

UNIVERSAL DESIGN FOR PRACTICE LEARNING (NURSING)

A guideline for the implementation of
Universal Design for Learning guidelines
into practice learning environments for
nursing students.

Authors:

Dr John P Gilmore

Dr Freda Browne



UCD School of
Nursing, Midwifery
and Health Systems

Authors: John P Gilmore & Freda Browne

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Introduction to Universal Design for Practice Learning

Welcome to the Universal Design for Practice Learning Guidelines, a comprehensive resource designed to support and enhance the inclusivity of practice learning environments for nursing students. These guidelines are based on the CAST Universal Design for Learning (UDL) framework and have been co-created with nursing students to apply its principles and checkpoints specifically for practice settings.

The primary goal of these guidelines is to maximise the learning potential of all nursing students by fostering an inclusive environment that accommodates diverse learning needs. Practice learning environments are encouraged to adopt a "Plus One" approach, where one small change is embedded at intervals to progressively enhance inclusivity and accessibility.

These guidelines are founded on the three core principles of the CAST UDL Guidelines (2018), tailored for the practice learning context:

1. **Engagement:** Providing multiple means of engagement to stimulate interest and motivation for learning.
2. **Representation:** Offering various ways of presenting information to ensure comprehension and accessibility.
3. **Action and Expression:** Allowing multiple methods for students to demonstrate their knowledge and skills.

The guidelines have been developed in collaboration with students to ensure they address real world challenges and reflect practical, actionable solutions. This co-creation process ensures that the guidelines are not only theoretically sound but also grounded in the lived experiences of those directly involved in practice education.

Practice learning environments should begin with small scale UDL initiatives and expand them gradually. By adopting the "Plus One" approach, educators and administrators can implement one manageable change at a time, making the transition towards a fully inclusive environment more feasible and less overwhelming.

We invite you to explore these guidelines and consider how they can be integrated into your practice education setting. Whether your role is in practice education policy, facilitation, or directly supporting nursing students; by embracing Universal Design for Practice Learning, we can create a more inclusive, supportive, and effective learning environment for all nursing students.

Thank you for your commitment to inclusive education. Together, we can make a significant impact on the future of nursing education.

Guideline Development Process

The development of these guidelines followed a co-design methodology, emphasising collaboration between academic staff and student collaborators to ensure the final product is both practical and inclusive. Co-design, also known as participatory design, centres key stakeholders, in this case, nursing students, within the development process to ensure their perspectives, experiences, and needs directly shape the outcomes.

Recruitment and Diversity

Student collaborators were recruited through an open application process, ensuring transparency and inclusivity from the start. All nursing students in stages one, two, and three across three programmes were eligible to apply, encouraging broad participation.

The final group of nine student collaborators represents a range of backgrounds, with diversity in age (both mature and non-mature students), nursing programmes, and disability status. This intentional diversity is essential to ensuring the guidelines address a wide range of student needs and experiences in practice placements.

Student Collaborators

Tamas Thot, Stage 1, BSc Mental Health Nursing
Brian Rusk, Stage 1, BSc General Nursing
Eileen Noone, Stage 3, BSc Mental Health Nursing
Blanca Rodriguez, Stage 3 BSc General Nursing
James Sage, Stage 1, BSc General Nursing
Zlata Kulbako, Stage 1, BSc General Nursing
Pamela Walsh, Stage 1, BSc General Nursing
Tiernan Donegan, Stage 2, BSc Children's and General Integrated
Sherwin Wilson, Stage 3, BSc General Nursing

Collaborative Workshops

The co-design process took place over three workshops, each four hours long, where student collaborators played an active role in reviewing, discussing, and applying the existing CAST UDL guidelines (2018). These workshops were structured to encourage dialogue and collaboration.

Through group discussions, students identified potential challenges in practice learning environments and proposed solutions using UDL principles. This iterative process allowed these guidelines to be specifically tailored to practice learning, ensuring they address real-world challenges in practice education.

