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Disability & Society

THE LEADING JOURNAL IN DISABILITY STUDIES

Supporting the transition of disabled students from university to practice placement

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Points of Interest

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- The research evaluated the effect of the procedure in facilitating disclosure and the provision of any additional support needs (reasonable adjustments) required by disabled students when working in a practice setting
- Effective ongoing communication between students, educators and academic staff appear to be paramount in ensuring the most effective learning environment for disabled students
- Training is required for all academic and clinical staff to improve their knowledge and awareness of disability related issues and subsequently improve their confidence in facilitating the learning of disabled students
- Planning for any additional support needs must be done in advance of the placement to assist both the disabled student and their educator in facilitating an effective learning environment

Supporting the transition of disabled students from university to practice placement

Abstract

A modified action research project was undertaken to evaluate the effectiveness of a pre placement procedure in facilitating eight disabled physiotherapy students' transition from university to practice. Feedback was gathered from the students, practice educators, visiting and academic tutors via questionnaire. Thematic analysis identified four main themes: 'procedure'; 'student in control'; 'communication' and 'disclosure'. The procedure was generally effective in supporting these students. Recommendations were made: the need for ownership of the procedure from all stakeholders; the development of more effective communication systems and the need for appropriate disability awareness training for all academic and practice based staff.

Keywords: university, disabled students, education, reasonable adjustments, disclosure, health professional

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Introduction

In recent years the issue of providing effective support for disabled students within the higher education sector has become a key area of development for many institutions. The number of disabled students declaring a disability within higher education has risen exponentially over the last decade (Higher Education Statistics Agency (HESA) 2009/10). HESA statistics in 2009/10 stated that out of the 959,060 students entering higher education in the United

Kingdom (UK), 69,770 (7.5%) had a declared disability. This is almost double the 3.8% of

students who declared a disability in 1997/8. This together with the increasing requirements

of disability legislation, the widening participation agenda and the requirements of the

Quality Assurance Agency (QAA) Code of Practice (Section 3: Students with Disabilities)

(2010) has made it vital that universities become pro active in ensuring that all barriers

created by policies, procedures and activities are removed to enable disabled students to

participate in "all aspects of the academic and social life of the institution" (QAA 2010, 13).

A key area identified for action was work placements. The QAA (2010) requires

institutions to consider the reasonable adjustments needed to enable disabled students to

participate in work placements. This article describes a modified action research project that

was undertaken within a University Department of Health Professions. The aim of which was

to develop, implement, and evaluate a procedure to support the transition of disabled students

from a university setting to a practice placement setting.

   The objectives of this project were:

(1) To develop and implement a definitive procedure;

(2) To evaluate the awareness and adherence to the procedure by academic staff, practice

     educators and disabled students;

(3) To evaluate the effectiveness of the procedures in supporting academic staff, practice

     educators and disabled students through the process of disclosure of a disability;

(4) To evaluate the ease of use of the procedure in facilitating the discussion of

     reasonable adjustments by academic staff, practice educators and disabled students;

Background

The amendment to the Disability Discrimination Act (SENDA (Home Office 2001)

has meant that all universities must reflect the legal requirement to support students with

disabilities within their strategic plans (Department for Innovation, Universities and Skills

(DIUS) 2009). An area that requires more development therefore is ensuring that disabled

students on programmes that require them to complete work placements continue to receive

appropriate support in this setting.

Within a number of professional programmes there is conflict between the

requirements of the legislation for non discrimination and the regulatory frameworks in

relation to fitness for practice operated by the Professional Standards Regulatory Bodies

(PSRB's). In 2007, the Disability Rights Commission (DRC) reported on a 'Formal

Investigation into Fitness Standards in Nursing, Teaching and Social Work'. The

investigation concluded that "statutory health standards are discriminatory, and lead

regulatory bodies, universities and in some cases employers to discriminate against disabled

applicants, students and professionals" (DRC 2007, 30). The report highlighted that practice

education was a common area of concern. Recommendation 19 required higher education

institutions to "properly plan placements for disabled students" (DRC 2007, 37) ensuring

that sufficient information about reasonable adjustments was shared with the placement

provider.

On the same theme, Fuller, Bradley and Healey (2004) investigated the barriers to

learning reported by 173 disabled students in a single UK higher education institution. They

reported that 13% of the respondents, mainly on health, social science and education

programmes, experienced disability related barriers in relation to off-campus learning.

