

Promoting Inclusive Learning Environments for Nursing and Midwifery Students on Work Placements

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**Introduction to AISHE
Academic Practice Guides**

This series is dedicated to the
memory of our dear friend
and colleague, Dr John Panter,
15 April 1941 – 13 November 2015.

Suaimhneas síoraí dá anam dílis

The All Ireland Society for Higher Education (AISHE) is pleased to bring you a new series of booklets, each of which offers guidance on a particular theme, for practitioners in higher education. Entitled the AISHE Academic Practice Guides, the series is designed to support the development of teaching and learning in practice.

The booklets are written by practitioners, for practitioners. Based on experience and scholarship, each guide offers an overview of the particular topic to help readers situate the experiences presented in other sections of the booklet. Case studies or examples of practice from contributors' higher education experience are presented and, finally, each booklet suggests resources that the reader may find helpful in their own practice.

We wish to acknowledge the National Forum for the Enhancement of Teaching and Learning in Higher Education for supporting this publication series. We also acknowledge the work of all those colleagues, networks and communities of practice who contributed to the project through writing, providing case studies and co-ordinating contributions in order to bring the series to publication.

Moira Maguire, AISHE President
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Foreword

Association for Higher Education Access and Disability (AHEAD) are proud to have collaborated with the UCD School of Nursing, Midwifery and Health Systems in their journey to develop best practices to include students with disability and Specific Learning Difficulties (SpLD) in Nursing and Midwifery, and to ensure that there was equity of access to all aspects of the course especially the clinical work placements.

One of the first challenges the School faced was to change negative attitudes about students with disability and SpLD from seeing them as not being able to reach the regulatory standards to seeing them as students who just need to do things differently. Their goal was to encourage staff to take a broader view and to think differently about barriers that the students faced on a daily basis and to gain insight into their role into eliminating least some of the barriers in the learning environment.

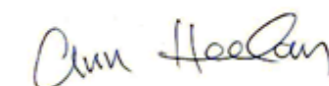
The School of Nursing, Midwifery and Health Systems were very conscious that clinical placements are a very different learning environment to the academic one and that the supports were simply not transferrable from one context to the other. They recognised that the inclusion of students with a disability and SpLD on clinical practice involved many key people, the academic staff, the disability support team and the clinical placement staff. Initially, while working with AHEAD, they invited the key stakeholders to a series of facilitated World Café events to encourage dialogue and to get them thinking about what was working and what needed to improve. The main aim being to collaboratively re-design the nursing and midwifery programmes so that the students would have a positive and structured experience of clinical placement.

The involvement of all the key stakeholders was crucial in the success of this initiative and led to the establishment of the Disability Liaison Team (DLT) and the following initiatives:

- *Development of a Resource Guide for staff supporting students in clinical practice*
- *Design and provision of Disability Awareness Training for students and staff*
- *Development of a Clinical Needs Assessment*
- *Implementation of WAM Internship programme*

The DLT also worked with the AHEAD Willing Able Mentoring program funded by the Department of Social Protection to offer student nurses with disability and SpLD the support of the WAM Mentoring model during their Internship year.

The School of Nursing, Midwifery and Health Systems, UCD are to be congratulated for the leadership shown in developing a highly innovative system of supports for their students with disability and SpLD. This system is unique and provides a supportive and collaborative model for students on clinical placement that is being adopted not only in Ireland, but across the EU.



Ann Heelan
Executive Director
AHEAD

Introduction

Nursing and midwifery are popular careers for school leavers and mature adults. Nursing became a graduate entry in 2002, and increasing numbers of students enter the BSc Nursing and Midwifery Honours degree programmes in the School of Nursing, Midwifery and Health Systems (SNMHS). An increasing number of these students are registered with a disability (approx. 6%) and this mirrors that of other undergraduate degree entry programmes. This booklet aims to share our experience of providing support to students registered with a disability in relation to learning and assessment in clinical practice. It also provides an account of the innovative practices, undertaken in collaboration with our clinical partners, that were developed to support students with a disability on placement.