Iterative Drafting and Feedback

After each workshop, draft guidelines based on input from the student collaborators were produced by Dr John Gilmore. These drafts are shared via email for further feedback, allowing for continuous revision and refinement.

After student collaborators provided their final feedback, Dr Freda Browne, an expert in the field reviewed the full draft for further validation, ensuring the guidelines meet high academic and practical standards before finalisation.

Co-Design Benefits

Using a co-design methodology ensures that the guidelines are not only shaped by the UDL framework but also rooted in the lived experiences of nursing students in practice.

By including student collaborators throughout the process, the guidelines become more reflective of actual student needs and adaptable to different learning environments. The diverse group of students enriches the process by incorporating multiple perspectives, resulting in guidelines that promote equity, accessibility, and inclusion in practice learning.

This collaborative approach underscores the value of co-design in producing resources that are academically robust and practically applicable, ensuring that the Universal Design in Practice Learning guidelines are truly inclusive and beneficial for all students.

Implementation Feasibility

In order to determine initial acceptability and feasibility of the guidelines an initial workshop with practice educators across five placement sites took place.

Principle 1: Multiple Means of Engagement

One of the most important components of learning is affect and emotion, and different students have different capacities for motivation and engagement. Individual differences in affect can be influenced by a multitude of elements, such as neurology, culture, subjectivity, personal importance, and background knowledge, among others.

Engagement refers to the ways in which students are motivated to learn. This principle focuses on providing various ways to engage students, ensuring that learning is relevant, motivating, and conducive to their needs and preferences.

While there are core values, skills and competencies essential for practice as a nursing student, offering a variety of engagement alternatives is crucial since, in practice, no single method of engagement will be best for every student in every situation.

1.0 Provide Options for Recruiting Interest

In practice placements, nursing students must engage deeply with essential information to develop their skills effectively. Information that does not stimulate a learner's cognitive processes remains inaccessible, hindering both immediate and future learning. Therefore, educators must invest significant effort into capturing and sustaining students' interest and participation.

However, what engages students can vary greatly, both between different individuals and within the same individual over time and across different contexts. As students grow and acquire new skills and knowledge, their interests evolve.

To address these variations, it is crucial to employ diverse strategies to engage students during practice placements.

Checkpoint 1.1: Optimise individual choice and autonomy *Explanation:* Allowing students to make choices in their learning helps foster independence and motivation.

Recommendations:

- Provide options for demonstrating knowledge, such as case studies, presentations, and practical assessments.
- Provide students with the opportunity to request specific placement areas in line with requirements of the learning programme.
- Provide students with the opportunity to determine most suitable preceptor.
- Provide opportunity for students to determine specific learning objectives and outcomes in line with the placement areas approved learning outcomes.
- Use of checklists around objectives and outcomes specific to placement area.

Checkpoint 1.2: Optimise relevance, value, and authenticity *Explanation:* Learning is more engaging when it is relevant and connected to real-world experiences.

Recommendations:

- Show signs of valuing student contribution on the placement site e.g. specifically note student at handover, welcome signs at entrance to placement site, welcome message in advance and thank you message at end of placement.
- Recognise that students have a broad range of experience to bring to each placement. Learning activities and prioritisation should reflect this.
- Students should receive a profile of the placement site in advance of commencement. Including patient profiles, common conditions and procedures.
- Provide students with information around common conditions, procedures, and patient profiles linked to the theoretical modules studied on the programme.
- Placement areas can provide practice scenarios to incorporate into simulated practice in the university or placement site, students can engage with these in advance of the simulation session.
- Align practice tasks with students' career goals and interests.

Checkpoint 1.3: Minimise threats and distractions *Explanation:* Creating a safe and focused learning environment helps students concentrate and reduces anxiety.

