



Qualitative analysis of testimonials
EPFL Sans barriers Call for Testimonials
2023

Report

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1 Summary

Introduction:

This analysis of testimonials was carried out by Ingrid Le Duc, from CAPE upon request from Helene Fuger, Head of the Equality Office, and Sonja Moggadhari, coordinators of the project “EPFL without Barriers”.

The "EPFL without Barriers" project is part of the implementation of the Equality and Diversity Action Plan 2021-24. In 2023, the project team aimed to take stock of the accessibility and inclusion of students, as well as academic, administrative, and technical staff who live with neurodiversity, chronic illnesses or sensory, physical, or other impairments.

The call for testimonials was accessible from May 30 to August 31, 2023 on the project's [web page](#). The call was addressed to the entire EPFL community, via mailing lists from schools and vice-presidencies. The aim was to collect, completely anonymously, experiences and ideas for improvements in areas relevant to inclusion and accessibility at EPFL.

Figure 1 shows the profile of respondents by affiliation to EPFL:

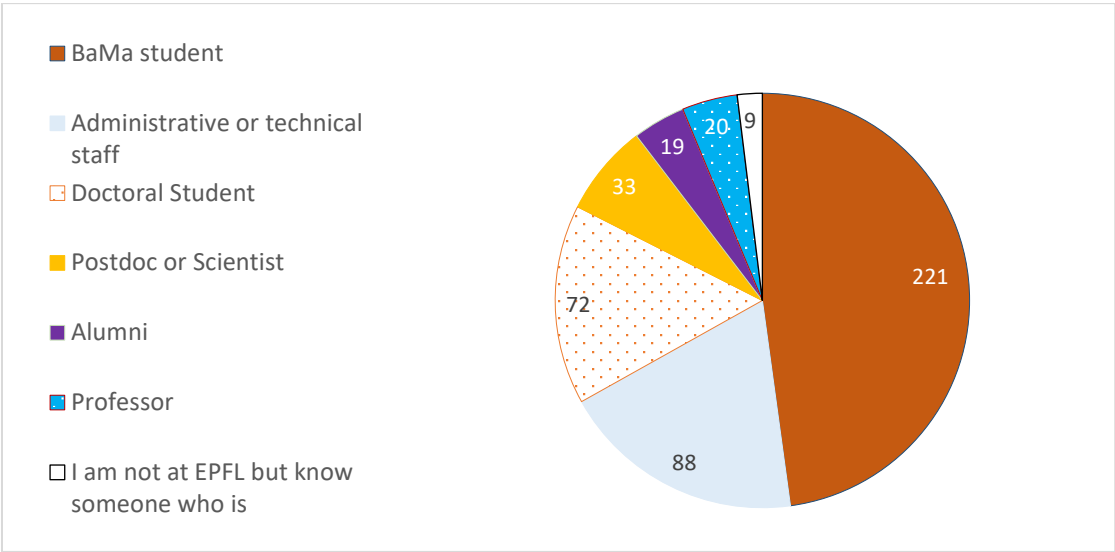


Figure 1: The affiliation to EPFL of the 462 respondents to the survey.

Respondents: In all, 462 respondents provided one or several testimonials. A total of 665 testimonials were collected. These are associated to a specific condition facing a barrier to inclusion. The number of testimonials exceeds the number of respondents because participants gave testimonial for one or more of the following themes: buildings, learning and teaching, employment, campus services, conferences, socializing and the digital environment. They were also invited to provide an open comment with suggestions.

Figure 2 shows the spread of responses per theme.

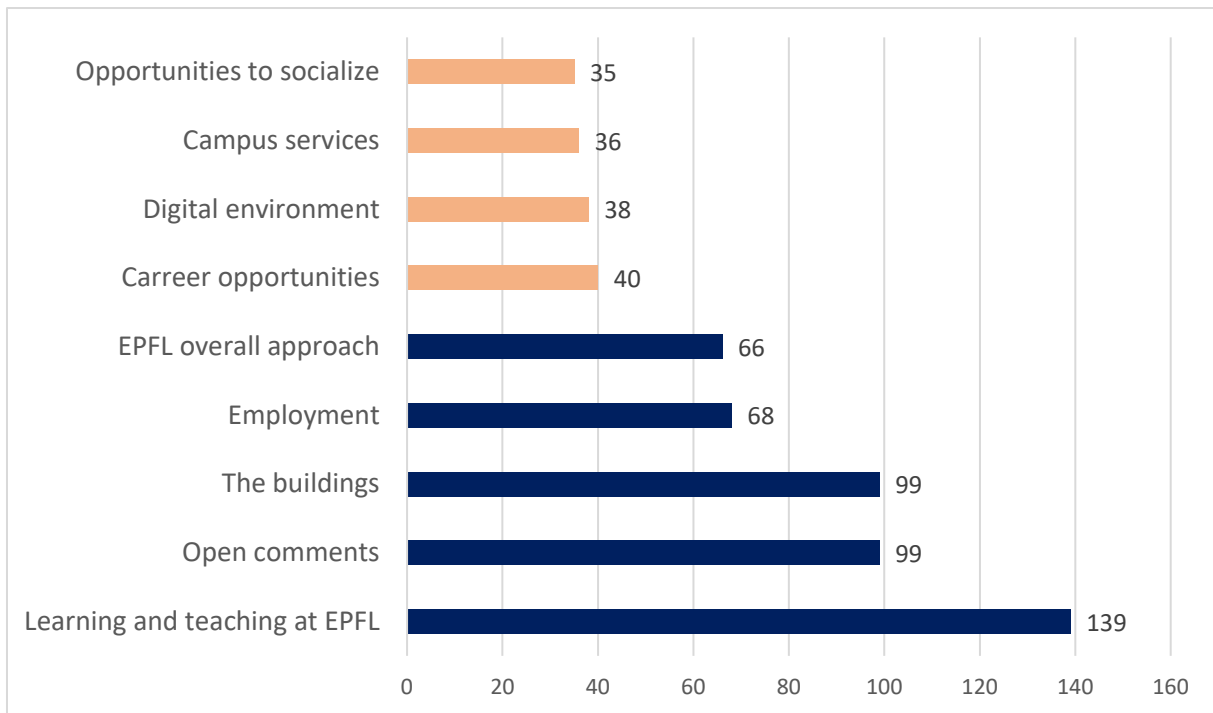


Figure 2: The number of testimonials collected per theme and in the open comments.

Confidentiality and anonymity: In order to respect the anonymity of respondents, the category size for reporting is fixed to 14; any condition represented by less than 14 respondents will not be reported. This category size would respect anonymity and ensure respondents are unidentifiable.

Aim: The aim of this analysis of testimonials and responses to open-ended questions is to understand better the barriers and potential solutions in relation to the conditions declared by respondents.

The conditions included in the analysis are hereby defined, and henceforward referred by their acronym: Attention Deficit Hyperactive Disorder (ADHD), Autism Spectrum Disorder (ASD), mental disorder, learning disorder, chronic illness, physical impairment, sensorial impairment and 'other'. These conditions were analyzed alone or grouped according to respondents' declared conditions.

Figure 3 shows the number of the conditions declared by respondents. As stated previously, responses for sensory impairment will not be reported here because of its low representation (six respondents).