Overview

The school of Nursing, Midwifery and Health Systems in University College Dublin (UCD) is one of the oldest and largest nursing schools in Ireland. We provide four undergraduate programmes - general, psychiatry, children's and general nursing and midwifery. We also offer a number of other programmes at diploma, and graduate level. Our annual intake of students is approximately 200 students on our undergraduate programmes and student support is provided by a large team including lecturers, student advisor, peer mentors, and a chaplain. A well-established personal tutor role also exists to provide additional support to

individual students. We have six major teaching hospitals affiliated to us, and approximately ninety clinical sites that facilitate our student placements.

The BSc programmes require each student to complete 50% theoretical and 50% clinical instruction to successfully complete their degree. All students must demonstrate clinical competence in five domains of practice from the Nursing and Midwifery Board of Ireland before completion of their degree program. To support the clinical component of the degree programme, an additional number of committees are in place to govern and evaluate the student learning environment, support and assessment. These committees have wide representation from the academic, clinical and support community.

What was the initiative?

Over the early years, committee members observed that students with a disability may require additional supports in the way of 'reasonable' accommodations to achieve clinical competence. The UCD Access Centre provides student academic and examination support for the theoretical component of the programme, but the supports for students with a disability in clinical practice were ad hoc and sporadic, in particular, during Internship.

In response, a Disability Liaison Team (DLT) was created to expand on the supports already offered by the UCD Access Centre and the Association for Higher Education Access and Disabilities (AHEAD) to include the clinical area. The team's main responsibilities were to review, develop and implement innovative support practices for students with a disability in the clinical practice area.

Development of innovative practices

Since its establishment in 2010, the DLT has developed and implemented a number of key innovations to support clinical and academic staff, and students with a documented disability, to facilitate inclusive teaching and learning in the clinical area. A select number of these will be discussed here. Key interventions include:

- *A Resource Guide for staff supporting students in clinical practice,*
- *The development of a Clinical Needs Assessment,*
- *Provision of Disability Awareness Training for students and staff*
- *Implementation of AHEAD Willing Able and Mentor (WAM) Programme for students on Internship.*

Each of these is outlined briefly below, but a broader overview of what the DLT has completed to date is available in Appendix 1.

Resource Guide

One of the first initiatives to emerge from our consultations with clinical partners was the development of a resource guide - Supporting Nursing and Midwifery Students with a Disability in Clinical Practice: A Resource Guide for Clinical and Academic Staff. The guide was intended to address deficits in knowledge around the concept of disability support and to provide additional information for academic and clinical staff who facilitate learning and assessment for students with a disability in clinical practice. Overall, this comprehensive guide describes inclusive policies and practices to be considered when aiming to foster good practice behaviours so that students with a disability can reach their true potential in clinical practice. The guide also uses vignettes to highlight myths and fears that surround students with a disability which can create barriers to the attainment of a positive student experience in clinical practice. The guide is based on the belief that a student with a disability has the right to the same learning opportunities as any other student, and to receive reasonable accommodations, thus enabling them to perform their duties to the required standards. The contents include:

- *Background to the development of the resource guide*

- *Legal obligations, competence & fitness to practice*
- *Disclosure*
- *Students journey to clinical placement*
- *Disabilities & reasonable accommodations*
- *Supporting students with a disability on placement*
- *Information & resources*

Clinical Needs Assessment

The development of a clinical needs assessment involved a number of steps. It began with a scoping out published literature to elucidate what was known about conducting clinical needs assessments for students with a disability in clinical practice. The published literature was reviewed and a disappointing paucity of literature was identified on the topic. National and international advocacy organisations for students with a disability were consulted and this proved to be a useful resource as they provided a wealth of information regarding different types of disabilities and suitable supports or accommodations to employ (Disability Advisors Working Network (DAWN) and AHEAD 2007; DAWN 2008; Office of Disability Employment Policy 2013).

It was agreed by all key stakeholders that the development of a clinical needs assessment should ideally address equality, justice and inclusion. Hence, it was deemed important to not conceptualize disability as a condition or illness through the lens of a medical model, but rather from a social model perspective. The application of the social model within a workplace needs assessment ensures that the student's disability is not the focus of the assessment, but rather the specific demands of the profession and the impact of the environment on the ability of the student to learn, and perform, patient care (Howlin, Halligan and O'Toole, 2014). Furthermore, it was decided that the clinical needs assessment should, where possible, be proactive rather than reactive. Proactive assessments identify student needs on entry to the programme, prior to work placement; while reactive assessments identify student needs when the student experiences difficulties on clinical placement.

