

# National Guidelines for Working with Nursing and Midwifery Students with a Disability or Specific Learning Difficulty in Clinical Practice

Produced by AHEAD



Association for Higher Education Access and Disability

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## **WAM – Willing Able Mentoring**

WAM, a project of AHEAD, has a unique approach to improving inclusive workplace practices – simultaneously developing the potential of employers and graduates with disabilities. The WAM experience has contributed to the material in this document. The WAM project is funded and supported by the Department of Social Protection.

### WAM

- Continues to work with high calibre graduates for major public and private sector employers involved in its 2012/2013 programme including the Mater Hospital,
- Has now provided over 175 placements for graduates with disabilities,
- Has been cited by the NDA, Amnesty International and Eurofound as a model of good practice,
- Continues with its leaders, both employers and graduates, in all career areas including nursing and midwifery, to rethink the workplace.

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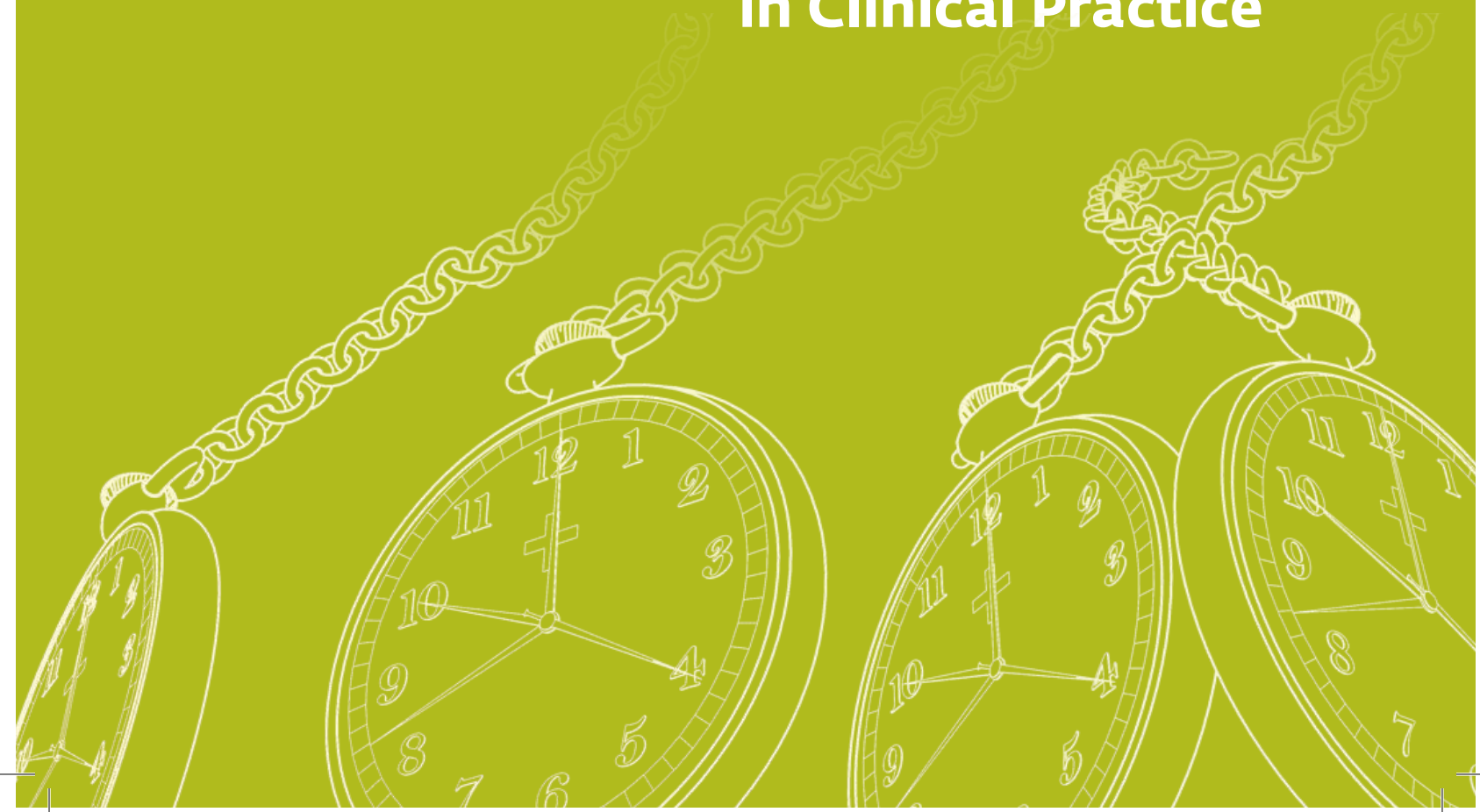
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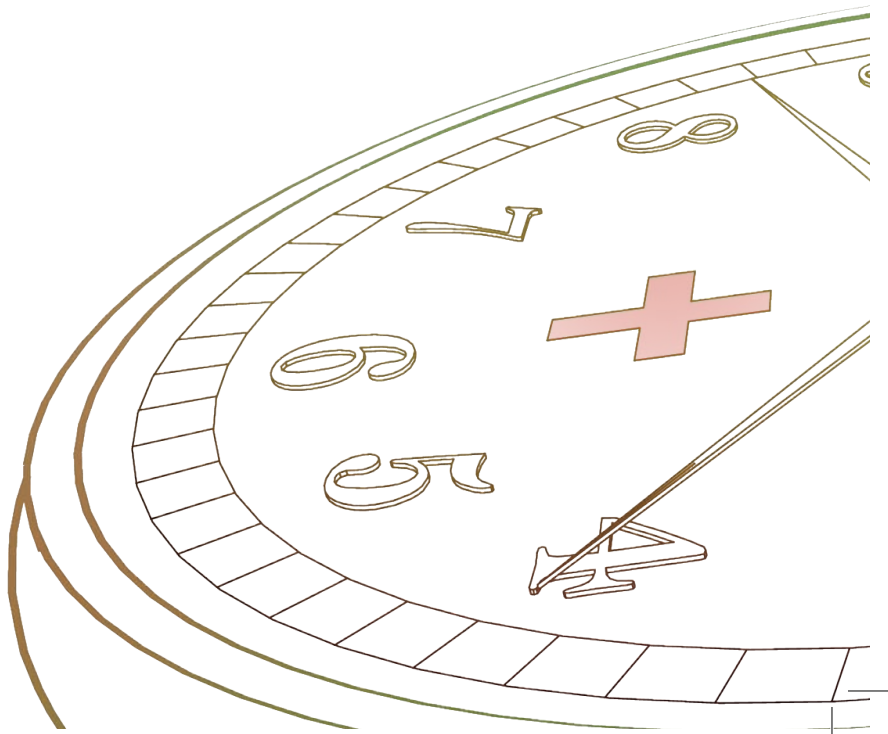
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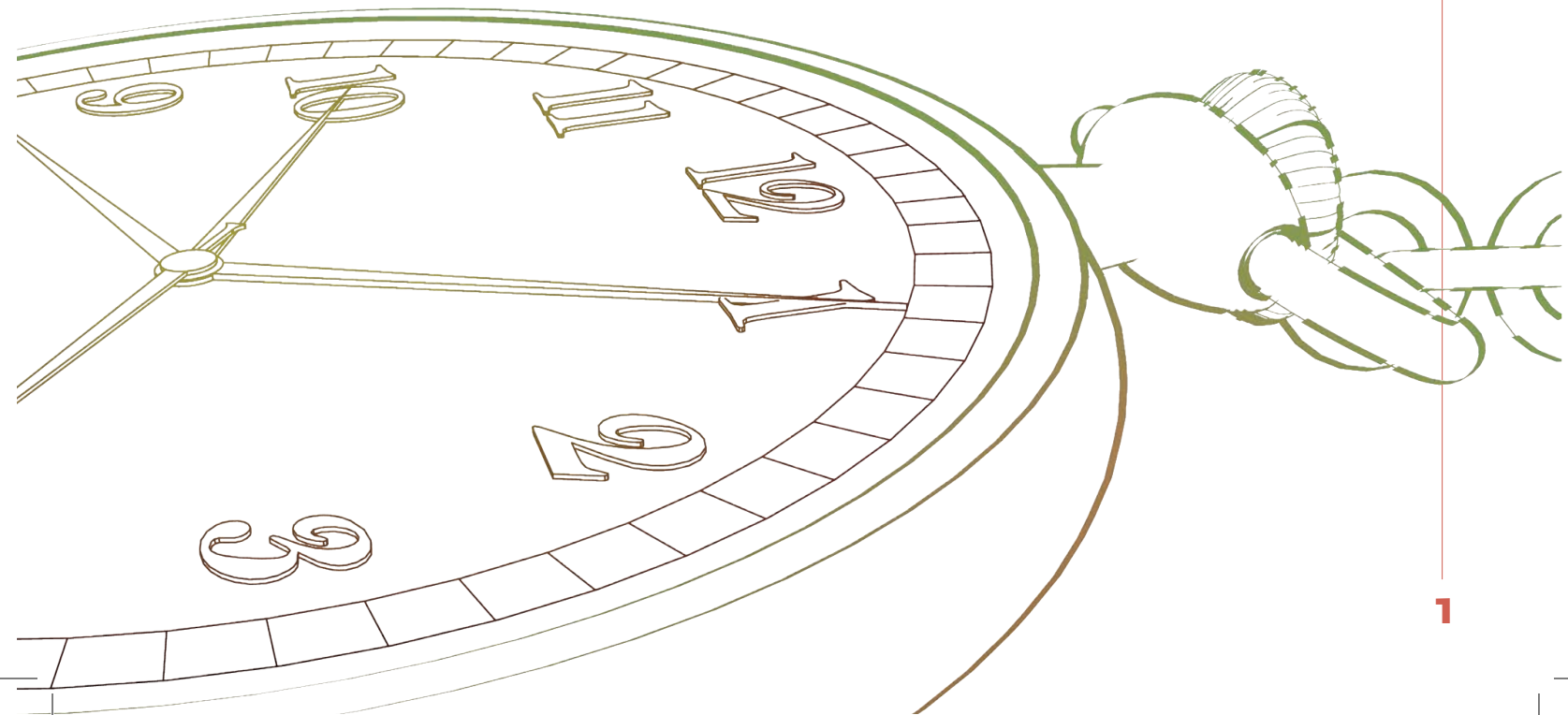


