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**Clinical Nursing Placement: Exploring the context of clinical
placement for students with disabilities**

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ABSTRACT

The Disability Discrimination Act of 1992 provides students (and potential students) with disabilities legal rights to equity in access to tertiary education. In the majority of situations Universities are obliged to ensure that the individual needs of a student with disabilities are accommodated. The DDA makes no distinction in this obligation between learning experiences taking place in clinical practice and other learning settings

This paper explores the framework which underpins the approaches taken in negotiating access for students with disabilities in clinical placement. This framework is made up of legislation, relationships, organisations and their policies and individuals and their goals. In particular this paper explores learning access issues in clinical placement from competing perspectives and endeavours to bring these perspectives together.

Assisting students with disabilities in a clinical placement is a unique and important component of disability services in a tertiary setting. Developing a knowledge base in understanding the clinical placement setting, strategies for providing services and working with the complexities of providing services to students in external organisations is essential to the provision of effective services.

1. INTRODUCTION

Only a cursory review of the literature regarding nursing education for students with disabilities is required to see that there are significant difficulties in ensuring inclusive practices for students with disabilities in nursing education (Wright, 1997) The focus of this paper is on the most problematic aspect of nursing education for students with disabilities, the clinical placement experience.(PracABILITY,1998)

Clinical placement has the potential to be an inspirational component of the University program which drives students to pursue their nursing goals with a better understanding of nursing practice. It can help them build links to the workplace and develop goals beyond the completion of their studies. Clinical placement can also be the arena in which otherwise

successful students can experience a range of barriers to success. This is particularly so for students with disabilities who may encounter a raft of barriers not experienced in on-campus studies.

This paper will explore alternative models for viewing the clinical placement and recommends the use of a systemic model. This approach is adopted as a means of observing the complexity of the context in which a student's placement occurs. It is this context which makes the clinical placement a difficult arena in which to ensure access for students with disabilities who require some services or accommodations in their placement.

Developing an understanding of the clinical placement context is required in order to develop effective initiatives to improve the chances of success for students with disabilities. It is not just about sending students along to a hospital with a list of accommodations or services required for their placement.

A significant body of work has been developed over the decade since the establishment of the Disability Discrimination Act(1992) regarding tertiary education for students with disabilities. This has been in the form of University Policies and Action Plans; Systems of monitoring and reporting on how students with disabilities are faring in the sector; Protocols and finances within Universities for ensuring accessibility of the physical and learning environments; Information for staff and a growth in the awareness of the responsibility of Universities generally in meeting social obligations for inclusivity. Little of these specifically address support for students in one of the areas they are most likely to experience difficulties – namely clinical practice settings. This is a common deficit within the University system as generally clinical is not at the forefront of traditional perceptions of education.

Despite this development there remain fundamental and significant obstacles for students with disabilities. Staff can teach without an awareness of inclusive practices, students can complete a program without any awareness of disability services, and Universities can operate without sufficient funds to meet legislated requirements yet not being financially disadvantaged in a competitive market. Within this context educational and assessment activities, which occur outside the University gates, generate unique and at times problematic difficulties to be negotiated.

There have been significant attempts to unravel the issues associated with clinical education, and how these relate to nursing registration. Research has identified a lack of clarity regarding the roles of educators in this arena.(PracABILITY,1998) The paper will look at alternate frameworks and then a systemic approach to explore the dynamics of the clinical placement.

2. MODELS

2.1 Medical Framework

It is fitting to begin by examining the model which is predominant in the clinical placement setting. The medical model brings it's own perspective on disability and one which has a significant impact in the settings in which students are placed.

The traditional medical model is concerned with diagnosis, deficits, treatment and risks. In placing students with disabilities in a clinical setting the medical model of practice will focus almost exclusively on issues relating to risk and duty of care.

Because the medical model is hierarchical in its structure people receiving medical treatment are reliant on the service provider for decision-making and treatment. It tends to undervalue the client or patient as a source of knowledge regarding treatment practices. As a result, it is also a model which is not likely to value the role of people with disabilities in providing services. The role of nurses, particularly in the acute care settings, continues to be defined in terms of a medical hierarchy so that requirements of practice are explicit and practical.

