



UCD School of Nursing,
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Supporting Nursing and Midwifery Students with a Disability in Clinical Practice: A Resource Guide

Phil Halligan and Frances Howlin

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This Resource Guide is intended for both nursing and midwifery educators (clinical and academic) who support students with a disability and for students who require support in clinical practice. It is a comprehensive overview of the important elements associated with supporting students with a registered disability in clinical practice. It provides the reader with relevant information learned from disability awareness workshops, students' evaluations, experts in the field of legislation and disability, and empirical research, all of which serve as a reference point for additional development of supports for students with a disability.

This Second Edition features new and updated information about the students registered with a disability, as well as showing a broad range of accommodations for various disabilities in a variety of settings. A new section (Section 7) has been added which focuses specifically on more inclusive practices – Universal Design for Learning; the section on disclosure is greatly expanded upon from students' feedback on disclosing their disability; more emphasis is given to the need to conduct a clinical needs assessment; and finally a greatly expanded updated resource and reference list are included.

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Disclaimer

This Guide is not binding on nurses and midwives or the organisations that facilitate clinical placements for students. The use of this Guide as a resource should be flexible based on the individual needs of the nursing and midwifery students and on local resources. The Guide neither constitutes a liability nor a discharge of liability.

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Supporting Students with a Disability: Why it matters

1.0 | Introduction

People with disabilities have encountered social, economic and physical barriers in attempting to participate in everyday activities (AHEAD 2008). Many of these barriers must now be removed as a matter of law, but legal developments will have little impact without attitudinal change and a shift in the culture of organisations. The education sector has a vital role to play in this regard. A growing number of students with a disability are now entering third level education in Ireland (AHEAD 2008). In the undergraduate nursing and midwifery programme at UCD, approximately 50 students (6%) are currently registered with the Access Centre as having a disability (UCD 2015). Although the majority of students are aware of their disability prior to starting the programme, a number of students only become aware of, or develop a disability, during their time at university or while in clinical practice.

One of the issues faced by students entering, or undertaking education is disclosure (AHEAD 2013). Factors that enable or discourage disclosure can be grouped into three categories:

1. Personal factors, including disability type, self-identity, personality, individual experiences, conditions and attitudes,
2. Environmental factors, for example, organisational culture, physical environment colleagues and managers, and
3. Systematic reasons, for example, work equality and legislation, policies, supports and grants at a local and national level (AHEAD 2013).

A supportive and respectful environment is vital if disclosure is to be encouraged. Without disclosure, students may not get the supports available from the third level and health care institutions that provide clinical placements. This Resource Guide provides information to clinical and academic staff on how best to facilitate and support nursing and midwifery

students to disclose their disability so that they can receive the necessary supports to achieve their maximum potential.

In line with the requirements of current disability legislation, and consistent with the advice of the UCD Access and Lifelong Learning Centre and AHEAD (2008), nursing and midwifery educators wish to reduce barriers to learning and assessment so that all students with a disability are fully included in all aspects of the degree programme. Achieving this ideal of best practice, is challenging for nursing and midwifery programmes which require students to undertake clinical practice placements to demonstrate clinical competence in nursing and midwifery in a range of domains. Over half of the nursing and midwifery undergraduate programme consists of clinical placements which allow students to experience a variety and range of complex clinical settings. These placements provide an opportunity for the student to integrate theory with practice and attain the social and technical skills that are required for their professional role.

The diverse nature of the clinical practice element of the programme, coupled with the growing number of nursing and midwifery students with a disability, brings new challenges for student learning and support in the clinical setting. Hospital and other health care institutions play an important role in ensuring that their policies and practices, in relation to students with a disability, are in line with national policy and legislation. Clinical staff that facilitate student learning and assessment are concerned that the University supports for students with a disability are also available to the students while they are on clinical practice placements. Given that clinical practice is such a large and important part of the programme, it is critical that students with a disability are given access to the same learning opportunities in clinical practice as their peers, so that they can perform to their maximum potential. In order to support students with a disability while on clinical placements, academic and clinical staff, and the students, require the knowledge and skills

to promote inclusive practices and to understand and provide reasonable accommodations. The development and implementation of this Guide aim to provide additional knowledge around the support and provision of reasonable accommodations for students with a disability in the clinical practice setting. In 2011, UCD Clinical Assessment Sub Committee¹ (CASC) developed the 1st edition of this Resource Guide through a series of consultative fora, meetings, workshops and symposia with its partner sites, UCD academic staff and advisers from UCD Access and Lifelong Learning Centre and AHEAD. Its main purpose was to provide information that can assist and support students with a disability, and the academic and clinical staff working with, and assessing students in clinical practice. The Guide describes inclusive policies and practices which aim to foster good practice behaviours so that students with a disability can perform in clinical practice to meet their potential. The Guide also highlights the many myths and fears that surround disability, which can create barriers to the attainment of a positive student experience in clinical practice.

In planning the Resource Guide, some of the fundamental philosophies outlined in the AHEAD (2008) *Good Practice Guidelines* have been adopted. The Resource Guide is based on the rights of the student to have the same learning opportunities as any other student and to receive reasonable accommodations, which take account of their disability, thus enabling them to perform their duties to the required standards, the same as any other student. The accommodations negotiated for clinical practice will be reasonable in nature and will not jeopardise the attainment of the learning outcomes of the clinical placement or the safety of the patient. They will, however, provide appropriate learning supports for students with a disability so that they have the opportunity to achieve the learning outcomes and maximise their performance in clinical practice.

1.1 | Objectives of Resource Guide:

- Provide guidance on the legislative framework which supports a student with a disability in clinical practice
- Clarify the concepts of competence and fitness to practise
- Describe the students' journey through the University and into clinical practice
- Outline the students' rights and responsibilities when undertaking nursing or midwifery programme
- Provide guidance for academic staff, clinical staff and the student on the nature and processes of disclosure
- Provide information on the types of disabilities and associated reasonable accommodations
- Outline the role of academic and clinical staff in supporting students with a disability in clinical practice
- Delineate a support pathway to clinical practice for students with a disability
- Provide guidance on the Assistive Technology (AT) available to support students with a disability in clinical practice
- Highlight the myths and fears that create barriers for students in clinical practice

¹ Clinical Assessment Sub Committee (CASC) is a sub committee of UCD Local Joint Working Group (LJWG) consisting of members of the clinical and university community whose function is programme governance and teaching and learning for undergraduate students in clinical practice.

Legal Obligations, Competence and Fitness to Practise

2

2.0 | Introduction

Since the late 1990s, a number of important laws have been enacted to prevent discrimination and to promote inclusion and equality for people with a disability. Individuals cannot be expected to have a detailed understanding of what the law requires in any given situation, but an awareness of these laws is essential for everyone involved in nursing and midwifery education, including students. As we emphasise, throughout this Guide, effective procedures that facilitate communication between staff and students are the most critical feature of equality policies. Three key laws of relevance are:

The **Employment Equality Acts 1998–2011** apply to employment, including self-employment, access to employment, and vocational training. The **Equal Status Acts 2000–2012** govern the provision of goods and services, including education. Both are relevant to clinical practice placements for the following reasons: the **Employment Equality Acts** cover 'vocational training' while third level education generally is dealt with under the **Equal Status Acts**. The legal obligations imposed under both laws are very similar. For the purposes of this Guide, the **Disability Act 2005** contains important provisions for accessibility of public buildings and services.

2.1 | How does the legislation define a disability?

The **Employment Equality Acts** and the **Equal Status Acts** provide the following comprehensive definition of a disability:

- a. the total or partial absence of a person's bodily or mental functions, including the absence of a part of a person's body
- b. the presence in the body of organisms causing, or likely to cause, chronic disease or illness
- c. the malfunction, malformation or disfigurement of a part of a person's body
- d. a condition or malfunction which results in a person learning differently from a person without the condition or malfunction, or
- e. a condition, illness or disease which affects a person's thought processes, perception of reality, emotions or judgment or which results in disturbed behaviour

This definition includes a disability which previously existed, but no longer exists, or which may exist in the future. This means that the law prohibits discrimination against persons with a history of a disability. For example, someone who has undergone treatment for depression in the past. Likewise, the law covers transient conditions arising from an illness or an accident, such as whiplash injury (*Customer Perception Ltd. v Leydon* [2004] ELR 101). Persons imputed with a disability are also protected from discrimination, i.e. a person who does not actually have any of the conditions or impairments listed in the definition, but who is treated as if they did.

Case law has established that a disability includes a wide range of conditions such as depression, schizophrenia, epilepsy, alcoholism, diabetes, HIV infection and dyslexia (Walsh 2012:22-24). People with hearing and visual impairments, as well as wheelchair-users, have also availed of the Acts.

The Disability Act 2005 also provides a more narrow definition of a disability which is as follows:

“A substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State, or to participate in social or cultural life in the State, by reason of an enduring physical, sensory, mental health or intellectual impairment.”

As discussed in the following Section 2.6, the Disability Act relates to matters, such as the accessibility of buildings and services.

2.2 | What are the Employment Equality Acts and the Equal Status Acts?

The Employment Equality Acts and the Equal Status Acts are Ireland’s primary anti-discrimination laws.

The Employment Equality Act 1998 was enacted to promote equality and prohibit discrimination at work. Since 1998, it has been amended a number of times by other legislation and these laws are now collectively known as the Employment Equality Acts 1998-2011. For ease of reference, in this guide the laws will be referred to as the Employment Equality Act.

The Equal Status Act of 2000 extended the reach of equality law beyond the workplace. It covers organisations and businesses that provide a wide variety of goods and services to the public, or to a section of the public, including health service providers and educational establishments (Walsh 2012). Since then, it has been amended several times and the various laws are now collectively known as the Equal Status Acts 2000- 2012. These laws are referred to as the Equal Status Act in this Guide.

Both the Equal Status Act and the Employment Equality Act prohibit discrimination across the following nine distinct grounds: *age, civil status, disability, family status, gender, race, religion, sexual orientation, and membership of the Travelling community*. The main types of discrimination relevant to this Guide are discussed below, with an emphasis on the disability ground. Significantly,

the laws also contain a duty to provide reasonable accommodation to people with disabilities. This duty is considered in more detail below. It should be noted that the Acts guard against other practices that are beyond the scope of this Guide, such as sexual harassment and victimisation.

Under these laws, healthcare institutions and educational establishments are prohibited from discriminating against students with a disability in relation to admission and access to a course, access to any benefit or facility, and sanctions or the expulsion of a student (AHEAD 2008; 2010a). Terms and conditions of participation in the programme, such as assessment arrangements, should also be non-discriminatory. Disciplinary procedures and outcomes should be applied in a manner that does not discriminate (AHEAD 2008; 2010a).

Usually, the university or healthcare institution will be legally responsible for the conduct of its staff, such as lecturers, tutors, nurses and doctors. It is very important, therefore, that all employees are aware of their responsibilities and informed about relevant policies and procedures. Registered nurses and midwives may also be held accountable for their practice by their registration body - Nursing, Midwifery Board of Ireland (NMBI). Although the implementation of reasonable accommodations for students with a disability is not directly addressed by NMBI, registered nurses and midwives are expected to guide and support all nursing and midwifery students on clinical placement (NMBI 2003).

2.2.1 What is discrimination?

Both the Employment Equality Act and the Equal Status Act prohibit several types of discrimination, including direct discrimination, indirect discrimination, harassment and failing to provide reasonable accommodation. We explain what each of these mean in this section.

Direct discrimination involves treating a person in a less favourable way than another person is, has been, or would be, treated, in a comparable situation, in any of the nine grounds previously outlined. Essentially, direct discrimination is aimed at negative treatment that is connected to a ground. It often occurs where decisions are made, consciously or unconsciously, that are based on inaccurate assumptions about people’s abilities or behaviour.

Example of direct discrimination

A young woman with a hearing impairment is refused entry into nurse training because it is assumed that she would be unable to communicate.

Indirect discrimination arises from the application of neutral provisions. So unlike direct discrimination there is no obvious connection or link with a ground of discrimination. The idea is that even where no open distinction is made between certain groups or individuals, in practice, rules or standards can have an exclusionary effect. Under the Acts, indirect discrimination occurs where an apparently neutral provision puts a person covered by one of the nine grounds at a particular disadvantage compared with other persons. However, the provision in question may be objectively justified by a legitimate aim, where the means of achieving that aim are appropriate and necessary.

Example of indirect discrimination

The requirement to work an 11-hour day could be held to result in indirect discrimination for a nurse Intern with multiple sclerosis, who requires shorter working hours because of the illness. To avoid liability, the healthcare institution would have to show that an 11-hour day was an appropriate and necessary measure to achieve an organisational aim like greater efficiency in use of staff time.

2.2.2 What is meant by harassment?

Harassment is defined as any form of unwanted conduct related to any of the discriminatory grounds, which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person. People are protected against harassment on the nine grounds set out under both the Equal Status Act and the Employment Equality Act. The prohibitions of harassment are aimed at ensuring that people can work and undergo training or education in an environment that respects their dignity. Unwanted conduct might consist of acts, requests, spoken words, gestures or the production, display or circulation of written words, pictures or other material.

The university or health care institution may be found legally responsible for the conduct of third parties, such as fellow students/trainees, as well as employees. The body should have a clear policy on harassment, ensuring that all relevant personnel are aware of the policy and the disciplinary consequences that might follow where that policy is violated. Harassment is addressed by the UCD Dignity and Respect Policy (UCD 2013).

2.2.3 What is a reasonable accommodation?

Reasonable accommodation refers to a legal obligation to adjust rules, standards, policies, practices or the physical environment. In Ireland employers and service providers must adopt such measures to accommodate people with disabilities (The Equality Authority 2010; AHEAD 2008). A failure to do so could amount to unlawful discrimination and complying with the law requires dialogue between the body concerned and its staff or students with disabilities.

Under the Employment Equality Act, a body that provides vocational training must take "appropriate measures" to enable a person who has a disability to undertake training unless the measures would impose a disproportionate burden on the body (Section 16 (3)(c)). Nothing in the Act requires the employment or training of anyone who is not fully competent to undertake the duties attached to the position. In the case of students with disabilities such competence must, however, be assessed with the provision of reasonable accommodations.

Under the Equal Status Act, the university must: "do all that is reasonable to accommodate the needs of a person with a disability by providing special treatment or facilities, if without such special treatment or facilities it would be impossible or unduly difficult for the person to avail himself or herself of the service" (Section 4 (1)). This duty is slightly less onerous than the equivalent obligation under The Employment Equality Act because it is subject to a nominal cost threshold. But in many cases the adjustments required, will be similar. Nominal cost is a relative concept and is assessed with references to the resources of the body concerned.

The university or health care institution must, therefore, take effective and practical measures to meet the specific circumstances of individual students and trainees with disabilities (The Equality Authority 2010; AHEAD 2008). Depending on the individual concerned and the existing training and educational environment, reasonable accommodation may involve physical alterations, using different methods for course delivery or providing assistive technology. Policies and practices concerning admission, assessment, discipline, and so on, should be adapted to take account of a student's disability. Reasonable accommodations for students with a disability on clinical placements are further discussed in Section 5 of this Guide.



As noted above, the obligations under both laws are not open-ended. Establishing a disproportionate burden might involve an examination of the financial or other costs, the scale and financial resources of the body concerned and the possibility of obtaining financial assistance from public or other funds (AHEAD 2008). In many cases accommodations are cost neutral (AHEAD 2008). In every situation effective communication between the parties involved is the key factor. The provision of reasonable accommodations goes beyond ensuring compliance with legislation; it ensures inclusive practices where students with a disability feel valued and respected. It also ensures that talented and creative people are afforded the opportunity to remain within nursing and midwifery.

Example

A student midwife is refused entry to the nursing degree programme on the basis that her moderate dyslexia would prevent her from meeting the programme requirements. Under the Act, this would be construed as discriminatory, since it is making a general judgment about students with dyslexia. To comply with the legislation, and to promote equality and inclusiveness for disabled students, the university and/or the health care institution has to have a system in place to decide whether or not the student can meet the core and health and safety requirements of a clinical placement. This involves identifying reasonable accommodations in consultation with the student and usually involves an individual clinical needs assessment (see Section 4.2.1).

Students with a disability should not be prevented from entering nursing or midwifery. Price and Gale (2006:30), in their study of students with dyslexia, assert that given "the rigors of clinical practice", a careful assessment of the students strengths and weaknesses, measured against the specific job requirements, may provide a means of determining the student's suitability for clinical practice. Nevertheless, the legislation demands that such students should be provided with reasonable accommodations, which arguably reduce the impact of their disability and enable them to function effectively in clinical practice.

2.3 | Important exceptions

Both the Equal Status Act and the Employment Equality Act provide for exceptions to the various discrimination prohibitions. Some of these exceptions are of a general nature, while others only apply to certain grounds, including the disability ground. We provide some illustrative examples here with a view to demonstrating that equality law seeks to balance an individual's right to participate on equal terms in training and education with other considerations, such as the safety and welfare of others.

Under the Equal Status Act a very broad exception applies to any action required under any "enactment" (Section 14(a)). This means that a course of action required by another law cannot be challenged as discriminatory. An example would include an obligatory measure under health and safety law. In an Equal Status Act case, a disabled young person was asked to move from the emergency exit row on an airplane. The Tribunal found that the decision to move him was not discriminatory because it was consistent with Irish and EU safety regulations (*Kane v Eirjet Ltd.*, DECS2008- 026).

On the disability ground a number of exceptions may apply to 'excuse' conduct that would otherwise be considered discriminatory. For example, the Equal Status Act provides for the following qualification to the duty to provide reasonable accommodation:

"... where a person has a disability that, in the circumstances could cause harm to the person or to others, treating the person differently to the extent reasonably necessary to prevent such harm does not constitute discrimination" (Section 4 (4)).

In such a situation, the onus would be on the university to prove that differences in treatment were reasonable and necessary in order to prevent harm to the student or others (*A Post-Leaving Certificate Student v An Educational Institution*, DEC-S2009-043). If this is proven, then discrimination will be deemed **not** to have occurred.

2.4 | Positive action

Under the Employment Equality Act, and the Equal Status Act, positive action is allowed to promote equal opportunities. Unlike the duty to provide reasonable accommodation, and the other discrimination prohibitions, positive action is not mandatory. Positive action involves adopting measures that prevent or compensate for disadvantages linked to a ground of discrimination. It may include, for example, extra tuition, that goes beyond a reasonable accommodation because it entails significant costs. **Therefore, universities and health care institutions are generally permitted to introduce facilities, arrangements or services to support the person with a disability, or for a person from one of the remaining eight grounds covered by the Acts, and not introduce these same services for other students.**

2.5 | What happens when a student alleges that they have experienced discrimination?

Students who allege discrimination can choose to have their complaint addressed within the university or by an external body called the Equality Tribunal /Workplace Relations Commission. In 2015, the Workplace Relations Commission will replace the Equality Tribunal as the forum for hearing discrimination complaints under both the Employment Equality Act and the Equal Status Act.

UCD complaint pathways:

The University provides separate policies and processes for certain types of complaints. For example, complaints of harassment, including harassment, on the disability ground, are dealt with under the UCD Dignity and Respect Policy (UCD 2013). The policy outlines the steps a student should take to resolve a complaint of harassment and refers students to appropriate sources of support.

Since students will often be unsure as to which policy and process covers their grievance they should seek the advice of a University student support professional for guidance about which is the appropriate complaint mechanism.

In general, UCD students are advised that local and informal methods of resolving issues often work best to achieve a speedy and satisfactory resolution (UCD 2014a). The UCD Student Complaint Policy (UCD 2014a) recommends that students discuss an issue informally, with the person or persons whose

action or inaction has caused them dissatisfaction. Alternatively, the student can choose to discuss the situation with the Dean/Head of the School of Nursing, Midwifery and Health Systems. However, if a student is not satisfied with how the issue has been dealt with at a local level, or is not comfortable with that course of action, they may refer their complaint to the UCD Student Complaints Office. If the matter falls within the remit of the UCD Student Complaint Policy, the Complaints Office will refer the issue to an Investigating Officer. The Investigating Officer is a suitably trained staff member responsible for the conduct of the complaint investigation and for the co-ordination of the response to the student. This includes preparing a written report, including any recommended procedural changes to service delivery (UCD 2014a). In the event that a mutually acceptable outcome is not reached, the student may also complain to the UCD Ombudsman and if the student is under the age of 18 they may refer their complaint to the Office of Ombudsman for Children.