# Introduction

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AHEAD is a National Centre of expertise on inclusive education at further and higher education and acts in a consultative capacity to the higher education sector, institutions and other bodies within the education sector. A central role of AHEAD is to share expertise and information on how professionals can include people with disabilities in their services. To this end, AHEAD has produced a number of training resources aimed at professionals working with students with disabilities.

These guidelines have been developed in consultation with representatives from the nursing schools and are aimed at nurse preceptors, tutors and those nurses and midwives who work in clinical practice settings with students who have a disability or specific learning disability. The guidelines have been designed for practical use in clinical settings and include templates for use when assessing student needs and evaluating levels of risk in the workplace.



## Glossary of terms

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**Accommodations:** Techniques and materials that allow individuals with disabilities and/or specific learning difficulties to complete learning or work tasks with greater ease and effectiveness. Examples include spellcheckers, tape recorders, and extended time for completing assignments. (See also reasonable accommodation).

**Assistive Technology:** Equipment that enhances the ability of students and employees to be more efficient and successful. For people with Dyslexia, grammar checkers or light scribe pens would be typical examples.

**Attention Deficit Disorder (ADD):** A severe difficulty in focusing and maintaining attention.

**Chronic illness:** An ongoing, persistent condition which can be treated but not cured.

**Deafness/Hearing Loss or impairment:** Hearing impairment is the inability to hear as well as someone with normal hearing. Hearing impaired people can be hard of hearing (HOH) or deaf. If a person cannot hear at all, then they have deafness. (World Health Organisation. [www.who.int/topics/deafness/en/](http://www.who.int/topics/deafness/en/) Accessed September 2012)

**Disability:** 'Disability results from the interaction between persons with impairments, conditions, or illnesses and the environmental and attitudinal barriers they face. Such impairments, conditions, or illnesses may be permanent, temporary, intermittent, or imputed, and those that are physical, sensory, psychosocial, neurological, medical or intellectual.' United Nations, [www.un.org/esa/socdev/enable/rights/ahc7pddisability.htm](http://www.un.org/esa/socdev/enable/rights/ahc7pddisability.htm) Accessed September 2012

**Disclosure:** A process of shared responsibility with the aim of sharing relevant disability related information.

**Dyslexia:** A specific learning difficulty which makes it harder for some people to learn, to read, write and spell (Dyslexia Association of Ireland).

**Dyspraxia:** A difficulty in performing drawing, writing, and other tasks requiring fine motor skill, or in sequencing the necessary movements.

**Mainstreaming, inclusion:** The inclusion of people with disabilities, with or without special accommodations, in education/ work with their non-disabled peers.



**Mental health difficulty/Mental illness:** Any condition characterised by an impairment of an individual's normal cognitive, emotional or behavioural functioning.

**Mobility Impairment:** Disability that affects movement ranging from gross motor skills such as walking to fine motor movement involving manipulation of objects by hand.

**Needs assessment:** A systematic process for determining the supports or accommodation needed so that a person with a disability or specific learning difficulty will be as independent as possible at work. This includes an assessment of the work environment, the job and the abilities of the individual. for the collection of information upon which to base an accurate description of the abilities, strengths and support requirements of an individual.

**Reasonable accommodations:** Any intervention or support which serves to reduce barriers to participation. An employer is obliged by law to take appropriate measures to enable a person who has a disability:

- to have access to employment,
- to participate or advance in employment,
- to undertake training,

unless the measures would impose a disproportionate burden on the employer.

**Specific learning disability:** Impairments in specific aspects of reading, writing and arithmetical notation, the primary cause of which is not attributable to assessed ability being below the average range (SERC).

**Speech input or speech recognition:** A method of controlling a computer and creating text by dictation.

**Universal design:** Designing programs, services, tools, and facilities, taking into account a variety of abilities and disabilities, so that they are useable without modification, by the widest range of users possible.

**Visual impairment:** A reduction in vision that reduces a person's ability to function at certain or all tasks.

**Word prediction:** Software that reduces the number of keystrokes needed to type words and sentences. As characters are entered on either a standard, alternative or virtual keyboard, suggested completions of the word that has been started are provided to the user.

# How to use this resource

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Find out what you know about working with someone with a disability.

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Within this document the use of the word 'Nurse' is taken to mean either 'Nurse' or 'Midwife'. As a professional nurse or preceptor, clinical nurse manager or midwife, at some point you may work with a student nurse with a disability on a clinical placement. This guideline sets out some of the answers to questions you may have, to allow you to engage with information about disability and or specific learning difficulty as and when you might require it. Your decisions about what is useful will be based not only on what you read but also on your understanding of the needs, interests, values and beliefs of others involved in this conversation, your colleagues.

# Examine what you think & know about nursing with a disability

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## Why is this happening now?

The higher education sector has been undergoing significant change in recent years. Increasing numbers of students with disabilities are now entering the nursing and midwifery profession and this trend is set to continue. Legislative changes, developments in assistive technology, increased awareness and opportunities provided by the Disability Access Route to Education (DARE) have all contributed to an increasing participation of students with disabilities in higher education. In the case of nursing and midwifery programs, this presents a unique challenge as educators are called upon to think beyond the lecture theatres and consider how to support students with disabilities in clinical practice settings.

The nurse and midwife's workplace is a complex and demanding environment and can be located in a number of different health care settings. The work is rewarding which is why large numbers of students are attracted to the profession each year. Nursing and midwifery is a viable career choice for many people with disabilities and or specific learning difficulties and there are numerous success stories to prove the point. These individuals will have the necessary academic qualifications but some may have different ways of carrying out tasks or may need to use technological devices to assist them.

Working with people with disabilities will be a new experience for many professionals and is likely to be one which will challenge assumptions and beliefs about the capabilities of these students. Systems which are open and flexible will ensure that placements are accessible to all students.

## Where do I start?

A good place to begin is by examining your beliefs in relation to disability in the workplace. It is frequently assumed that someone with a disability has an illness or that they need to be looked after. The majority of people with disabilities however are fit and well. They will already have proven their ability by meeting the entry requirements for a course in higher education. Most importantly, they will be committed to becoming a safe and professional nurse.

These are some of the most common assumptions about people with disabilities in education:

- 'Students will invent a disability to work the system'
- 'Students aren't smart enough to make it in college'
- 'Accommodations give them an unfair advantage'
- 'Students with disabilities don't belong here in the first place'
- 'Giving them accommodations means lowering the standards'
- 'There is no way that we can change the way we do things just to accommodate one person'
- 'My workload is going to increase so much and I'm already overstretched as it is. How am I going to find the time to do all this?'
- 'How are these students going to be able to cope in an emergency?'
- 'It is impossible for someone with a physical disability to be a nurse'

## **Nurse with a physical disability**

My name is Susan Fleming and I have been working as a registered nurse and midwife in the United States for twenty five years. I was born with one hand and always wanted to follow the family tradition by becoming a nurse. I started off by working as a nurse's aide and loved the physical aspects of the work. I faced many obstacles before being accepted into a nursing school as it was thought that I would pose a danger to patients. After graduation I had to negotiate the job interviews but eventually I landed a job in the local emergency room.

Initially I was a bit nervous about whether I would be able to manage the tasks ahead of me. But even with my left hand completely missing, I became very competent in starting IVs, giving injections, performing CPR and applying sterile dressings. As an accommodation, I use a hemostat and keep scissors in my pocket along with a large pair of sterile gloves. I also learned that all nurses, with or without disabilities, have their own strengths and weaknesses and that we all needed each other. I asked for help when I catheterized patients and in return I was able to offer my help when it was needed. I was always very conscious that my colleagues would have felt resentful if I was not pulling my weight, particularly when the ward was busy.

I currently work on a mother-baby unit and most of my time is spent assessing, planning and implementing care for mothers and babies. I am sometimes with parents when they are given the difficult news that their baby has been born imperfect and they are always ready to hear my story.

