



# Supporting Nursing and Midwifery Students with a Disability in Clinical Practice: A Resource Guide for Clinical and Academic Staff

Edited by Frances Howlin and Phil Halligan

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March 2011

This Resource Guide was developed by the contributors detailed in the following list (in alphabetical order):

## Editors

**Frances Howlin & Phil Halligan** Chair Persons of Clinical Assessment Sub Committee  
School of Nursing, Midwifery & Health Systems, UCD, Belfield, Dublin 4

## Contributors

**Naomi Bartley** Clinical Placement Co-ordinator – Children’s Nursing  
Our Lady’s Hospital for Sick Children, Crumlin, Dublin 12

**Siobhan Brereton** Clinical Placement Co-ordinator – General Nursing  
St Michael’s Hospital, Dunlaoghaire, Co. Dublin

**Elaine Creedon** Clinical Placement Co-ordinator – Midwifery  
National Maternity Hospital, Holles Street, Dublin 2

**Ciara Dowling** Clinical Placement Co-ordinator – General Nursing  
Mater Misericordiae Hospital, Eccles Street, Dublin 7

**Anne Fahy** Lecturer – Children’s Nursing  
School of Nursing, Midwifery & Health Systems, UCD

**Phil Halligan** Lecturer – General Nursing  
School of Nursing, Midwifery & Health Systems, UCD

**Tria Hogan** Clinical Placement Co-ordinator – General Nursing  
St Vincent’s University Hospital, Elmpark, Dublin 4

**Fiona Horgan** Acting Practice Development Manager– Psychiatric Nursing  
St. John of God Hospital Services, Stillorgan, Co. Dublin

**Frances Howlin** Lecturer - Children’s Nursing  
School of Nursing, Midwifery & Health Systems, UCD

**Regina Joye** Lecturer – General Nursing  
School of Nursing, Midwifery & Health Systems, UCD

**Veronica Kow** Lecturer - Children’s Nursing  
School of Nursing, Midwifery and Health Systems, UCD

**Tina Lowe** Disability Access Officer  
Access and Lifelong Learning, UCD

**Carmel Nolan** Lecturer – General Nursing  
School of Nursing, Midwifery & Health Systems, UCD

**Denise O’Brien** Lecturer – Midwifery  
School of Nursing, Midwifery & Health Systems, UCD

**Joanne O’Hare** Lecturer – Midwifery  
School of Nursing, Midwifery & Health Systems, UCD

**Catherine Redmond** Lecturer – General Nursing  
School of Nursing, Midwifery & Health Systems, UCD

**Judy Walsh** Barrister at Law & Director of Graduate Programmes  
School of Social Justice, UCD

## **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.

## Acknowledgments

The editors wish to acknowledge the commitment and effort of all of the contributors who, in the spirit of a true partnership, made this Resource Guide a reality.

We are grateful for the direction, advice and support received from: Ms Ann Heelan (Director, AHEAD); Ms Mary Quirke (Co-Director, AHEAD); Ms Fiona Sweeney (Access Centre Manager); Mr Enda Fitzsimons (UCD) for administration support and Professor Gerard Fealy (UCD) for editorial assistance.

We wish to acknowledge the contribution of all the participants who took the time out of their busy schedule to attend the workshop and symposium and who gave us very valuable feedback to ensure that the Guide remained clinically focused and met the needs of staff.

We also acknowledge our clinical and academic colleagues for the moral support and useful debates in shaping this Guide.

Finally, we express our particular gratitude to the nursing and midwifery students with a disability, who, in sharing their personal experiences of support and reasonable accommodations in clinical practice, provided valuable insight and information for this Resource Guide.

## Endorsements

The following organisations have endorsed this document:

Association for Higher Education Access & Disability (AHEAD),  
East Hall, UCD, Carysfort Avenue, Blackrock, Co Dublin

UCD Access Centre, Belfield, Dublin 4

## Contact Information

Frances Howlin and Phil Halligan  
Chair Persons of Clinical Assessment Sub Committee (CASC)  
Supporting students with a Disability in Clinical Practice Project

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# Section 1

## Supporting Students with a Disability: Why it matters

UCD School of Nursing, Midwifery & Health Systems,  
University College Dublin,  
Belfield, Dublin 4, Ireland.  
Website: [www.ucd.ie/nmhs](http://www.ucd.ie/nmhs)

### 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 now enter third level education in Ireland each year (AHEAD 2008). In the undergraduate nursing and midwifery programme at UCD, approximately one in twenty five students is currently registered with the Access Centre as having a disability. 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 whether or not to disclose that they have a disability (AHEAD 2008). 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 institutions 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 UCD Access 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 aims to provide additional knowledge around the support and provision of reasonable accommodations for students with a disability in the clinical practice setting.

The Clinical Assessment Sub Committee (CASC) in UCD addressed the development 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 Centre and AHEAD. This Resource Guide is the outcome of these consultations. Its purpose is to provide information that can assist and support students with a disability, and the academic and clinical staff working with, and assessing them, 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 Guide, we have adopted some of the fundamental philosophies outlined in the AHEAD (2008) *Good Practice Guidelines*. The 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 this 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 their 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

## Section 2

# Legal Obligations, Competence and Fitness to Practise

### 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 (AHEAD 2008). Individuals cannot be expected to have a detailed understanding of what the law requires in any given situation, but 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 are discussed here:

- The Employment Equality Acts 1998–2008
- The Equal Status Acts 2000–2008
- The Disability Act 2005

The Employment Equality Acts apply to employment, including self-employment, access to employment, vocational training and work experience. The Equal Status Acts govern the provision of goods and services. Both are relevant to clinical practice placements for the following reasons: the Employment Equality Acts cover ‘vocational training’ (Section 12) and internships (Eng v St. James’s Hospital, DEC-E-2001/041), while third level education is dealt with under the Equal Status Acts. The legal obligations imposed under both laws are very similar.

Disability Act (Government of Ireland 2005) builds on existing policy and legislation and further protects and supports people with a disability.

### 2.1 How does the legislation define a disability?

The Employment Equality Act (Government of Ireland 1998: 8) and the Equal Status Act (Government of Ireland 2000:5) 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, and shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person.

The Disability Act (Government of Ireland 2005:6) also provides a more concise 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.”



Case law has established that a disability includes a wide range of conditions such as depression, schizophrenia, epilepsy, alcoholism, diabetes, HIV infection and dyslexia. People with hearing and visual impairments, as well as wheelchair-users, may also avail of the Employment Equality Act. The provision covers transient conditions arising from an illness or an accident, such as whiplash injury (*Customer Perception Ltd. v Leydon* [2004] ELR 101). The Act also prohibits discrimination against persons with a history of a disability. For example, someone who has undergone treatment for depression in the past, those who may develop a disability in the future and persons imputed with a disability 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.

## 2.2 What are The Employment Equality Acts?

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 1998-2008 (Government of Ireland 1998, 2004, 2007, 2008). For ease of reference, the laws will be referred to as the Employment Equality Act in this Guide.

The Employment Equality Act prohibits discrimination across the following nine distinct grounds: gender, civil status, family status, sexual orientation, religion, age, disability, race and membership of the traveller community. The main types of discrimination relevant to this Guide are discussed below, with an emphasis on the disability ground. Significantly, the Act also contains a duty to provide reasonable accommodation to people with disabilities. This duty is considered in more detail below. It should be noted that the Employment Equality Act guards against other practices that are beyond the scope of this Guide such as sexual harassment and victimisation.

Providers of vocational training, including universities and healthcare institutions, must not discriminate against a person:

- a. in the terms on which a course or related facility is offered,
- b. by refusing or omitting to afford access to a course or facility, or
- c. in the manner in which any such course or facility is provided (Section 12).

Usually the university or healthcare institution will be legally responsible for the conduct of its staff, such as lecturers, tutors, nurses and doctors (Section 15). 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, An Bord Altranais. Although the implementation of reasonable accommodations for students with a disability is not directly addressed by An Bord Altranais, registered nurses and midwives are expected to guide and support all nursing and midwifery students on clinical placement (An Bord Altranais 2003).

## 2.2.1 What is discrimination?

The Employment Equality Act outlines and prohibits several types of discrimination, including direct discrimination, discrimination by association and indirect discrimination. 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, on any of the nine grounds previously outlined (The Equality Authority 2010). 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

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A young woman with arthritis was refused entry into training because it was assumed that she would be restricted in her ability to lift a patient.

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Discrimination by association occurs when a person is treated less favourably because of their association with a person from one of the nine grounds listed under the Employment Equality Act.

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 Act 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

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The requirement to work an 11-hour day could be held to result in indirect discrimination for an individual 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.

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## 2.2.2 What is 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 under both the Equal Status Act and the Employment Equality Act. The prohibitions on harassment are aimed at ensuring that people can work and access goods and services 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 UCD in their Policy on Dignity and Respect (UCD 2009).

## 2.2.3 What are reasonable accommodations?

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)). Appropriate measures are usually referred to as "reasonable accommodation". 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.**

Appropriate measures or reasonable accommodations are effective and practical measures to adapt the workplace or training environment (Equality Authority 2010; AHEAD 2008). Thus a reasonable accommodation may involve altering the physical environment, using different methods for course delivery or providing assistive technology. Reasonable accommodations for students with a disability on clinical placements are further discussed in Section 5.

The Employment Equality Act also specifies that failure by the employer to provide these reasonable accommodations is deemed unreasonable unless the employer can prove that such provisions would give rise to more than a nominal cost. In many cases accommodations are cost neutral (AHEAD 2008). The Equal Status Act revised the nominal cost issue and held that the onus was on the employer to prove that the provision of reasonable accommodations would cause a disproportionate burden on the grounds of cost, effort or disruption to the organization. Establishing a disproportionate burden might involve an examination of the financial or other costs, the scale and financial resources of the employers business and the possibility of obtaining financial assistance from public or other funds (AHEAD 2008). However, 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.

## 2.3 What are The Equal Status Acts?

The Equal Status Act of 2000 extended the reach of equality law beyond the workplace into the areas of accommodation, education, and access to goods and services. Since then it has been amended several times and the various laws are now collectively known as the Equal Status Acts 2000-2008 (Government of Ireland 2000, 2004, 2008). These laws are referred to as the Equal Status Act in this Guide.

The Act covers organisations or businesses that provide a wide variety of goods and services to the public, or to a section of the public, including health services, transport, entertainment, clubs, banking and financial institutions and educational establishments (AHEAD 2008). The Act contains very similar discrimination prohibitions to those under the Employment Equality Act and covers the same nine grounds. Accordingly, 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 sanction or 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; 2010).

Reasonable accommodation under the Equal Status Act is slightly less onerous than the equivalent obligation under the Employment Equality Act. But in many cases the adjustments required will be similar. Under the Equal Status Act (2000) the university and healthcare institution 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):9).

Discrimination under the Equal Status Act includes refusing or failing to provide reasonable accommodation. This means that policies and practices concerning admission, assessment, discipline, and so on, should be adapted to take account of a student’s disability.

### Example

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A student 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).

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Students with a disability should not be prevented from entering nursing or midwifery. However, 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.

## 2.4 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 aeroplane. The Tribunal found that the decision to move him was not discriminatory because of the existence of Irish and E.U. safety regulations (*Kane v Eirjet Ltd.*, DEC-S2008-026).

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 (2000) 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):9).

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.



## 2.5 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 permitted to introduce facilities, arrangements or services to support the person with a disability, or for a person from one of the remaining eight groups covered by the Acts, and not introduce these same services for other students.**

## 2.6 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 via the Equality Tribunal. In UCD the student is advised that local and informal methods of resolving issues often work best to achieve a speedy and satisfactory resolution (UCD 2006; UCD 2009). The UCD Student Complaint Policy and Procedure (UCD 2006) advises students to discuss their complaint, informally, with the person or persons whose action or inaction has caused them dissatisfaction. Alternatively the student can choose to discuss their complaint with the Head of the School of Nursing, Midwifery and Health Systems. If a student is not satisfied with how the complaint has been dealt with, at a local level, they may refer their complaint to the Student Complaint Appeals Committee for further investigation. The Investigating Officer will produce a report recommending measures to resolve the complaint (UCD 2006). In the event that a mutually acceptable outcome is not reached the student can make an appeal to the Student Complaint Appeals Committee to have their case reviewed.