It can be argued that regulations for registration of nurses are similarly based in the medical model of nursing function. The Nurses Act of South Australia for example outlines the need registration applicants to be “a fit and proper person to be a registered nurse” (The Parliament of South Australia, 1999 p 14). Applicants are required to sign a self-declaration stating they are both competent and “physically and mentally fit for safe practice” (Nurses Board of South Australia, 2000 p 4)

Within this culture of attending to ‘inability’, students will be reluctant to disclose their disabilities as they will perceive that support will be unlikely and they will be under additional scrutiny in their practice (Maheady, 1999). Student suspicion can be further exacerbated by University requirements such as having students sign a statement declaring their ‘fitness for practice’ prior to the commencement of placement.

Within this environment, the focus in managing a clinical placement for students with disabilities tends to rely on traditional notions of ‘fit for practice’, and hence raises concerns about how students will achieve the manual acts associated with the nurses role. While no formal guidelines outline the specific requirements of fitness to practice for students or even registered nurses (these are generally achieved on a case by case basis), traditional notions of physical agility prevail. As a consequence a ‘sink or swim’ approach to the placement may be adopted in order to determine a persons suitability to perform the tasks. Students may be compelled to disclose their disability so that ‘appropriate’ arrangements can be made. The legal focus of this model will be upon the Nurses Act (or similar state based acts), Duty of Care, Hospitals Act, Insurance, and OHS&W.

As evidenced in the literature, the medical framework encourages practitioners to require that “Policies and procedures should be developed regarding faculty identification of students with suspected disabilities.” (Maheady, 1999 p 170). Such procedural approaches however are not about supporting the achievements of those with a disability however, but are intended to protect health care institutions, including the provision of ‘suitable employees’. Other practitioners, similarly concerned about maintaining traditional notions of ‘suitability of employees’ assert that a ‘call for wheelchair users and people with sensory impairments to be admitted to nurse education’ is “pure academic nonsense”.(Nursing Standard, 1999 p 22) The attitude portrayed in the Nursing Standard illustrates the irony of nursing practitioners who encourage ‘patients’ to work with their abilities, yet do not appear willing to apply this notion to those employed within the profession.

2.2 Social/Rights Framework

Social models of disability underpin the Disability Discrimination Act(1992) and are a relevant way to view issues of equity in access to education. University policies relating to disability are generally derived from this framework. The focus is not on issues of impairment, risk or deficit but focuses on issues of equity and access as socially defined rights.

The key issues in viewing clinical placement arrangements from a rights model are ensuring that any barriers to access are removed for students with disabilities. This may occur through interventions to remove discrimination, provide accommodations to modify non-essential components of the placement where necessary and provide services where required to facilitate access.

Disclosure regarding disability will be the students' decision. Students will have opportunities to discuss any requirements which they self-identify. The student will be the expert on what they can and can not do and through negotiation with supervisors they will work out ways around any barriers which present in the placement setting

The legal focus of this model will be upon the Disability Discrimination Act, Equal Employment Opportunity (EEO) legislation, and confidentiality clauses in policy.

Difficulties relating to access are seen not as relating to disability, but to the way society deals with individuals differences.(B.Marks, 2000)

2.3 Educational Framework

The Educational framework will be most keen to ensure that teaching and learning covers the breadth of the program's requirements consistently, that assessment processes are consistent and that the quality of the program and its graduates are seen to be of high quality.

The academic content of the Nursing program, which occurs within the University gates, will rarely create barriers for students with disabilities who meet the academic requirements for program entry. Relatively straight forward academic accommodations and services will usually enable barriers which do exist to be negotiated.

Within this educational framework, the experience based learning in a clinical placement sits along side, but somewhat at odds with, the rest of the programs academic content. Students are expected to draw links between the academic learning experiences and those in the placement setting. Students are also expected to be able to demonstrate the application of their learning.

