

University of Dundee

## The experience of disabled and non-disabled students on professional practice placements in the United Kingdom

Hill, Shirley; Roger, Angela

*Published in:*  
Disability & Society

*DOI:*  
[10.1080/09687599.2016.1236718](https://doi.org/10.1080/09687599.2016.1236718)

*Publication date:*  
2016

*Document Version*  
Peer reviewed version

[Link to publication in Discovery Research Portal](#)

### *Citation for published version (APA):*

Hill, S., & Roger, A. (2016). The experience of disabled and non-disabled students on professional practice placements in the United Kingdom. *Disability & Society*, 31(9), 1205-1225. Advance online publication. <https://doi.org/10.1080/09687599.2016.1236718>

### **General rights**

Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

### **Take down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.



**The experience of disabled and non-disabled students on professional practice placements in the UK**

Journal:	<i>Disability &amp; Society</i>
Manuscript ID	CDSO-2015-0299.R2
Manuscript Type:	Original Article
Keywords:	Disabled students, Higher education, Professional programmes, Practice placements, Student experience

SCHOLARONE™  
Manuscripts

This is an Accepted Manuscript of an article published by Taylor & Francis in *Disability & Society* on 26 October 2016, available online: <http://www.tandfonline.com/10.1080/09687599.2016.1236718>

## Article Submission to Disability & Society

### Points of Interest

#### Title:

#### **The experience of disabled and non-disabled students on professional practice placements in the UK**

- This article summarises the results of research that compared the experience of disabled and non-disabled students on practice placements across six professional disciplines in one UK University.
- The results revealed some similarities in students' experiences on placement, whether or not they disclosed a disability, but also some differences.
- Disabled students reported difficulties related to the nature of their impairment and the attitudes of others to disability; the latter reflecting a medical model approach to disability in some disciplines, focusing on the impact of the student's impairment rather than on barriers to access.
- The results highlighted the importance of students' relationships with their placement mentor and having control over the nature and timing of any disability disclosure to placement staff.
- Recommendations for practice are provided that aim to enhance the placement experience of all students, promoting an inclusive approach to placement learning and clarifying potential barriers to access for disabled students.

**Title**

**The experience of disabled and non-disabled students on professional practice placements in the UK**

**Abstract**

There are limited comparisons between the experience of disabled students in higher education and their non-disabled peers, particularly on practice placements. This article presents the results of such a comparison, across six professional disciplines in one UK university. The results revealed that both disabled and non-disabled students reported positive placement experiences and also similar difficulties. Such difficulties were exacerbated for some disabled students however, including as a consequence of the attitudes of others to disability. Recommendations for practice are identified that aim to enhance the placement experience of all students and to remove barriers to access.

**Keywords**

disabled students; higher education; professional programmes; practice placements; student experience

## Introduction

The introduction of the Disability Discrimination Act (DDA, 1995), heralded a recognition in the UK of the rights of disabled people to equal access to employment, and to goods, facilities and services. UK Government policies since the 1990s have also increasingly aimed to address the barriers disabled people can experience in everyday life (Riddell, Tinklin & Wilson, 2005), partly as a result of pressure from organisations working on behalf of disabled people (Hall & Tinklin, 1998). However, the positive impact of such Government policies has been contested, particularly in relation to their basis in the medical model of disability (Roulstone, 2004), and for their potential to have a disproportionate and adverse effect on some disabled people (Morris, 2011).

The DDA was subsequently extended to cover all aspects of higher education following the introduction of the Special Educational Needs and Disability Act (SENDA, 2001). This legislation made it unlawful for universities to treat disabled students less favourably than other students in all aspects of their studies, including off campus learning such as practice placements, and to make reasonable adjustments in anticipation of disabled students' needs; marking the beginning of a proactive and inclusive approach to the provision of higher education.

This approach was strengthened by the introduction of the Disability Equality Duty (DDA, 2005), and subsequently the Equality Act (Equality Act, 2010) that aimed to harmonise and strengthen discrimination law, through a more systematic and evidence-based approach across all equality strands and 'protected characteristics'<sup>1</sup>, including disability. This approach recognised that some adjustments for individual disabled students would not be necessary if university services, including all aspects of learning and teaching, were delivered in an inclusive manner.

The provision of inclusive university services can be challenging however, and numerous resources have been developed to support staff in this process, particularly in relation to delivery of the higher education curriculum. In the UK, this includes resources developed by the Teachability Project (Teachability, 2000) at the University of Strathclyde.

The Teachability Project provided staff development materials and training opportunities to promote an inclusive curriculum for disabled students across all aspects of their studies. The emphasis of the Teachability approach is on identifying barriers to access in course design and delivery in anticipation of the needs of disabled learners. Such an approach is reflective of the Social Model of Disability (Oliver, 1983) that recognises that disabled people have impairments but maintains that the difficulties they experience are caused by attitudinal and environmental barriers within society not their individual impairments.

The Teachability approach can help universities to respond to the legal challenges noted above and to move towards the provision of a more inclusive learning environment for all students. In particular, it supports identification of core competencies for specific programmes and the extent of flexibility for adjustments in

---

<sup>1</sup> Equality Act (2010) protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, and Sexual Orientation

1  
2  
3 teaching and assessment. This includes the practice placement context where the  
4 identification and implementation of reasonable adjustments can be particularly  
5 challenging due to fitness to practice requirements and competence standards set by  
6 professional bodies, such as the General Medical Council (<http://www.gmc-uk.org/>),  
7 that regulate entry and practice in the professions (Dearnley, Walker, Hargreaves &  
8 Walker, 2010).  
9

10  
11 Under the Equality Act (2010), a competence standard is defined as:

12  
13 ...an academic, medical or other standard applied for the purpose of determining  
14 whether or not a person has a particular level of competence or ability (Equality  
15 Act, 2010, sch13, para 4(3)).  
16

17 The application of such standards is not subject to the legal requirement to make  
18 reasonable adjustments but this duty does apply to the process by which  
19 competence is assessed. Universities and professional bodies are expected to liaise  
20 to determine the competence standards for specific programmes of study, and the  
21 extent of flexibility in assessment to enable disabled students to demonstrate the  
22 required competencies (Equality and Human Rights Commission, 2008). The  
23 challenge for staff delivering professional programmes is to balance the  
24 requirements of fitness to practice and professional standards whilst providing  
25 reasonable adjustments for disabled students. Guidance is, however, available to  
26 help staff negotiate this complex aspect of disability legislation (e.g. Equality  
27 Challenge Unit, ECU, 2015b; General Medical Council, 2015).  
28  
29

30 The General Medical Council (GMC) has also undertaken a comprehensive  
31 review of health and disability in relation to medical education in the UK, and made  
32 recommendations for universities delivering medical training programmes. The report  
33 from this review (GMC, 2013), recommended a number of actions, including  
34 clarification of the professional competencies that all medical students are required  
35 to demonstrate, and further investigation of the provision of reasonable adjustments  
36 for disabled students; particularly in relation to Objective Structured Clinical Exams  
37 (OSCEs) where the provision of some adjustments may be deemed unreasonable  
38 given the clinical competencies typically assessed in such exams.  
39  
40

41 Given the potential for professional competence standards to impact on the  
42 delivery of inclusive programmes of study, particularly those that involve practice  
43 placement components, the principles of Universal Design for Learning  
44 (<http://www.udcenter.org/>) have also been considered in such contexts (e.g. Heelan,  
45 Halligan & Quirke, 2015). The aim of Universal Design for Learning (UDL) is to  
46 design a curriculum that is appropriate for all students through the provision of  
47 flexible teaching and assessment, and accessible learning materials.  
48  
49

50 Heelan et al (2015) found that consideration of UDL principles in clinical  
51 placement settings generated creative solutions that reduced barriers to access for  
52 disabled students. Constructive and supportive feedback for students and disability  
53 awareness training for placement staff were considered to be key to successful  
54 implementation of UDL principles, whilst ensuring that core competencies continued  
55 to be assessed.  
56  
57  
58  
59  
60

1  
2  
3 In addition, clarifying the competence standards required for professional training  
4 programmes in higher education, rather than focusing on essential functions for  
5 employment, has the potential to improve access to the professions for disabled  
6 students and ultimately access to a wider range of employment opportunities (Matt,  
7 Maheady & Fleming, 2015).  
8

9  
10 Widening access initiatives in UK higher education have also encouraged  
11 access for disabled students and others in previously underrepresented groups (e.g.  
12 Mullen, 2010; Riddell, Blackburn, & Minty, 2013). Such initiatives, together with the  
13 significant legislative changes noted above, have contributed to the increasing  
14 number of disabled students in UK higher education (Department for Innovation,  
15 Universities and Skills, 2009; Equality Challenge Unit, ECU, 2015a) and prompted  
16 research specifically on the experience of disabled students; including in relation to  
17 the experience of students with different impairments (e.g. Bishop & Rhind, 2011)  
18 and their experience in different learning contexts, such as field trips (e.g. Hall,  
19 Healey & Harrison, 2002) and professional practice placements (e.g. Wray, Fell,  
20 Stanley, Manthorpe & Coyne, 2005).  
21  
22

23 Most of this research has focused solely on the experience of disabled students,  
24 and typically only within one discipline, with limited comparison with the experience  
25 of their non-disabled peers. In addition, research on the experience of disabled  
26 students on professional programmes, such as medicine or teaching, is more limited  
27 than that on their experience of higher education generally. Studies have  
28 investigated the availability of information on professional programmes for  
29 prospective students (e.g. Tynan, 2003), barriers to access to such programmes  
30 (e.g. Disability Rights Commission, 2007), the attitudes of others to the admission of  
31 disabled students (e.g. Roberts, Butler & Boursicot, 2004), and issues around  
32 disability disclosure (e.g. Stanley, Ridley, Harris & Manthorpe, 2011).  
33  
34