Excerpt from 'Leave No Nurse Behind: Nurses Working with disAbilities'

Donna Maheady

## Let's take a look at some different scenarios

### **'I know very little about disability and do not know what to expect'**

There are now more than 6,800 students with disabilities in higher education achieving the same first and second class honours degrees as their fellow students. As increasing numbers of these students take up places in nursing schools, staff are gradually making the adjustment to working with students who learn and do things in different ways. Flexibility and openness are key requirements in ensuring that these students are successful in their clinical placements. It is also important to remember that many of these students will have developed successful strategies for reducing the impact of their disability and will need little or no assistance. Others will require very specific accommodations to enable them to meet the requirements of this important part of their course. For example, it is estimated that it will take a person who has a visual impairment up to 60% longer to complete a piece of written work than a fully sighted person. The use of technological devices can significantly reduce this barrier.

### **'I have no experience of disability and I am feeling very apprehensive about the prospect of working with students with disabilities on the ward'**

According to research carried out by the National Disability Authority in 2011, many people have little or no experience of working with people with disabilities and feel uncomfortable when they have to relate to them. In fact, 78% of the people surveyed associated disability with wheelchairs.

People with disabilities usually prefer that the focus be on their individuality, not on their disability. The preferred term 'person with a disability' stresses the fact that the individual is a person first, simply one who happens to have a disability. The most important thing to remember is to treat your students with disabilities the same way that you would other students. Establishing good, trustful relationships with all students is an important first step in ensuring that their clinical placement will be a positive learning experience for everyone.

# Do you know the Legislation?

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## 'I am not sure where I stand in relation to the legislation around disability'

It is a good idea for anyone working with people with disabilities to familiarise themselves with current legislation. Equality legislation in Ireland requires that employers and educational establishments give people with disabilities access to the same educational and employment opportunities as their non-disabled peers and it is now unlawful to discriminate against individuals on the grounds of their disability. Students with disabilities are entitled to have access to the supports and reasonable accommodations they need to reduce the impact of their disability and to gain equal access to the same services and opportunities as other students.

The important thing to remember is not to treat students with disabilities less fairly than you would other students and to ensure that they receive the accommodations they need. The legislation relevant to education and employment includes:

- **The Employment Equality Acts (1998-2011)** which prohibit discrimination on the grounds of disability. Under the Acts, discrimination is described as 'the treatment of a person in a less favourable way than another person is, has been or would be treated in the same situation...'
- **The Disability Act (2005)** which provides a legislative basis for improving access to a wide range of public services and facilities for people with disabilities and states that all public bodies must ensure that their services are both integrated and accessible. This accessibility requirement extends to information as well as buildings and it is now required that public bodies, including educational providers, make all relevant information accessible in a range of formats
- The **Equal Status Acts (2000-2011)** was established to promote equality by extending the legislation to cover all organisations providing services such as education and training, who must now make a reasonable effort to accommodate the needs of people with disabilities

- The **Health Safety and Welfare at Work Act (2005)** and attendant regulations also place a duty on employers to ensure their employees' health, safety and welfare at work as far as is reasonably practicable. This also applies to students on placement.

These Acts determine that organisations, including hospitals and clinical settings, have a duty to make 'reasonable accommodation' with regard to their policies, practices and procedures as well as physical access to ensure that people with disabilities are treated fairly and are enabled in education and employment.

An overriding concern in considering 'reasonable accommodation' will be whether a nurse, midwife or community public health nurse is capable of safe and effective practice without supervision or if the accommodation is allowable if it is perceived to be 'new' or 'different'. The programme provider or employer will need to consider how reasonable any accommodations would be to support a person's capability for safe and effective practice and make a decision about providing them.

### Simply put

What the law states:		What you need to do:
Legislation and case law defines what is a disability	⇒	Don't assume you know what is and is not a disability
Disclosure – the right of the person with a disability not to disclose	⇒	Promote a positive work environment that is conducive to disclosure
Accommodations as a right	⇒	Assess what accommodations are needed
The right to fair treatment and no discrimination on the grounds of disability	⇒	All nurses are professionals and deserve to be treated with the respect and dignity afforded to them



### What the law states:

Protection for ALL employees – including health and safety

### What you need to do:



Promote safe practices and ensure high nursing standards are maintained.

## An example of case law

A Care Attendant who undertook a conversion course allowing her English nursing qualifications to meet the An Bord Altranais standards applied for the position as a staff nurse. She was offered a post as a staff nurse in a temporary capacity subject to Garda and Occupational Health Clearance. She was subsequently advised that she was “morbidly obese” and referred to a health physician amid concerns about her weight and its impact on her ability to perform her job. It was suggested by the physician that she would have difficulty in accessing patients and would be unable to run fast enough in case of emergencies. (However, since her registration with the Nursing Board she had regularly been deployed when there was a shortage of staff – without any concerns over her weight)

The complainant referred a complaint under the EEA alleging that the HSE directly discriminated against her on the disability ground under section 6(2) (g) (IMPUTED Disability).

The case was held that the HSE had discriminated against the complainant on the alleged ground of imputed disability. They were ordered to pay €3,000 in compensation and to appoint her to the post of Staff Nurse in a temporary capacity from the date of her health clearance deferral and to make the necessary salary adjustments.

For more information on relevant legislation go to: [www.ahead.ie](http://www.ahead.ie) and [www.equality.ie](http://www.equality.ie)

# Needs Assessment: A System for Identifying Reasonable Accommodations

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## 'I am not sure what a reasonable accommodation is'

A reasonable accommodation is any intervention or support which serves to reduce barriers to participation in education or employment for people who are at a disadvantage due to the impact of their disability. The provision of reasonable accommodations helps address many of the barriers to education and the workplace caused by the impact of an individual's disability so that they are able to access the same opportunities as their peers.

This could include adjustments to the physical environment, the provision of equipment or information delivered in alternate formats. Most accommodations involve little or no cost. It could be something as simple as giving someone more time to complete a task or allowing them to complete their case notes in a quiet area. Some students may need assistive technology such as an electronic stethoscope or may need access to hoists when moving patients. Reasonable accommodations enable students to perform essential tasks whilst on their course and will also help them to practice competently in the workplace.

Funding for reasonable accommodations for students is usually sourced through the Fund for Students with Disabilities which is sourced on campus through the disability or access office. Students will need to have had a needs assessment in order to be able to access this fund. In the case of an employee, the cost is covered by the employer if it is deemed reasonable.

## 'But doesn't giving students with disabilities accommodations give them an unfair advantage over other students?'

The purpose of accommodations is not to give students with disabilities an edge over other students but to reduce a significant disadvantage caused by the impact of their disability. The same professional standards, domains of competence and learning

outcomes apply to all students. Those students who have a disability may need more time to complete tasks or may need to do things in a different way, using a recording device to record handover notes for example or using a magnification device when filling a syringe. Some students with dyslexia will find it difficult to listen and take notes at the same time. This places them at a disadvantage when they are being given verbal instructions. Allowing them to use a recording device removes this disadvantage and enables them to follow the same instructions as other students.

It is good practice to have clear protocols in place regarding the use of recording devices in patient settings.

### **'How do I find out what accommodations a student with disability needs?**

Many students will require little or no assistance whilst others will require very specific accommodations whilst on placement. For example, a student with a visual impairment may need written instructions to be made available in large font. A **needs assessment** will usually identify the sort of supports a student is likely to need in order to be able to meet the demands of their course or placement. (If a needs assessment has already been carried out, seek a copy with the student's permission.)

Each clinical placement however will have its own demands and domains of competence so it is important to conduct a needs assessment for each placement.

The core competences of a placement will usually include the following requirements:

- **Learning skills** such as taking instruction, planning and organising work, taking notes, time management
- **Communication skills**, the ability to communicate or receive communication in its written, verbal, auditory and visual forms
- **Cognitive skills** such as remembering, analysing and processing information, solving problems and being able to pay attention to a number of things at the same time
- **Physical demands** such as movement, co-ordination, dexterity, or fine motor skills

It is important to determine what, if any accommodations individual students will need in order to meet these demands, how they can be provided and what resources are needed. This need not be an elaborate process as most students will understand which areas they need help in and which strategies have been successful in the past.

It is important, however that a designated person is responsible for completing the needs assessment and that they avail of any available training in this area. A meeting with individual students should help clarify key areas for consideration and a simple needs assessment form can be used to assist with this process. (An example is shown in Appendix 1).

**The needs assessment process should help to formulate a plan with the student which can then be reviewed on a regular basis. The initial assessment provides a snapshot of a particular individual at a particular point in time so it will need to be reviewed and adjusted if something changes, moving to a new department, for example.**

- Ensure that students have a copy of their assessment report and encourage them to bring it to subsequent placements.
- If a needs assessment has already been carried out, seek a copy with the student's written permission if you wish to refer to it.
- Refrain from discussing accommodations with those who have no 'need to know.' Remember, students have a right to confidentiality.
- Students will be able to discuss the impact of their disability and advise you about the accommodations they need as and when they need them.
- Promote a positive attitude to disclosure and accommodations – they are key to an inclusive and safe work environment.

## Needs assessment for different disabilities

Let's take a look at some of the types of disabilities you are likely to encounter and the type of impact they can have in the workplace.