A three part clinical needs assessment (CNA) was devised based on available literature and informed by the AHEAD Workplace Needs Assessment Model (AHEAD, 2009), to support the employment of individuals with a disability. The CNA was developed in three key parts: Part 1 - Student Background and Context, Part 2 - Assessment and Identification of Reasonable Accommodations, and Part 3 - Summary of Clinical Needs Assessment and Reasonable Accommodations. Part 1 and 2 are retained on a password protected file by a member of the DLT

and Part 3 is shared, with the student consent, with a nominated staff member in the student's parent hospital and her/his personal tutor. On completion of a clinical placement, the student and her/his Preceptor¹ are invited to do a review of supports provided.

Prior to clinical placement, students are also invited to attend a pre-placement preparation workshop where various aspects (how, when, what and to whom) of disclosure are discussed in relation to clinical placement. They are provided with examples of nursing care documentation that they will be exposed too and the many different terms and abbreviations they will be challenged with when they go out on placements. The key terms and abbreviations encountered by students in clinical practice are given to each student in different formats - booklet, iBook and pdf. They are also given an opportunity to share their concerns with the team and colleagues about disclosure in the workplace and advice is given by a clinical psychologist on how to take care of their mental and physical health and where to go for further help, if required.

¹ Preceptor: A preceptor is a registered nurse/midwife who has been specially prepared to guide and direct student learning during clinical placement. A preceptor/associate preceptor is an experienced nurse, midwife or community nurse within a practice placement who acts as a role model and resource for a student who is assigned to him or her for a specific time span or experience (Government of Ireland 2000).

Disability Awareness Training

Each year, the DLT conducts disability awareness training for staff (clinical and academic) that specifically focuses on issues relating to students with a disability in clinical practice. For example, the management of non-disclosure, when is it okay to ask a student if they have a disability?

All staff (clinical and academic) are also invited to a workshop on Assisted Technology and finally, a biennial summer school is held in conjunction with AHEAD for educators who support students with a disability in healthcare. Disability awareness is also provided to all students (able and disabled) at every stage of their programme to highlight the services we provide.

Willing Able and Mentor (WAM) Programme

The WAM model is a work placement programme which promotes access to the labour market for graduates with disabilities and builds the capacity of employers to integrate disabled people into the mainstream workplace (AHEAD 2015). To participate in the WAM program, students and employers agreed to fully participate, but on a voluntary basis. Each student had a Needs Assessment completed in advance of their placements by a member of AHEAD and the DLT, to identify learning and support needs and suitable reasonable accommodations. This information was then made available to the employer with the student's written consent. In addition to usual support, each student was assigned a trained

mentor (a voluntary employee in the hospital), who was not involved in the student assessment, but agreed to be available to support them throughout the Internship period. This additional support necessitated the mentor, listening and talking to the student about their concerns or difficulties and, on occasions, offering advice. The DLT collaborated with the key stakeholders from the six parent hospitals, AHEAD and the University, to offer this unique support, for the first time, to students with disabilities on Internship.

Reflections on the process

Reflecting on this process to date brings a few things to mind:

NOT QUITE WHAT WE HAD PLANNED

Prior to the setting up of this dedicated team, at the end of each semester, all module coordinators received notification from the UCD Access and Life Long Learning Centre regarding the number of students on their module registered with a disability and their examination and assessment accommodations. However, what module coordinators had failed to recognise was that many of these accommodations were not easily transferrable into clinical practice which accounted for 50% of their programme. This caused further reflection on how students with a disability managed their own learning in clinical practice and how best to support this learning.

BEFORE YOU MAKE UP YOUR MIND – OPEN IT!

Initially, we felt embarrassed that as module coordinators we had been very closed minded. We paused to think - had we let these students down and thought about their vulnerability and how difficult it might be for them to disclose with strangers and people in authority in a busy environment? Once the realisation dawned, we knew that something more focused had to be done and although we did not have all the skills and knowledge to provide support for students with a disability, we felt that as a team we had to start somewhere. When we first started, we realised that the more we thought we knew, the less we knew. Through many seminars, workshops, and discussion we learned that many of us were unaware of the law and rights of people with a disability and became more mindful of our own attitudes and behaviours towards people with disabilities. We were fearful of being discriminatory whilst at the same time concerned about patient safety and competency issues in clinical practice. However, we felt excited, and challenged and confronted our colleagues, friends and authorities about different attitudes and the prevalence of stigma and discrimination around disability. We knew we did not have all the answers to the many questions regularly raised. We were often asked, why do we have students with disabilities in nursing because they are valuable people who can contribute equally safe and effective patient care with great compassion because of their experiences of living with a disability.