35 Few studies, however, have looked in detail at disabled students' experiences  
36 on professional programmes and, most of those that have, have involved relatively  
37 small numbers (e.g. Botham & Nicholson, 2014; Brown, James, & MacKenzie, 2006;  
38 Griffiths, 2012; MacLeod & Cebula, 2009; Riddell et al, 2007). In addition, the only  
39 research study, prior to the research presented in this paper, that has investigated  
40 the experience of disabled and non-disabled students on professional programmes,  
41 compared the degree outcomes of students on one initial teacher education (ITE)  
42 programme (Fuller, Healey, Hurst, Riddell & Wareham, 2008). The researchers  
43 found that the disabled students in this institution did less well in their final degree  
44 classification than non-disabled students at the same institution, however they were  
45 more likely to complete their course.  
46  
47

48 A key aspect of students' training on professional programmes is the practice  
49 placement component where the skills and knowledge acquired in the student's  
50 institution are put into practice in a supportive placement environment (Burns &  
51 Paterson, 2005; Ryan, Toohey & Hughes, 1996). The success of such training, and  
52 ultimately progression to employment in a professional capacity, is dependent on a  
53 mutual understanding of the purpose of the training and recognition of the shared  
54 responsibility of academic institutions and practice placement providers to enable  
55 students' learning (Billett, 2009).  
56  
57  
58  
59  
60

1  
2  
3 Research on the experience of disabled students on practice placements  
4 identifies a number of influences that can impact on their experience; including, the  
5 nature of the student's impairment (e.g. Matheson & Morris, 2011), the attitudes of  
6 placement staff (e.g. Ryan & Struhs, 2004), the student's relationship with their  
7 placement mentor (e.g. White, 2007), the timing of disability disclosure (e.g.  
8 MacLeod & Cebula, 2009), and the availability of support (e.g. Morris & Turnbull,  
9 2007). Students with similar impairments can also have different experiences (e.g.  
10 Brown, James & MacKenzie, 2006) suggesting that several factors can combine to  
11 impact on their overall placement experience.  
12

13  
14 Interviews with health care professionals confirm that attitudes towards disabled  
15 people and the perceptions of placement staff can also impact on the student's  
16 placement experience, as well as their interpretation of what is reasonable in the  
17 context of professional standards (Dearnley et al, 2010). This appears to be  
18 particularly prevalent in the health professions where placement staff can experience  
19 difficulties with balancing disabled students' rights to access higher education with  
20 their obligations to provide a safe environment and professional care for their  
21 patients (Rankin, Nayda, Cocks & Smith, 2010).  
22

23  
24 A formal investigation into professional standards in nursing, teaching and social  
25 work undertaken by the Disability Rights Commission (DRC) (2007) concluded that,  
26

27  
28 ...students often have a particular difficulty with work placements. This can be  
29 because of failures by the university to plan properly for placements, or to  
30 communicate the need for adjustments, or to cooperate with placement providers  
31 in planning adjustments. Placement providers often lack awareness of disability  
32 equality and the DDA, particularly the concept of reasonable adjustments. This  
33 issue can be exacerbated by the students' own reluctance to disclose their  
34 disability or longterm health condition (DRC, 2007, page 17)  
35

36 Research suggests that the experience of disabled students may be better in  
37 less acute clinical environments where they are under less pressure of time,  
38 enabling support strategies to be implemented, and ameliorating potential staff  
39 concerns regarding patient safety (Morris & Turnbull, 2006). The development of  
40 strategies that can be implemented in more acute environments is therefore seen as  
41 key, as is disability awareness training for placement staff, whilst recognising that  
42 maintaining safe and effective practice remains paramount for health professionals  
43 (Morris & Turnbull, 2007; Sanderson-Mann & McCandless, 2006).  
44

45  
46 The student's relationship with their placement mentor can also help to ensure  
47 an appropriate balance is achieved between enabling access and maintaining safety  
48 in acute clinical environments (White, 2007). This can be improved by effective and  
49 sufficient preparation for mentors to ensure they are confident in their role and  
50 understand their responsibilities in supporting disabled students (Tee & Cowan,  
51 2012). Such preparation can be facilitated by a supportive framework that enables  
52 disabled students to gain experience in a range of clinical environments through  
53 establishing effective partnerships between the placement provider, the placement  
54 facilitator and the university's disability service (Griffiths, Worth, Scullard & Gilbert,  
55 2010).  
56  
57  
58  
59  
60



1  
2  
3 The 'tripartite model' of support proposed by Griffiths et al (2010) for student  
4 nurses offers a useful approach to identifying and implementing support in other  
5 placement settings. However, the authors acknowledged the need for flexibility to  
6 respond to variations in the timing of disclosure and in the awareness of staff. They  
7 also acknowledged the lack of empirical data on the challenges faced by disabled  
8 students in clinical practice settings which they claimed has led to assumptions being  
9 made regarding students' suitability to fulfill clinical roles. This may in part be driven  
10 by the medical model of disability that locates the 'problem' entirely within the  
11 individual rather than as a consequence of the environment in which they are placed  
12 (Oliver, 1990).  
13

14  
15 Nevertheless, a multidisciplinary approach to identifying adjustments and  
16 implementing support is clearly important, ensuring that all parties are involved and  
17 are aware of their respective responsibilities (Tee et al, 2010). The importance of  
18 pre-placement planning and effective communication is also essential in this respect  
19 (Botham & Nicholson, 2014). In addition, encouraging early disclosure and ensuring  
20 an appropriate response (Simons, 2010), as well as monitoring the effectiveness of  
21 adjustments (Storr, Wray & Draper, 2011) can help to improve the experience of  
22 disabled students on placement. Providing options that enable disabled students to  
23 pursue alternative career paths should also be considered if, despite the provision of  
24 reasonable adjustments on placement, the student has been unable to demonstrate  
25 the required professional competencies (Ryan & Struhs, 2004).  
26  
27

28  
29 Recent research has also highlighted the positive influence of a supportive  
30 learning environment on encouraging disability disclosure and developing a positive  
31 disability identity, indicating that a university setting can be more conducive to this  
32 than a work-based or placement context; the latter due to the increased potential for  
33 staff concerns about health and safety (Cunnah, 2015). This may explain the  
34 tendency for disabled students to avoid seeking support on clinical placements and  
35 to report experiencing negative attitudes towards disability that discourages them  
36 from disclosure (Miller, Ross & Cleland, 2009).  
37

38  
39 A study on the experiences of disabled students on Initial Teacher Education  
40 (ITE) programmes (MacLeod & Cebula, 2009) identified disclosure concerns as one  
41 of the key issues reported by disabled students on placement, as well as the need  
42 for additional time to prepare lessons and difficulties arising from travelling long  
43 distances to placements. Some of these difficulties may also be experienced by non-  
44 disabled students or may be specific to individual placement settings. Indeed, a  
45 review of ITE commissioned by the Scottish Government (Donaldson, 2011)  
46 revealed that the experience of students on school placements varied widely. While  
47 this review did not look specifically at the experience of disabled students, it did  
48 recommend an increased focus on quality assurance, including seeking students'  
49 feedback to help inform decisions on the suitability of placement providers.  
50  
51

52 The suggestion that the issues experienced by disabled students on practice  
53 placements may also be those experienced by students in general, has been  
54 substantiated to some extent in other research examining students' placement  
55 experience across a number of disciplines (Georgiou, Espahbodi & De Souza,  
56 2012). However, no comparison was made in this study with the experience of non-  
57  
58  
59  
60

1  
2  
3 disabled students or between students in different disciplines to determine the nature  
4 of any differences in the students' experience.  
5

6  
7 Aside from nursing, most of the research on disabled students' perceptions of  
8 their placement experience has been undertaken in the field of social work. One of  
9 the first studies to investigate disabled social work students' experience on practice  
10 placements was undertaken by Baron, Phillips and Stalker (1996). Predating the  
11 disability-related legislation that was introduced in the UK for education providers  
12 from 2001, this study offers a useful comparison for future research in this area.  
13

14  
15 Baron et al (1996) identified several barriers that disabled students experienced  
16 during social work placements; including those relating to, the physical environment,  
17 staff assumptions of the implications of specific impairments, and a failure to  
18 implement equal opportunities policies where these existed. The researchers  
19 concluded that, although there were examples of good practice once placement staff  
20 were made aware of the requirements of individual disabled students, this did not  
21 alter the apparent systemic discrimination that permeated throughout social work  
22 training at that time as a consequence of insufficient awareness of disability issues.  
23

24  
25 Subsequently, the most comprehensive review to date of disabled students'  
26 experience of social work practice placements was undertaken by Wray et al (2005).  
27 The researchers conducted semi-structured interviews with fifty students who had  
28 disclosed unseen disabilities, and interviewed a total of fifty disability support staff,  
29 placement supervisors and placement coordinators across twenty institutions in  
30 England.  
31

32  
33 The majority of students in this study reported positive experiences on  
34 placement; including, effective pre-placement planning, adjustments agreed in  
35 partnership with the placement provider, and ongoing support and monitoring by  
36 staff. Negative aspects were, however, also reported by some students, some of  
37 which could perhaps be attributed to the practice placement experience of students  
38 generally; in particular, the quality of students' relationships with their placement  
39 supervisor. However, others were clearly disability-related; including, limited  
40 disability awareness of placement staff, a lack of adjustments in the placement  
41 setting, concerns over disclosure and reported discriminatory experiences such as  
42 being made to feel a 'burden'.  
43

44  
45 All three staff groups demonstrated an understanding of student disclosure  
46 concerns. However, they also considered that disclosure and the sharing of  
47 information about a student's impairment might be necessary to uphold their duty of  
48 care to service users. Positive qualities were also highlighted by some staff however,  
49 including the benefits that disabled students' personal experience could bring to the  
50 profession and to services users. Most staff interviewed also felt that a shared  
51 approach to supporting disabled students on placement offered the most  
52 constructive way to maximise positive outcomes. The tripartite model proposed by  
53 Griffiths et al (2010) for the provision of adjustments in clinical settings may therefore  
54 be applicable in other placement contexts.  
55

