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Higher education students registered with disability services and practice educators: issues and concerns for professional placements[†]

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Introduction: The number of students with disabilities accessing Higher Education Institutions (HEIs), including professional courses, has increased substantially within the Republic of Ireland over the past 10 years [AHEAD (Association of Higher Education, Access, and Disability) 2012. “Survey on the Participation Rates of Students with Disabilities in Higher Education for the Academic Year 2011/2012.” http://www.ahead.ie/userfiles/file/PR_2012.pdf]. In one HEI in the Republic of Ireland, it was noticed that there was a large increase in students with disabilities, from 67 in 2006 to 259 in 2013 on professional courses. The aim of this study was to identify the issues and concerns of practice educators (PEs) in both supporting students with disabilities and exploring the concerns for students with disabilities on professional courses. *Methods:* A survey design was employed to meet the aims of this study and ethical permission was granted from the Faculty of Health Science Ethics Committee. *Results:* Respondents included 68 PEs and 63 students with disabilities. PEs were found to be concerned with students reaching the required standard of proficiency on placement, and how to support students in this. Students on the other hand identified stigma and disclosure of a disability as a concern. *Conclusion:* This study highlighted a difference in perceptiveness between PEs and students with disabilities in relation to disclosure and support needs for their disabilities.

Keywords: higher education; disability; professional practice courses; reasonable accommodations; supports; student perspectives; placement staff perspectives

Introduction

Countries such as the Republic of Ireland and the UK have developed clear strategies to widen participation in third-level education for ‘under-represented groups’ (Conway 2009; DfES 2003; Stevenson, Clegg, and Lefever 2010). Barnes (2007) maintains that many countries have exerted effort to make universities more accessible to people with disabilities, and as a result of this, there has been a growth,

[†]For the purpose of this article, the term practice educators is used throughout to refer to practice educators/preceptors, practice tutors, regional placement facilitators and student supervisors, i.e. any professional supervising a student in the placement environment.

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year-upon-year, both nationally and internationally in the number of students with disabilities including those with hidden disabilities entering higher education and subsequently entering professional courses, with placement components (AHEAD 2012; Anderson and Wylie 2011; Griffiths et al. 2010). In the Republic of Ireland, the number of students with disabilities attending third level has risen from 450 in 2000 to over 7947 in 2012 (AHEAD 2012). These figures highlight the increasing need to develop appropriate supports for these students with disabilities on professional courses as suggested by Andre and Manson (2004). Indeed within this Higher Education Institution (HEI), issues and concerns have been highlighted by both students with disabilities and practice education staff in relation to professional placements. Disability officers have been increasingly requested to assist with the provision of reasonable accommodations; however, they feel at a loss, as they do not have a clear understanding of what the real day-to-day issues are.

Therefore, this study attempts to investigate the concerns and issues for practice educators (PEs) in the provision of professional placements for students with disabilities on professional courses. Consequently, the aims of this study were to establish (1) the concerns around disclosure; (2) the support for practice education staff and (3) the support for students with disabilities. A further aim was to establish (4) what obstacles students with disabilities encountered on placement and (5) how students were included in the planning process for placement. Additionally, (6) the practice education staff were asked about their training needs for supporting students with disabilities on placement. For the purposes of this study, students with a disability are all those students who were registered with the disability service within one HEI. Professional Practice Placement is any period of time spent by the student in practice under supervision and which is assessed.

Literature review

Literature was accessed using search engines of CINAHL, ERIC and relevant professional journals in health and education, as well as policy documents related to students with disabilities. The goal of the literature was to explore issues and concerns in relation to accommodating students with disabilities on professional courses. Search terms included 'disability and higher education institutions', 'dyslexia and third level students', 'disability and disclosure', 'professional courses and students with disabilities', 'reasonable accommodations and professional courses', 'disability and support', 'access' and 'participation'.