In the case where the student alleges discrimination under the Employment Equality Act or the Equal Status Act the procedures are slightly different under each Act. 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, of their intention to take a case. Where

a student pursues a case under the Employment Equality Act there is no obligation to notify the University or healthcare institution, but she/he may write to both organisations seeking further information about the instances in question.

If a student decides to proceed with a complaint alleging discrimination under the Equal Status Act, she/he must refer that complaint within two months of the incident to the Equality Tribunal. The pathway to be followed by a student with a grievance under the Equal Status Act is outlined in Figure 2.1.

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

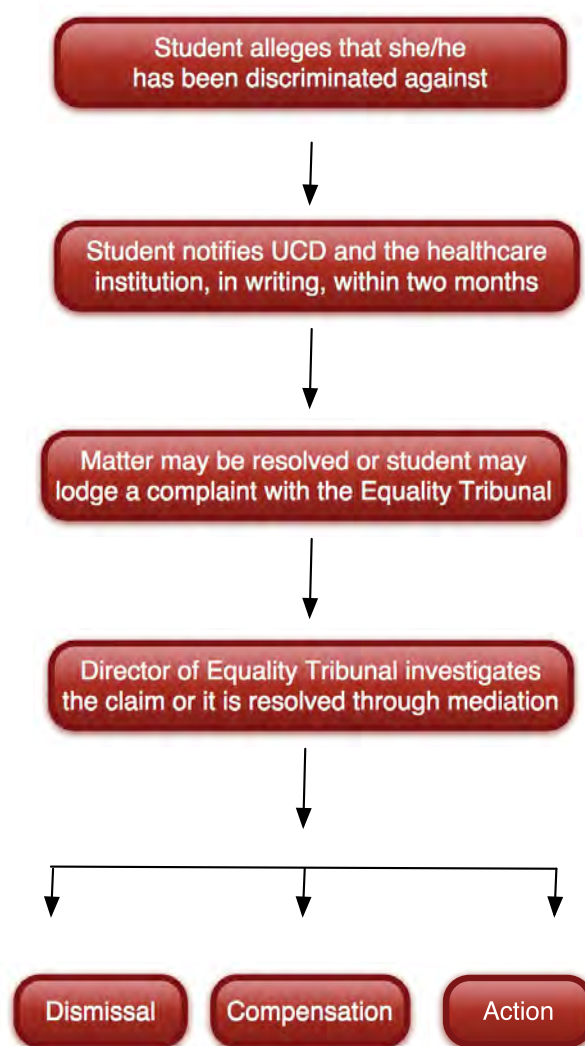


Figure 2.1 Alleging discrimination under the Equal Status Act

## 2.7 What is The Disability Act?

The Disability Act (Government of Ireland 2005) is part of the framework of government legislation which seeks to protect and support the participation of people with disabilities in day to day living (AHEAD 2008). It is a key element of the National Disability Strategy which builds on existing policy and legislation to ensure significant and long-term improvements in the lives of people with a disability (Department of Justice, Equality and Law Reform 2010).

The Disability Act (Government of Ireland 2005), and the Department of Justice, Equality and Law Reform (2010) indicate that the Act establishes a statutory basis for:

- facilitating an independent assessment by the educational institution and/or Health Service Executive (HSE), of the health and educational needs of persons with a disability, the identification of the services required (statement of service) and an independent redress system for persons with disabilities
- ensuring accessibility for every person to public buildings, services, products and information
- ensuring that access for people with disabilities is integrated into service planning and provision
- an obligation on public bodies to pro-actively employ people with disabilities (target of 3% of public body employees who have a significant disability)
- restricting the use of information from genetic testing for employment, mortgage and insurance purposes
- Centre for Excellence in Universal Design to ensure that buildings (environment), products and services are accessible to every person

Part 1 of the Act indicates that Ministers and certain public bodies, including the HSE, must allocate funding to respond to financial requests which may arise from the Disability Act. The Act clearly specifies the role of educational establishments and the HSE in the needs assessment and the subsequent identification of services required for a person with a disability.



## 2.8 What is competence in nursing and midwifery?

Nursing and midwifery students are required to develop the knowledge and skills to deliver safe and competent care. Competence is a complex and multidimensional phenomenon which is defined as “the ability of the Registered Nurse/ Midwife to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice” (An Bord Altranais 2005:12). Other regulatory authorities for nursing and midwifery describe competence in terms of good health and good character; nurses and midwives must be sufficiently good to enable them to deliver safe and effective care without supervision (Nursing & Midwifery Council (NMC) 2010a & b). The term good health does not mean the absence of any disability or health condition (NMC 2010a) and good character is based on the nurses’ or midwives’ conduct, behaviour and attitude and their honesty and trustworthiness.

The development of competence for nursing and midwifery students occurs over the four stages of their programme. Nursing and midwifery education programmes must comply with the requirements and standards specified by An Bord Altranais (2005) for nurse and midwife registration education programmes. The purpose of each nursing and midwifery programme is to ensure that the student is equipped with the knowledge and skills necessary to practice as a safe, competent and professional nurse or midwife upon completion of the programme (An Bord Altranais 2005). Regulation of competence ensures that patient safety is protected and that a high standard of care is delivered by nurses and midwives (An Bord Altranais 2000b). An Bord Altranais (2005) prescribe five domains of competence as being necessary for registration as a nurse or midwife. These are: professional/ ethical practice; holistic approaches to care and the integration of knowledge; interpersonal relationships; organisation and management of care; and personal and professional development (Figure 2.2).

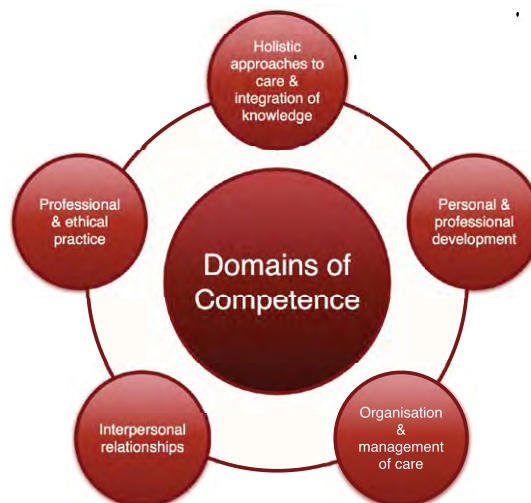


Figure 2.2 Domains of Competence (NCNM 2009)

Assessment of nurse or midwifery student 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 competence and the safety of student practices in the clinical setting. Ideally, assessors should have disability and equality training and an understanding of the reasonable accommodations that students with a disability might need to demonstrate competence (Skill 2006).

Students with a disability are required to attain the same competencies as their non-disabled peers; however, they should be provided with reasonable accommodations to enable them to do so (Skill 2006).

While registration bodies may outline the competencies required by registrants, it is not appropriate to be prescriptive as to how these competencies might be achieved (Skill 2008). This is clearly illustrated in the following example:

### Example

A nurse/midwife with a learning disability who experiences difficulty with handwriting could demonstrate accurate documentation of care by using a computer (Skill 2008).

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.

When competence has not been achieved an action 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, 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<sup>1</sup>. 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 An Bord Altranais 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 Professions Council 2010).

A student's competence and fitness to practise may change over time. While some students are aware of their disability at the commencement of their programme others may only acquire, or become aware of their disability, during the course of the training programme. Changes in the level of the students' disability may also influence their support requirements during their programme. Students who were deemed fit to study within the academic setting may not necessarily be deemed fit to work in all fields of practice (Wray *et al.* 2007). Completing an approved course does

not guarantee registration; rather it indicates that the prospective registrant has passed all of the course requirements (Government of Ireland 1985; Health Professions Council 2006). In addition guaranteeing 'fitness to practise' does not mean that the nurse or midwife is provided with an opportunity to practice and fitness to work will be decided between the registrant and an employer (Health Professions Council 2006).

The nursing and midwifery profession supports 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.

## 2.9 What is considered to be fitness to practise for nursing and midwifery students?

Protection of the public is a key responsibility of An Bord Altranais and its fitness to practise functions provide the regulatory framework for determining whether or not a registered nurse or midwife is fit to practise (An Bord Altranais 2010a; 2010b). An Bord Altranais do not define fitness to practise. However, in the United Kingdom, the Health Professions Council (2005:3) define fitness to practise in terms of whether the registrant has "the health and character, as well as the necessary skills and knowledge to do their job safely and effectively" and in compliance with the law. Although An Bord Altranais 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. An Bord Altranais (2008), under Section 28(5) of the Nurses Act (1985), can also prevent the registration of a nursing student on the grounds that they are unfit for practice. More usually, however, student fitness to practise issues are effectively managed by the student themselves in consultation with their 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. In addition, students are expected to abide by the standard for professional conduct outlined in The Code of Professional Conduct for Each Nurse and Midwife which requires nurses and midwives to deliver safe and effective standards of practice (An Bord Altranais 2000a).

<sup>1</sup> A UCD Fitness to Practise committee is currently under development for professional degree programmes

Students and registered nurses and midwives are encouraged to develop insight into their own abilities and capabilities and to identify their own competence through the Scope of Practice Framework (An Bord Altranais 2000b). The Health Professions Council (2006:6) advises registrants to assess and review their own fitness to practise and to: “restrict or adapt their practice if anything (including their health, a disability, their skills or anything else) may affect their fitness to practise.”

### Example

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A registrant who is aware that his/her handwriting is difficult to read, should take steps to print his/her notes in block capitals or type them up, to make sure that his/her colleagues can use them effectively. Therefore, she/he is taking reasonable steps to adjust his/her practice to ensure she/he meets the standard (Health Professions Council 2006).

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The Health Professions Council’s (2006) concept of professional self regulation for registrants could also be applied to students. Every student should be advised that, in instances where they feel that their fitness to practise is impaired, they should consider the following measures:

- seek medical help or other support as appropriate
- seek advice and support from professional colleagues (Clinical Practice Coordinators, An Bord Altranais and/or the University)
- negotiate reasonable accommodations to their working conditions
- restrict their 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  
(Health Professions Council (2006))

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). Discussions and assessments of fitness to practise should be transparent and guided by a policy outlining how such decisions are to be undertaken and by whom (Wray *et al.* 2007). Decisions in relation to fitness to practise in higher education institutes involve a variety of people including academic staff, occupational health professionals, human resource staff, university disability officers/advisers, the regulatory body and the disabled person him or herself (Wray *et al.* 2007).

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. The main locus of decision making regarding a student’s fitness is normally the occupational health department and decisions are complex with much interaction and negotiation between occupational health and other individuals (Sin 2009).

For students with a disability, assessments of fitness to practise should not rely solely on medical information about the student (Sin 2009). 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.





# Section 3

## The Nature of Disclosure

### 3.0 Introduction

Disclosure is defined as “the communication of information about a disability by the individual” (Stanley *et al.* 2007:42). Students are strongly advised to disclose their disability in order to ensure that reasonable supports and accommodations can be identified and implemented in a timely manner. The decision to disclose this personal information is acknowledged as a difficult and very personal process and it is hoped that the information within this section, will assist students to make this choice and facilitate academic and clinical staff to support them throughout this process.

### 3.1 Why should a student disclose their disability?

There is no legal requirement for a person to disclose their disability (AHEAD 2008). The student has the right to choose whether to disclose their disability and to whom and when to disclose. Disclosure of his/her disability facilitates the provision of reasonable accommodations, which in turn, may assist the student to deliver safe and effective care. If key university and clinical staff are unaware of a student's disability, it may be very difficult for them to support the student appropriately (AHEAD 2008). Disclosure creates a more honest and open environment in which disability can be candidly discussed.

