# JOURNEY FOR TEAMS 3.0

## THRIVE Transforming Workplace Dynamics

## GUIDEBOOK
## Championing Universal Design

Building a healthy workplace culture that fosters an environment of universal design that supports full participation, enabling all individuals to belong, collaborate, and grow

AVMA Our Passion. Our Profession.

VMAE VETERINARY MEDICAL ASSOCIATION EXECUTIVES

# WELCOME

This workbook was created as both a mirror and a guide. It shines a light on subtle and often overlooked cultural disruptors, behaviors, attitudes, and assumptions that influence the culture of a veterinary workplace. By presenting real-world scenarios and challenges, it encourages readers to pause, recognize, and name forces that undermine belonging and trust.

Each scenario and activity pairs awareness with practical approaches, offering tools that leaders and teams can immediately apply. The purpose is not to provide perfect answers but to model a process: noticing disruptions, examining their impact, and responding with strategies that strengthen collaboration, well-being, and respect. Think of this workbook as a working companion. Use it in team discussions, leadership development, onboarding, or self-reflection. Engage with it honestly, ask the hard questions it surfaces, and adapt the tools to fit your environment. When used intentionally, it can help teams move from identifying problems to building a culture where every member feels valued, supported, and empowered to contribute.

Disablism refers to the barriers that show up in veterinary workplaces through ordinary routines, communication patterns, workflow expectations, and physical environments. Many of these barriers are unintentional and can affect team members with visible, invisible, temporary, or chronic conditions. This guidebook focuses on how systems, habits, and daily practices shape everyone's ability to contribute. The purpose of this module is to help veterinary teams notice where these barriers appear and implement practical changes that make participation easier and safer for the whole team. Most people will experience disability at some point, including short-term injuries or health conditions that may not be visible. Because of this, the emphasis here is on shifting familiar routines toward more accessible and predictable approaches, rather than maintaining existing patterns.

By the end of this module, participants will be able to:

- Describe disablism as a systems-based concept and recognize how routine workplace practices can create barriers.
- Identify environmental, communication, and workflow patterns in veterinary settings that may unintentionally limit participation for colleagues or clients.
- Spot everyday moments in the veterinary workflow where small shifts, rather than old habits, could reduce barriers and support more teamwork.
- Try at least one new communication or workflow adjustment that improves clarity, reduces silent physical strain, or supports shared responsibility during busy or physically-demanding tasks.
- Begin replacing long-standing automatic routines with simple universal design practices that strengthen collaboration, safety and belonging for the entire team.

# WELCOME

### HOW THIS GUIDEBOOK USES THE TERM "UNIVERSAL DESIGN"

In this module, you will see the term, Universal Design (UD) written in both uppercase and lowercase. We do this intentionally to keep the content clear, practical, and consistent with how veterinary teams will apply these ideas in daily work.

- *Universal Design* (capitalized) refers to the formal framework developed in the 1980s, including the original Seven Principles created by the Center for Universal Design. We use the capitalized form only when referencing this historical framework or its principles.

- *universal design approaches* (lowercase) refers to the everyday, practical strategies that help reduce barriers in veterinary workplaces. This is how the concept is most often used in practice and reflects the approach taken by our subject-matter expert in the video portion of this module.

In many fields, the term is used interchangeably, regardless of capitalization. For the purpose of this module, our focus is not on whether people use the "right" version of the term. What matters is the practical application—simple, repeatable approaches that help reduce barriers and support team collaboration.

You may also see Universal Design or UD in section headings. This is simply part of our formatting style and is not meant to signal a different meaning.

### Disclaimers

- All examples and case study scenarios are based on real situations, but names (including hospitals) are pseudonyms.
- The inclusion of resources does not imply or constitute an endorsement by the American Veterinary Medical Association or the Veterinary Medical Association Executives.

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## KEY TAKEAWAYS

# 3Rs

In order to strengthen veterinary workplace culture, teams can: **recognize** both the strengths and the dynamics that shape their environment and experiences; **reconsider** approaches or assumptions that may no longer serve them, while identifying opportunities to build on what works; and **re-evaluate** everyday decisions in ways that reinforce systems of collaboration, well-being, and respect.