56  
57 The researchers concluded that disabled students' experiences were  
58 predominantly shaped by their unique disability identity and their relationships with  
59  
60

1  
2  
3 others. They highlighted the importance of the placement supervisor role being  
4 undertaken by experienced staff who are skilled in building effective relationships  
5 with students and adopting a flexible approach to enabling learning.  
6

7  
8 The outcomes from Wray et al's (2005) research, and more recently the review  
9 by Stanley et al (2011), indicate that some positive progress has been made in  
10 reducing barriers to access to social work programmes since initial research on the  
11 experience of disabled social work students on placement almost a decade  
12 previously (Baron et al, 1996). In particular, there is some evidence of the  
13 implementation of inclusive practice in light of the significant legislative changes in  
14 the intervening period, and recognition of the importance of continuous professional  
15 development for placement staff to enable appropriate support for disabled students  
16 to be implemented.  
17

18  
19 In addition, it has been recognised that the adjustments provided for disabled  
20 students, including robust placement planning and ongoing monitoring and support,  
21 reflect good practice for all students generally (Parker, 2007). However, there is also  
22 some evidence to suggest that, in relation to disabled students, progress may have  
23 been restricted to enabling equality of access rather than equality of outcomes,  
24 resulting in a lack of focus on students' progression on the programme and ultimately  
25 onto employment (Fletcher, Bernard, Fairtlough & Ahmet, 2015).  
26

27  
28 Creating disability inclusive work environments, including in response to an  
29 aging professional workforce (Matt, Fleming & Maheady, 2015), is also important in  
30 this respect. This, together with an increased focus on establishing non-  
31 discriminatory regulatory frameworks, has the potential to increase access to the  
32 professions for disabled people (Disability Rights Commission, 2007).  
33  
34

## 35 36 **Research Design**

37  
38 The central aims of this research study were to identify ways to improve the  
39 accessibility of practice placements for disabled students and to enhance the  
40 practice placement experience of all students. The research questions therefore  
41 sought to investigate the differences, if any, in the practice placement experience of  
42 disabled students and non-disabled students, and the experience of disabled  
43 students in different professional disciplines.  
44

45  
46 A mixed methods approach was taken utilising an online survey and individual  
47 semi-structured interviews to gather both quantitative and qualitative data from  
48 disabled and non-disabled students. Comparisons were made of the responses of  
49 disabled students with those of non-disabled students across all survey and  
50 interview questions. A comparison was also made of the responses of students in  
51 different professional disciplines to explore the dichotomy between the social and  
52 medical approaches to disability.  
53

54  
55 The variability in the sampling framework of the research and the nominal nature  
56 of the data necessitated the use of non-parametric statistics to analyse the  
57 quantitative data (Siegel and Castellan, 1988). The qualitative data from the survey  
58 and the interview transcripts were analysed utilising a thematic analysis approach  
59  
60

(Braun and Clarke, 2006). This involved many reviews of the transcripts and survey responses to categorise the data from each into descriptive codes, and subsequently to identify prevalent patterns or 'themes' that were common across the data codes.

## Participants

The research was undertaken at a UK University that delivers a large number of programmes that confer professional qualifications and eligibility to join a recognised professional body. All students at this University who were studying undergraduate or postgraduate programmes leading to professional accreditation within the academic disciplines of medicine, dentistry, nursing and midwifery ('medical' group), and education, social work and community education ('social' group), and who had completed at least one practice placement, were invited to participate in the research. Participants were volunteers, over 18 years of age, with and without disclosed impairments and reflected any gender, age or other bias inherent to such programmes (e.g. Higher Education Statistics Agency, HESA, 2013).

All participants were given the opportunity to disclose a disability during the survey and interview stages of the research; the former on the basis of selecting from the HESA disability categories<sup>2</sup> provided on the survey, and the latter in response to a yes/no question posed during the interview to confirm the student's disability status. Both forms of disclosure required the student to self-identify with the terms 'disabled' and 'disability'. All participants were provided with an explanation of the data protection procedures in place to maintain confidentiality of their personal data.

## Summary of Online Survey Results

In total, 353 students responded to the online survey including students from all six disciplines. The majority of respondents indicated that they were students in the discipline of nursing and midwifery (hereafter 'nursing') (43%), were female (88%), aged 25 and under (69%), were undergraduates (94%) and had completed more than one placement (95%); the latter reducing the potential for the results to be skewed by students' experience on a single placement. Fifty respondents (14%) indicated that they considered themselves to be disabled and the majority of these disclosed a specific learning difficulty or a mental health condition.

Statistical analysis (Chi-Square) revealed significant differences between the survey responses of disabled and non-disabled students, and between students in different academic disciplines on several of the survey questions. In particular:

- Disabled students' overall rating for their placement experience was lower than that of non-disabled students;
- Disabled students indicated that they experienced difficulties on placement more often than non-disabled students;

---

<sup>2</sup> <https://www.hesa.ac.uk/manuals/13051/a/DISABLE>

- The 'medical' group of students did not feel as sufficiently prepared for placement as those in the 'social' group. Further analysis revealed that this was particularly the case for nursing students; and
- Disabled students in nursing and education were less likely to disclose their disability on placement than disabled students in other disciplines.

Thematic analysis of students' survey comments revealed several themes that appeared to have an impact on students' placement experience across all disciplines. These themes included their relationships with placement staff and the extent to which they felt supported on placement.

The main thing that has an impact on enjoyment of a placement, apart from whether you're interested in that field, is what the team and the members of staff are like. Sometimes it can ruin a block if you just have someone who is just unnecessarily unpleasant and doesn't want to give you the time of day...it discourages students from learning (disabled medical student).

In addition, the challenge of researching and travelling to placements and managing course workloads was evident in many responses. For disabled students, such issues appeared to be exacerbated by the nature of their disability and, in some cases, the impact of any medication they needed to take.

I was on medication that kinda had a drowsy effect so if you're finishing late and starting early because of all the travelling...anyone that takes that medication will tell you even seven hours later it will still have an effect...so I was late numerous times because of this issue and I was then penalised (disabled nursing student).

For disabled students, the decision whether or not to disclose their impairment to their placement provider introduced additional pressures and there was some evidence to suggest that disabled students were concerned about the reaction of placement staff should they disclose.

I only disclose my disability when I feel it is necessary or relevant. I often feel it could make my teachers feel uncertain about my ability to teach (disabled teaching student).

Difficulties on placement for both groups of students were resolved in some cases by students taking a proactive approach and, in others, through the action of university or placement staff. However, accessing advice from placement staff appeared to be difficult in some cases and there was evidence to suggest that some placement staff did not appear to fully understand their role in this respect. This was particularly evident for nursing students.

In contrast, many students provided positive feedback on their placement experience, and praised the quality of the support from both university and placement staff. Suggestions for improvement included ensuring that placement staff were sufficiently prepared to support students and given allocated time to do so, and were also clear about the expectations of students on placement. Training or additional information for placement staff was suggested by many students, particularly to raise staff awareness of their mentor role and their responsibilities for supporting students.

1  
2  
3  
4 Advance notice of placement locations and additional support with travel  
5 arrangements were also clearly important to some students, as was ensuring as far  
6 as possible that students' placement experience was matched to their development  
7 needs; for example, for social work students, experience in the statutory sector was  
8 deemed important by several students. Longer placements were also considered  
9 beneficial by many students reflecting how strongly they value this practical  
10 experience as preparation for their future careers.  
11

## 12 13 14 **Summary of Interview Results**

15  
16 Of the 21 students who participated in an interview, 17 were female, 17 were  
17 undergraduates and 14 disclosed a disability. In addition, 18 students had completed  
18 more than one placement.  
19

20  
21 Overall, most of the students who were interviewed were very positive about  
22 their placement experience. Many noted the importance of such learning  
23 opportunities for gaining an insight into the reality of practice and reinforcing their  
24 knowledge in a practical context. Indeed, all of the students said they still intended to  
25 pursue a career in their chosen profession and that their placement experience had  
26 helped to confirm that decision. For some disabled students, their placement  
27 experience also helped to confirm the specific career path that would enable them to  
28 minimise and manage the impact of their disability-related difficulties; for example,  
29 choosing a path that involved less shift work.  
30  
31

32 Students in all disciplines generally felt prepared for attending placements and  
33 supported throughout, although improvements were suggested that primarily related  
34 to clarification of the role and responsibility of placement staff. In addition, it was  
35 evident from most of the disabled students' responses that it would have been  
36 helpful to know more about the placement in advance, particularly to identify any  
37 adjustments, and to ensure the placement would be suitable for their disability-  
38 related needs. In this respect, the opportunity to visit the placement prior to starting  
39 was suggested by some students.  
40  
41

42 I certainly think prior to going out having a meeting with school representative  
43 and representative from that placement area to come up with adjustments...it  
44 would be helpful for someone with a disability of any kind on a course that  
45 involves placements saying yeah that placement is possible for me or it's not  
46 (disabled nursing student).  
47

48 Differences were identified between the responses of students in different  
49 academic disciplines, particularly in relation to the reaction of placement staff to  
50 disability disclosure where students in 'medical' disciplines reported adverse  
51 reactions more often than those in 'social' disciplines. There was also some  
52 evidence to suggest that the medical or individual approach to disability was more  
53 evident in 'medical' disciplines, particularly for nursing where the physical aspects of  
54 this profession were deemed likely to present difficulties for some disabled people. In  
55 addition, disabled students undertaking 'social' disciplines appeared to reflect more  
56  
57  
58  
59  
60

1  
2  
3 on the positive aspects of having an impairment and the contribution this made to  
4 their understanding of those they were supporting in their professional role.  
5