External complaint pathways:

Students who decide to lodge a discrimination complaint, including a harassment complaint with the Equality Tribunal / Workplace Relations Commission, will first need to decide whether their complaint falls under the Employment Equality Act or the Equal Status Act because separate procedures apply to each. The Employment Equality Act applies to vocational training, which is currently defined narrowly (Dublin Institute of Technology v Awojuola, EDA 1335, 23 December 2013, Labour Court). Since the bulk of complaints relevant to this Guide are likely to concern third level education generally they will fall under the Equal Status Act, and so we outline the steps involved under that law here. Further guidance is available from the Workplace Relations Commission (2015a) website - www.workplacerelements.ie.

A student who wishes to make a complaint under the Equal Status Act must first notify the body against which the complaint is made, the university and/ or the healthcare institution, stating the nature of the allegation and their intention to seek redress under the Equal Status Acts. A form for doing so (Form ES.1) can be downloaded from the Workplace Relations Commission (2015b) website. The service provider is not obliged to respond, but if they do so, and the student is not satisfied with the response, the student may decide to proceed with a complaint. She/he must refer that complaint within six months of the incident to the Workplace Relations Commission/Equality Tribunal. A standard form for lodging a complaint (Form ES.3) is available on the

Workplace Relation Commission’s website (2015). The pathway to be followed by a student with a grievance under the Equal Status Act is outlined in Figure 2.1.

The complaint will be referred for mediation unless either party objects. If the case is not suitable for resolution through mediation, or if that process breaks down, the Equality Tribunal / Workplace Relations Commission will investigate the claim. If the complaint is successful, a student may be awarded compensation and the university or and/or healthcare institution may also be directed to take specified courses of action. The courses of action might include changing a policy or practice relevant to the case.

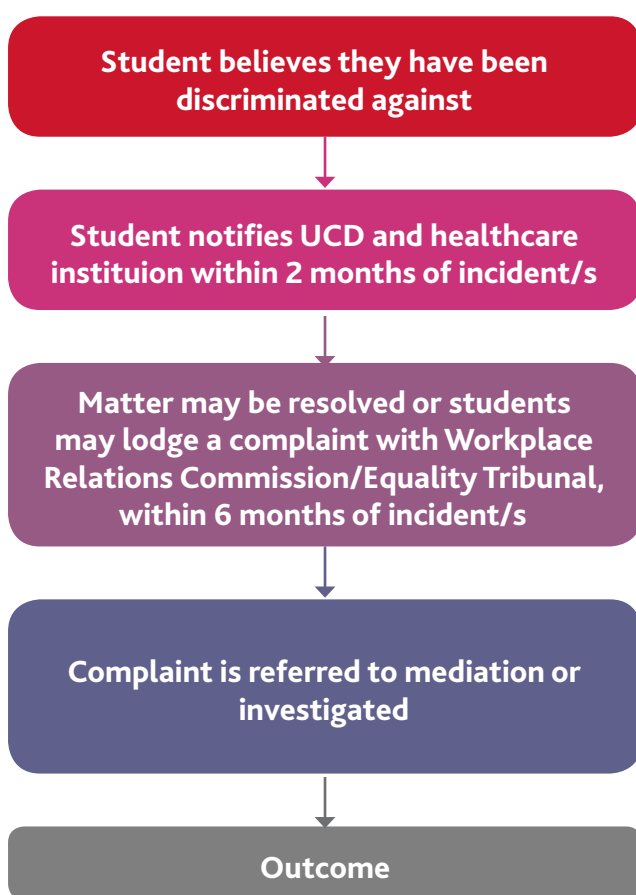


Figure 2.1 Steps involved in taking a discrimination complaint

2.6 | What is the Disability Act?

The Disability Act 2005 is a key element of the National Disability Strategy, which builds on existing policy and legislation to secure improvements in the lives of people with a disability (AHEAD 2008; Department of Justice, Equality and Law Reform 2010).

In the context of third level education and vocational training the most significant aspect of the Act is Part 3, which deals with the accessibility of public buildings, as well as services, products and information supplied by public bodies. Under the Act public bodies, such as UCD, should ensure that access for people with disabilities is integrated into service planning and provision. Student queries about the requirements of the Disability Act should be referred to UCD’s Disability Access Officer (UCD 2015). UCD operates a distinct process for complaints about compliance with the 2005 Act (UCD 2014b).

2.7 | What is competence in nursing and midwifery?

Competence is a complex and multidimensional phenomenon which is defined as:

The attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife (NMBI, 2016a)

Nursing and midwifery students develop competence incrementally over the four stages of their programme. Development of competence is guided by regulatory authorities that outline professional standards of practice and behaviour for nurses and midwives that delineate what it means to deliver safe, effective and ethical nursing or midwifery care (NMBI, 2014, 2015a; Nursing & Midwifery Council (NMC), 2015). In addition, these regulatory bodies also specify standards and requirements with which nursing and midwifery students must comply in order to be deemed competent to become a registered nurse or midwife (NMBI, 2016a, NMBI, 2016b; NMC, 2010). Educational programmes for nurses and midwives, within Higher Education Institutions, must also comply with these regulatory standards and requirements to ensure that the student is equipped with the knowledge, skills and attitudes necessary to practice as a safe, competent and professional nurse or midwife upon completion of the programme (NMBI, 2016a, NMBI,

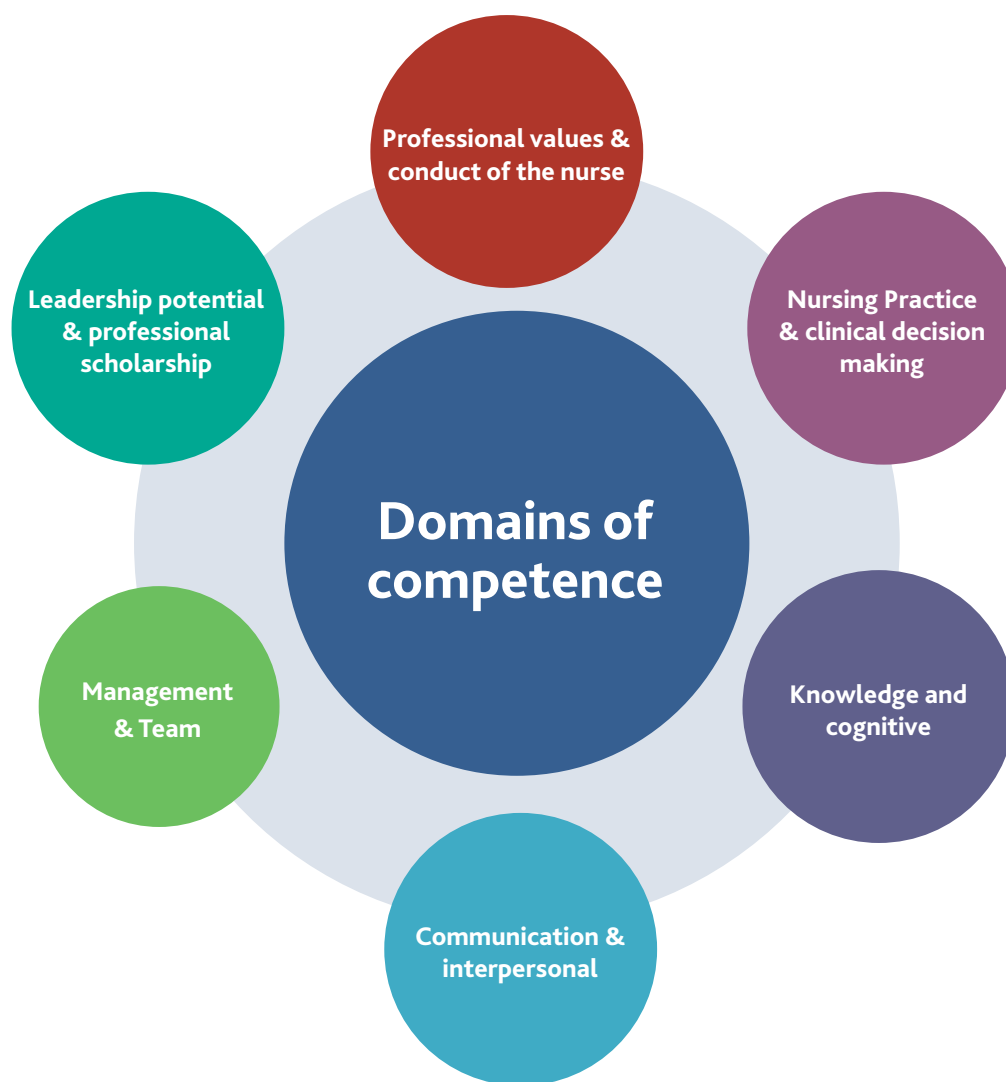


Figure 2.2 Domains of Competence for Nurses and Midwives (Source: NMBI, 2016a, NMBI, 2016b)

2016b; NMC, 2010). Regulation of competence ensures that patient safety is protected and that a high standard of care is delivered by nurses and midwives (NMBI 2016a, 2016b). NMBI (2016a, 2016b) prescribe six domains of competence as being necessary for registration as a nurse or midwife and these competencies include: *professional values and the conduct of the nurse; nursing practice and clinical decision making; knowledge and cognitive; communication and interpersonal; management and team; leadership potential and professional scholarship* (see Figure 2.2).

The education provider must ensure that the level of competence to be obtained is explicit and also how this competence should be measured (Hargreaves & Walker, 2014). It is simply not acceptable to suggest that individuals with particular impairments may not enter a profession rather the measure must be the extent to which the person can perform the essential competencies of that profession (Hargreaves & Walker, 2014). Assessment of nurses or midwifery students' competence is carried out in UCD School

of Nursing, Midwifery and Health Systems using the Domains of Competence Assessment Tool/ Midwifery Competence Assessment Tool (DoCAT©/ MidCAT©). The preceptor in the clinical area uses the competency assessment tool, and their associated performance criteria, to assess the development of the student's competence. The assessment tool enables clinical and academic staff to work collaboratively to determine the development of student proficiency, competence and safety in student care practices in the clinical setting. Students with a disability are required to attain the same competencies as their non-disabled peers; however, all students with a disability should be provided with an assessment to identify whether reasonable accommodations are required to assist them to meet these competencies (Howlin, Halligan and O'Toole, 2014a). The provision of such accommodations ensures that students with a disability are not disadvantaged by their impairment (Hargreaves and Walker, 2014). Ideally, assessors should have disability and equality training and an

understanding of how reasonable accommodations can be implemented to support student learning on placement (Howlin, Halligan and O'Toole, 2014b). It is also important to be aware that changes in the level of the students' disability may also influence their support requirements during their programme and that reasonable accommodations will need to be revised in such situations. In addition, some students may only acquire, or become aware of their disability, during the course of the programme necessitating provision of accommodations as the need arises.

While registration bodies require participants to achieve certain competencies they should not be prescriptive as to how these might be achieved. This is illustrated in the following example:

Example

A nurse/midwife with a specific learning disability, who experiences difficulty with handwriting, could demonstrate accurate documentation of care by using an electronic device such as an iPad rather than using a handwritten record.

This example illustrates that the accommodation is made to the way in which the student performs the task and that no reduction is made to the expected standards of competence. It is important to be aware that when competence has not been achieved a learning plan is prepared with the student, his/her preceptor, clinical placement coordinator and the student's personal tutor, outlining the standards and competencies that need to be addressed. The student is then given a further opportunity to demonstrate competence through a supplementary placement(s). Where the student fails to demonstrate the attainment of competence following the required number of supplementary placements, the student's case, regardless of disability, is reviewed by the School Programme Board who may determine that the student may not progress to the next stage of the programme or request that the student exit the programme.

In rare situations, a clinical partner site may indicate that it cannot facilitate a student to continue engaging in clinical practice on grounds of its duty of care to patients. In such situations, the onus is the clinical partner site to present evidence that the student is unable to provide a safe standard of patient care and that protection of the patient requires that the student is suspended from clinical practice. The student's case may be referred to, and reviewed by, the UCD Fitness to Practise Committee. If the position of the clinical partner site is upheld, the student may be required to meet set criterion

for safe practice, and in rare cases, a student may be declared unfit for practice and required to withdraw from the nursing and midwifery programme.

Students who complete the requirements and standards, in respect of domains of competence and attendance, may apply to NMBI for registration. Ultimately, it is the responsibility of those providing approved courses to ensure that graduates of the course attain the stated standards of proficiency for each profession (Health and Care Professions Council, 2015). However, completing an approved course does not guarantee registration; rather it indicates that the prospective registrant has passed all of the course requirements (Health and Care Professions Council, 2012).

NMBI can, at the point of registration, within section 51(1) and (2) of the Nurses and Midwives Act (2011), require the potential registrant to declare a medical disability. NMBI then determines whether to attach proposed conditions to the candidate's registration to which the nurse or midwife must comply in order to register for practice within the relevant discipline. Hence, students who have completed a required programme of study may not necessarily be deemed fit to work in all fields of practice in that profession. The professions of nursing and midwifery support a diverse range of opportunities for employment. New graduates may select certain fields which they believe are appropriate to their individual requirements. For example, a nurse or midwife with mobility impairment may choose to work in an area such as research, where the physical demands of clinical practice, such as moving and handling patients, do not apply.

2.8 | What is fitness to practise for nursing and midwifery students?

Protection of people using the health service requires professional regulatory organisations to ensure fitness to practise to minimise harm due to poor professional behaviour or issues with competence (NMBI, 2015a, NMBI, 2015b). NMBI ensure fitness to practise via monitoring of professional practice and the conduct and education of nurses and midwives; thus ensuring compliance with regulatory frameworks (NMBI, 2016a, NMBI, 2016b, NMBI, 2015b). NMBI indicate that fitness to practise is a nurse or a midwife suitability to be on the register without restrictions (NMBI, 2015b). In the United Kingdom, the Health and Care Professions Council (2012:4) define fitness to practise in terms of whether the registrant has the 'skills, knowledge, character and health to do their job safely and

effectively' in compliance with the law. Although NMBI addresses fitness to practise issues in relation to registered nurses and midwives they may also determine whether a student is fit to practise if that student has been a registered nurse or midwife on a different division of the register. In addition, NMBI, under Section 52(1) of the Nurses Act (Government of Ireland, 2011), can determine whether to register a nursing student on the grounds that they are unfit to practice. More usually, however, student fitness to practise issues that arise during the programme are effectively managed and resolved by the student themselves in consultation with designated clinical and academic staff (including preceptor, clinical placement coordinator, clinical nurse or midwife manager, Practice Development and/or Human Resource and/or Occupational Health Departments, and their personal tutor in the University). Students are also expected to abide by the standards of professional conduct outlined in the Code of Professional Conduct and Ethics, which requires nurses and midwives to deliver safe and effective standards of practice (NMBI, 2014).

Any student's competence and fitness to practise may change or fluctuate over time and be influenced by a variety of personal and/or professional factors. Students with a disability are not necessarily more at risk of experiencing issues relating to competence or fitness to practice than other non-disabled healthcare professionals (Hargreaves and Walker, 2014). Indeed, all students and registered nurses are encouraged to develop insight into their own abilities and capabilities and to identify their own competence through the Scope of Practice Framework (NMBI, 2015a). The Health and Care Professions Council (2012) advises registrants to assess and review their own fitness to practise and to adapt, limit or stop their practice if their health or a disability affects their ability to practice safely.

Health and Care Professions Council's (2012) concept of professional self regulation for registrants could also be applied to students. Simple measures that students could be advised to use in instances where they feel that their fitness to practise is impaired include:

- seek medical help or other support as appropriate
- seek advice and support from professional colleagues (Clinical Practice Coordinators, NMBI and/or the University)
- negotiate reasonable accommodations to assist with the delivery of patient care and to support health maintenance

- restrict the scope of practice to those areas where they are confident that their practice fully meets the standards of proficiency for the profession
- remove themselves from practice while issues are being resolved

Assessment of fitness to practise may lead to discrimination against students with a disability due to variability in the interpretation and implementation of fitness to practise guidelines (Sin & Fong 2008). Decisions in relation to competence and fitness to practise may also be influenced by beliefs that nurses who have a disability are problematic and may pose a risk to patient safety leading to conclusions that the professional with a disability may not be at the right standard and that their practice may be unsafe (Hargreaves and Walker, 2014; Evans, 2013; Walker *et al.*, 2013; Hargreaves *et al.*, 2013). Such conceptualisations can be addressed using a principle based approach to guiding risk assessments "*where disability disability is contextualized, risk is managed effectively and individual difference is valued*" (Hargreaves & Walker, 2014:8). Application of this approach requires risk assessments to be guided by three central questions:

- When is it acceptable for a student to declare or not declare impairment to their placement provider?
- When is an accommodation 'reasonable'?
- When is an assessment of competence compromised?

A principal based approach recognises the presence of real and perceived barriers to the achievement of competence, but argues that these can be discussed, removed or minimized to enable the healthcare student to achieve competent practice (Hargreaves and Walker, 2014; Hargreaves *et al.*, 2013).

It is also critical that assessments of fitness to practise are transparent and guided by a policy outlining how such decisions are to be undertaken and by whom (Wray *et al.*, 2007). Assessment of fitness to practice in higher education is regulated by policies and procedures and it may include a variety of academic and clinical staff, occupational health professionals, human resource staff, university disability officers/advisers, the regulatory body and the disabled person him or herself. For nursing and midwifery students, fitness to practise issues may be addressed with the student in consultation with any or all of the following: the student's Preceptor, the Clinical Nurse Manager, the Clinical Placement Coordinator, the Practice Development Coordinator, the Personal Tutor, the Occupational Health and/or Human Resources Department.

Assessments should focus on the core or essential skills and competencies required by the student and the necessary supports, equipment or adjustments required, to enable the student to engage in safe and effective practice (Sin & Fong 2008; Sin 2009). The views of the student in relation to their capabilities and reasonable accommodations should be sought and included in the recommended accommodations (Sin 2009).

Fitness to practise issues can be considered to be resolved if the student is deemed to be:

- practicing safely and effectively
- acting in the best interests of their patients
- passing the standards of competence outlined in their competency assessment documentation

Fitness to practise issues that remain unresolved will need to be addressed by key stakeholders, in the clinical partner site, and the University Fitness to Practise Committee, using the same procedures as those for any non-disabled student, whose fitness to practise is under consideration.



Disability Disclosure in Clinical Practice

3

3.0 | Introduction

Disclosure is defined as the '*process of making (relevant) information known at useful and appropriate times during education, recruitment, selection and employment*' (AHEAD, 2013:6).

However, students have different experiences of disclosing their disability. The purpose of disclosing a disability is to ensure that any appropriate supports or reasonable accommodations are put into place to allow the student to perform to their full potential. Disclosure is often described as the most challenging aspects of having a disability (AHEAD 2013). It does not occur as one single event, but reoccurs throughout education programs, clinical placements, employment and careers. Box 3.1 reflects Stage 1 students' experiences of disclosing their disability and as you will see that some students have had different experiences of disclosure.

Box 3.1

...it [disclosing] is a bit awkward...

...you don't want to single yourself out

I just felt that it was hard to do that on the wards because it was so busy

...you don't want to be going in every day disclosing to someone new all the time

You don't want to be annoying someone

...yes, you have a learning disability, but don't become a victim

...understanding of my learning difficulty was not understood at all

I told the staff that I had dyslexia, but there was never really anything done about it as such

Box 3.1 highlights the difficulties/challenges that some students experience in relation to disclosure and the need for disability awareness training for all clinical staff to enable them to effectively support disclosure.

Nursing students are positively encouraged to disclose their disability in order to ensure that reasonable supports and accommodations can be identified and implemented in a timely manner. When considering disclosure, equal attention should be given to any potential impact of a disability or health condition for both clinical and academic settings. Information is essential for disclosure, for both the student and the academic/clinical staff. Information will assist the student to make an effective and appropriate disclosure. Staff members supporting the student play a role in informing him/her of relevant supports and entitlements and encouraging them to access these resources (AHEAD 2008). It is important to inform the student that disclosure occurs in multiple areas and is not a once off event. This is also echoed in Stanley *et al.*, (2007) study as stated:

'It's something you're constantly doing, you don't just disclose it once...each new place you go to, actually means that you're disclosing all over again... it's continuous.' (Stanley *et al.*, 2007:43)

It is hoped that the information within this section will assist nursing and midwifery students to disclose appropriately and facilitate academic and clinical staff to support them throughout this process.