DOING THE RIGHT THING RATHER THAN DOING THINGS RIGHT

Many factors have helped us to achieve so much in such a short time. Having the support of UCD Disability Officers, AHEAD, and collaborating with colleagues in UK who are interested in providing the same support to their students and seeing students' graduate having had a positive experience has made it all worthwhile. The students' feedback on their experiences of support and disclosure has also reassured us that we are doing the right thing, rather than doing things right! Finally, having the support from management in the School of Nursing, Midwifery and Health Systems in terms of financial resources has also been very helpful.

Finally, while we are sure that this journey has no endpoint, we have learned so much about having an inclusive curriculum, thinking about our population of students and the multiple ways they learn, and how it all matters. As Steve Jobs once said:

‘Being the richest man in the graveyard, doesn’t matter. Going to bed at night and saying that we have done something wonderful, that’s what matters’

Conclusion

Implementation of support structures and processes promotes equality, justice and inclusion for students registered with a disability in healthcare and Higher Education. Drivers for the provision of supports for students with a disability are multi-factorial and include the need to comply with legislative mandates, implement the social model of disability and to consider universal design principles in Higher Education and healthcare environments. Such considerations will without doubt level the playing field for the increasing numbers of students with a disability entering Higher Education by providing equal access to, and engagement with, programmes; thus affording the student the best possible opportunity to complete the programme and to meet professional regulatory standards and requirements.

Strengths and Limitations

Strengths	Limitations
Treat students as individuals	Limited resources
Provide a quality clinical learning environment	Demanding but rewarding
Grow champions	Difficult to get buy in
Create inclusive environments	Requires leadership

Key Learning Points

Students with disability are very vulnerable

Respect student decision to consent /dissent to disclosure

Support requires a cohesive, multidisciplinary team approach and wide representation

Reasonable accommodations should aim to be individual and negotiated with each site

Disability awareness training should be made accessible to all staff and ongoing

Consider audit, evaluation and research (students, support and structures) from the beginning

Resources

Strengths	Limitations
Association for Higher Education Access and Disability	www.ahead.ie
Aware	www.aware.ie
Disability Federation of Ireland	www.disability-federation.ie
Disability information	www.disability.ie
Dyslexia Association of Ireland	www.dyslexia.ie
Irish Deaf Society	www.irishdeafsociety.ie
Pieta House	www.pieta.ie
People with Disability in Ireland	www.pwdi.ie
Special Education Support Service (SESS)	www.sess.ie
Shine	www.shineonline.ie
Spun Out	www.spunout.ie/health/disability
The Equality Authority	www.equality.ie

Specific Resources and Assistive Technology

DYSLEXIA

Livescribe Smart pen: very useful for recording lecture notes and handovers in clinical practice. It allows you to record a conversation with the touch of a button onto special paper which is available in a number of sizes and easily transportable in clinical practice. Students can then play back later that day or whenever they wish. As patient information is confidential in many of the hospitals the information has to be deleted at the end of a shift.

Nursing and Midwifery terminology: The HSE offer a comprehensive description of nursing and midwifery terms and abbreviations which is available from: www.hse.ie/eng/services/Publications/services/Hospitals/NHO_Abbreviations_Booklet.pdf

Talking Dictionary: A free online Talking Dictionary of English Pronunciation is available from www.howjsay.com/. Type in the word that you have difficulty pronouncing and when your entry appears in pink, scroll the mouse over it to hear it pronounced. There are currently 136420 entries in the dictionary. For assistance with pronunciation of medications use specialised reference books such as Mosby's 'Medical Drug Reference'.

