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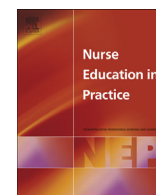

Learning and teaching in clinical practice

Development and implementation of a clinical needs assessment to support nursing and midwifery students with a disability in clinical practice: Part 1

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A B S T R A C T

Equality and disability legislation, coupled with increasing numbers of students with a disability, and inadequate supports in clinical practice, acted as catalysts to explore how best to support undergraduate nursing and midwifery students on clinical placements. Historically, higher education institutions provide reasonable accommodations for theoretical rather than clinical modules for practice placements. This paper describes the development and implementation of a Clinical Needs Assessment designed to identify the necessary supports or reasonable accommodations for nursing and midwifery students with a disability undertaking work placements in clinical practice.

The existing literature, and consultation with an expert panel, revealed that needs assessments should be competency based and clearly identify the core skills or elements of practice that the student must attain to achieve proficiency and competence. The five Domains of Competence, advocated by An Bord Altranais, the Nursing and Midwifery Board of Ireland, formed the framework for the Clinical Needs Assessment. A panel of experts generated performance indicators to enable the identification of individualised reasonable accommodations for year 1 nursing and midwifery students in one Irish University. Development and implementation of the Clinical Needs Assessment promoted equality, inclusion and a level playing field for nursing and midwifery students with a disability in clinical practice.

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Introduction

Despite national and international drivers to increase inclusion and equality, people with a disability experience barriers and obstacles to services and daily living (World Health Organisation (WHO), 2011). Notwithstanding such barriers, international evidence from developed countries, including the United Kingdom (UK), Ireland and the United States of America (USA), indicates a steady increase in the number of students with a disability entering higher education institutions over the last decade (Association for Higher Education Access and Disability (AHEAD), 2013; National Centre for Education Statistics 2013; Higher Education Statistics Agency, 2014). In the UK, approximately 6.5% and 3.5% of full and part-time undergraduate students, respectively, are in receipt of the Disabled Students Allowance a more robust measure which is actually lower than the numbers of students recorded as having a disability (Higher Education Statistics Agency, 2014).

These trends are reflected in Ireland as numbers of students registering with a disability in higher education have risen from 1.1% in 1998 to 4.6% in 2012/2013 (AHEAD, 2013). Similarly, within the University, numbers of nursing and midwifery students registering with a disability have increased from 3.1% in 2008 to 6.2% in 2013/2014.

National and international equality legislation, although difficult to implement in a healthcare environment, obliges higher education and healthcare institutions to provide universally designed environments that remove disadvantage and facilitate equity and inclusion for students and health professionals (Hargreaves et al., 2014). The legislation prohibits discrimination against individuals with a disability, in terms of access to education and employment, and requires higher education and healthcare institutions to provide prospective students with reasonable accommodations, or adjustments, to increase access and engagement in educational programmes (Government of Ireland, 1998, 2000, 2004, 2005; Disability Discrimination Act, 1995; Americans with

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Disabilities Act of 1990; Americans with Disabilities Amendments Act of 2008). This legislative mandate, coupled with increasing numbers of students registered with a disability, highlights the need to improve supports for this vulnerable group of students within the University and healthcare settings.

This article outlines the development and implementation of a Clinical Needs Assessment (CNA) tool designed to assist with the identification of supports for nursing and midwifery students with a disability in clinical practice. A follow up article presents an evaluation of the CNA from the students' perspective and explores the students' experience of disclosure, support and the reasonable accommodations specified by the CNA while on clinical placement (Howlin et al., 2014).

Background

The UCD School of Nursing, Midwifery and Health Systems, in University College Dublin, has a nursing and midwifery student population of approximately 920 students and provides a range of undergraduate Bachelor degrees in General, Children's and General, Psychiatric nursing, and Midwifery. Clinical practice placements comprise fifty percent of each programme and are delivered by six public healthcare institutions in conjunction with a number of private and specialist healthcare sites.