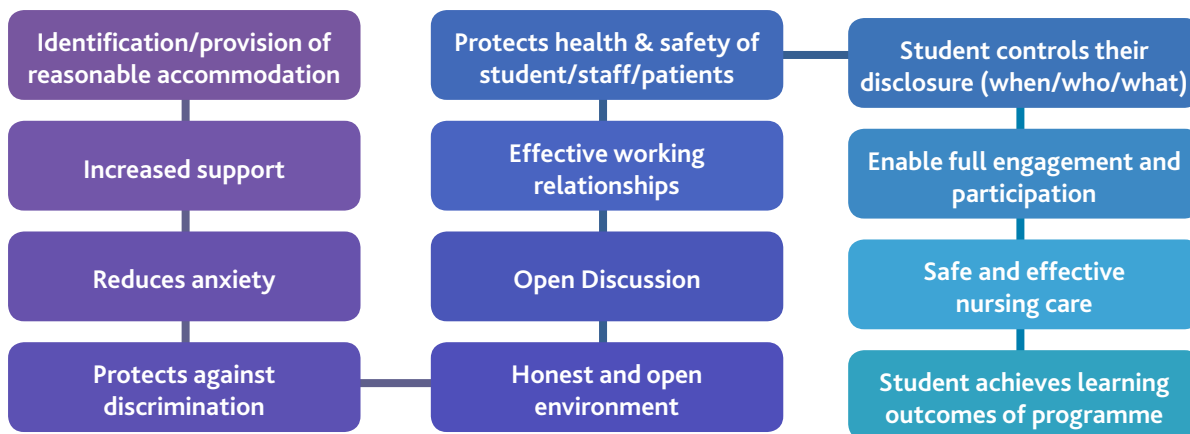


Figure 3.1 Advantages to Disclosure

3.1 | Why should nursing/ midwifery students disclose their disability?

There are many advantages for students who choose to disclose in addition to including the provision of reasonable accommodations that deliver appropriate support for each student (see Figure 3.1).

There is no legal requirement for a person to disclose their disability (AHEAD 2008). The student's has the right to choose whether or not to disclose, when to disclose, what information to disclose and to whom. Nursing and midwifery students must consider the code of professional practice for nurses and midwives when making decisions about disclosure. Particularly relevant sections include:

'You are responsible and accountable for your own health and wellbeing. If you become aware that your own health is affecting your ability to practice safely, you must get help to manage your condition' (NMBI 2014:17)

'You must be competent to practice safely as a nurse or midwife. If there are limitations to your competency, you and your employer should address them so that you can practice safely and within your scope of practice' (NMBI 2014: 21)

The code is indicating that disclosure is prudent in such situations.

3.2 | Why are students reluctant to disclose their disability?

Recent research demonstrated that just over half of students in nursing and medical programmes chose not to disclose their disability to the education provider or employer (Traynor 2014). Reasons for not disclosing a disability are complex and individual to each student. Common fears include: being treated differently, being labelled, misunderstood, and discriminated against and/or being the focus of curiosity or unnecessary concern. Barriers to disclosure exist at various levels, both within the organisation and at the level of clinical staff and/ or the student (see Figure 3.2). A major barrier to disclosure for students with mental health difficulties is the potential stigma associated with their condition (Stanley *et al.*, 2011).

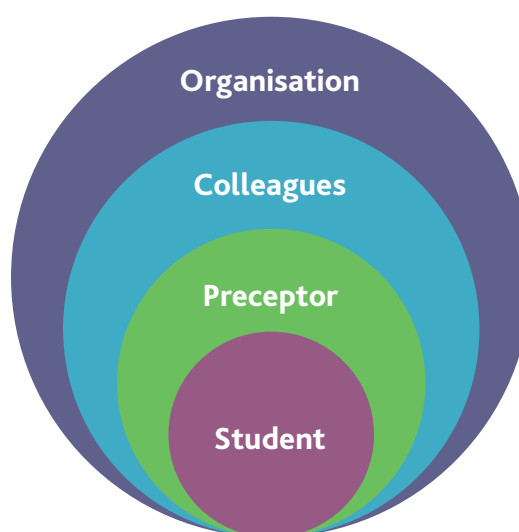


Figure 3.2 Potential barriers to disclosure

Barriers to disclosure from the student, colleagues, and organisation perspective may include:

Student

- Previous negative experience
- Concern that their disability becomes the main focus, rather than academic and clinical abilities (AHEAD 2008).
- Individual perception of their disability: some individuals feel their disability is not relevant. Others have developed their own coping mechanisms and do not feel that they require support. Some students do not consider that they have a disability.
- Lack of confidence: new or junior students may be unlikely to disclose. Disclosure often occurs later in their programme (Tee et al., 2010) as the student gains confidence, trust and identifies any potential impact on their programme. For Irish nursing and midwifery students, disclosure often occurs during internship placements.
- The type of disability: disclosure is usually immediate in the case of visible disabilities (for example: impaired mobility, blindness). Disclosure may be more difficult and is less common, when a disability is less obvious (Equality Forward 2007), as is the case with specific learning disabilities.
- Concerns that their abilities, knowledge or skills may be under-estimated
- Fear that disclosure may affect employment upon completion of their programme.

Non-disclosure may result in students concealing a disability or only partially disclosing. This may limit the student's full engagement in their programme. If a student is unsuccessful in an exam or a clinical placement, and they have not disclosed a disability, they cannot claim that this was due to lack of support for their disability (TCD 2013).

Box 3.2: Student experiences of disclosure

'...I don't think I'll ever do that again...because of my last place I don't know if I'll ever be as open ever again' (AHEAD 2013:22)

'I wouldn't go looking for disclosure or disability stuff because I don't regard myself as disabled. So, up to starting [the programme] I didn't think I had a problem at all' (Student 10, Devereux et al., 2012: 20)

'Maybe it's slightly easier for that person where it is visible. It's an extra obstacle for the person whose disability isn't visible... ' (AHEAD 2013: 21)

'...they think there's going to be a big cross by their name' (Student 2, Devereux et al., 2012: 20)

"We need help but at the same time we don't want to draw attention to it. But at the same time if we do have the help, we can work easier. It's a very difficult balance." (Male with hearing impairment (Adams & Oldfield 2012: 38)

Preceptor/Colleagues

- Lack of disability awareness and understanding
- Lack of trust
- Negative attitudes
- Feeling uncomfortable with information on the student's disability
- Students may be accused of favoritism (Adams and Oldfield 2012)
- Reluctance to discuss the issues: the most important factor identified by individuals with a disability was the ability of employers to discuss their needs with them (Adams and Oldfield 2012)

Box 3.3: Student experiences of disclosure and managers

'No way I would disclose. I've heard my manager commenting on dyslexic people, she clearly is not tolerant of people like me' (Morris and Turnbull 2007a:102)

Organisation

- A lack of clear information and guidance
- Lack of clearly identified support staff
- No other employees with a visible disability
- Short placements: longer placements are more conducive to disclosure (Tee et al., 2010, Morris and Turnbull 2007b)
- Poor communication between university and clinical sites
- Lack of disability training

3.3 | When is it the right time to disclose?

Disclosure can occur at any time before and during training programmes. Early disclosure is encouraged (AHEAD, 2008) to allow time for any necessary referral and an academic and clinical needs assessment to be performed². The aim of such needs assessments is to assist the student early in their programme. Forward planning is necessary to ensure reasonable accommodations can be put in place for clinical placements. This is difficult to achieve when disclosure has not occurred prior to clinical placements.

The decision to disclose may be an evolving decision, which changes with time or as the student progresses through their programme. For students who choose not to disclose until later in their programme, delays in the provision of reasonable accommodations will be experienced and this may lead to difficulties for the student. Individuals with a disability often chose not to disclose until they feel it is necessary, for example, when needing time off, or requiring sick leave, or for facilitating attendance at appointments (Equality Forward 2007). Late disclosure may also occur when a student acquires a disability during their programme or are unaware of their disability.

'I have only disclosed at point of need – i.e. needed time off sick or needed special support for application for facilities because of disability-I don't see why I should have to disclose and reduce my personal levels of privacy if I don't need to' (Equality Forward, 2007:25)

² Within Nursing and Midwifery Programmes, the learning supports for the student in the university may differ from those required on clinical placements. In view of this, academic and clinical needs assessments, identify the learning supports for the student both within the university and clinical setting respectively.

3.4 | When do opportunities for disclosure arise?

Opportunities for disclosure exist at many points before and during educational programmes. It is essential that opportunities for disclosure are given to students throughout their programme.

Opportunities include:

- The CAO Form
- The DARE System
- On acceptance of a university place, prior to enrollment
- On medical forms or routine health screening
- Upon commencement of the programme: when the student identifies the correct person with whom to discuss the issue or a person with whom they feel comfortable to discuss their needs
- As soon as the student experiences difficulties
- Prior to clinical placements (clinical needs will be different to academic needs)
- During clinical orientations
- Prior to, during and after clinical placements
- At any time throughout the programme, when the student feels that they need support

3.5 | Who will a student disclose to?

A wide variety of support roles are available for the student within the university and clinical sites. Academic roles include: personal tutor, student advisor, chaplain and, within the UCD Access and Lifelong Learning Centre, Disability Adviser, Assistive Technology Officer, Access Librarian and Learning Support Tutors.

Students who register with the UCD Access and Lifelong Learning Centre are asked permission to share pertinent information in relation to their disability and reasonable accommodations with key people involved in their programme. For nursing and midwifery students, this includes academic and clinical staff. Students are also encouraged to discuss their disability with relevant clinical staff so that the necessary reasonable accommodations can be put in place for clinical placement.

Within the clinical setting, several support roles are available, including: Clinical Contact Person (CCP), Clinical Placement Coordinator (CPC), Nurse Practice Development Coordinator (NPDC), Preceptors, Clinical Nurse Facilitators and Clinical Nurse/Midwife Manager's (CNM/CMM). It is recommended

that a list of appropriately trained support staff is available for both staff and students. The CCP is a dedicated support role for students with a disability and individuals in this role assist in the provision of reasonable accommodations. Prior to placement, the student is required to contact the CCP to discuss how they may best be supported during clinical placements. CPCs hold a central role in student support as they frequently meet with the students and support them throughout their programme.

3.6 | How to manage disclosure?

When a student discloses, consider the following supportive measures:

- Listen and allow time for the student to explain their individual situation
- Respond in a respectful and constructive manner
- Ensure privacy and limit interruptions
- Ask the student to describe how their disability affects them in relation to their programme /placements
- Only ask for information that is relevant to their programme/placements
- Encourage the student to identify the positive ways that they can contribute within their programme/placements
- Focus on their strengths and abilities
- Don't ask the student to disclose any more details than they wish or are comfortable with
- Ensure they have any relevant information (support structures, UCD Access and Lifelong Learning Centre services, confidentiality)
- If in clinical practice, offer appropriate and reasonable supports to ensure safe and acceptable standards of nursing care. The safety of the patient must be considered and is paramount.
- Inform the student of any actions that need to be taken (informing the CCP, a member of the Disability Liaison Team, UCD Access and Lifelong Learning Centre/clinical staff, or their personal tutor), and ensure consent to information-sharing and any follow up actions
- Allow the student to set the pace of their disclosure, to retain control

There may be significant implications for staff if a student discloses a disability and staff do not respond appropriately (TCD 2013). Once a student discloses a disability, staff need to ensure that the student has relevant information, and that they are made aware of supports and referred to the Clinical Contact

Person and UCD Access and Lifelong Learning Centre to provide a clinical needs assessment.

3.7 | How can we encourage effective disclosure?

Disclosure may be a stressful process. One of the most beneficial factors in encouraging disclosure is an open and accepting environment. To create this, disability awareness and training is essential (NDA 2009). As identified previously, access to information is particularly important. It is recommended that all staff involved in supporting students with a disability, should undertake disability training and be familiar with local policies and available supports. Some students may not understand how their disability will affect their learning or clinical practice and clear guidance is required.

Organisations should consider:

- Provision of disability training for staff: this is particularly important for nursing and midwifery managers as these are key roles involved in supportive environments which may encourage disclosure
- Increase disability awareness by including the topic in employee and student orientations, information packs, questionnaires. Disability awareness among Preceptors has been shown to be poor (Tee and Cowen 2012).
- Allow opportunities for disclosure throughout student registration programmes including during each orientation and when starting clinical placements. Information should be included within all student information packs. Table 3.3 is an example of how disclosure can be encouraged at the start of each placement using a student portfolio for clinical placements.
- Allow opportunities for employees to disclose: include a question within orientation packs; requesting if the individual has any specific needs/adjustments
- Clearly identify the Clinical Support Person and relevant support staff
- Provide disability information that staff can easily access
- Allow opportunities for 1:1 meetings with nursing and midwifery managers/support persons
- Encourage input from students or employees with a disability into any guidelines or policies
- Ensure a collaborative approach: student, clinical and academic staff

Table 3.1 Student Portfolio for Clinical Placements'

2. YOUR LEARNING OUTCOMES
<p>Your specific learning needs: (What would you like to achieve/learn during this placement?)</p> <p>Note: It is essential to discuss these learning needs with your preceptor/CPC throughout your placement.</p>
<p>Identify any specific supports you require to enhance your clinical learning:</p> <p>Note: It is advised to identify and discuss these with your preceptor/CPC.</p>
<p>Source: Bartley (2014) OLCCH Student Portfolio for Clinical Placements'</p>

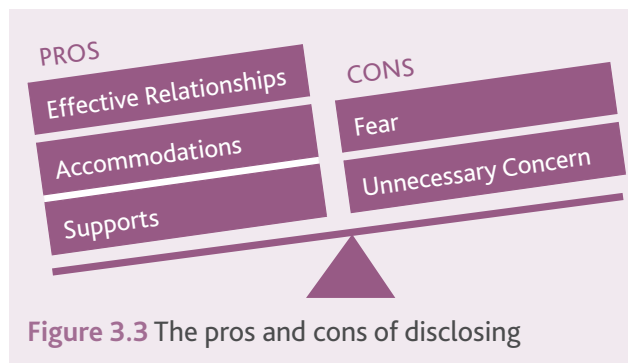
3.8 | Being prepared for disclosure

Ahead (2008) states that it is advisable for students to prepare before disclosing, to ensure each student communicates their needs effectively. Ahead (2013) also provides useful self-assessment guidelines to assist preparation for disclosure. These guidelines encourage students to consider the pros and cons of disclosing (see Figure 3.3).

Box 3.4

'The main thing I found is that preparation is key' (Nursing student, TCD 2013: 23)

'It's a scary thing because you never know the right way to go about it.' (AHEAD 2013:22)



Students should also consider:

- What information is available?
- Whom to disclose to?
- What information will be needed?
- How to describe their disability?
- Have they any evidence of their disability? (previous assessment reports)
- Are they prepared to openly discuss their disability?
- What are the expectations and demands of their programme?
- What impact would their disability have on their programme?
- What reasonable accommodations or supports will they require?
- Any difficulties experienced in the past and how have they overcome them?

3.9 | How is confidentiality maintained?

Confidentiality is a key factor for individuals disclosing a disability (Stanley et al., 2007). All information from students who wish to disclose a disability will be treated in confidence, in accordance with the Data Protection Acts (Government of Ireland 1988; 2003). Once registered with the UCD Access and Lifelong Learning Centre, the student will agree what information will be shared and with whom. The student will be informed of the purpose of information-sharing. Not all information about a student's disability may be relevant to clinical placements and should therefore only be transmitted on a need-to-know basis. This will be reviewed on a regular basis by the UCD Access Centre and Lifelong Learning Centre and the Disability Liaison Team, as changes may emerge as the programme progresses. In any event, there must always be written agreement with the student.

Remember:

- Ensure a confidential setting for meetings
- Clarify and agree with the student as to who will be informed
- Follow any local guidelines on disclosure and be familiar with Data Protection legislation
- Personal information should not be shared without the student's permission

3.10 | What happens if a student chooses not to disclose their disability?

If a student does not disclose their disability, she/he will not be afforded reasonable supports and accommodations. Equally, late disclosure may result in supports or accommodations being delayed. Non-disclosure may affect a student's progression throughout the programme as they may not benefit from supports which would enhance their clinical performance. Non-disclosure may also increase work-related stress for the student (NDA 2009).

Occasionally, staff may be concerned that a student has a disability that they are unaware of or have chosen not to disclose. Should this occur, it is important for the staff member to discuss this with the student. If the student experiences difficulties in clinical placement, the CPC should communicate with the student's personal tutor, with the consent of the student. In cases where the student does not wish to disclose, this decision will be respected. However, if the information and/or the student's behaviour, poses a risk to themselves, patients or staff, confidentiality must be overruled in order to ensure the safety of all those at potential risk.

Disclosure of a disability or engaging in discussions with staff over any concerns demonstrates safe and professional practice. This engagement and professionalism are encouraged as nursing and midwifery students develop themselves in preparation for their professional registration. Students should carefully consider the possible consequences of not disclosing a disability, in situations where reasonable accommodations are needed to ensure patient safety (TCD 2013).

'Sometimes it's embarrassing (disclosing dyslexia to mentor) but it's more embarrassing if I did something wrong. You've got to think about the patient' (Morris and Turnbull 2007b:38)

In conclusion, academic and clinical staff have a responsibility to ensure that all students are treated equally and without prejudice and disclosure needs to be supported to enable this to take place. Disclosure is a complex and very personal process. It is hoped that this information will enable nursing students to disclose appropriately and provide academic and clinical staff with the necessary information to support students throughout this process.

'Yes, you are dyslexic'. Thank God, what a relief, after years of thinking that I was 'a wee bit slow' or 'lazy'. I wasn't. I was dyslexic, which I never thought that I would be pleased about. The university gave me an adapted computer and I met Kate and Chris the support tutors who between them have helped me with every assessment and special arrangements for exams. And I now look at my dyslexia as an advantage rather than a disability. The point of this story is this; disability does not prevent people from becoming a nurse only the lack of self belief does. I am not a dyslexic student nurse, I am a student nurse who happens to have dyslexia...' (Skill 2004)



The Student's Journey to Clinical Placement

4

4.0 | Introduction

This section outlines the student's journey to clinical placement. The journey commences with the student's application and acceptance into the University. Students who have disclosed their disability are further assessed by the Access Centre and Lifelong Learning. The role of the UCD Access and Lifelong Learning Centre in supporting the student with a disability is described later in this section. The latter section examines the student's rights and responsibilities and presents a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, which students can use to identify how to maximise the benefits to be gained during clinical practice.

4.1 | How do students apply for nursing and midwifery?

Prior to applying for a particular program, it is advisable for the student to utilise Open days, Careers fairs, application clinics and websites for useful information on their programme of interest and the disability supports available.

