Chapter 5: Facilitating Success for All Students on Placement

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Introduction and context

All student nurses deserve to be set up for success on placement. Over the early years, committee members observed that students with a disability may require additional supports in the way of Reasonable Accommodations to achieve clinical competence. UCD Access & Lifelong Learning provides students with academic and examination support for the theoretical components of the programme, but the supports for students with a disability in clinical practice were ad hoc and sporadic, in particular, during internship. In response, a Disability Liaison Team (DLT) was created to expand on the supports already offered by UCD Access & Lifelong Learning and the Association for Higher Education Access and Disabilities (AHEAD) in the clinical area. The team's main responsibilities were to review, develop and implement innovative support practices for students with a disability in the clinical practice area.

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Initiative Name	Promoting Inclusive Learning Environments and Providing Reasonable Accommodations for Nursing and Midwifery Students on Work Placements
Universal Design Principles	- Equitable use - Flexibility in use - Simple and intuitive - Instructional climate
Discipline	Nursing and Midwifery
Level	UCD levels 1-4
College	Health and Agricultural Sciences
Learning Outcomes	- To implement best practices to support the success of students with disabilities. - To embrace current legislation that encourages the promotion and full participation of individuals with disabilities. - To understand the operationalising rights and responsibilities of students, academic and clinical staff in relation to promoting inclusivity amongst students with a disability - To engage in a perpetual change process through learning and re-learning ensuring the students with a disability can reach their potential clinically. - To lessen the misconceptions that students with a disability function less effectively than students without a disability. - To promote a culture of greater acceptance and inclusivity for students who present with a disability within the clinical learning environment
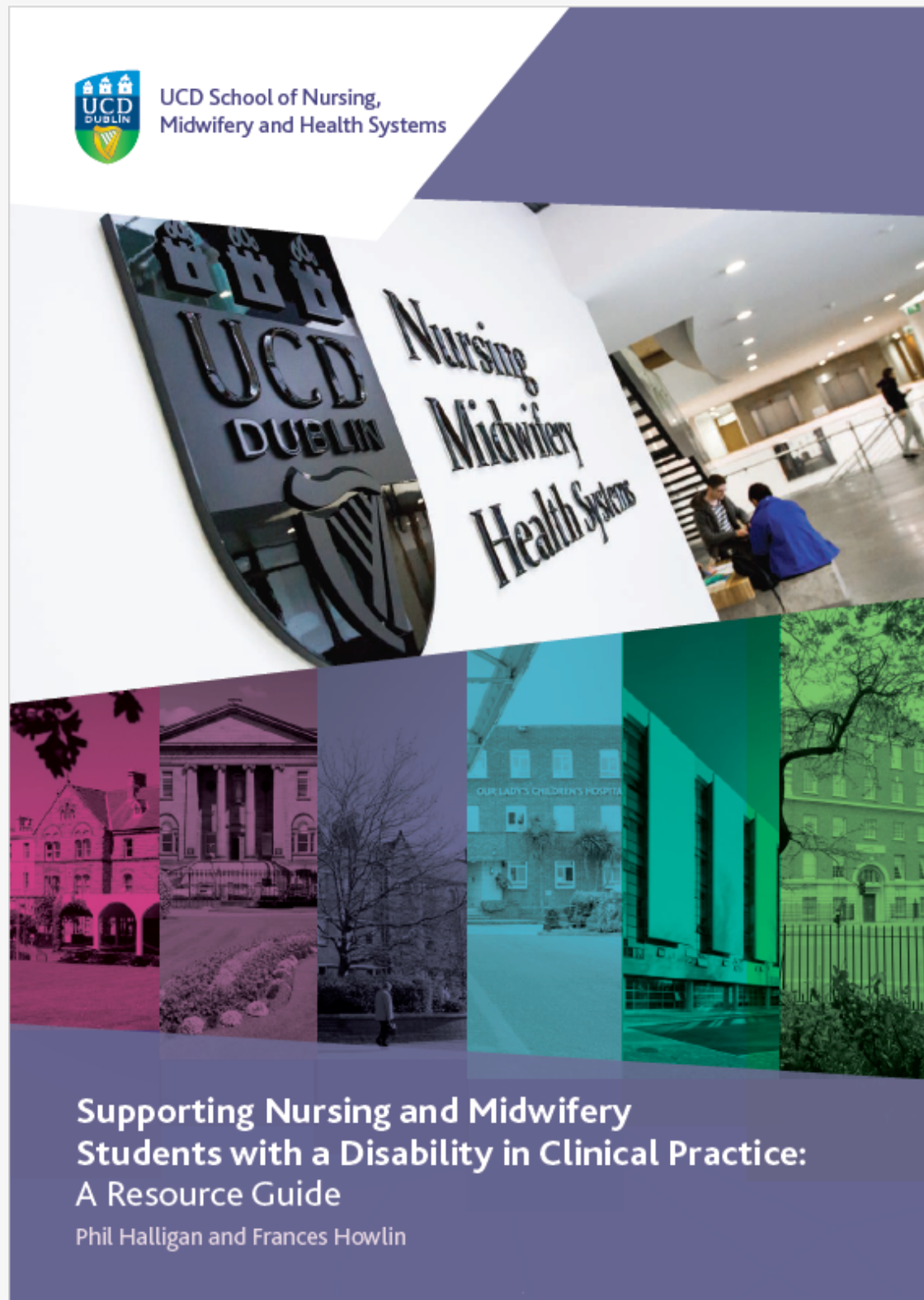
Figure 1: Halligan & Howlin (2016)