6 I think before, I would have said one thing to a service user you know about them  
7 speaking up for their rights and I would have a different rule for myself and now  
8 I'm able to see myself more as a resource and sort of guard against spending  
9 that up (disabled social work student).  
10

11 There were also some differences between the responses of disabled and non-  
12 disabled students, particularly in relation to the difficulties students noted with  
13 accessing support, travelling to their placements and their relationships with  
14 placement staff.  
15

16  
17 Sometimes I do feel that I look tired and sometimes I feel like people probably  
18 notice but I think they shouldn't jump to the conclusion that if someone is  
19 yawning it's not because they didn't go to bed till 4am last night (disabled  
20 medical student).  
21

22 An added concern for some disabled students, both prior to starting their course  
23 and during their studies, was deciding on the timing and nature of their disability  
24 disclosure and dealing with the reactions to that, including the attitude of others to  
25 disabled people generally.  
26

27  
28 I haven't really had great reactions in the past from doctors...I spoke to someone  
29 else and he kinda looked at me like I'd grown another head you know, it looked  
30 as if like how are you going to do your job, how are you going to cope (disabled  
31 medical student).  
32

33 In some cases, this impacted adversely on the students' placement experience  
34 and improvements were deemed necessary, particularly to the procedures for  
35 disability disclosure, the implementation of disability-related support and the  
36 awareness of placement staff of disability issues.  
37

38 Travelling to placements was raised as an issue by most of the students and  
39 several suggestions were made to improve this, including establishing an online  
40 resource where students could share details of public transport and approximate  
41 timings for travelling to placements. Increased clarity of the exact location of  
42 placements was also seen as necessary as often these were not as easy to access  
43 as they appeared due to lack of availability of public transport. The impact of  
44 travelling on some disabled students was also clearly an issue, whether in relation to  
45 the additional time or increased tiredness they experienced, particularly for students  
46 who needed to take medication on a regular basis.  
47  
48

49 Other suggestions for improvement to the placement experience were made by  
50 both disabled and non-disabled students and primarily related to increased clarity  
51 over the expectations of students on placement and the roles and responsibilities of  
52 placement staff. This was thought likely to improve students' confidence and to  
53 reduce their concerns prior to placement. Positive relationships with placement staff  
54 were seen as key to the success of the placement for many students and earlier  
55 contact was viewed as important to establish these. Ongoing contact and  
56  
57  
58  
59  
60

1  
2  
3 communication with the University was also deemed to be important so that any  
4 issues could be identified and resolved as quickly as possible.  
5  
6  
7

## 8 **Discussion**

9  
10 Examination of the narratives of disabled and non-disabled students in this  
11 research study provided useful insight into students' experience on placement and  
12 enabled clarification of the qualitative differences in their respective experiences.  
13 Specifically, although both disabled and non-disabled students identified similar  
14 difficulties, particularly with travelling to placements and in their relationships with  
15 placement staff, these were exacerbated for some disabled students and appeared  
16 to be amplified in the placement context. This was particularly evident in relation to  
17 disclosure of their disability to staff outwith the University, and managing the impact  
18 of their impairment in an off-campus environment.  
19

20  
21 A key finding from the research was that students' experience on practice  
22 placements is heavily influenced by their relationships with placement staff and the  
23 organisational culture of the placement setting. In particular, staff who were aware of  
24 their role in supporting and enabling the learning of students on placement and,  
25 importantly, had the time and skills to progress this, clearly had a positive influence  
26 on students' experience. This substantiates previous research that emphasised the  
27 importance of matching students to appropriate placements and with skilled  
28 placement supervisors (Wray et al, 2005).  
29

30  
31 Arising from the wider research on students' placement experience is the  
32 importance of pre-placement planning and the effectiveness of the communication  
33 between the university and placement provider (Andrews et al, 2006), ensuring that  
34 all stakeholders are aware of their roles and responsibilities for the student's  
35 placement experience. This is supported by the results of this study that indicated  
36 that specific information in advance of the placement would help to ensure  
37 placement staff were aware of students' prior skills and experience; the latter to  
38 enable students' practice on placement to be better matched to their development  
39 needs. This was particularly evident for disabled students who felt that advance  
40 contact with the placement provider would help to ensure the placement was  
41 suitable, and that staff were prepared to accommodate their support requirements.  
42 Indeed, increased involvement and communication with placement staff prior to the  
43 placement has been shown to have a positive impact on the experience of disabled  
44 students (Botham and Nicholson, 2014).  
45  
46

47  
48 An added challenge for disabled students' relationships on placement is  
49 deciding whether or not to disclose their impairment and dealing with the reaction to  
50 disclosure. It was suggested from the narratives of disabled students in this study  
51 that supportive attitudes were more evident where placement staff appeared to have  
52 prior knowledge or experience of disability issues or were interested in the positive  
53 contribution the student's perspective on disability could bring to their practice;  
54 reflecting the results of previous research (e.g. Griffiths, 2012). Such positive  
55 relationships with supportive placement staff can also help to encourage disability  
56 disclosure and ensure disabled students' individual needs are met (White, 2007). It is  
57 therefore clear that effective, positive relationships with placement staff are central to  
58  
59  
60



1  
2  
3 students' experience whether or not they have a disability but can be particularly  
4 important to ensure disabled students are not disadvantaged in this context and feel  
5 confident to disclose.  
6

7  
8 The expectation, based on previous research, was there would be some  
9 differences but also some similarities in the experience of disabled and non-disabled  
10 students (e.g. Fuller et al, 2008; Madriaga et al, 2010). This was substantiated by the  
11 results of this study. In particular, the results showed that both disabled and non-  
12 disabled students reported positive placement experiences and also similar  
13 difficulties but these were exacerbated for some disabled students by the nature of  
14 the student's impairment, the reaction of others to disclosure of their impairment and  
15 the attitude to disability generally within their intended profession; particularly in the  
16 disciplines of medicine and nursing where the medical model of disability appeared  
17 to be more prevalent.  
18

19  
20 Issues related to disclosure and identity as a disabled person were also  
21 expected to impact on disabled students' experience on practice placements based  
22 on previous research (e.g. Dearnley et al, 2010; Riddick & English, 2006; Ryan &  
23 Struhs, 2004). The results from this study confirmed this and provided evidence that  
24 some disabled students did not identify with a disability label or were reluctant to  
25 disclose in the placement setting. Indeed, it was evident from the results of this study  
26 that making the decision to disclose their impairment to placement staff, and dealing  
27 with the potential reaction to this, was a concern to many disabled students and had  
28 a significant influence on their placement experience. These results were replicated  
29 across all disciplines but some interesting differences did emerge.  
30

31  
32 Specifically, there was evidence that a medical approach to disability was more  
33 likely in the disciplines of medicine and nursing, where reactions to the students'  
34 disclosure in some instances revealed negative attitudes, concerns about fitness to  
35 practice and a lack of disability awareness (e.g. Walker, Dearnley, Hargreaves &  
36 Walker, 2013). For those students with unseen impairments, a disclosure, once  
37 made, cannot be retracted and may subsequently impact on the rest of their  
38 university experience and, potentially, into the employment setting (e.g. Houghton,  
39 2006; Riddell & Weedon, 2013; Stanley, Manthorpe & White, 2007). Disabled  
40 students can therefore face a difficult choice, particularly if the placement provider is  
41 considered a potential future employer.  
42

43  
44 Such attitudes may stem from the interactions that medical and nursing  
45 professionals typically have with disabled people; that is, as patients who require  
46 'treatment' for their condition, making no distinction between illness and disability  
47 (Oliver, 1998). Indeed, there is evidence that medical students can have such a  
48 negative view of disability (Byron, Cockshott, Brownett & Ramkalawan, 2005). Prior  
49 knowledge or experience of working with disabled people in different contexts can,  
50 however, encourage positive attitudes to disability in health professionals (Tervo &  
51 Palmer, 2004).  
52

53  
54 Medical and nursing schools should therefore include disability awareness  
55 training for students and a curriculum that reflects the social model of disability rather  
56 than entirely a medical perspective (Sahin & Akyol, 2010). In addition, it has been  
57 suggested that medical students who are aware of disabled students on their course  
58  
59  
60

1  
2  
3 can help to challenge any negative assumptions about disability (Shakespeare,  
4 lezzoni & Groce, 2009). However, there was some evidence to contradict this in this  
5 study where the reactions of other students to a student's disability disclosure  
6 suggested a lack of disability awareness. Interestingly, this also reflects other  
7 research in the disciplines of social work (Bernard, Fairtlough, Fletcher & Ahmet,  
8 2013) and education (Marshall, Stojanovik & Ralph, 2002).  
9

10  
11 Negative attitudes to disability in medicine may be perpetuated by 'a culture  
12 where doctors are seen as healthy people who treat sick patients' (Stanton &  
13 Randall, 2011, page 1), which can set unrealistic expectations and reinforce negative  
14 attitudes to impairment. Kay, Mitchell, Clavarino and Doust (2008) noted in their  
15 review of doctors' access to health care that a stigmatising attitude to illness can  
16 create barriers that prevent doctors seeking medical advice when they themselves  
17 are unwell.  
18

19  
20 This attitude was apparent in some of the medical students' responses during  
21 interviews in this study. As one disabled student noted when reflecting on the  
22 reaction she had received to disclosure, there was a perception that 'all doctors are  
23 healthy and we are this breed like, of super human people who don't have any  
24 problems at all'. Interestingly, a similar view was suggested by a disabled social work  
25 student who stated in her interview that 'They were making it seem as though you  
26 had to be you know, a healthy warrior to get through it and if you weren't, you  
27 weren't suitable'.  
28

29  
30 The latter view may be related to the potential stigma attached to disclosing  
31 impairment in the social work profession which has been identified in relation to  
32 disclosure of mental health issues (Stanley, Manthorpe & White, 2007). In addition,  
33 previous research has suggested there can be an assumption in the social work  
34 profession that disabled people are more likely to be recipients than providers of  
35 social work support (Sapey, Turner & Orton, 2004), leading perhaps to the  
36 unacknowledged possibility that professionals in this field may be disabled.  
37