Wray et al (2005) carried out 100 semi-structured interviews of disabled social work

students (50) and staff involved in the planning, support and supervision of social work

practice placements (50). The findings supported and expanded on the findings of Fuller,

Bradley, and Healey (2004) by finding both positive and negative factors related to the

support of disabled health care students in practice. Students identified that effective pre-

placement planning, supportive staff student relationships, the implementation of reasonable

adjustments and ongoing monitoring were the key factors for a positive placement

experience. Fifty four percent of respondents reported negative experiences typified by lack

of flexibility of placement staff, adjustments not being implemented, unhelpful staff attitudes,

lack of understanding and the disability just being ignored. A key recommendation from this

document was again the introduction of an institutional process for placement support that

includes assessment of need, discussion of the benefits and professional issues related to

disclosure, the determination and negotiation of reasonable adjustments and a system for

ongoing monitoring of progress and a review of needs. These recommendations are also

supported by guidelines produced by the Chartered Society of Physiotherapy (CSP) (2010),

the Health Professions Council (HPC) (2009), the Quality Assurance Agency (QAA) (2010)

and the Nursing and Midwifery Council (NMC) (2011).

The authors' institution contains a faculty which incorporates a number of health

professional programmes including undergraduate and postgraduate nursing, physiotherapy,

speech and language therapy and social work. In 2007-9 a study was carried out to

investigate the current support for the learning and teaching of students with disabilities

(Botham 2009). The area of support for practice placements was discussed in focus groups by

academic staff and practice based educators (clinicians). Comments ranged from a lack of

support for placement planning, lack of communication between the University and

placement staff particularly pre-placement and having no clear procedure and guidance in

relation to disclosure. A recommendation of Botham's preliminary report (2009), supported

by discussions with students, was to develop, implement and evaluate a procedure for pre-

placement interviews for disabled students. This project focuses on the implementation of

this recommendation.

Methodology

Research Design

A modified action research process was used by the researchers to continually evaluate, modify and review the procedure as more feedback from stakeholders was gained.

The authors contacted the local NHS Research Ethical Committee and the Chair of the Faculty Research Ethics Committee and were advised that formal ethical approval was not required as it was deemed to be part of service development.

Procedure

The project was divided into four stages summarised in Figure 1.

[Fig1 here]

Draft Proforma/Guidelines (Botham 2009)

Following discussion with students documents were produced as part of Botham's earlier study (2009). These were adapted for this project. The document included a procedure for the process of supporting disabled students on practice placement and a proforma for documenting a disabled students placement needs, support and progress.

Stage One and Two were undertaken within the physiotherapy programmes with a view to the documents then being adapted for use across the other health care programmes within the faculty.

Stage 1: Pre Pilot Phase

Six physiotherapy academic staff (out of a possible eight) attended a focus group with the objective of reviewing the new document and agreeing a procedure for its use. These academics were all personal tutors to the eight second year physiotherapy students that had

declared a disability. These students had an institutional statement of needs and had not yet

been out on practice placement. The two tutors that were unable to attend were given the

opportunity to add their opinion via email. Following the focus group the finalised draft

procedure was produced (see Figure 2).

[Fig 2 here]

Stage 2: Pilot Study Phase

The eight second year physiotherapy students that had declared a disability noted above

formed the focus of the pilot study. The procedure was implemented for these students for the

three placements that occurred in their spring/summer term.

 Pilot Study Results and Evaluation: Six students completed a pre-placement meeting, one

student declined to attend and one personal tutor forgot to organise the meeting. On

reviewing the completed documents it was found that only three out of the eight personal

tutors had complied fully with the procedure. A questionnaire was sent out to all eight

students and their respective personal tutors in order to gain more feedback. Five

questionnaires were returned (2 students and 3 personal tutors) recommending only minor

changes to the layout of the document. The procedure itself remained unchanged (see Figure

2).

Stage 3: Implementation of Definitive Procedure

It was planned to implement the procedure across all the healthcare programmes within the

Faculty. However, due to a number of circumstances the procedure was only fully

implemented within the Physiotherapy Department.

The definitive procedure was then implemented with a different physiotherapy cohort

and focussed on another eight second year students who had disclosed a disability. As with

the pilot study group all eight students completed three five week placements back to back in

the spring and summer terms.