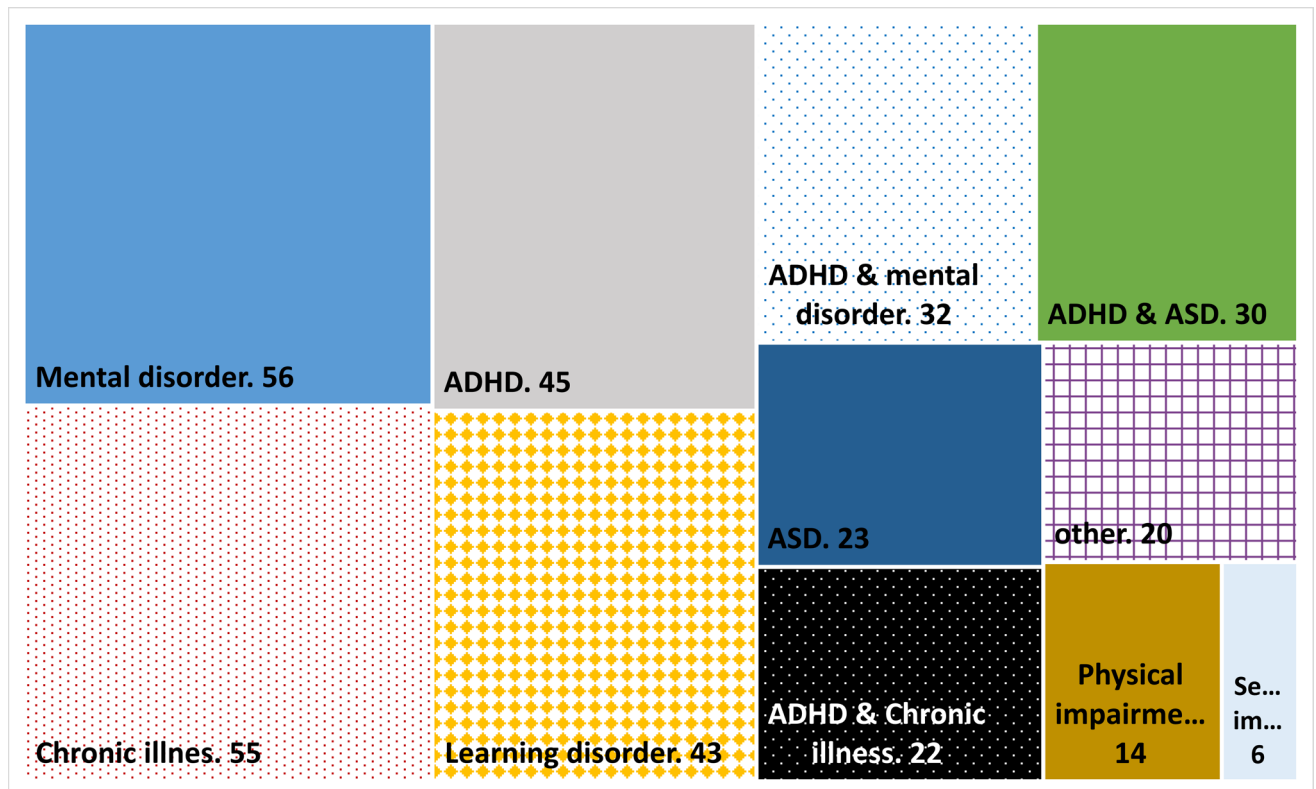


Figure 3 : The distribution of respondents' by declared condition.

Methodology: The aim of this qualitative analysis was to identify the description of barriers for the conditions declared by respondents. All testimonials were pre-coded per themes following the themes presented in the open-ended questionnaire. Each theme was sub-coded into secondary themes and separated by condition.

The results of the analysis are presented in charts and a selection of text excerpts for those results are shown to illustrate the result. Testimonials were collected in English and in French; therefore, the excerpts presented in this report will read in their original language.

Results: The analysis of testimonials helps to identify specific concerns for different conditions. For example, reduced mobility on campus is a concern for physically impaired people, insulation of offices and classrooms is a concern for ASD and ADHD. Quiet rooms to relax are a general concern for people with chronic illness.

An important result is that all respondents declaring any of the conditions reported express feelings of solitude, see section 8.

Finally, this report brings together testimonials on a variety of barriers at EPFL and leads to conclude that in addition to the valuable initiatives that are currently targeting barriers in students' learning experiences, other areas of life on campus deserve further attention. For example, results suggest that barriers in employment conditions and campus services exist and deserve further attention.

2 The buildings

Answers about the buildings provided testimonials on the barriers associated to the campus infrastructure. Figure 4 shows respondents' different preoccupations about the buildings. The figure shows, for example that respondents with a chronic illness identify room temperature and non-gendered toilets as concerns; whereas respondents with a physical impairment identify various obstacles for moving around the campus. Lastly, conditions of ASD and ADHD are more often concerned with difficulties to find calm spaces to concentrate and isolate from noisy areas.

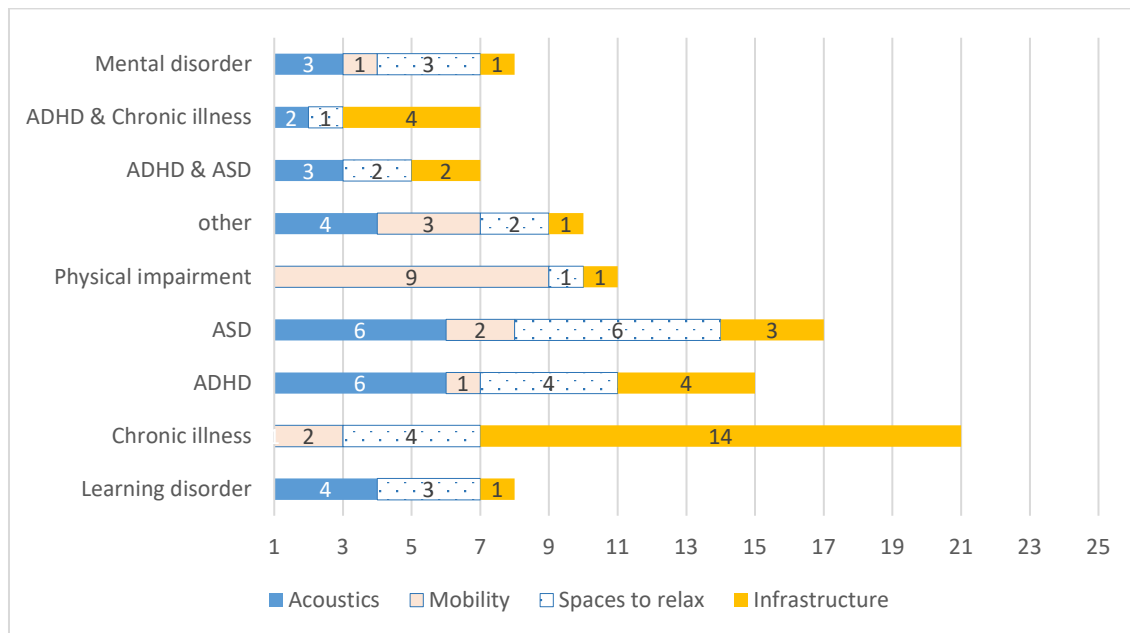


Figure 4: The number of text excerpts coded per themes related to the buildings at EPFL, per condition.

Figure 4 shows that when answering the question about the experience with buildings on campus, the spread of themes mentioned is wide for all conditions.

2.1 Infrastructure: small spaces, toilets and color of the walls

Respondents declaring a chronic illness provided the largest amount of testimonials about the **infrastructure**, ranging from toilets, room temperature and the use of masks in closed rooms:

‘Pas de souci au niveau du déplacement mais plutôt au fait de devoir travailler d’octobre à fin avril dans des **locaux glacés** parce que le bâtiment est mal conçu’ (Chronic illness)

‘Or, ces **sanitaires unigenres** ne conviennent pas aux personnes souffrant de parurésie (ou syndrome de la vessie timide), c’est-à-dire qui ont une difficulté à uriner dans les toilettes publiques.’ (Chronic illness)

‘To not require masks is to allow for **unsafe spaces** that many disabled/immunocompromised students/staff/visitors/etc. cannot access, or need to choose between their health and their education/job/etc. No one should have to make that choice. (Chronic illness)

The testimonial below shows concern on the **color** of the walls and room **temperature**.