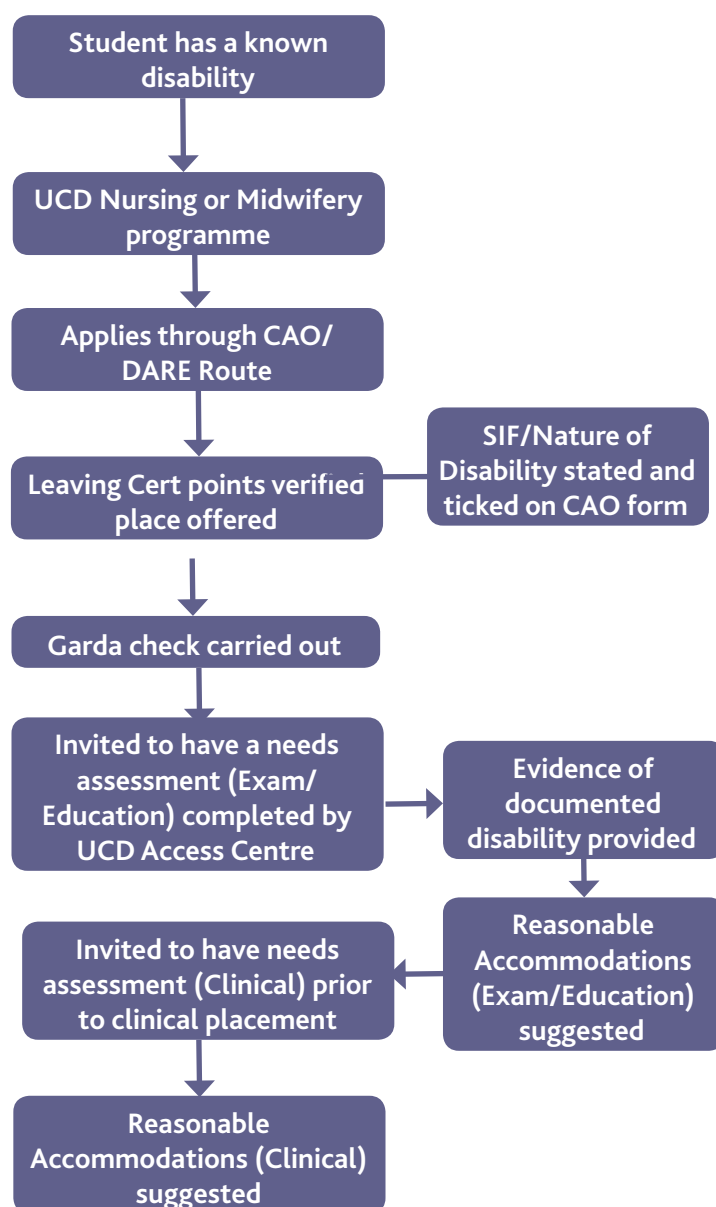


Figure 4.1 Assessing third level education

Students apply for a place on a nursing or midwifery degree programme through the Central Applications Office (CAO) and places are offered based on points and subject to a Garda clearance. The CAO handbook contains a section that gives advice pertaining to disabilities for students applying for courses. Students can apply via the Disability Access Route to Education (DARE); this is a supplementary admissions scheme which offers college places on reduced points to school leavers with disabilities. DARE has been set up by a number of colleges. Evidence shows that a disability can have a negative impact on how well a student performs at school and whether they proceed to college. When applying, students are required to indicate the nature of their disability. Supporting documents in the form of a personal statement, a school reference and evidence of their disability (e.g. Medical consultant/Specialist/Educational Psychologist), must also be supplied as part of the application process.

4.2 | What are the functions of UCD Access and Life Long Learning?

The role of UCD Access and Lifelong Learning (ALL) is to provide visibility and leadership on access, lifelong learning and widening participation and to support the university in its mission to widen participation for under-represented groups.

There are currently two teams within ALL: Access Centre and the Adult Education Centre.

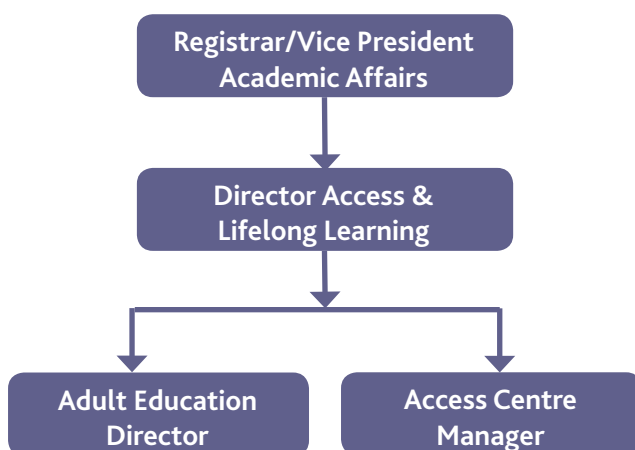


Figure 4.2 Access & Life Long Learning

The Disability Act (Government of Ireland 2005) requires that all colleges have a designated person who has responsibility for students with a disability. A disability coordinator (adviser) is perhaps the single most important step an organisation can take

to develop better provision for disabled students (AHEAD 2008). A good adviser provides a focus and a force for change and is the first point of call for students and staff alike.

The UCD Access and Lifelong Learning centre aims to develop an inclusive educational approach throughout the University and provides a range of personal and academic supports for students from socioeconomically disadvantaged backgrounds and students with disabilities. The Access Centre also delivers an outreach programme in disadvantaged communities and schools and manages two alternative entry pathways - Higher Education Access Route (HEAR) and Disability Access Route to Education (DARE).

The ethos of the supports provided by the UCD Access and Lifelong Learning Centre for student with a disability is to develop independent learning skills and facilitate the implementation of the principles of universal design and inclusive learning. Students can avail of the following suite of supports:

- Needs Assessment
- Academic and Exam accommodations
- Academic Skills Support
- Assistive Technology
- Educational Support
- Irish Sign Language (ISL) Interpreter
- Unilink Services

Students are encouraged to utilise mainstream supports, including the Maths Support Centre, Academic Writing Centre and their programme student adviser. The Access Centre works in collaboration with the UCD Centre for Teaching and Learning and Human Resources (HR) on providing staff training and disability awareness.

This list of supports illustrates the primary role of the UCD Access and Lifelong Learning Centre in supporting the student with a disability and also its close working relationships with the academic and clinical staff who deliver student programmes. A student availing of support services in the UCD Access and Lifelong Learning Centre can expect a high quality, engaging and supportive service, a clear and timely academic and examination needs assessment, provision of high standard supports and reasonable, and equitable, access to library, assistive technology and alternative formats of learning supports. Regular feedback is always sought from students and academic staff.

In order for the student to get maximum support from the UCD Access and Lifelong Learning Centre academic staff should encourage students with a disability to provide information about their particular impairment and their support needs as soon as they have commenced their course (UCD 2010; AHEAD 2010c).

The role of the UCD Access and Lifelong Learning Centre in supporting UCD students with a disability is summarised in three steps, as follows:

Step
1.

UCD Access and Lifelong Learning Centre Support:

Students with disabilities are advised to contact the UCD Access and Lifelong Learning Centre to discuss any assistive technology, academic and clinical, and examination accommodations or services that they may require to enable them to participate fully on their course.

The UCD Access and Lifelong Learning Centre provides a confidential service. To avail of Access Centre support, reasonable accommodations and assistive technology, the student is required to disclose their disability. As was previously discussed, the decision to disclose is entirely up to the individual student. However, if the student chooses not to disclose their disability, they will **not** be in a position to avail of the services provided by the UCD Access and Lifelong Learning Centre. Students who wish to be seen by a member of the Access Centre team will be asked to complete a consent form. This form indicates to whom the UCD Access and Lifelong Learning Centre can disclose information about the student, in order to communicate the student's needs. The student's particular needs should not be discussed with anyone unless the student has given permission for the UCD Access and Lifelong Learning Centre to do so. However, the student will be encouraged to disclose their disability to academic and clinical staff, so they can receive reasonable accommodations and effectively access all available assistive technology.

In addition, the UCD Access and Lifelong Learning Centre Disability Adviser may also be involved in the provision of disability awareness and equality training and the provision of advice and support for clinical staff that are supporting students with disabilities on clinical placements. Step 2 involves an academic and clinical needs assessment which is carried out to identify appropriate supports and accommodations required for the academic and clinical aspects of the programme.

Step
2.

Needs Assessment:

For students with disabilities to benefit fully from the programme, academic and clinical staff must ensure that each component of the programme is fully accessible to them (University of the West of England 2007). Ensuring accessibility for students with a disability, on nursing and midwifery degree programmes, is more complex because of the required clinical experience on practice placements. Similar to other degrees each student registered with a disability in the UCD Access and Lifelong Learning Centre are invited to have an examination and education needs assessment completed by one of the Disability Officers. A needs assessment is a systematic process for the collection of information and data upon which to base an accurate description of the strengths and learning needs of a particular individual (AHEAD 2011:5). However, students registered on a Nursing and Midwifery programmes may also have a clinical needs assessment completed. Clinical practice placements are critical elements of the programme as they provide students with opportunities to apply knowledge into practice, enabling them to develop skills such as critical thinking and practical competence (University of the West of England 2007). Given the importance of the clinical practice setting it is essential to ensure that students with a disability have the same access to clinical learning experiences as able bodied students. Academic and Clinical Needs Assessments are conducted separately.

A clinical needs assessment is a process by which:

- a. a student specific support needs in relation to their clinical practice performance are identified
- b. strategies to support the student and/or reasonable accommodations to the environment or to the way in which the student performs a practice element are discussed and
- c. an appropriate course of action is agreed (Traylor 2010). It can be conducted at any time during the four years of their programme, but students are encouraged to do so as early as possible. It is entirely up to the student to decide if he/she requires a clinical needs assessment. However, having one completed enables student participation in the process of designing support. It enables individualisation of support based on the growing amount of evidence and technology available, and finally, it provides a written record of the support agreed, evaluation of the support and details of the individuals responsible for particular actions.



In order to request a clinical needs assessment students must first provide documentary evidence of a disability to the UCD Access and Lifelong Learning Centre and complete an education/academic needs assessment. Needs assessments are carried out by a member of Access Centre staff (not necessarily the Access Centre Disability Adviser). It is explained during the Needs Assessment, to students of nursing and midwifery programmes, that additional accommodations are available for clinical placements. Students are advised to contact the Disability Liaison Team (DLT) within the SNMHS to request a clinical needs assessment. The student is also asked to sign a form stating whether or not they consent to the Access Centre forwarding their disability documentation to the Disability Liaison Team. If the student does not want to take part in a clinical needs assessment they are advised that they can review this with the Access Centre at any time during their degree programme.

The academic and clinical needs assessment form will record the reasons why the student sought support, by examining what support they required in second-level education, such as examination support, dyslexia support, and so forth. Information is also obtained to accurately identify the strengths and learning needs of each student to allow reasonable accommodations and supports to be identified (AHEAD 2008). The recommended reasonable accommodations are recorded, for the university and clinical placements, including assistance with assessments, recommendations for learning supports and the need for assistive technology.

The main elements of the academic and clinical needs assessment should include the following:

- Identification of the academic, and clinical competencies to be achieved
- Identification of the student's personal needs/ supports and reasonable accommodations
- Assessment of learning skills such as reading, note taking, time management
- Assessment of clinical skills relevant to each stage of the program
- Assessment of communication to communicate or receive communication, in its various forms, written, verbal, auditory or visual to a diverse community of patients and professionals
- Assessment of cognitive skills such as memory, attention, analysing and processing information, problem solving and language processing
- Assessment of physical abilities, examining

movement, coordination, dexterity, and fine motor skills

- Transport and access issues also need to be considered (AHEAD 2008)

On completion of the Needs Assessment students are provided with a Certificate of Registration which confirms that they are registered with the Access Centre for disability support and the reasonable accommodations which they receive. This Certificate can also be downloaded by the student from UCD's Student Information System (SISWeb).

Each clinical site has its own independent Occupational Health Department, which conducts a health assessment of all students prior to commencing their clinical placements to examine their health history. All students are encouraged, at this stage, to disclose their disability so that the appropriate measures can be put in place to adequately facilitate the student in the clinical area; thus, ensuring the protection of the health and safety of the patients, the staff and the students themselves. The UCD Access and Lifelong Learning Centre do not normally make contact with the clinical site as the role is now undertaken by a member of the Disability Liaison Team within the SNMHS.

Step 3. Financial Assistance:

UCD Access and Lifelong Learning Centre will submit an application to avail of the funds for students with disabilities, which is then used to pay for equipment and/ or support services that have been identified as necessary. Students with a disability may avail of a range of post entry supports delivered by the Access team, in particular, a Disability Adviser, Assistive Technology Officer, Access Librarian and Learning Support Tutors (see Figure 4.3).



Figure 4.3 UCD Access and Lifelong Learning Supports

A number of sources of financial assistance exist for students with a disability entering third-level education (AHEAD 2010b).

A student grant is available for the Student Grant Scheme administered by Student Universal Support Ireland (SUSI). Each grant is means tested and not specific to students with a disability. The grant includes the payment of full fees, and a maintenance allowance.

Each Higher Education Institution can also avail of the Fund for Student with a Disability from the Higher Education Authority (HEA). This fund is used by the UCD Access and Lifelong Learning Centre to provide support for students with a disability, including Assistive Technology, Personal Assistant or Irish Sign Language (ISL) interpreters. The Back to Education Allowance Scheme is funded by the Department of Social and Family Affairs and is available for students who are in receipt of a disability-related payment. The student can apply for this allowance, which entitles them to a once off payment towards educational costs.

A student Assistance Fund is also available to all third level students. This fund is administered by the Department of Education and Science under the auspices of the Higher Education Authority and eligibility is subject to a means test. A website www.studentfinance.ie provides detailed information on all financial support available to students in third level institutions.

4.3 | What are students' rights and responsibilities?

In order to strive towards inclusive educational opportunities, the student with a disability has many rights. These rights have been enshrined in the disability legislation outlined in Section 2 of this Guide. They include the right to not be discriminated against in clinical practice because of their disability. Students with a disability also have the right to participate fully in the organisation and delivery of patient care and the right to reasonable accommodations to assist them in the delivery of patient care. In addition, students with a disability have the right to receive education and training in clinical practice, in a formal setting, that accommodates their learning needs. Students with a disability should be encouraged to become aware of their rights under the disability legislation and to get actively involved in their academic and clinical needs assessment and the identification of appropriate reasonable accommodations. Student should be aware that rights are inextricably linked to responsibilities (Hutchinson & Atkinson, 2010). For example, students can exercise their right not to disclose, but must then accept the responsibility and consequences of non disclosure and the non provision of accommodations.

Students with a disability who choose to disclose have a responsibility to identify themselves in a timely manner when seeking reasonable accommodations. Other responsibilities include providing disability documentation from an acceptable professional source that verifies the nature of the disability, register with the UCD Access and Lifelong Learning Centre and follow their procedures if they wish to obtain reasonable accommodations. This includes signing the UCD Access and Lifelong Learning Centre Code of Practice and consenting to the release of information.

Students are under no obligation to disclose a disability, but it is crucial that they are made aware that as students of nursing or midwifery they have a professional responsibility to ensure that non disclosure of the disability does not present a risk to themselves and/or others. Academic and clinical staff should emphasize the need for all nursing and midwifery students to ensure the safety of patients during the delivery of care. Students who are aware of delivering unsafe patient care have a duty of care and a responsibility to withdraw from patient care delivery until educative and/or supportive measures are introduced to ensure the restoration of safe practices.

Table 4.1 SWOT Analysis

Strengths	Weaknesses
What skills and personal resources do I have? What do I see as my strengths? How can I use these to help me on placements?	What knowledge and skills do I need to improve? What should I avoid if possible? What do I see as my weaknesses? What do others perceive as my weaknesses?
Opportunities	Threats
What are the learning outcomes of the placement? What do I need to learn on this placement? What do I need to achieve on this placement? What opportunities will I have to improve my knowledge and skills on this placement? What supports do I need to achieve the requirements of this placement?	What nursing activities might be difficult on the placement? What knowledge or skills might be difficult to learn on the placement? What factors may affect my performance?

Source Table adapted from Trinity College Dublin (2010)

Students should be encouraged to make use of networks, links and individuals that are identified for support purposes in clinical practice. The students should communicate regularly with relevant staff members, effectively and in a timely manner, and provide constructive feedback on adjustments made in order to improve support arrangements. All students should be encouraged to consider completing the following SWOT analysis to identify how to get the most out of their practice placements.

Completing a SWOT analysis assists students to identify their own strengths, which they can use to assist them in clinical practice. The identification of learning opportunities in advance of the clinical placement also ensures that students can take full advantage of these opportunities when they arise in clinical practice. The SWOT analysis also assists them to identify areas where they may experience difficulties and in which they may require additional assistance.



Disability Supports in Clinical Practice

5

5.0 | Introduction

Assessing and supporting students are an integral part of the clinical nursing and midwifery practicum. In order to provide appropriate and adequate support to students with a disability in clinical practice it is necessary to establish whether their disability will have an impact on their ability to meet the required standards of competence.

As a result, students may need additional supports in the form of 'reasonable accommodations' such as, time allowances, shift preferences and/or assessments presented in alternative formats so that they are not disadvantaged during the course of their clinical practice placements. Usually, the student with a disability knows his/her own abilities and limits and, as a result, may be able to advise on relevant supports and accommodations. These accommodations are normally identified by having had a clinical needs assessment completed.

Some questions that need to be considered in relation to students' disabilities and required resources are as follows:

1. What limitations is the student experiencing, if any?
2. How do these limitations affect the student's ability to meet the standards?
3. Are any specific skills problematic?
4. What reasonable accommodations are available to reduce or eliminate these problems?
5. Are all possible resources being used to determine possible reasonable accommodations?
6. Has the student been consulted regarding possible reasonable accommodations?

7. Once reasonable accommodations are in place; would it be useful to meet with the student to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
8. Does management or staff need disability awareness training?

Office of Disability Employment Policy (ODEP 2010)

Three questions that the student might consider include:

1. What type of support does your placement offer you?
2. What type of threats does the placement offer you?
3. What do you want to gain from your placement?

5.1 | What are the main types of disabilities?

For convenience the main categories of disabilities are as follows and illustrated in Figure 5.1. The most common types of disability disclosed within our student population is not dissimilar to other students in other schools - Specific Learning Disability Difficulties (SpLD), in particular, dyslexia. However, dyspraxia, dyscalculia, anxiety, hearing impairments, long-term medical conditions and mental health illness are becoming more evident particularly in clinical practice. However, students who disclose a disability often have another disability, for example, dyslexia and depression.

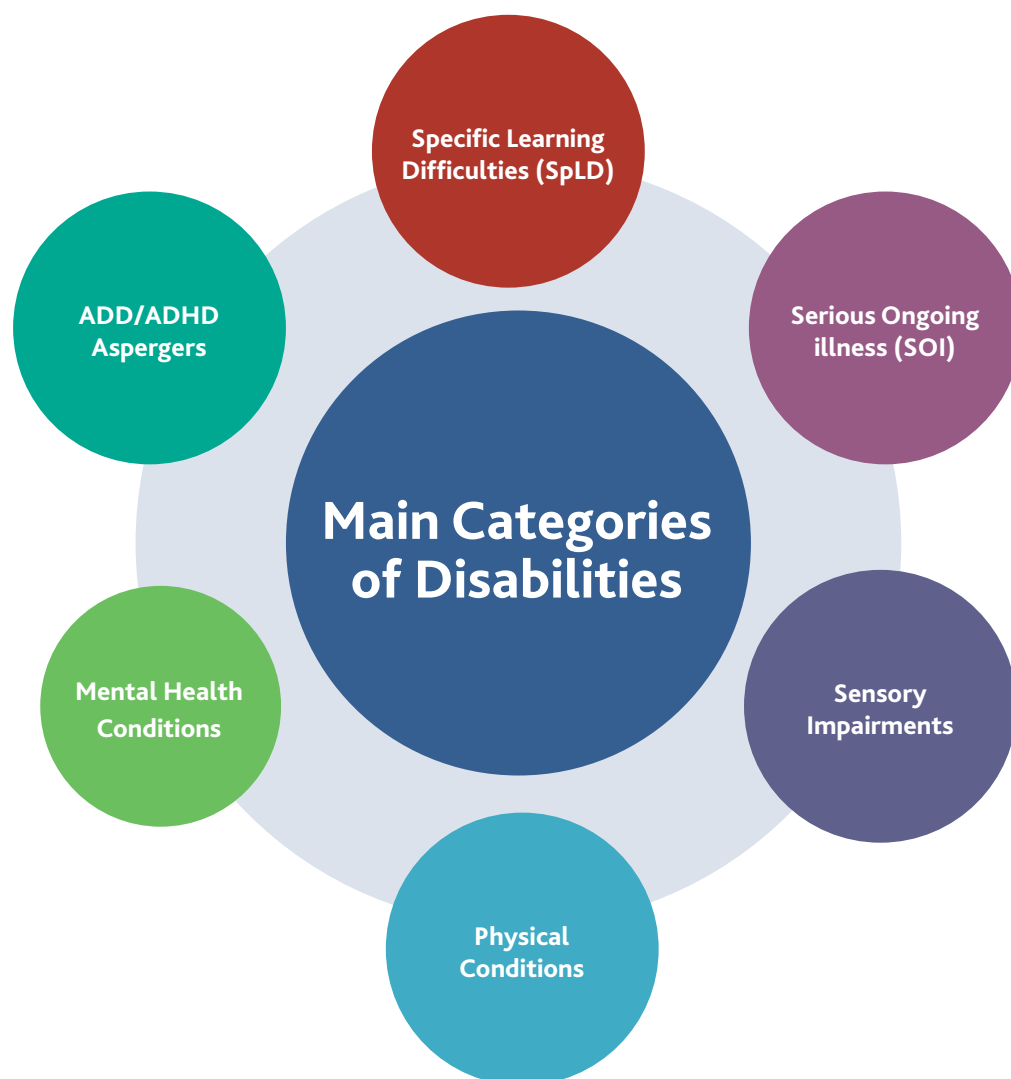


Figure 5.1. Main categories of disabilities

These main disabilities are individually discussed later in this section with the relevant accommodations. Students with one or more of these disabilities may require a number of reasonable accommodations. However, all students must indicate fitness to practice and where this is questionable this student can be required to produce evidence of same prior to clinical placement.