There are many advantages for the student who discloses their disability:

Advantages to disclosure

- assists in the process of identifying and providing reasonable supports/ accommodations
- decreases student stress during their programme as the student feels more supported
- protects the student against discrimination
- provides the student with greater freedom to request assistance (AHEAD 2008)
- ensures that, where reasonable, resources are available to allow the student to acquire the necessary knowledge and skills to deliver safe and effective patient care
- assists in ensuring the health and safety of the student and any other groups (e.g. children/colleagues/patient groups) (Department for Education & Skills 2002)

In order to consider all their options, and to make an informed decision, it is important that the student has access to relevant information. Individuals who have disclosed a disability have reported a lack of information giving (Stanley *et al.* 2007). Any staff member supporting the student should inform him/her of available, and relevant, supports and entitlements and encourage them to access them (AHEAD 2008). The student can disclose at any time throughout their training programme.

## 3.2 Why are students reluctant to disclose their disability?

Students may be fearful of disclosing or imparting any information in relation to their disability (Nursing and Midwifery Council 2009). These fears include being treated differently, being labelled, misunderstood, and discriminated against and/or being the focus of curiosity or unnecessary concern. Some students are concerned that disclosure of their disability may affect employment following completion of their programme. The stigma associated with mental health problems has been identified as a major barrier to disclosure (Stanley *et al.* 2007). Students often feel that their disability will become the main focus rather than their academic programme and achievements or clinical abilities (AHEAD 2008). Individuals who have disclosed a disability have reported feelings of having too much attention placed on their disability and feelings of being under-estimated or disregarded (Stanley *et al.* 2007). The student may have had previous negative experiences of disclosing their disability (Stanley *et al.* 2007). Research on disabled professionals concluded that disclosure was viewed as a high risk strategy that could affect progression, training and employment (Stanley *et al.* 2007). In addition, other students or staff may feel uncomfortable with information on the student's disability, and in some instances, may feel that the disabled student is being given an unfair advantage (AHEAD 2008). For these reasons, some students may conceal or deny a disability.

The student's type of disability may also have an impact on their decision to disclose (Equality Forward 2007). When a disability is visible or apparent, such as impaired mobility or vision, disclosure is usually immediate; however care must be taken not to make assumptions about the impact of a disability as the student using a wheelchair could also have dyslexia. 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. Some individuals may only partially disclose, choosing to disclose only one of a number of disabilities (Stanley *et al.* 2007).

There may be a potential link between disclosure and an individual's role in the organisation, as those in professional senior positions display more positive attitudes to disclosure (Equality Forward 2007). Confidence is an important factor in disclosure, which is linked with seniority or experience (Stanley *et al.* 2007); therefore, new or junior students, at the commencement of their programme, may feel particularly vulnerable and be less willing to disclose.

The Skill website provides an important repository for the personal experiences of disabled students (Skill 2010). One such experience is recounted by Iain, a mental health nursing student who entered nursing after ten years of trying to gain access. Iain recounts how an experience with a patient, during his first mental health nursing placement, coupled with difficulties with a nursing assignment, acted as catalysts to his disclosure:

“ On my first placement I was talking to a client who was denying a fact about his illness and I was discussing this with them when I realized that I was being hypocritical... I took the bull by the horns and spoke to my tutor Nancy who put the wheels in motion and sorted out the test. After the test Mitzi, the psychologist said '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 2010).



### 3.3 When is it the right time to disclose?

The timing of when to disclose is important, as the sooner that staff are aware, the sooner supports can be put in place. Students are encouraged to disclose any disability as early as possible (AHEAD 2008). This will allow time for any necessary referral and an academic and clinical needs assessment to be performed<sup>2</sup>. It will also assist in the student receiving reasonable supports or accommodations early in their programme. Reasonable accommodations for clinical practice placements need forward planning (Wray *et al.* 2005) and this can be difficult to achieve when disclosure has not occurred prior to placements. It is acknowledged that pre-placement planning creates more positive outcomes for students with disabilities (Wray *et al.* 2005). Therefore, early disclosure is encouraged.

For students who choose not to disclose until later in their programme, delays in the provision of reasonable accommodations may be experienced and this may lead to difficulties for the student. The decision to disclose may be an evolving decision, which changes with time or as the student progresses through their programme.

Disclosure is described as a series of steps or decisions and it rarely occurs on one single occasion which the following excerpt from a social work student illustrates:

“It’s something you’re constantly doing, you don’t just disclose it once....because you’re going on a placement, when you are on placement you might go and spend a couple of weeks with another institution, so each new place you go to, actually means that you’re disclosing all over again ... it’s on-going, it’s continuous.” (Stanley *et al.* 2007:43)

Individuals with a disability often chose not to disclose until they feel it is necessary, for example, when needing time off, or sick leave, or for facilitating attendance at appointments (Equality Forward 2007). Tee *et al.* (2010) reported that student practice learning advisers for nursing students referred more third year students for additional support and that disabled students accounted for 59% of this student group. Anecdotal reports indicate that Irish nursing and midwifery students more commonly present with issues that require support, in the internship portion of their programme. However, it is unclear as to what percentage, if any, of these students have a disability.

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<sup>2</sup> Nursing and Midwifery Programmes are academic programmes. However, the learning supports for the student in the university may differ from those required on clinical placements. In view of this, the academic and clinical needs assessments identify the learning supports for the student within the university and clinical setting respectively.

### 3.4 When do opportunities for disclosure arise?

Opportunities for students to disclose arise prior to commencement of training and during their training. These opportunities include:

- The CAO Form (AHEAD 2008)
- The DARE System
- On acceptance of a university place, prior to enrolment (AHEAD 2008)
- On medical forms or routine health screening
- Upon commencement of the programme when the student has identified the correct person with whom to discuss the issue or a person with whom they feel comfortable to discuss their needs (AHEAD 2008)
- As soon as the student experiences difficulties (AHEAD 2008)
- Prior to clinical placements as their needs may be very different in clinical practice when compared to university life
- At any time throughout the programme, when the student is clear as to what reasonable accommodations or supports they may need

Students who register with UCD Access Centre are asked to give consent to the disclosure of the nature of their disability, and their identified reasonable accommodations, to the University and other key people involved in their programme. For nursing and midwifery students this includes clinical staff in the clinical sites. Nursing and midwifery students registered with the UCD Access Centre are also encouraged to discuss their disability with relevant clinical staff so that the necessary reasonable accommodations can be put in place while the student is on clinical placement.

### 3.5 Disclosure to academic staff

It is essential that opportunities for disclosure are given to students throughout their programme. In the University each student is assigned a personal tutor who provides guidance and support throughout their programme. A stage coordinator is appointed for each stage of the student's programme and he/she may also be contacted if difficulties are identified and supports are required. Other University supports include the Access Centre (Disability Support Service), the School of Nursing, Midwifery & Health Systems Student Disability Liaison Officer and the appropriate Student Adviser. If a student discloses to an academic staff member, she/he is encouraged to contact UCD Access Centre to have an academic and clinical needs assessment conducted.

In clinical preparation periods, universities should consider the provision of specific opportunities for students with disabilities to discuss issues of disclosure, their disability and its implications for work placements. Once the student has given written consent, group sessions can be organised to do this, or if the student does not feel comfortable discussing their particular issues in front of other students, one-to-one sessions can be organised. Forums such as this can serve a number of purposes both before and following students clinical placements:

- A forum for exploration of positive and negative views and students' rights and responsibilities
- An information exchange regarding personal strategies
- A safe setting in which students can practice talking about their specific support requirements
- Facilitation of students to build up their personal strategies
- Staff running the sessions can offer ideas and advice
- Enables staff to monitor the development of students' personal strategies

### 3.6 Disclosure to clinical staff

The Royal College of Nursing (RCN 2007) advises nursing and midwifery students to disclose their disability to the staff in clinical placements as well as the university. Opportunities for disclosure in the clinical sites may arise at many points within the students programme, including during orientation and prior to, or during, clinical placements. It is important that both students and staff are clear as to who is informed, when they are informed and what information is being transmitted to clinical placement staff.

In certain cases, where the student has previously disclosed their disability to academic staff, the student may wish that key clinical staff are informed by an academic staff member. Currently, disclosure of the nature of the student's disability and reasonable accommodations, to key clinical nursing and midwifery staff, is performed with the written consent of the student, through UCD Access Centre. The student needs to be aware that although the information has been sent to clinical staff, he or she must follow up by contacting this clinical contact person to discuss how they may best be supported on that clinical placement. The clinical contact person is the nominated support person for students with a disability in each clinical site.

Clinical placement coordinators (CPC) meet with the students at the start of their placements and regularly throughout their programme. Nurse practice development coordinators (NPDC), student preceptors, clinical support staff and clinical managers are also available for advice and guidance. In some instances, students may choose to disclose their disability for the first time while on clinical placement. If the student discloses their disability to a member of clinical staff, and they have not registered with UCD Access Centre, they should be advised to contact UCD Access Centre for advice and support. The Access Centre can then ensure that the student has a clinical needs assessment so that the relevant reasonable accommodations can be identified.

In addition, the member of staff concerned should inform the clinical contact person, and/or practice development, who will then liaise with the personal tutor and the Access Centre. The clinical contact person, and/or practice development, and the personal tutor can then discuss with the student the need to communicate the information to appropriate personnel, involved in the student's programme, and the amount of information that should be communicated. The discussion with the student, including the agreed outcomes, is



recorded in the student's learning plan and signed by all parties to the discussion (Chartered Society of Physiotherapists (CSP) 2004).

In some instances the CPC or preceptor 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 CPC or preceptor to communicate his/her concerns to the student. If the student experiences difficulties, the CPC or preceptor should communicate with the student's personal tutor and/or other academic staff. Where possible this should be done with the consent of the student. In cases where the student does not give consent to disclosure, the CPC and preceptor should respect the student's wishes unless the information, and/or the student's behaviour, poses a risk to themselves, other staff or patients. In such cases, confidentiality must be overruled in order to ensure the safety of all those at potential risk. This will ensure that the member of clinical staff is supported throughout the episode and will also ensure that the student has appropriate support whether or not she/he is able to continue on the particular placement.



### 3.7 How can we encourage effective disclosure?

It is acknowledged that the process of disclosing a disability may be stressful for a student. Disclosure is more likely to occur in an open and accepting atmosphere. It is recommended that any academic and clinical staff involved in supporting students with a disability, should be familiar with local policies and available supports and have had disability training (Equality Forward 2007). Some students may not understand how their disability will affect their learning and will need guidance and clarification from academic and clinical staff. Students are also advised to prepare before disclosing, to ensure that they communicate their needs effectively (AHEAD 2008). Students should consider the following points:

- Are they aware of the available information in relation to reasonable supports and accommodations?
- Who to disclose the disability to?
- What type of information will be needed?
- How will they describe their disability?
- Have they any evidence of their disability? (previous assessment reports)
- Are they prepared to answer questions about their disability?
- What are the expectations and demands of the programme?
- What impact would their disability have on their programme /placements?
- What reasonable accommodations or supports will they require?
- What difficulties have they experienced in the past and how have they overcome them?

When a student discloses the academic or clinical staff members 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 Centre services, confidentiality)
- If in clinical practice, offer appropriate and reasonable supports to ensure safe and acceptable standards of nursing and midwifery care. The safety of the patient must be considered and is paramount
- Inform the student of any actions that need to be taken (inform personal tutor/ UCD Access Centre/clinical site), and ensure their agreement with any actions

### 3.8 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 UCD Access Centre, the student will sign a consent form which will stipulate the relevant personnel with whom the information is to be shared. This will be discussed with the student and the reasons for passing on any information will be clarified. 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. The student will agree as to who will be informed and what information is transmitted. This will be reviewed on a regular basis by UCD Access Centre, as changes may emerge as the programme progresses. In any event, there must always be written agreement with the student.

