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**Supporting the transition of disabled students from  
university to practice placement**

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**Points of Interest**

- This article looks at the effect of setting up a procedure to support disabled healthcare students when moving from university into a practice setting
- 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

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2  
3 Kingdom (UK), 69,770 (7.5%) had a declared disability. This is almost double the 3.8% of  
4  
5 students who declared a disability in 1997/8. This together with the increasing requirements  
6  
7 of disability legislation, the widening participation agenda and the requirements of the  
8  
9 Quality Assurance Agency (QAA) Code of Practice (Section 3: Students with Disabilities)  
10  
11 (2010) has made it vital that universities become pro active in ensuring that all barriers  
12  
13 created by policies, procedures and activities are removed to enable disabled students to  
14  
15 participate in “all aspects of the academic and social life of the institution” (QAA 2010, 13).  
16  
17

18  
19 A key area identified for action was work placements. The QAA (2010) requires  
20  
21 institutions to consider the reasonable adjustments needed to enable disabled students to  
22  
23 participate in work placements. This article describes a modified action research project that  
24  
25 was undertaken within a University Department of Health Professions. The aim of which was  
26  
27 to develop, implement, and evaluate a procedure to support the transition of disabled students  
28  
29 from a university setting to a practice placement setting.  
30

31  
32 The objectives of this project were:

- 33  
34  
35 (1) To develop and implement a definitive procedure;  
36  
37 (2) To evaluate the awareness and adherence to the procedure by academic staff, practice  
38  
39 educators and disabled students;  
40  
41 (3) To evaluate the effectiveness of the procedures in supporting academic staff, practice  
42  
43 educators and disabled students through the process of disclosure of a disability;  
44  
45 (4) To evaluate the ease of use of the procedure in facilitating the discussion of  
46  
47 reasonable adjustments by academic staff, practice educators and disabled students;  
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50

## 51 52 **Background**

53  
54 The amendment to the Disability Discrimination Act (SENDA (Home Office 2001)  
55  
56 has meant that all universities must reflect the legal requirement to support students with  
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1  
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3 disabilities within their strategic plans (Department for Innovation, Universities and Skills  
4 (DIUS) 2009). An area that requires more development therefore is ensuring that disabled  
5 students on programmes that require them to complete work placements continue to receive  
6 appropriate support in this setting.  
7  
8  
9

10  
11 Within a number of professional programmes there is conflict between the  
12 requirements of the legislation for non discrimination and the regulatory frameworks in  
13 relation to fitness for practice operated by the Professional Standards Regulatory Bodies  
14 (PSRB's). In 2007, the Disability Rights Commission (DRC) reported on a 'Formal  
15 Investigation into Fitness Standards in Nursing, Teaching and Social Work'. The  
16 investigation concluded that "statutory health standards are discriminatory, and lead  
17 regulatory bodies, universities and in some cases employers to discriminate against disabled  
18 applicants, students and professionals" (DRC 2007, 30). The report highlighted that practice  
19 education was a common area of concern. Recommendation 19 required higher education  
20 institutions to "properly plan placements for disabled students" (DRC 2007, 37) ensuring  
21 that sufficient information about reasonable adjustments was shared with the placement  
22 provider.  
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38 On the same theme, Fuller, Bradley and Healey (2004) investigated the barriers to  
39 learning reported by 173 disabled students in a single UK higher education institution. They  
40 reported that 13% of the respondents, mainly on health, social science and education  
41 programmes, experienced disability related barriers in relation to off-campus learning.  
42  
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46

47 Wray et al (2005) carried out 100 semi-structured interviews of disabled social work  
48 students (50) and staff involved in the planning, support and supervision of social work  
49 practice placements (50). The findings supported and expanded on the findings of Fuller,  
50 Bradley, and Healey (2004) by finding both positive and negative factors related to the  
51 support of disabled health care students in practice. Students identified that effective pre-  
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3 placement planning, supportive staff student relationships, the implementation of reasonable  
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5 adjustments and ongoing monitoring were the key factors for a positive placement  
6  
7 experience. Fifty four percent of respondents reported negative experiences typified by lack  
8  
9 of flexibility of placement staff, adjustments not being implemented, unhelpful staff attitudes,  
10  
11 lack of understanding and the disability just being ignored. A key recommendation from this  
12  
13 document was again the introduction of an institutional process for placement support that  
14  
15 includes assessment of need, discussion of the benefits and professional issues related to  
16  
17 disclosure, the determination and negotiation of reasonable adjustments and a system for  
18  
19 ongoing monitoring of progress and a review of needs. These recommendations are also  
20  
21 supported by guidelines produced by the Chartered Society of Physiotherapy (CSP) (2010),  
22  
23 the Health Professions Council (HPC) (2009), the Quality Assurance Agency (QAA) (2010)  
24  
25 and the Nursing and Midwifery Council (NMC) (2011).  
26  
27  
28