## 1 Recognize

**Strengths and dynamics shaping culture**

## 2 Reconsider

**Patterns and assumptions to build on what works**

## 3 Re-evaluate

**Choices to reinforce collaboration and respect**

# RECOGNIZE

## WHAT IS DISABILITY?

The Americans with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. This also includes people who have a history of a disability, as well as individuals who may not have an impairment but are perceived as having one. Disabilities may be visible (e.g., limb differences, paralysis, dwarfism) or non-visible (e.g., chronic fatigue syndrome, post-traumatic stress disorder, attention deficit disorder).

Disability can include a wide range of experiences—physical, sensory, mental health-related, chronic illness, learning-related differences, and forms of neurodivergence. Neurodivergence describes natural variations in how people think, learn, process information, or experience the world, and can include ADHD, dyslexia, autism, and other cognitive or learning-related differences.

It is important to recognize that anyone can become disabled at any point in their life, and that disability can be a temporary, long-term, or permanent condition. For some individuals, their medical condition impacts their daily life. For many others, disability occurs when they encounter a policy, environment, or expectation that applies a "one-size-fits-all" approach to how things should be done.

## WHAT IS DISABLISM?

**Disablism refers to the systemic, social, and institutional barriers of discrimination or prejudice against people with disabilities. These barriers may arise unintentionally through systems, practices, or expectations that were not designed with a wide range of needs in mind.**

For more information about disability rights, view or contact the following resources:
https://www.ada.gov/resources/disability-rights-guide/

**EXPLORE MORE**

**ADA Information Line**
The U.S. Department of Justice ADA Information Line provides confidential help to individuals, businesses, and governments about the requirements of the ADA, how the ADA applies to your situation, how to file a complaint, and answers to technical questions.
1-800-514-0301 (voice) 1-833-610-1264 (TTY) ADA.gov

**ADA National Network**
Information, guidance, and training on the ADA
1-800-949-4232 (voice/TTY)
www.adata.org

# RECOGNIZE

## HOW DOES DISABLISM IMPACT TEAM COHESION?

When employees with disabilities encounter barriers that make it difficult to fully participate—whether those barriers are physical, procedural, or assumptive, it can negatively influence how connected and supported they feel at work. Over time this may affect trust, communication, and collaboration across the team.

In some cases, colleagues may be unaware of how workplace norms impact people differently. Without shared understanding or clear pathways for requesting support, employees may hesitate to speak up or may choose to manage challenges on their own, which can contribute to stress and reduced engagement.

Veterinary workplaces that proactively identify barriers, and offer flexible, inclusive approaches, help reinforce a culture where all team members feel valued. When staff have access to the tools, space, information, and opportunities they need to perform their work, teams communicate more openly, support one another more consistently, and contribute more confidently to patient care.

## UNIVERSAL DESIGN: ORIGINS & WHAT IT MEANS FOR VETERINARY TEAMS

Accessibility laws in the United States—most notably the Architectural Barriers Act of 1968 and the ADA of 1990—were created to remove barriers for people with disabilities. As your team works to address disablism in your workplace, it can be helpful to consider these laws as the starting point for inclusion, not the limit of what's possible to achieve. Universal Design is defined as "the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design." Introduced in the 1980s, Universal Design builds on accessibility laws by shifting the priority from retrofitting accommodations to designing inclusively from the start.

Today, Universal Design is not only seen as a framework for accessibility, but as a strategic, comprehensive approach that fosters innovation, equity, and user-friendly experiences. Disablism in veterinary workplaces often arises from systems or processes that were designed with a "one-size-fits-all" approach. In these settings, implementing universal design approaches can directly benefit both clients and staff by making care more accessible, efficient, and welcoming. *Table 1* provides examples of the types of barriers in the veterinary workplace and universal design approaches veterinary teams may choose to apply to reduce these barriers.

# RECOGNIZE

**Table 1.** *Common barriers in the veterinary workplace and practical suggestions for a universal design approach. These approaches are not regulated by the AVMA.*