Disclosure

There is no legal obligation for a person to disclose his or her disability (Morris and Turnbull 2007; Murphy 2008; Storr, Wray, and Draper 2011). Stanley et al. (2011), in a study of practitioners and students on professional courses, found that honesty in disclosure enabled students to become trailblazers for disabled people within their professions. Several authors have espoused the benefits of disclosure within the literature; however, there is a conflict between personal benefit and emotional cost or risk to patient safety which provides a rationale for disclosure and non-disclosure (Morris and Turnbull 2007; Murphy 2008).

For students pursuing professional courses, disclosure can be complex, given that students may be based across many different practice sites (Morris and Turnbull

2007), which means disclosure is an ongoing and repetitive process and can be a possible burden for students (Griffiths et al. 2010; Stanley et al. 2011). Often, a combination of fear, embarrassment, stigma and shame about disclosing a disability can be compounded by the diverse attitudes, experiences and beliefs of educators (Claiborne et al. 2011). Conversely, failure to disclose or delays in disclosure can be a potential barrier to learning (Storr, Wray, and Draper 2011). Frustration from the educators' point of view can be evident if a disability has not been disclosed (Ashcroft and Lutfiyya 2013).

One of the key findings in relation to disclosure is that students should have choice over when and how to disclose (Claiborne et al. 2011) and that there should be an environment of trust, openness and honesty in order to foster disclosure and minimise hurt for students (Andre and Manson 2004; Rankin et al. 2010). Morris and Turnbull (2007) found that the student's own level of maturity and interpersonal and communication skills were important factors for disclosure. Participants in the study also identified that 'the personal and professional qualities of the mentor/educator, was a major consideration in their decision to disclose. Where the mentor was considered empathic and receptive, participants often felt better able to disclose' (Morris and Turnbull 2007, 38).

One of the biggest challenges for students with disabilities on professional courses is that they are required to demonstrate practice competencies (Rankin et al. 2010). According to the UK Health and Care Professions Council (HCPC), it is the responsibility of those providing approved courses to ensure that graduates of the course are able to meet the stated standards of proficiency for each profession (HCPC 2005). This being said, students with disabilities have the right and opportunity to have reasonable accommodations put in place to support them in achieving their competencies.

Reasonable accommodation

Rankin et al. (2010) and Tee et al. (2010) found that determining reasonable adjustments or accommodations in practice can be difficult for PEs due to the potential diversity of practice experiences and the expectation that professional standards should not be compromised. Stein (2013) maintains that little is known about familiarity and the use of accommodations amongst students with mental illness, in particular about which accommodations are most used and perceived to be helpful.

Tee et al. (2010) suggested that accommodations should always be tailored to each individual student and their practice context. They propose some common support strategies for all students such as advising students to plan prior to going on placement, i.e. to visit the placement site in advance so as to learn about the placement environment. This can, therefore, enable them to explore and plan for any potential problems that may arise. Additionally, they advocate that students should be supported in disclosing issues affecting their practice learning and PEs should be asked to schedule regular feedback with students which is honest and constructive, and encourage PEs and students to regularly assess learning needs and set objectives and use a learning contract. Griffith et al. (2010) also recommended establishing similar support systems and processes in practice. Using experiences and stories of support provided to students with disabilities as a method for educators to learn about the students' requirements has been advocated by Tee and Cowen (2012).

Role of PE

Cooley and Salvaggio (2002) called for PEs to be aware of the shifting impact of a disability and advised supervisors to review and change placement tasks according to the student's requirements and needs. They also advise that there should be creativity and flexibility in tasks that students needed to get done. Hirneth and MacKenzie (2004) and Rankin et al. (2010) recommended that there needs to be collaboration between the student and all parties involved in the placement process in order to ensure a constructive learning experience.

It is evident from the literature that there is a difference of perceptions between students with disabilities and the practice education providers around the issue of disclosure as well as in the provision of reasonable accommodations. Gaps in the literature include few studies on how best to accommodate students with mental health difficulties. Within the Republic of Ireland, there appear to be no studies reported in the literature identifying the concerns and issues for stakeholders in supporting students with disabilities including the students themselves. The issue of competency needs to be further explored to ensure that students are not forced out of their courses without the provision of reasonable accommodations. Therefore, this study attempts to investigate the concerns and issues for PEs in the provision of professional placements and students with disabilities on professional courses.

