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Thematic Round table

Creating a level playing field: Preparing students with mental, physical and/or specific learning disabilities to be effective, competent professionals

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About us:

Nick, Alex and Janet are representing UK based Disability in Professional Practice Special Interest Group:

The Disability in Professional Practice Special Interest Group (DIPPSIG) was founded in May 2012 by a group of academic staff with a strong commitment to supporting disabled students from a full range of health professions in professional practice. Its aim is to provide a forum for sharing and disseminating information, to draw together existing resources, information and guidance produced by other groups on supporting students with a disability in order to develop new inclusive ways of working in Higher Education and professional practice. It acknowledges that robust support available for disabled people exists within Universities, but is less evident or easy to manage when students undertake periods of assessed professional practice.

With its collective voice and multiple project engagement it plans to achieve these aims by:

- Lobbying professional bodies and stakeholders
- Putting together a repository of case studies that showcase good practice
- Sharing information on support for students with a disability
- Developing a national/ international research profile – identifying completed research and expertise
- Understanding and clarifying the concept of reasonable adjustment to develop inclusive education and practice
- Being mindful as to how inclusivity may impact on the patient/client experience and to provide support and guidance in managing the potential conflict of interest

Group membership (listed below, along with a selection of publications, reports and presentations) consists of representation from higher education establishments across England and Ireland (Scottish and Welsh representation is currently being sought). A deliberate decision was made by the group to control its' size in order to ensure cohesive management and organisation of it. However for specific projects, developments of resources, to ensure the voice of students with impairments or disabilities and the voice

of patients and clients are heard it has accepted that its membership profile should be reviewed regularly.

For this thematic discussion '**Creating a level playing field**' we identified three abstracts that represent some of the key areas we are exploring in our everyday practice and research.

'Preparing students with mental, physical and/or specific learning disabilities to be effective, competent professionals' lies at the heart of what we try to do. Demonstrating competence academically within a university setting is not the same as performing in the real world, but most professions require this. Students need to show they can achieve in practice as well as theory.

Balancing the competing needs of practice, students, legislation and university regulations led to our second abstract: *'Managing risk, supporting diversity'*.

Finally, of all the impairments we face the range of learning difficulties associated with dyslexia is the largest group. *'Supporting dyslexic students in clinical practice'* covers many research projects, support materials and networks that aim to offer tailored and helpful support to a 'group' which is amazingly diverse.

Rather than just presenting our research and ideas, we were interested in having a conversation around these topics. We know our situation in England and Ireland is not unique. We want to share our own practice and listen to others. In order to start this conversation we offer four vignettes:

A dyslexic student:

This vignette discusses a dyslexic student nurse in her third year of training; her mentor has highlighted that she is having problems with her written communication. The student has undertaken four placements so far but these have been within community and non-acute environments. This current placement is within an acute medical ward. The student underwent screening and full assessment for dyslexia shortly after she started her course. Although she found the university support useful to help her with her written assignments she is reluctant to share the fact that she has dyslexia with her mentors in practice, but has decided to do so now. Her mentor has been supportive and pro-active and has tried to put in support strategies. These include allowing her additional time for documentation, allowing her to produce rough documentation which is then checked and showing her good examples of documentation to use as templates. She has also suggested the student use a notebook to develop a word or phrase bank. However in this acute and fast paced environment the student is still not able to consistently complete accurate and timely written documentation that meets the regulatory body standards.

- What is the way forward now for this student and mentor?

- Should this student be moved to an alternative clinical environment where her placement reports note that with extra time she can complete written documentation?
- Or...does her inability to cope with her disability at a 'normal' pace in this difficult environment, bring into question her suitability for practice?

A student with mental health difficulties:

I am student who suffers with recurring depression and am on long term medication. I have encountered lots of stigma about this over recent years and was bullied in college. I am now finding it difficult to explain to my mentor that I have this condition as I feel the mentor and the university would take me off the course. I declared it on my occupational health entry screening and my personal tutor is aware (although they have told me they will not tell anyone) and has signposted me to the University mental health support team, but I have not met with them. When I go through long periods of stress this has a negative impact on my mental health which usual leads to an acute depressive episode. I have followed my mentor on to night duty which has affected my routine and medication balance. I keep everything to myself and avoid my mentor in practice as much as I can as I do not want to be different because I feel they will think I am weak and not fit to be a student. With the additional stress of night duty my stress levels have increased considerably and I feel very down and don't know what to do.