29  
30 The authors' institution contains a faculty which incorporates a number of health  
31  
32 professional programmes including undergraduate and postgraduate nursing, physiotherapy,  
33  
34 speech and language therapy and social work. In 2007-9 a study was carried out to  
35  
36 investigate the current support for the learning and teaching of students with disabilities  
37  
38 (Botham 2009). The area of support for practice placements was discussed in focus groups by  
39  
40 academic staff and practice based educators (clinicians). Comments ranged from a lack of  
41  
42 support for placement planning, lack of communication between the University and  
43  
44 placement staff particularly pre-placement and having no clear procedure and guidance in  
45  
46 relation to disclosure. A recommendation of Botham's preliminary report (2009), supported  
47  
48 by discussions with students, was to develop, implement and evaluate a procedure for pre-  
49  
50 placement interviews for disabled students. This project focuses on the implementation of  
51  
52 this recommendation.  
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## 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



1  
2  
3 declared a disability. These students had an institutional statement of needs and had not yet  
4  
5 been out on practice placement. The two tutors that were unable to attend were given the  
6  
7 opportunity to add their opinion via email. Following the focus group the finalised draft  
8  
9 procedure was produced (see Figure 2).  
10

11  
12  
13  
14 **[Fig 2 here]**  
15

#### 16 17 18 *Stage 2: Pilot Study Phase* 19

20 The eight second year physiotherapy students that had declared a disability noted above  
21  
22 formed the focus of the pilot study. The procedure was implemented for these students for the  
23  
24 three placements that occurred in their spring/summer term.  
25  
26

27  
28 *Pilot Study Results and Evaluation:* Six students completed a pre-placement meeting, one  
29  
30 student declined to attend and one personal tutor forgot to organise the meeting. On  
31  
32 reviewing the completed documents it was found that only three out of the eight personal  
33  
34 tutors had complied fully with the procedure. A questionnaire was sent out to all eight  
35  
36 students and their respective personal tutors in order to gain more feedback. Five  
37  
38 questionnaires were returned (2 students and 3 personal tutors) recommending only minor  
39  
40 changes to the layout of the document. The procedure itself remained unchanged (see Figure  
41  
42 2).  
43  
44  
45

#### 46 47 48 *Stage 3: Implementation of Definitive Procedure* 49

50 It was planned to implement the procedure across all the healthcare programmes within the  
51  
52 Faculty. However, due to a number of circumstances the procedure was only fully  
53  
54 implemented within the Physiotherapy Department.  
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3 The definitive procedure was then implemented with a different physiotherapy cohort  
4 and focussed on another eight second year students who had disclosed a disability. As with  
5 the pilot study group all eight students completed three five week placements back to back in  
6 the spring and summer terms.  
7  
8  
9  
10

#### 11 12 13 *Stage 5: Project Evaluation Stage*

14  
15  
16 Four questionnaires were developed to gather feedback from the four different perspectives  
17 namely the student, visiting tutor, personal tutor and practice educator. The questions were  
18 designed to specifically evaluate the project aim and objectives two, three and four.  
19  
20  
21  
22

23  
24 *Structure and analysis of the questionnaires:* Open questions were used within the  
25 questionnaire to evaluate the project objectives. These were analysed using thematic content  
26 analysis (Graneheim and Lundman 2004; Braun and Clarke 2006).  
27  
28  
29

30  
31 For this project a meaning unit was defined as “words or statements that relate to the  
32 same central meaning” (Graneheim and Lundman 2004, 106). A category was considered to  
33 be a group of meaning units that shared a commonality. A theme was considered to be the  
34 overarching thread that linked the categories together (Graneheim and Lundman 2004).  
35  
36  
37  
38

39 Figure 3 shows the thematic analysis process.  
40  
41

42 *[Fig 3 Here]*  
43  
44

#### 45 **Presentation and Discussion of Results**

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47  
48 Nineteen out of 45 evaluation questionnaires were returned, giving an overall response rate of  
49 41%. This rate varied across the groups surveyed from 62.5% for the student group to 29%  
50 for all staff groups (see table 1). The response rate from staff was disappointing and  
51 reminders failed to increase this rate. Botham (2009) in a study of the same group also  
52 reported a low response rate and suggested a cultural issue within the institution related to the  
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3 lack of priority given to issues related to disabled students support.  
4