Recommendations:

- When welcoming students clearly identify who they should contact if they have questions or if they are having difficulties.
- Provide flexibility in shift scheduling, cognisant of learning resources available. Flexibility could be provided around break times.
- Students could receive a standard shift profile with key activities, break times, report times etc in advance.
- Students could be provided with protected learning spaces in practice areas where they can reflect, review and learn when not providing direct patient care.
- Students should be provided with regular huddles and/or scheduled check-ins with their preceptor throughout the shift.
- Dedicated reflection time should be provided within the shift.
- Foster a supportive learning environment where students feel comfortable asking questions and making mistakes.

2.0 Provide Options to Sustain Effort and Persistence

In practice, nursing students must maintain sustained attention and effort to master essential skills and strategies. While many students can self-regulate to stay focused and motivated, others may struggle due to varying levels of initial motivation, self-regulation capacity, and susceptibility to distractions. A critical instructional goal in practice education is to enhance individual self-regulation and self-determination skills, thereby levelling the playing field for all students.

Meanwhile, the practice learning environment should offer support to students with diverse motivational and self-regulatory needs. This can be achieved by providing structured schedules, clear expectations, regular feedback, and access to mentors or peers for guidance and encouragement.

Checkpoint 2.1: Heighten salience of goals and objectives *Explanation:* Clear and meaningful goals help students understand what is expected and why it is important.

Recommendations:

- Clearly communicate learning outcomes and objectives for each practice placement.
- Provide staged short, medium and long-term objectives and align to placement learning outcomes.
- Relate practice tasks to broader nursing competencies and career paths.
- Create prioritisation activities for students to identify the most salient objectives, tasks and activities to meet the agreed learning outcomes.

Checkpoint 2.2: Vary demands and resources to optimise challenge *Explanation:* Adjusting the difficulty of tasks and providing adequate resources keeps students engaged without overwhelming them.

Recommendations:

- Tailor tasks to the skill levels of individual students, gradually increasing complexity. Do not presume skill competency based on the learning or programme stage.
- Avoid narratives of 'pushing' students, link learning activities to regular shift activities (don't give all the tasks to the student)
- Offer additional resources and support for students who need it.

Checkpoint 2.3: Foster collaboration and community *Explanation:* Collaborative learning promotes a sense of community and shared responsibility.

Recommendations:

- Encourage teamwork and peer learning in practice settings.
- Encourage students to work collaboratively on tasks.
- While students will have named preceptors, clearly highlight who can support learning in different ways.

- Provide opportunities for students to engage in staff development learning opportunities.
- Facilitate group discussions and debriefs to share experiences and insights.

Checkpoint 2.4: Increase mastery-oriented feedback *Explanation:* Frequent, specific feedback helps students understand their progress and areas for improvement.

Recommendations:

- Provide timely, constructive feedback on practice performance.
- Feedback should be related to individual learning activities but also overall feedback on learning progress.
- Feedback should be related to the individual student's performance; not comparative feedback related to other students or colleagues.
- Welcome two-way feedback for student to discuss how they are experiencing the learning environment.
- Use formative assessments to help students improve their skills continuously.
- Ensure feedback is given directly in a compassionate way, avoid giving feedback openly, unless the learner is aware first.

3.0 Provide Options for Self-Regulation

Developing the ability to self-regulate emotions and motivations is crucial for nursing students in practice. This skill enables them to manage stress and maintain focus in challenging healthcare environments. While some students develop these skills naturally, others need explicit instruction and practice. Practice educators should create an environment that supports self-regulation by integrating it into the curriculum.

This includes teaching strategies for managing stress, setting personal goals, and using reflective practices to monitor progress. By modelling self-regulatory behaviours and providing diverse methods to practise these skills, educators can help all student nurses, regardless of their initial proficiency, to effectively manage their emotions and stay engaged in their learning.

Checkpoint 3.1: Promote expectations and beliefs that optimise motivation *Explanation:* Positive expectations and beliefs about learning can enhance motivation and persistence.

Recommendations:

- Set clear, achievable expectations for practice performance.
- Plan dates for formal assessments at the outset of the placement.
- Encourage a growth mindset by emphasising progress and improvement.
- Ensure all staff are aware that students are at different stages, so unfair expectations are not placed on students
- Students should be encouraged to share reflective thoughts with preceptors during protected times.