‘Bâtiments mal isolés (**bruits et températures**), pas de possibilité d'aérer, mobiliers inconfortables - Nombre de places de travail largement insuffisant, les **couleurs** des murs sont souvent beaucoup trop criardes (crée une hyperstimulation visuelle), le campus ne dispose pas d'espaces calmes où l'on peut se reposer sensoriellement’ (Mental disorder).

2.2 Mobility

Testimonials on barriers linked to **mobility** are more frequently given by respondents with a physical impairment. The selection of text excerpts below show issues about mobility:

‘Need **another lift at EPFL metro's** station: a ramp is not adapted for everyone (personally I cannot take a ramp, only lift, so when the lift is broken I'm stuck)’ (Physical impairment).

‘Pour faciliter la possibilité aux personnes avec handicap de manger dans une cafétéria, **prévoir une file spéciale** pour les personnes avec handicap. Gain de temps, et possibilité même **d'avoir son plateau amener à table**. (Physical impairment)

Dans **EPFL campus**, indiquer l'emplacement des places de parc handicapé + des WC pour fauteuil roulant et des ascenseurs (dans l'appli je vois uniquement les WC+). Ces remarques sont aussi valables pour le site web plan.epfl.ch. (Physical impairment)

Two comments concerning visual impairment (colorblindness and blindness) provide suggestions for improving visual communication for moving around campus:

‘**Lecteurs camipro aux couleurs différenciables** pour la plupart des daltonien-nes, idem pour indicateurs d'occupation des toilettes...’ (other).

‘Mark **ramps with color/ stripes** for visibility impaired. I once had a visitor who is blind on one eye and very reduced vision on the second eye. After walking down the outside stairs from the SV terrace (next to SV 0525.2). She turned right and fell down approximately 80 cm of the ramp. Visually it looked like a simple step to her.’ (Other).

Similarly, the text excerpts below suggest that, for some, access to buildings is restricted to layout and infrastructure such as: the possibility to open doors and the degree of inclination of certain ramps, as the below comment testifies:

‘In general EPFL is well adapted. However, some ramps are **too steep for a wheelchair user**. In places where the steeper ramps are followed by the door it would be a good idea to **install the automatic openings** as it is by the entrance to the **ELD building**.’ (Other).

‘L'accès aux portes avec rampe en **pente montante** avec **badge trop haut** et **porte très lourde** ; accès aux toilettes, quand il y en a , c'est d'ailleurs très rare, pas de **plan dans les bâtiments**’. (no condition).

‘Wheelchair friendly bathrooms (big enough to enter with the wheelchair) are not available everywhere. In some places, I cannot enter because the door to the cubicles are too narrow. Often wheelchair friendly toilets are occupied by people without special needs, which makes it difficult for me if I need to go. Often I find wheelchair accessible toilets dirty which is quite frustrating. It could be a good idea to install at least in some wheelchair accessible toilets a **eurokey system** <https://www.eurokey.ch/fr/> to make sure that the toilets stay clean for those who need them.’ (Other).

2.3 Spaces to relax and acoustics

As shown in Figure 4, respondents with ADHD and ASD referring more frequently to the **acoustics** - noise and sound in rooms and corridors as barriers. Below is a selection of text excerpts referring to the acoustics:

‘Quiet and isolated spaces in case of a problem are hard to find, for someone that lived far from epfl, I didn't have solutions if I had an "episode" and was in too much pain to travel home. Having dedicated **quiet and darker areas** would be good (could also be used as a napping space for regular students)’ (ADHD and chronic illness).

‘Having **silence pods** available in the labs/around the campus to make it easier to find a quiet spot, both for meetings but also as a retreat into quiet would help alleviate mental burden. Including noise cancelling ear phones in Neptune program, having general heavy-duty ear protectors to reduce noise available over campus (not electric, just the stuff construction workers use) same’. (ADHD and ASD).

‘les espaces aménagés à l'extérieur me permette de **décompresser** du bruit ambiant dans les locaux’ (ASD)

‘L'environnement de l'EPFL à **l'intérieur comme à l'extérieur** des bâtiments est très bruyant même dans au RLC et dans les zones silences (qui ne sont pas respectées). Le bruit m'affecte énormément dans ma capacité à me concentrer. Je porte un casque antibruit mais ce n'est souvent pas suffisant.’ (Mental disorder)

The text excerpts below illustrate concern **for privacy**, to meditate or to calm down:

‘Sometimes I need to lay down to rest my back or to meditate to manage my symptoms, and there **is no dedicated space** for that. I meditate in the bathroom.’ (Learning disorder).

‘Si possible une salle à part pour les TSA. Deuxième principale difficulté: trouver un endroit ou manger car très difficile de **manger dans la foule.**’ (ASD).

3 Learning and teaching at EPFL

Exam adaptations was the most common theme cutting across all testimonials about learning or teaching at EPFL. The figure below shows the main themes that were mentioned as per condition:

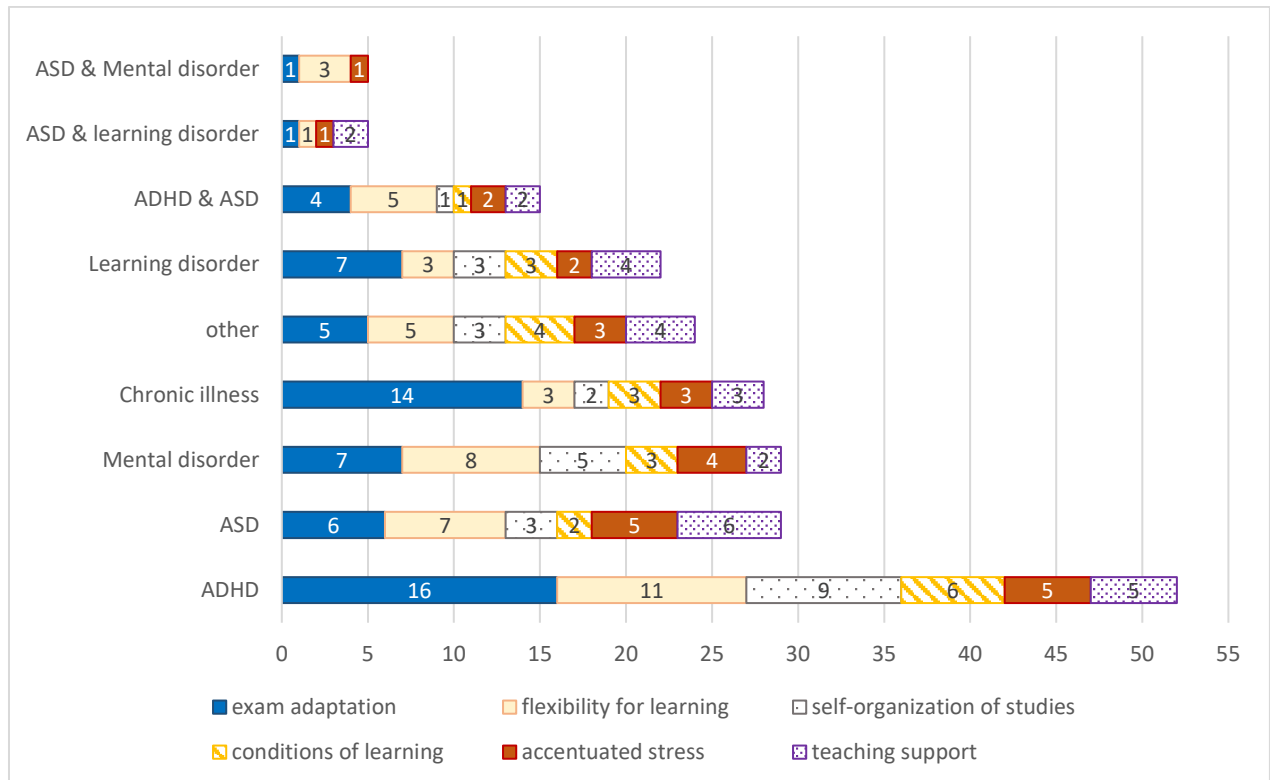


Figure 5 : The number of text excerpts coded per theme related to studying and teaching at EPFL, per condition.