38  
39 From the results of this study, students' perspectives on disability and  
40 impairment in professional contexts appeared to be framed by the language and  
41 discourse of the medical model of disability with an emphasis on the potential impact  
42 and limitations of specific impairments rather than on the disabling effects of barriers  
43 to access. This suggests that, although some disabled students' responses identified  
44 the attitudinal barriers they had encountered on placement, students' discourse  
45 around such issues primarily reflect the deficit model of disability typically utilised in  
46 higher education (Fuller et al, 2009).  
47

48  
49 Overall, although there was no clear divide between students' experiences of  
50 attitudes to disability in the 'medical' and 'social' discipline groups in this study, or  
51 between disabled and non-disabled students' views on disabled people in the  
52 professions, there was evidence of this in different disciplines; in particular, the  
53 medical model approach appeared to be more prevalent in medicine and nursing.  
54 The small number of disabled participants studying community education, and none  
55 studying dentistry, makes it difficult to draw any conclusions on the attitudes to  
56 disability in these professions; as does the lack of research on attitudes to disabled  
57 students or professionals in these disciplines.  
58  
59  
60

1  
2  
3  
4 Interestingly, there is some evidence of a social model approach to disability  
5 within special care dentistry, where dentists are trained to provide dental care to  
6 disabled people in the community (Scambler, Low, Zoitopoulos & Gallagher, 2011),  
7 and recognition of the rights of disabled dental students and professionals to an  
8 inclusive learning and working environment (Elliott, Nunn & Sadlier, 2005). Whether  
9 such an approach permeates the experience of disabled dentistry students,  
10 however, is unclear and is therefore worthy of further investigation; particularly given  
11 the lower incidence of disability disclosure in medicine and dentistry (7.7%)  
12 compared to the average for students in other disciplines (10.7%) (Equality  
13 Challenge Unit, ECU, 2015a).  
14  
15

16 There were also some interesting results in this study in relation to students'  
17 disclosure decisions. In particular, statistical analysis of the online survey results  
18 revealed that disabled education and nursing students were less likely to disclose  
19 their disability on placement than students in other disciplines. On further analysis of  
20 the students' qualitative responses, it was clear that some students felt there was no  
21 need to disclose as they had not experienced any difficulties on placement (e.g.  
22 MacLeod & Cebula, 2009), while others noted that they could manage any impact of  
23 their impairment themselves through implementation of their own support strategies  
24 (e.g. Morris & Turnbull, 2007). The latter reduced the need for disclosure and, in  
25 some cases, was due to concerns about how such a disclosure would be viewed  
26 from the perspective of the placement provider. This supports previous research on  
27 the factors influencing students' disclosure decisions on professional programmes  
28 (e.g. Stanley, Ridley, Manthorpe, Harris & Hurst, 2007; Vickerman & Blundell, 2010;  
29 Wray et al, 2005).  
30  
31  
32

33 Notwithstanding the student's right to choose whether or not to disclose their  
34 disability, it is possible they may have performed better on placement with support in  
35 place (Botham & Nicholson, 2014). Some disabled students in this study recognised  
36 the importance of being proactive in seeking support, just as they would encourage  
37 those they were supporting in a professional capacity to do so. The fact that some  
38 students indicated that they had not been given the opportunity to disclose a  
39 disability prior to placement, suggests that universities also need to be proactive in  
40 offering support and encouraging disclosure.  
41  
42

43 An important finding that emerged from the responses of some disabled  
44 students was control over the timing and nature of their disclosure. This was clearly  
45 evident in their interview responses in particular, and again reflects previous  
46 research (e.g. Botham & Nicholson, 2014; Goode, 2007; MacLeod & Cebula, 2009).  
47 The possibility of a method of disclosure communication that enables the student to  
48 take control of this decision, such as a 'Student Support Card' (Raven, Griffin &  
49 Hinson, 2008), is therefore worthy of consideration, as is a review of disability  
50 disclosure procedures for the placement context generally. Indeed, suggestions for  
51 improvement to this process were made by several students in this study.  
52  
53

54 Linked to issues around disclosure, it was also evident from this study that some  
55 disabled students did not identify with the terms 'disabled' or 'disability'; reflecting  
56 previous research in this area (e.g. Riddell et al, 2007; Roberts, Georgeson & Kelly,  
57 2009). They also wanted to describe the nature of their impairment in different terms  
58  
59  
60

1  
2  
3 or did not view their impairment 'as important to their sense of identity or self'  
4 (Watson, 2002, page 514). Recent research also confirms disabled students'  
5 rejection of such disabled discourses (Evans, 2014) and, in some cases, adoption of  
6 a disabled identity at different times and for different purposes; such as to enable  
7 access to disability-related funding (Riddell & Weedon, 2013).  
8

9  
10 This poses a dilemma for UK higher education institutions that have a legal  
11 obligation under the Equality Act (2010) to encourage disability disclosure in order to  
12 make individual reasonable adjustments for disabled students, as the language of  
13 disability-related legislation and funding in higher education is couched in terms that  
14 do not appear to resonate with those who are legally entitled to this support. Even if  
15 it was possible to establish fully inclusive higher education provision, it is likely that it  
16 would still be necessary to identify adjustments for individual disabled students with  
17 complex support requirements (Fuller et al, 2008; Shevlin, Kenny & McNeela, 2004)  
18 to ensure they have an equal opportunity to achieve their potential (Vickerman &  
19 Blundell, 2010).  
20

21  
22 There is clearly a need, therefore, to clarify for students the disability-related  
23 nomenclature used in higher education to enable support to be targeted to those  
24 individuals who may otherwise be disadvantaged. However, the difficulty in the  
25 current legislative and funding framework is to appropriately target disability-related  
26 support, given that all students have learning support needs. The challenge therefore  
27 for universities is perpetuating the medical model of disability to ensure access to  
28 funding and entitlement to support for individual disabled students, whilst  
29 encouraging a social model approach through the promotion of inclusive practice.  
30  
31

## 32 33 **Conclusion**

34  
35 This study has provided insight into the experience of disabled and non-disabled  
36 students on practice placements across six professional disciplines. Similarities and  
37 differences in the students' experiences were identified, reflecting previous research  
38 in other higher education contexts, suggesting that the placement setting is no  
39 different in this respect. In addition, the research confirmed that disabled and non-  
40 disabled students experienced similar issues that, if addressed, could help to  
41 improve the placement experience of all students. This confirmation may help to  
42 support an inclusive approach to the delivery of the practice placement component of  
43 professional training, making implementation of the recommended practice more  
44 manageable for staff and therefore potentially more likely to be implemented  
45 (Madruga et al, 2010).  
46  
47

48  
49 The challenges identified in previous research for disabled students studying  
50 professional programmes were clearly still evident in the results of this study  
51 however, and limited progress appears to have been made in this respect since the  
52 Disability Rights Commission's formal investigation into professional fitness  
53 standards (DRC, 2007). In particular, it was clear that disabled students still  
54 experience negative attitudes to disability in the placement context and can therefore  
55 remain reluctant to disclose. Indeed, some students may not identify with a disability  
56 label at all and need further clarification before disclosing (Evans, 2014). In addition,  
57 it was clear that disabled students continue to experience additional challenges on  
58  
59  
60

1  
2  
3 practice placements over and above those experienced by other students; therefore  
4 the importance of identifying and implementing individual adjustments for disabled  
5 students in the practice placement context remains.  
6  
7

### 8 9 **Recommendations for Practice**

10  
11 The following recommendations are primarily intended for placement and  
12 university staff involved in delivering or supporting the practice placement  
13 component of professional programmes. They are made on the basis of the results  
14 of this research, recognising the limitations in generalising the findings to other  
15 contexts. Staff may wish to prioritise specific recommendations to enhance their  
16 existing practice for placement arrangements. The recommendations ultimately aim  
17 to improve the practice placement experience of all students and to ensure that the  
18 needs of disabled students in such contexts are consistently and appropriately met;  
19 promoting inclusion in professional practice and training.  
20  
21

### 22 23 **Recommendations for all students:**

- 24  
25 • Provide additional clarification of the role of placement staff to ensure they are  
26 sufficiently prepared to support students and given allocated time to do so.  
27
- 28  
29 • Ensure placement staff are aware of the expectations of students on  
30 placement and students' prior experience and skills to ensure, as far as  
31 possible, that students' placement experience is matched to their professional  
32 development needs.  
33
- 34  
35 • Identify placement staff who are best placed to undertake the placement  
36 supervisor role, particularly in terms of their personal interest, skills and  
37 experience.  
38
- 39  
40 • Provide students with advance notice of placement locations to facilitate early  
41 contact with placement staff.  
42
- 43  
44 • Facilitate peer support for students on placement.  
45
- 46  
47 • Provide additional support with travel arrangements and directions to  
48 placements.  
49
- 50  
51 • Ensure ongoing monitoring and communication with students, by university  
52 and placement staff, so that any issues can be identified and resolved quickly.  
53
- 54  
55 • Assess the extent to which the placement experience is inclusive, taking into  
56 account feedback obtained from students with specific protected  
57 characteristics.  
58  
59  
60

**Additional recommendations for disabled students:**

- Review pre-placement planning procedures to ensure the needs of disabled students are considered in advance, particularly in relation to placement allocation.
- Review procedures for disability disclosure, including clarifying the implications of disclosure and ensuring consent, increasing disclosure opportunities and providing options that give disabled students greater control of the timing and nature of disclosure.
- Facilitate prior contact with placement providers to assess the suitability of the placement, to enable disabled students' support needs to be discussed in advance with their consent, and for individual adjustments to be agreed.
- Establish a written agreement with placement providers that sets out the respective responsibilities of the placement provider and the university for the implementation of adjustments and the provision of support.
- Ensure that an individual assessment of a student's disability-related needs is undertaken where appropriate, with support from those with expertise in student-centred needs assessment.
- Monitor implementation of disability-related support and request specific feedback from disabled students to assess the suitability of the support provided and the awareness of placement staff of disability issues.