5 [Table 1 here]  
6  
7

### 8 9 *Thematic Analysis*

10  
11 On reviewing the findings of the thematic analysis for each of the four groups questionnaires  
12  
13 it was found that there was a lot of commonality of the categories and themes found and this  
14  
15 allowed the findings of all groups to be combined. These findings were then reviewed in  
16  
17 relation to the projects aim and objectives. The thematic analysis resulted in the  
18  
19 establishment of four themes linked to the study objectives each with between one and eleven  
20  
21 categories.  
22  
23

24 The Themes identified were:

- 25 (1) Procedure
- 26
- 27 (2) Student in Control
- 28
- 29 (3) Communication
- 30
- 31 (4) Disclosure
- 32  
33  
34  
35

36  
37 The categories identified within each theme are presented in Table 2. Presentation of  
38  
39 the full list of meaning unit allocation and respondents responses are beyond the scope of this  
40  
41 paper but can be accessed directly from the authors.  
42  
43  
44

### 45 **Results: Identified Themes and Categories**

46  
47 The theme 'Procedure' had eleven identified categories related to the use, adherence and  
48  
49 value of the procedure. The theme 'Student Control' had five categories related to student's  
50  
51 taking the lead and their relationship with staff members. The theme 'Communication' had  
52  
53 four categories related to the quality of communication and the lack of confidence or  
54  
55 reluctance to discuss disability issues. Finally, the theme 'Disclosure' had seven categories  
56  
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3 related to the reluctance of student's to disclose and the timing, support for and method of  
4  
5 disclosure.  
6

7 [Table 2 here]  
8  
9

## 10 **Discussion**

11  
12 This discussion will focus on the project aim and objectives and how these findings may  
13  
14 influence future developments and study into this area of practice. Detailed discussion of all  
15  
16 categories is beyond the scope of this paper. The discussion will focus on categories that were  
17  
18 identified by more than one participant.  
19  
20  
21  
22  
23

### 24 ***Objective 1: To develop and implement the definitive procedure***

25  
26 The procedure was successfully piloted, evaluated and a final definitive procedure completed  
27  
28 within the Physiotherapy Programme.  
29  
30

31 Since completion of the project the procedure has now been implemented within the  
32  
33 other health related programmes and there has also been interest in the procedure from a  
34  
35 range of non-health programmes such as Environmental and Geographical Sciences. The  
36  
37 procedure is now available to all departments via the University webpage.  
38  
39  
40

### 41 ***Objective 2: To evaluate the awareness of and adherence to the procedure by*** 42 ***academic staff, practice educators and disabled students***

43  
44 Responses within the procedure and disclosure themes clearly relate to this objective and  
45  
46 demonstrate a mixed picture. To aid clarity, the discussion will be split into two parts to  
47  
48 review each component of the objective.  
49  
50  
51

#### 52 *Awareness of the procedure*

53  
54  
55 A number of themes contain comments that indicate that a number of participants lacked  
56  
57  
58  
59  
60

1  
2  
3 awareness of the procedures existence or content. Comments ranged across all participant  
4  
5 groups except the personal tutors. One Practice Educator stated,  
6  
7

8 “I have not seen a copy of the new procedure before” (PE3).  
9

10  
11 Currently the procedure is distributed to the practice educators via a local coordinator and  
12  
13 these comments would suggest that this method has been ineffective in some NHS trusts in  
14  
15 ensuring that each of the practice educators have been notified of the procedure and given  
16  
17 access to the documentation. Practice educators also suggested that if they had been aware of  
18  
19 the procedure the quality of placement would have improved. A solution recommended by  
20  
21 the practice educators was therefore to distribute the procedure more widely. A Practice  
22  
23 Educator commented that,  
24  
25

26  
27  
28 “each centre should have a procedure document provided previously,  
29  
30 as some of the problems would have been eliminated if (I) had  
31  
32 seen the document” (PE7).  
33

34 It also appears that some disabled students were unaware of the procedure documentation.  
35

36 One Student reported that they,  
37  
38

39 “did not know the documents exist” (S1).  
40  
41

42 They again recommended wider distribution suggesting,  
43  
44

45  
46 “It would be useful to ensure that the students were aware of the pre  
47  
48 placement proforma and guidelines” (S1)  
49

50 No personal tutors from within the physiotherapy programme stated that they were unaware  
51  
52 of the procedure which is perhaps not unexpected as a number of staff development sessions  
53  
54 were held to introduce the procedure. However one Associate Lecturer who only carries out  
55  
56 placement visits missed this training and as a result was unaware of the procedure.  
57  
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3 “I would like to have known that the student declared a disability  
4 before the first visit “ (VT 3).  
5  
6