Scanning pens such as Quicktionary Superpen Professional also known as Quicktionary II Premium Professional. It is a mobile device that is a line scanner and provides users with instant definitions of over a quarter of a million words. The Quicktionary II Premium Professional comes complete with a selection of electronic dictionaries including Stedman's Medical dictionary and a Thesaurus. It is available from: www.scanningpens.co.uk/product_info.php?products_id=62

The Franklin DMQ-1870 Speaking Dictionary is a portable phonetic spell checker and dictionary containing over 500,000 definitions, including medical definitions, from the Collins Concise Dictionary and the entire contents of the Collins Concise Thesaurus making it a great tool for supporting writing. Its built-in speech function lets you hear the spelling suggestion, headwords and definitions making it easier to find the right word. Available from: www.dyslexic.com/franklindmq1870

Inductel's Electronic Medical Dictionary and Speller is a medical dictionary computer program that can be used without having to go on the internet. It provides definitions, illustrations and verbal Pronunciations of words. It also includes abbreviations and lists more than 6,000 brand name drugs and their generic name equivalents. Available from: www.inductel.com/med.html

Spellex UK Medical Spell Checker gives the correct spelling of more than 300,000 words from the fields of medicine and pharmacology. Available from: www.spellex.co.uk/Products/med.htm

Texthelp Read and Write Gold is designed to assist students and individuals of all ages who require extra assistance when reading or composing text. The software allows students to develop their literacy skills and enjoy greater independence. Available from: www.texthelp.com

Read the Words is an online text to speech tool. Available from www.readthewords.com

Digital voice recorders could be used to record meetings with the consent of those present. Widely available from all electronic outlets

DYSCALCULIA

Useful websites which can be used by students to learn about and practice drug calculations include:

www.nursesaregreat.com/articles/drugcal.htm

www.testandcalc.com

www.testandcalc.com/drugcalc_legacy/index.asp

www.supershareware.com/info/drug-calculations-for-nurses.html

Nursing and Midwifery Board of Ireland - e-learning package on Medication Management from www.hseland.ie/tohm/default.asp

The Try-It website is a very useful resource as it displays a range of Assistive Technology equipment for various disabilities. You cannot purchase from the website. Available from www.try-it.ie

VISUAL IMPAIRMENT

Handheld magnifiers such as the quicklook.

Available from www.ashlowvision.com/Handheld/Default.379.html

Lunar text/zoom text. This is a software package used to enlarge text on screen.

Opti Verso machine is a new technology which is a digital camera attached to a laptop with a mechanism to manoeuvre the camera. This allows the camera to focus on the lecture screen at a distance of up to 300 metres. This magnifies the screen for the visually impaired user, who can then save the text, enlarge it and change the colour background. This new machine is suitable for people with partial vision only.

- Blind students can use **JAWS**. This is speech synthesizer software, which has a standard keyboard with voice output capacity. It also has kurtsweil scanner equipment, which is a scanner with software which enables voice output and enables the student to have the information read aloud which can then be saved.

Braille lit is a computer with an attached braille keyboard which has standard text

Braille embosser machines

Alternative formatted digitalised books

Talking digital Dictaphone, talking Franklin spell checkers and talking dictionaries

Daisy books for blind/visually impaired students (digitalised forms of books)

HEARING IMPAIRMENT

Radio Aids - Loop system usually installed in the lecture theatres. Once the student has hearing aids, they can convert their hearing aids to use loop systems while attending various lecture theatres.

Amplified Stethoscope – useful for most people with impaired hearing

PHYSICAL IMPAIRMENT

Alternative adapted mice and keyboards i.e. keyboards for one hand, different sizes of mice, enlarged keyboards. Available from www.infinitec.org/work/tools/singlehandtyping.htm

Voice recognition software enables students with physical disabilities, or students with dyslexia, to speak into the computer's attached microphone to write their assignments and to study, etc.

SPEECH IMPAIRMENT

The McGuire Programme delivers practical training devised and developed to promote recovery from stuttering and stammering. They offer intensive courses at the entry point into an ongoing programme of consistent, continuous follow-up activity designed to support long-term recovery. They have an official manual of the programme called Beyond Stammering written by Dave McGuire. This manual can be downloaded free from their website (www.mcguireprogramme.com (assessed October 2015)).