### 3.9 What happens if a student chooses not to disclose their disability?

If the student does not disclose their disability, she/he will not be afforded reasonable supports and accommodations. If disclosure is late, it is acknowledged that this will result in the necessary supports or accommodations being delayed. Thus non-disclosure may affect a student's progression throughout the programme as they may not benefit from supports which would enhance their professional training. Both students and staff should remember that early disclosure is the key to obtaining any reasonable supports. Other University supports such as the student adviser, personal tutor and the chaplain will continue to be available to the student.





## Section 4

# The Student's Journey to Clinical Placement

(AT) available to support students with a disability in clinical practice

- Highlight the myths and fears that create barriers for students in clinical practice

### 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.

The role of UCD Access Centre in supporting the student with a disability is described. This role involves carrying out the student's academic and clinical needs assessment, providing reasonable academic and exam accommodations and identifying the student's support needs. 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 application for a particular programme it is advisable for the student to contact UCD Access Centre and/or the Disability Adviser in the University to discuss systems that are in place to support students with a disability. The UCD website ([www.ucd.ie/access](http://www.ucd.ie/access)) provides information regarding accessing third level education for

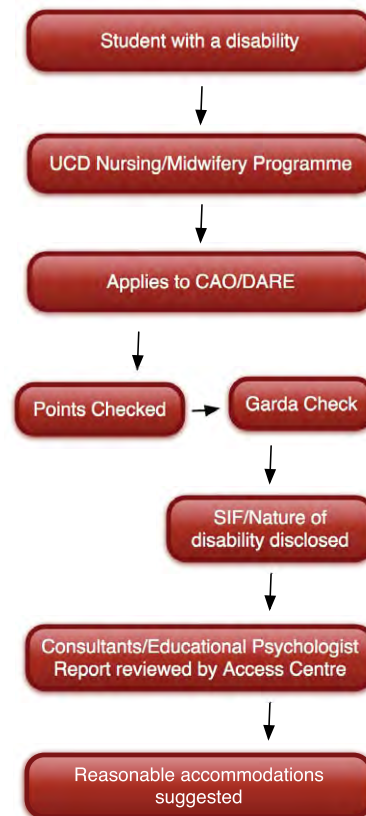


Figure 4.1 Accessing Third Level Education

students with a disability (See figure 4.1). Program handbooks and promotional material should serve to encourage those with disabilities to consider nursing or midwifery as a career option.

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 clearance by the Garda Síochána. The CAO handbook contains a section that gives advice pertaining to disabilities for students applying for courses. Students can apply to 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 disability can have a negative impact on how well a student does at school and whether they go to college. When applying, students are

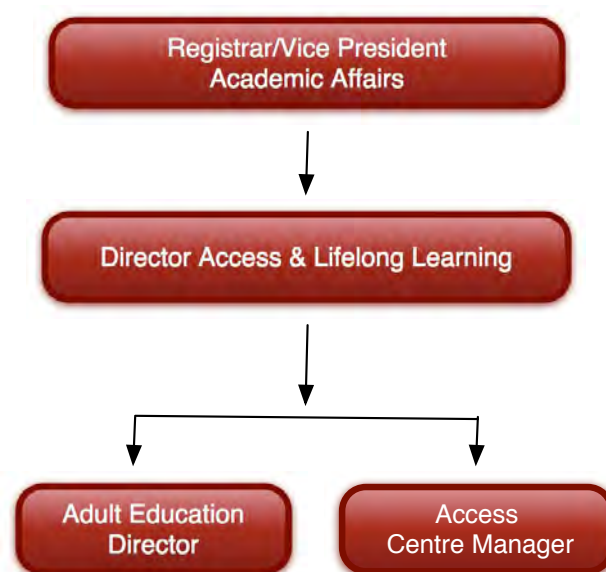


required to indicate the nature of their disability. Supporting documenting in the form of a personal statement, a school reference and evidence of their disability (e.g. Medical consultant/Specialist/Educational Psychologist), must also be supplied. This information is then received by UCD Access Centre (previously referred to as the Disability Support Services [DSS]) which is one of the key stakeholders in the provision of academic and clinical support and guidance for the student with a disability.

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

UCD Access & Lifelong Learning was established to draw together the previously stand-alone strands of access and adult education related activities, in order to enhance widening participation initiatives, and better align approaches, services and supports to students from diverse backgrounds. The role of UCD Access & Lifelong Learning is to:

- provide visibility and leadership on access, lifelong learning and widening participation
- to foster an environment that is attractive to:
  - » school leavers - regardless of socio-economic background or disability
  - » adults beginning their higher education
  - » those wishing to study flexibly
  - » people who wish to continue learning and pursue intellectual enrichment and fulfilment
- work collaboratively with the academic community to provide inclusive learning environments
- provide a suite of specialised student



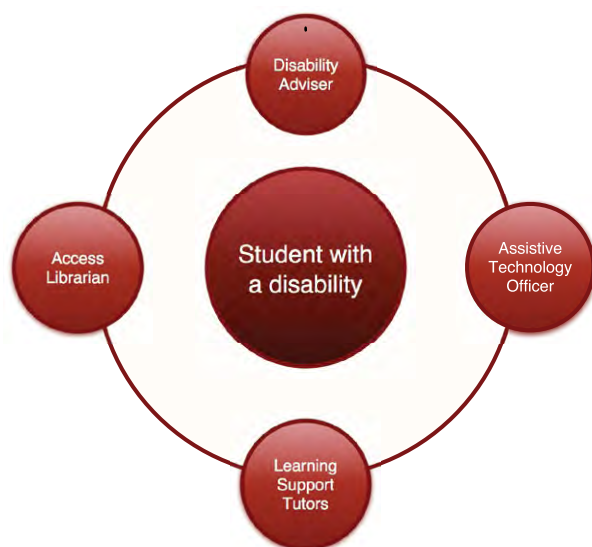
supports

In order to deliver on these objectives, UCD Access & Lifelong Learning provides a cluster of services and initiatives, for example, the Adult Education Centre and the Access Centre (Figure 4.2).

**Figure 4.2: UCD 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 institution can take to develop good 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 newly established UCD Access Centre aims to develop an inclusive educational approach throughout the University and provides a range of personal and academic supports for mature students, students from socio-economically disadvantaged backgrounds (New ERA) and students with disabilities. The Erasmus

exchange programme also enables students with a disability to participate in international student exchanges. Further information may be sought at the Irish Council for International Students (ICOS) (2010) website ([www.icosirl.ie](http://www.icosirl.ie)).



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 (Figure 4.3).

**Figure 4.3 Post Entry Support for a Student with a Disability**

Supports provided by the UCD Access Centre include:

- Delivery of support services to students and staff
- Management of assistive technology and learning support systems
- Organisation and implementation of needs assessments
- Sourcing of funds and supports for students with a disability
- Development of partnership with specialist agencies, employers, schools, colleges, clinical sites
- Production of promotional material
- Guidelines for staff (AHEAD 2010)

This list of supports illustrates the primary role of the UCD Access 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 Centre can expect a high quality, engaging and supportive service, a clear and timely

academic and clinical needs assessment, provision of high standard supports and reasonable, and equitable, access to library, assistive technology and alternative formats of learning supports. Regular feedback should be sought from students and clinical and academic staff.

UCD Access Centre will require the student to participate actively and positively in their programmes, to provide constructive and timely feedback on the services provided, and to respect the responsibility of UCD Access Centre to establish and maintain appropriate academic and professional standards in examinations and clinical practice. Finally, students will be expected to respect property supplied and to use technology and other resources appropriately.

In order for the student to get maximum support from the UCD Access 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 (University College Dublin 2010; AHEAD 2010c; ). The role of UCD Access Centre (AHEAD 2010c) in supporting UCD students with a disability is summarised in four steps, as follows:

- Step 1 UCD Access Centre Support:** students with disabilities are advised to contact the UCD Access 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.
- Step 2 Needs Assessment:** the Disability Adviser and the Disability Liason Officer carries out an academic and clinical needs assessment, which will be discussed in greater depth later in this section.
- Step 3 Financial Assistance:** UCD Access 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.



## Step 1: UCD Access Centre Support

UCD Access Centre provides a confidential service. In order 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 UCD Access 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 Centre can disclose information about the student, in order to communicate the student's needs. The student's particular needs are not discussed with anyone unless the student has given permission to UCD Access 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 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: What is a 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. 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 non disabled students.

The process of successfully supporting students with a disability, on nursing and midwifery programmes, begins with an academic and clinical needs assessment which is carried out by the UCD Access Centre Disability Adviser and the Disability Liaison Officer (DLO) in the School of Nursing, Midwifery & Health Systems. It is the student's responsibility to make an appointment with the Access Centre, as soon as she/he commences their academic programme. This ensures that a full academic and clinical needs assessment is carried out so the student can get the optimum out of their programme including their clinical placements. It also gives the University and clinical sites the opportunity to put in place any reasonable accommodations and/or assistive technology that may be required by the student (AHEAD 2010c; UCD 2010).

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, requirements for a personal assistant, 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 needs and competences
- Identification of the student's needs / supports and reasonable accommodations
- Assessment of learning skills such as reading, note taking, time management
- Assessment of clinical placement tasks
- Assessment of communication and the ability to be able to communicate or receive communication, in its various forms, written, verbal, auditory or visual
- Assessment of cognitive skills such as memory, attention, analysing and processing information, problem solving and language processing
- Assessment of physical abilities, examining movement, co-ordination, dexterity, and fine motor skills
- Transport and access issues also need to be considered (AHEAD 2008)

The student should be given ownership of the needs assessment and will be fully aware of its contents and receive a copy of the assessment.

Each clinical site has its own independent Occupational Health Department, which conducts a health assessment on 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 Centre, the clinical contact person and the clinical sites Occupational Health Department should communicate with each other following each student's needs and health assessment, to ensure that the needs of each individual student are sufficiently met while on clinical placements.

### **Step 3: What Financial Assistance is Available?**

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

A Higher Education Authority (HEA) fund for students with a disability is administered by UCD. It provides additional specialised equipment and support services to students with a disability or specific learning difficulties. The Access Centre completes the assessment with the student and makes an application to the HEA on their behalf.

Local authorities grants include higher education grants, which are administered by local authorities to every student. Each grant is means tested and not specific to students with a disability. The grant includes the payment of full fees, a maintenance allowance and an extra once-off payment.

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 of €500 towards educational costs.

A Student Assistance Fund is available to third-level students with a disability. 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.

### 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. 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.

Rights are inextricably linked to responsibilities (CSP 2004). Students with a disability have a responsibility to be proactive in taking responsibility to ensure that all measures are implemented to provide them with all the necessary supports. 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.

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.

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 see as my weaknesses?
Opportunities	Threats
What are the learning outcomes for this placement? What do I want 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 this placement? What knowledge or skills might be difficult to learn on this placement? What factors may affect my performance?

All students should be encouraged to consider completing the following SWOT analysis to identify how to get the most out of their practice placements.

**Table 4.1 SWOT Analysis**

**Source:** Table adapted from Trinity College Dublin (2010)

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.



## Section 5

# Disabilities and Reasonable Accommodations in Clinical Practice

additional accommodations are needed?

8. Do management/employees need disability awareness training?  
(Office of Disability Employment Policy (ODEP) 2010)

## 5.0 Introduction

Assessing and supporting students is 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 may impact on their ability to meet the required standards of competence.

As a result, students may need 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.

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

1. What limitations is the student experiencing?
2. How do these limitations affect the student's ability to meet the standards?
3. What specific skills are problematic as a result of these limitations?
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

Some questions that the student might consider include:

- What type of support does your placement offer you?
- What type of threats does the placement offer you?
- What do you want to gain from your placement?