Stage 5: Project Evaluation Stage

Four questionnaires were developed to gather feedback from the four different perspectives

namely the student, visiting tutor, personal tutor and practice educator. The questions were

designed to specifically to evaluate the project aim and objectives two, three and four.

Structure and analysis of the questionnaires: Open questions were used within the

questionnaire to evaluate the project objectives. These were analysed using thematic content

analysis (Graneheim and Lundman 2004; Braun and Clarke 2006).

For this project a meaning unit was defined as "words or statements that relate to the

same central meaning" (Graneheim and Lundman 2004, 106). A category was considered to

be a group of meaning units that shared a commonality. A theme was considered to be the

overarching thread that linked the categories together (Graneheim and Lundman 2004).

Figure 3 shows the thematic analysis process.

[Fig 3 Here]

Presentation and Discussion of Results

Nineteen out of 45 evaluation questionnaires were returned, giving an overall response rate of

41%. This rate varied across the groups surveyed from 62.5% for the student group to 29%

for all staff groups (see table 1). The response rate from staff was disappointing and

reminders failed to increase this rate. Botham (2009) in a study of the same group also

reported a low response rate and suggested a cultural issue within the institution related to the

lack of priority given to issues related to disabled students support.

[Table 1 here]

Thematic Analysis

On reviewing the findings of the thematic analysis for each of the four groups questionnaires

it was found that there was a lot of commonality of the categories and themes found and this

allowed the findings of all groups to be combined. These findings were then reviewed in

relation to the projects aim and objectives. The thematic analysis resulted in the

establishment of four themes linked to the study objectives each with between one and eleven

categories.

The Themes identified were:

(1) Procedure

(2) Student in Control

(3) Communication

(4) Disclosure

The categories identified within each theme are presented in Table 2. Presentation of

the full list of meaning unit allocation and respondents responses are beyond the scope of this

paper but can be accessed directly from the authors.

Results: Identified Themes and Categories

The theme 'Procedure' had eleven identified categories related to the use, adherence and

value of the procedure. The theme 'Student Control' had five categories related to student's

taking the lead and their relationship with staff members. The theme 'Communication' had

four categories related to the quality of communication and the lack of confidence or

reluctance to discuss disability issues. Finally, the theme 'Disclosure' had seven categories

related to the reluctance of student's to disclose and the timing, support for and method of disclosure.

[Table 2 here]

Discussion

This discussion will focus on the project aim and objectives and how these findings may influence future developments and study into this area of practice. Detailed discussion of all categories is beyond the scope of this paper. The discussion will focus on categories that were identified by more than one participant.

Objective 1: To develop and implement the definitive procedure

The procedure was successfully piloted, evaluated and a final definitive procedure completed within the Physiotherapy Programme.

Since completion of the project the procedure has now been implemented within the other health related programmes and there has also been interest in the procedure from a range of non-health programmes such as Environmental and Geographical Sciences. The procedure is now available to all departments via the University webpage.

Objective 2: To evaluate the awareness of and adherence to the procedure by academic staff, practice educators and disabled students

Responses within the procedure and disclosure themes clearly relate to this objective and demonstrate a mixed picture. To aid clarity, the discussion will be split into two parts to review each component of the objective.

Awareness of the procedure

A number of themes contain comments that indicate that a number of participants lacked

awareness of the procedures existence or content. Comments ranged across all participant

groups except the personal tutors. One Practice Educator stated,

"I have not seen a copy of the new procedure before" (PE3).

Currently the procedure is distributed to the practice educators via a local coordinator and

these comments would suggest that this method has been ineffective in some NHS trusts in

ensuring that each of the practice educators have been notified of the procedure and given

access to the documentation. Practice educators also suggested that if they had been aware of

the procedure the quality of placement would have improved. A solution recommended by

the practice educators was therefore to distribute the procedure more widely. A Practice

Educator commented that,

"each centre should have a procedure document provided previously,
as some of the problems would have been eliminated if (I) had
seen the document" (PE7).

It also appears that some disabled students were unaware of the procedure documentation.

One Student reported that they,

"did not know the documents exist" (S1).

They again recommended wider distribution suggesting,

"It would be useful to ensure that the students were aware of the pre
placement proforma and guidelines" (S1)

No personal tutors from within the physiotherapy programme stated that they were unaware

of the procedure which is perhaps not unexpected as a number of staff development sessions

were held to introduce the procedure. However one Associate Lecturer who only carries out

placement visits missed this training and as a result was unaware of the procedure.