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Case Study 1

John was a final year nursing student and ten weeks before completion of his BSc Nursing degree, he injured his back playing football and was on sick leave for an extended period of time. To return to the placement, his Physician advised him not to engage in any manual handling of patients or heavy lifting of objects. He was referred to the UCD Assess Centre to register his disability before any accommodations could be implemented. They requested him to seek further advice from the Disability Liaison team. During the meeting a number of critical factors had to be considered during the clinical needs assessment as follows:

- *In what way will these limitations affect the student's performance in the clinical areas?*
- *What specific job tasks could be problematic as a result of these limitations? (standing/sitting, reaching, transporting patients, use of medication)*
- *What accommodations were available in the hospital to reduce or eliminate these limitations for the student (lifting team, hoists)*
- *Were any additional accommodations needed? (For example, alteration in shift pattern, long meal breaks, stress management techniques)*

Following extensive collaboration and negotiations with our clinical partners at many levels the following accommodations were considered reasonable and were put in place.

- *Placements were chosen that had less moving and handling of patients.*
- *Lighter duty placements for the student's first two wards*
- *A shorter working day, but an increase in the number of shifts over longer placements*
- *Ensuring that the student did not work more than 3 shifts in a row without time off duty*
- *Regular breaks*
- *No direct lifting of patients*
- *Seek assistance when re-positioning patients*
- *No night duty*
- *Adequate rest when off duty*
- *Regular pain medication as required.*

However, a number of challenges presented during this case for everyone concerned. The student desired to play his part and to become competent, to graduate with fellow students, and to remain safe and pain free during secondment.

The DLT had to assess the students' needs, taking into consideration the student's year in the program, the standards to be obtained and the demands of a busy environment, to reassure the student that all will be done that is reasonably possible, to honour his legal right to 'reasonable' accommodations. For the clinical partner site, the staff were challenged to provide additional support to one student, to be mindful of their duty of care to the patient and to the student, and to be flexible in their approach to duty roster and the provision of care to their patients.

John successfully completed his BSc (Hons) degree in the following October.

Phil Halligan UCD

Case Study 2

Following successful completion of the Leaving certificate, Siobhan commenced the BSc Honours degree in Adult Nursing in Dundalk Institute of Technology (DkIT) in September 2013. During Stage 1 of the program, students are required to complete two clinical placements (one per semester). Siobhan's initial placement was a medical ward and of 4 week duration. During the placement, Siobhan's Preceptor noted that although she was quiet and required a lot of support. This has been often a similar finding among nursing students on their first placement. Siobhan successfully completed this placement and achieved the required level of competence.

In Semester 2, Siobhan was subsequently allocated to a surgical placement and was orientated to the unit by her Preceptor. During the first week, Siobhan displayed signs of anxiety and distress and staff raised concerns about same with the Clinical Practice Co-ordinator (CPC). On initial discussion with Siobhan she was visibly distressed and it was quickly determined that Siobhan had never spoken to anyone about the depression and anxiety that she was experiencing and she had never sought any supports. The CPC spoke to the student privately to discuss her anxiety and apparent depression in which Siobhan confided that she had been extensively bullied during her previous years at school and these experiences had contributed to

her current feelings. After a number of discussions, it was decided in agreement with Siobhan to contact the Disability Officer and Counselling Services in DKIT to avail of their services and the Director of Nursing.

Siobhan decided to take some time off from her placement and attended a number of meetings in DKIT. In order to prepare for her return to placement the following accommodations were considered reasonable and were put in place for her repeat placement over the summer period. Siobhan met the Preceptor and CPC prior to commencing the placement to talk about her concerns and fears. As part of this process, a learning plan was developed noting the various strategies that she could use while on placement to help her progress and to make provisions for any extra support or opportunities that could help her cope within the clinical area.

- *The Preceptor and CPC encouraged Siobhan to identify triggers to her stress/anxiety and ways to overcome same.*
- *The Preceptor and t CPC were aware of and sensitive to Siobhan’s needs and discussed the importance of regular breaks and a private location for same.*
- *Access to the link lecturer was also encouraged and times for same provided.*

Siobhan was also allowed time to leave work to attend counselling sessions.

A number of concerns were initially identified during the first week of placement, but with regular CPC contact and support, clear and open communication between the student, Preceptor and CPC was established. Regular progress reviews were conducted throughout the placement in order to provide Siobhan with the necessary feedback on her progress clinically as it was important that Siobhan was able to achieve the required level of competence in order to pass the clinical placement and build her confidence. The Preceptor was extremely supportive despite the busy nature of the ward and the complex care required for patients. The Nursing and Midwifery Board of Ireland (NMBI) recognise that Preceptors are primarily employed to provide care to patients and clients. As a 1st year nursing student, Siobhan had supernumerary status and so she was able to work with her Preceptor at all times. The Clinical Nurse Manager also ensured that the Preceptor had sufficient time, when undertaking work with Siobhan to be able to explain, question, assess performance and provide feedback for her in a meaningful way.