Why Universal Design for this initiative?

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

Initially, we felt embarrassed that as module coordinators we had been very closed minded. We paused to think about the vulnerability of these students, wondering if we had let them down. We asked ourselves how difficult it might be for them to disclose to strangers and people in authority in a busy clinical environment. Once the realisation dawned, we knew that something more focused had to be done and although we did not have all the skills and knowledge to provide support for students with a disability, we felt that as a team we had to start somewhere.

When we first started, we realised that the more we thought we knew, the less we knew. Through many seminars, workshops, and discussions we learned that many of us were unaware of the law and rights of people with a disability, and became more mindful of our own attitudes and behaviours towards people with disabilities. We were fearful of being discriminatory whilst at the same time concerned about patient safety and competency issues in clinical practice. However, we felt excited and challenged and confronted our colleagues, friends and authorities about different attitudes and the prevalence of stigma and discrimination around disability.

We knew we did not have all the answers to the many questions regularly raised. We were often asked, why do we have students with disabilities in nursing? We answered: because they are valuable people who can contribute equally safe and effective patient care with great compassion. This journey that we have embarked upon we hope is a joint mission, not only supporting our students, but providing a point of reference for all those who wish to participate on a similar journey in supporting their students.

Design and implementation of the initiative

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

Key interventions include:
- a Resource Guide for staff supporting students in clinical practice
- the development of a Clinical Needs Assessment
- provision of Disability Awareness Training for students and staff

Resource Guide

One of the first initiatives to emerge from our consultations with clinical partners was the development of a resource guide – **Supporting Nursing and Midwifery Students with a Disability in Clinical Practice: A Resource Guide for Clinical and Academic Staff** (see Figure 1).

The guide was intended to address deficits in knowledge around the concept of disability support and to provide additional information for academic and clinical staff who facilitate learning and assessment

for students with a disability in clinical practice. Overall, this comprehensive guide describes inclusive policies and practices to be considered when aiming to foster good practice behaviours so that students with a disability can reach their true potential in clinical practice.

The guide also uses vignettes to highlight myths and fears that surround students with a disability which can create barriers to the attainment of a positive student experience in clinical practice. The guide is based on the belief that a student with a disability has the right to **Equitable use**: the same learning opportunities as any other student. This is achieved through **Flexibility in use** through providing reasonable accommodations, thus enabling them to perform their duties to the required standards.