| BARRIER TYPE | EXAMPLES | UNIVERSAL DESIGN APPROACHES |
|---|---|---|
| **PHYSICAL / ENVIRONMENTAL** | **Throughout Building** | |
| | Poor lighting or poor acoustics | • Adjustable lighting with dimmer switches, multiple sources of light<br>• Noise-canceling headphones<br>• Baffles to absorb sound<br>• Zones for quiet focus or low-sensory rooms for those experiencing overload or stress |
| | **Parking Lot** | |
| | Inaccessible parking that does not accommodate all clients | • Accessible parking, drop-off areas, and ramps |
| | **Entry** | |
| | Steps or a steep ramp at the entrance<br>Entry doors that are less than 36 inches wide<br>Entry doors that are not automated<br>High door thresholds | • Appropriate ramps<br>• Automatic 36-inch-wide doors (this width accommodates mobility devices, wheelchairs, and deliveries)<br>• Clear pathways<br>• Low door thresholds<br>• Railings<br>*Note: Universal design promotes features that are useful for all people. These changes not only benefit those with wheelchairs, but also people with strollers, delivery personnel, and those with limited mobility (whether due to injury or age).* |
| | **Reception & Restrooms** | |
| | High counters at the reception desk with no knee space for wheelchair users<br>No space in waiting areas for parking mobility devices and pets<br>No chairs for plus-size people<br>No chairs with armrests<br>Inaccessible restrooms<br>Storage cabinets that are out of reach for people in wheelchairs or of short stature | • Reception desk with a low counter section, creating knee space for clients in wheelchairs<br>• Ample spaces for mobility devices and pets; this helps clients participate in their pet's care without barriers<br>• Chairs of appropriate sizes and comfort in the waiting areas<br>• Space for, and installation of, an accessible restroom<br>• Storage with adjustable heights or pull-out drawers<br>• Clear wayfinding maps to help clients with mobility, vision, cognition, or hearing problems enter and navigate the clinic independently with their pets |

# RECOGNIZE

**Table 1.** *continued...*

| BARRIER TYPE | EXAMPLES | UNIVERSAL DESIGN APPROACHES |
|---|---|---|
| **PHYSICAL / ENVIRONMENTAL** | **Halls & Exam Rooms** | |
| | Exam tables or equipment fixed at heights that exclude people using mobility devices or of short stature<br><br>Exam rooms and treatment areas that don't accommodate wheelchair users or service dogs<br><br>Workstations and medical equipment that are not designed with ergonomics or adjustability in mind<br><br>Narrow hallways or cluttered spaces that limit maneuverability for wheelchair users<br><br>Storage cabinets that are out of reach for people in wheelchairs or of short stature | • Break rooms, common areas, and workstations organized using universal design approaches to ensure staff of all abilities can contribute effectively<br><br>• Ergonomic and flexible equipment, like height-adjustable examination tables, to benefit all staff by improving safety and reducing fatigue |
| **PROCEDURAL** | Lack of flexible work arrangements (e.g., rigid schedules, no remote-work options)<br><br>Failure to provide reasonable accommodations for a person with a disability or making the process difficult<br><br>Limited or no accessible emergency evacuation procedures<br><br>Outdated hiring practices that unintentionally exclude candidates with disabilities | • Policies to formalize accommodations, phased return options, and workload adjustments for chronic disease and disability, ensuring consistency and fairness<br><br>• Return-to-work plans that are customized collaboratively with employees managing chronic illness, including a gradual ramp-up of responsibilities and hours aligned with medical advice<br><br>• Emergency evacuation procedures and safe passage space through those routes<br><br>• Mandatory training for managers and supervisors on chronic illness, non-visible disabilities, and compassionate leadership to counteract stigma and belittlement behaviors |

# RECOGNIZE

**Table 1.** *continued...*

| BARRIER TYPE | EXAMPLES | UNIVERSAL DESIGN APPROACHES |
|---|---|---|
| **ATTITUDINAL** | Assumptions that employees with disabilities are less capable, slower, or need extra supervision<br><br>"Inspirational," "courageous," or "charity" framing instead of viewing employees as equals<br><br>Believing that accommodations are "special treatment" rather than essential equity<br><br>Stigma around non-visible or not apparent disabilities (e.g., mental health, chronic illness, neurodivergence)<br><br>Over-helping a colleague or client with a disability without asking first or respecting their autonomy | • Clear zero-tolerance workplace policies specifically addressing bullying, harassment, and discrimination against neurodiverse employees. These policies must be actively enforced to prevent gossip, social exclusion, and retaliatory actions such as wrongful termination<br><br>• Mandatory training for managers and all staff on neurodiversity, chronic illness, and non-visible disabilities emphasizing empathy, inclusion, and respectful communication.<br><br>• Compassionate leadership to counteract stigma and belittlement behaviors<br><br>• Policies to formalize accommodations, phased return options, and workload adjustments for chronic disease and disability, ensuring consistency and fairness |
| **COMMUNICATION** | Lack of captioning, sign language interpretation, or alternative formats for materials<br><br>Overreliance on verbal instructions without written or visual supports<br><br>Use of technical jargon or rushed explanations that exclude clients or staff with processing or hearing difficulties<br><br>Scheduling systems that assume all clients can use phone calls, apps, or online portals<br><br>Websites, digital content, and documents that don't comply with the Web Content Accessibility Guidelines (WCAG) | • Training programs for staff and leadership on the broad spectrum of disabilities, including non-visible or non-apparent disabilities, neurodiversity, and chronic illness<br><br>• Role-playing, case studies, and simulation exercises to allow staff to practice responding empathetically and effectively to diverse disability-related situations in the workplace<br><br>• Multiple methods of communication like text reminders, captioned videos, and written instructions to ensure all clients understand care plans for their pets<br><br>• Writing tools or facilitate texting on smartphones for clients who are deaf or hard of hearing (depending on client preference) |