### Individual Case – Dyslexia

Students with dyslexia form the largest group of students with disabilities in higher education so you are likely to encounter someone with this particular disability on placement. Dyslexia is a specific learning difficulty which is primarily characterised by difficulties with written language. The condition affects people in different ways and to varying degrees and most individuals develop a range of coping strategies. Students are likely to have difficulty remembering things or with organising their work. They are likely to have difficulty with the mechanics of reading, writing and maths and will generally need a bit longer to complete tasks involving these elements.

My name is Rose and I was first diagnosed with dyslexia when I enrolled on a nursing course. I had struggled throughout school and always felt that I was not very bright. I managed to get through my Leaving Certificate and was delighted when my application for nursing was accepted. My difficulties with reading and writing continued and one of my tutors suggested that it might be an idea to be assessed for dyslexia. It came as a relief when it was confirmed that this was the source of my problem and I began to get help from my tutors. I began to use overlays when reading and yellow paper when writing and was surprised by how helpful this was.

When I am on placement, I always let staff know that I have dyslexia and it has never been a problem to have extra time when reading charts or writing up notes. I always ask questions when I am not sure about something and staff are very good about checking in with me to make sure that I understand things. I love the practical aspects of nursing and have gained great experience on the wards.

## This is what my needs assessment showed:

Task/Demands of the Work setting	Suggested Accommodations
Keeping records	<p>Time in a quiet area to complete tasks such as form filling; report writing and reading or writing notes. It may be helpful to use coloured overlays when reading information and writing on yellow paper works better than white.</p> <p>It will sometimes be a good idea to have others check information for accuracy.</p> <p>Reading and writing software such as Texthelp will be helpful and will also help improve your pronunciation.</p> <p>Templates can be useful. Remember that it is often noted that what is essential for a student with a disability can work for everyone else as well.</p>
Handovers/ Taking report	<p>Use templates and checklists with tick boxes for tasks such as handovers or discharges and use notepads when necessary.</p> <p>For some students recording devices work well – the same principles of professionalism and confidentiality apply to recorded material as to written material.</p>
Following a complicated sequence of instructions	<p>Complicated instructions need to be broken into smaller, simple steps. Simple language and short sentences should be used .</p>
Direction	<p>Diagrams with arrows to show directions such as up and down will be helpful .</p>

Task/Demands of the Work setting	Suggested Accommodations
Administering drugs	Using a dictionary for unfamiliar names and formulas for calculating drug dosages will be helpful as will be using note pads and calculators to work out dosages.
Remembering information or instructions	Use of Smart pens, Smart phones and Dictaphones. Instructions may need to be repeated and it is a good idea to check that the student has understood by asking him/her to explain the instructions they have been given in their own words.
New terminology	Students will be required to learn a considerable amount of new clinical terminology. Using Text help Gold software, nursing dictionaries and spellcheckers will help here.
Listening and taking notes at the same time	Additional time may be required to write notes and technological devices may be needed to record information.

**‘Did all this not create a great deal of extra work for the staff?’**

Rose: ‘Well, I was able to do most of these things myself. I just needed to tell staff on the ward that I occasionally needed to use a recording device and I sometimes had to ask them to slow down when they were explaining something to me. Although there were a lot of accommodations recommended in my needs assessment, I realised after starting my first placement that I did not need all of them’.

## Individual Case – Deaf or hearing impaired

Students who are deaf or hearing impaired face particular obstacles in a placement situation as they cannot hear or can only partially hear what is being said. Students can overcome many of these obstacles when things are written down and many will use devices such as Speed text to record notes.

With reasonable accommodations, students with hearing loss should be able to meet the essential requirements of their placement. For example, an essential function may be to detect heart irregularities. A student who is hearing impaired may be able to detect an irregular heartbeat using an amplified stethoscope and a student who is deaf could use a stethoscope which provides visual output. These students may not be able to hear but they are still able to perform these essential functions when this type of accommodation is in place.

My name is Magdalena and I have always wanted to be a nurse so when my application to a school of nursing was accepted, I was over the moon. The fact that I was deaf in one ear made the course a bit more challenging but I received great support from the staff and from my fellow students. Working on an orthopedic ward was a great experience and I felt that my deafness actually gave me a heightened visual awareness and better observational skills. I quite often noticed when something needed to be attended to before other students – in fact they often teased me about my quick response times in clinical situations! I was able to take my exams in a separate quiet room under supervision and one of the proudest days of my life was when I graduated. Following further training I now work on an orthopaedic rehabilitation ward of a children's hospital doing what I love best.



## **This is what my needs assessment showed:**

<b>Task/Demands of the Work setting</b>	<b>Suggested Accommodations Staff need to:</b>
Taking Report/ taking instruction	Colleagues need to face the student directly when speaking so that they can lip read or better hear what is being said.
Effective communication	Colleagues need to speak slowly and clearly and use natural pauses.
Report/ Handover	Be aware that hearing loss can make it difficult to hear in group situations. Conducting reports or handovers in a quiet room off the ward will work better than at a station on a busy corridor.
Remembering information or instructions	Sufficient time is needed to write or record new words or concepts. Important points can be emphasised by highlighting, underlining or writing them down.
New terminology	New words, concepts or terminology need to be written down and explained – perhaps by compiling them in a pocket notebook, or by developing a template of commonly used terminology for each clinical site.

## 'But how would you cope in an emergency because you might not be able to hear the alarms?'

Magdalena: 'Working in an emergency department, I knew that I would never be working on my own anyway. However, I quickly realised when working on the ward that I needed to take responsibility for asking someone to tap me on the shoulder if I was needed. This became my routine each time I started a new shift and it worked very well. I was also taken off the ward to practice what to do in an emergency situation and this was very helpful. In any case, I was commended on my observational skills and was very aware if an emergency was arising. In fact, I was quite often the one raising the alarm'.

## Individual Case – Mental health difficulties

The impact of a mental health difficulty can vary greatly from one person to another. Some students may have no difficulty in dealing with the demands of their placement whilst others may need certain accommodations to make things more manageable. Some students may have difficulty with managing and prioritising multiple tasks or with maintaining concentration for extended periods. Confidence and self-esteem can be affected so managing change and receiving negative feedback could be difficult for some students.

My name is Kathy and I am a midwife in a busy regional hospital. I graduated as a nurse and worked as a staff nurse for several years before deciding to complete a postgraduate course in midwifery. It was during this period that I became ill with depression. My work was badly affected and I found it difficult to cope with the physical and emotional demands of my course. I was forced to temporarily drop out whilst I sought medical assistance but was eventually able to negotiate re-entry on a part time basis. It was tough going at first but my physical and emotional stamina gradually increased and I was able to increase my hours. The accommodations of reduced hours and flexible shifts enabled me to complete my placements and achieve my postgraduate qualification.

## This is what my needs assessment showed:

Task/Demands of the Work setting	Suggested Accommodations Staff need to:
Stress, Busy Work environment	Feedback on performance needs to be both constructive and specific.
Following a complicated sequence of instructions	Colleagues need to be clear about what they expect and need to check the students understanding of what is required.
Time management in a busy environment	Clear achievable goals with agreed targets and time frames need to be agreed.  Be realistic about what can be achieved in busy environments by an unexperienced student.
Professionalism	Professional boundaries should be maintained and consistency is needed. Consult with disability support services in the event of a setback.

## 'So what happened? Was everything in place when you arrived on your placement or were there any issues?'

Kathy: 'I felt very stigmatised by my illness so initially I did not disclose it to the people I was working with. I thought that everything was going fine until my preceptor drew my attention to the fact that some aspects of my behaviour were causing concern. I was relieved that things were out in the open and staff became much more supportive when they realised that I was having difficulties. Things were put in place very quickly after that and I was able to avail of counselling support and meet more frequently with my psychiatrist who monitored my medication and checked how I was getting on'.

## Individual Case – Visual impairment

Students who have a visual impairment will vary in their degree of vision. Some will manage with some basic magnification devices whereas others will require specific assistive technological devices to reduce the impact of their disability.

My name is Joan and I am a third year nursing student. Because I have a visual impairment, I have learned how to make adjustments to allow me to carry out tasks whilst on clinical placement. For example, when I have to insert an IV, I make sure to use strong lighting and wear glasses with high magnification. I hold the syringe and bottle close enough so that I can see and always ask someone to check if I am not sure. Reading charts which are computerised does not pose a difficulty as I can increase the font to a larger size. It will usually take longer for me to read handwritten charts and I will always check with someone if I am not sure about something. The staff know that it sometimes takes me a bit longer to complete certain tasks and they give me extra time and are always willing to double check my work.

### This is what my needs assessment showed:

Task/Demands of the Work setting	Suggested Accommodations
Taking Report/ taking instruction/ taking notes	Using screen readers, scanners or voice recognition software will help with managing tasks that require reading or writing.
Core nursing tasks that require reading medical equipment	Adapted medical devices such as talking blood pressure cuffs, thermometers, glucose monitors and syringe magnification guides may be required.
Orientation to the clinical site	A separate orientation and induction will help ensure familiarity with the environment.