Clinical learning and the development of competence is guided by an undergraduate team of University and clinical staff, including personal tutors, programme and year coordinators, Clinical Placement Coordinators (CPC) and preceptors on clinical placement. Successful students must meet regulatory requirements specifying the competencies and standards for the delivery of safe, effective and competent nursing or midwifery care, during placements and, at the point of registration (Nursing and Midwifery Council (NMC), 2010a, 2010b; An Bord Altranais (ABA), 2005, 2010). Knowledge of regulatory requirements for clinical practice, coupled with concerns regarding disclosure, competence and fitness to practice led the undergraduate team to highlight concerns regarding the provision of support for students registered with a disability on clinical placements. Similar concerns have been echoed by university educators, both in Ireland and the US, who questioned the skills of students with a disability and alluded to possible risks to patient safety (Sowers and Smith, 2004; Evans, 2013a). Disabled healthcare practitioners in the UK have been viewed as risks, with these views being based on perceived rather than actual risks (Walker et al., 2013). Although Sowers and Smith (2004) argue that there is no evidence of reported episodes of harm to patients or the delivery of sub-optimal care by students with a disability there is a need to differentiate between perceived and actual threats to competence and patient safety to ensure inclusion and support for students with a disability (Walker et al., 2013; Hargreaves et al., 2014).

Evidence is also available that disability specific challenges may occur for some individuals with a disability (Office of Disability Employment Policy, 2013). The nursing and midwifery literature to date has concentrated on the challenges experienced by students with dyslexia, the commonest disability disclosed in nursing and midwifery, rather than addressing a broader range of disabilities (Sanderson-Mann and McCandless, 2006; Price and Gale, 2006; White, 2007). Some students with dyslexia, in these studies, experienced difficulties with literacy and organisation of care that could potentially impact on clinical performance thus highlighting the need for support measures on clinical placement. Generally, academic and clinical educators have endorsed the view that reasonable accommodations should be provided to support learning for all students with a disability on clinical placements regardless of the type of disability (Tee et al., 2009; Ashcroft and Lutfiyya, 2013). In higher education, learning and assessment for students who chose to register with a disability is supported by disability services who conduct an individual academic and examination needs assessment. This assessment aims to identify supports, or reasonable accommodations, to provide a level playing field and equal access and engagement with the programme. However, many professional degree programmes have work placements in environments that pose unique challenges that may remain unaddressed by needs assessments completed by disability support services. This was particularly evident for Irish nursing and midwifery students where many University supports were not directly transferable, or indeed appropriate, for use on clinical placements (Howlin and Halligan, 2011). Accommodations such as spelling and grammar waivers and extra time in examinations were not relevant to the development of proficiency and competence in a pressurised, diverse and complex clinical environment. Thus, it was timely that a needs assessment be developed to support the students' learning needs while on clinical placement.

Development of the clinical needs assessment

Against the backdrop of such concerns and debates, a Disability Liaison Team (DLT) was formed within the School to address the development of a clinical needs assessment and the provision of support for nursing and midwifery students with a disability in clinical practice. These areas were addressed in three interrelated phases illustrated in Fig. 1.

Phase 1

A review of the literature was undertaken to explore needs assessments and the provision of support for students with a disability within higher education and healthcare institutions. Searches of relevant databases, included the Cumulative Index to Nursing & Allied Health Literature (CINAHL) and education related literature via ERIC. Grey literature, from regulatory and advocacy organisations, and reference lists from relevant articles, were also searched. Key search terms included: *needs assessment, nursing, midwifery, disability,* and *disabled college students*.

