attend professional development on neurodiversity, UDL, or trauma-informed pedagogy. This is not yet standard in nursing education but is rapidly evolving.
- Advocate for neurodivergent students and faculty in policy discussions. Challenge language and practices that perpetuate gatekeeping or ableism.

3 Quick Self-Reflection Questions for Faculty

Use these to evaluate your own course design and teaching practices:

- **1. Clarity:** "If a student has never taken my course before, would they understand what I am asking them to do and why it matters—without asking me for clarification?"
- **2. Flexibility:** "Is there more than one way for a student to demonstrate they have met the learning objective, or does everyone have to do it the exact same way?"
- **3. Bias check:** "When a student struggles in my course, do I assume it is a motivation problem, or do I ask what barriers might be in the way?"

Red Flags & Teaching Pitfalls

- Assuming students who do not disclose a disability do not need support
- Referring students to the accessibility office as the only solution
- Designing assignments that measure working memory or executive function rather than clinical competency
- Assigning significant points for APA formatting, timeliness, or attendance without teaching those skills
- Using phrases like "they are not cut out for nursing" or "they just need to try harder"
- Taking student feedback or colleague suggestions as personal criticism
- Assuming all students learn best through reading and written exams
- Failing to explain why an assignment is required or how it connects to practice
- Treating accommodations as "special treatment" rather than access
- Ignoring the possibility that faculty colleagues may also be neurodivergent and struggling

Clinical Spotlight

- **50% of Nursing Faculty Are Neurodivergent:** A 2025 study surveyed over 100 nursing faculty at three North American institutions. Half identified as neurodivergent or thought they might be. This challenges assumptions about who belongs in academia.
- **The Virginia Commonwealth Pharmacy Study:** Nearly 50% of pharmacy students surveyed identified as neurodivergent. This is the first incidence study in healthcare education and suggests neurodivergence is far more common than previously recognized.
- **Dyslexia Prevalence:** According to the Yale Center for Dyslexia, 20% of the general population has dyslexia. In a class of 25 students, approximately 5 are dyslexic—yet most nursing programs rely heavily on reading-based learning.
- **Masking and Burnout:** Masking is the practice of hiding neurodivergent traits to appear "normal." It is cognitively and emotionally exhausting. Neurodivergent nurses who mask at work burn out faster and leave the profession earlier.

- **Mirror-Touch Synesthesia:** Some neurodivergent individuals physically feel pain when they see someone else get hurt. This heightened empathy can be an asset in nursing but also requires self-care strategies to prevent compassion fatigue.
- **The Hidden Curriculum:** Implicit expectations—like "you should ask questions during office hours" or "this is how you format a care plan"—are often unspoken. Neurodivergent students struggle when these expectations are not made explicit.
- **Competency vs. Compliance:** Are you measuring whether a student can perform a skill, or whether they can follow arbitrary formatting rules? Competency-based education focuses on what matters for patient care.

Conversation Starter

"When you think about a student who struggled in your course, what assumptions did you make about why they were struggling? Looking back, what barriers might have been in their way that you did not see at the time?"

Nurse Leaders & Educators: Consider forming a faculty learning community focused on inclusive course design. Use the TILT and UDL frameworks to collaboratively review and revise assignments, rubrics, and assessments.

Resources & Links

- Episode page: https://elitelearning.com/ce-podcasts
- CE courses: https://EliteLearning.com
- TILT Higher Ed (Transparency in Learning and Teaching): https://tilthighered.com
- CAST Universal Design for Learning: https://www.cast.org
- Yale Center for Dyslexia & Creativity: https://dyslexia.yale.edu
- Frontier Nursing University: https://frontier.edu

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