# RECOGNIZE

**Table 1.** *continued...*

| BARRIER TYPE | EXAMPLES | UNIVERSAL DESIGN APPROACHES |
|---|---|---|
| **CULTURAL** | Excluding people with disabilities from leadership opportunities or decision-making<br><br>Not addressing microaggressions, discriminatory jokes, or language in the workplace culture<br><br>Underrepresentation of disabled voices in workplace initiatives<br><br>Lack of training on disability awareness and accessibility best practices, which hinders respectful interactions with clients or colleagues with disabilities<br><br>Inexperience working with anyone of any known disability (visible or non-visible) | • Formation of peer groups where employees with disabilities can support and mentor each other<br><br>• Training programs for staff and leadership on the broad spectrum of disabilities, including non-visible or non-apparent disabilities, neurodiversity, and chronic illness<br><br>• Clear workplace policies that explicitly recognize disabilities as valid and deserving of accommodations<br><br>• Culture of psychological safety where staff feel comfortable disclosing disabilities without fear of stigma or reprisal<br><br>• Role-playing, case studies, and simulation exercises to allow staff to practice responding empathetically and effectively to diverse disability-related situations in the workplace |

# RECONSIDER

## WHAT DOES DISABLISM LOOK & SOUND LIKE IN THE VETERINARY WORKPLACE?

In veterinary settings, disablism can show up in ways that make participation or communication harder for some individuals. Such barriers might be physical, procedural, cultural, or related to assumptions about what someone can or cannot do. Because many disabilities are non-visible, team members may not aways realize how workplace norms affect their colleagues.

Examples of situations that may arise in a veterinary workplace include:

- Meetings or trainings that move quickly without captioning or written materials
- Workflows or policies that unintentionally overlook the needs of staff or clients who use mobility devices or who process information differently
- Comments or thoughts that assume someone is “less capable” or “not keeping up”
- Limited experience working with colleagues that have known or undisclosed disabilities, which may lead to uncertainty about how to support one another
- Staff members navigating chronic illness, mental health conditions, or neurodivergence without clear avenues for support in their role

# RECONSIDER

## THE BENEFITS OF ACCOMMODATION

All U.S. workplaces with 15 or more employees must provide reasonable accommodations to support employees with disabilities, as long as doing so does not create undue hardship. While cost or implementation concerns are sometimes cited when accommodations are denied, many common accommodations—such as reallocating tasks, reserving parking spaces, providing written instructions, or offering flexible scheduling—cost nothing to implement. When veterinary practices prioritize accessibility, staff and clients experience greater independence, safety, trust, and loyalty. In a competitive job market, inclusive design also expands the talent pool and strengthens staff retention.

A 2021 study found that workplaces that accommodate employee needs (e.g., flexible scheduling, assistive technology) foster a stronger sense of belonging, resulting in:

- 50% lower turnover risk
- 75% fewer sick days
- 56% improvement in job performance (Gonzales, 2022)

Additional research shows that disability inclusion yields financial benefits:

- 97% of HR managers report that employees with disabilities perform equal to or better than non-disabled colleagues (Gonzales, 2022)
- Companies with strong disability-inclusive cultures see 1.6x more revenue, 2.6x more net income, and double the profit of other companies (Accenture, 2023)

Employees with disabilities often bring valuable strengths—such as creative problem-solving—but nearly 80% choose not to disclose their disability. Reasons include minimal impact on their work or concerns about stigma and negative consequences. Many also report opting out of workplace events due to accessibility barriers, such as inaccessible restrooms or lack of breaks during long meetings.