5.2 | What are reasonable accommodations?

The Employment Equality Act (Government of Ireland 1998-2008), The Equal Status Act (Government of Ireland 2000-2008) and The Disability Act (Government of Ireland 2005), as previously discussed in Section 2, require employers to take 'reasonable' steps to accommodate the needs of current and prospective employees with disabilities. A reasonable accommodation is any modification or adjustment to a job or the work

environment that will enable qualified applicants or employees with disabilities to participate in the application process or to perform essential job functions (Work Without Limits 2015).

The level of reasonable accommodations required for a student with a disability varies greatly. Rather than assuming that the costs of making a reasonable accommodation will be high, it is critical to establish what type(s) of accommodations are needed, as not all such accommodations require financial outlay (Workway, 2007). As previously outlined in Section 4, upon registration to a third level institution, the Disability Adviser, in conjunction with the student, implements a needs assessment (education and examination) and a number of reasonable accommodations are identified. The Disability Adviser will emphasise to the students with a disability that the work of nurses' and midwives' can be physically and mentally challenging and are advised to contact the DLT in the SNMHS to have a CNA completed.

5.3 | What you need to know about Assistive Technology?

Assistive Technology (AT) concerns the practical tools that can support functional needs of people who experience difficulties linked to disability or ageing. It encompasses a broad spectrum of low tech and high tech technologies, e.g. walking sticks/frames, wheelchairs, to high end hearing, vision, and computer-based communication devices (ISO 9999).

Assistive technology allows employees to perform their jobs in the most proficient and professional way possible. An example of assistive technology for a student with low vision may include some of the following: speech recognition software, speech to text software, or software that helps change the contrast or the size of the font on a computer screen. Put simply, the use of AT increases the ease and safety with which the student performs each task. To achieve or improve on these tasks there must be a good match between the user and the assistive technology product. AT does not replace teaching supports; rather it complements them by providing students with tools that help them to perform tasks more easily (AHEAD 2008).

In a nursing or midwifery programme, AT is generally used by the student with a disability to support independent learning and participation in clinical practice while on placement. Other examples include: LiveScribe pen, medical spellchecker, **speech recognition or voice recognition programs** (this allows the students to enter data using their voices rather than a mouse or keyboard) and a thesaurus (AHEAD 2008). Additional examples of AT tools are further expanded upon in Section 8 (Information and Resources) of this Guide.

Some types of AT can be used by any clinical staff member to assist students in their clinical practice. For example, an electronic dictionary can be used to assist students who have dyslexia and for students experiencing difficulties with spelling, pronunciation and grammar. AT tools can also range from very simple items such as a calculator to sophisticated pieces of equipment or software. The use of AT in education or clinical practice can greatly improve a student's standard of performance, which gives a greater range of choices for learning thus enabling him/her to compete equally with his/her peers.

The clinical needs assessment in respect of AT is based on the specific demands of the placement to be undertaken. It aims to identify any difficulties being experienced by the student and the impact of these difficulties on his/her learning in the clinical

environment. Deciding on the most appropriate technology can involve intensive collaboration with key staff in the clinical area, staff training in the use of the technology, a trial period of use by the students, consideration of its portability, cost and practicality of the equipment and examination of the skills required to operate the equipment. The student should be made aware of the need to protect the confidentiality of patient information and that they will need to have their Assistive Technology equipment checked by the IT/Health and Safety office at the clinical site prior to its use. Measures to ensure such protection should be discussed with the student, by the Clinical Contact Person and the IT department at the clinical site, prior to the student using the equipment on clinical placement. In some instance, the hospital may be required to draw up a policy to provide some protection and guidance.

An AT assessment generally includes the following elements:

- An assessment of the student's IT literacy
- Student self-assessment as to its appropriateness
- A functional assessment of AT requirements
- A review of any existing assessment report (with the student's permission)
- Discussion with other team members and the clinical sites
- Production of an assessment report and assistive technology needs

(AHEAD 2010c)

In order to maximise the success of AT accommodations, the student should actively participate in a clinical needs assessment, attend relevant training and care for and return equipment to the Disability Officer. The student should also provide feedback to staff on any problems being experienced with AT equipment so that they can be addressed promptly (AHEAD 2010c).

5.4 | What are the main types of reasonable accommodations and supports?

The main types of disabilities and the reasonable accommodations that apply to the various disabilities will now be outlined. The reasonable accommodations listed should not be used as a checklist, but rather as examples of accommodations that have been used to support students. The particular and unique needs of each student will determine the nature and type of reasonable accommodation used for the student while on clinical placement.



SPECIFIC LEARNING DIFFICULTIES (SpLD)

Specific Learning Difficulties (SpLDs), as used in this Resource Guide, refers to the way information is learned and processed. They are neurological (rather than psychological), and they can have significant impact on education and learning and on the acquisition of literacy skills. SpLD is an umbrella term used to cover a range of frequently co-occurring difficulties, more commonly: *Dyslexia*, *Dyscalculia*, *Dysgraphia*, *Dyspraxia* and *A.D.D / A.D.H.D* (BDA 2015). These will now be discussed in more detail.

DYSLEXIA

Dyslexia is a hidden disability thought to affect around 10% of the population, 4% severely. It is the most common of the SpLDs and is usually hereditary. A student with dyslexia may mix up letters within words and words within sentences while reading. They may also have difficulty with spelling words correctly while writing and letter reversals are common. However, Dyslexia is not only about literacy, although weaknesses in literacy are often the most visible sign. Dyslexia affects the way information is processed, stored and retrieved, with problems of memory, speed of processing, time perception, organisation and sequencing. These difficulties may affect organisation and retention of knowledge and the organisation and management of nursing care and management roles. Some may also have difficulty navigating a route, left and right and compass directions.

Reasonable Accommodations

Provide clear verbal and written instructions and expectations for the placement.

Consider giving the student a tour of the clinical site, pointing out significant places.

A list of contact names where further support could be given to the student when the UCD Access and Lifelong Learning center is unavailable (e.g. after hours and weekends). However, be aware of overloading the student with information.

Prior to clinical placement, consider holding writing and terminology workshops to assist the student in recording patient information, how to use different colours and to assist in organising the admission and discharge of patients to alleviate stress.

Provide relevant **documentation well in advance** of the placement. Consider developing a handover sheet to help to prioritise tasks and the use of a highlighter to identify important tasks for patient care. This should be made available in the correct font and size (Arial/Size 12) and, if possible, in cream background colour to reduce the glare or if possible in electronic format.

Give **clear guidelines** for documenting patient care in correct format and if necessary, provide help with planning and structure. A degree of untidy writing, inaccurate spelling, poor use of punctuation, lack of or too many capital letters, may have to be accepted, as long as the meaning is clear. If errors occur, give feedback on the sequence of steps required to complete the writing task effectively. The use of mnemonics might be helpful and it may be necessary to waiver spelling and grammar in their documentation.

Provide a glossary of **essential terminology** at the commencement of the placement. The use of a small pocket size address book is useful for recording specific words and terms. The student should be advised to record, and define, difficult words, alphabetically, in the address book. The student then has a permanent record, to which they can refer, to assist them with these words. Staff are also encouraged to write in this address book.

The student should be encouraged to use an electronic dictionary/thesaurus and to add to the lists of terminology as necessary. Be careful when using words that can be interpreted in different ways, as further explanations will be required, e.g. 'Mrs Brady complains of... can mean 'Mrs Brady is complaining' rather than 'Mrs Brady's signs and symptoms are...'

Where possible, do student assessments in a **quiet room** to minimize the risk of distractions. Encourage students to use a tape recorder/dictaphone during teaching sessions and demonstrations.

DYSLEXIA

cont.

Consider **flexible working patterns** to allow students to write up patient records during the day, rather than at the end of the day.

- Allow **more time** for the student to complete his/her documentation and, in some cases, the student may wish to use an iPad/notebook/iPhone to improve their spelling and grammar.
- During the demonstration of a skill, **explain the procedures simply**, relating it to the individual patient. Repeat and then ask the student to repeat what they are doing and encourage reflection. Give clear, logical instructions, repeated in different words, broken down into steps, reinforced by written instructions, if necessary. Visual strategies work best with students who are dyslexic. The student should be allowed extra time to practice skills and to write down the sequence. Use a range of methods, i.e. visual, aural and hands on.
- It can be helpful to provide a **prompt sheet** that the student can use to aid reflection prior to giving feedback as instant recall can be difficult and stressful.
- Some students with dyslexic difficulties may experience visual disturbance (visual stress – see Figure 5.2) when reading:
 - Text can appear distorted and words or letters appear to move or become blurred.
 - There may be difficulties tracking across the page.
 - White paper or backgrounds can appear too dazzling and make print hard to decipher.
 - Good lighting can help overcome some visual problems and in particular the avoidance of white boards and white paper. Coloured filters can help settle down visual disturbance for some students.

Read Regular is created without copying or mirroring shapes. Therefore the frequency of repeated shapes in a text is decreased. This results in a minimum chance of visual distortions (swirl-effect). The aim is to create interesting typography that will maintain the readers' interest and will prevent them from getting bored or frustrated. Diversity in text knows many variations. We must understand the fact that typography for a novel is different from a magazine or a publication for education. Even so a novel has the potential to be clear and interesting. This can be achieved in any level of creativity, thinking on type size, leading, the amount of words on a sentence and the character/paper combination.

Figure 5.2 An example of visual stress (Source: BDA 2015)

If a student presents with a least one of these problems or has difficulty in college, ideally they should be referred to an optometrist or orthoptist with expertise in this particular field. Many dyslexic students are sensitive to the glare of white backgrounds on a page, white board or computer screen. This can make the reading of text much harder. Accommodations could include:

The use of cream or pastel coloured backgrounds can mitigate this difficulty as can coloured filters either as an overlay or as tinted reading glasses. People with reading difficulties sometimes have a weakness in eye co-ordination or focussing. An specialist practitioner might recommend treating this with eye exercises or glasses.

The choice of colour of text on white backgrounds can also affect clarity e.g. using red on a whiteboard can render the text almost invisible for some dyslexic students.

DYSCALCULIA

Students with dyscalculia have difficulty understanding maths concepts and symbols. It is characterised by an inability to understand simple number concepts and to master basic numeracy skills. Such students are likely to have difficulties dealing with numbers at very elementary levels; this includes learning number facts and procedures, telling the time, timekeeping, understanding quantity, prices and money. Difficulties with numeracy and maths are also common with dyslexia. It means that the student may have problems in learning formulas to ensure drugs can be appropriately calculated. They may exhibit difficulties in the following areas: computation, poor sense of direction, laterality, mathematical concepts, mental mathematics, reading and writing numbers, reversals, rote counting, rules and formulae, and sequencing. Students may also display a tendency to lose things and may appear absent minded and can sometimes have poor name/face retrieval.

Reasonable Accommodations

To assist with the calculation of drugs and dosages the student could be encouraged to carry a notebook to work out calculations and to allow students to use fractional, decimal, statistical, or scientific calculators with large display screens.

Provide a talking calculator on the drug trolley. The Clinical Placement Coordinator (CPC) should emphasise that patient safety is paramount in the administration of patient medication.

Provide mathematical tables/formulas on drug trolleys, MDA cupboards, at nurses/ midwives' desk or in the work area.

To facilitate problems retaining and recalling information (e.g. when taking phone messages, advise students to ask the caller to repeat the instructions to them). Encourage the student to ask clinical staff to repeat instructions and request them to wait until the student has written them down.

To prioritize workload; encourage the student to reflect after the shift on how they could have managed their time more effectively and to demonstrate how they can create an action plan.

For measuring wounds, provide a talking tape measure.

For weighing patients, use a talking scales.

DYSGRAPHIA

Dysgraphia may be used as a general term for disorders of written expression - an inability to write legibly, but it is more than just having bad handwriting. It is classified as a Developmental Co-ordination Disorder (DCD). People with dysgraphia can have trouble organising letters, numbers, and words on a line or page and this can result partly from Visual-spatial difficulties: trouble processing what the eye sees; and partly from Language Processing Difficulty: trouble processing and making sense of what the ear hears. Dysgraphia can be divided into three subcategories, depending on where the writing difficulty lies. Someone with dysgraphia may have one, two, or three of these subtypes:

- **Dyslexic Dysgraphia** is characterised by unusual spelling and poor legibility in spontaneous written work. A person can have 'dyslexic dysgraphia' **without** actually having dyslexia.
- **Motor Dysgraphia** - Students often spell reasonably well, but still have poor legibility in written work. With extreme effort, writing may be OK, but problems with letter formation, letter size, and letter or word omission can become increasingly worse. Writing is very time consuming, and can become unsustainably painful after a short period of time.
- **Spatial Dysgraphia** is characterised by difficulties with the space allotted for writing. Written work is poor or illegible, but spelling is normal.

Students may present with some or any of the following:

- Illegible handwriting
- Mixture of cursive and print writing
- Saying words out loud while writing
- Concentrate on writing, so much that they don't comprehend what they've written
- Difficulty thinking of words to write
- Unfinished or omitted words in sentences
- Difficulty organizing thoughts on paper
- Difficulty with structure and grammar

Reasonable Accommodations

Allow student to use a computer for charting with voice recognition software installed such as Dragon speech recognition software

Allow students to use paper with guiding lines

A sloping desk is often recommended by Occupational Therapists and is especially helpful for students with poor muscle tone.

The use of a mini laptop/notepad/iPad may be beneficial for documenting care. They will be able to get their thoughts down and think about what they will write, readily changing order and sequence - rather than be frustrated by the physical challenges of handwriting.

Avoid lengthy periods of writing and aim to update charts and care plans regularly.

Allow student to record handover using audiotape

Provide handover/patient notes in alternative formats

Copies of handover template in advance of ward and teaching notes

Extra time to document and do tasks

Access to Counselling and Medical Services

DYSPRAXIA (DCD)

Developmental Coordination Disorder (DCD), also known as Dyspraxia in the UK, is a common disorder affecting fine and/or gross motor coordination in children and adults. Individuals may vary in how their difficulties present; these may change over time depending on environmental demands and life experience. An individual's coordination difficulties may affect participation and functioning of everyday life skills in education, work and employment. There may be a range of co-occurring difficulties which can also have serious negative impacts on daily life. These include social emotional difficulties as well as problems with time management, planning and organization and these may impact a student's education or employment experiences (BDA 2015). They may be untidy and slow at tasks that require fine/gross-motor skills. Often students may appear to have a lot of information, but are unable to record that information in a logical and meaningful order. Their written work does not match their apparent verbal ability (Special Education Support Service (SESS) 2010).

Reasonable Accommodations

A map of the clinical site could be provided in advance and photos of the key areas would be useful or a video that is accompanied by audio.

To aid time management, encourage the student to use a daily diary and to complete a 'to do' lists.

Have the student make up a timetable of activities for the day.

Give plenty of notice for a change in routine or roster. The student and Preceptor should go over the off duty every week and clarify expectations re time and place of the next shift at the end of every shift.

Aim to give very specific instructions*.

The student may need to stand to do a task, rather than to sit to gain greater stability.

Some students with dyspraxia have problems with social distance and may constantly 'invade your personal space'. Such students may need to be taught to stay at arm's length from the person they are talking to in particular, patients and family members.

Encourage the use of different colours for highlighting different tasks.

'Prioritisation and planning' skills; rehearse these skills away from the practice area, perhaps in the college's skills laboratories.

To overcome the confusion between Left and Right (as it can cause problems when being directed to get equipment or directing patient, relatives and family), encourage the student to take the same route when getting equipment and to find a way of identifying their right from left on their own body, e.g. right is equal to write, if they are right handed, wearing their fob watch or name band on their left or right at all times!

Students who are experiencing problems pronouncing words when reading a laboratory report, or who have difficulty being able to identify the relevant information from the patient's records/drug charts, should ask the student to seek help from other staff and to spell out drug names. Drug pronunciation and spelling can be assisted by advising the student to use the Mosby's 'Medical Drug Reference' and/or Inductel's Electronic Medical Dictionary and Speller (see Section 7 for more information)*.

Being able to speak clearly during handover is vital to ensure that staff receive the correct information. The student may use a ruler with a handle under the line, when they are reading*.

Poor spelling, grammar and punctuation can mean that vital information may be misinterpreted by other staff. Encourage the student to use a medical dictionary (electronic) and ask someone to check what they have written in rough before writing it in the patient records/drug charts. After a while it is possible to encourage the student to write a list of pre-organized phrases to aid their ability to write their notes. They student may use block letters and be advised to practice new words.

* maybe useful for students with dyslexia as well

ATTENTION DEFICIENT/ HYPERACTIVITY DISORDER (ADHD)

Attention deficit/hyperactivity (AD/HD) disorder is a condition that affects those parts of the brain that control attention, impulses and concentration, and can occur with or without hyperactivity (University of Oxford 2015).

Behavioural signs of Attention Deficit (Hyperactivity) Disorder (A.D.H.D.) include: inattention, restlessness, impulsivity, erratic, unpredictable and inappropriate behaviour, blurting out inappropriate comments or interrupting excessively. Some students come across unintentionally as aggressive. Some many also have difficulty using feedback effectively.

If no hyperactivity is present, the term Attention Deficit Disorder (A.D.D.) should be used. Students have particular problems remaining focused so may appear 'dreamy' and not to be paying attention. They are very easily distracted, lose track of what they are doing and have poor listening skills. By failing to pay attention to details, they may miss key points. A.D.D often co-occurs with dyslexia and students may have difficulty understanding when listening, expressing themselves clearly using speech, reading, remembering instructions, understanding spoken messages and staying focused (BDA 2015).

Students presenting with ADHD may have some or all of the following:

- Poor time management and organisation skills
- Difficulty managing a varied workload – problems with focusing on more than one task
- Difficulties getting to new places on time
- Difficulty meeting deadlines and managing patient workloads and tasks
- Easily distracted by varying stimuli which can be problematic in a busy ward.
- Poor short term memory makes directions and instructions very difficult
- Poor attention span makes following directions may be problematic
- Difficulties following a conversation which may lead to behaviour deemed to be inappropriate – interrupting others (UCD 2015).

Reasonable Accommodations

Providing a preclinical placement visit and introducing the student to various personnel and facilities can be helpful

Providing documentation in advance can help students to focus and engage in a more timely manner, particularly if they have poor short-term memory.

Following up meetings with focused feedback can assist with their time management, punctuality, and attention difficulties

Use of to do lists can serve as helpful reminders to do particular tasks.

Assistance with prioritising patient care and meeting deadlines.

SERIOUS ONGOING ILLNESS (SOI)

Some students will enter third level with a long term or permanent medical conditions, and others receive a diagnosis during the degree programme which may impact on their studies. There are many examples, including: Epilepsy, Diabetes, Myalgic Encephalopathy (ME), Asthma, Cancer, Congenital Heart Disorders, Fibromyalgia, Chronic Fatigue Syndrome and others. Reasonable accommodations are identified on a case by case basis and very much depend on the severity of the illness. In some instances minimal or no reasonable accommodations will be required.

EPILEPSY

Students should be advised to wear the ID alert bracelet.

Advice/guidance about balancing activities, e.g., academic work and clinical practice.

Advise clinical staff that the student is prone to seizures.

Ensure all staff are aware of seizure management and treatment

Clinical staff may need to be advised that the student is not to work alone.

In the case of unpredictable or uncontrolled seizures, students may be unable to undertake scheduled night duty and alterations in normal shift patterns may be sought. For example, two nights of duty rather than seven continuous nights on duty

Be aware of their own triggers for seizures and avoid if possible

Students with photosensitive epilepsy should avoid areas of bright or flashing lights.

Time off duty to attend for medical appointments

DIABETES MELLITUS (DM)

Students should be advised to wear the ID alert bracelet.