"I would like to have known that the student declared a disability

before the first visit " (VT 3).

This would suggest that there is a need for improved communication measures for Associate

Lecturer visiting tutors. In the future these staff will be invited to staff development sessions

and will receive information regarding the student they are visiting via a confidential email.

The lack of awareness of the procedure by some students could be improved by better

communication methods, for example, information could be distributed to all disabled

students via a dedicated online resource.

At the time of the project, communication to placements was via a placement

coordinator rather than the individual placement practice educator. A more extensive

distribution system is required to access all practice educators and perhaps an email

distribution list may be a solution. However, there will be difficulties maintaining the

currency of this list. Following the completion of this project practice educators who have

attended the practice educator's course have been made aware of this procedure.

However, it is clear from the responses that many of the study participants were aware

of the procedure and clearly engaged with it. One Student stated,

"all three visiting tutors made sure I was happy and had all my needs met" (S1)

Adherence to the procedure

It is evident from the evaluation that adherence to the procedure was again mixed. All groups

report incidences when part of the procedure was not followed. Again these issues were

mainly reported by the practice educators and the students and less so from the university

based personal and visiting tutors. A number related to the lack of pre-placement

communication between the student and the placement educator.

"I have had two students with disabilities and there was no pre

placement communication with anyone" (PE 4)

It is possible that this lack of pre placement communication is linked to the students preferred

method of disclosure. A number of the students preferred to delay disclosure either until day

1 of the placement or even later. Two Practice Educators reported that:

"the student disclosed on the first day of the placement " (PE 2).
 "It had been left to the student to tell me which didn't happen until into
week 2 of the placement" (PE 4)

Within University disclosure guidelines and under the Data Protection Act (1998)

deferred/non disclosure is permitted as long as there is not an associated health and safety

issue. Students have the right to non-disclose or to defer disclosure until they feel

comfortable to do so. A potential way to reduce the percentage of late/non disclosure is to

ensure that within the pre placement meeting the students are clearly informed of the benefits

of disclosure in advance of the placement and the potential difficulties in making appropriate

reasonable adjustments when no disclosure is made. This is still unlikely to result in 100%

disclosure as some students will still fear stigma and discrimination (Stanley et al 2011). In

order for effective pre-placement discussion to occur more staff development may be needed

to ensure that academic staff are confident at discussing the issues around disclosure and

appropriate reasonable adjustments.

Feedback from students suggested that although the majority of students had been

consulted in a personal tutor meeting a number had not been given a copy of the procedure

and were not really aware of the procedure. One Student (S1) only saw the documentation

when it was distributed with the project evaluation.

Although it is stated in the procedure that a copy of the document should be emailed

to the student prior to this meeting, it clearly needs to be explicit to personal tutors that the

student should receive this in advance of the meeting. This ensures they are able to think

about any issues prior to the meeting. This is particularly important for students with dyslexia

who may find it difficult to think on the spur of the moment within a tutor meeting. Students

should be given their own copy of the completed proforma. This is particularly important for

students with dyslexia and associated short term memory difficulties who may struggle to

remember the recommendations made.

For one Personal Tutor the need to carry out the pre placement meeting was forgotten,

despite the full team staff development session and a reminder email. The Tutor states,

> "I have no recollection of doing any parts of the procedure... I
> clearly need to remind myself to do it though". (PT 1)

Busy academic staff have many things to remember and this is bound to occur. A solution

could be to send a reminder email to the personal tutors and also put an announcement online

for students, asking students with an institutional statement of need to make an appointment

with their personal tutors. This will encourage the students to be take responsibility for their

own learning support and decrease the likelihood of the meeting being omitted.

Objective 3: To evaluate the effectiveness of the procedure in supporting academic
staff, practice educators and disabled students through the process of disclosure of a
disability

The main responses that linked to this objective were noted under the "disclosure" theme.