Task/Demands of the Work setting	Suggested Accommodations
Report taking	Documents such as handover sheets may need to be made available in alternative formats such as enlarged print. Verbal instructions may need to be recorded so that they can be rechecked later.
Physical environment/ Accessibility	Check with the student about lighting and glare factors in areas where she will be working.

### **'Do you ever make mistakes?'**

Joan: 'I knew how important it was not to make mistakes so one of the first things I learned was to just keep checking to make sure there were no errors in my readings or dosages. In fact, it became something of a joke with the other students that I was so careful about checking and rechecking my work. Occasionally I felt unsure about something so if this happened, I always double checked with someone else. It only took a minute and it was always better to be sure'.

## Individual Case – Physical disabilities

A wide range of physical conditions have the potential to affect a person's work performance and some accommodations may be needed. Some conditions can have an impact on a person's strength, speed or stamina whilst others can affect balance, co-ordination or dexterity.

My name is John and I worked in the building industry before sustaining a back injury in a road traffic accident. My rehabilitation took a long time and going back to my previous job was out of the question. Having explored a range of career options with a careers guidance counsellor, I settled on midwifery as my future direction.

Midwifery is a very physically demanding occupation and I was concerned about how I was going to manage. I had to undergo an occupational health assessment to check that my injury was not going to impinge on my ability to train as a nurse. The university then ensured that I did not have to engage in heavy lifting when on clinical sites. I was also given a reasonable adjustment on the working day so that I did not have to work a twelve hour shift if it was deemed too much and I was able to take breaks when they were due. This has worked out well and I have been able to manage on all my placements so far.

### This is what my needs assessment showed:

Task/Demands of the Work setting	Suggested Accommodations
Long working hours with a high physical demand	Pain medication may cause fatigue so some flexibility in relation to the working day may be required. Frequent rest breaks, shorter or part time shifts may be needed.
Lifting and turning Patients	It is recommended that heavy tasks such as turning or lifting patients are avoided.

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**Task/Demands of the Work setting****Suggested Accommodations**

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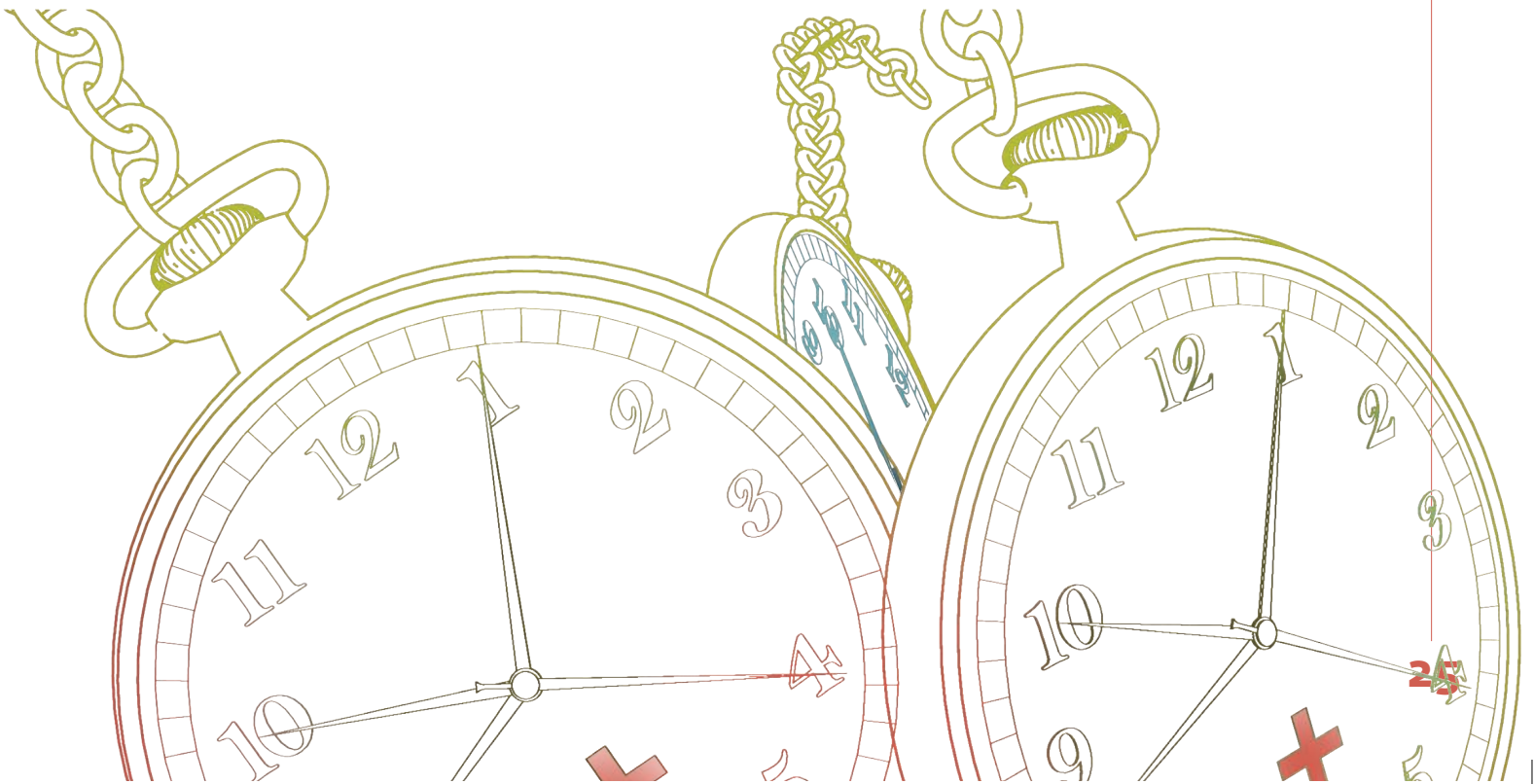
Unsocial working hours not fitting with appointments

There may need to be some flexibility to change in relation to work schedules. This will need to be brought to the attention of the ward manager in advance of any scheduling where possible.

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**'How are you going to get a job as a midwife when you cannot get involved in heavy work?'**

John: 'I was worried about this myself but having been on a number of placements now I can see that there are plenty of opportunities within midwifery which do not involve heavy physical work. At the moment, I am very interested in the whole area of ante-natal education. I am hoping to continue to explore these options in further placements before I decide which the most suitable work area is for me'



## Individual Case– Chronic illness

Chronic illnesses are long term, persistent conditions which can be treated but not cured. Around 20% of the population report having a chronic illness including such conditions as multiple sclerosis, asthma, arthritis and diabetes. These conditions have multiple causes and can vary widely as to their impact on an individual's life and work. Many can be managed by the individual so that they are able to participate in education and employment.

My name is Grainne and I am a third year student nurse currently on placement in a busy maternity ward. I was diagnosed with Type 1 diabetes as a teenager and found the whole regime around managing the condition very difficult. I didn't always eat when I should and was reluctant to give up the freedom of partying the night way at the weekends. Gradually, I developed a routine which suited me and things became more normal. This went out the window when I went to college. Running from one lecture to the next, studying for long periods, clinical placements with irregular hours - not eating as I should and eating more convenience foods all played havoc with my blood sugar levels.

I knew I had to get a grip on this if I was to stay the course. I was particularly concerned about my placements and the long days and night shifts. I met with someone from Disability Support Services and we looked at the sort of accommodations I would need. This was the best thing I could have done as I could bring my action plan with me to each placement so that the staff member I was reporting to could see what I needed.



## **This is what my needs assessment showed:**

<b>Task/Demands of the Work setting</b>	<b>Suggested Accommodations</b>
Long working hours and night shifts	Regular snack breaks will be needed. It is important to wear medical identification to say what needs to happen in the event of a hypoglycemic incident.
Unsocial working hours not fitting in with appointments	Advance notice of medical appointments will need to be given so that the shift scheduling can be adjusted as necessary.
Time management in a busy work environment	Time needs to be allocated to administer insulin and measure blood sugars.

### **'I work in an infectious diseases unit. How would you manage your insulin if you were placed in my ward?'**

Grainne: 'I know how important strict hygiene is, not just for the patient but also for my own health. I did, in fact have a placement on an infectious diseases unit and I discussed this with the nurse preceptor. I myself requested that I could use a mask and gloves. I choose to use a syringe to deliver my insulin as I feel they are more reliable and we agreed that wiped down syringes would be provided and kept for my use off the unit. I was also allowed to keep my supply of insulin and snacks and drinks off the unit. I also carried some Lucozade sweets in my pocket just in case of emergency. This worked out very well for everyone.'

# Disclosure – what if someone chooses not to?

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## 'What if I do not know if a student has a disability?'

Current legislation requires that employers and educators provide reasonable accommodations for students with disabilities and ensure that they do not discriminate against them. There is no legal obligation for students to disclose that they have a disability and some choose not to. It is important however, that students are encouraged to disclose a disability so that they can have access to the accommodations and supports they need.

Promote disclosure whenever possible. Inform all new students and staff about the supports and resources that are available to them and how to access them, giving contact details for relevant staff. Post the same information in places where students and staff congregate, in canteens, offices and cloakrooms.