3.1 Exam adaptations

Exam adaptations seem important and are frequently mentioned by most respondents for many reasons. For example, students may have been unaware that adaptations are possible. Teachers and teaching assistants are often misinformed or unaware of the required exam. The selected text excerpts below support these results:

‘I have an accommodation that allows me **extra time during the exams**, and there are two frequent issues I have encountered... The **communication** problems between the professors that are aware of these accommodations, and the assistants monitoring the exams. There have been frequent occasions where I have **had to explain** to an assistant during my exam that I am allowed extra time since they hadn't been informed of this fact.’ (ASD).

‘Some exams go very well because all of the people with extra time are in a **separate classroom**, but a few exams mix everyone in the same room, which means that during my exam time, most of the other students are standing up, giving their papers, taking their stuff and in most cases also talking.’ (ADHD).

A secondary issue regarding exam accommodation is the **supervision** of many students in a room:

‘The students without these accommodations finish their exam, **they start talking** and it is disruptive to the people still taking the exam. Most of time, the professors/assistants monitoring do not say anything about it.’ (ASD).

‘Having the exam in an auditorium or big room with all the students really **affects my performance** and concentration especially when all the students leave at standard time. It also makes me anxious and not able to concentrate during that time for 10-15 minutes which wastes a considerable part of my additional time.’ (ADHD).

‘I have **additional time** during exams (1/3 extra) and it is essential to me... The people **supervising** the exam do not seem to care for all the disturbances that are happening and during approximately 10 minutes everyone is walking past me in my exam (students with extra time were all right next to the door of SG1 auditorium).’ (ADHD).

From the general comments, two selected text excerpts provide suggestions for organizing exams:

‘The format of having **exams at the very end of the semester** is **incompatible with ADHD**. The topics where I get good grades are always the ones where there are evaluations during the semester or projects, despite those not being the easiest classes of the semester. I understand that it is not possible to have a project in every class, but I feel like graded homework is not too difficult to implement and would be beneficial for everyone's learning.’ (ADHD).

‘Pour le CMS, **répartir un peu plus les examens** ne serait pas de trop, car pour les personnes souffrant d'anxiété, les résultats en fin de semaine reflètent plus le niveau de fatigue que celui de compréhension.’ (ASD).

3.2 Flexibility for learning and self-organisation

While exam adaptations emerge as a clear concern to everyone, concerns about flexibility and self-organization vary by condition. We see for example, that the flexibility provided by digital tools support student learning. Likewise, flexibility also helps to strike a balance with mental health support and studies. The excerpts below support these results:

‘As I find it difficult to attend classes regularly because of my conditions, and even more so to attend the exercises sessions, I **need an online forum on Moodle** or any other platform to be able to ask my questions, which is not accessible with all teachers.’ (ADHD and mental disorder).

‘Il serait utile que chaque enseignant ait des **cours en ligne enregistrés** que les étudiants peuvent regarder si, par exemple, des problèmes familiaux/ périodes dépressives/ difficultés à se lever tôt pour cause de prise de médicaments, etc., les empêchent d'être présents pour certains cours.’ (ADHD and mental disorder).

3.3. The conditions of learning and teaching support

Conditions of learning refers to the **pedagogical format** of courses and to the **set-up** of the classes, projects, exercises, or lab sessions. Teaching support services have provided substantial information, tools and advice for teachers in order to adapt the conditions of learning to help students overcome barriers to inclusion. The testimonials suggest that barriers in learning have not yet been completely overcome.

Below are some examples of barriers in inclusion that affect students' learning experience:

'**Oral presentations** are necessarily stressful. I don't mind doing them, but for people with speech disorders, disfluency should not be taken as a sign of nervousness or lack of competence' (Other)

'Although there is an understanding that the level of study at EPFL is very high and consequently demanding, the **pedagogical approach** varies wildly depending on professors. There is not much flexibility for **project deadlines**, and this leads to sacrificing mental and physical health in order to meet the deadlines. It could be interesting to promote the option **for extensions/extra help** if a student is having serious difficulties completing a project.' (ADHD)

'Le travail est sensé se faire en **atelier**, les enseignants, compréhensif m'autorise de ne pas y rester car le milieu est trop agité. En revanche, lorsque le travail ne me vient pas, lorsque j'ai du mal à communiquer car je ne peux pas être sur place on va me reprocher mon implication. Le travail dans **les amphi** est insupportable' (ASD)

'...le manque d'informations et la disparité entre enseignants est peu propice à un enseignement adéquat pour des étudiants souffrant de troubles autistiques, car faire la différence entre un cours qui a un **rendu à 23:59 et 00:00** est difficile, les deux étant fonctionnellement identiques, au détail près qu'il y a un jour de différence entre les deux. (ADHD & ASD).

3.4 Accentuated stress

As a last point, an accentuated **stress** about learning and teaching emerges for all conditions, most slightly more visible for ASD.

'J'ai **peur de la pression** et du stress engendrés par les études, en raison de mes difficultés psychiques et de leur impact sur mon intégrité corporelle.' (ADHD & mental disorder).

'...réduire la **charge de travail** et la pression psychologique sur les étudiants.' (Mental disorder)

‘Having 1 exam at the end of a semester decide in 3 hours whether you understood induces a lot of **pressure.**’ (Other).

4 Employment and career opportunities

In this section, employment and career opportunities are explored together as they were frequently mentioned in a same testimonial when responding about professional development. These testimonials were provided by EPFL student and staff member.