Literature, within the context of higher education, identified the importance of proactively identifying and providing support for students with a disability accessing and undertaking degree programmes. Areas of relevance within this context included managing the transition to university (Taylor et al., 2010); achieving inclusive assessment policies (Weigert, 2012); promotion of disability friendly university environments (Stodden et al., 2011;

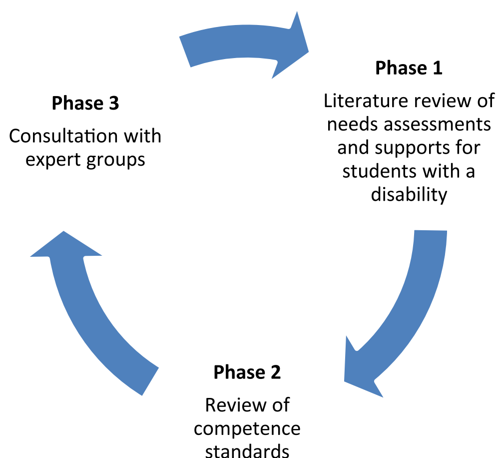

Fig. 1. Development of a clinical needs assessment.

AHEAD, 2008); universal design in higher education (Higbee and Goff, 2008) and assessing the learning technology needs of college bound students (Parker and Banerjee, 2007). This literature endorsed the need to support and include students with a disability within the University but was not directly applicable to clinical placements.

Exploration of grey literature revealed a mixed picture. For example, advocacy organisations in Ireland and the USA, Disability Advisors Working Network (DAWN) and Job Accommodation Network (JAN), provide a wealth of information regarding types of disabilities and suitable accommodations but do not specify a framework for the completion of needs assessments for students on work placements (AHEAD, 2007, 2008; DAWN, 2008; Office of Disability Employment Policy, 2013). Other organisations recommend proactive approaches to the provision of inclusive, non-judgemental, supportive work environments where needs assessments, and the identification of reasonable accommodations, are based on the delineation of the core competencies required to undertake the job (AHEAD, 2009; SKILL, 2010).

Regulatory organisations for some health related disciplines, including medicine and physiotherapy, provide structured, practical discipline specific guidance regarding entry to the programme and the provision of supports for students with a disability (Hutchinson and Atkinson, 2010; General Medical Council, 2013). Similarly, NMC provide guidance to educational institutions on the importance of inclusion and disclosure, early identification of students with a disability and the identification of reasonable adjustments in consultation with disability experts (NMC, 2010c, 2013). Provision of adjustments serve to enable the student nurse or midwife to practise safely and effectively without direct supervision (NMC, 2010c, 2013). Disclosure is encouraged and students who develop a health condition or disability that may affect their ability to practise safely and effectively are requested to inform the higher education institutions to enable a re-assessment of fitness to practise. Evidence from conference presentations reveals that some universities in the United Kingdom are implementing NMC guidance by completing needs assessments and identifying reasonable accommodations for clinical placements (Dunbar et al., 2011; Traylor, 2011).

The nursing and midwifery literature revealed a more diverse picture. In the United States, a recent survey revealed that greater than fifty percent of Californian nursing programmes used competency criteria that assessed functional ability, with an emphasis on the performance of physical and technical tasks to assess suitability for admission to nursing programmes (Betz et al., 2012). An emphasis on such criteria may preclude students with certain types of disabilities from entering nursing programmes (Betz et al., 2012). The National Organisation of Nurses with Disabilities (2012) concur stating that such criteria restrict entry to these professions and also recommended that functional criteria and technical standards be eliminated because they promote discrimination. Betz et al. (2012) found that students with a disability were offered few accommodations for clinical practice which she attributed to lack of knowledge concerning the availability of clinical accommodations by faculty and students not requesting or requiring accommodations.

Earlier studies in the UK explore the supports for nurses, rather than midwifery students with a disability, and have tended to address the challenges and supports for students with dyslexia on clinical placement without addressing a broader range of disabilities or identifying a framework to identify the accommodations (Illingworth, 2005; Price and Gale, 2006; White, 2007). Similarly, guidance from the Royal College of Nursing (2005, 2010a, 2010b, 2010c) also focuses on dyslexia, dyspraxia and dyscalculia rather than other types of disabilities.