7 This would suggest that there is a need for improved communication measures for Associate  
8 Lecturer visiting tutors. In the future these staff will be invited to staff development sessions  
9 and will receive information regarding the student they are visiting via a confidential email.  
10 The lack of awareness of the procedure by some students could be improved by better  
11 communication methods, for example, information could be distributed to all disabled  
12 students via a dedicated online resource.  
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19

20 At the time of the project, communication to placements was via a placement  
21 coordinator rather than the individual placement practice educator. A more extensive  
22 distribution system is required to access all practice educators and perhaps an email  
23 distribution list may be a solution. However, there will be difficulties maintaining the  
24 currency of this list. Following the completion of this project practice educators who have  
25 attended the practice educator’s course have been made aware of this procedure.  
26  
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34 However, it is clear from the responses that many of the study participants were aware  
35 of the procedure and clearly engaged with it. One Student stated,  
36  
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38

39 “all three visiting tutors made sure I was happy and had all my needs met” (S1)  
40  
41

#### 42 *Adherence to the procedure*

43 It is evident from the evaluation that adherence to the procedure was again mixed. All groups  
44 report incidences when part of the procedure was not followed. Again these issues were  
45 mainly reported by the practice educators and the students and less so from the university  
46 based personal and visiting tutors. A number related to the lack of pre-placement  
47 communication between the student and the placement educator.  
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57 “I have had two students with disabilities and there was no pre  
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3 placement communication with anyone” (PE 4)  
4  
5

6 It is possible that this lack of pre placement communication is linked to the students preferred  
7 method of disclosure. A number of the students preferred to delay disclosure either until day  
8 1 of the placement or even later. Two Practice Educators reported that:  
9  
10

11 “the student disclosed on the first day of the placement “ (PE 2).  
12

13 “It had been left to the student to tell me which didn’t happen until into  
14 week 2 of the placement” (PE 4)  
15  
16  
17  
18

19 Within University disclosure guidelines and under the Data Protection Act (1998)  
20 deferred/non disclosure is permitted as long as there is not an associated health and safety  
21 issue. Students have the right to non-disclose or to defer disclosure until they feel  
22 comfortable to do so. A potential way to reduce the percentage of late/non disclosure is to  
23 ensure that within the pre placement meeting the students are clearly informed of the benefits  
24 of disclosure in advance of the placement and the potential difficulties in making appropriate  
25 reasonable adjustments when no disclosure is made. This is still unlikely to result in 100%  
26 disclosure as some students will still fear stigma and discrimination (Stanley et al 2011). In  
27 order for effective pre-placement discussion to occur more staff development may be needed  
28 to ensure that academic staff are confident at discussing the issues around disclosure and  
29 appropriate reasonable adjustments.  
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44 Feedback from students suggested that although the majority of students had been  
45 consulted in a personal tutor meeting a number had not been given a copy of the procedure  
46 and were not really aware of the procedure. One Student (S1) only saw the documentation  
47 when it was distributed with the project evaluation.  
48  
49  
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53 Although it is stated in the procedure that a copy of the document should be emailed  
54 to the student prior to this meeting, it clearly needs to be explicit to personal tutors that the  
55 student should receive this in advance of the meeting. This ensures they are able to think  
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1  
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3 about any issues prior to the meeting. This is particularly important for students with dyslexia  
4  
5 who may find it difficult to think on the spur of the moment within a tutor meeting. Students  
6  
7 should be given their own copy of the completed proforma. This is particularly important for  
8  
9 students with dyslexia and associated short term memory difficulties who may struggle to  
10  
11 remember the recommendations made.  
12

13  
14 For one Personal Tutor the need to carry out the pre placement meeting was forgotten,  
15  
16 despite the full team staff development session and a reminder email. The Tutor states,  
17

18  
19 “I have no recollection of doing any parts of the procedure... I  
20  
21 clearly need to remind myself to do it though”. (PT 1)  
22

23  
24 Busy academic staff have many things to remember and this is bound to occur. A solution  
25  
26 could be to send a reminder email to the personal tutors and also put an announcement online  
27  
28 for students, asking students with an institutional statement of need to make an appointment  
29  
30 with their personal tutors. This will encourage the students to be take responsibility for their  
31  
32 own learning support and decrease the likelihood of the meeting being omitted.  
33

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35  
36 *Objective 3: To evaluate the effectiveness of the procedure in supporting academic*  
37  
38 *staff, practice educators and disabled students through the process of disclosure of a*  
39  
40 *disability*  
41

42 The main responses that linked to this objective were noted under the “disclosure” theme.

43  
44 One Personal Tutor commented that it,  
45

46  
47 “...helped to prepare the student” (PT2)  
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49