In clinical placement nursing programs have moved away from behavioural based assessment to continuous assessment processes. This tends to make the placement assessment a largely subjective process, whereby staff (and hopefully students) are required to make informed judgements about suitable practice standards (Hepworth, 1989). Whilst there may be greater scope for flexibility in defining inherent requirements, there is also greater uncertainty about these requirements. As a result the educational response to students with disabilities in Nursing tends to vary considerably.(Swenson et al 1991,Murphy & Brennan, 1998) Nursing schools may be ambivalent toward providing accommodation for students with disabilities. The uncertainty in assessment of clinical placement means that interpretations of inherent requirements will vary greatly. Accommodations and services to assist students with disabilities in this setting will vary as a consequence.

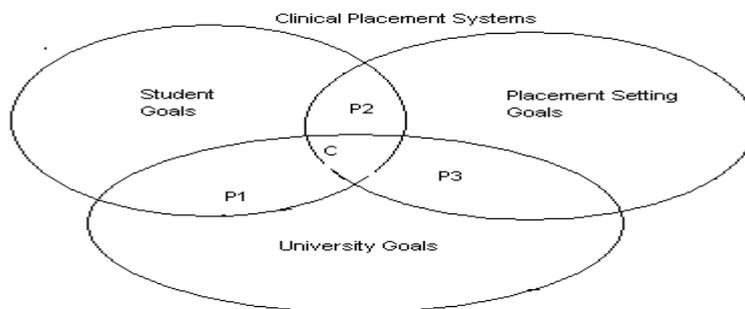
In defining inherent requirements nursing practitioners will often rely on their understanding of requirements for registration and capacity of students to fulfil practical demands on the job. Manual dexterity to perform technical procedures; ability to read and write case notes quickly and efficiently; ability to carry out patient transfers safely and ability to work consistently through a placement block may all be considered inherent requirements 'on the job'.

3. A SYSTEMIC APPROACH

Looking at the issues surrounding clinical placement for students with disabilities from exclusively educational, rights or medical approaches will miss significant issues. It is the dynamic which exists between the educational setting, the placement setting, the student, and the social and legal environment in which they exist which shapes the clinical placement. This is the case for all students, but is especially so for students with disabilities. Power, relationships and the various goals and concerns of the stakeholders have an important impact on the nature of clinical placement.

It is possible to bring together the contrasting models through which the clinical placement is viewed in a systems approach. This will focus on the nature of relationships, the goals and aspirations of the various stakeholders the context in which they exist and the ways in which they impact on students with disabilities. In doing this a clearer appreciation of appropriate interventions can be gained.

Figure 1.1Diagram of Clinical Placement System.



Intersection C represents the area of collaboration within which a successful placement exists. P1, P2 and P3 represent areas where difficulties arise as the placement does not meet the needs of one of the placement parties.

3.1 Legal Context

Lack of clarity about the legal context has resulted in people working from opposing standpoints in the belief that they are supported by legislation. Disability Support staff and students with disabilities have generally worked from the premise that the DDA is unequivocal in the right of students with disabilities to participate with equity in nursing education. It has been believed that there is a distinct differentiation between rights in education to those for registration and employment. Examples of providing an assistant to carry out technical procedures to demonstrate understanding has been used as examples of how to accommodate students in literature (Uniability).

On the other hand, Nursing staff and hospitals have traditionally seen the link between training and registration as unequivocal. The legal requirements for registration (to be 'fit to practice') and the function of the university in training nurses for nursing practice where manual dexterity amongst other physical requirements necessary to practice has been seen as fundamental.

Correspondence from David Mason (HREOC) on the application of the DDA indicates that

“our view is that if academic institutions offer courses the objective of which is to render a person fit to practice a profession, the DDA does not make that impermissible”.(pers.comm, 5 July 2002) This would seem to indicate that the DDA is not unequivocal in access, as ‘reasonable adjustments’ may not require what many have assumed.(Watts, 2000) Limited registrations available in most states may provide some flexibility however the link is still there between the education and the registration.

3.2 Political/Economic Context

As Universities in Australia have been required to adopt an increasingly corporate and economically competitive stance, the impetus toward socially defined objectives (inclusivity) may lose sway to economic objectives where the two objectives are in competition. The links between education and employment have become more important objectives and Universities are under increasing pressure to produce graduates ready-made with skills and abilities required by employers. The negative attitude of the Nursing profession generally to nursing students with disabilities (Nursing Standard)will have a greater impact in this environment on the University’s practices.