In contrast, a recent UK study, in Buckinghamshire New University, evaluated a tripartite model of support for nursing students with varying types of disabilities (Griffiths et al., 2010). This model involved the engagement of the practice team, the disability service within the University and the Student Placement Facilitator to ensure that support provided on clinical placement was comparable to that received in the academic setting (Griffiths et al., 2010). A single case study of a nursing student with myalgic encephalopathy was used to demonstrate application and review of the model in practice. The case study revealed that the model, and the provision of accommodations including flexible rostering and frequent breaks to alleviate fatigue, facilitated this student's involvement and enabled her changing needs to be met during the programme (Griffiths et al., 2010).

A unique support provided by another UK university included the employment of Student Practice Learning Advisors (SPLA) to support disabled nursing students, and their mentors, in clinical practice (Tee et al., 2009). The evaluative data revealed that the SPLA provided effective and coordinated support and adjustments for students with a disability to enable the development of proficient clinical skills (Tee et al., 2009). The evaluation addressed the reflections and case reports from the SPLA, but did not include student feedback or detail a needs assessment framework.

In summary, older studies tended to address support for students in the context of dyslexia rather than a broader range of disabilities. Guidance from some higher education institutions and advocacy organisations indicated that needs assessments should focus on the identification of the core competencies required to effectively carry out the job. However, it was also evident that some competency based need assessments, with an emphasis on functional ability criteria, could serve to restrict entry to the nursing and midwifery programmes. Although informative, the literature, did not describe a framework for the development or completion of a clinical needs assessment that could be immediately applied in the Irish context.

Phase 2

This phase involved an exploration of the core competencies unique to the professions of nursing and midwifery in Ireland and the United Kingdom. A review of guidance in relation to core competencies specified by professional registration organisations was undertaken, including the NMC (UK), and An Bord Altranais (ABA), the Nursing and Midwifery Board of Ireland. The NMC (2010a, 2010b) and ABA (2005) set competence standards identifying the knowledge, skills and attitudes the student must acquire for adult, mental health, learning disabilities and children's nursing by the end of each programme (see Table 1).

Competence standards from the NMC (2010a, 2010b) are comprised of generic and field standards that all students must achieve within their chosen field or discipline. Similarly, ABA (2005) specify performance criteria for each domain of

Table 1
Competence standards for nursing and midwifery.

Competence standards	
Nursing and Midwifery Council (NMC)	An Bord Altranais (ABA) (Nursing and Midwifery Board of Ireland)
Professional values	Professional/ethical practice
Communication and interpersonal skills	Interpersonal relationships
Nursing practice and decision-making	Holistic approaches to care and the integration of knowledge
Leadership, management and team working	Organisation and management of care
	Personal and professional development

competence, and discipline specific behavioural indicators. These performance indicators are used to assess student learning and performance to ensure that proficiency, and ultimately competency, have been achieved in all five domains. The NMC also advises that students should have sufficient good health and good character to practice safely and effectively without direct supervision (NMC, 2010c, 2013). The NMC's use of terms like ‘good health’, ‘competence’ and ‘fitness to practice’ may inadvertently reinforce stereotypical assumptions about the ability of students with a disability to practice safely and effectively (Disability Rights Commission (DRC), 2007; Sin and Fong, 2008). Sin (2009) contends that blanket fitness requirements, rather than specified competencies for particular jobs, may be inappropriate and, in some instances, exclusionary. The DRC (2007) recommended replacement of the statutory requirements for ‘good health’ or ‘fitness’ with professional competence and conduct standards to achieve protection of the public and the inclusion of people with a disability.

Phase 3

Consultation and discussion with expert groups was central to the development of the CNA and included the appointment of a link person between the University and each Healthcare Institution, agreement of the core competencies for the CNA and the timing of the CNA.

Collaboration between academic and clinical staff is crucial to ensure that required adjustments are made to the learning environment both prior to (Wray et al., 2005) and during placements (Howlin and Halligan, 2011). Communication between the University, the student and clinical staff was facilitated by the appointment of a Clinical Contact Person (CCP) in each of the six main clinical sites. The appointment of key staff to support disabled students and their mentors was found to improve coordination of support between the university and the practice setting (Tee et al., 2009).