Will require regular meal breaks (remind clinical staff of same).

May need to take short breaks to check the blood glucose level.

May need to negotiate the length of the period spent on night duty.

Clinical staff should be aware of factors that may cause episodes of hypo and hyperglycemia including stress, etc.

CHRONIC FATIGUE SYNDROME

Allow a flexible work schedule.

Reduce physical exertion and workplace stress in as far as is possible.

Schedule periodic rest breaks away from the ward if possible.

SENSORY IMPAIRMENTS

Sensory Impairment, as used in this Resource Guide, refers to any condition that affects hearing, speech, and vision.

HEARING IMPAIRMENT

Individuals who are deaf or hard of hearing people choose to communicate in different ways depending on their level of deafness. Some may use 'lip reading' and/or a hearing aid, whilst others may use Sign Language as their preferred mode of communication. Importantly, if a person uses a hearing aid, **his or her hearing without that equipment aid is what counts.** Every student with a hearing impairment will have his or her own specific communication methods and it is therefore important to ask the individual student what kind of support she/he would find most helpful. Different situations will require different strategies to increase a student's access to information and the ability to communicate. It is recommended that, at the end of the student's first week on placement, a brief review of how effective and appropriate the strategies have been.

Further changes may need to be negotiated as the placement progresses. A flexible approach is essential.

Reasonable Accommodations

Ensure phones on clinical placements can be amplified, eg: with volume control or an attached amplification device.

Phones that flash when they ring - student can then alert another person to take phone messages, if needed

Voice to text phones (IN CLINICAL AREAS)

Adapted and/or electronic stethoscope with or without visual display

The use of an ISL interpreter

Additional time following 'handovers' to double check information and to plan care

Use of a Smartphone with voice to text

Face the student and speak clearly using simple language

Minimise distractions around the student

Check that the student is following what is being said - rephrasing can be helpful if the student does not understand what is being said

Use clear face masks if the student lip reads

If videos are used in teaching sessions it is helpful if these are captioned or if the student can be provided with a transcript/ brief synopsis.

Provide information in advance of placements

Important information should be provided on paper or in electronic format as well as verbally.

During a practical demonstration it is important to ensure that the student can see both what is being said and what is being done

Students receiving instructions will benefit from front-row seating

Student must attend mandatory fire training. A personal emergency evacuation plan may be required, i.e. vibrating fire alarm for use on placement (organized in conjunction with Health and Safety Officer) is recommended

Clinical placements should be negotiated so that the student is not placed in potentially difficult areas where lip reading or a lot of noise may be a problem.

Consider the use of vibrating alarms to signal a monitor alarming or cardiac arrest.

SPEECH IMPAIRMENT

Speech impairments may range from problems with articulation or voice strength to complete voicelessness, chronic hoarseness, stuttering or stammering. Students with speech disabilities may be difficult to understand and have difficulty in expressing ideas. Speech impairments can be aggravated by the anxiety associated with oral communication in a group.

Reasonable Accommodations

Be aware that a student with speech impairment will require a lot more time to express themselves than other students. You will need to demonstrate patience and allow the student the time to finish his/her sentences without interruption.

Avoid correcting speech difficulties - this will lead to a weaker self-esteem, it's much more important to model correct speech patterns. Be patient when the student speaks. Rushing a student with speech and language difficulties magnifies the frustration level.

Be sure to stand near the student when giving vocal instructions and ask the student to repeat the instructions and prompt only when necessary.

Speak with the same volume, pitch and pace as usual.
Speak slowly and deliberately.

Maintain eye contact at all times.

Provide frequent verbal clues.

Provide a quiet spot for the student to work whenever possible.

Provide visual cues - on the blackboard or chart paper.

Focus the student frequently and provide step by step directions - repeating when necessary.

Use gestures that support understanding.

If the student has a speech/language therapist, the Disability Adviser will liaise with them to ensure that the correct accommodations are in place.

Focus on the student's strengths as much as possible.

Use a word prediction computer where possible.

Encourage the student to answer the phone. In some instances, the student may be given the opportunity, with lots of support, to answer the phone on particular days. This assists the student to build up their confidence and demonstrates more support.

Ensure that the student has a mechanism in place that allows them to call for help in an emergency and that clinical staff are aware of this mechanism, e.g. use of a whistle to signal for help in an emergency or having a 'buddy' in the clinical area.

Alert the student to self help programs, for example, the McGuire programme which offers the student practical training to address stuttering and stammering (see Section 8).

VISUAL IMPAIRMENT

It is often assumed that visually impaired people will be unable to sign patient records and will, therefore, be in breach of their legal obligations. This is not the case. Many partially sighted people can write legibly and, indeed, can read their own handwriting as well as that of their colleagues; others can write legibly although they are unable to read what they have written or any other handwritten script. Some visually impaired students will require assistance to complete standard patient record forms and other relevant documentation such as Learning Plans. Reasonable accommodations will depend on the degree of vision loss and may be required in both accessing information and producing written records. It is important to explore possibilities with individual students prior to the start of the placement.

Reasonable Accommodations

Use of low vision aides eg: magnification devices

Depending on the student's particular requirements, she/he may need some specialist equipment to enable full participation in the placement. Many students have their own portable equipment that they may be able to take with them onto placement, e.g. laptop/iPad, Braille note takers. If this is not the case, students may need to have some equipment provided.

Access to a computer with screen reading software.

Assessment documentation on audio tape and if possible, in electronic format.

If the student is not familiar with the route to the clinical site, it would be advisable to travel the route prior to the start of the placement. Although it is the student's responsibility to carry this out, it may be useful for the CPC and/or the Preceptor to be aware of this issue and, on initial contact with the student, to suggest this strategy of prior 'route familiarisation'.

Placement providers may be able to support the student by producing a verbal description of the route from the local bus stop/station either in text or on tape or podcast.

Some partially sighted people can see quite well when light levels are good, but may experience 'night blindness' in low levels of light or at night. If the route to a placement is complicated or involves a long walk, it may be difficult for the student to negotiate the environment during the months of the year when it gets dark early. Clinical allocation officers should be aware that this may be an issue and be sympathetic in the allocation of placements. Where programmes require the student to be placed in a particular clinical setting that involves a difficult journey, this should be discussed with the individual student in advance.

If necessary, provide clinical placement documentation in Braille formats.

Clinical staff should be aware that extra storage space may be needed by the student e.g. lockers or equivalent should be provided if students are using smaller, portable equipment which must be lockable.

It is helpful for preceptors and clinical placement coordinators to be sympathetic to students using a dictaphone or a tape recorder, during assessments, in order to temporarily record their findings. The student should briefly explain to their patients why she/he is using the equipment. The student should be made aware of the organisation policies in place to protect the confidentiality of electronic patient information.

For monitoring of vital signs, provide electronic/talking thermometers and blood pressure monitors.

Provide electronic/talking blood glucose monitors, electronic/ talking scales, watches, signage in large print, and electronic note taking equipment.

The CPC should ensure that any information that students receive prior to, or during, the placement is available in their alternative format, i.e. text, enlarged text, on tape/mini-disk, in Braille or an electronic copy. Appropriate presentation of written information for students with partial sight includes the following principles:

- Try to produce all information digitally.
- Keep layout simple and clear and keep text to a minimum.
- Use a clear Sans Serif font, e.g. Arial.
- Use good contrast in documents.
- Use matte paper.
- Use headings and pointers to aid navigation round documents.
- Avoid: capitalisation, italics, underline, shadow effect for text, use of full justification, enlarging A4 documents to A3 size.

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- Use matte paper.
- Use headings and pointers to aid navigation round documents.
- Avoid: capitalisation, italics, underline, shadow effect for text, use of full justification, enlarging A4 documents to A3 size.

PHYSICAL CONDITIONS

Physical conditions, as used in this Resource Guide, refers collectively to all conditions that affect mobility, for example, rheumatoid arthritis, cerebral palsy, multiple sclerosis and chronic conditions such as back problems (slipped discs, whiplash, and sciatica).

RHEUMATOID ARTHRITIS

Activities of Daily Living:

Make sure all the departments are easy to access

Have a chair/restroom close to the workstation

Allow longer breaks

Refer and review by appropriate community services

Allow use of a Personal Assistant at work

Fatigue/Weakness:

Reduce or eliminate physical exertion and workplace stress (light duties)

Allow a flexible work schedule, and flexible use of leave time

Implement ergonomic workstation design

Provide a motorised scooter or other mobility aids, if walking cannot be reduced

If limited in his/her ability to stand for long periods, assist him/her when standing, use of a stand/lean stool

Fine Motor Impairment:

Implement ergonomic workstation design

Provide alternative computer access

Provide alternative telephone access

Provide arm supports

Provide writing and grip aids

Provide a page turner and a book holder

Gross Motor Impairment:

Ensure the work-site is fully accessible

Provide reserved parking space to the hospital

Provide an accessible entrance

Install automatic door openers push pad activated power doors.

Provide an accessible restroom and break room

Modify the workstation to increase assessibility by including an ergonomic keyboard and a tablet computer with speech recognition software, an ergonomic chair, and an adjustable sit/stand workstation.

Make sure materials and equipment are within easy reach range

Move workstation close to other work areas, office equipment, and break rooms

STRESS

Reasonable Accommodations

Develop strategies to deal with work problems before they arise

Allow telephone calls and medical appointments during work hours to doctors and others for support

Provide information on counselling and employee assistance programs

Allow flexible work environment:

- Flexible scheduling
- Modified break schedule
- Leave for counselling

**MULTIPLE
SCLEROSIS (MS)**

Reasonable Accommodations

Prioritize assignments.

Allow flexible work hours during the day/week. For example, split duty/days off mid week.

Provide memory aids, such as schedulers or organisers.

Minimise distractions.

Allow a self-paced workload.

Minimise job stress.

To decrease fatigue/weakness:

Reduce or eliminate physical exertion and workplace stress.

Schedule periodic rest breaks away from the workstation.

Allow a flexible work schedule and flexible use of leave time.

Implement ergonomic workstation design.

To improve fine motor impairment:

Provide alternative computer access.

Provide alternative telephone access.

Provide writing and grip aids.

Provide a page turner and a book holder.

Ascertain whether the student requires an assistant when undertaking clinical skills (to assist with the preparation of the equipment and the skill and to reassure the patient during the skill).

Make sure materials and equipment are within reach range when completing documentation and undertaking clinical skills (e.g. dressing changes, passing a nasogastric tube, etc.)

Allow for extra time for completion of clinical skills.

To reduce heat sensitivity:

Reduce work-site temperature.

Use cool vest or other cooling clothing.

Use fan/air-conditioner at the workstation.

Allow flexible scheduling and flexible use of leave time.

To improve speech impairment:

Provide speech amplification, speech enhancement, or other communication devices.

Use written communication, such as email or fax.

Allow periodic rest breaks (please see speech impairment subsection for further examples).

To improve vision impairment:

Magnify written material using hand/stand/optical magnifiers.

Provide large print material or screen reading software.

Control glare by adding a glare screen to the computer.

Install proper office lighting or a dimmer if possible.

Allow frequent rest breaks (JAN 2010).

BACK CONDITIONS

Back conditions can result in difficulties such as walking, lifting, sitting, standing for short or long periods, gripping, and maintaining stamina depending on the location of injury. Many of the conditions could be acquired at any time during the student's clinical placements.

Walking: It is useful for the students and the CPC to give these matters some thought so that discussion can take place enabling negotiation of mutually acceptable arrangements.

- When considering mobility in the workplace, it is advisable for the student to visit the clinical setting, before the placement begins, to meet appropriate staff and to begin familiarisation with the environment.
- In some instances, if patients are spread over a number of wards, it may be advisable to ask the student to concentrate on one or two of those wards as long as this does not prevent the student from meeting the programme requirements.
- Access to buildings: install ramps, automatic doors, and internal and bathroom doors that push open.
- Lower shelves and provide access to filing cabinets.

Lifting: Some students may need to use alternative or modified techniques in lifting their patients e.g. hoist, transfer aids.

- Use of a team lifting approach.
- Height adjustable beds/examination tables.

Sitting and Standing: Provide preferred seating during training, classes and meetings and a stool to avoid standing for long periods.

Gripping: Provide one-hand syringes and a one hand Intravenous (IV) pole.

- Extra time given to the student to practice skills in skills lab, e.g. suctioning on a patient.

Stamina: Reduce or eliminate physical exertion and workplace stress.

- Shorten the working day and/or increase the length of placement.
- Schedule periodic rest breaks away from the unit, floor, or workspace.
- Allow a flexible work schedule and flexible use of leave time.
- Implement ergonomic workstation design.
- Provide a mobility aid if walking cannot be reduced.

It is the student's responsibility to arrive at the placement with ideas of personal strategies that might be used. These should have been formulated following the clinical needs assessment, before any clinical placements occurred, or as a result of prior clinical placements. These strategies can then be applied and modified as necessary in discussion with CPC/Preceptor (Office of Disability Employment Policy (ODEP) 2010).

MENTAL HEALTH CONDITIONS

Mental health conditions, as used in this Resource Guide, refers collectively to all diagnosable mental health disorders. Mental health disorders are conditions 'that are characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with distress and impaired functioning' (Thompson 2006:4). Mental health disorders can take many forms (i.e. depression, anxiety disorders, bipolar affective disorder, and schizophrenia) and each person's experience of a disorder is unique.

Symptoms of mental health disorders can include anxiety, depressed mood, obsessional thinking and/or delusions and hallucinations. Symptoms can occur on a continuum; at one end, the persons everyday functioning is not significantly affected and at the other end, everyday functioning is extensively impaired.

Mental health services in Ireland embrace recovery-orientated service provision. This approach focuses on the personal journey of recovery from mental health disorders; it recognises each individual's resourcefulness and promotes the belief and hope that each person has the ability to live a meaningful contributing life, despite the continued presence of many challenges (Mental Health Commission 2008).

Reasonable Accommodations

As part of the clinical needs assessment process, a joint learning plan of action can be drawn up, noting personal strategies that the student can use and strategies that the CPC can employ to support the student during the placement. Upon disclosure, it is recommended that the CPC should inquire of the students, on first contact, whether they have any support needs, so indicating an open and non-judgmental approach within the department.

Offer the opportunity for the individual student to talk about his/her fears before the placement begins. This could be done in conjunction with the Disability Liaison Team member or on the pre-placement visit as appropriate.

If mental health issues surface during the placement, it might be helpful for the CPC/Preceptor to arrange a private meeting with the student to try to establish the main areas of difficulty. Appropriate support personal can then be identified and /or strategies put into place to assist the student. If it is obvious that the student is experiencing an acute increase in mental distress, the CPC should refer the student to the appropriate service. The process for this will vary locally and therefore it is essential for staff members to be aware of available resources.

In some instances, the student or the personal tutor or clinical contact person may request that they require sick leave or leave of absence from the programme to address their mental health issues. The student's personal tutor should discuss this option with the student and subsequently, make a recommendation to support or not support the student's application to the Programme Board.

Strategies to assist disclosure and the provision of support include:

- Be sensitive and responsive to the student's potential needs.
- Listen to the student's concerns.
- Show concern by following up conversations at a later appropriate time.
- Enable the student to access other staff for example, mentor for support as required.
- Provide alternative locations for certain activities as requested, if possible (e.g. a quiet area for writing up patient records).
- Allow extra time for tasks (if necessary).
- Organize flexible work patterns to enable optimum performance and achievement of workload.
- Be sympathetic to the student needing to take time out for appointments.
- Be aware of, and sensitive to, fluctuations in mood states and how this may affect the student's interpretation of colleagues' language and/or actions.
- Encourage the student to use the counselling service in the organisation and in the college.
- Initiate programme adjustment and extension of practice experience to allow time off when required.
- If necessary, provide flexible scheduling



The Role of Academic and Clinical Staff

6

6.0 | Introduction

Students with disabilities should be enabled to achieve their full potential in the clinical practice setting, through a collaborative partnership approach between the university and the clinical site (Griffiths *et al.*, 2010). Many students with disabilities will have developed their own unique style of learning and working that should be acknowledged and utilised where possible.

Students with disabilities benefit most when the focus of support is on their abilities rather than on their disability. The types and levels of disability that students experience vary greatly from minimal to high levels of support and assistance.

6.1 | Role of designated staff in supporting students with a disability on clinical placements

Since 2010, the UCD School of Nursing, Midwifery and Health Systems have a designated Disability Liaison Team (DLT) that supports students registered with a disability and staff who support these students in **clinical** practice. The provision of such support requires that the team engage with students, and clinical and academic staff, to deliver a variety of activities, engagements and representations. Student support consists of disability awareness training, pre-placement workshops, assistive technology workshops, individual student meetings and a clinical needs assessment to identify supports for their placements. The quality of the supports, from the students' perspective, is also monitored and evaluated to ensure that student learning needs are met and opportunities for improvement are identified. Supports for staff include disability awareness training and advice regarding supports for students who have chosen to disclose their reasonable accommodations for placement. The DLT also liaises with the UCD Access and Lifelong Learning Centre and the Association for Higher

Education, Access and Disability (AHEAD) to provide additional supports for students and clinical and academic staff. International links, via disability professional interest groups, also facilitate best practice in the delivery of supports for these students. Having a named DLT ensures that there is an explicit infrastructure within which policies and everyday practices in supporting students with a disability can be addressed. This function is supported by DLT representation on School and University committees that address the delivery of degree programmes, student learning and assessment and widening participation within the University.

At UCD, each module coordinator (academic staff) is made aware of the students' academic and examination reasonable accommodations via (Infohub Analytics)³ when a student registers for a particular module. Students are encouraged to meet the module coordinator and their personal tutor to consider disclosing their disability and to discuss their reasonable accommodations. This enables the personal tutor and the module coordinator to liaise with the clinical area to ensure that the necessary supports are available for students in clinical practice. The module coordinator should also ensure that the reasonable accommodations, pertaining to the development of clinical skills, are implemented initially in the clinical skills laboratories where the student first practices these skills.

Members of the clinical staff, in each of the five clinical partner sites, are appointed as the Clinical Contact Person (CCP) by the Director of Nursing or Midwifery in each site. The CCP may be a member of the NPDU staff, Clinical Allocations Officer or other members of the Nursing or Midwifery staff. The CCP coordinates all communication between staff in the clinical site and staff in the School, the Access Centre (AC) Disability Adviser, the DLT, the student with the disability and others, as required. The role of the CCP may also involve providing disability information to

³ online information in UCD's business systems

members of the clinical staff involved in teaching and supporting students with disabilities.

The CCP reviews the documentation for each student with a disability and may contact the DLT to discuss the recommended reasonable accommodations. In cases where there are concerns regarding the accommodations being recommended, the CCP, the Director of Nursing or Midwifery, Human Resources Department, the Practice Development Coordinator or the Clinical Placement Coordinator (CPC) may contact the DLT to discuss the student's learning needs and appropriate reasonable accommodations.

In some instances, the CCP may wish to discuss the student's information with other relevant personnel. Such discussions can only take place if the student has consented to the disclosure of this information, to appropriate clinical staff directly involved in the provision of support for the student in question. Following these discussions, the CCP is advised to speak with the CPC and the Clinical Nurse/Midwife Manager (CNM/CMM) in the clinical placement ward to which the student is allocated, to arrange to have the student's reasonable accommodations put into place. The DLT advises the student to contact the CCP to discuss their reasonable accommodations well in advance of the placement.

In the event that the student does not contact the clinical partner site the CCP may contact the student to arrange to meet him/her in advance of the clinical placement. Contacting the student ensures that the clinical partner site is meeting its legal obligations to provide reasonable accommodations for the student. Arranging reasonable accommodations in advance of the student's placement also helps to reduce anxiety and avoids having to implement last minute ad hoc support measures (Hutchinson & Atkinson 2010). The CCP may decide that a pre placement visit is necessary and will organise the visit with the student and relevant clinical staff. Any reasonable accommodations, and other specific information pertaining to the attainment of the student's competencies, agreed at this pre placement meeting, will be documented in a clinical learning plan.