Checkpoint 3.2: Facilitate personal coping skills and strategies *Explanation:* Helping students develop coping strategies ensures they can handle stress and challenges effectively.

Recommendations:

- Explicitly teach stress management techniques and coping strategies for high-pressure practice situations.
- Provide signposting and access to pastoral, mental health resources and support (chaplaincy, staff wellbeing, university supports).
- Introduce simulated practice and case study discussion about positive coping.
- Encourage open communication around limits and challenges.
- Encourage open discussion on wellbeing before, after and during shifts ie. check in at handovers on how each team member is feeling.

Checkpoint 3.3: Develop self-assessment and reflection *Explanation:* Encouraging self-assessment and reflection helps students take ownership of their learning.

Recommendations:

- Incorporate reflective journaling and self-assessment activities into practice placements.
- Distribute structured reflection themes with preceptor teams so they can plan and

support learning activities to correspond.

- Encourage students to set personal learning goals and track their progress.
- Provide examples of learning outcomes, objectives and corresponding activities as a baseline to help students plan.

Principle 2: Multiple Means of Representation

Students differ in the ways that they perceive and comprehend information presented during practice placements. For example, nursing students with sensory disabilities (e.g., visual or hearing difficulties), specific learning disabilities (e.g., dyslexia, dyscalculia), or language and cultural differences may all require different approaches to content.

Additionally, some students may grasp information more quickly or efficiently through visual or auditory means rather than printed text.

Learning and transfer of learning occur when multiple representations are used, as they allow students to make connections within and between concepts. In short, there is not one means of representation that will be optimal for all students; providing options for representation in practice is essential to ensure that all student nurses can effectively learn and apply their knowledge in different practice settings.

Representation involves presenting information in different ways to accommodate various learning preferences and needs. This principle ensures that all students can access and understand the material.

4.0 Provide Options for Perception

Learning is impossible if information is imperceptible to the learner, and difficult when information is presented in formats that require extraordinary effort or assistance. To reduce barriers to learning during practice placements, it is important to ensure that key information is equally perceptible to all nursing students by: 1) providing the same information through different modalities (e.g., visual aids, auditory explanations, tactile models); 2) offering information in formats that allow for user adjustability (e.g., providing glossaries and allowing technology).

Such multiple representations not only ensure that information is accessible to students with sensory and perceptual disabilities but also make it easier to access and comprehend for many others. This approach ensures that all student nurses can effectively engage with and learn from their practice experiences.

Checkpoint 4.1: Offer ways of customising the display of information *Explanation:* Customisation of information display helps meet individual visual needs and preferences.

Recommendations:

- Use various formats to present information in didactic learning (e.g., charts, videos, written materials).
- Provide inventory and map of key resources in the practice environment with both written and visual signposting.

- Provide a list with pictures of various team members and roles.
- Provide a short AV or audio description of the practice areas in advance with pertinent information.
- Have an easily accessible singular location for learning resources.

Checkpoint 4.2: Offer alternatives for auditory information *Explanation:* Providing information through multiple senses ensures accessibility for students with different needs.

Recommendations:

- Provide handover sheets in written information to supplement verbal handovers.
- Provide written transcripts of verbal instructions and practice demonstrations for skills acquisition.
- Use visual aids such as models, pictorial diagrams and simulations to reinforce auditory information.

Checkpoint 4.3: Offer alternatives for visual information *Explanation:* Alternatives to visual information ensure that students with visual impairments can access the content.

Recommendations:

- Verbally describe procedures and practice scenarios.
- Use tactile learning tools like anatomical models and demonstration equipment.
- Provide QR codes within storage areas which link to item description, uses and procedure information.
- Permit the use of approved learning technology.

5.0 Language and Symbols

Nursing students vary in their facility with different forms of representation, both linguistic and non-linguistic. Medical terminology that may sharpen and clarify concepts for one student may be opaque and foreign to another.