If someone discloses to you that they have a disability, you need to let them know that you will be informing key personnel so that they can ensure that the student receives the supports they need. Relevant personnel would usually include those who are supervising or have responsibility for the student's work. Students who object to this need to sign a waiver to that effect. Respect the student's right to confidentiality, there is no need to inform people who do not need to know. Encourage students to disclose their disability to a member of Disability Support Services who will explain how they can gain access to funding for any accommodations they might need.

## 'I sometimes see students struggling and although they have not disclosed, I feel that they may have a disability'

**Disclosure** is one of the most challenging issues relating to disability, particularly in the workplace. Most people who supervise the work of others prefer to know if someone has a disability so that they can make the necessary arrangements and avoid any misunderstandings. Many people who have disabilities however choose to keep this aspect of their lives private for a variety of reasons, perhaps because of previous experiences or because they do not want to be treated differently

The culture of an organisation will influence how people behave in it. The sort of environment which encourages disclosure is one which adopts an organisation wide approach in explicitly publicising the supports available to all students, not just those available to students with disabilities. Having clear access to supports with clearly designated staff will ensure that students know where to go and who to go to if they need assistance.

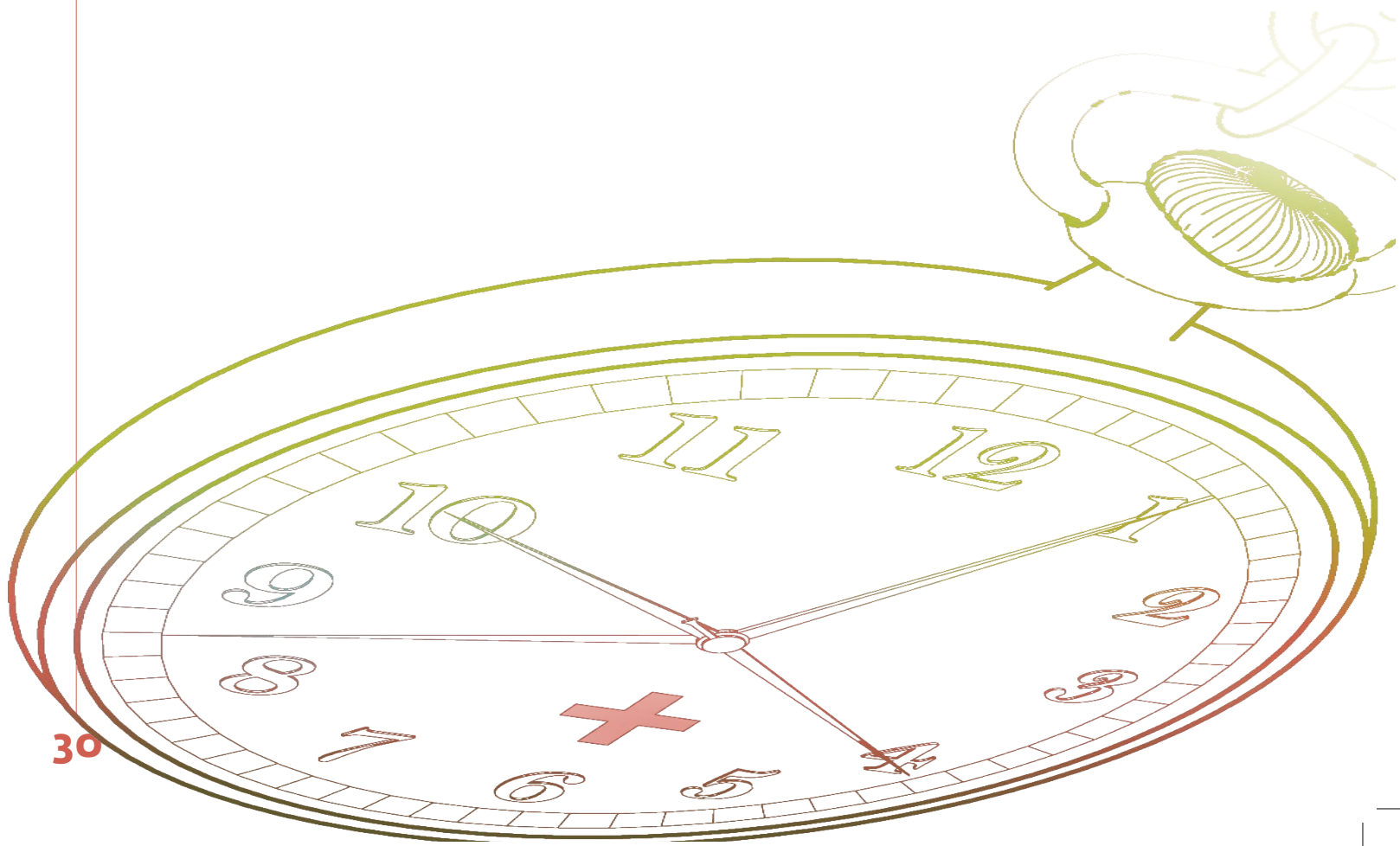
It is the role of the placement provider to ensure that students have relevant information on the standards and domains of competences required so that they are able to decide whether their particular disability will have an impact on their performance and whether they will or will not disclose.

(It is also important to bear in mind that students can experience difficulties whilst on placement for a whole variety of different reasons which are totally unrelated to disability).

'I am a staff nurse working on a psychiatric unit in a busy regional hospital. Part of my role involves supervising students on their clinical placement in the unit and I generally look forward to the new intake as it breaks the routine. Last year I had a student called Ann who, over the course of their time with me began to display erratic and unusual behaviour. I tried to manage the situation as best I could by giving feedback to Ann on what I had observed and asking if she was having any difficulties that I should be aware of. She insisted that everything was fine and that she was enjoying working with the patients. However I remained concerned and having discussed it with my manager, suggested to Ann that she go to her doctor. I was hoping that she might be able to talk to her doctor as she was so unwilling to talk to me.

A short time later, she had a panic attack whilst on shift. This caused a considerable amount of distress for both patients and staff and quite a lot of disruption while we were trying to get assistance for Ann. Apparently, she had a history of mental health problems and had been hospitalised in the past. She had returned to higher education to retrain in nursing but did not disclose that she had a bipolar disorder.

I felt dreadfully upset by the whole episode, particularly since Ann left her course - even though the college offered her time out. She subsequently decided that nursing was not for her. However, if I had known that she had problems, I think we all would have rallied round and ensured that she had the supports she needed. I now feel very strongly that students should disclose if they have a disability. I know that they probably want to be treated the same as everyone else but if we don't know that they need support, how are we supposed to provide it? I always make a point now of telling new groups of students who to go to if they need any help with anything'



# Maintaining standards and managing risks

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**'I still worry about some of my student's fitness to practice but want to avoid discriminating against them'.**

Fitness to practice refers to a person's ability to practice their profession by meeting appropriate standards and demonstrating that they have the skills and competences required to function in a work environment. Educators have a responsibility to prepare students so that they can deliver safe, effective nursing care and achieve the levels of fitness to practice required in the workplace.

There are many ways in which this can be achieved and a flexible approach will go a long way towards ensuring that students with disabilities achieve success on their placement. The same professional standards and levels of competence apply for all students although those with disabilities may need to demonstrate their ability to achieve those standards and competences in different ways.

'An Bord Altranais has no limitations on an individual with an illness or disorder applying to study nursing or practicing as a nurse when this illness/disorder does not prohibit a nurse/midwife to practice safely and effectively fulfil his/her duties'.

([www.nursingboard.ie/en/career-faqs.aspx#faq9](http://www.nursingboard.ie/en/career-faqs.aspx#faq9) Accessed September 2012)

Compliance with current legislation also requires that organisations must not treat students with disabilities less favourably than other students and that they provide accommodations for those students who require them.

There are a number of questions therefore that need to be asked when considering issues of fitness to practice:

- What are the essential skills and domains of nursing and midwifery competences required of all students whilst on placement? What exactly does any student need to be able to do? What do your students need to know and do?
- Are the skills and competences required clearly documented so that they can be referred to?
- Can the individual carry out the tasks required by their placement with or without accommodations?
- Have the accommodations required been identified in consultation with the student and put in place to enable him/her to carry out specific tasks?

The focus needs to be on **what** needs to be achieved rather than **how** tasks are accomplished. For example, a student must be able to safely move a patient from a bed to a chair (what) rather than must be able to bend, lift, and stand (how). The critical issue is whether a student is able to carry out specific tasks safely, with or without accommodations, and whether they can meet the identified demands of their placement. The same standards apply for all students and there is no need to lower these standards for students who have a disability.

### **'What if a student is not meeting the appropriate standard?'**

Although we would like all students to succeed on their clinical placement, we may need to accept that not all students will be able to attain the required standards, irrespective of whether they have a disability or not. Failing a student is always difficult but professionals have a duty of care to maintain the standards that will be expected of nurses and midwives in the workplace. The standards of performance and domains of competences will be the same for all students although some students with disabilities may need to demonstrate their abilities in different ways. Some students, for example may need to explain things orally rather than in writing.