Siobhan progressed very well throughout her following placements and with continued support from DkIT counselling services, she continues to progress well as a nursing student.

Lorraine Clarke DkIT

Case Study 3

Jenny is a 4th year student nurse; she is registered with the Disability and Learning Supports Services in DCU. She has also had meetings with the Disability Support Lecturer, in the School of Nursing and Human Sciences. Jenny has told practice staff about her dyslexia, but has not disclosed her hearing problem. Presently, Jenny is on the Internship stage of her 4th year programme. She has poor hearing in her right ear, but to date she has not used supports for her hearing. She was content with receiving support for her dyslexia, but she did not want to highlight or draw attention to her hearing issue. Recently, whilst on Internship, her hearing in her other ear began fluctuating, some days she had usual normal level of hearing, but on some days she cannot hear staff or service users when they are not in close proximity with her. Jenny then contacted the Disability Support Lecturer regarding this issue. The main concerns that Jenny had were as follows:

- *How could she assess her level of hearing, as she lives away from home where she used to attend an ENT specialist?*
- *Are there any resources available to help her during work life?*
- *She may have difficulty using a stethoscope in the future*

This Disability Support Lecturer gave her the following advice:

- *The address of the local area HSE Audiology service where free audiology tests and services are available. As the student is over 18 years, she will make the appointment with the service.*
- *Jenny is now in contact with DeafHear Organisation regarding free resources and advice they offer.*
- *Jenny is going to contact the University Disability support services regarding an assessment for a specially adapted stethoscope for staff with hard of hearing.*

Jenny is presently in the last semester of her four year BSc in Nursing programme. She is hoping to have her hearing problem issues sorted before she finishes her course. Jenny wishes she had highlighted and looked for supports earlier in her programme for her hearing problem. She is now looking forward to having contacts and supports when she needs them in the future. Jenny understands that it is important to attend the audiologists for the assessment in order for future plans to be developed. There are a variety of stethoscopes for those with hard of hearing, both electronic and ones with flexible acoustics are available.

Appendices

Jenny was relieved to discover this, as she was worried about overcoming this issue in practice. Jenny is keeping in contact with the Disability Support Lecturer.

*Therese Danaher,
Disability Support Lecturer, DCU*

Appendix 1

Table 1. Overview of the DLT Innovative Practices developed to support Nursing and Midwifery students with a disability (2011-2014)

Innovative Practices	Description
Review of current supports	Before commencing any work, it was considered necessary to avoid any duplication in process and therefore an important meeting was initiated with UCD Access Centre to determine the processes currently in place to support students with a disability. As a result of this meeting a number of important changes were necessary. While the student had registered with the UCD Access Centre as having a disability concerns were raised as to the extent to which they were consenting to release this information beyond the university staff. Following consultation with the Freedom of Information and Data Protection personnel, a new consent form was developed specifically for nursing and midwifery students to allow students to consent /dissent to the sharing of information regarding their reasonable accommodations with their parent hospitals.
Collaboration	The provision of such support required that the team engaged with all stakeholders (students, clinical and academic staff, occupational health, human resource departments, experts in education and disabilities and colleagues) on an on-going basis. This not only ensured that all stakeholders continued to be updated but it also assisted in maintaining 'buy in' from all key parties.
Resource Guide	From the outcomes of the seminars and workshops it was decided that a Resource Guide was necessary to provide information around key areas, for example, disability legislation, competence, fitness to practice, reasonable accommodations, the journey of students with a disability from entry to exiting the programme, and additional resources. This guide was successfully launched at the AHEAD International conference by President Mary Aleece in Mar 2011. It focused mainly on the clinical component of the programme and student learning and assessment and was made freely available in three formats (a written copy, a CD and an electronic version (free to download for anyone who is interested)). Following feedback from the evaluation, the Resource Guide is currently under revision.