50  
51 Although it was highlighted that some students chose not to disclose in advance of the  
52  
53 placement (or at all) several practice educators commented that when they did, it was  
54  
55 extremely useful. These positive comments regarding pre-placement communication  
56  
57 suggested that the procedure had been effective in supporting these students. One Practice  
58  
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3 Educator stated that it,  
4

5  
6 “Helped to meet beforehand to settle nerves (students) and put  
7 any anxieties to rest” (PE1)  
8  
9

10 Practice Educator 5 commented that,  
11

12  
13 “it was very useful because we could prepare to accommodate the  
14 student’s medical disability” (PE5)  
15  
16

17  
18 One Student chose not to disclose prior to their placement (S2) and chose to disclose on the  
19 first day whilst another student chose to delay disclosure until 2 weeks into the 5 week  
20 placement (PE4). Reasons for this delayed disclosure could vary and further questioning  
21 would be needed to confirm the reasons behind these decisions. Although supporting students  
22 with disabilities should be an integral part of their pastoral and academic care disclosing a  
23 disability can still be challenging for students as there still appears to be some stigma  
24 attached to it. A quote from one Student (S4) who chose to limit her disclosure to her practice  
25 educator alone and hence did not disclose to the wider team highlighted that she,  
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37 “would feel embarrassed if everyone knew”  
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39

40 Another student commented that,  
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42  
43 “I did not have to keep telling people” (S1)  
44  
45

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

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5 The timing of a student's disclosure is the prerogative of the student. The  
6  
7 responsibility of the university is to ensure that an opportunity is available for the students to  
8  
9 disclose and that the student is made aware of the potential implications of disclosing or not  
10  
11 disclosing (DRC 2007). This decision may have implications not only for the student's  
12  
13 learning but may also affect the practice of their practice educator and potentially on the  
14  
15 patient as well. Delayed or non disclosure may disadvantage the student and frustrate  
16  
17 practice educators as they are unable to plan in advance and this may impact on their  
18  
19 workload. Non disclosure could disadvantage the student as an optimum learning  
20  
21 environment may not be provided as reasonable adjustments will not be made. Conversely a  
22  
23 student may choose to disclose and still not feel supported which could adversely affect their  
24  
25 learning. Stanley et al (2011) report clear positive benefits of disclosure in most cases.  
26  
27  
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29  
30 Several students commented on the benefits of disclosing their disability. Student 2  
31  
32 felt that it allowed them to say how their learning could be helped and also enabled them to  
33  
34 explain things they found difficult. Student 5 commented that they fully disclosed before all  
35  
36 placements enabling adjustments to be implemented and ensuring all colleagues were  
37  
38 informed of their disability for safety reasons (S5). This pro-active response regarding  
39  
40 preparing for a student on placement is encouraged by the Equality Act (2010). This will  
41  
42 create a more effective learning environment for the student from the first day of the  
43  
44 placement thereby helping the student to succeed. Stanley et al (2011) reported that  
45  
46 disclosure of a disability resulted in the students receiving appropriate support and in some  
47  
48 cases resulted in a positive, supportive attitude from key clinical staff. As the practice  
49  
50 environment is a very busy one preparing for a student with additional learning needs prior to  
51  
52 the placement starting may help to reduce stress for all concerned. Practice Educator 1 raised  
53  
54 the point that they felt the procedure was,  
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3 “very effective but this was due to the pro-active nature of the student”(PE1)  
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6 When disabled students are aware of their strengths and weaknesses, planning for any  
7 reasonable adjustments should be easier. However , a lack of insight into the placement  
8 environment can sometimes make this more difficult. Good communication between the  
9 student and their personal tutors, visiting tutors and practice educators should make this  
10 process easier as these members of staff have experience of a variety of placement  
11 environments and can highlight areas that may need addressing and suggest reasonable  
12 adjustments. Difficulties may arise when disabled students aren't aware of their limitations or  
13 don't want to talk about specific issues because they feel it is not necessary or for fear of  
14 discrimination should they raise them. This has the potential to lead to safety and professional  
15 issues. Personal Tutor 2 highlighted this point by noting that the process of disclosure worked  
16 well as they got on well with the students and noted that they,  
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31 “weren't sure how it would work with a more reticent student” (PT2).  
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34 One Visiting Tutor (VT3) felt reluctant to raise the topic of a student's disability during her  
35 visit and felt that,  
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38

39 “as she (the student) had chosen not to elaborate it would be a little  
40 inappropriate to ask for information. I did then feel it was a little awkward –  
41 there was no outward sign of any disability and without pressing for details  
42 it was difficult to offer support” (VT3).  
43  
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46