## 5.1 What are the Main Types of Disabilities?

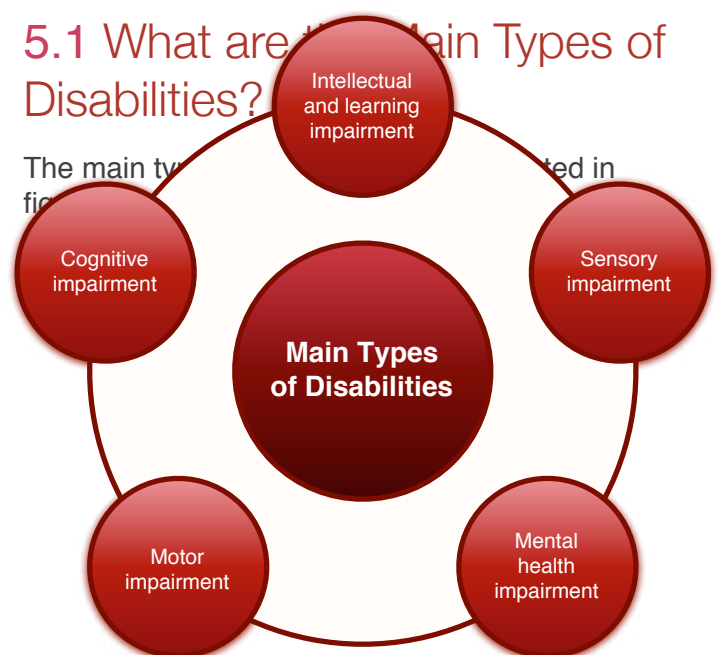


Figure 5.1 Main Types of Disabilities

These main disabilities are discussed later in



this section. Students with one or more of these disabilities may require a number of reasonable accommodations.

## 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. According to Workway (2007) there are three categories of reasonable accommodations:

- Changes to a job application process enabling a qualified applicant with a disability to be considered for a position (for a nursing or midwifery student this is detailed in the CAO application and access to third level).
- Changes to the work environment, or to the way a job is usually done to enable a qualified individual with a disability, as a new or existing employee returning to work, to perform the essential functions of that position.
- Changes that enable an employee with a disability to enjoy the same benefits and privileges of employment (such as access to training) as are enjoyed by comparative employees without disabilities.

The level of accommodation 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 with UCD Access Centre, the Disability Adviser, in conjunction with the student, implements a clinical needs assessment and a number of reasonable accommodations are identified. The Disability Adviser should explain to students with cognitive or physical impairment that the work of nurses and midwives can be physically and mentally challenging. Students will need to be advised that they should take adequate breaks when on duty and reasonable rest periods to recuperate when off duty.

Nursing and midwifery students registered with UCD Access Centre are asked whether they would

like a 'buddy system' to support them while on clinical placement. Students who request this will be allocated a support person, with whom they can liaise for advice and support while on clinical placement. This support person is allocated by the Disability Adviser in consultation with the DLO from the School. Ideally, it should be a fellow student, if possible, with a similar disability who has progressed to a higher stage of the nursing or midwifery programme. The clinical needs assessment will also identify whether assistive technology (AT) supports are required and detail the types of AT that may assist the student.

## 5.3 What you need to know about assistive technology?

Assistive technology (AT) is an umbrella term for any device or piece of equipment, system, or software that allows an individual to perform a task that they would otherwise be unable to do. The use of AT also 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 tool. 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. Some examples include Braille embossing, alternative computer input devices, note taking, printed hand-over sheets in the clinical setting, memory techniques, spell check, and a thesaurus (AHEAD 2008). Additional examples of AT tools are listed in Section 7 (under Information and Resources). Some types of AT can be used by any clinical staff member to assist students in their clinical practice. For example, a specially adapted stethoscope may assist any student who has a hearing impairment or electronic dictionaries can be used to assist students experiencing difficulties with spellings, 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 and enables him/her to compete equally with 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

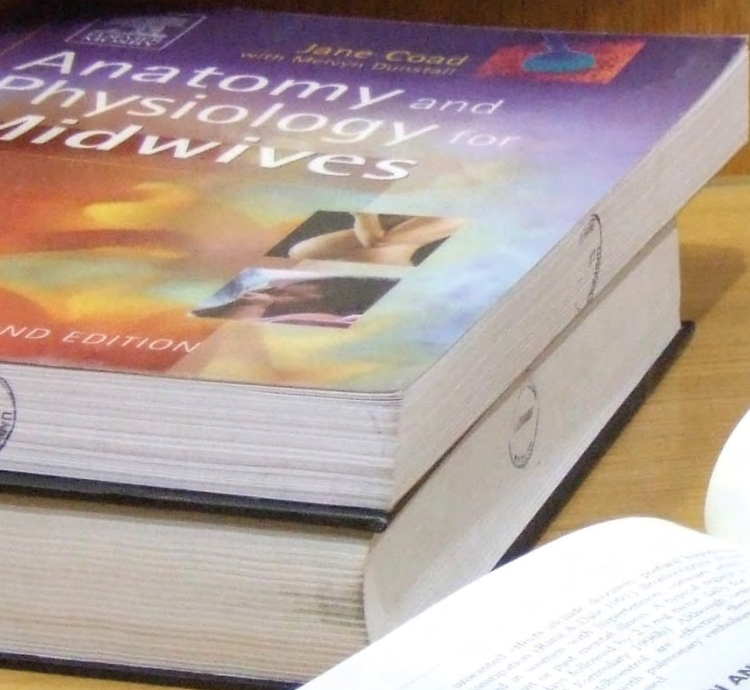


of these difficulties on his/her learning. Deciding on the most appropriate technology can involve training in the use of the technology, a trial period of use by the students, consideration of the portability, cost and practicality of the equipment and examination of the skills required to operate the equipment. The student should be made aware of the need to protect the confidentiality of electronic patient information and that they will need to have their assistive technology equipment checked by the Health and Safety office in the clinical site prior to its use. Measures to ensure such protection should be discussed with the student, by the Disability Adviser and the IT department in the clinical site, prior to the student using the equipment on clinical placement.

The AT assessment generally includes the following elements:

- An interview with the student
- An assessment of the student's IT literacy
- Self assessment by the student
- 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 their clinical needs assessment,



avail of and attend relevant training and care for and return equipment. 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 are now 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.

### Intellectual and Learning Impairment

Intellectual and learning impairment, as used in this Resource Guide, refers to difficulties with reading, writing, spelling or mathematics. The most common conditions that give rise to a learning impairment include: Dyslexia, Dyscalculia and Dyspraxia.

#### Dyslexia

Dyslexia affects the learning process in relation to reading, writing and speaking. It may affect the development of the student's ability to remember, in sequence, what is seen or heard, his/her ability to identify sounds in words and his/her ability to put things in order (e.g. information, letters, stories, numbers, the days of the week, the months of the year, etc); it may affect concentration, co-ordination, letter/numeral formation skills and the speed of reading and understanding. Students may have problems with left and right, spelling, copying words and numbers, and recalling the names of words or objects. Students with dyslexia may also experience difficulties with sequencing, organisation and delayed learning.

#### Reasonable Accommodations

- Identify the specific requirements of the student prior to placement as, outlined in the clinical needs assessment and a learning plan, highlighting important information, and dates, and setting out clear objectives for discussion at the first meeting.
- 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.
- Consider developing a handover sheet to help to prioritise tasks and to use a highlighter to identify important tasks for patient care.
- A list of contact names where further support could be given to the student when the UCD Access centre is unavailable. Be aware of overloading with information.
- Prior to secondment on clinical placement consider holding writing workshops to assist the student in recording patient information, the use of different colours and to assist in admitting and discharging patients to alleviate stress.
- Provide relevant documentation well in advance of the placement. This should be available in correct font & size (Arial/size 12) and, if possible, in cream colour to reduce the glare and in electronic format.
- Give clear guidelines for specific recording of the documentation 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 waive 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. 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.

### Dyslexia: Reasonable Accommodations (cont.)

- 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 assessments in a quiet room to minimize the risk of distractions. Encourage students to use a tape recorder/dictaphone during teaching sessions and demonstrations.
- 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 a computer/palmtop/netbook to improve the spelling and grammar.
- During the demonstration of a skill, explain the procedures simply, relating it to the individual patient. Repeat and 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.

### Dyscalculia

Students with dyscalculia have difficulty performing mathematical calculations, including recognizing or identifying numbers, remembering sequencing of numbers, understanding the mathematical sign or function (whether symbol or word). 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, sequencing, and time management. 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 and midwives' desk or in the work area.
- To facilitate problems retaining and recalling information (e.g. when taking phone messages ask the student to ask the caller to repeat the instructions for 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.

## Dyspraxia

Students with Dyspraxia have a difficulty with thinking out, planning and carrying out sensory/motor tasks. They may have a combination of several problems in varying degrees which may include:

- Poor balance
- Poor fine and gross motor coordination and are often referred to as 'clumsy' (they exhibit difficulty with everyday tasks such as buttoning shirts and using a knife and fork)
- Poor posture and poor spatial awareness
- Poor sense of direction
- Sensitive to touch
- Confused about which hand to use and may confuse their left and right
- Difficulty with reading and writing
- Speech problems – slow to learn to speak and speech may be incoherent at times
- Phobias or obsessive behaviour and a tendency to be impatient
- Students may find it difficult to remember what equipment is needed for particular activities and typically will mislay their belongings

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 and photos of the key areas would be useful.
- To aid time management, encourage the student to use a daily diary and to complete 'to do' lists and timetables for different locations.
- Have the student do an early planned timetable of activities for the day.
- Give plenty of notice for 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 next shift at the end of each 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 arms length from the person they are talking to in particular, patients and family members.
- Encourage the use of different colours for different tasks.
- 'Prioritisation and planning' skills; rehearse these skills away from the practice area perhaps in the UCD 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 right from left on their own body e.g. right is equal to write if they are right handed.
- Students 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. Encourage the student to ask for 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 maybe misinterpreted by other staff. Encourage the student to use a spell check 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.

# Cognitive Impairment

Cognitive impairment, as used in this Resource Guide, refers to disturbances in brain functions, such as memory loss, problems with orientation, distractibility, perception problems, and difficulty thinking logically (Job Accommodation Network (JAN) 2010). Reasonable accommodations are identified on a case by case basis and depend on the severity of the illness. A variety of disabilities can be classified under this category including epilepsy, diabetes, multiple sclerosis, fibromyalgia and chronic fatigue syndrome. For convenience some of the following conditions are listed under cognitive impairment but it could be argued that they are included under other impairments. In addition many of the following conditions could be acquired at any time during the students programme.

## Epilepsy

- Advice/guidance about balancing activities e.g. academic work and clinical practice.
- Advise clinical staff that the student is prone to seizures.
- Clinical staff may need to be advised that the student is not to work alone.
- Students may be unable to undertake scheduled night duty and alterations in normal patterns may be sought. For example 2 nights on rather than 7 continuous nights.
- Students with photosensitive epilepsy should avoid areas of bright or flashing lights.

## Diabetes

- Will require regular meal breaks (remind clinical staff of same).
- May need to take short breaks to check blood glucose level.
- May need to negotiate length of period spent on night duty.
- Clinical staff should be aware that stress may cause episodes of hypo and hyperglycaemia.

## Chronic fatigue syndrome

- Allowing a flexible work schedule and flexible use of leave time.
- Reduce physical exertion and workplace stress.
- Scheduling periodic rest breaks away from the ward.

## Multiple sclerosis

- Provide written instructions when possible.
- 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 organizers.
- Minimize distractions.
- Allow a self-paced workload.
- Reduce 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 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 device.
- » Use written communication, such as email or fax.
- » Allow periodic rest breaks (Please see speech impairment sub section 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.
- » Allow frequent rest breaks (JAN 2010).