The role of the CCP also includes disclosure of information to relevant and appropriate clinical staff regarding the student's reasonable accommodations with the student consent. However, clinical staff do not need to be informed of the specific details about a student's disability in order to implement support measures. Information should be given on a need-to-know basis only (Hutchinson & Atkinson 2010). According to the Data Protection Acts (Government of Ireland 1998 & 2003), information pertaining

to a person's disability is classified as 'sensitive personal information'. Therefore, **information about a student's disability can only be given to others if the student has given his/her explicit permission** (Hutchinson & Atkinson 2010). The CCP discusses, with the student, who needs to be informed and what precise information should be given to support staff. This agreement is documented and signed by the student and the CCP.

6.2 | How are academic and clinical staff educated and supported?

It is the responsibility of all relevant staff at the School of Nursing, Midwifery and Health Systems and the clinical sites to support students with a disclosed disability while on clinical placement. In order to do this, they must have access to educational and other support resources. Raising disability awareness for academic and clinical staff can be undertaken through the provision of disability awareness training and inclusive practices in liaison with the UCD Access and Lifelong Learning Office and/or AHEAD. The DLT also conducts annual training, in collaboration with academic staff, on staff training needs for all staff responsible for teaching and supporting students with a disability on clinical placements.

Support for clinical staff is provided through an identified route at each clinical site where students with a disability are allocated on clinical placement. Clinical sites should provide clinical staff with information and appropriate training on issues of equality, inclusion and supportive measures for students with a disability.

All academic and clinical staff who support students with a disability on clinical placement should have access to a range of literature pertaining to research and best practices on the specific disability. This may include journal articles detailing how nursing and midwifery students have been supported in similar clinical settings elsewhere. Literature and other resources are available through the DLT and the CCP and available on <http://www.nmhs.ucd.ie/our-school/disability-support> (see also Section 8 for a comprehensive list of resources that provide advice and guidance). In addition, a member of the DLT and the UCD Access and Lifelong Learning Centre can be contacted for additional advice and support.

The CPC and CCP provide information and support to the individual student's Preceptor in advance of the placement. This involves the CPC and/or CCP meeting the Preceptor in advance of the

student's placement to discuss the reasonable accommodations required by the student and any concerns or issues identified by the Preceptor. Ongoing support for the Preceptor may include meetings with the CPC during the student's clinical placement to discuss student progress and to address any concerns or issues that might have arisen. The CPC may also liaise with the personal tutor to seek further advice and guidance as to how best to support the student.

Academic and clinical staff need to be aware that each student should be treated as an individual and that no assumptions should be made about their ability or learning potential. All staff should be encouraged to develop an open and supportive rapport with the student. This helps the student to feel safe in identifying and communicating what she/he does not understand and facilitates the clarification and explanation of information (AHEAD & DAWN 2008). It is acknowledged that students with disabilities are required to demonstrate the attainment of competencies with the assistance of reasonable accommodations. In rare instances, where the Clinical Nurse Managers' or clinical educators believe that the recommended reasonable accommodations are beyond their scope, they are advised to contact the DLT and/or UCD Access and Lifelong Learning Centre in the first instance to discuss and achieve agreement on the reasonable accommodations that can be provided.

Where the student decides not to avail of any further reasonable accommodations, and patient safety is not at risk, the student's request must be respected. However, in situations where the student's clinical practice becomes unsafe, and reasonable accommodations are not being used by the student, the employer must honour their duty of care to the patient and protect patient safety by requesting the student to utilise the reasonable accommodations that were provided.

6.3 | How are students supported on clinical placements?

The collaborative framework, which summarises the pathways for supporting students with a disability on clinical placement, is presented in Figure 6.1. The University and each clinical partner site must subscribe to the agreed framework to facilitate a streamlined approach to supporting students with a disability on clinical placements. With the consent of the student, the clinical partner site is advised of the student's registration with the UCD Access and Lifelong Learning Centre and the

suggested reasonable accommodations. Ideally, this should be communicated to the clinical site at a minimum of six weeks prior to the student commencing the placement. This enables a review of the documentation from the UCD Access and Lifelong Learning Office pertaining to the student and provides sufficient time for discussions between the clinical site and the UCD Access and Lifelong Learning Centre regarding the suggested accommodations. As discussed in Section 5, the majority of reasonable accommodations are simple, but effective measures introduced to support student learning and performance on placement.

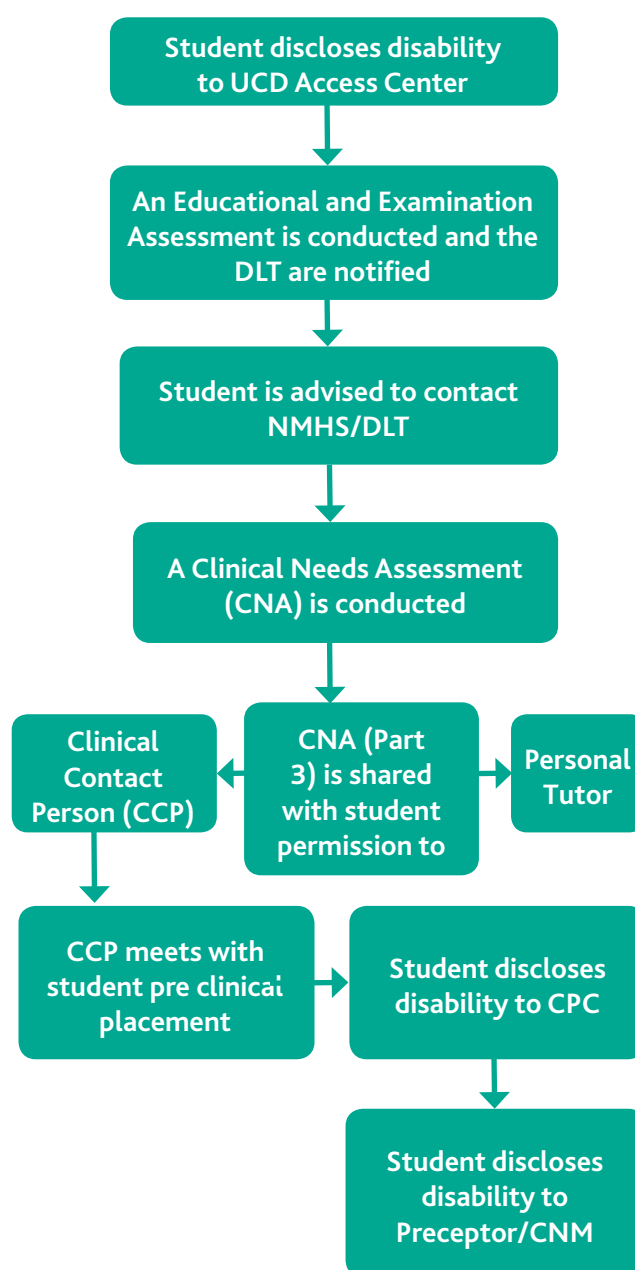


Figure 6.1 Support pathway to clinical practice

Although rare, in a small number of cases it may be necessary for the Clinical Allocation Officer, Disability Adviser and the DLT to consider selective clinical placements as a reasonable accommodation, where some placements present real barriers to student learning due to the nature of their disability. However, it is the totality of the student's performance on a single placement that determines the outcome of the student's competency assessment. Normally, selective placements are initially discussed with the student. The Clinical Allocation Officers in UCD and the relevant Practice Development Coordinator at the clinical site should be advised by the Clinical Allocation Officer, Disability Adviser, if the student's schedule of clinical placements needs to be altered, in terms of duration, timing or type of placement, to meet the students' learning needs and level of disability. Where possible, students with a disability should be rostered to work alongside experienced staff who are knowledgeable about students with a disability, in order to facilitate the students' transition into the clinical practice setting (University of the West of England 2007).

6.4 | Student Progress Meetings

Before and during the students' clinical placement, a number of meetings are recommended to support the students learning and assessment in clinical practice (NMBI, 2016a, NMBI, 2015b). In addition, students who have previously disclosed their disability, will be offered an additional pre-placement meeting. An outline of these meetings will now be discussed (see Figure 6.2).

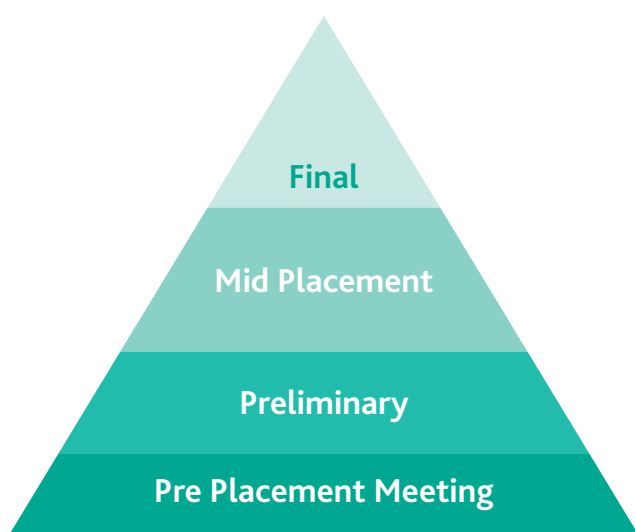


Figure 6.2 Suggested Clinical Placement Meetings

6.4.1 Pre-placement meeting

A pre-placement meeting between the student and the relevant CPC may be advised for all students with disabilities prior to their first clinical placement. Pre-placement meetings are particularly relevant to a student who may have difficulty with issues relating to travel, mobility and orientation to new environments (Hutchinson and Atkinson, 2010). Such meetings also afford the student an opportunity to personally meet appropriate clinical staff, thereby helping him/her to build up their own personal strategies before commencing clinical placements (Hutchinson and Atkinson, 2010).

The purpose of the pre-placement meeting is to facilitate the student and the CPC, and other relevant academic and clinical support staff as appropriate, to discuss the recommended reasonable accommodations for the student and to address any concerns of the student or the clinical site. In some circumstances, the Practice Development Coordinator or a representative of the Occupational Health Department may be invited to attend the pre-placement meeting.

6.4.2 Preliminary placement meeting

The preliminary placement meeting is a welcome and orientation meeting, which **all students** undertake at the commencement of each placement. Orientation for students enables them to become familiar with key staff and their placement requirements. Students who have not had a pre-placement meeting to discuss their reasonable accommodations can discuss their accommodations at the preliminary placement meeting. The student should be encouraged to discuss any individual needs with their Preceptor and/or the CPC at this meeting.

The preliminary meeting not only provides an opportunity to discuss the reasonable accommodations with the student, it also enables discussion of any fears or concerns that the student might have. In some instances, it may be appropriate for a student to have a personal learning support plan, a document which details items of advice for the student regarding the development and attainment of their clinical competencies and the reasonable accommodations necessary to assist them in this process.

6.4.3 Intermediate placement meeting

The purpose of an intermediate placement meeting is to ascertain whether the reasonable accommodations are supporting the student's progress in achieving their clinical competencies. The intermediate placement meeting should take place at the same time as the student's intermediate review associated with the assessment of domains of competence. The meeting takes place between the student and the Preceptor. If the views of other academic and clinical staff are pertinent then these should be sought in advance of the meeting and relayed to the student by the Preceptor at the meeting. Areas for improvement are identified and documented in the student's individual learning plan. The student is encouraged, with the assistance of his/her personal tutor, Preceptor and the CPC, to identify whether she/he is experiencing any difficulties and to outline the actions that can be implemented to address these difficulties. The student's performance and the use of reasonable accommodations should be reviewed regularly, with reference to their effectiveness in each clinical placement. While monitoring of the student's progress is an ongoing process, a formal review is advised to coincide with the intermediate student Preceptor meeting. In situations where the student is progressing satisfactorily, this may involve a review by the preceptor and the student only. Where a student is experiencing ongoing difficulties associated with his/her disability, a more comprehensive review to include other key personnel, such as the personal tutor, the CPC, the Practice Development Coordinator and the member of DLT/AC Disability Adviser may be required.

6.4.5 End of placement meeting

The purpose of the end of placement meeting is to review whether the reasonable accommodations supported the student's progress in achieving the required competencies. It normally takes place at the same time as the student's final review of competency assessments. The meeting takes place between the student and the Preceptor; however, as with the intermediate meeting, other staff may be invited to attend, if required. An evaluation of the effectiveness of the reasonable accommodations is documented in the Evaluation of Reasonable Accommodations Sheet and countersigned by the Preceptor and the student. Areas for further ongoing support, related to clinical practice placements, are discussed and recommendations agreed.

On completion of the clinical placement it is recommended that the CPC provide feedback to the Clinical Contact Person who should liaise with the DLT and the student's Preceptor and Personal Tutor, with regard to the effectiveness of the reasonable accommodations. This may help to improve support accommodations for the student and for students with similar disabilities in the future.

The Personal Tutor meets the student at the end of each academic semester to review the outcomes of their clinical assessments and record these in advance of relevant examination boards. In the case of students with a disability, the Personal Tutor also reviews all relevant documentation pertaining to the effectiveness of reasonable accommodations and identifies any additional supports that might be required on subsequent placements. If additional reasonable accommodations are identified, the Personal Tutor informs the DLT and the Clinical Contact Person in the clinical site.

The support pathway identified for the student with a disability, coupled with the clinical placement meetings, will provide students, and academic and clinical staff, with clear guidance as to how best to support the student to achieve their clinical competencies during their clinical placement.



Education for Every Nurse and Midwife: A Universal Approach



7.0 | Introduction

This focus of this guide so far has been supporting individual nursing or midwifery students with a disability. Often, however, it is not the student's disability that causes the problem, but the structure or design of the environment (Greater London Authority 2004) or the curriculum. Thus, to conclude this guide, it is important to acknowledge the need to consider a more inclusive environment whereby all students from diverse backgrounds are supported without the need to treat any student differently. Each student, regardless of whether he/she has a disability, has different needs, different abilities, and different learning preferences. Therefore, the curriculum should be designed and delivered in a manner that takes into account that everyone learns in different ways and that learning outcomes can be achieved in many ways (AHEAD 2015b). Universal design is increasingly popular in constructing buildings, and it is now being applied to education and healthcare. This final section seeks to address the concept of universal design for learning and the provision of a more inclusive learning environment.

7.1 | What is Universal Design for Learning?

Universal Design is a design philosophy that aims to design the environment so it can be accessed, understood and used to the greatest extent possible by all people regardless of age, size, ability or disability (Government of Ireland 2005). In 2001, the Council of Europe outlined recommendations to member states with regard to the teaching of Universal Design to built environment professionals. Ireland, as a member state of the Council of Europe was encouraged to bring national policy and legislation in line with their recommendations.

Of interest here is as follows:

- Education and training should be inspired by the principles of universal design
- Curricula should be developed with the co-operation of users, including organisations of, and for, people with disabilities
- Awareness of the difficulties people with disabilities encounter in the built environment should be raised as early as possible
- Education, training and awareness training should provide everyone with the necessary understanding, knowledge, skills and values towards achieving an environment that is universally accessible (Dyer 2010)

Universal Design for Learning (UDL) often called Universal Design for Instruction (UDI), or Universal Instructional Design (UID) was developed by the Centre for Applied Special Technology (CAST) in the US, and is about removing barriers to learning for students. It is a set of principles for curriculum development that provide multiple means of representation, multiple means of action and expression and multiple means of engagement (CAST 2011). UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that work for everyone, not a single, one-size-fits-all solution, but rather flexible approaches that can be customised and adjusted to meet individual needs. Through this multiple provision, students from a range of backgrounds are able to participate on a more level playing field. UDL pedagogies are an acknowledgement that students, regardless of their background, bring a diversity of learning needs and approaches to higher education (Dinmore and Stokes 2014).

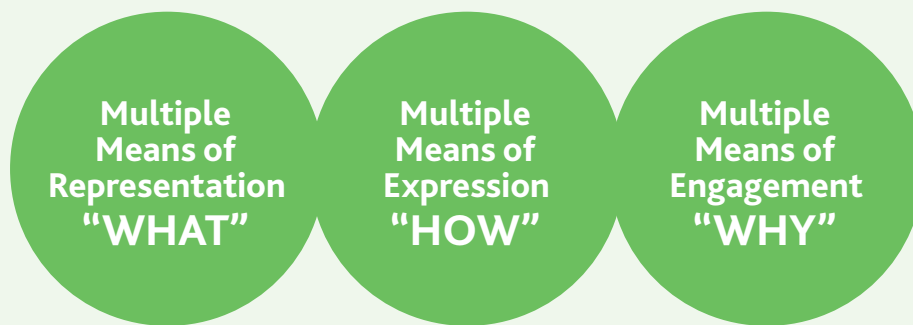
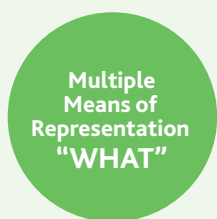


Figure 7.1 Principles of Universal Design for Learning



Principle 1

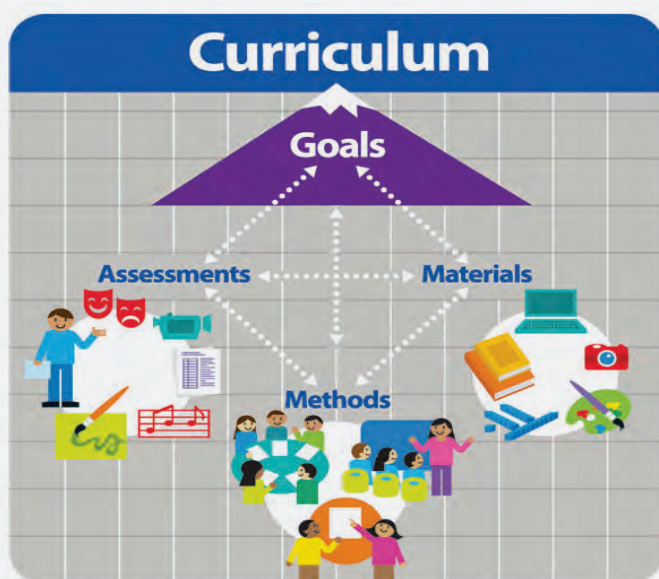
Educators' present information and content in different ways. Addressing this principle, educators should, provide multiple examples, highlight important features of the information presented, provide multiple media formats for presenting information, and support background context by previewing vocabulary and accessing prior knowledge.

Principle 2

Principle 2 differentiates the ways that students can express what they know. Educators should provide flexible instructional grouping in ways that students can demonstrate the intended skills and provide opportunities for students to practice skills with support and ongoing, relevant feedback.

Principle 3

Principle 3 aims to stimulate interest and motivation for learning. Educators should aim to motivate and engage students in the learning process with choices within the content of the classroom, differentiate and adjust the level of challenge, provide choices to students regarding educational rewards and offer choices in regards to the context in which they learn.



Components of UDL Curriculum

From a UDL perspective, the National Centre for Universal Design for Learning (2015) identifies four components to a curriculum: the goals, the methods, the materials, and the assessment. The three basic principles of UDL (i.e., representation, action and expression, and engagement), need to be applied to the four main curricular components: learning goals, instructional materials, instructional methods, and assessment.

Figure 7.2 The interrelationship of goals, assessments, materials, and methods

Source: CAST (2013:68)

Goals are often described as learning expectations representing the knowledge, concepts, and skills all students should master, and are generally aligned to standards e.g in nursing (DoCAT and midwifery (MidCAT)). Traditional curricula focus on content or performance goals, whereas a UDL curriculum focuses on developing “expert learners”; whereas within the UDL framework, the goals are articulated in a way that acknowledges the various ways a learner learns and differentiates between what is to be achieved from how it is to be achieved. This allows the educators of UDL curricula to offer more options and alternatives—varied pathways, tools, strategies, and scaffolds for reaching mastery.

Methods are defined as the instructional decisions, approaches, procedures, or routines that educators use to accelerate or enhance learning. Good educators apply evidence-based methods and differentiate those methods according to the goals. A UDL curricula facilitates many different methods, based on the type of learner in the context of the task to be achieved, learner’s social/emotional resources, and the classroom climate. UDL methods are adjusted based on continuous monitoring of learner progress.

Materials are the media used to present learning content and what the learner uses to demonstrate knowledge. Within the UDL framework, the hall mark of materials is their variability and flexibility. To teach conceptual knowledge, UDL materials offer multiple media and embedded, just-in-time supports, such as hyperlinked glossaries, and background information. For strategic learning and expression of knowledge, UDL materials offer tools and supports needed to access, analyse, organise, synthesise, and demonstrate understanding in variety of ways. For engaging with learning, UDL materials offer alternative pathways to success, including choice of content where appropriate, varied levels of support and challenge, and options for recruiting and sustaining interest and motivation.