An equals sign (=) might help some students understand that the two sides of an equation need to be balanced, but might cause confusion to a student who does not understand its meaning. A graph illustrating the relationship between two variables may be informative to one student and inaccessible or puzzling to another. A medical image or diagram that carries meaning for some students may have very different connotations for students from diverse cultural or familial backgrounds.

As a result, inequalities arise when information is presented to all students through a single form of representation. An important instructional strategy during practice placements is to ensure that alternative representations are provided not only for accessibility but for clarity and comprehensibility across all student nurses.

Checkpoint 5.1: Clarify vocabulary and symbols *Explanation:* Clear explanations of terminology and symbols help students understand and retain information.

Recommendations:

- Explain medical terminology and symbols in simple language.
- Use glossaries and visual aids to support understanding.
- Retain a local acronym list

Checkpoint 5.2: Clarify syntax and structure *Explanation:* Clear syntax and structure make complex information more understandable.

Recommendations:

- Use clear, concise language in instructions and documentation.
- Break down complex procedures into step-by-step guides.

Checkpoint 5.3: Support decoding of text, mathematical notation, and symbols *Explanation:* Supporting decoding skills ensures that all students can interpret and understand specialized content.

Recommendations:

- Provide resource pack of standard forms, pathways and procedures in advance of placement.
- Provide additional resources for understanding practice documentation and data.
- Facilitate tutorials on interpreting medical charts, graphs, practice information.
- Glossary of common abbreviations and acronyms alongside handover.
- Allow the use of personal technology to assist with decoding activities ie phone, calculator etc.

Checkpoint 5.4: Promote understanding across languages *Explanation:* Multilingual support helps non-native speakers access and understand the material.

Recommendations:

- Encourage the use of language support tools and apps.
- Ensure the use of generic names for equipment, drugs etc

6.0 Provide Options for Comprehension

The purpose of practice education for nursing students is not just to make healthcare information accessible, but to teach them how to transform accessible information into usable knowledge.

Decades of cognitive science research have demonstrated that the capability to transform accessible information into usable knowledge is not a passive process but an active one. Constructing usable knowledge, knowledge that is accessible for future decision-making, depends not merely on perceiving information but on active “information processing skills” like selective attending, integrating new information with prior knowledge, strategic categorisation, and active memorisation.

Nursing students differ greatly in their skills in information processing and in their access to prior knowledge through which they can assimilate new information. Proper design and presentation of information, the responsibility of practice educators and instructional methodologies, can provide the scaffolds necessary to ensure that all student nurses have access to knowledge.

Checkpoint 6.1: Activate or supply background knowledge *Explanation:* Connecting new information to prior knowledge helps students build on what they already know.

Recommendations:

- Welcome students to share their own background knowledge.
- Connect new information to previous learning experiences.
- Review foundational concepts before introducing new information about conditions, procedures, interventions.
- Welcome student to explain tasks and interventions prior to demonstrating them in practice.

Checkpoint 6.2: Highlight patterns, critical features, big ideas, and relationships *Explanation:* Emphasising key concepts and their relationships aids in comprehension and retention.

Recommendations:

- Emphasise key concepts and their relationships to wider health, wellbeing, normal physiology and social activity.
- Revisit critical information such as safety and emergency management.
- Use visual aids to illustrate patterns and critical features such as diagrams.
- Use case examples of how nursing interventions lead to healing, and wider wellbeing.

Checkpoint 6.3: Guide information processing, visualisation, and manipulation *Explanation:* Helping students process and visualise information enhances their understanding and application.

Recommendations:

- Encourage the use of mind maps and diagrams to organise information.
- Provide practice scenarios to apply and visualise practice knowledge.
- When discussing cases with students provide them with the opportunity to discuss alternative actions and potential differing outcomes.

Checkpoint 6.4: Maximise transfer and generalisation *Explanation:* Helping students apply their knowledge in different contexts ensures deeper learning and adaptability.