Innovative Practices	Description
Development of a Clinical Needs Assessment	Students who registered with a disability commonly complete a needs assessment. However, this needs assessment while robust, only seeks to identify the reasonable accommodations for the academic section of the programme. Nursing and midwifery degree students also required reasonable accommodations for the clinical component of the programme to ensure fairness and support for equality in clinical practice. To address this issue, it was necessary to develop a clinical needs assessment (CNA). The CNA provides the background to the clinical needs assessment; details the student history of the impact of their disability, if any, on education or work and reasonable accommodations used by the student in the past. It outlines additional Reasonable Accommodations suggested from a review of the domains of clinical competence and completes the cycle by seeking to provide a clinical and student evaluation of the reasonable accommodations suggested prior to clinical placement. A copy is provided to the student and, if the student consents, another copy is sent in advance of the student's placement to the identified clinical contact person. This CNA is the first in Ireland for nursing and midwifery students.
Disability Awareness Training	The Disability Liaison Team organises and delivers annual, disability awareness training for staff (clinical and academic). In addition, a specific workshop was held in Nov for students in stage 1 prior to clinical placement. Students were given an opportunity to discuss disclosure and to identify what disclosure meant to them. They were also given a booklet outlining the key terms and abbreviations encountered by students in clinical practice. All staff (clinical and academic) were invited to a workshop on Assisted Technology and finally, the first summer school is planned for Aug 2013 for educators who support students with a disability in healthcare
Willing, Able, Mentoring (WAM)	The WAM programme was implemented for the first time in Ireland on nursing internship, organised by AHEAD

Innovative Practices	Description
Awards	A nursing Intern who facilitated moving the disability agenda forward in School of Nursing and Midwifery was awarded the President award for her great work as part of the university's commitment to students with a disability on campus in Nov 2011. One of the key hospital hosting the WAM programme received the 'WAM Leader Award' of the year in 2013
Dissemination of information about students with disabilities	To date, we have presented our work, and the findings from evaluations, at the following: Conferences (5), Seminars (10), Publications (2), Booklet (1) and Resource Guide
Activists	The DLT seeks to promote equality and inclusion for students with a disability. This has been achieved in the detailed list above, but also by voicing support for students with a disability at every opportunity and by influencing key decisions for students with a disability. This voice is heard through wider participation in local, national and international Committee Membership. To date we have joined a number of committees as follows: National & International: Disability in Professional Practice Special Interest Group (DIPPSig) (UK), Irish Disability Studies Association (IDSA), LINK (EU) and AHEAD (Ire) Local: SNMHS Undergraduate Programme Board, Teaching & Learning Committee, Local Joint Working Group (LJWG) Committee and Clinical Assessment Subcommittee (CASC) Committee

Authors

Dr Phil Halligan is a lecturer at the School of Nursing, Midwifery & Health Systems, University College Dublin. Prior to this appointment, Phil has held many positions at home and abroad. She has taught on many undergraduate and graduate leadership programmes and has extensive experience in a number of educational institutions. In addition to her role and responsibilities, she is member of a team in the School of Nursing, Midwifery and Health Systems (UCD) in supporting students with a disability in clinical practice. She has published and presented widely on research and the evaluations completed by students and staff on disability and provided guidance to fellow colleagues throughout the nation on supporting students with a disability. She was awarded Ahead Leadership Award in 2013 and is currently a member of the Board of AHEAD and IFUT representative on the Disability Committee of the Irish Congress of Trade Unions.

Ms Frances Howlin has been a lecturer in the School of Nursing, Midwifery and Health Systems in UCD since August 2006 and teaches across a number of programmes within the school. Her specialty areas include Children's Nursing and supporting students with a disability on clinical placement. Frances is Programme Coordinator for the Bachelor of Science (Nursing) Integrated Children's and General Programme. Frances is also one of the founding members of the Disability Liaison Team in the School of Nursing Midwifery and Health Systems and ensures that nursing and midwifery students with a disability receive reasonable accommodations in the clinical practicum.

Dr Alison Clancy has been a lecturer in the School of Nursing, Midwifery and Health Systems in UCD since August 2003 and teaches across a number of programmes within the school. She teaches the MSc in nurse education as well as several undergraduate and post graduate modules. She commences working with DLT team in 2013.

The DLT team were selected as one of UCD Teaching Expert Awards to represent the university at the National Forum Teaching Expert Awards (2015)'

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