Consultation with expert groups was required to establish whether the CNA comprehensively addressed information pertaining to the students disability and the core skills that students undertook when engaged in nursing or midwifery care. Establishing face validity of the CNA was completed via consultation with key academic and clinical stakeholders, including expert advocacy groups (AHEAD and SKILL) and disability services within the University. Various drafts were discussed and it was agreed that the design of the CNA had to facilitate a number of central requirements. The essential competencies in the CNA had to facilitate equality and inclusion without using functional criteria or technical standards that might restrict entry into the professions. In addition, they had to be fit for purpose within different contexts and disciplines in nursing and midwifery and be aligned to the core competencies identified by ABA. Finally, the CNA also had to be broad enough to enable the identification of student needs for a range of different disabilities and be user friendly in a clinical context.

Discussion also took place regarding the timing of the CNA within the undergraduate programme. Proactive assessments identify student needs on entry to the programme, prior to clinical placement; while reactive assessments identify student needs when the student experiences difficulties on clinical placement. Support for disabled students has tended to be reactive rather than proactive (Storr et al., 2011); yet legislative requirements demand proactive approaches. Initially, it was agreed that a proactive approach be adopted to facilitate adjustments to the site prior to placement and ensure compliance with the legislative requirements.

The final version of the CNA, agreed by all stakeholders, was informed, inter alia, by the Association for Higher Education Access and Disability (AHEAD) Workplace Needs Assessment Model (AHEAD, 2009) and the domains of competence specified in the Requirements and Standards for Nurse Registration Education Programmes (ABA, 2005). It contained four parts:

CNA Part 1 – presents background information regarding the development of the needs assessment and an overview of the domains of competence and performance indicators specified by ABA (2005). Provision of such information enables academic and clinical staff to understand the competency framework supporting the CNA.

CNA Part 2 – is comprised of a questionnaire, designed to elicit a detailed history of the student's disability and its impact on their life, education and/or work experience. The AHEAD Workplace Needs Assessment Model (AHEAD, 2009), designed to support the employment of individuals with a disability, provided a useful framework. Each of the five domains of competence (ABA, 2005) are also included with performance indicators relevant to the achievement of each competency that did not explicitly or inadvertently discriminate against the student with a disability. Accommodations are identified and agreed by the student and the assessor to enable the student to undertake nursing or midwifery activities effectively and safely while the competence standard remained unchanged. It is worth noting that compliance with the Data Protection Act (1988, 2003) is maintained by not releasing Part 2 of the CNA to the clinical site as it contained personal, sensitive information regarding the student's disability which clinical staff do not require for the provision of accommodations.

CNA Part 3a & 3b – section 3a records the presence, or absence, of factors that might aggravate the student's disability and a list of student specific reasonable accommodations outlining the responsibilities for the University, the clinical site and the student. Part 3b, allows the student to provide written consent or dissent to the release of Part 3a to named academic and clinical staff. This measure also ensures that student information is disseminated in compliance with the Data Protection Acts (1988, 2003).

CNA Part 4 – enables students, and a member of clinical staff, preceptor/mentor, to evaluate the effectiveness of the reasonable accommodations recommended at the end of each placement.

Implemention of the clinical needs assessment

The CNA was first introduced in October 2011 and has continued to be implemented in each subsequent year for year 1 nursing and midwifery students with a disability who are registered and have a completed academic needs assessment with disability support services in the University. The main steps in the implementation of the CNA are outlined in Fig. 2.

Students who are registered, and have a completed academic/examination needs assessment with disability support services, are invited, by e-mail, to meet with a member of the DLT team to discuss and agree their accommodations for forthcoming clinical placements. Students are requested to bring supporting documentation, physicians letter or educational psychology report, if available, to the meeting.