## References

- Andrews, G.J., Brodie, D.A., Andrews, J.P., Hillan, E., Thomas, B.G., Wong, J. & Rixon, L. (2006) Professional roles and communications in clinical placements: a qualitative study of nursing students' perceptions and some models for practice. *International Journal of Nursing Studies*, 43(7), 861-874.
- Baron, S. Phillips, R. & Stalker, K. (1996) Barriers to training for disabled social work students. *Disability & Society*, 11(3), 361-378.
- Bernard, C., Fairtlough, A., Fletcher, J. & Ahmet, A. (2013) A qualitative study of marginalised social work students' views of social work education and learning. *British Journal of Social Work*, 1-16, doi: 10.1093/bjsw/bct055.
- Billett, S. (2009) Realising the educational worth of integrating work experiences in higher education. *Studies in Higher Education*, 34(7), 827-843.
- Bishop, D. & Rhind, D.J.A. (2011) Barriers and enablers for visually impaired students at a UK Higher Education Institution. *British Journal of Visual Impairment*, 29, 177-195.
- Botham, K.A. & Nicholson, J. (2014) Supporting the transition of disabled students from university to practice placement. *Disability & Society*, 29(3), 460-476.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brown, K., James, C. & MacKenzie, L. (2006) The practice placement education experience: an Australian pilot study exploring the perspectives of health professional students with a disability. *British Journal of Occupational Therapy*, 69(1), 31-37.
- Burns, I. & Paterson, I.M. (2005) Clinical practice and placement support: supporting learning in practice. *Nurse Education in Practice*, 5, 3-9.
- Byron, M., Cockshott, Z., Brownett, H. & Ramkalawan, T. (2005) What does 'disability' mean for medical students? An exploration of the words medical students associate with the term 'disability'. *Medical Education*, 39(2), 176-183.
- Cunnah, W (2015) Disabled students: identity, inclusion and workbased placements. *Disability & Society*, 30(2), 213-226.
- Dearnley, C., Walker, S.A., Hargreaves, J. & Walker, L. (2010) *Managing impairment in professional practice: disability and fitness to practise: a multi-site investigation into the application of the Equality Act (2010) to health care students in practice settings within the NHS*. Project Report. Bradford: University of Bradford. Retrieved 10<sup>th</sup> November, 2015 from: <http://eprints.hud.ac.uk/9823/>

- 1  
2  
3 Department for Innovation, Universities and Skills (DIUS) (2009) *Disabled students*  
4 *and higher education: higher educational analysis*. London: DIUS. Retrieved  
5 10<sup>th</sup> November, 2015 from:  
6 [http://www.bis.gov.uk/assets/biscore/corporate/migratedd/publications/d/dius\\_rr\\_09\\_06.pdf](http://www.bis.gov.uk/assets/biscore/corporate/migratedd/publications/d/dius_rr_09_06.pdf)  
7  
8  
9  
10 Disability Discrimination Act (DDA) (1995) London: HMSO. Retrieved 10<sup>th</sup>  
11 November, 2015 from: <http://www.legislation.gov.uk/ukpga/1995/50/contents>  
12  
13 Disability Discrimination Act (DDA) (2005) London: HMSO. Retrieved 10<sup>th</sup>  
14 November, 2015 from: <http://www.legislation.gov.uk/ukpga/2005/13/contents>  
15  
16 Disability Rights Commission (DRC) (2007) *Maintaining standards: promoting*  
17 *equality. Professional regulation within nursing, teaching and social work and*  
18 *disabled people's access to these professions. Report of a DRC formal*  
19 *investigation*. London: DRC. Retrieved 10<sup>th</sup> November, 2015 from:  
20 [http://dera.ioe.ac.uk/1985/1/maintaining\\_standards\\_formal\\_investigation\\_full\\_re](http://dera.ioe.ac.uk/1985/1/maintaining_standards_formal_investigation_full_report.pdf)  
21 [port.pdf](http://dera.ioe.ac.uk/1985/1/maintaining_standards_formal_investigation_full_report.pdf)  
22  
23  
24 Donaldson, G. (2011) *Teaching Scotland's future: report of a review of teacher*  
25 *education in Scotland*. Edinburgh: Scottish Government. Retrieved 10<sup>th</sup>  
26 November, 2015 from:  
27 <http://www.scotland.gov.uk/Resource/Doc/337626/0110852.pdf>  
28  
29  
30 Elliott, I., Nunn, J. & Sadlier, D. (2005) *Oral health & disability: the way forward*.  
31 Dublin: National Disability Authority. Retrieved 10<sup>th</sup> November, 2015 from:  
32 [http://www.dentalhealth.ie/download/pdf/rnd16\\_dentalfinal.pdf](http://www.dentalhealth.ie/download/pdf/rnd16_dentalfinal.pdf)  
33  
34  
35 Equality Act (2010) London: HMSO. Retrieved 10<sup>th</sup> November, 2015 from:  
36 <http://www.legislation.gov.uk/ukpga/2010/15/contents>  
37  
38 Equality and Human Rights Commission (EHRC) (2008) *Disability Discrimination Act*  
39 *1995. Revised Code of Practice: Trade Organisations, Qualifications Bodies*  
40 *and General Qualifications Bodies*. London: EHRC. Retrieved 11<sup>th</sup> August,  
41 2016 from: <http://dera.ioe.ac.uk/9133/>  
42  
43 Equality Challenge Unit (ECU) (2015a) *Equality in higher education: statistical report*  
44 *2015. Part 2: students*. London: ECU. Retrieved 8<sup>th</sup> September, 2016 from:  
45 [http://www.ecu.ac.uk/publications/equality-higher-education-statistical-report-](http://www.ecu.ac.uk/publications/equality-higher-education-statistical-report-2015/)  
46 [2015/](http://www.ecu.ac.uk/publications/equality-higher-education-statistical-report-2015/)  
47  
48  
49 Equality Challenge Unit (ECU) (2015b) *Understanding the interaction of competence*  
50 *standards and reasonable adjustments*. London: ECU. Retrieved 11<sup>th</sup> August,  
51 2016 from: [http://www.ecu.ac.uk/guidance-resources/student-recruitment-](http://www.ecu.ac.uk/guidance-resources/student-recruitment-retention-attainment/student-retention/inclusive-learning-teaching/competence-standards-reasonable-adjustments/)  
52 [retention-attainment/student-retention/inclusive-learning-teaching/competence-](http://www.ecu.ac.uk/guidance-resources/student-recruitment-retention-attainment/student-retention/inclusive-learning-teaching/competence-standards-reasonable-adjustments/)  
53 [standards-reasonable-adjustments/](http://www.ecu.ac.uk/guidance-resources/student-recruitment-retention-attainment/student-retention/inclusive-learning-teaching/competence-standards-reasonable-adjustments/)  
54  
55  
56 Evans, W. (2014) 'I am not a dyslexic person I'm a person with dyslexia': identity  
57 constructions of dyslexia among students in nurse education. *Journal of*  
58  
59  
60



1  
2  
3 *Advanced Nursing*, 70(2), 360-372. Retrieved 10<sup>th</sup> November, 2015 from:  
4 <http://onlinelibrary.wiley.com/doi/10.1111/jan.12199/pdf>  
5

6 Fletcher, J., Bernard, C., Fairtlough, A. & Ahmet, A. (2015) Beyond equal access to  
7 equal outcomes: the role of the institutional culture in promoting full  
8 participation, positive inter-group interaction and timely progression for minority  
9 social work students. *British Journal of Social Work*, 45, 120-137.  
10

11 Fuller, M., Georgeson, J., Healey, M., Hurst, A., Kelly, K., Riddell, S., Roberts, H. &  
12 Weedon, E. (2009) *Improving disabled students' learning: experiences and*  
13 *outcomes*. London: Routledge.  
14

15  
16 Fuller, M., Healey, M., Hurst, A. Riddell, S. & Wareham, T. (2008) *Enhancing the*  
17 *quality and outcomes of disabled students' learning in higher education*. End of  
18 Award Report, RES-139-25-0135. Swindon: ESRC. Retrieved 10<sup>th</sup> November,  
19 2015 from: <http://www.leeds.ac.uk/educol/documents/190238.pdf>  
20

21  
22 General Medical Council (2013) *Report of the group leading the review of health and*  
23 *disability in medical education and training*. London: GMC. Retrieved 15<sup>th</sup>  
24 August, 2016 from: [http://www.gmc-](http://www.gmc-uk.org/Report__review_of_health_and_disability_in_medical_education_and_training.pdf_50697081.pdf)  
25 [uk.org/Report\\_\\_review\\_of\\_health\\_and\\_disability\\_in\\_medical\\_education\\_and\\_t](http://www.gmc-uk.org/Report__review_of_health_and_disability_in_medical_education_and_training.pdf_50697081.pdf)  
26 [raining.pdf\\_50697081.pdf](http://www.gmc-uk.org/Report__review_of_health_and_disability_in_medical_education_and_training.pdf_50697081.pdf)  
27

28  
29 General Medical Council (2015) *Gateways to the professions. Advising medical*  
30 *schools: encouraging disabled students*. Manchester: GMC. Retrieved 12<sup>th</sup>  
31 August, 2016 from: [http://www.gmc-](http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp)  
32 [uk.org/education/undergraduate/gateways\\_guidance.asp](http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp)  
33

34 Georgiou, C.R., Espahbodi, S. & De Souza, L.H. (2012) Preparing for the world of  
35 work: an exploratory study of disabled students' experiences of work  
36 placement. *Journal of Education and Work*, 25(5), 523-536.  
37