Assessment the process of gathering information about a learner’s performance, using a variety of methods and materials in order to determine learners’ knowledge, skills, and motivation for the purpose of making informed educational decisions. Within the UDL framework, the goal is to improve the accuracy and timeliness of assessments, and to ensure that they are comprehensive and articulate enough to guide instruction for all learners. This can be achieved, in part, by focusing on *the goal*, as distinct from the means, enabling the provision of supports and scaffolds for constructing irrelevant items. By accommodating different learners, UDL

assessments reduce or remove barriers to accurate measurement of learner knowledge, skills, and engagement.

7.2 | What are the benefits of UDL?

The obstacles faced by students with disabilities are often similar to students who possess different learning styles, use the latest computer technologies, or whose native language is not English (for example, study materials that are not in electronic formats, uncaptioned video, PDF files that do not contain any real text and therefore cannot be searched or read aloud by text-to-speech software) (ACCESS 2011). UDL is about providing options and helps educators meet the learning needs of a diverse student body through a combination of instructional modalities, formats, and technologies. Designing curricula using UDL allows educators to remove potential barriers that could prevent learners from meeting this important goal (CAST 2013). **Resource Management** is an imperative all healthcare providers are having to address proactively. With the budgets and reform of services, exploding in an unprecedented way, the traditional “accommodation approach” begins to look inadequate. In addition, the traditional “accommodations” approach to disability is an ad hoc process of ‘retrofitting’, repeated each year in different clinical areas, for each individual student in different programmes making a request. The process in itself is time consuming, and labour intensive.

Universal Design, by focusing on modification to the learning environment, represents a **feasible approach** to the management of the diverse needs of learners. Most students entering third level education have benefited from **inclusive practices** throughout their second level education. The students have clear expectations with regard to their needs and inclusion. The idea of self-assessment, disclosing a diagnosis or requesting services outside of the class is foreign and unappealing to them. The Universal Design Model enables educators to meet the inclusion expectations of the millennium learner. Finally, the environment of healthcare is well known for its medical model of providing care to patients and are very familiar with diagnosis of disability. Access to the hospital is now acceptable form of universal design and this **social model** is increasingly the framework adopted for all areas when addressing access. Within this perspective, a distinction is made between impairment which is a characteristic of the individual and a disabling situation which is the result of poor planning or inadequate design (McGill 2015).

7.3 | How can healthcare educators learn from UDL?

In the context of healthcare and clinical practice as discussed in Section Two of this guide, some students may struggle with the competencies to be achieved. Regardless of their disability, or background, all students, with or without accommodations, must meet the competency standards. The primary focus within healthcare is appropriately on the patient and many newly designed hospitals are using the principles of universal design in their building developments. However, to provide care in this environment requires a large, diverse cohort of professionals and lay people with various abilities and standards to be achieved. Taking UD one step further, educators in healthcare could learn and introduce the principles of UDL into their teaching and demonstrations.

While acknowledging that some learning material is already designed in an inclusive manner, UDL could be used as a framework to consider the competencies to be achieved and determine how the framework could be made more inclusive. For example, the BSc Programme Coordinator, the Practice Development Coordinator and the students could review the domain of competency standards to determine the various ways that they could be achieved. For this to occur, all staff involved in the education of nursing and midwifery students would need awareness training and a series of workshops to discuss UDL principles and how these could be further implemented in their teaching. This would also allow all educators to share their experience, and learning and provide an opportunity to contribute.

In considering the first principle, 'Multiple means of representation' the day to day process, including the course materials required in each clinical area, could be audited to determine what forms of representation are currently being used to present learning materials. For example, if students are having difficulty with spelling and grammar, is there a medical dictionary available in electronic, hard format to refer to when documenting care? Are teaching and clinical skills demonstrations made available online, pdf and/or podcast formats? Are handover templates and examples of high quality student documentation made available to clearly communicate expected standard expectations and lessen stress for students and increase success rates?

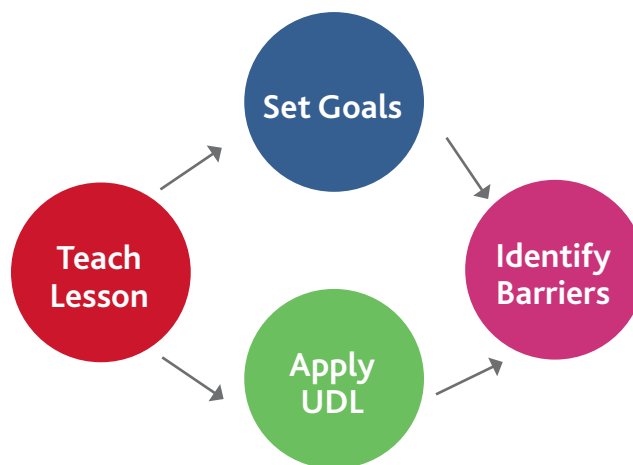


Figure 7.3 Using a UDL process in education

Within the course, learning experiences are designed to provide multiple means of action and expression. Reflection on and in practice is widely encouraged during clinical practice to encourage students to participate and learn in a safe forum to provide feedback on what they could do differently in the future. Many of the wards in hospitals are extremely busy and it is not always possible to get the time to teach students and provide an opportunity to reflect at the end of a shift duty. However, reflection could also be offered through an online discussion in a confidential way and allow students to engage with each other and seek clarity from their tutor and CPC.

Underpinning nursing and midwifery recruitment is a desire that students will be interested and committed to their chosen career in nursing and midwifery. Trying to engage and motivate students is always challenging and is aligned to principle three - multiple means of engagement. Lasting engagement of students, particularly in the first year, is a fundamental strand of the UCD Education Strategy 2009-14, with its success being based on key performance indicators, especially rates of retention of students in first year (Redmond *et al.*, 2011) Although attrition rate in nursing and midwifery is relatively low, continuous efforts are encouraged to maintain a motivated workforce. Students' experiences during their study period will reflect on how they care for their patients and junior staff. Educators should consider how the material is designed and taught to engage students through student-centred learning, strive to inspire interest and give students opportunities to participate relevant to their experience and knowledge. Deliberately designing a teaching session, with engagement and motivation in mind encourages students to pursue their own interests, and increases the likelihood of deeper learning. Having other mechanisms whereby students can assess their own learning by video, online quizzes, etc will help.

7.4 | How does using a UDL approach address education of students with disabilities in nursing and midwifery?

Continuous efforts for making curricula more accessible to all learners are employed by all educators as new technology is made known. Often, educators make difficult attempts at adapting “one-size-fits-all” curricular elements to meet the needs of individual learners. However, Universal Design for Learning is a process by which a curriculum (i.e., goals, methods, materials, and assessments) is intentionally and systematically designed from the beginning to address individual differences. With curricula that are designed with the principles of UDL, the difficulties and expenses of subsequent “retrofitting” and adaptation of “disabled” curricula can be reduced or eliminated and a better learning environment can be implemented (National Centre for Universal Design for Learning, 2015). The challenge is not to modify or adapt curricula to a special few, but to do so *effectively and from the start*. Considerable research already exists that identifies the effective evidence-based practices for learners presently “in the margins”. A UDL curriculum provides the means to avoid treating students differently, and promote the inclusion of all learners.

7.5 | Conclusion

Using a UDL approach to teach nursing and midwifery students illustrates that using a combination of strategies involving educators and students can bring about a significant cultural change. Early research indicators in other areas of education suggest that the implementation of UDL is having a positive effect on participation, assessment outcomes and increased engagement. Maybe the time has come to re-examine what it is that we do, what we want to achieve and more importantly offer a more inclusive curriculum that everybody is at the table and their input is valued.



Information and Resources

8

8.0 | Introduction

Hopefully, so far you have found this document useful in providing you with guidance and information on supporting students with a disability. Should you wish to seek additional information, this section will point you in the right direction. The following tables include the names and addresses of web sites which provide further information/ advice/support to staff who support students with a disability for placements and students with disabilities.

Some of the websites are broad and look at all aspects of disability (e.g. Government agencies), while some are very specific (e.g. dealing only with dyslexia or issues around mental health). Brief details are included for each website with the aim of allowing you to decide which sites might provide you with the most relevant and useful information and/or support that you require. In addition, a list of resources and Assistive Technology are provided which may be useful for assisting students with a particular disability

8.1 | Resources and supports

The following tables will provide a comprehensive list of:

- 1) Disability Associated Organisations (Ireland),
- 2) Disability Associated Organisations (International),
- 3) Resources and Assistive Technology, and finally, a Glossary of the Terms used throughout the Resource Guide.

Table 8.1 Disability Associated Organisations (Ireland)

Association for Higher Education Access and Disability (AHEAD) www.ahead.ie	This is an independent non-profit organisation working to promote full access to, and participation in, further and higher education for students with disabilities and to enhance their employment prospects on graduation. The website includes an extensive list of associations related to specific disabilities
Aware www.aware.ie	Voluntary organisation which provides information and support services for people suffering from depression. This website provides very useful literature on depression and other aspects of mental health. Also provides online support for sufferers.
Disability Advisors Working Network (DAWN) www.dawn.ie	DAWN is the professional organisation for Disability Officers who are primarily responsible for supporting learners with disabilities in Higher Education in Ireland.
Disability Federation of Ireland www.disability-federation.ie	Umbrella organisation of over 100 voluntary disability organisations and groups.
Disability information www.disability.ie	Website outlining information on resources for people with a disability in Ireland.
Dyslexia Association of Ireland www.dyslexia.ie	Voluntary organisation which aims to promote awareness of dyslexia and to serve the needs of people with this disability.
Enable Ireland www.enableireland.ie	Organisation which provides services to children and adults with disabilities. This website provides an overview of available adult services and also some useful information on resources
Irish Deaf Society www.irishdeafsociety.ie	Website of the national representative organisation of deaf and hard of hearing people dedicated to serving the interests and welfare of the deaf community.
Irish Government www.oireachtas.ie	This is a link to the government site where you can find access to Equality and Disability legislation.
Irish Wheelchair Association (IWA) www.iwa.ie	Organisation providing a quality service to people with limited mobility and committed to improving the lives of people with physical disability in Ireland.
Pieta House www.pieta.ie	Pieta House provides a free, therapeutic approach to people who are in suicidal distress and those who engage in self-harm.
People with Disability in Ireland www.pwdi.ie	Another umbrella organisation that brings people together, both locally and nationally, to work on common issues which affect all people with disabilities. Includes a very good publications section.
Special Education Support Service (SESS) www.sess.ie	Special Education Support Service is a support service to enhance the quality of learning and teaching in relation to special educational provision but mainly in second level education.
Shine www.shineonline.ie	Shine is the national organisation dedicated to upholding the rights, and addressing the needs of, all those affected by enduring mental illness including, but not exclusively, schizophrenia, schizo-affective disorder and bi-polar disorder. The website has an excellent publications section which includes a link to Taking Control of Your Mental Health (2010)

Spun Out www.spunout.ie/health/disability	Youth led website of this National Youth Organisation focusing on empowering young people. Website provides a lot of useful information on disability issues, particularly in the area of mental health.
The Equality Authority www.equality.ie	Independent body set up under the Employment Equality Act 1998. Website provides information on equality legislation.

Table 8.2 Disability Organisations (International)

Ableize www.ableize.com	Provides links to resources for people with disabilities on UK based products, services, clubs, groups, etc.
Adult Dyslexia Organisation www.adult-dyslexia.org	Provides advice, support, and empowers adults with dyslexia taking account of their particular and very different needs
Association of Dyslexia Specialists in Higher Education: Supporting learners on placement www.adshe.org.uk	ADSHE aim to share knowledge and inform good practice across Higher Education to ensure parity of provision and codes of good practice.
British Dyslexia Association www.bdadyslexia.org.uk	Provides general information on dyslexia
Children and Adults with Attention Deficit/Hyperactivity Disorder www.chadd.org	Provides some useful information for adults with Attention Deficit Hyperactivity Disorder.
Council of Deans of Health www.councilofdeans.org.uk	This is the principal source in higher education (UK) of collective views on all matters relating to education and research for nurses & health professions. It contains a useful document entitled 'Advice For Students With Dyslexia During Their Clinical Placement'
Dyspraxia Foundation www.dyspraxiafoundation.org.uk	The Foundation aims to increase understanding of Dyspraxia, particularly among professionals in health and education. It provides extensive knowledge around dyspraxia and offers further resources and helpline
Dyslexia Action www.dyslexiaaction.org.uk	UK charity that offers support and information to individuals with dyslexia.
Dyslexia College www.dyslexia-college.com	Provides support, information and useful study skills & advice for students with dyslexia.
Exceptional Nurse www.exceptionalNurse.com	This is a non profit resource network committed to inclusion of more people with disabilities in the nursing profession.
Focus on Disability www.focusondisability.org.uk	Provides online resource on a wide variety of subjects relating to disability.
Inclusion Scotland www.inclusionScotland.org	A consortium of organisations representing disabled people, working towards eradicating barriers that prevent the disabled person's inclusion in society. This website provides general information.

Table 8.2 Disability Organisations (International) (cont.)

Lifelong Learning www.lifelonglearning.co.uk/ placements/placeme1.pdf	Provides extensive resources for adult education and provides a specific link leads to a useful report entitled: 'Providing Work Placements for Disabled Students: A Good Practice Guide for Further and Higher Education Institutions'
Mind www.mind.org.uk	An organisation which aims to provide high quality information and advice for those experiencing mental health difficulties. It provides information on various campaigns to promote and protect good mental health.
National Bureau for Students with Disabilities www.skill.org.uk	Promotes opportunities for young people and adults with any kind of disability in post-age16 education, training and employment.
Northern Ireland Dyslexia Association www.nida.org.uk	NIDA is affiliated to the British Dyslexia Association (BDA) and is designed to help all those affected by dyslexia.
Quest for Learning www.questforlearning.org	Offers useful training in study skills and employment skills for students, teachers and graduates.
Skill: National Bureau for Students with Disabilities www.skill.org.uk	Skill is a national charity promoting opportunities for young people and adults with any kind of impairment in post-secondary education, training and employment.
Society of Healthcare Professionals with Disabilities www.disabilitysociety.org	The Society of Healthcare Professionals with Disabilities provides resources and support for physicians, pharmacists, nurses, other health care professionals, students, family and friends who wish to provide support
University of Southampton www.southampton.ac.uk/edusupport/ index.page	It provides a link to information on dyslexia www.elanguages.ac.uk/los/other/understanding_dyslexia.html

8.2 Resources and Assistive Technology

SPECIFIC LEARNING DIFFICULTIES (SpLD)

Dyslexia

Nursing and midwifery terminology

Each clinical site will have a list of approved commonly used abbreviations with which the student should familiarize themselves. 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/. You simply type in the word that you have difficulty pronouncing and when your entry appears in pink, roll the mouse over it to hear it pronounced. 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 has 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

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. More information available from: www.dyslexic.com/franklindmq1870

Inductel's Electronic Medical Dictionary and Speller

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

This tool 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

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

An online text to speech tool. Available from www.readthewords.com

Digital voice recorders

Used to record meetings with the consent of those present. Widely available from all electronic outlets.

Dyscalculia

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

Medication Management

e-learning package on www.hseland.ie/tohm/default.asp

Assistive technology

The **try-it** website is a very useful resource as it displays a range of AT for various disabilities. You cannot purchase from the website. Available from www.try-it.ie

Visual Impairment

Quicklook

Handheld magnifiers available from www.ashlowvision.com/Handheld

Lunar text/zoom text

A software package used to enlarge text on screen

Opti Verso machine

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.

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

A computer with an attached braille keyboard which has standard text

Braille embosser machines

Alternative formatted digitalised books

Talking digital dictaphone

A talking Franklin spell checkers and talking dictionaries

Daisy books for blind/visually impaired students

Digitalised forms of books

Hearing Impairment

Loop system

Radio Aids which are 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.

Physical Impairment

Adapted mice and keyboards

Keyboards for left or right handed, different sizes of mice, enlarged keyboards. Available from www.infinitec.org/work/tools/singlehandtyping.htm

Voice recognition software

Software that 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.

The McGuire Programme

This 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 and can be downloaded free from website (www.mcguireprogramme.com (assessed Jan 2011)).

Glossary of Terms

Action Plan	A plan which is put in place when a student is unsuccessful in attaining one or more standards on a given placement. This involves consultation between the student, preceptor, clinical placement coordinator and personal tutor. The aim of the action plan is to support the student in attaining the required standards on a supplemental placement.
Clinical Contact Person (CCP)	A staff member from each clinical partner site is nominated by the Director of Nursing/Midwifery who liaises with the UCD Access and Lifelong Learning Centre and other members of the School of Nursing, Midwifery and Health Systems to support students with a disability.
Clinical Needs Assessment (CNA)	A systematic assessment process for the collection of information and data upon which to base an accurate description of the strengths and clinical learning needs of a particular individual (AHEAD 2008).
Clinical Placement Coordinator (CPC)	An experienced nurse or midwife who supports and facilitates student learning on clinical placements. The CPC assists with the creation of a quality learning environment and acts as a link between the student and the university and the clinical setting (Drennan 2002).
Clinical Site	Clinical site refers to clinical partners and specialist sites that provide the clinical placements for the student during their programme.
Code of Professional Conduct and Ethics for registered Nurses and Midwives	... the overarching structure that informs the Board's framework of professional guidance to registered nurses and midwives. Professional accountability, competency and the quality of professional practice are based on this structure together with other supporting guidance and standards frameworks. (Nursing, Midwifery Board of Ireland 2014:7).
Competence	Competence is the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife. (Nursing, Midwifery Board of Ireland 2015a:15).
Disability Liaison Team (DLT)	A designated team in the SNMHS academic staff who liaises with UCD Access and Lifelong Learning Centre to ensure that the needs of nursing and midwifery students with a disability are met.
Disclosure	"The communication of information about a disability by the individual" (Stanley <i>et al.</i> , 2007:42).
Direct discrimination	Defined within the Employment Equality Act (Government of Ireland 1998) as treating a person less favourably than another has been, or would be, treated, in the same conditions, on any of the nine grounds for discrimination.
Disability	"A substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State, or to participate in social or cultural life in the State, by reason of an enduring physical, sensory, mental health or intellectual impairment" (The Disability Act (Government of Ireland 2005:6)).

Discrimination by Association	Occurs when a person is treated less favourably because of their association with a person from one of the nine groups (Employment Equality Act (Government of Ireland 1998)).
Domains of Competence	Broad categories or values that represent the functions of the registered nurse or midwife in contemporary practice.
Domains of Competence Assessment Tool (DoCAT®)	An instrument that is used to record the attainment of Nursing Standards while on clinical placement.
Fitness to Practise	A nurse's or midwife's suitability to be on the register without restrictions (Nursing, Midwifery Board of Ireland 2015d).
Impairment	"Any loss or abnormality of psychological, physiological or anatomical structure or function" (Weller 2005:201).
Indirect discrimination	Occurs when the person with a disability is refused employment or admission to a course because of their inability to meet a provision, practice or requirement of the course due to their disability (The Equality Authority 2010).
Midwifery Competence Assessment Tool (MidCAT) ©	An instrument that is used to record the attainment of Midwifery Standards while on midwifery placement.
Needs Assessment	A systematic assessment process for the collection of information and data upon which to base an accurate description of the strengths and learning needs of a particular individual (AHEAD 2008).
Nursing and Midwifery Board of Ireland (NMBI) formerly known as An Bord Altranais	The regulatory body for the nursing/midwifery profession. Its functions include: maintenance of a register of nurses, regulation of nurse or midwifery education and training and fitness to practise, provision of guidance for Nurses and Midwives and management of the Nursing Careers centre.
Preceptor	The registered nurse/midwife who works with the student, guiding, supporting, supervising and monitoring, giving feedback and encouragement. The preceptor conducts the assessment of the student in the clinical area.
Reasonable Accommodation	Any action, or special treatment or facility, that reduces a significant disadvantage. A reasonable accommodation may involve altering the physical environment, modifying the delivery of a course or providing assistive technology (Employment Equality Act (Government of Ireland 1998); AHEAD 2008).
Standard	The required level of attainment in order to progress to the next stage of the programme.
Vicarious Liability	The Employment Equality Act (Government of Ireland 1998) defines vicarious liability as anything done by a person in the course of his/her employment is treated as also being done by that person's employer, whether or not it was done with the employer's knowledge or approval.

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