One Personal Tutor commented that it,

> "…helped to prepare the student" (PT2)

Although it was highlighted that some students chose not to disclose in advance of the

placement (or at all) several practice educators commented that when they did, it was

extremely useful. These positive comments regarding pre-placement communication

suggested that the procedure had been effective in supporting these students. One Practice

Educator stated that it,

> "Helped to meet beforehand to settle nerves (students) and put
> any anxieties to rest" (PE1)

Practice Educator 5 commented that,

> "it was very useful because we could prepare to accommodate the
> student's medical disability" (PE5)

One Student chose not to disclose prior to their placement (S2) and chose to disclose on the first day whilst another student chose to delay disclosure until 2 weeks into the 5 week placement (PE4). Reasons for this delayed disclosure could vary and further questioning would be needed to confirm the reasons behind these decisions. Although supporting students with disabilities should be an integral part of their pastoral and academic care disclosing a disability can still be challenging for students as there still appears to be some stigma attached to it. A quote from one Student (S4) who chose to limit her disclosure to her practice educator alone and hence did not disclose to the wider team highlighted that she,

> "would feel embarrassed if everyone knew"

Another student commented that,

> "I did not have to keep telling people" (S1)

Although Student 1 had mentioned that they did not feel a pre-placement visit was necessary they did note that it was nice to know the option was open to them. This highlights the importance of the student being in control and having the choice as to whether they wish to disclose or not. It demonstrates the effectiveness of the procedure in providing an opportunity for disabled students to discuss the issue of disclosure. The overall decision regarding disclosure must be the choice of the student and what they deem to be appropriate for

themselves.

The timing of a student's disclosure is the prerogative of the student. The responsibility of the university is to ensure that an opportunity is available for the students to disclose and that the student is made aware of the potential implications of disclosing or not disclosing (DRC 2007). This decision may have implications not only for the student's learning but may also affect the practice of their practice educator and potentially on the patient as well. Delayed or non disclosure may disadvantage the student and frustrate practice educators as they are unable to plan in advance and this may impact on their workload. Non disclosure could disadvantage the student as an optimum learning environment may not be provided as reasonable adjustments will not be made. Conversely a student may choose to disclose and still not feel supported which could adversely affect their learning. Stanley et al (2011) report clear positive benefits of disclosure in most cases.

Several students commented on the benefits of disclosing their disability. Student 2 felt that it allowed them to say how their learning could be helped and also enabled them to explain things they found difficult. Student 5 commented that they fully disclosed before all placements enabling adjustments to be implemented and ensuring all colleagues were informed of their disability for safety reasons (S5). This pro-active response regarding preparing for a student on placement is encouraged by the Equality Act (2010). This will create a more effective learning environment for the student from the first day of the placement thereby helping the student to succeed. Stanley et al (2011) reported that disclosure of a disability resulted in the students receiving appropriate support and in some cases resulted in a positive, supportive attitude from key clinical staff. As the practice environment is a very busy one preparing for a student with additional learning needs prior to the placement starting may help to reduce stress for all concerned. Practice Educator 1 raised the point that they felt the procedure was,

"very effective but this was due to the pro-active nature of the student"(PE1)

When disabled students are aware of their strengths and weaknesses, planning for any

reasonable adjustments should be easier. However , a lack of insight into the placement

environment can sometimes make this more difficult. Good communication between the

student and their personal tutors, visiting tutors and practice educators should make this

process easier as these members of staff have experience of a variety of placement

environments and can highlight areas that may need addressing and suggest reasonable

adjustments. Difficulties may arise when disabled students aren't aware of their limitations or

don't want to talk about specific issues because they feel it is not necessary or for fear of

discrimination should they raise them. This has the potential to lead to safety and professional

issues. Personal Tutor 2 highlighted this point by noting that the process of disclosure worked

well as they got on well with the students and noted that they,

"weren't sure how it would work with a more reticent student" (PT2).

One Visiting Tutor (VT3) felt reluctant to raise the topic of a student's disability during her

visit and felt that,

"as she (the student) had chosen not to elaborate it would be a little
inappropriate to ask for information. I did then feel it was a little awkward –
there was no outward sign of any disability and without pressing for details
it was difficult to offer support" (VT3).

Visiting Tutor 3 may have felt awkward due to her admitted lack of experience dealing with

disability issues. This suggests a future training need for academic staff to ensure a standard

level of knowledge is reached including insight into government legislation and who has

responsibility to support disabled students. Visiting Tutor 4 also acknowledged that a student

she visited,

"did not want to engage with me" (VT4).

Visiting Tutor 4 noted that although the student did not want to discuss any issues directly

with her she informed the students personal tutor. Therefore this allowed the personal tutor to

offer support or contact her informally should she wish to do so. This highlights the

importance of ongoing communication between all parties to ensure that should the student

not feel comfortable discussing personal issues with one person there is potential support

available from another.