- What can the mentor and or university do to encourage the student to disclose?
- What should/could the student do to help themselves?
- Is the student fit to be in practice?

An Autistic student:

A 19 year old autistic man is studying a Paramedic Science course. In the UK, a Paramedic is the senior ambulance service healthcare professional at an accident or a medical emergency. Working on their own or with an emergency care assistant or ambulance technician, they assess the patient's condition and then give essential treatment. They use high-tech equipment, such as defibrillators, spinal and traction splints and intravenous drips, and as well as administering oxygen and drugs.

When they arrive at the scene, they will assess the patient's condition and take potentially life-saving decisions about any treatment needed before the patient is transferred to hospital.

As well as contact with patients, they also deal with patients' relatives and members of the public, some of whom may be hysterical or aggressive. They also often work alongside other emergency services.

The student has just finished a placement with the ambulance service and their supervisor has expressed concerns about the student's suitability for the role. Problems have been identified with the student's ability to respond

flexibly to fast changing emergency situations, and with their abilities to communicate with distressed people in noisy environments.

Consequently, the student failed their practice placement and has made an appeal to the University, as they believe they were unfairly assessed and not taught according to their preferred learning style.

The student's appeal is based on the fact that they have a disability which entitles them to reasonable adjustments in the academic setting. One of these reasonable adjustments is that they receive extra time to submit their coursework, and they receive 25% additional time when sitting exams. They also sit their exams in a quiet room, away from other students.

The student believes they should be afforded additional time when being assessed responding to casualties in practice.

The student has said that he finds it difficult to cope when he arrives at the scene of emergencies which differ to what he expected and planned for when the call was received.

- What are the implications for practice as a Paramedic?
- When does the reasonable adjustment become unreasonable?
- Is the student fit for purpose and practise at this time?
- If not, are there any measures that could be implemented to help him to succeed in his chosen career?

A student with a mobility difficulty:

A student on a Social Work degree course is experiencing problems in their practice placements.

The student is morbidly obese and walks with two walking sticks. They are unable to walk very far without becoming short of breath. They are unable to stand for long periods and have difficulties picking up items from floor level.

The student was required to attend a safeguarding meeting in a high profile child protection case. This involved them going to a family home at the time when two young children were to be removed from the residence and taken into foster care for their own safety.

The father of the children was present at the time and became very aggressive to the student and their supervisor. The father of the children became increasingly violent and was lashing out with a cricket bat.

The supervisor asked the student to pick up the younger of the two children (who was 18 months old) and take them to her car whilst she tried to explain the process to the family. In attempting to do this, the student became unsteady and fell over with the child, who banged his head on the floor. The student was unable to get up unaided and so the supervisor rushed the children to her vehicle, before returning to escort the student off the premises,

as the student was unable to leave at a fast pace, they sustained some injuries as a result of the fathers aggression.

Who was at fault in this situation?

What issues of risk were there, and what risk assessments should have been undertaken?

- Did the student do anything wrong?
- Did the supervisor do anything wrong?
- Who suffered, and how/why?
- Is the student suitable to be a Social Worker?

Selected papers, presentations and reports from DIPPSIG members

Association for Higher Education Access and Disability Conference

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DIPPSIG members:

Crouch Anna, Northampton; Nick Gee, BCU; Alexandra Barnes , Worcester; Amanda Jane Dunbar, UCLAN; Brendan Greeney, Coventry; Carole Trespaderne OU; Colin Johnson, Hull; Michelle Cowen, Southampton; David Rawcliffe, Bucks; Frances Howlin, University College, Dublin; Sally Holgate, Wolverhampton; Jane Marie Hibbard, UEA; Jane Wray, Hull; Janet Hargreaves, Huddersfield; Kerry J Pace, Hull; Louise Cogher; S McKenna, Southampton; Phil Halligan, University College, Dublin; Sarah Traylor, Keele; Sinead O'Toole, University College, Dublin; Sue Garland, Portsmouth Hospital; Tara Fitzpatrick, BCU; Kathy Martyn, Brighton.