47 Visiting Tutor 3 may have felt awkward due to her admitted lack of experience dealing with  
48 disability issues. This suggests a future training need for academic staff to ensure a standard  
49 level of knowledge is reached including insight into government legislation and who has  
50 responsibility to support disabled students. Visiting Tutor 4 also acknowledged that a student  
51 she visited,  
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3 “did not want to engage with me” (VT4).  
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6 Visiting Tutor 4 noted that although the student did not want to discuss any issues directly  
7  
8 with her she informed the students personal tutor. Therefore this allowed the personal tutor to  
9  
10 offer support or contact her informally should she wish to do so. This highlights the  
11  
12 importance of ongoing communication between all parties to ensure that should the student  
13  
14 not feel comfortable discussing personal issues with one person there is potential support  
15  
16 available from another.  
17

18  
19 In the initial meeting with their personal tutor, students were asked if they required  
20  
21 any support with disclosure to their practice educators or they were happy to do this  
22  
23 themselves. Feedback from the questionnaires suggested that most students were happy  
24  
25 disclosing themselves. This is probably the ideal method as it encourages the student to take  
26  
27 responsibility for their own learning.  
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30 Having reviewed the questionnaire findings it appears that those parties who actively  
31  
32 engaged with the procedure and the process of disclosure generally found the procedure  
33  
34 effective in providing support for the student and practice educator. Where the procedure  
35  
36 appears to have been less effective is in supporting students who were not willing to engage  
37  
38 with the system or when visiting tutors lacked awareness of the procedure or lacked  
39  
40 knowledge regarding reasonable adjustments and their responsibilities from a legislative  
41  
42 point of view. As noted earlier the procedure provides an opportunity for students to engage  
43  
44 and it is their choice whether they choose to do so or not. Lack of awareness of Faculty  
45  
46 procedures together with a lack of knowledge re legislative procedures is an area that needs  
47  
48 addressing within the Faculty Staff Development Programme to ensure all students receive  
49  
50 the same level of support across all programmes. This is supported by the DIUS (2009) who  
51  
52 report that although there have been positive changes in recent years in relation to the  
53  
54 creation of inclusive policies and procedures within HEI many areas still need further  
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3 development particularly the area of staff training in relation to disability awareness and  
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5 reasonable adjustments.  
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9 *Objective 4: To evaluate the ease of use of the procedure in facilitating the discussion*  
10 *of reasonable adjustments by academic staff, practice educators and disabled students*  
11

12 Responses linked to this objective were noted under a variety of themes including procedure,  
13 student in control and communication. Positive responses were given by Personal Tutors 1  
14 and 2 and also by Student 5 with respect to the paperwork being clear, user friendly and easy  
15 to follow. Visiting Tutor 4 noted that it was useful to have a structure and process to follow to  
16 ensure consistency. One of the Practice Educators (PE7) stated that the procedure,  
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24  
25 “promoted open discussion regarding disability” and it meant they  
26 were able to discuss fully with the student practicable adjustments  
27 for both parties” (PE7)  
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31 This raised the fact that adjustments may need to be agreed by both the student and the  
32 practice educator in order for the adjustments to be “reasonable” for a particular working  
33 environment.  
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38 Personal Tutor 2 noted that the pre-placement discussion with their personal tutee  
39 allowed them to,  
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42  
43 “give the student some scenarios so they could hypotheses on what they might need”  
44 (PE2)  
45  
46  
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48 As noted earlier some disabled students may be aware of their strengths and weaknesses but  
49 having not worked in a particular environment previously may need facilitating to consider  
50 all their potential needs. This was one of the main reasons personal tutors were made an  
51 integral part of the procedure as all personal tutors act as visiting tutors and have an in-depth  
52 knowledge of all practice environments. This puts them in the best position to facilitate and  
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3 advise their tutees with respect to their potential learning needs and hence any reasonable  
4  
5 adjustments potentially required in the practice setting. One Student (S1) stated that the  
6  
7 procedure,  
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10 “helped me talk through my concerns regarding my dyslexia and what problems  
11 I envisaged on my placement” (S1).  
12  
13

14 Student 1 also commented that,  
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16

17 “I wasn’t sure what I would need help/support with on my 1<sup>st</sup> placement.  
18 I used this as a learning curve for my 2<sup>nd</sup> placement” (S1).  
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22 Some placements may be more challenging for disabled students than others for a number of  
23 reasons. For example a student with a visual impairment moving between several locations  
24 whilst working on the wards in a hospital may be more challenging and demanding than  
25 being based in one location. It is therefore important to consider how reasonable adjustments  
26 may need to be modified from placement to placement. Although ongoing communication is  
27 encouraged between placements within the procedure (as students may go from one  
28 placement to the next) one Personal Tutor did note that,  
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39 “it isn’t entirely clear how to maintain communication as students go from  
40 one placement to another” (PT2)  
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43 This ongoing communication therefore needs to be reviewed to ensure the procedure is a  
44 cyclical one.  
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48 The provision of appropriate reasonable adjustments were noted in a number of  
49 students responses. One Student (S1) quoted a number of reasonable adjustments that were  
50 agreed upon as a result of discussions,  
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55 “..the opportunity to type my notes on a PC”  
56