In the initial meeting with their personal tutor, students were asked if they required

any support with disclosure to their practice educators or they were happy to do this

themselves. Feedback from the questionnaires suggested that most students were happy

disclosing themselves. This is probably the ideal method as it encourages the student to take

responsibility for their own learning.

Having reviewed the questionnaire findings it appears that those parties who actively

engaged with the procedure and the process of disclosure generally found the procedure

effective in providing support for the student and practice educator. Where the procedure

appears to have been less effective is in supporting students who were not willing to engage

with the system or when visiting tutors lacked awareness of the procedure or lacked

knowledge regarding reasonable adjustments and their responsibilities from a legislative

point of view. As noted earlier the procedure provides an opportunity for students to engage

and it is their choice whether they choose to do so or not. Lack of awareness of Faculty

procedures together with a lack of knowledge re legislative procedures is an area that needs

addressing within the Faculty Staff Development Programme to ensure all students receive

the same level of support across all programmes. This is supported by the DIUS (2009) who

report that although there have been positive changes in recent years in relation to the

creation of inclusive policies and procedures within HEI many areas still need further

development particularly the area of staff training in relation to disability awareness and

reasonable adjustments.

Objective 4: To evaluate the ease of use of the procedure in facilitating the discussion
of reasonable adjustments by academic staff, practice educators and disabled students

Responses linked to this objective were noted under a variety of themes including procedure,

student in control and communication. Positive responses were given by Personal Tutors 1

and 2 and also by Student 5 with respect to the paperwork being clear, user friendly and easy

to follow. Visiting Tutor 4 noted that it was useful to have a structure and process to follow to

ensure consistency. One of the Practice Educators (PE7) stated that the procedure,

> "promoted open discussion regarding disability" and it meant they
> were able to discuss fully with the student practicable adjustments
> for both parties" (PE7)

This raised the fact that adjustments may need to be agreed by both the student and the

practice educator in order for the adjustments to be "reasonable" for a particular working

environment.

Personal Tutor 2 noted that the pre-placement discussion with their personal tutee

allowed them to,

> "give the student some scenarios so they could hypotheses on what they might need"
> (PE2)

As noted earlier some disabled students may be aware of their strengths and weaknesses but

having not worked in a particular environment previously may need facilitating to consider

all their potential needs. This was one of the main reasons personal tutors were made an

integral part of the procedure as all personal tutors act as visiting tutors and have an in-depth

knowledge of all practice environments. This puts them in the best position to facilitate and

advise their tutees with respect to their potential learning needs and hence any reasonable

adjustments potentially required in the practice setting. One Student (S1) stated that the

procedure,

> "helped me talk through my concerns regarding my dyslexia and what problems
> I envisaged on my placement" (S1).

Student 1 also commented that,

> "I wasn't sure what I would need help/support with on my 1st placement.
> I used this as a learning curve for my 2nd placement" (S1).

Some placements may be more challenging for disabled students than others for a number of

reasons. For example a student with a visual impairment moving between several locations

whilst working on the wards in a hospital may be more challenging and demanding than

being based in one location. It is therefore important to consider how reasonable adjustments

may need to be modified from placement to placement. Although ongoing communication is

encouraged between placements within the procedure (as students may go from one

placement to the next) one Personal Tutor did note that,

> "it isn't entirely clear how to maintain communication as students go from
> one placement to another" (PT2)

This ongoing communication therefore needs to be reviewed to ensure the procedure is a

cyclical one.

The provision of appropriate reasonable adjustments were noted in a number of

students responses. One Student (S1) quoted a number of reasonable adjustments that were

agreed upon as a result of discussions,

> "..the opportunity to type my notes on a PC"

> "..additional time to write my notes and do my assessments"

"..quiet space to write notes" (S1).

Another Student commented that they'd agreed reasonable adjustments such as,

" flexible hours, potential IT support, reduced hours, use of a

dictaphone, use of a computer to write notes, ability to eat and drink

regularly" (S5)

One issue that was raised was that when students were performing well it was perceived that

they didn't require any reasonable adjustments. This may well have been the case however it

raises the question that they may have performed even better if reasonable adjustments had

been made. One Visiting Tutor stated that the,

" student said they were absolutely fine and felt like this would not

be an issue on the placement type" (VT2).

As already discussed students may choose not to disclose or may feel reticent to discuss

issues and reasonable adjustments. This may lead to a learning environment that isn't as

effective as it could be but we must accept that is the students' choice. There is little evidence

however comparing the outcomes for disabled student with respect to the effectiveness of the

learning environment where reasonable adjustments have or have not been set up. This is

therefore an area for future research.