Recent comments by the Education Minister which suggest a softer political stance to the link between learning and economic utility(Melbourne Age, Dec 2001) have yet to be reflected in Government policies.

3.3 Relationships

Student/University

Students expect to be able to enter University with information about what will be expected of them and of what they can expect from the University. For students with disabilities uncertainty about what they can expect in terms of accommodations and services and thus what is expected of them in clinical placement will place pressure on this relationship. Uncertainty about legal rights to access will add to this pressure.

As previously noted, Universities may have ambivalent relationship with students with disabilities, where students require services or accommodations. Universities are keen to meet equity objectives and provide inclusive education, however Universities are also concerned with academic standards and their relationship with the needs of employers and registering bodies. Students often encounter a variety of responses to accommodation in clinical placement from individual staff. Stigma and attitudes to disability may play a part in this, particularly in relation to mental illness. (Marks,2000)

A review of literature suggests that there are significant differences in beliefs between school and dedicated disability service staff about what constitutes inherent requirements and what accommodations can be reasonably provided in a clinical setting. Magilvy(1995) comments on the emotionally charged nature of the debate about ‘sorting the essential from the traditional... aspects of nursing education.’ This may result in students receiving information within the University which is inconsistent.

The West report on Higher Education(1998) portrays the student teacher relationship as that of client and customer. Students expect outcomes of the University which reflect value for money in employment opportunities. The question which remains of this paradigm is will it leave the relationship between Universities and students with significant disabilities ‘out in the cold’ or will it lead to greater inclusivity?

University/Placement

The relationship between the University and the placement setting is one which is defined by the historical relationships between the academic staff and the workplace setting where staff will generally have prior connections. Academic staff will be aware of expectations of placement settings in providing patient care in a system which is stretched for resources.

Universities are reliant on the placement of their students to run the Nursing Program and on the high esteem on the program within the profession to provide graduates with competitive opportunities in employment.

Academic staff will hold the quality of this relationship as a high priority and be keen to meet the needs and expectations of the placement settings. In a climate in which students contribute in managing the hospital workload, placement of students requiring significant accommodations are likely to be seen as a threat to this relationship.

Student/Placement

Students generally are in a position of low power in entering a placement setting. They are routinely advised of the need to be aware of organisational politics and to assume a one down position of power. Students rely on a positive experience both for their academic success and to build contacts in the workplace.

Students with disabilities may choose not to disclose their disability in the placement setting. If they do, they are likely to find it difficult to negotiate accommodations unless there is significant impetus from the University to make it happen. Magilvey(1995) reports that 23.9% of schools reported students receiving accommodations in placement, where over 50% reported accommodations and services being provided in the University.

4. SUMMARY

Students with disabilities are not in a position of power in ensuring access in clinical nursing placement setting where they are requiring adjustment or modification to the placement. A big stick approach in using legal threat through the DDA is unlikely to be useful due to the weak legal position unless there has been obvious direct discrimination on the part of the University or the placement organisation.

In addition students will potentially receive inconsistent information about the expectations which will be made of them in clinical placement.

Accommodations and services for students with disabilities will be provided where a positive attitude exists both within the University and within placement organisations for this to occur. It will occur within boundaries which need to be clearly determined with regard to the inherent requirements for placement. Universities will also need to adopt a clear policy position regards the link between eligibility for registration and requirements of the nursing program.

All students require the provision of clear information regarding inherent program requirements before commencement.(Lord, 1995) Particular emphasis should be made of any requirements which relate to physical fitness, dexterity, or cognitive functioning.

Agreements between Universities and placement providers could make explicit the types of accommodations which may be required in placement so that such arrangements do not come as a shock to the organisation and threaten relationships with the University.

Clarity about what is possible and what is not is required of all parties. Students, Universities, Nursing Boards and placement settings need a common understanding and a shared viewpoint for students to get a fair go.

Opening up the practical scene for students with disabilities will ultimately advance understanding of their abilities and their contributions to the sector

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