Methodology

A quantitative approach using a survey design (Kielhofner and Fossey 2006) was employed to answer the research questions. This survey design enabled the researchers to reach across populations and to gather information from different perspectives on the complex issue of disability within a practice context (Creswell 2014). Two surveys were specifically designed for this study and were developed by a research team comprising two disability officers and two occupational therapists who had experience and expertise in supporting students with disabilities on professional courses. The team met once a week for four weeks to develop the questionnaires. These surveys were hosted on SurveyMonkey Inc., <http://www.surveymonkey.com> in order to reach the large and geographically scattered target population. SurveyMonkey Inc., <http://www.surveymonkey.com> is an online facility which hosts surveys that can be accessed via the Internet. Ethical approval for this study was sought and granted by the Faculty of Health Science Ethics Committee, Trinity College, Dublin.

The surveys had a mixture of both closed and open-ended questions related to the topics of disclosure, concerns, planning process for placement, reasonable accommodations, training and support needs of practice education staff and obstacles encountered by the students on placement. Forced choice questions, Likert scales and opportunity to comment questions were used to gather and collate the data on the topics mentioned, so that respondents could elaborate upon their answers thus providing more depth. The first questionnaire was specifically for PEs/supervisors within the placement environment, asking questions on demographics and experience of working with students with disabilities. Four questions on planning for students with disabilities were asked, while three were asked on 'reasonable accommodations'. Two questions explored issues around disclosure, and two questions on concerns in supervising students with disabilities were asked, while three questions elicited their response to their training needs. The second questionnaire was designed for students with

disabilities on professional courses: five questions were asked of students in relation to planning for placement; four questions were asked on reasonable accommodations; seven questions explored disclosure and two questions were related to obstacles and concerns students had on placement.

Participant recruitment

There were two participant groups, the first being the PEs/supervisors (It was difficult to calculate how many actual PEs/supervisors there were as the database was held by the practice education coordinators for each department and was not available to the researchers); in order to access this group, the gatekeeper sent an email to the relevant practice education coordinator within each of the departments, who then forwarded the survey link to all the PEs and supervisors. The second group consisted of students with disabilities ($n = 251$) registered with the Disability Service and from the following professional courses: Teacher Training, Social Sciences, Speech and Language Therapy and Deaf Studies, Human Nutrition and Dietetics, Dentistry, Medicine, Nursing, Occupational Therapy, Physiotherapy and Radiation Therapy. The gatekeeper circulated the information and survey link to these students. An independent gatekeeper was used to circulate the information on the study and the link to SurveyMonkey Inc., <http://www.surveymonkey.com> (A gatekeeper is an independent person who has no affiliation to the research study and who can be used to circulate information on the study, thus ensuring no coercion of participants; in the case of this study, the executive officer was used as the gatekeeper). No identifiable information was required from the respondents.

Pilot

The surveys were piloted with two students and with two PEs; minor changes were made to the language of the questions to make it more explicit and easier to read. The two surveys were then hosted on SurveyMonkey Inc., <http://www.surveymonkey.com> and took approximately 30 minutes each to complete. They were active for a period of four weeks to allow for data collection.

Data analysis

Quantitative data from both surveys were imported into the Statistical Package for the Social Sciences V.19 (SPSS) and was analysed using descriptive statistics. Qualitative descriptive analysis was employed as the theoretical approach underpinning this analysis of the qualitative data as it allowed for the data to be recorded in the person's own language (Neergaard et al. 2009; Saladana 2011). Researcher triangulation was also employed to enhance the reliability of the findings, and an intercoder agreement was established. Key questions were identified in each of the surveys and structural and descriptive coding was used (Saladana 2011) to remain close to the data. Extracts from both sample groups have been used to illustrate the data from the open-ended questions.

Results

The results are presented from the two perspectives. Section 1 (PEs perspectives) will focus on the survey results from the PEs ($n = 68$). Section 2 (Student perspectives) will

focus on the results from the survey completed by students registered with the disability service and undertaking professional courses ($n = 63$).