## Motor Impairment

Motor impairment, as used in this Resource Guide, refers to limitations in motor movements such as walking, lifting, sitting, standing, typing, writing, gripping, and maintaining stamina. Many of the following conditions could be acquired at any time during the student's clinical placements. Conditions that could cause a motor impairment include multiple sclerosis, cancer, trauma, back condition, arthritis, hand tremors, carpal tunnel syndrome and heart condition.

### Reasonable Accommodations

**Walking:** It is useful for both 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 familiarization with the environment.
- It may be necessary for the CPC to provide a slightly longer induction process to enable the student to successfully negotiate his/her surroundings.
- 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 reduce the quality of his/her clinical experience.
- 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: Provide preferred seating during training, classes and meetings.
- Standing: When negotiating the environment in the clinical site, variation in light levels may cause some students to experience mobility problems. If a person's eyes only accommodate slowly to changes in light levels she/he may have problems when going from a brightly lit ward to a dimly lit corridor in which obstacles could be present.
- Gripping: Provide one-hand syringes and one hand Intravenous (IV) pole.
- Extra time given to student to practice skills in skills lab e.g. perform suctioning on a patient.
- Maintaining stamina: Reduce or eliminate physical exertion and workplace stress.
- Shorten the working day and extend the working week.
- 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 either in UCD, 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).

# Sensory Impairment

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

## Hearing

Deaf and 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 that the CPC asks 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. It is recommended that, at the end of the student's first week on placement, the CPC should timetable a brief review to assess 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

- Provision of a dictionary and thesaurus.
- Use of simple language.
- The speaker should face the student and should not be positioned in front of a bright light source. Face the student, three to six feet away, and at the same level as him/her and speak clearly.
- Check that the student is looking before starting to speak. A strategy for attracting attention could be negotiated e.g. briefly touching the student's arm or shoulder. It may startle the student if someone suddenly comes up on him/her from behind.
- There should be no distractions behind the speaker e.g. people moving around if possible.
- The mouth should not be obscured with objects, such as pens or cups and the speaker should not eat whilst speaking.
- Whenever possible background noise should be kept to a minimum. Background sounds such as clicking pens or rustling paper can be especially distracting for somebody using a hearing aid. Other group members should be made aware of this.
- When a student cannot hear what is being said, attention may drift and it can appear that she/he is not concentrating. This is often not the case, it is more likely to be due to lip-reading being tiring. Try to keep periods of talking short or break sessions up into sections to allow time for resting. Sentences and phrases are easier to lip read than single words.
- Lip-reading is easier when the subject area is known and so it is often helpful to provide a lecture/session summary in advance, or at the start of the session, so that students can concentrate on the speaker. It is impossible to take notes and to follow what is being said simultaneously.
- The student will be unable to lip-read and continue with the practical/clinical work or observations at the same time.
- Shouting distorts the voice and lip patterns – speech should be clear with a normal rhythm.
- Rephrasing can be helpful if the student does not understand what is being said.
- It is important to provide the student with time in which to absorb what has been said.
- It is helpful to keep the head still and for the speaker to stop talking if she/he turns away.
- Mouth movements and facial expressions should be clear and not exaggerated or misleading.
- Gestures can be used where relevant.
- It is important to ensure that the student knows when the subject changes.
- It is helpful to check that the student is following what is being said.
- If points need to be clarified these can be written down.
- Students with a hearing impairment will benefit from front-row seating.
- If the session introduces a large amount of new terminology, provision of a glossary of key terms is very useful and is good practice to provide the student with copies of the slides in advance of the session.

- Overhead projectors (OHPs) are useful because they allow the speaker to face students throughout the session. They can, however, be noisy and can cause problems for students with hearing aids.
- 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.
- If a handout is provided during the session it is important to make it clear whether it is to be read immediately (in which case time needs to be allowed for this) or whether it is to be taken away and read in the student's own time. If the information is needed in the teaching session, then it is better to provide the information in advance.
- Important information should be provided on paper or in electronic format as well as verbally.
- When turning to write on a board or flipchart, it is important to stop speaking.
- Time should be allowed for students to absorb information.
- The learning session should be broken up to allow for information processing.
- If holding group sessions this can be difficult for students to follow discussions in a large group particularly if they cannot see each speaker. If the group has more than 6 – 10 students it will be difficult for the student to lip-read everyone. The group should be arranged in a circle or horseshoe formation, ensuring that nobody is silhouetted against the light. The student may prefer to sit next to the facilitator as comments will be directed that way. It is particularly important for participants to take turns in speaking and allow the student time to look in their direction before starting to speak. Repetition or summaries of contributions from other participants can be helpful and allow the student to follow the discussion. If a radio microphone or loop system is being used all contributors to the discussion will need to speak into the microphone.
- It is important not to stand behind the student when she/he is delivering patient care. The student will be unaware when the preceptor/CPC is speaking and will have to turn away from the activity to find out.
- If a practical technique is being demonstrated to a group, it is important to attract the student's attention prior to beginning an explanation/discussion.
- During a practical demonstration it is important to ensure that the student can see both what is being said and what is being done.
- Provide equipment with digital displays; try to get the student to use a powered stethoscopes/ Dynamap for taking Blood pressure.
- Extra time should be given to the student to read instructions.
- 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).
- Clinical placements should be requested so that the student is not placed in potentially difficult areas where lip reading may be a problem.
- Vibrating alarms to signal a monitor alarming.
- Provide augmentative communication device.
- Provide access to staff with basic sign language training.
- For telephone communication – adjust sound frequency and provide phone with warning light, provide Amplified head sets.
- Use of a speedtext operator.

# Speech Impairments

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 a 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 is speaking. 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 verbal clues often.
- 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 in building 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 like the McGuire programme which offers the student practical training to address stuttering and stammering (see [www.mcguireprogramme.com](http://www.mcguireprogramme.com)).

## 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 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

- Clinical placement documentation in Braille formats.
- Laptop computer with screen reading software.
- Assessment documentation on audiotape 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.
- 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. If it is unavoidable that the student has to be placed in a particular clinical setting that involves a difficult journey, this should be discussed with the individual student in advance.
- 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 computers, Braille note takers. If this is not the case, students may need to have some equipment provided.
- 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 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 need to protect the confidentiality of electronic patient information.
- For monitoring 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 preferred 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 matt 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.

# Mental Health Impairment

Mental health impairment, 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 person's everyday functioning is not significantly affected, at the other end everyday functioning is extensively impaired. Mental health services in Ireland are beginning to 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 (MHC) 2008).

## Reasonable Accommodations

- In some instances, the student may request that they require 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 for same to the Programme Board.
- It is recommended that the CPC should enquire of 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 by telephone or on the pre-placement visit as appropriate. As part of this process a joint plan of action can be drawn up noting personal strategies that the student can use and strategies that the CPC can employ during the placement.
- If the issues do not surface until after the placement begins, it might be helpful for the CPC/preceptor to arrange a quiet meeting with the student to try to establish the main causes of anxiety.
- Specific times for accessing academic staff who can also provide a degree of support.
- 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 time.
- Enable the student to access other staff 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 effect the student's interpretation of colleagues' language and/or actions.
- 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 so it is essential for staff members to be aware of available resources.
- Encourage student to use a Counseling service.
- Initiate programme adjustment and extension of practice experience to allow time off when required.
- If necessary provide flexible scheduling for example:
 

» allow later starts	» split shifts (08.00-14.00, Break, 17.00-20.00)
» minimize night shift requirements	» additional time to learn new responsibilities
» split days off (Mon and Thurs)	

Sources: Dyslexia Association of Ireland (2010), Fisher(2007), Job Accommodation Network (2010), Kane & Gooding (2009), Special Education Support Service (2010), Stainer & Ware (2006), Tee *et al.* (2010), CSP (2004), Workway (2007), and University of Southampton School of Health Sciences (2010).



## Section 6

# Supporting Students with a Disability: The Role of Academic and Clinical Staff

## 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 as do their required support measures which vary from minimal to high levels of support and assistance.

## 6.1 What are the roles of the designated staff in supporting students with a disability on clinical placements?

The UCD School of Nursing, Midwifery & Health Systems (SNMHS) has a designated member of academic staff, a Disability Liaison Officer (DLO), who maintains a liaison function with UCD Access Centre. The purpose of the DLO is to ensure that there is open and regular communication between the School and UCD Access Centre. The DLO reviews new policies and procedures and, from time to time, meets with the manager of UCD Access Centre to discuss areas in which a student's needs can best be met. Each year, the Manager of UCD Access Centre, the Director of Undergraduate Teaching and Learning and the DLO meet to review the student applications made through the CAO. Having a named DLO ensures that there is an explicit mechanism, within which policies and everyday practices in supporting students with a disability can be addressed. The DLO is also normally a member of other committees that address disability and equality within the University.

In UCD each relevant member of academic staff is notified of the students' reasonable accommodations when the students register for their particular module. Students are encouraged to meet the module coordinator and their personal tutor to disclose their disability and to discuss their reasonable accommodations. This enables the personal tutor and module coordinator to liaise with the clinical area to ensure that the necessary supports are available for the students in clinical practice. The module coordinator and personal tutor 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.

A clinical member of staff, in each of the six clinical partner sites, is appointed as the clinical contact person by the Director of Nursing or Midwifery. The clinical contact person may be a member of the NPDU staff, clinical allocations officer or another member of the nursing or midwifery staff. The clinical contact person coordinates all communication between staff in the clinical site and staff in the School, the Access Centre (AC) Disability Adviser, the DLO, the student with the disability and others, as required. The role of the clinical contact person may also involve providing disability information to members of the clinical staff involved in teaching and supporting students with disabilities.

Having obtained the student's consent to disclose a disability, the AC Disability Adviser, distributes information pertaining to the student's disability, and recommended reasonable accommodations, to the clinical contact person in each of the clinical partner sites. The clinical contact person reviews the UCD Access Centre documentation for each student with a disability and may contact the AC Disability Adviser to discuss the recommended reasonable accommodations. In instances where there are concerns regarding the accommodations being recommended, the clinical contact person, the director of nursing or midwifery, the clinical sites human resources department, the practice development coordinator or the clinical placement



coordinator may contact the School DLO and the AC Disability Adviser to discuss the student's needs.

In some instances the clinical contact person 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 clinical contact person should speak with the CPC and the clinical nurse manager in the clinical placement to which the student is allocated, to arrange to have the student's reasonable accommodations put into place. The Disability Adviser advises the student to contact the clinical contact person to discuss their reasonable accommodations in advance of the placement. In the event that the student does not contact the clinical partner site the clinical contact person 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 (CSP 2004). The contact

person 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 on a clinical learning plan.

The role of the clinical contact person also includes disclosure of information to relevant and appropriate clinical staff regarding the student's reasonable accommodations. 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 (CSP 2004). According to the Data Protection Acts (Government of Ireland 1998 & 2003), information pertaining to a person's disability is classed 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 (CSP 2004). The clinical contact person 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 clinical contact person.

## 6.2 How will academic and clinical staff be 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 provided by the UCD Access Office and/or AHEAD. The DLO also conducts annual discussions, in association 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 in each clinical site where students with a disability are 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 the specific disability. This may include journal articles detailing how nursing and midwifery students have been supported in similar clinical placements elsewhere. This literature is available through the DLO and the clinical contact person (see Section 7 for a comprehensive list of resources that provide advice and guidance). The DLO in the School and the Disability Adviser in UCD Access Centre can be contacted for additional advice and support.

The clinical placement coordinator and clinical contact person provide information and support to the individual student's preceptor in advance of the placement. This involves the CPC and/or clinical contact person 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 (AHEAD 2008; Disability Advisers Working Network (DAWN) 2008). 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 instances where clinical managers or educators in the clinical area believe that the recommended reasonable accommodations are beyond their scope, they should contact the DLO and/or UCD Access Centre to discuss and achieve agreement on the reasonable accommodations that are to 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, because reasonable accommodations are not in place, 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 will students be 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.