Conclusion

Although the response rate from the students was high (62.5%) the response rate from all

other parties was comparatively poor (29%). This means that although we can draw valid

conclusions from the student's responses, we may have to be more cautious about drawing

firm conclusions from the responses of personal tutors, visiting tutors and practice educators.

However, despite the low response rate from staff the objectives of the project were met. Six

themes were identified by the thematic analysis of which four were pertinent to the projects

objectives. The two non-related themes raised areas that require further investigation. These

areas were staff knowledge, experience and attitudes towards disability and, whether

appropriate reasonable adjustments can have an influence on the grade a student achieves on

placement.

Further investigation is also required firstly to evaluate whether or not there is a

prevailing culture within this institution that leads to a low priority being given to the support

of disabled students by academic staff and secondly whether issues related to disclosure or

non-disclosure influence a students performance and grades achieved on placement.

The DRC (2007) report suggested that potential discriminatory behaviour in practice

education results from issues such as poor planning, poor communication of required

adjustments, poor cooperation from placement providers, a lack of awareness of disability

equality and the relevant legislation by placement providers and a reluctance of students to

disclose due to fear of discrimination. This study supports these findings particularly in

relation to poor communication, poor disability awareness and fear of discrimination. Poor

disability awareness is a key finding of a number of other studies (Botham 2009; DIUS 2009;

Vickerman and Blundell 2010 and Stanley et al 2011). The authors found that a lack of

insight into disability issues may lead to a lack in the confidence of some staff in dealing with

disability related issues. This training need may be easier to manage with University based

staff but may be more difficult with practice based staff who are not employed by the

University.

A number of recommendations have been made to the authors' institution following

the findings of this study for example the need to develop a more co-ordinated

communication system for all stakeholders within practice education. These are paramount to

ensure that all stakeholders, particularly clinical staff, have an awareness of the procedure.

Practice education co-ordinators have a key role to play in ensuring this communication takes

place. This should be linked with an opportunity to attend appropriate disability awareness

training. Universities should consider providing this training for their practice placement

educators.

The authors firm advice to anyone considering implementing a similar procedure

would be to ensure you have "buy in" from all stakeholders particularly university senior

management in advance of starting the process. University senior management are in the best

position to assist you in raising the priority of supporting disabled students in the practice

environment and change institutional culture. They are also best placed to initiate appropriate

ongoing disability awareness training for all staff involved in supporting disabled students.

This student quote summarises how implementing this type of procedure, can enable

disabled physiotherapy students to succeed on placement.

> "I have nothing negative to say at all. I have received nothing but support
> from all involved. I have never felt "disabled" or singled out……..I was
> able to complete all my placements to my full potential without compromising
> my health. I do not feel I would have been able to achieve this without the
> support I have received and would have had to withdraw from the programme" (S5)

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Table 1: Response rate from all groups

Group	Questionnaires Distributed	Questionnaires Completed	%
Students	8	5	62.5%
Personal Tutors	7	2	29%
Practice Educators	24	7	29%
Visiting Teachers	7	2	29%

Table 2: Categories identified for each theme			
Procedure Theme	**Student in Control Theme**	**Communication Theme**	**Disclosure Theme**
Procedure not followed	Reasonable adjustments made clear by student /Student aware of own needs	Lack of confidence/reluctance to discuss a disability related issue	Pre-placement communication should be encouraged
Lack of awareness of procedure	Student willing to take lead	Clear liaison with other team members	Delayed disclosure-
Requires wider circulation	Student had pre-existing rapport with other staff member	Clear established relationship and rapport helped process	Limited disclosure
Ensures consistency of approach/structure	Alleviated stress/anxiety	Student reluctant to discuss/disclose	Disclosure allowed appropriate/effective support
Engaged with procedure	No reasonable adjustment as perceived performing well		Non-disclosure
Provided opportunity to encourage disclosure and discuss reasonable adjustments			Disclosure method
User friendly/worked well			Reluctance to disclose/ discuss
Communication process needs further evaluation			
Tutor needs prompt to engage			
Reasonable adjustments discussed			
Enabled success			

