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

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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

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'[1], 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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disabled students or between students in different disciplines to determine the nature of any differences in the students' experience.

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

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

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

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

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

The researchers concluded that disabled students' experiences were predominantly shaped by their unique disability identity and their relationships with

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

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

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

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

Research Design

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

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

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

(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[2] 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;

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[2] 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.

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

Summary of Interview Results

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

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

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

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

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

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

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

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

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

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

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

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

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

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

communication with the University was also deemed to be important so that any issues could be identified and resolved as quickly as possible.

Discussion

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

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practice placements over and above those experienced by other students; therefore the importance of identifying and implementing individual adjustments for disabled students in the practice placement context remains.

Recommendations for Practice

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

Recommendations for all students:

- Provide additional clarification of the role of placement staff to ensure they are sufficiently prepared to support students and given allocated time to do so.

- Ensure placement staff are aware of the expectations of students on placement and students' prior experience and skills to ensure, as far as possible, that students' placement experience is matched to their professional development needs.

- Identify placement staff who are best placed to undertake the placement supervisor role, particularly in terms of their personal interest, skills and experience.

- Provide students with advance notice of placement locations to facilitate early contact with placement staff.

- Facilitate peer support for students on placement.

- Provide additional support with travel arrangements and directions to placements.

- Ensure ongoing monitoring and communication with students, by university and placement staff, so that any issues can be identified and resolved quickly.

- Assess the extent to which the placement experience is inclusive, taking into account feedback obtained from students with specific protected characteristics.

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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.

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