The clinical partner site is advised of the student's registration with UCD Access 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 UCD Access Office pertaining to the student and provides sufficient time for discussions between the clinical site and UCD Access Centre regarding the suggested accommodations.

In a small number of cases it may be necessary for the AC Disability Adviser and the DLO to consider selective clinical placements as a reasonable accommodation, where some placements present potential 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 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 AC Disability Adviser, or the DLO, if the student's schedule of clinical placements needs to be adapted, in terms of duration, timing or type of placement, to meet the students' unique needs. 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).

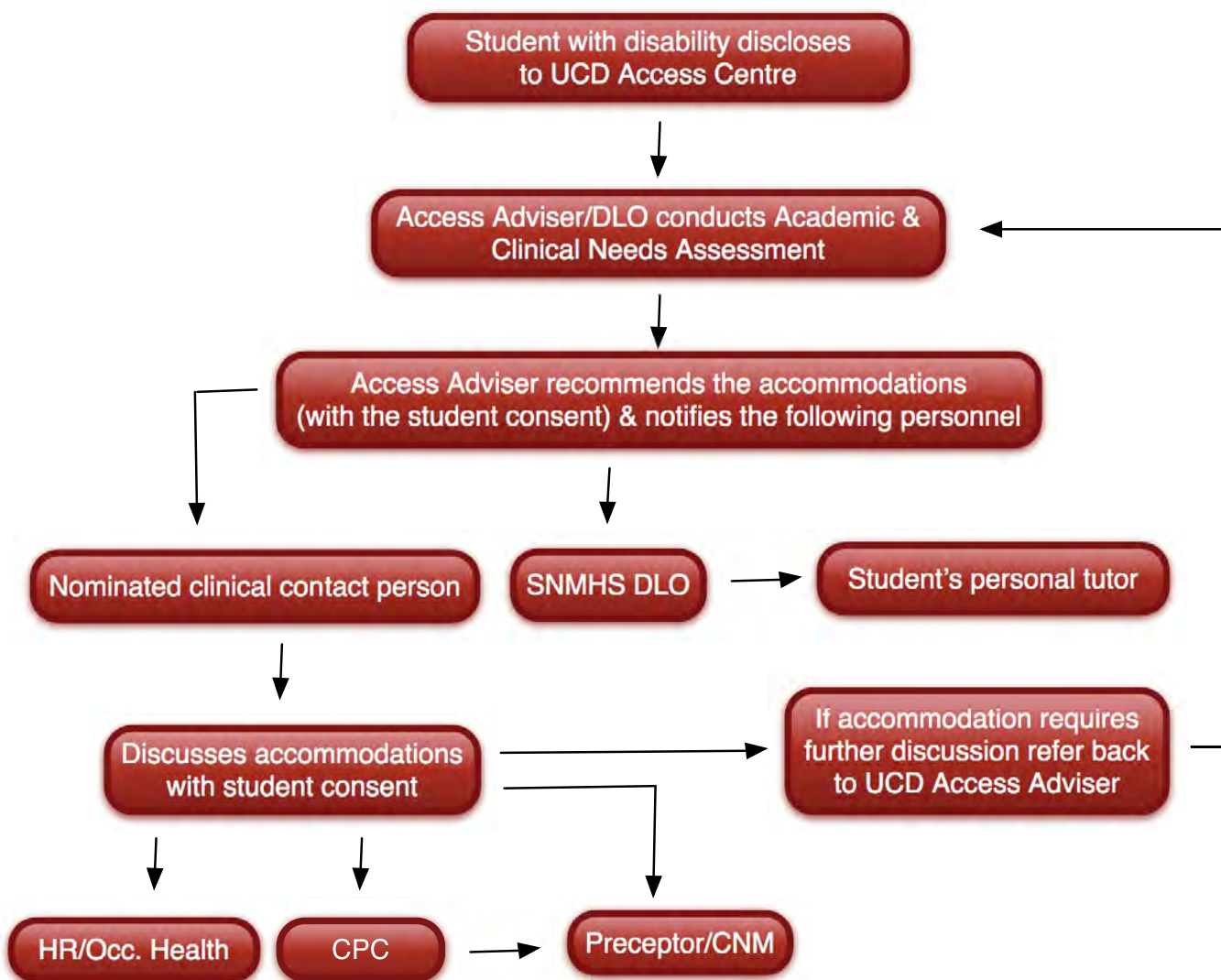


Figure 6.1 Support pathway to clinical practice

Before and during the students' clinical placement, a number of meetings are recommended to support the students learning and assessment in clinical practice (An Bord Altranais 2005). 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).

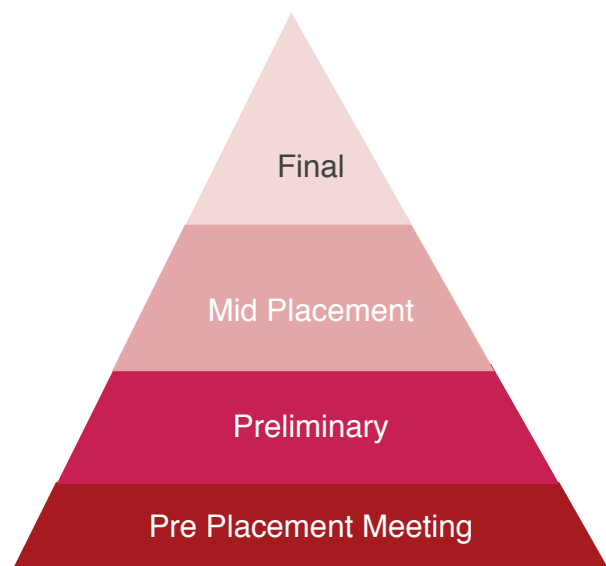


Figure 6.2 Suggested Clinical Placement Meetings

## 6.4 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 (CSP 2004). 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 (CSP 2004).

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.

## 6.5 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 learning 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.

## 6.6 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 on 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 on the learning plan that can be implemented to address these difficulties. The student's performance and 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 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 AC Disability Adviser may be required.

## 6.7 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 on the student's learning plan and counter signed 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 AC Disability Adviser, 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 to 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 AC Disability Adviser 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.

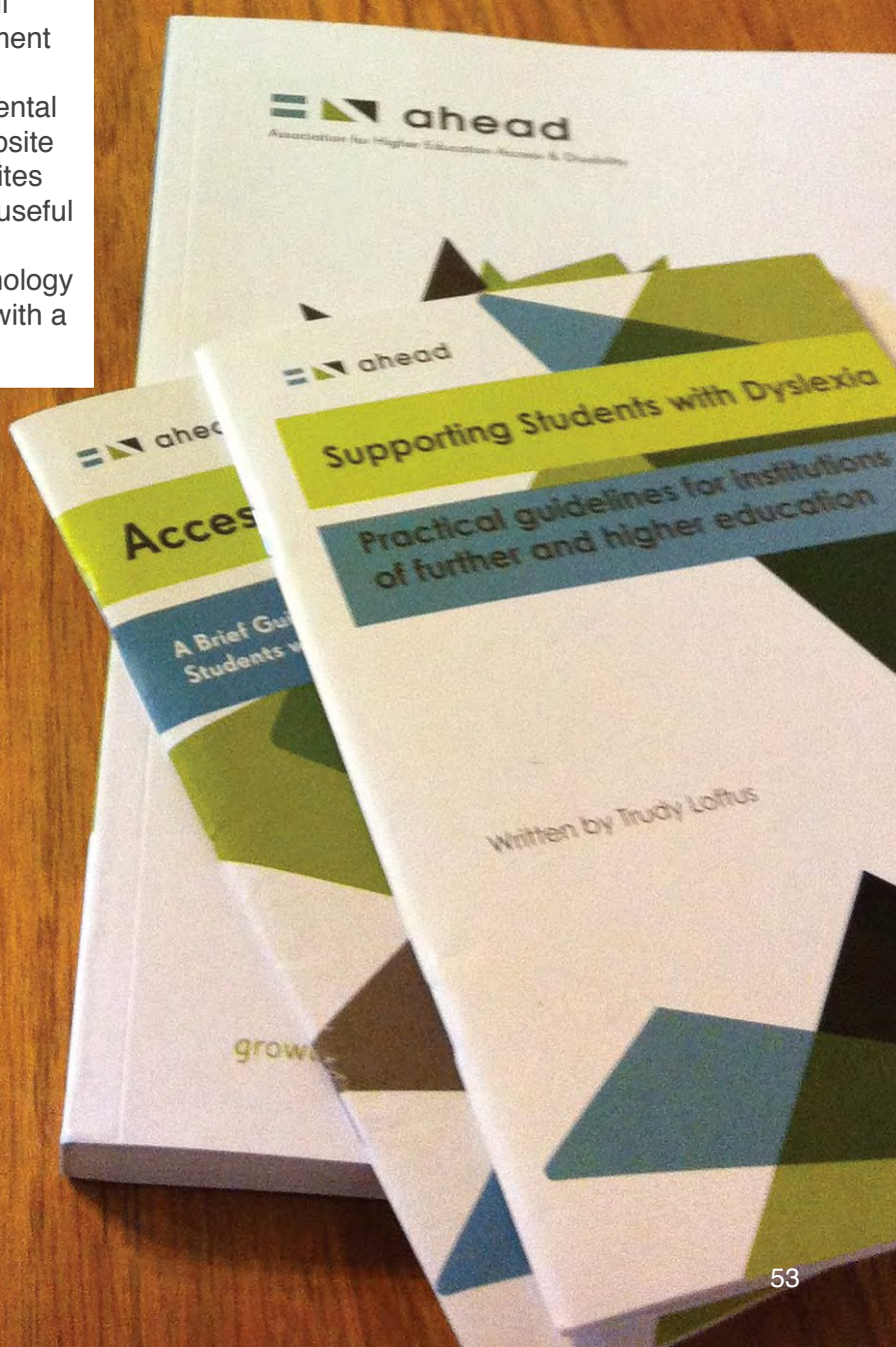
## Section 7

# Information and Resources

### 7.0 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 web-addresses of web sites which provide information/advice/support to individual's with a disability. Some of the websites are broad and look at all aspects of disability (e.g. many of the 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 is provided which may be useful for students with a specific disability.



## 7.1 Resources and Supports

### 7.1.1 Irish Disability Organisations (Including Relevant Government Agencies)

Organisation	Web Address	Details
Action on Disability Enable Ireland	<a href="http://www.enableireland.ie">www.enableireland.ie</a>	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.
Association for Higher Education Access and Disability	<a href="http://www.ahead.ie">www.ahead.ie</a>	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	<a href="http://www.aware.ie">www.aware.ie</a>	Voluntary organisation which provides information and support services for people suffering from depression. Website provides very useful literature on depression and other aspects of mental health. Also provides online support for sufferers.
Disability Federation of Ireland	<a href="http://www.disability-federation.ie">www.disability-federation.ie</a>	Umbrella organisation of over 100 voluntary disability organisations and groups.
Disability information	<a href="http://www.disability.ie">www.disability.ie</a>	Website outlining information on resources for people with a disability in Ireland.
Dyslexia Association of Ireland	<a href="http://www.dyslexia.ie">www.dyslexia.ie</a>	Voluntary organisation which aims to promote awareness of dyslexia and to serve the needs of people with this disability.
Irish Deaf Society	<a href="http://www.irishdeafsociety.ie">www.irishdeafsociety.ie</a>	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	<a href="http://www.oireachteas.ie">www.oireachteas.ie</a>	This is a link to the government site where the Disability Act 2005 can be accessed and downloaded.
Irish Wheelchair Association	<a href="http://www.iwa.ie">www.iwa.ie</a>	Organisation providing a quality service to people with limited mobility and committed to improving the lives of people with physical disability in Ireland.
People with Disability in Ireland	<a href="http://www.pwdi.ie">www.pwdi.ie</a>	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)	<a href="http://www.sess.ie">www.sess.ie</a>	Special Education Support Service is a support service to enhance the quality of learning and teaching in relation to special educational provision.