Recommendations:

- Use varied case studies to show how practice skills apply in different contexts.
- Encourage students to reflect on how their learning can be applied in various situations.
- Encourage students to work with professionals from other healthcare disciplines. This exposure helps them understand different perspectives and how their nursing skills can be applied in a team-based approach to patient care.

Principle 3: Multiple Means of Action and Expression

Action and expression refer to how students demonstrate their learning. This principle encourages the use of different methods and tools to express understanding and skills.

Nursing students encounter diverse challenges during their practice placements, reflecting the varying ways individuals navigate and demonstrate their learning. For example, individuals with executive function disorders affecting strategic and organisational abilities or those facing language barriers approach practice tasks uniquely.

Some students might excel in written communication but struggle with verbal expression, while others may experience the opposite. Recognising that action and expression in a practice setting require substantial strategy, practice, and organisation is crucial.

No single method of action and expression suits all student nurses; therefore, providing a range of options for demonstrating their skills and knowledge is essential for effective learning and performance in practice placements.

While competency assessment is an essential element of nursing education, how we facilitate the student to demonstrate their competence may vary.

7.0 Physical Action

To ensure all nursing students can effectively interact with learning opportunities, it is essential to provide resources that accommodate diverse needs.

While there are key tasks which students need to perform to demonstrate competency to practice as a nurse, demonstrating this competency can be supported through facilitating diverse inclusive approach, by integrating such we can create a more accessible and supportive learning environment for all nursing students.

Checkpoint 7.1: Vary the methods for response and navigation *Explanation:* Providing multiple ways for students to respond and navigate learning materials ensures accessibility.

Recommendations:

- Facilitate formative practice assessments through simulated practice and OSCEs to provide safe learning environments in advance of summative assessment .
- Provide protected time for students to ask questions or receive demonstrations from practice educators ie. CPCs or clinical tutors.
- Provide opportunity for students to present case studies and care plans for patients for formative feedback.

Checkpoint 7.2: Optimise access to tools and assistive technologies *Explanation:* Access to appropriate tools and technologies supports diverse learning needs.

Recommendations:

- Facilitate use of approved assistive technologies such as scribe pen, to facilitate student learning.
- Promote self-directed time in simulation suites for skills acquisition and consolidation.
- Promote use of digital guidelines, resource videos etc via QR codes of intranet.

8.0 Provide Options for Expression and Communication

In practice placements for nursing students, no single medium of expression is equally suited for all students or types of communication. Different media can be poorly suited for certain kinds of expression and learning. For instance, a student with dyslexia might excel in verbal storytelling but struggle to convey the same story in writing.

To ensure all nursing students can effectively express their knowledge, ideas, and concepts, it is crucial to provide alternative modalities and supports or templates for expression. This approach not only levels the playing field among students but also allows each student to communicate in the manner that best suits their abilities.

Checkpoint 8.1: Use multiple media for communication *Explanation:* Using various media for communication helps accommodate different learning preferences.

Recommendations:

- Encourage students to use different media to communicate learning, such as videos, infographics, and written case reports for formative assessment.
- Utilise video demonstration with playback review for formative assessment and feedback.
- Facilitate students to demonstrate physically their knowledge as well as questioning.

Checkpoint 8.2: Use multiple tools for construction and composition *Explanation:* Providing different tools for creating and composing work allows students to choose those that best suit their needs.

Recommendations:

- Facilitate the use of case reports to demonstrate student capability to plan and deliver entire episodes of care.
- Offer a variety of tools for documenting and presenting practice work, including digital and traditional formats.
- Provide guidance on using these tools effectively.

Checkpoint 8.3: Build fluencies with graduated levels of support for practice and performance *Explanation:* Graduated support helps students develop skills progressively and independently.

Recommendations:

- Provide scaffolding and support as students develop new skills.
- Facilitate orientation period for new placements, avoiding full workload allocation while student is being oriented.
- Gradually reduce support as students become more competent.