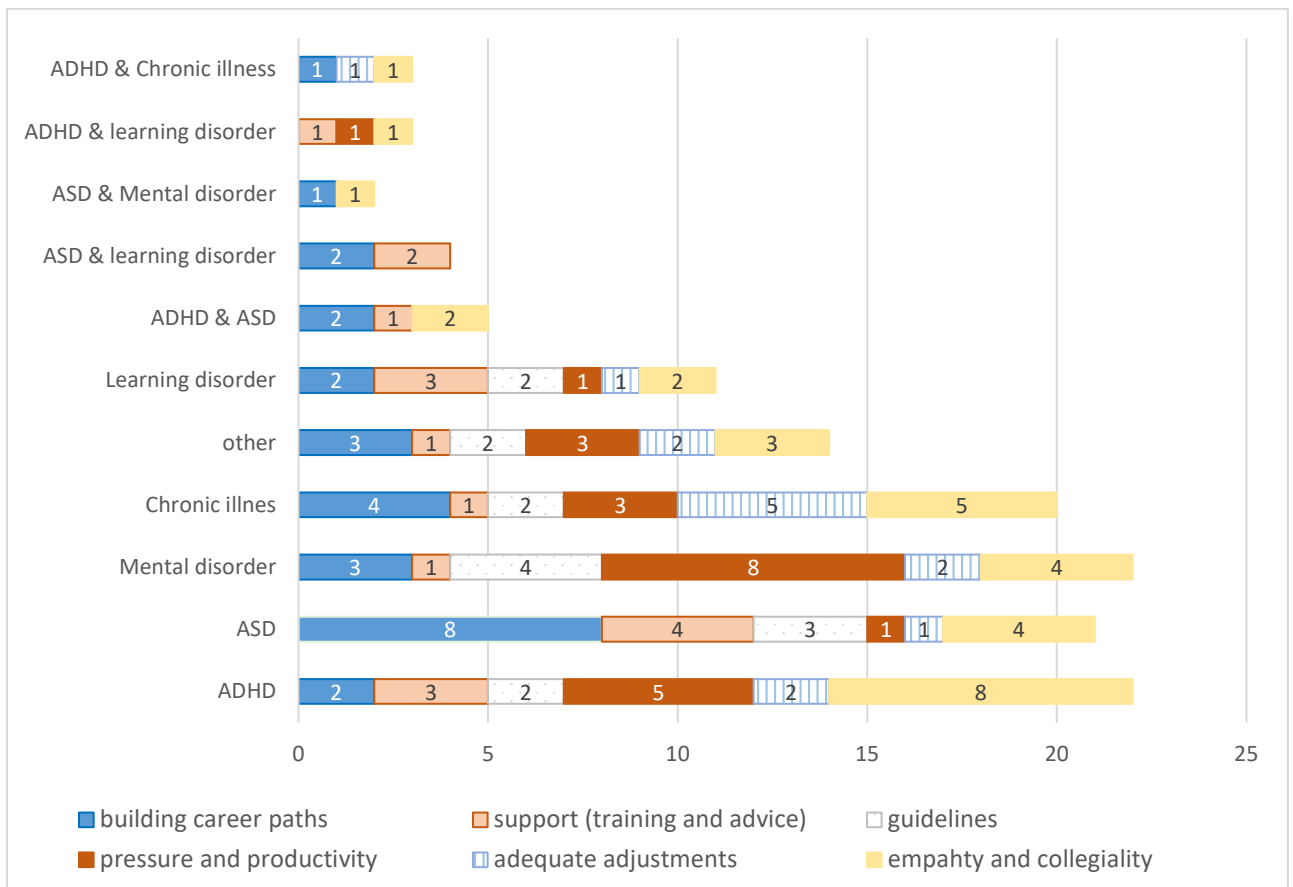


Figure 6: The number of text excerpts coded per themes related employment and career opportunities, per condition

4.1 Empathy and collegiality

Empathy on everyday interaction emerges as a predominant theme in the testimonials about employment and career opportunities using key words such as ‘mentoring, coaching and peer support’. Empathy is mentioned as a booster when existent, and as an obstacle when lacking. Below is a selection of text that show the importance of empathy in the work/ study environment:

'I have the chance to have **great colleagues and supervisor**. But had it not been the case, the **mentoring** system only works for very extreme cases, as it is hard to gauge when it is correct to disturb another professor with personal issues.' (ADHD and mental disorder).

'After reaching out to the office that offers help, the only **advice** was to exercise and be social outside of work. In the end what really helped was having a **very good mentor** that followed up after a few months when I communicated that I was very unhappy at work.' (Mental disorder).

'Je n'ai aucune idée de comment améliorer ça pour les maladies invisibles tel qu'un trouble schizo-affectif. Cependant je pourrais recommander **plus de tolérance** vis à vis des gens qui éprouvent des difficultés "invisibles".' (Mental disorder)

'Souffrir d'une maladie et **ne pas être soutenu** par votre entourage et supérieur professionnels et totalement cruel.' (Chronic illness)

4.2 Building career paths and training for the future

The concerns on how to **build a career path** emerged in all testimonials. The text excerpts provide suggestion on how to improve the experience of respondents with ASD during and after studies.

'While colloquially, ASD is known to be more prevalent within the academic community, there is no data on it at EPFL and how it affects **career trajectories**. Publishing the results of this survey (or perhaps a more targeted survey) would help people with ASD and other conditions better understand what their concrete opportunities are.' (ASD)

'J'ai déjà un **cursus universitaire accompli** et réussi à mon actif (bachelor et master). Cependant, mon insertion professionnelle a été fortement mise à mal et stoppée. Mon fonctionnement n'a pas été pris en compte sur le marché du travail; je n'étais alors aucunement diagnostiquée. (ADHD & ASD).

'**Forum EPFL** non adapté aux TSA car environnement trop bruyant et trop de personnes => beaucoup d'anxiété extrêmement difficile d'engager et de rentrer en contact avec un recruteur.' (ASD and Learning disorder).

'**Career breaks** in people with chronic illnesses are common but it seems like we are penalised when we are out of the job market "for no apparent reason". We are scared of bringing up our condition thinking we might be excluded from the hiring process.' (Chronic illness)

'Les offres de soutien à la recherche d'emploi devraient proposer des **conseils spécifiques** ("neuroatypie et monde du travail" ou "une carrière hors des normes etc.). Je me suis senti parachuté dans le monde du travail (très différent des études) sans être préparé et c'était un choc (ma neuroatypie m'a permis de réussir mes études mais je n'avais pas les codes du marché du travail).' (no condition)

Suggestions for workshop to train people to manage expectation as well as to prepare for the future emerged in testimonials on career opportunities, as the selected text excerpts below:

‘Fournir **des services** (par ex. entretiens de conseil) pour aider les personnes concernées à gérer leur handicap dans le contexte de cette transition (par ex. pour répondre à des questions comme "dois-je révéler à un employeur potentiel que j'ai un TSA?"). Ou si ces services existent, informer sur leur existence et les rendre faciles d'accès (par ex. s'inscrire sans devoir passer un appel téléphonique).’ (ASD)

‘**Workshops** on the laws around handicaps, information around navigating legal aid and subsidies available’. (Other)

4.3 Pressure and productivity

The working culture of pressure and productivity at EPFL was frequently mentioned as a barrier for inclusion especially by respondents with mental disorders. The text excerpts below show how the pressure affects respondents’ mental health:

‘EPFL induced **depression** is a real thing and I hope everyone is conscious about that’. (Mental disorder).

‘The market is made for people able to work 100%, it is extremely discouraging to do a masters and a PhD and realise I'll probably never be able to work in the field because I could **never hold a full 8h day schedule**’. (ASD).

‘My condition started after my first year at EPFL most probably because of the **pressure** I tolerated. The pressure comes from the PI and his/her expectations of us to publish papers on and on.’ (Chronic illness).

4.4 Reasonable adjustments

Adjustments of the working conditions are suggested, as the examples below show:

‘Chronic illness only helps in some settings if the handicap level is above 50%. Otherwise, there is no **support or specific programs**. Also, the time limitation of e.g. postdoc contracts at EPFL with very little room for extension can be very stressful if a lot of time had been missed due to disease flare-ups or covid restrictions that were hitting immunocompromised people much harder.’ (Chronic illness).

‘Les troubles psychiques et psychiatriques ne sont pas suffisamment pris en considération et ont un vrai impact sur les personnes atteintes au même titre qu'une autre maladie il y a une forme de stigmatisation de ces maladies’ (Mental disorder).

‘Les collaborateurs engagés au long cours peuvent avoir des conditions de vie qui évoluent/se dégradent. Il y a une immense variété de métiers/domaines à l'EPFL, un collaborateur engagé en CDI devrait pouvoir avoir des opportunités (réelles) de mobilité interne. Par ailleurs le propre de l'EPFL est de former les personnes, ça doit s'appliquer aussi aux collaborateurs. (Chronic illness).

4.5 Guidelines and directives

From respondents’ perspective, a main obstacle seems to be the lack of guidelines or directives to guide managers and teams to work together.

‘There is a lack of explicitly stated **policies** regarding **workload** and personal situations (such as illness in close family members) or burnout (frequent in people with autism). Situations may require you to reduce workload or take time off, but work conditions (lab experiments, classes) may not permit this. In this case, it is very helpful to have explicitly stated policies or **guidelines**. While these situations can be personal and are dealt case by case (by PI and university staff), not everyone has the capacity to communicate and discuss this with tact. The person in position of power may not understand the difficulties faced by the other individual, which may cause additional stress when talking about personal situations. This could be alleviated with explicit guidelines.’ (ASD).

5 Campus services

The survey also asked for testimonials and suggestions on campus services. All populations are represented.