The CNA meeting takes place in a quiet location in the University where the student's privacy and confidentiality is respected at all times. Following introductions, the role of the DLT and the purpose of the CNA is explained to the student. The meeting provides an opportunity to explore the student's experience of having a disability and his or her expectations and fears regarding clinical placements. Emphasis is placed on the student's individual needs and the identification of strategies that he or she has used in other educational settings to successfully manage their disability. Inclusion of student views in relation to capabilities and reasonable accommodations is central to the identification of recommended

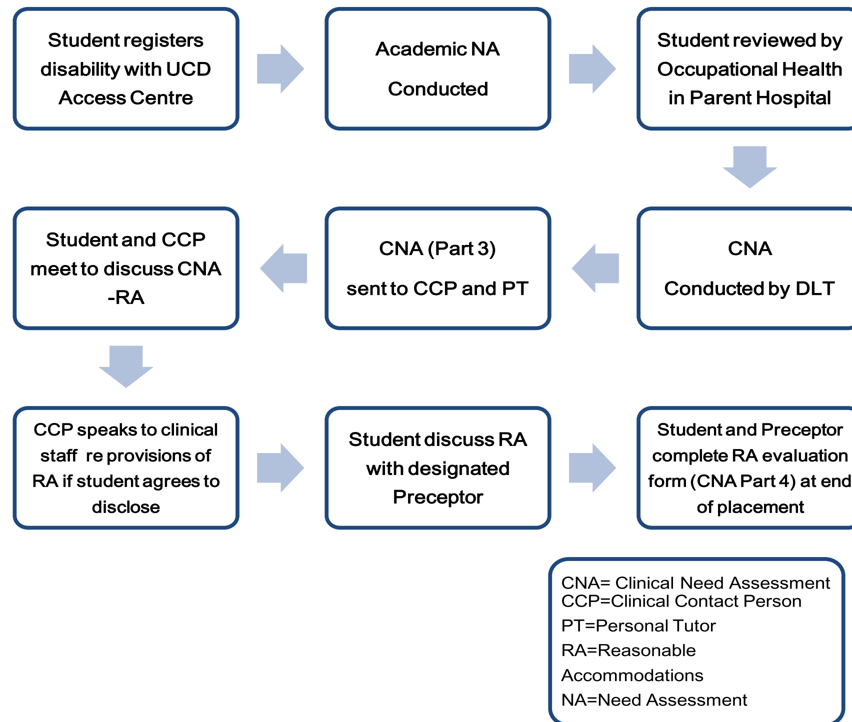

Fig. 2. Support pathways to clinical practice.

accommodations (Sin, 2009). The clinical knowledge and experience of the assessor, coupled with knowledge of the impact of the student's disability, facilitates the identification of accommodations, and the adaptation of existing strategies, for clinical placement. Cognisance of the 'reasonableness' of the accommodation, within the legal context of the word, is maintained by ensuring that identified accommodations are practical effective measures that do not cause excessive cost or disruption to the clinical placement or the employer. In some instances, particularly when the student has a significant ongoing illness or a physical disability, it is necessary to collaborate with the Occupational Health Department, to ensure that the accommodations are appropriate to meet the needs of the student and protect patient safety.

Some examples of identified supports include: assistive technology pens, speaking medical dictionaries, adjusted shift patterns and additional support from clinical staff in the form of a mentor. Wray et al. (2005) have highlighted that supports identified at the commencement of the student's degree may require revision to ensure that they remain suitable throughout the programme. In view of this, the student is encouraged to return to the DLT if they need further advice, support or revision of their accommodations.

Disclosure of the information in Part 3a of the CNA, to members of the undergraduate team, is also discussed with each student. The success of proactive approaches are dependent on disclosure by the student which ensures that relevant staff are aware of disability issues (Storr et al., 2011). The assessor maintains cognisance of the students legal right to non-disclosure of reasonable accommodations unless issues of patient safety arise which contravene this right. The student consents, or dissents, in writing, to the release of Part 3a of the CNA to relevant staff on the consent form (Part 3b) which is then countersigned by the assessor. Part 3a of the CNA is then disseminated to the student, their personal tutor and the CCP in each of the Healthcare Institutions.