The contents include:
- Background to the development of the resource guide
- Legal obligations, competence & fitness to practice
- Disclosure
- Students journey to clinical placement
- Disabilities & reasonable accommodations
- Supporting students with a disability on placement
- Information & resources

Clinical Needs Assessment

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

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

Proactive assessments identify student needs on entry to the programme, prior to work placement; while reactive assessments identify student needs when the student experiences difficulties on clinical placement. A three part Clinical Needs Assessment (CNA) was devised based on available literature and informed by the AHEAD Workplace Needs Assessment Model (AHEAD, 2009) (see Figure 2), to support the employment of individuals with a disability. The CNA was developed in three key parts: Part 1 - Student Background and Context, Part 2 - Assessment and Identification of Reasonable Accommodations, and Part 3 - Summary of Clinical Needs Assessment and Reasonable Accommodations.

Part 1 and 2 are retained on a password protected file by a member of the DLT and Part 3 is shared, with the student's consent, with a nominated staff member in the student's parent hospital and her/his personal tutor. On completion of a clinical placement, the student and her/his Preceptor (experienced nurse acting as a guide to the student nurse on placement) are invited to do a review of supports

Figure 2: Howlin, Halligan and O'Toole, (2014)

Registers with CAO in Feb - may apply for Disability Access Route to Education

UCD place offered based on LC results Aug - Mid Oct

All notifies NMHS Disability team of applications and offers an opportunity to review

Accepts place, Registers with All for support, evidence required, Code of practice for SWD

Needs assessment - academic and exam accommodations

Further supports provided - writing, disability awareness, etc

CCP/student contact parent hospital for review of RA

Contacts DLT - CNA completed. Sent to PT and CCP with STD consent

Jan - students in clinical placement - review at anytime during 4 years

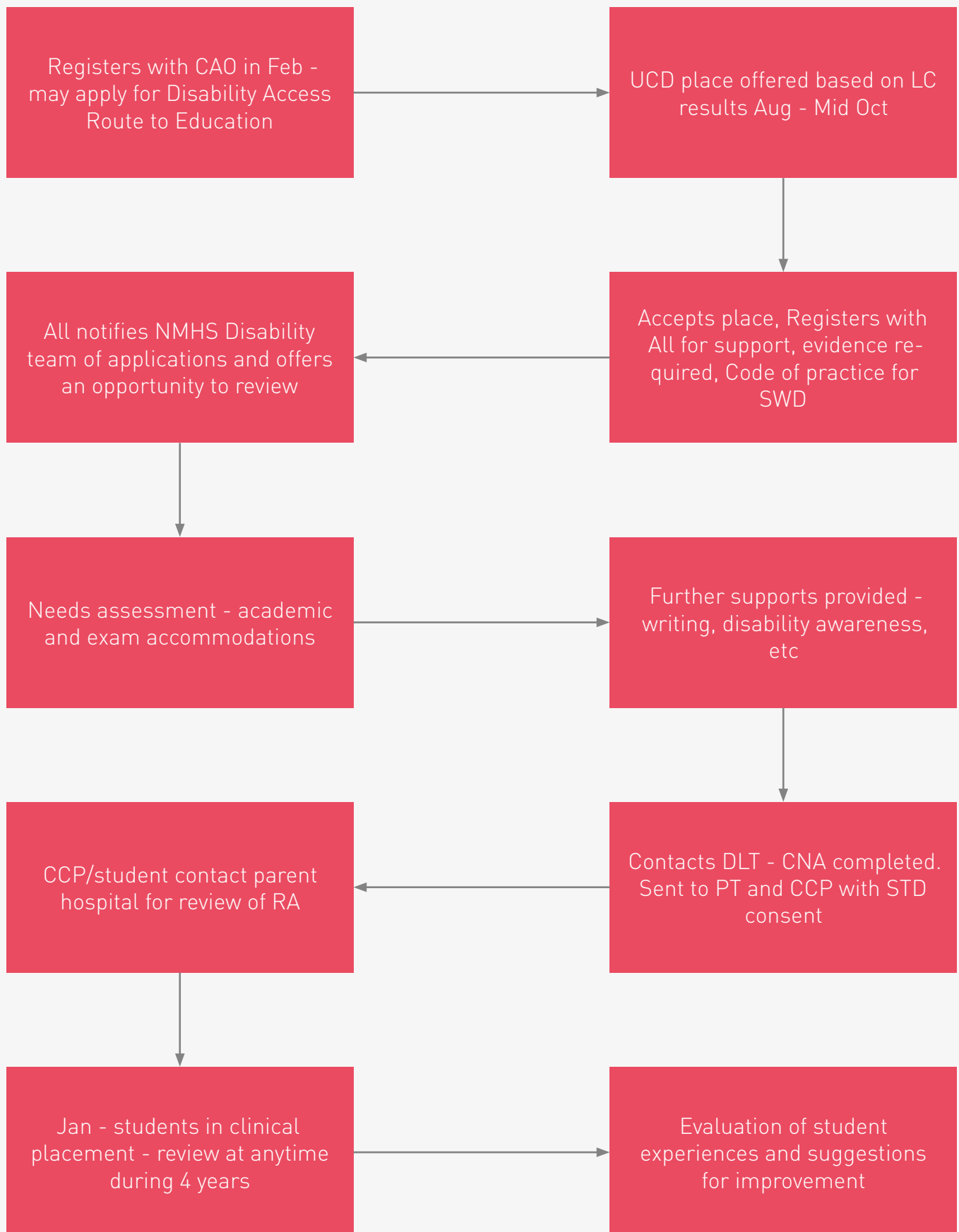Evaluation of student experiences and suggestions for improvement