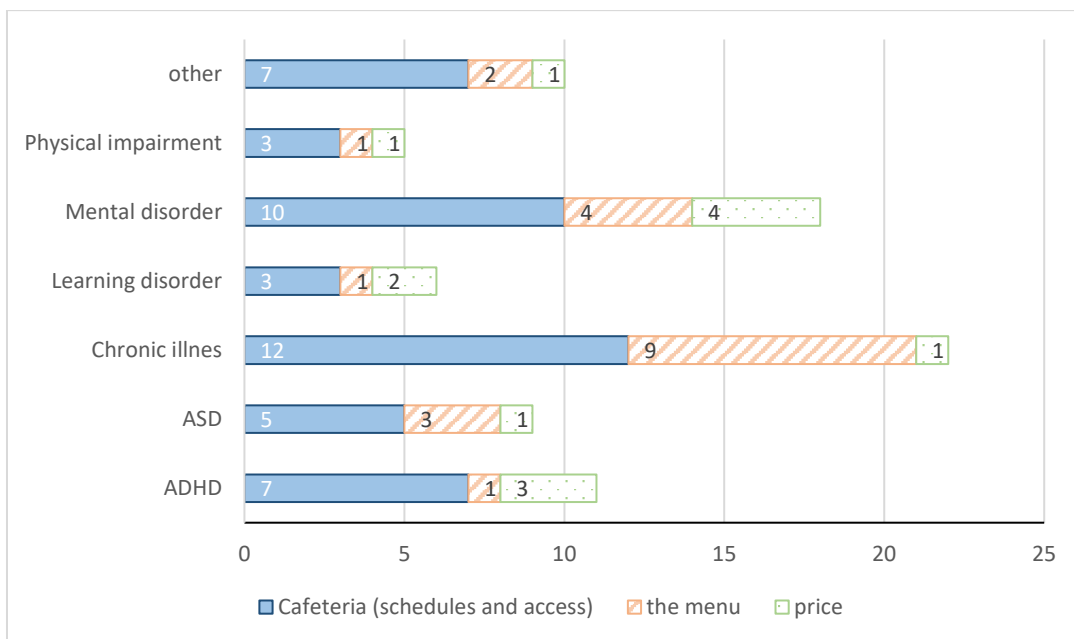


Figure 7 : The number of text excerpts coded per themes related campus services, per condition.

As shown in Figure 7, few testimonials account for campus services, the majority of comments are about the **cafeterias**: the menu, its schedule and their location. Another concern with the menu is the price of the variety/ quality of food. The excerpts below illustrate the main concerns about the cafeteria:

‘Pour faciliter la possibilité aux personnes avec handicap de manger dans une cafétéria, prévoir une **file spéciale** pour les personnes avec handicap. Gain de temps, et possibilité même d’avoir son plateau amener à table.’ (no condition)

‘It is not fair for PhD students that there is **no discount** still (after so many years) on the **antenna** site of EPFL at the restaurant of Campus Biotech in Geneva, whereas PhD students have plenty of cheaper food offers on the main campus.’ (no condition).

Des **prix réduits** tout en améliorant la **qualité** (et le goût), en supprimant la sous-traitance. Ces deux points permettrait de favoriser (à nouveau !) les pauses déjeuner en équipe. (Physical impairment).

Additionally, respondents declaring a **chronic illness** give recommendations to improve the menus:

‘Information sur la **nutrition**. Sur la quantité de **sucre**’ (Chronic illness).

‘Il serait plus facile et sans grand effort de la part des responsables de ces structures de fournir des informations sur les **repas sans gluten**, ou au moins de servir un repas sans gluten dans chaque établissement offrant des repas.’ (Chronic illness)

‘Je suis hypersensible aux goûts et textures des aliments. Le problème est que dans les cafétérias, **les formules repas sont fixes**: il est par exemple souvent impossible d’avoir des pâtes sans la sauce qui va avec, ou de ne pas prendre de salade. Il en résulte que j’ai TRÈS peu de choix’. (ASD)

6 Conferences

Fifteen testimonials were collected about conferences, the distribution is shown in Figure 8.

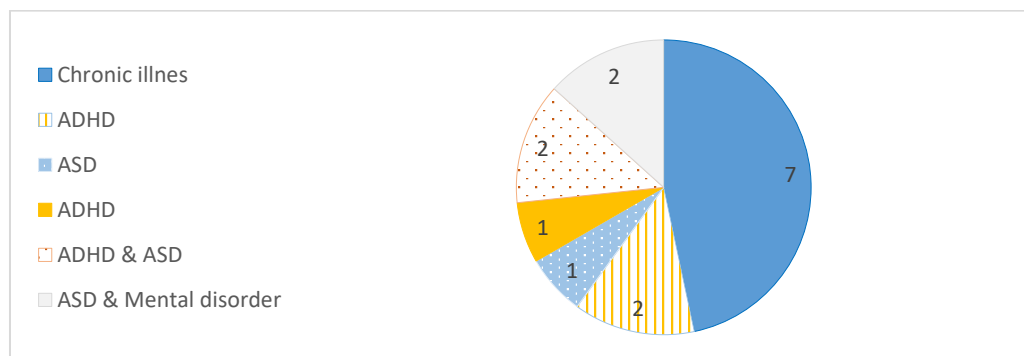


Figure 8: The number of text excerpts related to conferences per condition.

The testimonials in this section concerned mostly the reasons for being **absent** to conferences, the selected testimonial shown below, for example, mention the comfort and size of human gatherings:

‘L'idée de me retrouver dans des évènements est très compliquée pour moi, car il y a souvent de **nombreuses personnes et des interactions sociales** qui requièrent beaucoup d'énergie d'analyse et d'ajustement’. (ASD).

‘I simply do not attend to conferences because I **feel pain** all the time if I sit on normal chairs’. (Chronic illness).

7 The digital environment

Testimonials on the experience with the digital environment showed a positive or negative attitude towards it. These attitudes are visible through the opinions shared about online teaching, learning, distance working and hybrid working. Overall, positive opinions were twice more frequent than the negative ones. Figure 9 shows the spread between positive and negative opinions on the digital environment.

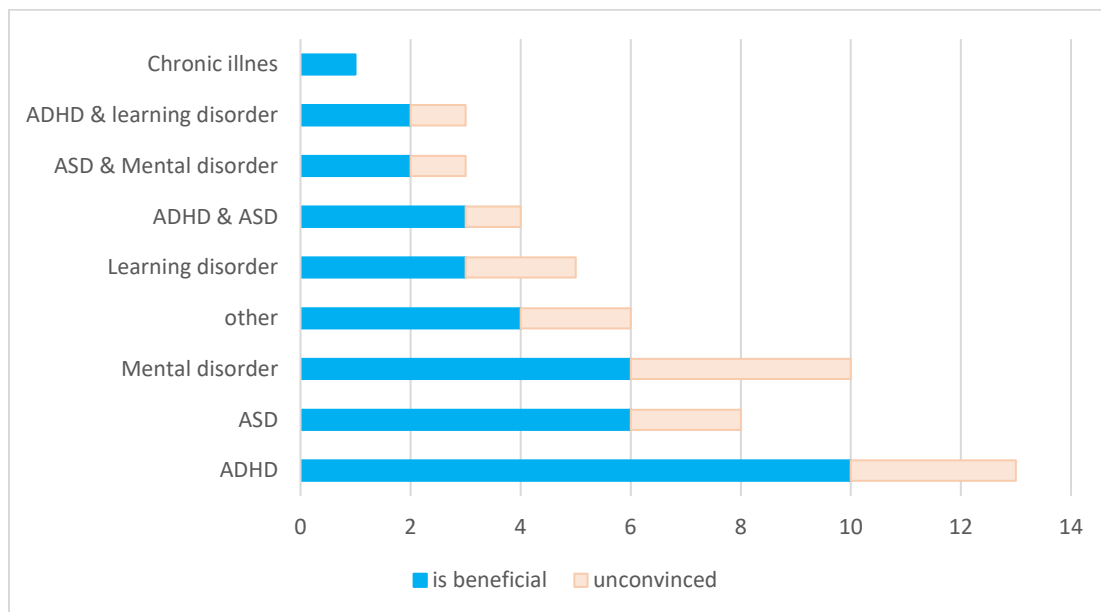


Figure 9: Number of codes per theme about the digital environment, per condition.