The role of the clinical support person for students with a disability, the CCP, is then discussed with the student and the student is invited to liaise with the CCP to discuss their reasonable accommodations and identify clinical staff who can receive the list of accommodations. The DLT also invite the student to attend a workshop to address approaches to disclosure and the provision of accommodations for clinical placement. Contact with the CCP and the provision of the workshop were deemed important as Hutchinson and Atkinson (2010) have highlighted that students have a responsibility to communicate and participate in the use of their accommodations in practice settings.

Discussion

Equality and disability legislation, coupled with increasing student numbers, has placed an imperative on higher education and healthcare institutions to explore best practice in relation to supporting students with a disability on nursing and midwifery programmes. Further catalysts for the provision of clinical support included concerns regarding competence and risks to patient safety which arose despite evidence from two major reviews indicating that nurses with a disability are not less safe or competent than their non disabled peers (Dale and Aiken, 2007; Kane and Gooding, 2009). Recent research highlights that although Canadian educators expressed concerns for students with a disability regarding patient safety and performance in clinical practice, they also stated that such students 'belonged in nursing education programmes and had potential to become competent graduates' (Ashcroft and Lutfiyya, 2013: 1317). The key to developing learning and competence in clinical practice, for such students, was the collaboration of educators and university disability support services in the identification of effective reasonable accommodations (Ashcroft and Lutfiyya, 2013). In reality, students with a disability are required to meet the same competencies as their non-disabled peers, albeit with the additional support of reasonable accommodations (SKILL, 2006; NMC, 2010c). The accommodations support the development of competence by allowing the student to perform the task in a

different way with no reduction in the expected standard of competence (Howlin and Halligan, 2011).

Disclosure of accommodations is a pre-requisite for the delivery of organised support measures for students in clinical practice. Students are not legally obliged to disclose their disability; disclosure is voluntary unless an issue of patient safety arises. Students may be reluctant to disclose due to fears of being treated differently, labelled/stigmatised, misunderstood, and discriminated against or being the focus of curiosity or unnecessary concern (Stanley et al., 2007; Crouch, 2008; Evans, 2013b; Hargreaves et al., 2014). Research on disabled professionals concluded that disclosure was viewed as a high risk strategy that could affect progression, training and employment (Stanley et al., 2007). Disclosure is supported within the CNA by providing the student with a safe environment to discuss concerns and make decisions regarding disclosure.

Students are more likely to disclose and request support in clinical practice when mentors were knowledgeable and empathetic (Morris and Turnbull, 2007). Collaboration, communication and education of staff are central to the success of support for students with a disability (Tee et al., 2009; Griffiths et al., 2010). Key areas to be addressed by educational programmes for healthcare professionals to achieve effective support for students on clinical placements include information on equality and how to support a student on clinical placement, (Walker et al., 2013). Indeed, where staff experience support and education, students report more positive experiences on clinical placement (Dale and Aiken, 2007). Educational needs of academic and clinical staff were met through the provision of yearly educational workshops, by the DLT, that addressed disclosure and the provision of accommodations.

Support needs are highly specific and need to be tailored to meet individual needs in conjunction with programme requirements. Students with dyslexia in clinical practice have been found to have difficulties with short term memory, completion of nursing records, numeracy and organisation of patient care which can be addressed by the provision of accommodations in clinical practice (Sanderson-Mann and McCandless, 2006; White, 2007; Crouch, 2008; Tee et al., 2009). Challenges faced by students with other types of disability in nursing and midwifery has not been sufficiently explored, however, other literature has highlighted that these challenges are varied and disability specific (Office of Disability Employment Policy, 2013). Students with motor or physical impairment may experience difficulties with walking, standing, writing, gripping and stamina while those with mental health disorders may experience a combination of alterations in thinking, mood or behaviour (Office of Disability Employment Policy, 2013). Reasoned arguments contend that difficulties in relation to clinical practice can be mitigated by the provision of adequate levels of support for individuals with a disability (Dale and Aiken, 2007; Kane and Gooding, 2009; Storr et al., 2011; Ashcroft and Lutfiyya, 2013). Hence, it could be argued that the provision of accommodations demonstrates a commitment to safeguarding patient welfare by enabling the student to maximize effectiveness, efficiency and safety in the delivery of nursing or midwifery care.