Section 1: PEs

Demographics

Sixty-eight PEs responded, 82% of whom were female and 18% male. Of the PEs who responded, 73.13% ($n = 49$) had between 2 and 10 years' experience of working as a PE with students; 69.7% ($n = 46$) had experience of supervising a student with a disability, whilst slightly over 30% ($n = 20$) had not supervised a student with a disability. Of those who had supervised a student with a disability, 15.5% ($n = 10$) had supervised one student, 12.12% ($n = 8$) supervised two students, 18.18% ($n = 12$) supervised three students, 19.7% ($n = 13$) had supervised between 5 and 10 students, 3.03% ($n = 2$) had supervised between 11 and 15 students and 1.52% ($n = 1$) had supervised between 16 and 20 students. Two participants did not respond to this question. Further demographic data of the nature of the disabilities are presented in [Table 1](#).

Planning

PEs were asked if they had a choice in facilitating a student with a disability; of the 41 respondents to this question, 87.8% ($n = 36$) said 'no', while only 12.2% ($n = 5$) said 'yes'. The majority of PEs perceived that all students with disabilities/impairments would require some level of reasonable accommodation and that it should be tailored to the individual. When asked if they planned in collaboration with the student and HEI staff in preparation for the placement, 41.5% ($n = 17$) stated 'yes', while 58.5% ($n = 24$) said 'no'. Of those who answered 'yes' to this question, some had actively

Table 1. Nature of disability.

	PEs ($n = 68$)
Nature of the disabilities of the students supervised in the workplace ($n = 40$ who answered this question)	Mental Health Difficulties: $n = 25$
	Specific Learning Difficulty: $n = 23$
	Significant Ongoing Illness: $n = 17$
	Deaf/Hard of Hearing: $n = 13$
	Blind/Visually Impaired: $n = 8$
	Neurological Condition: $n = 7$
	Physical Disability: $n = 7$
	Attention Deficit (Hyperactivity) Disorder: $n = 4$
	Other: $n = 4$ (Narcolepsy, Musculoskeletal conditions)
	Asperger's Syndrome: $n = 3$
	Dyspraxia: $n = 3$
	Speech and Language Disability: $n = 2$

Note: Not all PEs answered every question.

engaged with HEI disability services to plan for the student before placement and with the student themselves. Of those who said 'no', the majority were not aware that the student had a disability. Prior to the placement, the HEI disability service produces a Learning Education Needs Summary (LENS) to support the student during his or her time in the HEI. This LENS is disseminated to all departments within the HEI with consent from the student. When PEs were asked if they received a LENS, a majority (82.35%, $n = 56$) did not receive a LENS. The 18% who had received a LENS report stated that the LENS had more of an academic focus than a placement focus.

Disclosure

PEs were asked if any students disclosed a disability to them during their placement; of the 40 who responded to this question, 57.5% ($n = 23$) stated that students had disclosed a disability during the placement which they found 'very beneficial', while 42.5% ($n = 17$) stated that students did not disclose a disability.

Reasonable accommodations

When the PEs were asked if they were able to implement reasonable accommodations for students with disabilities once they had disclosed, the majority replied 'yes' to this question, 82.4% ($n = 28$). When asked if the placement environment had the facilities to support students with disabilities to demonstrate competency, the majority said 'yes' (83.3%, $n = 30$). The majority (80.6%, $n = 29$) of PEs felt that their assessment process for students was flexible enough to enable students with disabilities to reach competency. When asked if they would be comfortable modifying the assessment process to accommodate students with disabilities, the majority 62.2% ($n = 23$) who answered this question ($n = 37$) said 'yes'.

Concerns

PEs were asked to describe any concerns relating to the supervision of a student with a disability. Three main concerns ((1) Reaching the standard of competency, (2) appropriate support that the PE team provided and (3) emergence of a health issue on placement when a disability is not disclosed) emerged from their qualitative comments, which are illustrated in [Figure 1](#).

Concern 1: Reach the standard of competency

Whether or not the student is able to 'do the job' was a significant concern for PEs in placement environments, where the student's ability to perform has a direct impact on service provision:

Are they able to carry out the day to day duties (physical requirements, communication with patients and other staff) commonly encountered on placement and for future as a working professional?