9.0 Provide Options for Executive Functions

In the context of practice placements for nursing students, the highest level of human skilful action involves the "executive functions." These functions, associated with the prefrontal cortex, enable individuals to set long-term goals, plan effective strategies, monitor progress, and adjust as needed. Essentially, they help students make the most of their environment.

For educators, it is crucial to understand that executive functions have limited capacity due to working memory constraints. This capacity can be diminished in two main ways:

1. When executive functioning capacity is used to manage "lower level" skills and responses that are not automatic or fluent, reducing the ability to focus on higher-level functions.
2. When executive capacity itself is impaired due to a higher-level disability or a lack of fluency with executive strategies.

The Universal Design for Learning (UDL) framework aims to enhance executive capacity through two main approaches:

1. Scaffolding lower-level skills so they require less executive processing.
2. Scaffolding higher-level executive skills and strategies to make them more effective and developed.

These guidelines address ways to provide scaffolding for executive functions themselves, ensuring nursing students on practice placement can better manage and develop their higher-level skills for a more effective learning experience.

Checkpoint 9.1: Guide appropriate goal-setting *Explanation:* Helping students set appropriate goals ensures they have clear, achievable objectives.

Recommendations:

- Ensure initial discussion where student and preceptor set out expectations in a safe and collaborative way.
- Help students set realistic, measurable goals for their practice learning linked to students own priorities and practice learning outcomes.
- Use goal-setting frameworks to structure their objectives (SMART).

Checkpoint 9.2: Support planning and strategy development *Explanation:* Supporting students in planning and strategy development helps them approach tasks systematically.

Recommendations:

- Teach students how to develop care plans and strategies.
- Provide written instructions as example of typical practice scenarios.
- Encourage the use of checklists and templates for task planning.
- Identify in advance areas of difficulty or where there is a risk of mistake and identify the key factors related to success.
- If there are key dates of certain events such as learning activities, MDT meetings

particularly procedures, share these in advance so student can take lead in planning their week.

Checkpoint 9.3: Facilitate managing information and resources *Explanation:* Effective management of information and resources is essential for success in practice settings.

Recommendations:

- Use digital platforms such as student pages on intranet to organise and share practice resources.
- Link online practice resources with QR codes for ease of accessibility.
- Teach effective notetaking and information management skills.
- Create dedicated education resources specific to the practice area.
- Facilitate protected teaching and learning time for staff to teach the students.

Checkpoint 9.4: Enhance capacity for monitoring progress *Explanation:* Monitoring progress helps students stay on track and make adjustments as needed.

Recommendations:

- Provide tools and strategies for self-monitoring and tracking progress i.e. at week 3 you should be caring for x number patients
- Use regular check-ins and progress reviews to keep students on track.
- When giving feedback provide demonstrations of correct approach rather than just pointing out the errors.
- Students should be encouraged to ask questions.

Conclusion

These Universal Design for Practice Learning Guidelines have been created to serve as a supportive companion for practice educators, supervisors, assessors, and all those who provide educational guidance to nursing students. They are not intended to prescribe rigid rules, but rather to offer a flexible, evidence-informed framework that can be adapted to the unique dynamics of each practice setting. At their heart lies the principle that inclusivity in practice learning is not achieved through a single sweeping change, but through consistent, thoughtful, and incremental action.

By embracing the “Plus One” approach, practice educators can implement small, manageable enhancements, one step at a time, that collectively transform the learning environment into a space where all students can thrive. These guidelines acknowledge the expertise already present in practice education and aim to complement it by offering practical strategies grounded in the lived experiences of students.

Ultimately, the adoption of Universal Design principles in practice learning is an investment in the future of nursing (Gilmore et al. 2022). When we design environments that anticipate and respond to diverse needs, we not only support the success of every nursing student but also foster the development of compassionate, adaptable, and highly skilled practitioners. Through shared commitment, reflective practice, and steady progress, we can embed inclusivity as a defining feature of practice education, ensuring that every learner has the opportunity to achieve their full potential.

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