### 7.1.1 Irish Disability Organisations (cont.)

Organisation	Web Address	Details
Shine	<a href="http://www.shineonline.ie">www.shineonline.ie</a>	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 their 2010 publication Taking Control of Your Mental Health.
Spun Out	<a href="http://www.spunout.ie/health/disability">www.spunout.ie/health/disability</a>	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	<a href="http://www.equality.ie">www.equality.ie</a>	Independent Body set up under the Employment Equality Act 1998. Website provides information on equality legislation.

## 7.1.2 International Organisations

Organisation	Web Address	Details
Ableize	<a href="http://www.ableize.com">www.ableize.com</a>	Website which provides links to resources for people with disabilities on UK based products, services, clubs, groups etc.
Adult Dyslexia Organisation	<a href="http://www.futurenet.co.uk/charity/ado/adomenu/adomenu.htm">www.futurenet.co.uk/charity/ado/adomenu/adomenu.htm</a>	Adult Dyslexia Organisation (ADO) advises supports 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	<a href="http://www.adshe.org.uk">www.adshe.org.uk</a>	ADSHE was formed by group of specialists from the Higher education sector. Aims are to share knowledge and inform good practice across Higher Education to ensure parity of provision and codes of good practice.
British Dyslexia Association	<a href="http://www.bdadyslexia.org.uk">www.bdadyslexia.org.uk</a>	The website of the British Dyslexia Association. Provides general information on dyslexia.
Children and Adults with Attention Deficit/Hyperactivity Disorder	<a href="http://www.chadd.org">www.chadd.org</a>	UK based site which provides some useful information for adults with Attention Deficit Hyperactivity Disorder.
Council of Deans of Health	<a href="http://www.councilofdeans.org.uk">www.councilofdeans.org.uk</a>	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 aims to respond dynamically to the changes in the professions, and wider developments in health services and higher education. Through the search engine in this website another useful document entitled 'Advice For Students With Dyslexia During Their Clinical Placement' can be accessed.
Dyslexia Action (formerly Dyslexia Institute)	<a href="http://www.dyslexiaaction.org.uk">www.dyslexiaaction.org.uk</a>	UK charity that offers support and information to individuals with dyslexia.
Dyslexia College	<a href="http://www.dyslexia-college.com">www.dyslexia-college.com</a>	Website geared directly at providing support, information and useful study skills & advice for college students with dyslexia.
Exceptional Nurse	<a href="http://www.exceptionalnurse.com">www.exceptionalnurse.com</a>	ExceptionalNurse.com is a non profit resource network committed to inclusion of more people with disabilities in the nursing profession. By sharing information and resources, ExceptionalNurse.com hopes to facilitate inclusion of students with disabilities in nursing education programs and to foster resilience and continued practice for nurses and midwives who are, or become, disabled.
Focus on Disability	<a href="http://www.focusondisability.org.uk">www.focusondisability.org.uk</a>	Provides online articles on a wide variety of subjects relating to disability.

## 7.1.2 International Organisations (cont.)

Organisation	Web Address	Details
Healthcare Professionals with Disabilities	<a href="http://www.hcp-disability.org.uk/dyslexia/dyslexia.html">www.hcp-disability.org.uk/dyslexia/dyslexia.html</a>	Information about supporting students with dyslexic and/or other disabilities on clinical practice.
Inclusion Scotland	<a href="http://www.inclusionscotland.org">www.inclusionscotland.org</a>	A consortium of organisations representing disabled people, working towards eradicating barriers preventing the disabled person's inclusion in society. Website provides general information.
Lifelong Learning	<a href="http://www.lifelonglearning.co.uk/placements/placeme1.pdf">www.lifelonglearning.co.uk/placements/placeme1.pdf</a>	Website which provides extensive resources for adult education. This 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	<a href="http://www.mind.org.uk">www.mind.org.uk</a>	Organisation which aims to provide high-quality information and advice for those experiencing mental health difficulties. Website provides information on various campaigns to promote and protect good mental health.
National Bureau for Students with Disabilities	<a href="http://www.skill.org.uk">www.skill.org.uk</a>	This is the website of this UK charity which promotes opportunities for young people and adults with any kind of disability in post-age 16 education, training and employment.
Northern Ireland Dyslexia Association	<a href="http://www.nida.org.uk">www.nida.org.uk</a>	NIDA is affiliated to the British Dyslexia Association (BDA) and is designed to help all those affected by dyslexia.
Quest for Learning	<a href="http://www.questforlearning.org">www.questforlearning.org</a>	Website targeted at students, teachers and graduates offering useful training in study skills and employment skills.
Royal College of Nursing	<a href="http://www.rcn.org.uk">www.rcn.org.uk</a>	Within this website you can access 'A Review of the Literature into Dyslexia in Nursing Practice' - The final report of a project the aim of which was to develop standards to help improve patient care whilst supporting, developing and protecting nurses and midwives with dyslexia in practice.
Skill: National Bureau for Students with Disabilities	<a href="http://www.skill.org.uk">www.skill.org.uk</a>	Skill is a national charity promoting opportunities for young people and adults with any kind of impairment in post-secondary education, training and employment.
University of Southampton	<a href="http://www.southampton.ac.uk/edusupport">www.southampton.ac.uk/edusupport</a>	This is a link to a useful document entitled 'Supporting Dyslexic Students on Practice Placements' aimed at supervisors and/or mentors working with students on health and social care courses.

## 7.2 Resources and Assistive Technology

### For students with a Learning Impairment

#### Dyslexia

- **Nursing and midwifery terminology:** each clinical site will have a list of adopted 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](http://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/](http://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. There are currently 136420 entries in the dictionary. For assistance with pronunciation of medications use specialised reference books such as Mosby's 'Medical Drug Reference'.
- **Scanning pens such as Quicktionary Superpen Professional** is also known as Quicktionary II Premium Professional. It is a mobile device that is a line scanner & 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](http://www.scanningpens.co.uk/product_info.php?products_id=62)
- **The Franklin DMQ-1870 Speaking Dictionary** is a portable phonetic spell checker and dictionary containing over 500,000 definitions, including medical definitions, from the Collins Concise Dictionary and the entire contents of the Collins Concise Thesaurus making it a great tool for supporting writing. Its built-in speech function lets you hear the spelling suggestion, headwords and definitions making it easier to find the right word. Available from: [www.dyslexic.com/franklin-dmq1870](http://www.dyslexic.com/franklin-dmq1870)
- **Inductel's Electronic Medical Dictionary and Speller** is a medical dictionary computer program that can be used without having to go on the internet. It provides definitions, illustrations and verbal pronunciations of words. It also includes abbreviations and lists more than 6,000 brand name drugs and their generic name equivalents. Available from: [www.inductel.com/med.html](http://www.inductel.com/med.html)
- **Spellex UK Medical Spell Checker** gives the correct spelling of more than 300,000 words from the fields of medicine and pharmacology. Available from: [www.spellex.co.uk/Products/med.htm](http://www.spellex.co.uk/Products/med.htm)
- **Texthelp Read and Write Gold** is designed to assist students and individuals of all ages who require extra assistance when reading or composing text. The software allows students to develop their literacy skills and enjoy greater independence. Available from: [www.texthelp.com](http://www.texthelp.com)
- **Read the Words** is an online text to speech tool. Available from [www.readthewords.com](http://www.readthewords.com)
- **Digital voice recorders could be used to record meetings with the consent of those present. Widely available from all electronic outlets.**

#### Dyscalculia

- Useful websites which can be used by students to learn about and practice drug calculations include:
  - » [www.nursesaregreat.com/articles/drugcal.htm](http://www.nursesaregreat.com/articles/drugcal.htm)
  - » [www.testandcalc.com](http://www.testandcalc.com)
  - » [www.testandcalc.com/drugcalc\\_legacy/index.asp](http://www.testandcalc.com/drugcalc_legacy/index.asp)
  - » [www.supershareware.com/info/drug-calculations-for-nurses.html](http://www.supershareware.com/info/drug-calculations-for-nurses.html)
- An Bord Altranais e-learning package on Medication Management from [www.hseland.ie/tohm/default.asp](http://www.hseland.ie/tohm/default.asp)
- The try-it website is a very useful resource as it displays a range of Assistive technology equipment for various disabilities. You cannot purchase from the website. Available from [www.try-it.ie](http://www.try-it.ie)

## For students with a Visual Impairment

- **Handheld magnifiers such as the quicklook.** Available from [www.ashlowvision.com/Handheld/Default.379.html](http://www.ashlowvision.com/Handheld/Default.379.html)
- **Lunar text/zoom text.** This is a software package used to enlarge text on screen.
- **Opti Verso machine** is a new technology which is a digital camera attached to a laptop with a mechanism to manoeuvre the camera. This allows the camera to focus on the lecture screen at a distance of up to 300 metres. This magnifies the screen for the visually impaired user, who can then save the text, enlarge it and change the colour background. This new machine is suitable for people with partial vision only.
- Blind students can use **JAWS**. This is speech synthesizer software, which has a standard keyboard with voice output capacity. It also has kurtswell Scanner equipment, which is a scanner with software which enables voice output and enables the student to have the information read aloud which can then be saved.
- **Braille lit** is a computer with an attached braille keyboard which has standard text
- **Braille embosser machines**
- **Alternative formatted digitalised books**
- **Talking digital dictaphone**, talking Franklin spell checkers and talking dictionaries
- **Daisy books for blind/visually impaired students** (digitalised forms of books)

## For students with a Hearing Impairment

- **Radio Aids such as the Loop system** 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.

## For students with a Physical Impairment

- **Alternative adapted mice and keyboards** i.e. keyboards for one hand, different sizes of mice, enlarged keyboards. Available from [www.infinitec.org/work/tools/singlehandtyping.htm](http://www.infinitec.org/work/tools/singlehandtyping.htm)
- **Voice recognition software** enables students with physical disabilities, or students with dyslexia, to speak into the computer's attached microphone to write their assignments and to study, etc.

## For students with a Speech Impairment

- **The McGuire Programme** delivers practical training devised and developed to promote recovery from stuttering and stammering. They offer intensive courses at the entry point into an ongoing programme of consistent, continuous follow-up activity designed to support long-term recovery. They have an official manual of the programme called Beyond Stammering written by Dave McGuire. This manual can be downloaded free from their website ([www.mcguireprogramme.com](http://www.mcguireprogramme.com) (assessed Jan 2011)).
- Other resources that may be of help are 'Why I Called My Sister Harry' and autobiography of an Irish McGuire Graduate, Michael O'Shea and 'Redefining Stuttering' a free download of the revised book by a leading expert on stuttering, John C. Harrison.

## 7.3 Further Information and Resources

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# 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.

## 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.

## Clinical Contact Person

A staff member from each clinical partner site is nominated by the Director of Nursing/Midwifery who liaises with UCD Access Centre and other members of the School of Nursing, Midwifery and Health Systems to support students with a disability.

## Clinical Sites

Clinical sites refers to six clinical partner sites and eighty four specialist sites that provide the clinical placements for the student during their programme.

## Clinical Needs Assessment

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

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).

## Code of Professional Conduct for each Nurse and Midwife

“A framework to assist the nurse to make professional decisions, to carry out his/her responsibilities and to promote high standards of professional conduct” (An Bord Altranais 2000a:4).

## Competence

The ability of the Registered Nurse/Midwife to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice (An Bord Altranais 2005:12).

## Disability Liaison Officer (DLO)

A designated member of the School of Nursing, Midwifery and Health Systems academic staff who liaises with UCD Access 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 *et al* 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 (An Bord Altranais 2010b).

### 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).

### 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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