Figure 3: Pathways to support

provided. It is vital that the Clinical Needs Assessment process be **Simple and intuitive** for the student.

Prior to clinical placement, students are also invited to attend a pre-placement preparation workshop where various aspects (how, when, what and to whom) of disclosure are discussed in relation to clinical placement. They are provided with examples of nursing care documentation that they will be exposed to and the many different terms and abbreviations they will be challenged with when they go out on placements.

The key terms and abbreviations encountered by students in clinical practice are given to each student in different formats - booklet, eBook and PDF. They are also given an opportunity to share their concerns with the team and colleagues about disclosure in the workplace and advice is given by a clinical psychologist on how to take care of their mental and physical health and where to go for further help, if required. A positive **Instructional climate** is fostered through this process.

Disability Awareness Training

Each year, the DLT conducts disability awareness training for staff (clinical and academic) that specifically focuses on issues relating to students with a disability in clinical practice (see Figure 4). For example, training has covered the management of non-disclosure and whether there is an occasion when it is okay to ask a student if they have a disability. All staff (clinical and academic) are also invited to a workshop on Assisted Technology and finally, a biennial summer school is held in conjunction with AHEAD for educators who support students with a disability in healthcare.

Disability awareness training is also provided to all students (not just those with a disability) at every stage of their programme to highlight the services we provide.
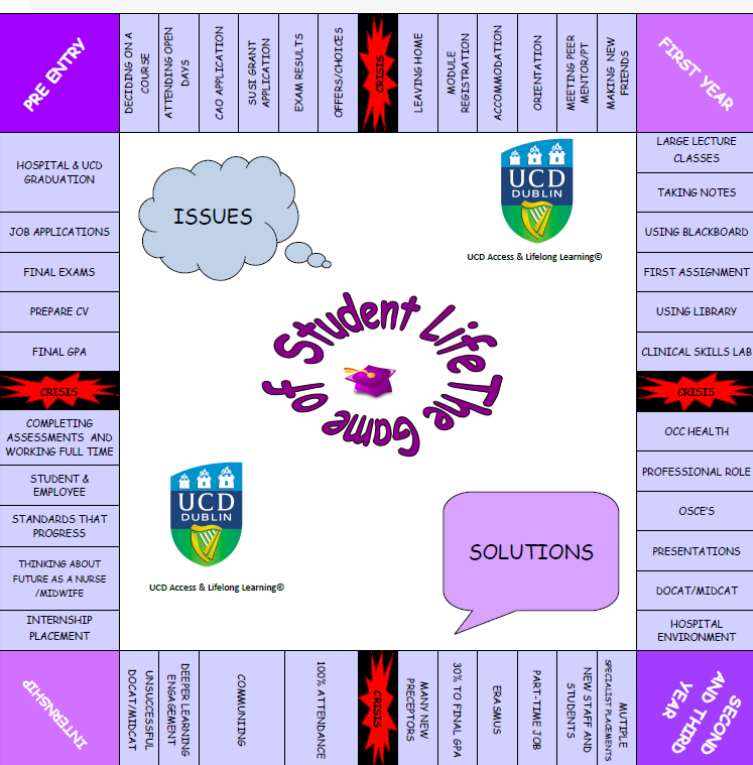

Figure 4: Tool developed by UCD Access & Lifelong Learning and adapted by DLT to increase educators awareness of issues confronting students with a disability entering and progression on Nursing and Midwifery programmes

How do we know it worked?

The clinical experience has always been considered to be a fundamental part of nurse education, as it prepares the student to be a successful, competent and confident graduate nurse. Clinical experience is one of the components of the nursing program which has been identified by nursing students as causing the most anxiety, and this might potentially cause even more anxiety for the student who presents with a disability.

Nursing students registered with a disability over the last five years, for the most part, have indicated a high level of satisfaction within the clinical learning environments and have suggested that they have benefited from undertaking a Clinical Needs Assessment, prior to attending the clinical aspect of their programme. Although they have voiced concerns over disclosure, they have suggested that clinical staff were empathetic and supportive of their needs in the majority of instances.