Assessment of accommodations should focus on the core or essential skills and competencies required by the student and the necessary supports, equipment or adjustments required, to enable the student to engage in safe and effective practice (Sin and Fong, 2008; Sin, 2009); yet no specific guidance was available in the nursing and midwifery literature as to how to construct or complete a clinical needs assessment. Knowledge of models of disability was central to the development of a needs assessment that supported equality and inclusion. The medical model conceptualizes disability as a condition or illness that deviates from the social norm and has been criticized for creating negative, discriminatory consequences for individuals with a disability (Scullion, 2010). Application of this model results in disabled healthcare practitioners being viewed as a risk, regardless of the provision of adjustments (Walker et al., 2013); and nursing faculty members implementing oppressive decisions and actions in relation to the inclusion and education of student nurses (Dahl, 2010).

In contrast, the social model of disability contends that disability arises from societal barriers that prevent or limit the disabled person's ability to engage in everyday life (Scullion, 2010). Application of the social model within the context of student support and the CNA demanded that the student's disability was not the focus of the assessment, but rather the specific demands of nursing and midwifery, and the impact of the environment on the ability of the student to learn, and perform, patient care.

Application of ABA (2005) competencies in the CNA ensured that a focus was maintained on the core skills required to engage safely and effectively in practice. In line with National Organisation of Nurses with Disabilities (NOND) (2012), emphasis was placed on whether the student could perform the essential functions of the job, with or without reasonable accommodation, serving to include rather than exclude students with a disability. Inclusion was also enhanced as the CNA used performance indicators that did not specify potentially discriminatory functional criteria. The acceptance and accommodation of individuals with a disability, in nursing, may quickly demonstrate that being successful is dependent on the provision of accommodations rather than the type, or degree, of disability (Marks, 2007). Unfortunately, the provision of accommodations and successful employment of student nurses with a disability post registration has not been explored (Storr et al., 2011), hence, while success stories exist they tend to be anecdotal rather than evidenced based (Maheady, 2013). Further research is required to explore employment practices and the provision of reasonable accommodations for students with a disability post registration.

Arguably inclusion of students with a disability may have positive benefits for nursing and midwifery as such individuals may have qualities which enable them to contribute to the work environment in unique ways. For example, Davis and Braun (2010) describe individuals with dyslexia as being creative, inventive, intuitive and highly aware of the environment which enables such individuals to learn at a deeper level. The ability to examine or view situations from many perspectives enables the nurse with dyslexia to identify creative answers to problems (Dale and Aiken, 2007). Nurses with a disability have a unique understanding of disability issues that has the potential to improve nursing care, prevent discrimination and advance culturally relevant care (Marks, 2007).

Conclusion

This article provided an overview of the development and implementation of a clinical needs assessment for nursing and midwifery students in an Irish context. The literature identified that students with a disability may experience difficulties on placement that require reasonable accommodations but did not specify a framework for completion of a needs assessment. Guidance from professional regulatory organisations also endorsed the need for accommodations but provide limited or no guidance regarding the provision of frameworks for needs assessments. Provision and standardisation of guidance by regulatory organisations would reduce variability and ensure consistency in the provision of supports for nursing and midwifery students with a disability.

Promotion of equality and inclusion for nursing and midwifery students with a disability is predicated on healthcare professionals negating the medical model of disability. The CNA demonstrated

University support for an inclusive model of disability and challenged disability-related discrimination for students in nursing and midwifery programmes. Ultimately, the application of inclusionary models of disability may promote the perception that nurses with a disability are valuable, skilled, talented professionals whose presence is both needed and wanted by the profession (Marks, 2007).

Although the literature highlights the importance of accommodations in supporting student learning, and the delivery of care, few papers actually discuss the appropriateness or effectiveness of these measures once implemented (Storr et al., 2011). An evaluation of the accommodations identified in the CNA will be addressed in a second article (Howlin et al., 2014).

Conflict of interest statement

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