When employees do not feel safe to be their full selves at work, organizations lose the benefit of diverse perspectives and innovations. Employees, meanwhile, miss out on important professional experiences. In veterinary medicine, ensuring that physical spaces, communication methods, and service delivery are accessible and welcoming enhances inclusivity, strengthens belonging, improves retention, increases client referrals, and elevates the overall quality of care.

# RECONSIDER

## THE WORKPLACE STATUS QUO

**Become a champion of universal design approaches:** Veterinary hospitals that prioritize accessibility gain trust from clients and broaden their client base. Clients notice and value accessibility and inclusion, as features like ramps, captioning, ergonomic tools, and flexible schedules help all users: parents with strollers, people recovering from injury, older adults, and even busy professionals multitasking.

Cultural changemakers can help foster disability inclusion in their veterinary workplace by:

- Elevating disability inclusion to a board-level priority, supported by leadership and targeted initiatives
- Integrating accessibility across all stages of employment, including onboarding and promotions
- Simplifying and destigmatizing the process of requesting workplace accommodations
- Creating reporting mechanisms that are safe, confidential, and effective in resolving complaints
- Equipping managers with the tools to support neurodivergent and disabled employees

***Cultivate Connection*** *offers more suggestions to address barriers in the veterinary workplace.*

**EXPLORE MORE**

The Center for Universal Design was established in 1989 at North Carolina State University. Ronald L. Mace, an architect and wheelchair user, founded the Center and coined the term Universal Design. Find out more about the Center for Universal Design here: https://design.ncsu.edu/research/center-for-universal-design/

Universal Design is also a formal area of study. The Center for Universal Design created a resource outlining the *Seven Principles of Universal Design*, which offer general guidance for creating spaces and approaches that work for a wide range of people. Teams can reference these ideas as a tool for exploring small changes that produce great impact for the veterinary workplace: https://design.ncsu.edu/wp-content/uploads/2022/11/principles-of-universal-design.pdf

## RE-EVALUATE

### 10-MINUTE CASE STUDY

*Read through the case study independently, or in pairs, and reflect on the discussion questions. Once all groups complete their review, discuss your thoughts and answers with the whole team.*

At Shakes Veterinary Hospital, the team is known for its collaborative approach to patient care. Dr. Mason, a veterinarian managing a chronic back condition, occasionally found routine tasks such as lifting heavy animals and standing for prolonged periods challenging. Some, but not all, colleagues were aware of her condition. Many staff members were unclear about how chronic pain affects daily work, and the team did not always understand Dr. Mason's needs. At times, comments surfaced about workload distribution. This unstable dynamic also affected staff with disabilities, who did not feel safe sharing their own needs. Over time, morale and engagement began to shift as stress increased across the team.

### BREAKING POINT

Late in the afternoon, a senior staff member expressed frustration about staffing pressures and discussed Dr. Mason's medical leave in a public area. Another team member overheard the comment and spoke privately with the practice manager about how the situation might affect team morale and communication.

### SENSE MAKING

There are multiple barriers present in this scenario:

- Fast-paced communication
- Uncertainty around accommodations
- Different levels of understanding about disability
- Assumption about workload or capability
- Routine practice and time pressures

### DISCUSSION QUESTIONS

*(5 minutes)*

- What systems, communication gaps, or unclear processes contributed to this scenario?
- What strengths might your team already have to support more inclusive work-flows? What organizational policies/practices might apply?

# RE-EVALUATE

## 10-MINUTE CASE STUDY

*Read through the case study independently, or in pairs, and reflect on the discussion questions. Once all groups complete their review, discuss your thoughts and answers with the whole team.*

## SOLUTION & APPROACH

Recognizing the opportunity for inclusion, the hospital CEO initiated a culture shift:

- Hospital staff participated in disability awareness training, learning about the impacts of chronic conditions and appropriate accommodations such as ergonomic supports, and the use of lift-assist devices for staff.
- Leadership received introductory online training about universal design approaches. They also created pathways for staff to discuss scheduling, health-related needs, and workload concerns.
- Managers in the hospital received practical tools such as short conversation guides, example scripts for responding to health-related disclosures, and a simple checklist for when and how to escalate a need.