The ability to do the job with a disability.

The student's ability to complete the placement successfully.

Dyslexia and level/standard of writing e.g. for court reports.

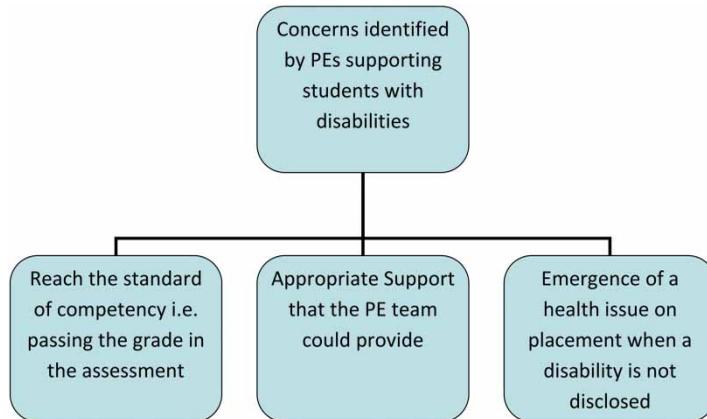


Figure 1. Concerns of PEs when supervising a student with a disability.

PEs also identified ‘duty of care’ and the ‘concern for service user health and safety’ when supervising a student with a disability:

Safety in practice for patients.

The safety of the patient/client, e.g. when a student has dyslexia, hand writing can be difficult to read for the oncoming nurse and other healthcare professional colleagues.

Ensuring the patient is receiving adequate care.

Health and safety in the workplace.

Time and level of input required were highlighted as additional concerns for PEs.

If a student requires more than the usual level of support on clinical, they may be unwilling to take (as many) students the following year.

For students requiring additional input, PEs stated that it may be difficult to provide the level of support required in a busy environment, and having to provide extra support would impact on their level of service provision to service users:

How much extra time is warranted with a busy clinical caseload.

In relation to reaching professional standards, a number of the PEs expressed concern and uncertainty in relation to how a person with a disability would manage in the future as an independent working professional.

Regardless of the disability during internship the student will be required to practice independently prior to registration. There is a responsibility on us as educators to protect the patient/public and profession of nursing.

... At the end of the day we need to meet the needs of the patients and if the disability prevents you from meeting the standard of care required by patients I don't think you should be in this job. This applies to people with serious mental health issues ... the system needs to capture those who are not capable of delivering safe & effective care, regardless of disability status.

Concern 2: Appropriate level of support

A significant concern for PEs was determining and implementing the appropriate and adequate level of support for students with disabilities on placement. They expressed concern about the adequacy of the LENS, perceiving it to be less helpful to the placement environment. One PE explains this as

It gave general guidelines, however I think these could be more specific with examples from previous placements of accommodations that worked for the individual student.

Another concern identified was how to determine the level of support while addressing the need to reach professional standards.

At times I have concerns that accommodations don't reflect the requirements that will be in place after placement – impact on patient care.

A major concern expressed by PEs was adequacy of resources in placement settings to provide accommodations or supports for students with disabilities.

The additional time/resources if will require and if our model of supervision will be able to support them (especially if multiple students on one placement with disabilities).

Will I have enough time during my clinical day to provide them with additional support/feedback?

Concern 3: Emergence of a health issue

This concern related to the most common difficulty encountered on placement, and it would appear that the PEs only became aware of a disability when a health issue emerged on placement and this was particularly evident for those with mental health difficulties. PEs expressed uncertainty about how to manage such a situation:

Where things really begin to break down is usually when the disability is not disclosed and is then disclosed mid-placement. This usually means the student is struggling, there is no official information on disability and there is no information on reasonable accommodations.

There were some occasions when I would have suspected that a student I or another colleague supervised had a disability e.g. mental health condition, but as we cannot ask and college cannot inform us and the student was not obliged to tell us, we had to proceed with a difficult placement without any supports.