**Give students the best chance of succeeding** by letting them know at the outset what standards and domains of competences will be expected during their placement and what will happen in the event of their not achieving those standards. Giving students a range of exit route options will empower them with choice and help them to move forward. Ideally, this information will be included in student induction packs so that students know at an early stage what is expected and what the alternatives might be.

Encouraging students to request feedback at regular intervals. Giving ongoing, specific feedback on performance during a placement is critical so that students are aware of any areas where they need to make improvements. This type of simple intervention can often make a difference to a student's success. Meet with students who are having difficulty meeting the required standards and agree specifications as to the areas they need to work on and what they need to do. Try to establish whether the issue is work related or disability related with a view to resolving the issue. Check that they have all the accommodations they need or whether they need additional supports and discuss their understanding of the domains of competencies required.

Document what is agreed, set a date to review the plan and give students a copy. Ensure that all assessment documents are completed accurately; document any meetings you have with students to discuss issues relating to their performance or behaviour and keep relevant staff in the information loop.

### **'What do I do if something goes wrong?'**

There is no evidence to suggest that people with disabilities are any less safe in their work practices than their non-disabled colleagues so it is important not to make assumptions about the dangers posed by students with disabilities on placement. Patient safety and welfare is paramount however and organisations are bound by health and safety as well as equality legislation. The same health and safety regulations and procedures apply to all students on placement but it is important that they are not used to exclude students with disabilities or to deny them the accommodations they need. The challenge for educators is to maximise student inclusion whilst ensuring that risks are reduced to acceptable levels. On rare occasions, Health and Safety legislation will override Equality legislation.

One way of clarifying complex issues is to carry out a **risk assessment**. This is the process of carefully examining a situation to see if someone could be harmed and determining how likely that is to happen. A risk assessment should not be used to exclude a student but rather to identify any risks and the accommodations or interventions that may be required to reduce or remove those risks. The emphasis should be on finding ways to remove barriers and make things work.

The critical steps involved in carrying out a risk assessment are to:

1. **Identify** the hazards, (anything that could cause harm) their frequency and duration
2. **Examine** the situation and decide who could be harmed and how
3. **Evaluate** the level of risk (the chance that someone will be harmed) and decide what precautions are needed to eliminate or reduce the risk
4. **Record** your findings and any interventions needed
5. **Communicate** them to relevant stakeholders, including the student who should be involved throughout
6. **Monitor** the situation and review the assessment if things change

Here are some pointers for carrying out a risk assessment

- Focus on the facts and do not make assumptions about the person's disability
- Involve the student and recognise their rights to choice and inclusion
- Seek assistance from Disability Support Services, Occupational Health, Human Resources or other sources as appropriate



- Refer to the essential requirements of the placement
- Be specific when documenting accommodations, strategies and solutions
- Identify the various roles and responsibilities
- Regularly review how things are going
- Remember that there will always be some level of risk involved when people are in a learning situation

'I have a student called Jane on placement and I feel that she has the makings of a good nurse. She is supposed to have controlled epilepsy but she has already had two seizures whilst working on the ward. Fortunately she was not working directly with patients at the time. I know that I am not supposed to discriminate against students with disabilities but I am really worried about the safety aspects of having this student on the ward and the impact on patients who see her having a seizure'.

## Assessing the level of risk

These are some of the questions you might ask when assessing the level of risk involved in this case:

- How long has the problem existed?
- How frequently do seizures normally occur?
- What type of seizures are they?
- Are there any specific triggers?
- How long do they usually last?
- How long of a rest period is needed afterwards?
- When was it last reviewed?

## The risks

An interview with Jane revealed that:

- She normally has slight seizures a couple of times a year so more frequent seizures are unusual
- She always has warning signs
- She usually needs to rest for about fifteen minutes afterwards
- She feels that stress can sometimes be a trigger
- She has not had her medication reviewed in some time

## The accommodations

Some of the potential options include:

- Ensuring that Jane attends her doctor and has her medication reviewed
- Considering reassigning her to a lower risk area or less stressful area whilst a solution is sought.
- Jane continues to work in the same area under supervision
- She participates in some training to help manage her stress levels
- The placement is suspended until the issue is resolve

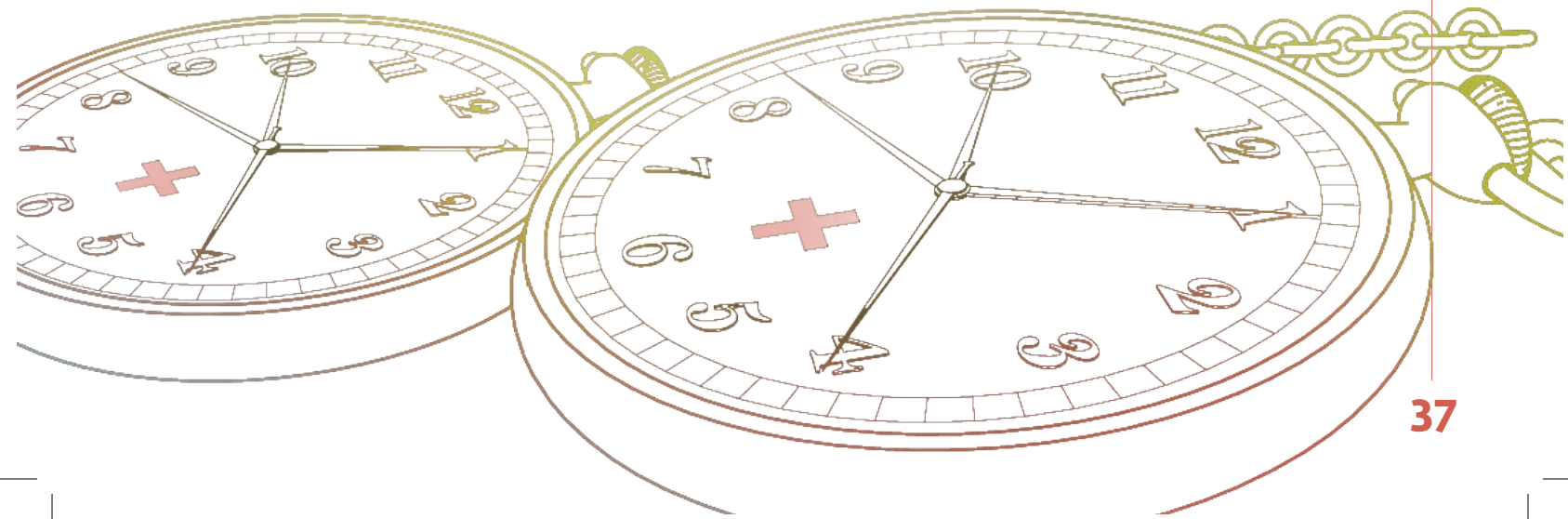
(A sample risk assessment form is shown in Appendix 2)



## So what is important?

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1. Welcome disability – ensure that the environment is welcoming and that information including who to disclose to or speak with regarding accommodations is easily accessible. Consider offering disability awareness training to staff to allay any concerns or challenge assumptions.
2. Create a designated contact so that people know WHO to go to for information or if they wish to discuss their supports or disability and the world of work.
3. Consider appointing designated needs assessors who are trained in needs assessment and understand the process.
4. It is good practice to have clear protocols in place for the use of accommodations such as recording devices, online dictionaries and report templates.
5. Remember inclusivity improves the workplace for all – including you!



# ‘Where do I go to for further information?’

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That depends on the circumstances and the issues involved.

For example:

- **Standard of student's work** – Refer to domains of competence, standards documents, procedures and guidelines. Consult with key contact in nursing school
- **Behaviour** – Refer to codes of practice, consult with Disability Support Services in college and Human Resources Department in hospital or occupational Health
- **Health** – Consult with Disability Support Services and Occupational Health Department
- **Safety** – Refer to Health & Safety guidelines and consult with Health & Safety Officer and Occupational Health

# Helpful Contacts

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There are also numerous specialist organisations will be glad to provide information and advice. You may find some of the following resources useful.