57 “..additional time to write my notes and do my assessments”  
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3 “..quiet space to write notes” (S1).  
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6 Another Student commented that they’d agreed reasonable adjustments such as,  
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8  
9 “ flexible hours, potential IT support, reduced hours, use of a  
10 dictaphone, use of a computer to write notes, ability to eat and drink  
11 regularly” (S5)  
12  
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14  
15 One issue that was raised was that when students were performing well it was perceived that  
16 they didn’t require any reasonable adjustments. This may well have been the case however it  
17 raises the question that they may have performed even better if reasonable adjustments had  
18 been made. One Visiting Tutor stated that the,  
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25 ” student said they were absolutely fine and felt like this would not  
26 be an issue on the placement type” (VT2).  
27  
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29  
30 As already discussed students may choose not to disclose or may feel reticent to discuss  
31 issues and reasonable adjustments. This may lead to a learning environment that isn’t as  
32 effective as it could be but we must accept that is the students’ choice. There is little evidence  
33 however comparing the outcomes for disabled student with respect to the effectiveness of the  
34 learning environment where reasonable adjustments have or have not been set up. This is  
35 therefore an area for future research.  
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#### 44 **Conclusion**

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46 Although the response rate from the students was high (62.5%) the response rate from all  
47 other parties was comparatively poor (29%). This means that although we can draw valid  
48 conclusions from the student’s responses, we may have to be more cautious about drawing  
49 firm conclusions from the responses of personal tutors, visiting tutors and practice educators.  
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56 However, despite the low response rate from staff the objectives of the project were met. Six  
57 themes were identified by the thematic analysis of which four were pertinent to the projects  
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3 objectives. The two non-related themes raised areas that require further investigation. These  
4  
5 areas were staff knowledge, experience and attitudes towards disability and, whether  
6  
7 appropriate reasonable adjustments can have an influence on the grade a student achieves on  
8  
9 placement.  
10

11  
12 Further investigation is also required firstly to evaluate whether or not there is a  
13  
14 prevailing culture within this institution that leads to a low priority being given to the support  
15  
16 of disabled students by academic staff and secondly whether issues related to disclosure or  
17  
18 non-disclosure influence a students performance and grades achieved on placement.  
19

20  
21 The DRC (2007) report suggested that potential discriminatory behaviour in practice  
22  
23 education results from issues such as poor planning, poor communication of required  
24  
25 adjustments, poor cooperation from placement providers, a lack of awareness of disability  
26  
27 equality and the relevant legislation by placement providers and a reluctance of students to  
28  
29 disclose due to fear of discrimination. This study supports these findings particularly in  
30  
31 relation to poor communication, poor disability awareness and fear of discrimination. Poor  
32  
33 disability awareness is a key finding of a number of other studies (Botham 2009; DIUS 2009;  
34  
35 Vickerman and Blundell 2010 and Stanley et al 2011). The authors found that a lack of  
36  
37 insight into disability issues may lead to a lack in the confidence of some staff in dealing with  
38  
39 disability related issues. This training need may be easier to manage with University based  
40  
41 staff but may be more difficult with practice based staff who are not employed by the  
42  
43 University.  
44  
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47  
48 A number of recommendations have been made to the authors' institution following  
49  
50 the findings of this study for example the need to develop a more co-ordinated  
51  
52 communication system for all stakeholders within practice education. These are paramount to  
53  
54 ensure that all stakeholders, particularly clinical staff, have an awareness of the procedure.  
55  
56 Practice education co-ordinators have a key role to play in ensuring this communication takes  
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3 place. This should be linked with an opportunity to attend appropriate disability awareness  
4  
5 training. Universities should consider providing this training for their practice placement  
6  
7 educators.  
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10 The authors firm advice to anyone considering implementing a similar procedure  
11  
12 would be to ensure you have “buy in” from all stakeholders particularly university senior  
13  
14 management in advance of starting the process. University senior management are in the best  
15  
16 position to assist you in raising the priority of supporting disabled students in the practice  
17  
18 environment and change institutional culture. They are also best placed to initiate appropriate  
19  
20 ongoing disability awareness training for all staff involved in supporting disabled students.  
21  
22

23 This student quote summarises how implementing this type of procedure, can enable  
24  
25 disabled physiotherapy students to succeed on placement.  
26  
27