It would appear that the main concerns of PEs are in relation to competency, safety and level of support required. PEs appear to be at a loss as to how to support students with mental health issues and cited the LENS reports as being inadequate in determining reasonable accommodations. PEs would prefer students to disclose prior to the placement so that they could accommodate the students and do not feel under pressure within their work environments.

Training and support

PEs were asked did they know who to contact for support within the HEI; of the 39 who answered this question, 86.8% ($n = 33$) said 'yes'. When asked had they received

training/education in working with students with disabilities, of the 38 PEs who answered this question, 47.6% ($n = 10$) had not received any formal training from the HEIs. When questioned what type of education/training they would like, the majority stated that they would like an in-service workshop or online training.

Section 2: Student perspectives

Sixty-three students with disabilities on professional courses completed the survey from a sample of 251 students in total registered on professional courses with the Disability Service, giving a response rate of 40%. The largest cohorts represented in the research were students with Specific Learning Difficulties (29.5%), Significant Ongoing Illness (23%) and Mental Health Difficulties (21.3%)(see Table 2 for more demographic information).

This table (Table 2) demonstrates that 50% of the students have more than one placement, which has implications for disclosure, i.e. having to disclose a disability multiple times during a course.

Table 2. Demographic information of the students with disabilities.

Demographics		% of students responses	Numbers ($n =$) of students
Year of students ($n = 60$)	Junior Freshman (1st year)	25.0	15
	Senior Freshman (2nd year)	21.7	13
	Junior Sophister (3rd Year)	25.0	15
	Senior Sophister (4th year)	23.3	14
	Postgraduate	5.0	3
List of professional courses ($n = 61$) ^a	Education, Social Work, Speech and Language Therapy, Deaf Studies, Human Nutrition, Dentistry, Medicine, Nursing, Occupational Therapy, Physiotherapy, Radiation Therapy		
Number of professional placements completed by student participants ($n = 41$)	One placement	26.8	11
	Two placements	2.4	1
	Three placements	19.5	8
	Four placements	17.1	7
	Five placements	2.4	1
	Six placements	4.9	2
	Seven placements	0.0	0
	Eight placements	26.8	11
Number of weeks of professional placement completed by students ($n = 54$)	No placements completed to date	16.7	9
	2–4 weeks	9.3	5
	6–10 weeks	11.1	6
	More than 10 weeks	14.8	8
	More than 20 weeks	11.1	6
	More than 30 weeks	37.0	20

Note: Not all students answered every question.

^aCourses were grouped to facilitate anonymity for the students.

Planning

The students were asked a number of questions around planning for placement (see Table 3 for the details).

Students were asked what preparation they had made for placement; four students maintained that they needed to know their own limitations of their disability. Seven students identified that they engaged in pre-reading before placement. A strategy students with disabilities used to manage placement was to be organised. Ways of organising themselves included the following:

A site visit to familiarise with the setting

Planning the journey and doing a 'dummy run'

Gathering all my documentation and making sure I had everything read

Ensuring I had all essential items packed night before

Seven students identified that rest and self-care strategies enabled them to manage their placements. Other students reported linking in with professional supports to prepare for placement.

Disclosure

Students were asked seven questions related to disclosure. One of the procedures for disclosure within this HEI is to complete a Health Self-Declaration Form. Of the 52 students who answered the question on whether or not they had completed this form, 57.7% ($n = 30$) said 'yes', while 42.3% ($n = 22$) said 'no'. The reason for non-completion offered was their ignorance of its existence; 92.6% of students ($n = 50$) believed that disclosure should be voluntary. Over half maintained that they were not encouraged by HEI staff to disclose (57.7%; $n = 30$), and 70.6% ($n = 36$) stated that they did not disclose their disability to a supervisor before the placement.

Table 3. Planning for placement.