## RESULTS

The changes the veterinary hospital made led to noticeable improvements across the clinic. Communication became clearer and the new processes resulted in greater consistency in how scheduling needs and task distributions were addressed. Other staff felt more empowered to discuss their own challenges, leading to a more collaborative and productive team culture.

Workspaces were reorganized to apply a universal design approach. This made movement through the spaces easier for everyone, especially at busy times and when shipments were received. Several exam rooms were also outfitted with an electric height-adjustable exam table.

## KEY TAKEAWAY

**Disablism can harm both individuals and team dynamics in veterinary workplaces. Actively addressing it with thoughtful leadership, accommodations, and open communication can bring about profound positive change that unlocks the full potential of every team member.**

# RE-EVALUATE

**15-MINUTE TEAM EXERCISE**

*This exercise will help you practice interrupting biases and creating systemic change. It can be done in pairs or small groups. Be sure to share your findings with the whole team.*

## Seeing & Solving Workplace Pressure Points

Pressure points appear in each of our daily workflows and affect team dynamics. In some cases, pressure points may go unseen, but when several occur together, or when compounding factors impact our workflow, they may become more apparent—making work harder or limiting success for all. By looking closely at the work environment, we can identify changes that better support the whole team and help everyone participate fully.

| WORKPLACE PRESSURE POINT | EXAMPLES |
|---|---|
| **Scheduling and workload distribution patterns** | How tasks get assigned, who gets heavy-lifting cases, who handles long appointments |
| **Fast-paced communication moments** | Shift changes, quick hallway updates, emergency cases |
| **Information access and handoff routines** | Written vs. verbal instructions, missed updates, unclear expectations |
| **Space navigation during busy times** | Crowded hallways, supply retrieval, client flow |
| **Unspoken cultural norms** | Pushing through, not asking for help, assumptions about capability |

### 1. Small Group Discussion *(5 minutes, 3-5 team members per group)*

Choose one of the five common workplace pressure points above. Discuss how this moment plays out in your organization. Consider:

- How might that pressure point affect team communication or workflow?
- How might this create unintentional barriers for team members with disabilities?
- What small physical, procedural or communication-based change could help reduce this barrier?

### 2. Full Team Debrief *(10 minutes)*

Share your group's answers with the full team:

- Which pressure point did your group choose to explore, and what other barriers do you see in your workflow or environment?
- If you were to implement and test one small change this month, what might be the easiest place to start?

# RE-EVALUATE

## 6-MINUTE SELF-REFLECTION

*The following questions will help illuminate your own thoughts and feelings, as well as the norms at your place of work. Sharing your answers as a team is welcome and entirely optional.*

1. What assumptions do I make about how others absorb information, adapt to changes, or complete tasks?

2. How might I run a meeting so that information is easier for everyone to access, process, and reference later?

3. What small changes might I make to the way I do things to reduce barriers for colleagues?

4. How might I use universal design approaches to create a space that is easier to work in and is safe for all?

# CPR

Building a healthy veterinary workplace culture takes intention, effort, and practice. This section will help you identify actionable ways you can strengthen collaboration and inclusion individually or as a team using these three steps:

## 1 Cultivate Connection

**Practical ways to deepen trust, respect, and teamwork**

## 2 Practice Care-Filled Responses

**Proactive language and actions that encourage growth and mutual understanding**

## 3 Reinforce What Matters

**Tools and resources that sustain values, celebrate strengths, and support ongoing learning**

# CULTIVATE CONNECTION

## FORGING AHEAD AS A TEAM

*These actionable steps can help shift veterinary workplaces from a culture of tolerance to one of engagement and care. By doing so, we move closer to an environment that supports and strengthens the sense of value and connection across all members of the team.*

### 1 Normalize use of preferred language and set the tone

Each individual can pledge to use people-first language (PFL) (e.g., "person with a disability" not a "disabled person"). PFL prioritizes the person over the disability and does not make disability a person's defining characteristic. As a group, pledge to speak up when disablism is observed (e.g., ableist jokes, dismissive comments, or exclusionary practices). This creates accountability and demonstrates that inclusion is everyone's responsibility.

Leaders have a particular role to play in fostering team cohesion and they set the tone for inclusion in the workplace. Leaders can implement multi-format information sharing (e.g., sharing information verbally and providing a written copy) as a requirement in their organization. Leaders also typically receive requests for accommodations. In these circumstances, leaders should model vulnerability, encourage open-door communication, and build trust through transparent actions and non-judgmental listening.