Most testimonials about the benefits of the digital environment associate it with the solutions for flexible teaching that were set-up to support teaching during the COVID pandemic. Recorded lectures, online forums and live streaming are well appreciated. In contrast, the lack of human contact is mentioned as a negative aspect of the digital environment. The selected text excerpts below show different appreciations of the digital environment in teaching:

‘Je pense qu'il faudrait rendre obligatoire **l'enregistrement des cours** afin de pouvoir regarder depuis chez soi un cours auquel on ne peut pas se rendre notamment à cause de troubles psychologiques’ (Mental disorder)

‘Other very helpful things were the **lecture notes** being available after classes. Additionally having active **forums** like Ed discussion or Piazza where teachers and assistants can interact with students and their questions helped me greatly, as I can sometimes struggle to ask questions in person.’ (ADHD)

In contrast, the below comment below shows a critical stance towards the digital environment:

‘L'environnement digital est une **plaie pour la relation humaine** dans l'enseignement. L'évolution actuelle de recours systématique tend au forçage d'une tendance que je vis comme pénalisante pour l'apprentissage de mes étudiants, notre relation, et mon plaisir à enseigner.’ (Mental disorder)

8 Socializing outside study / work time

Four themes emerged when responding to the question about the possibilities to socialize outside study or work. The chart below shows a wide spread of responses. It is interesting to note that very few respondents state to have opportunities to socialize.

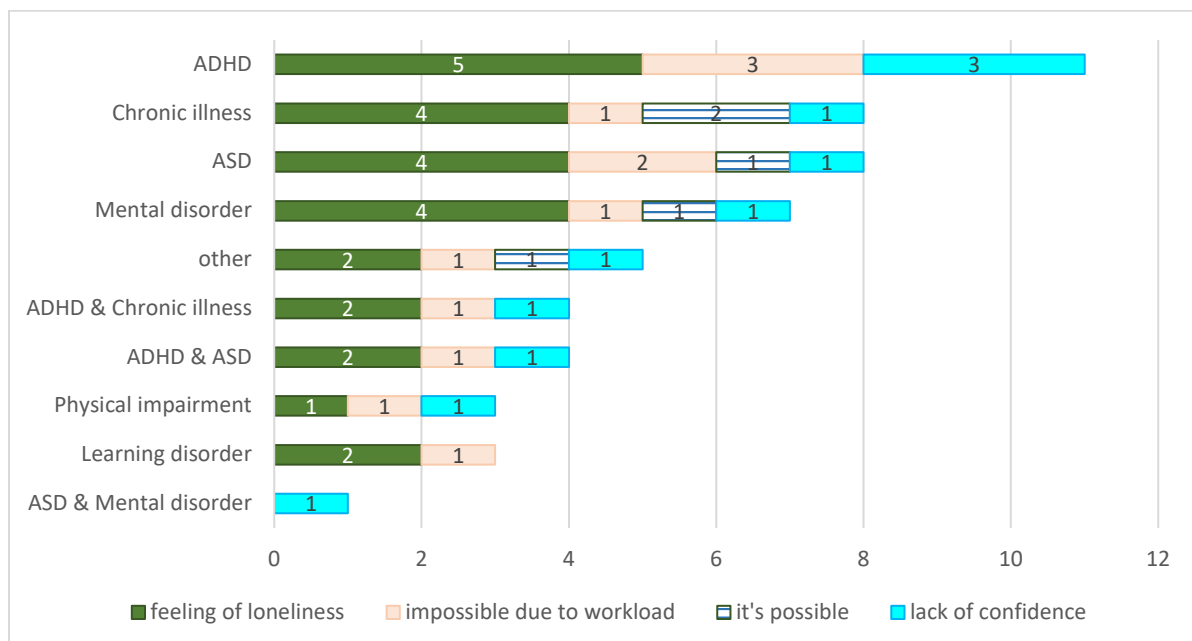


Figure 10: The number of codes for themes about socializing outside study / work, per condition.

All but one condition provides testimonials expressing a **feeling of loneliness**. Below a few selected comments that support these results:

‘J’ai personnellement **beaucoup souffert de solitude** pendant mes années à l’EPFL jusqu’ici...Cependant, ce qui a joué un rôle c’est le fait que je n’ai pas eu l’impression de

rencontrer des personnes "comme moi" et je me suis toujours senti différent des autres dans le sens où en quittant les études secondaires pour rejoindre une école du calibre de l'EPFL je pensais retrouver une importante population ayant des centres d'intérêt et des façons de penser similaires aux miennes, ce dont je manquais cruellement en secondaire, mais ça n'a pas été mon sentiment... Je soupçonne fortement le coaching d'en être à l'origine, et je sais pour en avoir parlé à d'autres personnes que je suis loin d'être le seul d'avoir ce sentiment. Je pense réellement que la manière dont il est géré actuellement crée une atmosphère sociale malsaine dans l'école. Forcément c'est un sujet sensible mais je pense qu'il impose directement l'existence d'une hiérarchie sociale très marquée, qui n'a pas forcément lieu d'être, dont les exemples sociaux sont les coachs. Le problème est que bien souvent les coachs ou pire, les super-coachs, sont des redoublants qui se retrouvent dans la même classe que les coachés. Le fait qu'ils soient présents dans le même environnement social empêche fortement les individualités de se développer.' (ADHD and Mental disorder)

'Les seules occasions qui s'offrent à moi pour connaître d'autres gens sont pendant les pauses où tout le monde est réuni en énorme groupe, ce qui rend **la tâche impossible**.' (ASD)

'Due to **dietary restrictions**, I cannot drink alcohol. The majority of advertised social activities explicitly or implicitly revolve around drinking.' (Chronic illness)

'Organiser des **événements** en mentionnant spécifiquement l'accès aux personnes à **mobilité réduite**.' (Physical impairment)

The amount of workload seems to be an impediment to socialize as well as a lack of confidence or feeling of security.

'... people tend to be impulsive and spontaneous, which is not always well perceived' (ADHD)

'J'ai peur d'être à nouveau harcelée sexuellement, comme cela s'est passé précédemment. J'ai peur d'être à nouveau **exclue**...' (ADHD & ASD)

'The work load during the bachelor's needs to be very much revised and hopefully lowered to allow for more socializing and a more **healthy and balanced life** for students.' (ADHD)

'But the "work even the weekends" policy (not an actual policy but it is heavily implied that this is how academia works) makes it **hard to free time** and especially motivation to go outside and socialize'. (ADHD and Mental disorder)

The text excerpts below point out possibilities to socialize:

'La situation est certes mieux que dans le passé mais l'EPFL peut encore faire mieux. Il faut profiter de la présence d'une grande **diversité culturelle** et ethnique pour plus de brassage et de dialogue. Je pense (par exemple) qu'il faut que les étudiants de l'EPFL puissent échanger sur les sujets chauds du moment.' (no condition)

'Obviously there are **parties** organised by the sections but it's too extreme, there is no middle ground.' (ASD and Chronic illness)

'I think the diversity of **associations** and the integration events allows already a lot of integration possibilities.' (no condition)

9 Open comments and suggestions

The survey concluded asking respondents to provide an open comment and make suggestions. Figure 11 shows the spread of the themes in the comments and suggestions per condition.