		% of students responses	Numbers ($n =$) of students
Did you have an opportunity to discuss disability-specific needs with a staff member prior to placement? ($n = 50$)	Yes	32	16
	No	68	34
Did you have a choice in where you were placed? ($n = 50$)	Yes	28	14
	No	72	36
Did you have an opportunity to prepare/plan for placement with the department/school staff?	Yes	54	27
	No	46	23
Did you discuss placement with your Disability Officer before placement commenced?	Yes	20	10
	No	80	41
At any point during your course, from registration up to completing a placement, were you asked to complete a health self-declaration form or formally disclose a medical condition or disability?	Yes	58	30
	No	42	22

For those students who did disclose on placement, only 51.6% ($n = 16$) out of 31 who responded to this question thought that it was beneficial to them; interestingly 72.3% ($n = 34$) maintained that they would recommend to other students that they disclose their disability to their placement educator.

Disclosure was seen as a mechanism for telling people about their disability in order to get the 'right support' and as a way of encouraging awareness and understanding. Six students identified that telling the placement was important because if something happened during the placement, they were covered for health reasons. The main reason offered by students for not disclosing was the fear of being treated differently and being under scrutiny and being judged as less capable. An equally strong perception emerged in relation to disclosing a mental health difficulty as students had a real fear that their mental health issue would be used against them in the future. Factors that were cited as encouraging disclosure were knowing supports were available ($n = 16$), reduced fear or discrimination or stigma ($n = 13$) and supportive staff ($n = 9$). Two students felt that assurance of confidentiality and discretion was an important factor.

Reasonable accommodations

When students were asked if they were consulted on reasonable accommodations, 80.4% ($n = 41$) stated 'no'. Of the 30 students who requested reasonable accommodations, 66.7% ($n = 20$) stated that they did not receive them or did so sporadically.

Concerns

When students were asked if they had any concerns or encountered any obstacles, the majority (64.6%, $n = 31$) stated 'no'; however, the main obstacle for those who said 'yes' was related to negative attitudes, in particular to stigma around mental health difficulties. When students were asked if they discussed these concerns/obstacles with PEs, only four students answered 'yes', with the majority stating 'no' (82.5%, $n = 33$). Students stated that they felt 'disempowered' to approach their PEs as they felt 'it would be held against' them in their assessment.

Discussion

This study sheds some light on the issues, concerns and obstacles reported by PEs and students with disabilities on professional courses. The literature highlighted the dearth of studies in relation to the level of reasonable accommodation and supports needed for students with disabilities on professional courses, and no literature was found related to the context within the Republic of Ireland. This study identified many differences between the perception of PEs in accommodating students with disabilities and the students themselves in disclosing a disability. PEs had concerns about student achievement of the required standards of proficiency and, given the economic climate with reduced resources and increased client demands, were concerned about being able to give extra time to students with disabilities. The perception is that students with disabilities would require this additional time and support, which may or may not be the case. These findings were similar to the findings in Tee et al.'s (2010) study where the PEs were concerned that 'fitness to practice standards' should not be compromised. In this study, PEs were concerned about how to support students with mental health

difficulties, which is similar to Claiborne et al. (2011) and Stein's (2013) findings where the pathway to support students with mental health difficulties was unclear and it was unknown which accommodations would be helpful.

Failure to disclose or delays in disclosure are associated with an inability to provide support (Storr, Wray, and Draper 2011). PEs within this study found that failure to disclose meant that they were slow to support the student; however, they wished students to disclose in a timely manner so that their job of supporting them would be made easier.

A possible explanation for the PEs concerns could be that the pathway within this HEI has not been clearly defined. Additionally, the PEs may not have had the opportunity to discuss the understanding and the implications of a disability for their own profession while assessing the student for competency. Another factor which this study highlighted was the perception that information on the provision of reasonable accommodations for placement as provided by the LENS report was not helpful or relevant.

Students with disabilities reported having little or no choice as to where they went on placement. The implication is that little collaboration exists between the student with a disability and the HEI staff allocating placements, and also appropriate information about the student is not being forwarded to the placement and the students themselves are not disclosing their disability prior to placement.