### 2 Continue your education

As a group, commit to ongoing professional development and training on disability awareness and inclusive practices. This creates shared knowledge, reduces stigma, and fosters a culture of learning and respect. As your organization develops new services, features, or renovations, research, consult, and consider each project from a universal design perspective. Consider doing a 10-minute scan of one area within your workplace, then ask: *What could make this space easier or more efficient for everyone? What would help new team members feel confident navigating this area? How might we adjust the layout to support smoother workflow? What added tools, clarity, or features would help this space function even better?*

PFL is used to describe what disability a person has, not who they are based on solely on one characteristic. It puts the person first, e.g., "person that is deaf," instead of the disability e.g., "they're deaf." More examples can be found here: https://odr.dc.gov/page/people-first-language

# CULTIVATE CONNECTION

## FORGING AHEAD AS A TEAM

*These actionable steps can help shift veterinary workplaces from a culture of tolerance to one of engagement and care. By doing so, we move closer to an environment that supports and strengthens the sense of value and connection across all members of the team.*

### 3 FOCUS ON STAFF & CLIENT NEEDS

Featuring an Accessibility section on your organization's website is a valuable way to demonstrate your commitment to inclusion and distinguish your practice in a competitive market. Accessible features might include:

- Accessible parking
- Accessible drop-off area
- Accessible pathway to the entrance
- Accessible entrance with power-operated door
- Reception desk with a low counter
- Lobby waiting area with accessible chairs and spaces for wheelchairs
- Accessible restroom
- Examination room with space for a wheelchair

Include photos of these features so potential applicants and clients can assess the space from their own perspective before entering the building. If there are special services, such as valet parking or assistance with pet transportation from the car to the building, these should also be included.

# CULTIVATE CONNECTION

## MINDING YOUR LANGUAGE

*Be conscious of how your words impact others in the workplace. Many words and phrases commonly used in casual and business communication can be hurtful or reveal ignorance of other meanings, biased stereotypes, and lived human experiences. Using non-inclusive words can lead to "othering" or an "us vs. them" mentality.*

*Some suggested words to watch are outlined below. Practice substituting words that "other" with words that connect. Be kind to yourself in the process. If in your quest for change you misspeak, apologize and move on. Don't dwell on your mistake or expect absolution, accommodation, or forgiveness from others. This practical action can make a big difference in improving personal connections in the workplace.*

### WORDS THAT "OTHER" & WORDS THAT CONNECT

Consider replacing these common terms with the alternate *in italics*:

| | |
|---|---|
| Autistic person | *Individual or person with autism** |
| Blind spot | *Unaware* |
| Crazy | *Intense* |
| Differently abled / handicapped | *Person with a disability** |
| Crippled by | *Frozen by / stopped by* |
| Disabled / handicapped parking | *Accessible parking* |
| Fallen on deaf ears | *Ignored* |
| Feebleminded | *Has a cognitive disability* |
| Hearing impaired/deaf-mute | *Person who is deaf / hard of hearing* |
| I'm so OCD | *I like this a particular way* |
| Insane | *Awesome* |
| Mentally ill person | *Person living with mental illness or individual with a mental health condition* |
| Lame | *Uncool* |
| Psycho | *Out-of-control* |
| Turn a blind eye | *Ignorant* |
| Wheelchair-bound | *Person who uses a wheelchair* |

** When in doubt, people-first language is a respectful default in workplace settings. If the person you're referring to has stated a personal preference for discussing their identity, use their preference.*

# PRACTICE CARE-FILLED RESPONSES

## REALIGNING RESISTANCE

*During the Thrive course, you may feel resistance internally, encounter it from fellow team members, or both.*

*What kinds of objections or rejections, internal or external, might you anticipate? How might you respond? First, pause to listen with curiosity, then consider if a care-filled response is needed. The following information may help.*

| DEFENSIVE STATEMENT | CARE-FILLED RESPONSE |
|---|---|
| **This job is just too physically demanding for someone with a disability.** | I hear where you're coming from. We both want someone who's a great fit and who can thrive here. Some roles do involve physical tasks, while others don't require as much as we sometimes assume. It could help to get really clear about what this position actually requires day to day, and then talk with candidates about how they would approach those tasks.<br><br>I've found that people with lived experience often have creative ways of getting work done safely and effectively. Every professional brings strengths we might not see at first glance, and I'd love for us to stay open to that as we move forward together. |
| **We can't afford to make special accommodations for individual team members.** | I can understand that unexpected costs are a concern for any business, including ours. The fact is that many accommodations cost little or nothing—sometimes it's about flexibility in scheduling or how tasks are assigned. A simple adjustment can make a big difference in someone's ability to contribute. Investing in people pays off in reduced turnover and better outcomes.<br><br>As an employer, it's also important to note that we are legally required to accommodate disabilities. Not only that, but it also costs us less to accommodate a collaborative team member that wants to stay with our team, than it does to find a new person to fill that role. |