38  
39 Goode, J. (2007) 'Managing disability': early experiences of university students with  
40 disabilities. *Disability & Society*, 22(1), 35-48.  
41

42 Griffiths, L., Worth, P., Scullard, Z. & Gilbert, D. (2010) Supporting disabled students  
43 in practice: a tripartite approach. *Nurse Education in Practice*, 10(3), 132-137.  
44

45 Griffiths, S. (2012) 'Being dyslexic doesn't make me less of a teacher'. School  
46 placement experiences of student teachers with dyslexia: strengths, challenges  
47 and a model for support. *Journal of Research in Special Educational Needs*,  
48 12(2), 54-65.  
49

50  
51 Hall, T., Healey, M. & Harrison, M. (2002) Fieldwork and disabled students:  
52 discourses of exclusion and inclusion. *Transactions of the Institute of British*  
53 *Geographers*, 27(2), 213-231.  
54

55  
56 Hall, J. & Tinklin, T. (1998) *Students first: the experiences of disabled students in*  
57 *higher education*. Glasgow: The Scottish Council for Research in Education.  
58  
59  
60

1  
2  
3 Retrieved 10<sup>th</sup> November, 2015 from:  
4 <http://dspace.gla.ac.uk:8080/bitstream/1905/238/1/085.pdf>  
5

- 6 Heelan, A., Halligan, P. & Quirke, M. (2015) Universal Design for Learning and its  
7 application to clinical placements in health science courses (practice brief).  
8 *Journal of Postsecondary Education and Disability*, 28(4), 469-479.  
9
- 10 Higher Education Statistics Agency HESA (2013) *Table 7 - Qualifications obtained*  
11 *by students on HE courses at HEIs in the UK by gender, subject area and level*  
12 *of qualification obtained 2007/08 to 2011/12*. London: HESA. Retrieved 10<sup>th</sup>  
13 November, 2015 from: <http://www.hesa.ac.uk/content/view/1897/239/>  
14  
15
- 16 Houghton, A-M. (2006) *Disability effective inclusive policies: student and staff*  
17 *perspectives on experiences throughout the student lifecycle*. Paper presented  
18 at the 36th Annual SCUTREA Conference, 4-6 July 2006, Trinity and All Saints  
19 College, Leeds. Retrieved 10<sup>th</sup> November, 2015 from:  
20 <http://www.lancs.ac.uk/fass/projects/reap/projects/deip.htm>  
21  
22
- 23 Kay, M., Mitchell, G., Clavarino, A. & Doust, J. (2008) Doctors as patients: a  
24 systematic review of doctors' health access and the barriers they experience.  
25 *British Journal of General Practice*, 58 (552), 501-508. Retrieved 10<sup>th</sup>  
26 November, 2015 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2441513/>  
27  
28
- 29 MacLeod, G. & Cebula, K. R. (2009) Experiences of disabled students in initial  
30 teacher education. *Cambridge Journal of Education*, 39(4), 457-472.  
31
- 32 Madriaga, M., Hanson, K., Heaton, C., Kay, H., Newitt, S. & Walker, A. (2010)  
33 Confronting similar challenges? Disabled and non-disabled students' learning  
34 and assessment experiences. *Studies in Higher Education*, 35(6), 647-658.  
35
- 36 Marshall, J., Stojanovik, V. & Ralph, S. (2002) 'I never even gave it a second  
37 thought': PGCE students' attitudes towards the inclusion of children with  
38 speech and language impairments. *International Journal of Language &*  
39 *Communication Disorders*, 37(4), 475-489.  
40  
41
- 42 Matheson, I. & Morris, P. (2011) *Reflecting on experiences of people with disabilities*  
43 *participating in the Teacher Induction Scheme. Report on survey responses*.  
44 Edinburgh: General Teaching Council of Scotland. Retrieved 10<sup>th</sup> November,  
45 2015 from: [http://www.gtcs.org.uk/web/FILES/FormUploads/reflecting-on-](http://www.gtcs.org.uk/web/FILES/FormUploads/reflecting-on-experiences-people-with-disabilities-in-tis.pdf)  
46 [experiences-people-with-disabilities-in-tis.pdf](http://www.gtcs.org.uk/web/FILES/FormUploads/reflecting-on-experiences-people-with-disabilities-in-tis.pdf)  
47  
48
- 49 Matt, S.B., Fleming, S.E. & Maheady, D.C. (2015) Creating disability inclusive work  
50 environments for our aging nursing workforce. *The Journal of Nursing*  
51 *Administration*, 45(6), 325-330.  
52
- 53 Matt, S.B., Maheady, D.C. & Fleming, S.E. (2015) Educating nursing students with  
54 disabilities: replacing essential functions with technical standards for program  
55 entry criteria. *Journal of Postsecondary Education and Disability*, 28(4), 461-  
56 468.  
57  
58  
59  
60

- 1  
2  
3 Miller, S., Ross, S. & Cleland, J. (2009) Medical students' attitudes towards disability  
4 and support for disability in medicine. *Medical Teacher*, 31, 272–277. Retrieved  
5 12<sup>th</sup> August, 2016 from:  
6 <http://informahealthcare.com/doi/abs/10.1080/01421590802516814>  
7
- 8  
9 Morris, D.K. & Turnbull, P.A. (2006) Clinical experiences of students with dyslexia.  
10 *Journal of Advanced Nursing*, 54(2), 238-247.
- 11  
12 Morris, D.K. & Turnbull, P.A. (2007) The disclosure of dyslexia in clinical practice:  
13 experiences of student nurses in the United Kingdom. *Nurse Education Today*,  
14 27, 35-42.
- 15  
16 Morris, J. (2011) *Rethinking disability policy*. York: Joseph Rowntree Foundation.  
17 Retrieved 10<sup>th</sup> November, 2015 from: [https://www.jrf.org.uk/report/rethinking-](https://www.jrf.org.uk/report/rethinking-disability-policy)  
18 [disability-policy](https://www.jrf.org.uk/report/rethinking-disability-policy)  
19
- 20  
21 Mullen, F. (2010) *Widening access to higher education: policy in Scotland*. SPICe  
22 Briefing. Edinburgh: Scottish Parliament. Retrieved 17<sup>th</sup> August, 2016 from:  
23 [http://www.scottish.parliament.uk/Research briefings and fact sheets/SB10-](http://www.scottish.parliament.uk/Research%20briefings%20and%20fact%20sheets/SB10-09.pdf)  
24 [09.pdf](http://www.scottish.parliament.uk/Research%20briefings%20and%20fact%20sheets/SB10-09.pdf)  
25
- 26  
27 Oliver, M. (1983) *Social work with disabled people*. Basingstoke: Macmillan.
- 28  
29 Oliver, M. (1990) *The individual and social models of disability*. Paper presented at  
30 Joint Workshop of the Living Options Group and the Research Unit of the Royal  
31 College of Physicians. Retrieved 10<sup>th</sup> November, 2015 from:  
32 <http://disability-studies.leeds.ac.uk/files/library/Oliver-in-soc-dis.pdf>  
33
- 34  
35 Oliver, M. (1998) Theories of disability in health practice and research. *British*  
36 *Medical Journal*, 317, 1446-1449.
- 37  
38 Parker, J. (2007) Developing effective practice learning for tomorrow's social  
39 workers. *Social Work Education: The International Journal*, 26(8), 763-779.
- 40  
41 Rankin, E.R., Nayda, R., Cocks, S. & Smith, M. (2010) Students with disabilities and  
42 clinical placement: understanding the perspective of healthcare organisations.  
43 *International Journal of Inclusive Education*, 14(5), 533-542.
- 44  
45 Raven, P.W., Griffin, A.E. & Hinson, J.P. (2008) Supporting students with disabilities  
46 using a 'student support card' scheme. *Medical Education*, 42(11), 1142-1143.
- 47  
48 Riddell, S., Blackburn, L.H. & Minty, S. (2013) Widening access to higher education:  
49 Scotland in UK comparative context. Edinburgh: Centre for Research in  
50 Education Inclusion and Diversity, University of Edinburgh. Retrieved 16<sup>th</sup>  
51 August, 2016 from:  
52 [http://www.docs.hss.ed.ac.uk/education/creid/NewsEvents/52\\_v\\_CoWA\\_Paper.](http://www.docs.hss.ed.ac.uk/education/creid/NewsEvents/52_v_CoWA_Paper.pdf)  
53 [pdf](http://www.docs.hss.ed.ac.uk/education/creid/NewsEvents/52_v_CoWA_Paper.pdf)  
54  
55  
56  
57  
58  
59  
60