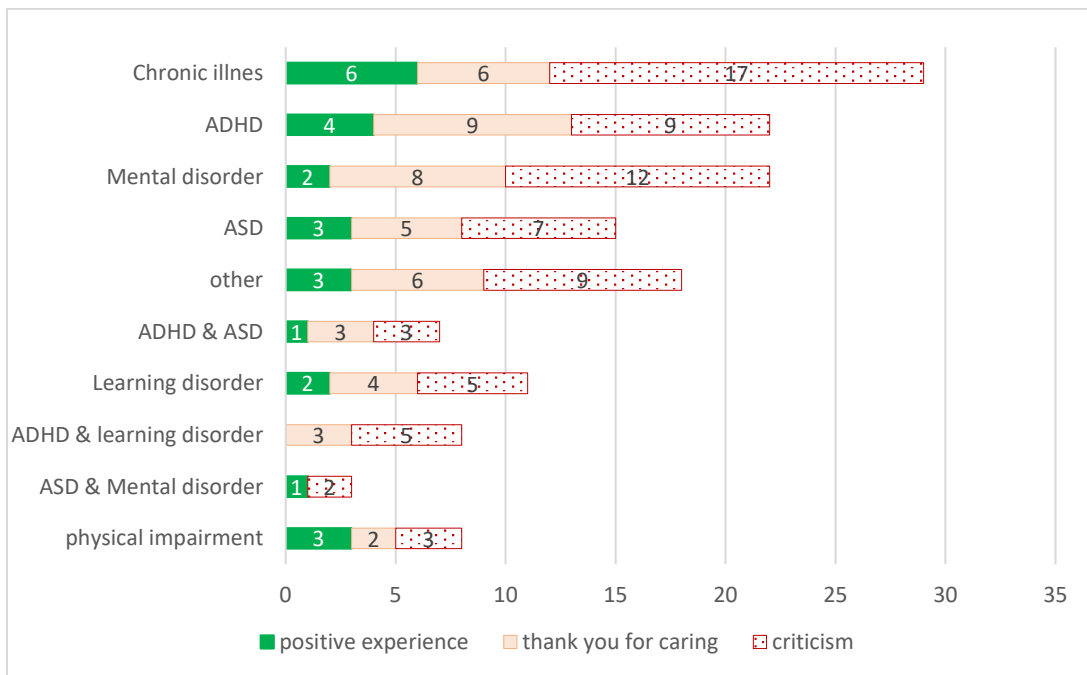


Figure 11: The number of codes for the general comments provided by condition.

9.1 Criticisms

Figure 11 shows an even spread of positive remarks and criticisms, although criticism seems slightly predominant in the comments provided by respondents declaring a chronic illness. Below is a selection of text excerpts from criticisms:

‘J’ai eu la pire des expériences avec l’administration de l’EPFL et avec le manque considérable de sensibilisation et d’inclusion correcte des étudiants ayant une maladie chronique (et dans mon cas souffrant d’épilepsie).’ (Chronic illness)

‘Les affiches sur l’égalité ne suffisent pas. Il faut informer les professeurs et les RH et leur apprendre à apporter du soutien’. (Chronic illness)

‘Checking your homepage for the first time, I don't find anything aimed at postdocs with chronic diseases. From the team description, I would be very unsure who to contact in case of a problem.’ (Chronic illness)

‘La première fois que j’ai mentionné *ma maladie* à l’EPFL et que j’ai demandé si j’étais éligible à un aménagement spécial des études (2020) on m’a clairement dit que je n’avais pas accès à ce traitement. J’ai donc passé une année entière (ma première année...) dans un état mental et physique catastrophique’. (Chronic illness)

9.2 Positive experiences and thank you

Appreciation of positive experiences and acknowledgement of this project emerge in the comments. Below is a selection of text excerpts of positive remarks:

‘I was able to start psychotherapy following the four sessions offered by EPFL in collaboration with the CHUV, and it’s helping me enormously. I’ve been undergoing treatment since 2021 and I’m well on the way to recovery from my depression.’ (ADH and Mental disorder).

‘I benefited from a skill assessment provided by EPFL to make a career change from technical to administrative role. I have an up/down desk and a part-time job. This helps me in to fulfil my daily tasks. Thank you’. (Chronic illness)

‘Slowly but surely we are putting forward accessibility considerations to allow everyone access to the same resources and opportunities. More awareness should be created of invisible or hidden disabilities.’ (no condition).

‘I really appreciate EPFL’s extra time policies to aid students requiring it. I would perhaps also hope this could be applied to some course quizzes as well and some course projects as it would be given for the same reason as that of exams.’ (ADHD).

10 Conclusions

The analysis of testimonials on barriers faced by the EPFL population confirm the value for current initiatives as well as it highlights other areas deserving further attention.

- **Studying at EPFL:** Current initiatives already support students and improve the study experience at EPFL. The report confirms that **exam adaptation** are an important concern for everyone and, most importantly it’s important to ensure that the teacher responsible is informed of the necessary adaptations before running an exam. Likewise, testimonials suggest that it is preferable to separate people needing adaptations to avoid the disruption created when other students have finished their exams.

Recorded lectures, live streaming and online forums help students overcome barriers such as difficulty to concentrate or attending medical appointments. Some respondents insist that the

digital environment should not replace human contact.

Results also support current initiatives to increase the support and guidance on stress management and self-organization for students facing barriers in inclusion, and these should be present in the full educational cycle. Workshops and mandatory training for exam supervisors, professors and teachers would also help.

- **Buildings:** The barriers set by the campus infrastructure mentioned frequently a dislike for **open spaces** for work and for study because respondents, most common those with ASD and ADHD, cannot focus nor concentrate on a task. The open spaces at Library in the RLC is pointed out as a difficult place to work. Taking this into account it may be preferable to increase access to quiet and private spaces.

It is important to note that all people with chronic illness agreed that better wall insulation deserves attention, for example for people suffering shy bladder syndrome, as well as for oversensitive people or those suffering allergies to pollen.

Likewise, it may be important to consider that physically impaired respondents find specific and unsurmountable mobility obstacles such unidentifiable ramps, stairs or lifts on the EPFL pocket campus app or the online site map. Also, wheelchair user and people on crutches mentioned heavy doors, ramps too steep for security, toilets too narrow to move around, or too dirty for comfortable use, and erratic snow clearing as barriers for inclusion. Lastly, restricted access to teaching buildings remains active after COVID and interferes with everyone's free mobility.

In addition to the above results, the analysis of testimonials provided less-commonly identified barriers. These may deserve further attention as they are barriers to inclusion associated with employment, campus services and the opportunities to socialize outside work and study.

- **Employment:** Firstly, respondents share that the feeling of others' **empathy** towards them reinforces their feeling of inclusion. Therefore, explicit caring of colleagues or fellow students could reinforce the feeling of belonging to a student / working community in the context of EPFL. Actions that were mentioned as showing care were listening, coaching, and mentoring. Therefore, we could conclude that expressions of empathy are key to create and maintain a healthy environment.

Secondly, **career development** is associated with a call for tailored support to help people living with a condition to envision the next steps in a career. For example, respondents with ASD could train on job interviewing to help reduce stress. Also, suggestions are made to provide information or guidelines on handling career expectations when, for example; career breaks are plausible.

Finally, recommendations to provide guidance that would help managers understand the working provisions that may support or affect people living with a condition. Such **guidelines** could lead to a better integration of people living with a condition into a work/ study place and also maintain a team spirit. Ensuring that managers and teachers become aware of the difficulties that high workload create on people with ASD illustrates well the importance for providing such guidelines.

- **Campus services:** Physical obstacles to **access** cafeterias for people with reduced mobility, the quality and variety of the menu and the price are obstacles, for example for someone having a physical impairment or a chronic illness.
- **Opportunities to socialize outside study and work:** Feelings of **loneliness** emerged as a common theme across all conditions. Several explanations were provided and suggest loneliness is accentuated by all the difficulties mentioned in the themes explored in this call for testimonials. For example, the difficulty to access cafeterias for people with reduced mobility isolates them. Likewise, the fear to attend crowded rooms for those with mental disorders reduces their opportunities for socializing and thus increase the feeling of loneliness.
- **General comments:** Open comments and suggestions share positive and negative experiences of working and studying at EPFL and reinforce the testimonials provided in the survey. In addition, respondents show appreciation and gratitude to existent initiatives.

Finally, whilst the sample is small, the analysis of testimonials hereby presented may prove useful to integrate in future actions and recommendations.