## PRACTICE CARE-FILLED RESPONSES

| | |
|---|---|
| **It's not fair on others—they'll have to pick up extra work.** | I hear you—we're all working at capacity. Supporting team members with disabilities in the workplace means we'll have access to a bigger team. It doesn't mean others will always do more; it means we'll find ways to work better together and allocate tasks so our strengths are optimized. When everyone feels valued and supported, overall morale and productivity improve. |
| **I'm concerned about safety—for the disabled employee, the animals, and clients.** | We are all responsible for creating and maintaining a safe work environment. Safety is a priority for all employees, and accommodations can often enhance safety by reducing physical strain and stress for anyone performing that role. Teamwork and thoughtful planning benefit everyone, not just those with disabilities. |
| **We've never had a problem before, so why is this such a big issue now?** | I'm wondering if the issues were always there—we just didn't have the insight or feedback we're getting now. When someone speaks up about feeling unfairly treated or needing an accommodation to participate fully, that takes real courage.<br><br>What matters most is the kind of workplace we want: one where people feel safe raising concerns, or one where they stay quiet. When concerns stay unspoken, they don't disappear—they just get harder to see, and we miss opportunities to strengthen the team and keep great people. |

# REINFORCE WHAT MATTERS

## CONTINUED LEARNING

*These recommended resources are excellent tools for learning more.*

### ONLINE ARTICLES

Leadership, Long-Term Illness and Disability in the Veterinary Profession
by Ruth Cawston for Improve Veterinary Practice

Not Every Disability is Visible: Tips for Making Your Business Inclusive for Employees with Disabilities
by Nancy Di Dia for PrideVMC

### BOOKS

*Diversity, Equity, and Inclusion in Veterinary Medicine* by Kemba Marshall

*Navigating Diversity and Inclusion in Veterinary Medicine* edited by Lisa M. Greenhill, Kauline Davis, Patricia M. Lowrie, Sandra F. Amass

### EDUCATIONAL RESOURCES

*Providing Accessible Client Services in Your Veterinary Clinic* (60-min webinar)
by the Canadian Veterinary Medical Association

### REPORTS

*Disability and Chronic Illness in Veterinary Work and Education: A survey exploring experiences of disability, chronic illness, mental health, and neurodiversity in the veterinary sector*
by the Institute for Employment Studies (IES) on behalf of the Royal College of Veterinary Surgeons (RCVS) and British Veterinary Chronic Illness Support (BVCIS)

# Championing Universal Design

## INSIGHTS & ACTIONS TO BUILD A CULTURE OF CARE

### ENHANCING WORKPLACE EFFICIENCY & CULTURE

Using universal design approaches in workspaces can minimize barriers to engagement and reduce fatigue for everyone, resulting in more efficient workflows. When employers proactively support a range of needs, they support a culture of belonging, strong morale, and collaboration.

### BELONGING BUILDS LOYALTY

Organizations that are visibly committed to inclusivity elicit stronger trust and loyalty from clients, the communities they serve, and their staff. This results in repeat business, more client referrals, and higher staff retention. Reducing the stigma associated with disability in the workplace also improves psychological safety for those with visible and non-visible disabilities, increasing team cohesion.

### DISABILITY IMPACTS EVERYONE

Disability is a natural part of life—whether temporary, permanent, or chronic—and often just how our bodies and brains function over time. Any of us can experience disability at different points in our lives. Universal design approaches are about more than accessibility, they are about creating environments where everyone can participate fully at their highest level.

### INCLUSIVITY REQUIRES THE WHOLE TEAM

As a group, pledge to use people-first language and to speak up when disablism is observed. Foster a culture of learning and respect by dedicating time to disability awareness training and by developing an Employee Resource Group focused on accessibility. These commitments strengthen accountability across the workplace and reinforce that inclusion is everyone's responsibility.

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