- 1  
2  
3 Riddell, S., Tinklin, T. & Wilson, A. (2005) New Labour, social justice and disabled  
4 students in higher education. *British Educational Research Journal*, 31(5), 623-  
5 643.  
6  
7 Riddell, S. & Weedon, E. (2013) Disabled students in higher education: discourses of  
8 disability and the negotiation of identity. *International Journal of Educational*  
9 *Research*, 63, 38-46.  
10  
11 Riddell, S., Weedon, E., Fuller, M., Healey, M., Kelly, K., Georgeson, J., Hurst, A. &  
12 Peelo, M. (2007) *Discourses of disability, the idea of fitness to practise and the*  
13 *negotiation of identity*. Paper presented at the British Educational Research  
14 Association Annual Conference, Institute of Education, University of London, 5-  
15 8 September 2007. Retrieved 10<sup>th</sup> November, 2015 from:  
16 [http://www.docs.hss.ed.ac.uk/education/creid/NewsEvents/09iii\\_BERAseminar](http://www.docs.hss.ed.ac.uk/education/creid/NewsEvents/09iii_BERAseminar07_paper_sr.pdf)  
17 [07\\_paper\\_sr.pdf](http://www.docs.hss.ed.ac.uk/education/creid/NewsEvents/09iii_BERAseminar07_paper_sr.pdf)  
18  
19  
20 Riddick, B. & English, E. (2006) Meeting the standards? Dyslexic students and the  
21 selection process for initial teacher training. *European Journal of Teacher*  
22 *Education*, 29(2), 203-222.  
23  
24 Roberts, T.E., Butler, A. & Boursicot, K.A.M. (2004) *Disabled students – disabled*  
25 *doctors – time for a change? A study of different societal views of disabled*  
26 *people's inclusion to the study and practice of medicine*. Learning and Teaching  
27 Support Network Subject Centre for Medicine, Dentistry and Veterinary  
28 Medicine. York: Higher Education Academy. Retrieved 10<sup>th</sup> November, 2015  
29 from: [https://www.academia.edu/208774/Disabled\\_students-](https://www.academia.edu/208774/Disabled_students-_disabled_doctors_time_for_a_change_A_report_on_a_study_looking_at_societal_views_on_the_admission_of_disabled_people_to_medicine_2004_)  
30 [\\_disabled\\_doctors\\_time\\_for\\_a\\_change\\_A\\_report\\_on\\_a\\_study\\_looking\\_at\\_soci](https://www.academia.edu/208774/Disabled_students-_disabled_doctors_time_for_a_change_A_report_on_a_study_looking_at_societal_views_on_the_admission_of_disabled_people_to_medicine_2004_)  
31 [etal\\_views\\_on\\_the\\_admission\\_of\\_disabled\\_people\\_to\\_medicine\\_2004\\_](https://www.academia.edu/208774/Disabled_students-_disabled_doctors_time_for_a_change_A_report_on_a_study_looking_at_societal_views_on_the_admission_of_disabled_people_to_medicine_2004_)  
32  
33  
34 Roberts H., Georgeson J. & Kelly K. (2009) Identity works: ways of being a disabled  
35 student in higher education. In M. Fuller, J. Georgeson, M. Healey, A. Hurst, K.  
36 Kelly, S. Riddell, H. Roberts, & E. Weedon (Eds.) *Improving disabled students'*  
37 *learning: experiences and outcomes*, (pp. 96-113). London: Routledge.  
38  
39 Roulstone, A. (2004) Disability, employment and the social model. In C. Barnes & G.  
40 Mercer (Eds.) *Disability policy and practice: applying the social model*, (pp.18-  
41 34). Leeds: The Disability Press. Retrieved 10<sup>th</sup> November, 2015 from:  
42 [http://disability-studies.leeds.ac.uk/files/library/roulstone-policy-and-practice-](http://disability-studies.leeds.ac.uk/files/library/roulstone-policy-and-practice-2.pdf)  
43 [2.pdf](http://disability-studies.leeds.ac.uk/files/library/roulstone-policy-and-practice-2.pdf)  
44  
45  
46 Ryan, G., Toohey, S. & Hughes, C. (1996) The purpose, value and structure of the  
47 practicum in higher education: a literature review. *Higher Education*, 31(3), 355-  
48 377.  
49  
50  
51 Ryan, J. & Struhs, J. (2004) University education for all? Barriers to full inclusion of  
52 students with disabilities in Australian universities. *International Journal of*  
53 *Inclusive Education*, 8(1), 73-90.  
54  
55  
56 Sahin, H. & Akyol, A.D. (2010) Evaluation of nursing and medical students' attitudes  
57 towards people with disabilities. *Journal of Clinical Nursing*, 19, 2271-2279.  
58  
59  
60

- 1  
2  
3  
4 Sanderson-Mann, J. & McCandless, F. (2006) Understanding dyslexia and nurse  
5 education in the clinical setting. *Nurse Education in Practice*, 6, 127–133.  
6
- 7 Sapey, B., Turner, R. & Orton, S. (2004) *Access to practice: overcoming the barriers*  
8 *to practice learning for disabled social work students*. Social Work and Social  
9 Policy Subject Centre of the Higher Education Academy. York: Higher  
10 Education Academy. Retrieved 10<sup>th</sup> November, 2015 from:  
11 [www.swap.ac.uk/docs/Accessstopractice.pdf](http://www.swap.ac.uk/docs/Accessstopractice.pdf)  
12
- 13  
14 Scambler, S., Low, E., Zoitopoulos, L. & Gallagher, J.E. (2011) Professional attitudes  
15 towards disability in special care dentistry. *Journal of Disability and Oral Health*,  
16 12(2), 51-58.  
17
- 18 Shakespeare, T., Iezzoni, L.I. & Groce, N.E. (2009) Disability and the training of  
19 health professionals. *The Lancet*, 374, 1815-1816.  
20
- 21 Shevlin, M., Kenny, M. & McNeela, E. (2004) Participation in higher education for  
22 students with disabilities: an Irish perspective. *Disability & Society*, 19(1), 15-  
23 30.  
24
- 25 Siegel, S. & Castellan, N.J. (1988) *Non parametric statistics for the behavioural*  
26 *sciences*. Singapore: McGraw-Hill.  
27
- 28  
29 Simons, M. (2010) A procedure for providing advice and support for nurses with a  
30 disability. *British Journal of Nursing*, 19(11), 712-715.  
31
- 32  
33 Special Educational Needs and Disability Act (SENDA) (2001) London: HMSO.  
34 Retrieved 10<sup>th</sup> November, 2015 from:  
35 <http://www.legislation.gov.uk/ukpga/2001/10/contents>  
36
- 37 Stanley, N., Manthorpe, & White, M. (2007) Depression in the profession: social  
38 workers' experiences and perceptions. *British Journal of Social Work*, 37, 281-  
39 298.  
40
- 41 Stanley, N., Ridley, J. Harris, J. & Manthorpe, J. (2011) Disclosing disability in the  
42 context of professional regulation: a qualitative UK study. *Disability & Society*,  
43 26(1), 19-32.  
44
- 45  
46 Stanley, N., Ridley, J., Manthorpe, J., Harris, J. & Hurst, A. (2007) *Disclosing*  
47 *disability: disabled students and practitioners in social work, nursing and*  
48 *teaching. A research study to inform the Disability Rights Commission's formal*  
49 *investigation into fitness standards*. Social Care Workforce Research Unit,  
50 Preston: University of Central Lancashire. Retrieved 10<sup>th</sup> November, 2015 from:  
51 [http://www.kcl.ac.uk/sspp/policy-](http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2007/stanleyetal2007disclosing.pdf/)  
52 [institute/scwru/pubs/2007/stanleyetal2007disclosing.pdf/](http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2007/stanleyetal2007disclosing.pdf/)  
53  
54
- 55 Stanton, J. & Randall, P. (2011) Doctors accessing mental-health services: an  
56 exploratory study. *BMJ Open*. doi:10.1136/bmjopen-2010-000017. Retrieved  
57 10<sup>th</sup> November, 2015 from [bmjopen.bmj.com](http://bmjopen.bmj.com)  
58  
59  
60

- 1  
2  
3  
4 Storr, H., Wray, J. & Draper, P. (2011) Supporting disabled student nurses from  
5 registration to qualification: a review of the United Kingdom (UK) literature.  
6 *Nurse Education Today*, 31, 29-33.  
7
- 8 Teachability (2000) *Creating an accessible curriculum for students with disabilities*.  
9 Edinburgh: Scottish Higher Education Funding Council. Retrieved 17<sup>th</sup> August,  
10 2016 from: <http://www.teachability.strath.ac.uk/>  
11
- 12 Tee, S.R. & Cowen, M. (2012) Supporting students with disabilities - promoting  
13 understanding amongst mentors in practice. *Nurse Education in Practice*, 12, 6-  
14 10.  
15
- 16 Tee, S.R., Owens, K., Plowright, S., Ramnath, P., Rourke, S., James, C. & Bayliss,  
17 J. (2010) Being reasonable: supporting disabled nursing students in practice.  
18 *Nurse Education in Practice*, 10, 216-221.  
19
- 20 Tervo, R.C. & Palmer, G. (2004) Health professional student attitudes towards  
21 people with disability. *Clinical Rehabilitation*, 18, 908-915.  
22
- 23 Tynan, A. (2003) *Pushing the boat out. An introductory study of admissions to UK*  
24 *medical, dental and veterinary schools for applicants with disabilities*. University  
25 of Newcastle: Learning and Teaching Support Network.  
26
- 27 Vickerman, P. & Blundell, M. (2010) Hearing the voices of disabled students in  
28 higher education. *Disability & Society*, 25(1), 21-32.  
29
- 30 Walker, S., Dearnley, C., Hargreaves, J. & Walker, E.A. (2013) Risk, fitness to  
31 practice, and disabled health care students. *Journal of Psychological Issues in*  
32 *Organizational Culture*, 3, 50-63.  
33
- 34 Watson, N. (2002) Well, I know this is going to sound very strange to you, but I don't  
35 see myself as a disabled person: identity and disability. *Disability & Society*,  
36 17(5), 509-527.  
37
- 38 White, J. (2007) Supporting nursing students with dyslexia in clinical practice.  
39 *Nursing Standard*, 21(19), 35-42. Retrieved 10<sup>th</sup> November, 2015 from:  
40 [http://www.ruh.nhs.uk/Training/support/Coaching\\_and\\_Mentoring/documents/d](http://www.ruh.nhs.uk/Training/support/Coaching_and_Mentoring/documents/dyslexia_and_nursing_students.pdf)  
41 [yslexia\\_and\\_nursing\\_students.pdf](http://www.ruh.nhs.uk/Training/support/Coaching_and_Mentoring/documents/dyslexia_and_nursing_students.pdf)  
42
- 43 Wray, J., Fell, B., Stanley, N., Manthorpe, J. & Coyne, E. (2005) *The PEdDS Project:*  
44 *disabled social work students and placements*. Hull: University of Hull.  
45 Retrieved 10<sup>th</sup> November, 2015 from: <http://www2.hull.ac.uk/fhsc/pdf/PEDDS>  
46 [final report.pdf](http://www2.hull.ac.uk/fhsc/pdf/PEDDS)  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60