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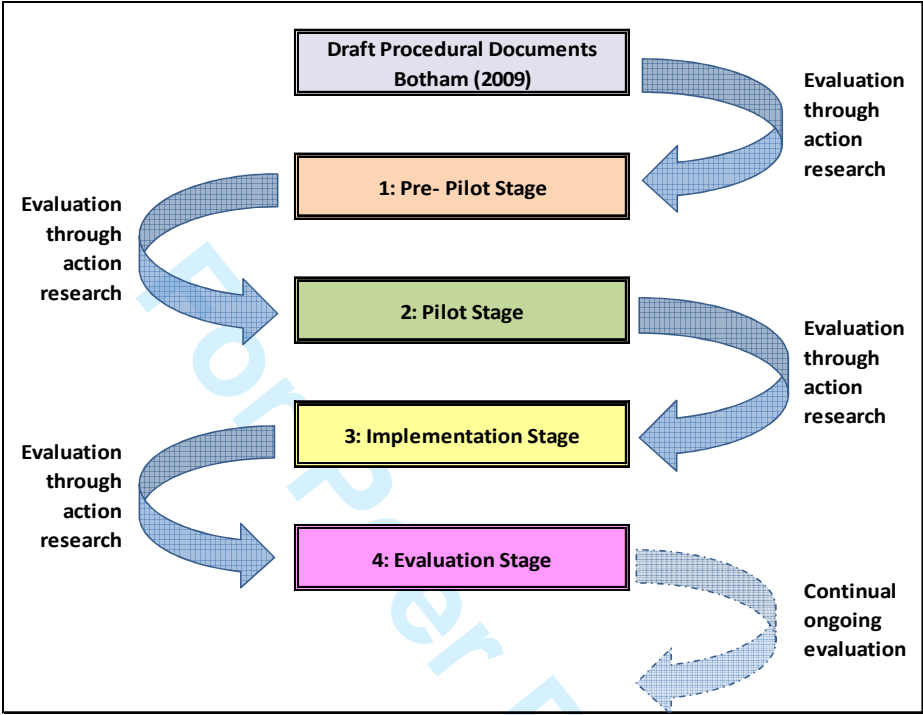
Figure 1. Summary of Project Stages

1. Practice Placement team allocate appropriate placement

5. Ongoing student- led review

2. Pre-placement meeting with Personal Tutor

3**. Action Plan agreed, documented and stored electronically**
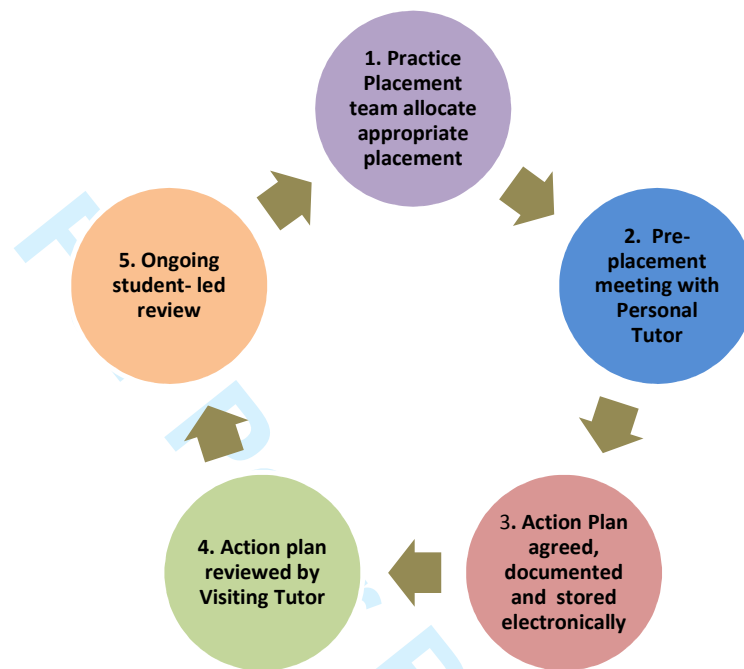
4. Action plan reviewed by Visiting Tutor

Figure 2. Summary of Pilot (Final) Procedure

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3   Fig 3: Thematic Analysis Procedure
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8   Authors independently identify meaning units and suggested categories
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13   Authors independently identify overall themes and asign categories to the themes
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18   Authors meet to agree final themes and categories
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23   Categories and themes re-tested on the questionnaires : categories mutually exclusive and
24   included all data
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28   Authors independently assign meaning units to categories
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33   Authors meet to confirm final assignment of meaning units
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