28 “I have nothing negative to say at all. I have received nothing but support  
29  
30 from all involved. I have never felt ”disabled” or singled out.....I was  
31  
32 able to complete all my placements to my full potential without compromising  
33  
34 my health. I do not feel I would have been able to achieve this without the  
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36 support I have received and would have had to withdraw from the programme” (S5)  
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For Peer Review Only

Table 1: Response rate from all groups

<b>Group</b>	<b>Questionnaires Distributed</b>	<b>Questionnaires Completed</b>	<b>%</b>
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**

<b>Procedure Theme</b>	<b>Student in Control Theme</b>	<b>Communication Theme</b>	<b>Disclosure Theme</b>
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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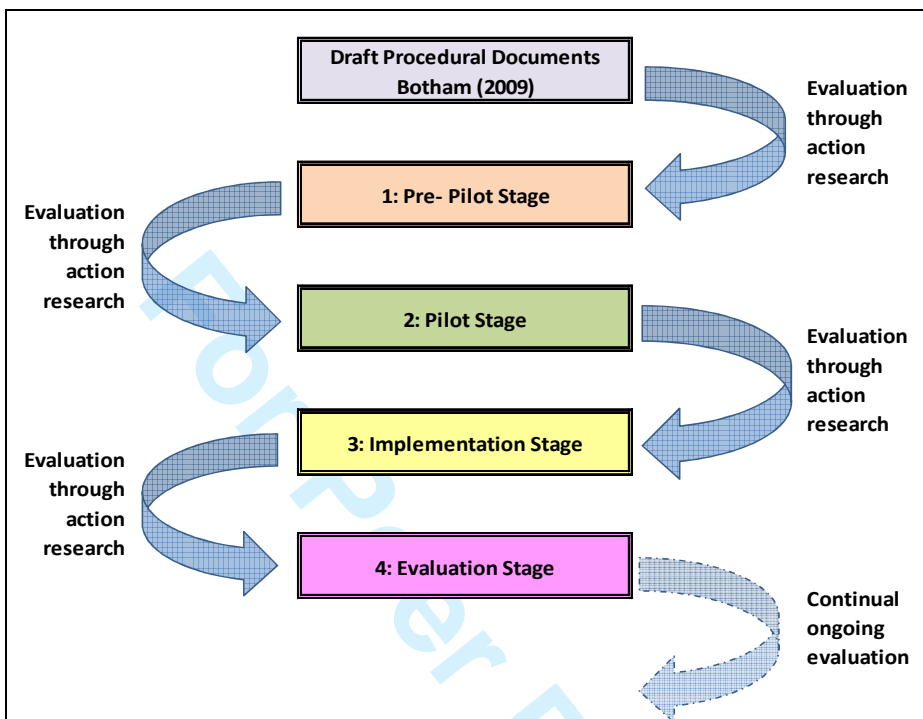


Figure 1. Summary of Project Stages

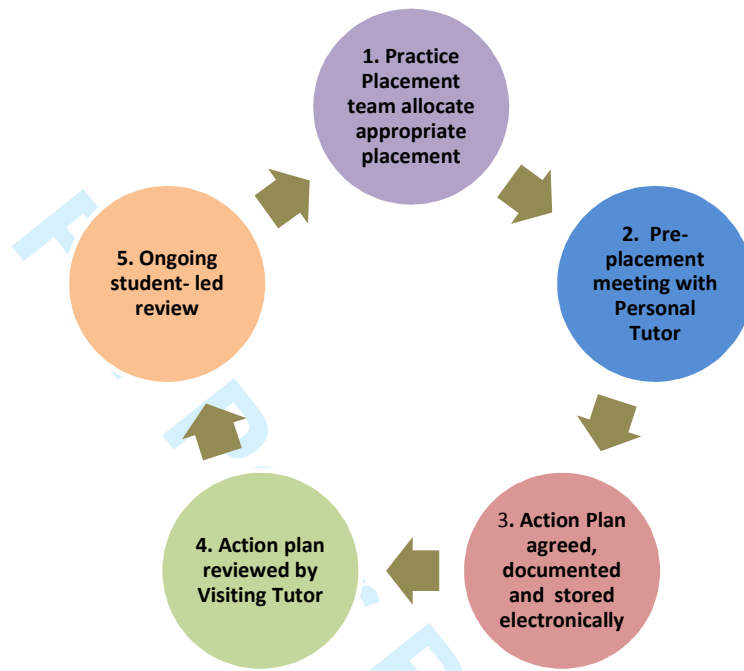


Figure 2. Summary of Pilot (Final) Procedure



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Fig 3: Thematic Analysis Procedure