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**AHEAD** is a centre of expertise on inclusive education and employment. A central role in the work of AHEAD is to share expertise and information on how professionals can include people with disabilities in their services. The AHEAD site gives information on needs assessment, reasonable accommodations and legislation.  
[www.ahead.ie](http://www.ahead.ie)

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## **Brainwave is the Irish Epilepsy Association**

[www.epilepsy.ie](http://www.epilepsy.ie)

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**Deaf Hear** provides information and resources for the Deaf and Hard of Hearing and has an online shop.  
[www.deafhear.ie](http://www.deafhear.ie)

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The **Diabetes Federation of Ireland** provides information and a range of services for those affected by diabetes.  
[www.diabetes.ie](http://www.diabetes.ie)

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The **Disability Equality Specialist Support Agency** provides an extensive list of resources in relation to disability in Ireland  
[www.dessa.ie/resources.php](http://www.dessa.ie/resources.php)

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## **Dyslexia Association of Ireland**

[www.dyslexia.ie/adult.htm](http://www.dyslexia.ie/adult.htm)

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**Enable Ireland** provides information and services throughout Ireland for people with physical disabilities.  
[www.enableireland.ie](http://www.enableireland.ie)

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**The Equality Authority** provides information on equality issues and legislation relevant to education and employment  
[www.equality.ie](http://www.equality.ie)

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**Headstrong** is the National Centre for Youth Mental Health.  
[www.headstrong.ie](http://www.headstrong.ie)

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The **Irish Deaf Society** is the largest Deaf-led organisation in Ireland working with both the Deaf and hard of hearing communities  
[www.irishdeafsociety.ie](http://www.irishdeafsociety.ie)

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**Manuals web** is a useful site for providing various types of drugs dosage calculators  
[www.manualsweb.com/nrs\\_calculators.htm](http://www.manualsweb.com/nrs_calculators.htm)

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**Mental Health Ireland** is a national organisation which includes health professionals and lay people and provides support and friendship to people with mental health difficulties.  
[www.mentalhealthireland.ie](http://www.mentalhealthireland.ie)

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The **National Council for the Blind in Ireland (NCBI)** provides information for employers on making materials accessible for people with sight loss.  
[www.ncbi.ie](http://www.ncbi.ie)

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**The National Disability Authority** Standards for the Assessment of Needs (2007)  
[www.dohc.ie/publications/needs\\_assessment.html](http://www.dohc.ie/publications/needs_assessment.html)

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**Special Education Support Services**  
[www.sess.ie](http://www.sess.ie)

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**Shine** is a national organisation dedicated to addressing the needs of those with enduring mental illness.  
[www.shineonline.ie](http://www.shineonline.ie)



# References

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AHEAD (2011) The real risk is doing nothing

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Howlin, F. and Halligan, P. (Eds) (2011) Supporting Nursing and Midwifery Students with a Disability in Clinical Practice – A Resource Guide for Clinical and Academic Staff

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National Disability Authority (2011) National Survey of Public Attitudes to Disability in Ireland

## Websites

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AHEAD information on current legislation  
[www.ahead.ie/inclusiveeducation\\_legislation.php](http://www.ahead.ie/inclusiveeducation_legislation.php)

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AHEAD information on reasonable accommodations  
[www.ahead.ie/employment\\_employers\\_reasonableaccommodation.php](http://www.ahead.ie/employment_employers_reasonableaccommodation.php)

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An Bord Altranais  
[www.nursingboard.ie](http://www.nursingboard.ie)

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Disability Access Route to Education  
[www.accesscollege.ie/dare/index.php](http://www.accesscollege.ie/dare/index.php)

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Nursing calculators  
[www.manuelsweb.com/nrs\\_calculators.htm](http://www.manuelsweb.com/nrs_calculators.htm)

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# Appendix 1



Association for Higher Education Access & Disability

## Needs assessment form

Date of commencement	
Name:	
Mobile No.:	
E-mail address:	
Deaf / hearing impairment	
Medical condition	
Mental Health Issue	
Physical/ Mobility disability	
Other (please give details)	

Please identify any previously used accommodations here:

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## Placement demands

Please indicate the essential requirements of the placement below.

<b>Demands</b>	<b>Please tick here</b>
Comprehend and use documentation such as case notes	<input type="checkbox"/>
Write patient notes	<input type="checkbox"/>
Complete documentation such as handover and discharge sheets	<input type="checkbox"/>
Fill in forms such as drug charts	<input type="checkbox"/>
Take telephone messages	<input type="checkbox"/>
Remember medical terminology	<input type="checkbox"/>
Take readings from instruments such as thermometers, blood pressure and glucose monitors	<input type="checkbox"/>
Manipulate small instruments such as syringes and IVs	<input type="checkbox"/>
Move patients safely	<input type="checkbox"/>
Move equipment safely	<input type="checkbox"/>
Understand and respond to emergency sounds from monitors or alarms	<input type="checkbox"/>
Calculate drugs dosages	<input type="checkbox"/>
Use formulas for calculating IV drip rates	<input type="checkbox"/>

Other (itemise here)

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Please give details of any support or accommodations required on this placement

<b>Support</b>	<b>Please tick box</b>	<b>Accommodation</b>
Alternative Print Format	<input type="checkbox"/>	e.g. Standard documents in enlarged print
Assistive Technology	<input type="checkbox"/>	e.g. MMP Player or Smart Pen to record notes
Orientation to work site	<input type="checkbox"/>	e.g. For people with visual impairments
Communication Support	<input type="checkbox"/>	e.g. Assistance with medical terminology
Adjustments to working day	<input type="checkbox"/>	e.g. reduced hours, rest break or part-time work
Dyslexia Support	<input type="checkbox"/>	e.g. Handover templates, additional time for reading/writing tasks
Physical tasks	<input type="checkbox"/>	e.g. Equipment for lifting, moving patients
Specialist equipment	<input type="checkbox"/>	e.g. Adapted thermometer or stethoscope
Specific tasks	<input type="checkbox"/>	e.g. Calculators to work out drug dosages, increased lighting for fine work
Speed Text	<input type="checkbox"/>	e.g. For students with hearing impairment
Time off for Medical Appointments	<input type="checkbox"/>	e.g. For people with medical conditions
Transport / Travel	<input type="checkbox"/>	e.g. For people with physical disabilities
Other <i>Please give details</i>	<input type="checkbox"/>	
Student		
Assessor (Please give job title)		

# Appendix 2

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Association for Higher Education Access & Disability

## **AHEAD Sample Risk Assessment**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment	Likelihood Low 1	Medium 2	High 3
Severity			
Low 1			
Medium 2			
High 3			

**Description of demands of Tasks:**

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Association for Higher Education Access & Disability

East Hall

UCD

Carysfort Avenue

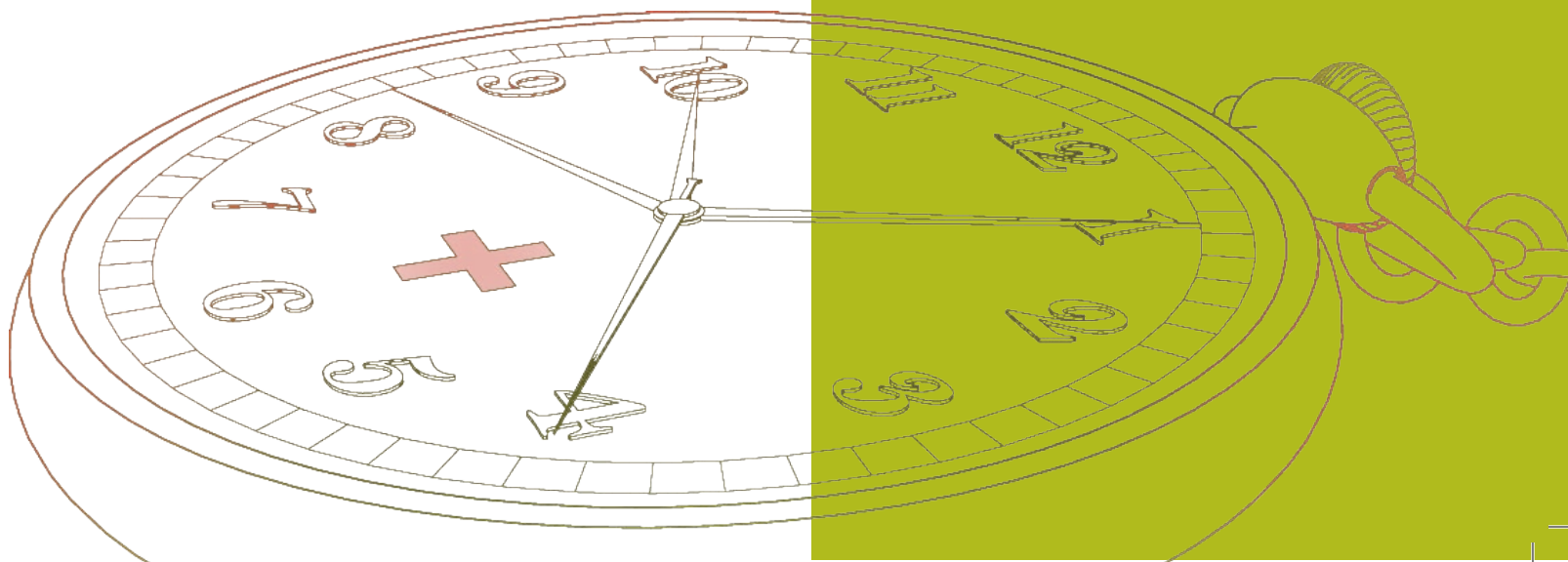
Blackrock

Co. Dublin

Tel: 00353 1 7164396

Email: [ahead@ahead.ie](mailto:ahead@ahead.ie)

Web: [www.ahead.ie](http://www.ahead.ie)



## Useful Contacts:

Designated Need Assessment Contact:	<hr/> <hr/>
Disability Officer/ Access Officer in University/ Institute of Technology/ College:	<hr/> <hr/> <hr/>
Nursing School Representative:	<hr/> <hr/>
Assistive Technology Department (Third level institution):	<hr/> <hr/>
Nurse Preceptor:	<hr/> <hr/>
Human Resources Department contact:	<hr/> <hr/>
Occupational Therapy Department contact:	<hr/> <hr/>
IT Department Contact:	<hr/> <hr/>
Other Contacts:	<hr/> <hr/>