In fact this research found that less than 30% of the participants had disclosed their disability prior to placement. The majority of students stated that they did not have the opportunity to discuss their specific needs with practice education staff prior to placement. Claiborne et al. (2011) maintain that one of the key factors to disclosure is that students have a choice over when and where to disclose. Andre and Manson (2004) and Rankin et al. (2010) maintain that in order for disclosure to occur, there needs to be an environment of trust, openness and honesty. The biggest obstacles to disclosure that the students in this study described were the negative attitudes and stigma particularly associated with mental health difficulties that they encountered whilst on placement. This is in line with Claiborne et al. (2011) findings where fear, embarrassment, stigma and shame about disclosing a disability can be compounded by diverse attitudes, experiences and beliefs of educators.

The majority of students expressed a view that they did not feel comfortable discussing the obstacles encountered on placement with their PEs and often felt powerless to approach them as well as did not know where they could go to express their fears. This is similar to the findings in Stanley et al. (2011) study where students did not know how to disclose or to whom they should disclose, or what would happen to the information once they had disclosed or indeed who would have access to this information once they did disclose. This is a real concern for students as exposure to stigma and prejudice can lead to their disability being ignored or standards being compromised. Students are employing their right not to disclose because of possible stigma. This has implications for both PEs and students with disabilities as the tension between disclosing and not disclosing a disability needs to be examined and solutions need to be proffered. Ashcroft and Lutfiyya (2013) and the Disability Rights Commission (2007) maintain that the focus on disability and its perceived consequences should be challenged, and the focus should be on the impact of disability and learning requirements in supporting the student to reach the standard.

Limitations

As far as possible every effort was made to reach as many PEs as possible on the ground; however, the research team was reliant upon dissemination via the practice education coordinators from each professional course included in the study and therefore this may have excluded other interested parties. The response rate was 40% of those registered with the Disability service in one Higher Education Institute and, therefore, the findings cannot be generalised to all students with disabilities in other HEIs. Students with disabilities were asked to indicate one of three professional groups to which they belonged in order to protect their identity; therefore, concerns and issues could not be attributed to particular professional courses. Although students were involved with the pilot of the survey, they were not involved in the initial development of the questions. It would be recommended to have more student involvement from the outset.

Conclusion and recommendations

The aim of this study was to examine the concerns and issues for practice education staff related to professional placements and students with disabilities, through the use of a survey. The main results indicated that PEs either did not receive a LENS or if they did, they maintained that it was more academically focused and not useful for professional practice. The concerns of the PEs were related to the student with a disability not reaching the standard of professional competency required; the LENS report not being provided and when it was, it not being relevant to the placement. Additionally, the non-disclosure of a disability prior to the placement, which affected their ability to provide reasonable accommodations, and the emergence of a mental health issue during the placement were identified as further concerns.

PEs expressed a need for further training in supporting students with disabilities on placement, to understand how to devise and implement reasonable accommodations which could in turn feed into the LENS report, thus bridging the gap between academic learning and professional placement supports.

A further recommendation for the PE staff would be that they provide a job description to students prior to placement which would enable students with disabilities to understand the demands of that particular placement and better support them.

Students expressed particular concern and anticipation related to negative attitudes they might encounter whilst on placement and therefore choose not to disclose a disability. Attitudes within professions to disability need to be challenged and debated as perhaps professions are not as open to disabilities as they think. Students in this study did not discuss their placement and their needs with the HEI staff prior to the placement; therefore, a future recommendation would be that students need to be encouraged to plan for their placement and to discuss their disability with the relevant HEI staff, thus allowing reasonable accommodations to be put in place prior to the commencement of the placement. Additionally, students need training and skill-building in knowing how and when to disclose.

As we move forward in supporting students with disabilities on their professional placements, a clearer pathway needs to be developed for staff and students when they disclose during a placement. The issue of when something is considered a health issue versus when it is a disability issue needs further debate as emerging health issues on placement are a challenge for PEs.

To conclude, this study has highlighted a number of important issues that need to be addressed to enhance the experience of students with disabilities on professional courses. More debate between HEIs and the practice education providers needs to occur to challenge some of the issues raised within this study in relation to attitudes to disability and the assessment of competency. Better policy provision and procedures around accommodation for students with disabilities need to be developed in conjunction with students, HEI staff and the placement settings. Support processes need to be more closely examined within each of the professional courses in order to tailor reasonable accommodations for each individual student.

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