Utilising a clinical needs approach has demonstrated that the university has a shared responsibility to provide accommodations for students prior to them going out to the clinical sites, equally the clinical sites have a responsibility to ensure that such accommodations are implemented.

Collaboration amongst academic and clinical staff can ensure that the student can reap the benefits of receiving accommodations in a timely fashion, and this ultimately can assist in enhancing student success.

As educators, we have a unique opportunity to examine what is possible as an accommodation (see Figure 5) as it related to students with disabilities and thus innovative approaches to reasonable accommodations can potentially eliminate barriers for students with a disability.

Figure 5: Adapted stethoscope for a student with a hearing impairment

By removing such barriers we can rethink the contributions that students with a disability can bring to the nursing profession and can decrease the discrimination and marginalisation of such individuals. Because of the diverse nature of nursing roles and the range of practice settings, students

with disabilities upon graduation are able to negotiate bespoke pathways that will result in satisfying and successful careers and in our experience their disability fails to restrict them.

Advice to others for implementation

The strongest piece of advice we can offer for others who are seeking to provide support for students with a disability on placement is to collaborate with as many stakeholders and colleagues as possible. Many factors have helped us to achieve so much in such a short time. Having the support of UCD Access & Lifelong Learning, AHEAD, and collaborating with colleagues in the UK who are interested in providing the same support to their students and seeing students' graduate having had a positive experience has made it all worthwhile. The students' feedback on their experiences of support and disclosure has also reassured us that we are doing the right thing, rather than doing things right!

Finally, having the support from management in the School of Nursing, Midwifery and Health Systems in terms of financial resources has also been very helpful. If you are starting this process, taking even a small step can have significant benefits for the students you are supporting.

Start off just by having a conversation with the student about what they can expect on placement and what, if any, supports they think they may need. This small step of opening the dialogue can make a real difference for your students.

Acknowledgements

"The Needs Assessment decreased a lot of worries I had being feeling"
(Stage 1 Nursing student)

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