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Nursing Students with Disabilities: One Faculty's Journey*

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Abstract

Legislation requires universities to provide reasonable accommodations for students with disabilities to facilitate their access to post-secondary education. In the case of professional programs, educators must think beyond the classroom and consider the implications for clinical practice. The nature of some students' accommodations prompted concerns about the students' ability to meet program expectations. This paper describes the explorations and actions of the University of Manitoba Faculty of Nursing regarding working with undergraduate nursing students with disabilities. The paper includes a summary of literature, strategies adopted to facilitate access to nursing education for students with disabilities, and issues that require further attention.

KEYWORDS: disabilities, reasonable accommodation, undergraduate nursing students

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The central goal of nursing education programs is to prepare graduates who are able to provide safe, competent nursing care consistent with entry-level competencies. In Canada, entry-level expectations are defined by the Canadian Nurses Association (2004) and provincial regulatory bodies (e.g., College of Registered Nurses of Manitoba, 2002). Admission criteria are designed to select academically qualified students with the potential to be successful in the program, and ultimately the profession. In addition to academic qualifications, admission criteria are guided by university policies regarding access to programs and human rights legislation.

In recent years, nursing faculty members at the University of Manitoba have become increasingly aware of students with disabilities in the classroom, the laboratory, and clinical courses. The Manitoba Human Rights Commission (1998) defines disability as "...the result of illness, injury, or some other event. A disability may affect mobility, communication, learning, or coping. Some disabilities may require periodic treatment, medication, or technical aides." (p.1). The most common types of disabilities reported by all students registered with University of Manitoba Disability Services (DS) are mental health concerns, exam anxiety, learning disabilities, and mobility limitations (University of Manitoba Disability Services Annual Report, 2005 - 2006). These types of disabilities are reported as an aggregate of all students registered with DS to protect confidentiality. University policy requires that persons with documented disabilities will be accorded reasonable accommodation in order to reduce barriers. Reasonable accommodation involves a modification to the way things are usually done, resulting in greater equality of opportunity and participation (Manitoba Human Rights Commission, 2004). Examples of academic accommodations include providing extended time for completing an examination or providing note-takers in the classroom. Supports and services are provided within the limits of available resources, while maintaining academic standards (University of Manitoba, 1995).

The number of nursing students registered with DS has fluctuated over the past five years, ranging from 1.3% of nursing students in 2002-2003 to 6.4% of students in 2005-2006 (University of Manitoba Disability Services Annual Report, 2005 - 2006), resulting in a need for clearer understanding and a consistent approach within the Faculty of Nursing. This paper is an account of the understanding that was developed about the issue of nursing students with disabilities, and the steps that were taken in relation to these students.

BACKGROUND

In 2003, faculty members received requests from DS for accommodations that we had never before encountered. These requests originated with pre-nursing students, who prior to applying to the Faculty of Nursing, are required to complete a year of Arts and Science courses including two nursing courses. The requests included accommodations such as translation of lecture notes and textbooks into Braille, American Sign Language interpretation during lecture, and production of test papers in 24-point font. These requests prompted faculty members to ask a number of questions during informal conversations, such as: *Could these students provide safe care? How disabled is too disabled to be a nurse? How do we balance the student's right to education with maintenance of patient safety?* A preliminary consultation with nurse educator colleagues and an examination of the literature indicated clear answers to our questions were not available. Therefore, a small working group of nursing faculty and administrators came together to explore the literature and web-based resources more fully, debate questions as they arose, and ultimately, develop our own approach to address this multi-faceted and sensitive issue. Our approach included four dimensions: becoming informed and educating faculty; working in partnership; admitting students, and facilitating students' progress through the program.

SELECTED LITERATURE REVIEW

Nursing Students with Disabilities

While the issue of nursing students with disabilities has not been widely explored in Canada, it has been addressed in other countries, such as the United States, Australia, and Great Britain. Selekman (2002) and Magilvy and Mitchell (1995), among others, explored how the 1990 Americans with Disabilities Act (1990) has affected nursing education programs. Similarly, Ryan and Struhs (2004) discussed how the Australia Disability Discrimination Act (1992) aims to facilitate the inclusion of students with disabilities into mainstream education. Konur (2002) outlined the implications of the Special Educational Needs and Disability Act [SENDA] (2001) for nursing education programs in the United Kingdom. According to Konur, SENDA includes statutory duties for non discrimination of disabled students in higher education. In Canada, "discrimination on the ground of disability is prohibited in all human rights statutes" (Peters, 2004, p. 10). The duty to provide reasonable accommodation is explicit in the Manitoba Human Rights Code (1987); however, "the parameters of this duty have not yet been precisely defined" (Hicks, Morley, Hamilton, Steward, & Storie, 2000, p.1) for post secondary institutions.

Although there is limited research in the area of nursing students with disabilities, the challenges and struggles that students face in their programs are confirmed in the results. While students do receive needed accommodations, and support from faculty members and classmates, they also face negative attitudes, ridicule, and discrimination as they progress through their studies (Maheady, 1999; Marks, 2000). Disclosure is an issue that individual students with disabilities have to resolve (Maheady, 1999; Morris & Turnbull, 2007; White, 2007). The desire to access needed support is core in student disclosure; however, disclosure risks discrimination (Maheady, 1999; Morris & Turnbull, 2006).

Despite wide spread inclusion of students with disabilities in nursing programs (Magilvy & Mitchell, 1995; Persaud & Leedom, 2002), nurse educators have identified that they have limited knowledge about key issues with these students (Ryan & Struhs, 2004; Sowers & Smith, 2004). Faculty perceptions about which disabilities may prevent students from being successful in a nursing program have been discussed by several authors (Sowers & Smith, 2004); risks to patient safety (Maheady, 1999; Morris & Turnbull, 2006); academic standards and quality of patient care (Sowers & Smith, 2004); and, consideration of clinical agencies ability to support required accommodations (Persaud & Leedom, 2002). Strategies for faculty members working with students with specific types of disabilities have been proposed (Bradshaw & Salzer, 2003; Maheady, 2003; Roberts & Mitchell, 2005; Selekman, 2002).

Faculty Members' Views and Effects on Nursing Students

Faculty members approach to nursing students with disabilities may be influenced by their view of disability. Health care professionals, including nursing faculty, often subscribe to the medical model of disability. In this model, disability is conceptualized as a deficiency or abnormality that requires correction and prevention (Marks, 2000). Acceptance of this model influences definitions of disability used by government documents, such as the 1987 Manitoba Human Rights Code and thus affects university policy. The medical model may lead nursing educators to see students with disabilities as unable to engage successfully in nursing education. The result may be the exclusion of potentially competent nurses from the profession.

The Social Model of Disability, developed in the United Kingdom in the 1970's to support political activism, is an alternative view of disability (Shakespeare & Watson, 2002). This model moves beyond addressing localized barriers to examining and challenging policies and practices that create barriers for people with disabilities (Race, Boxall, & Carson, 2005). A significant

contribution of the Social Model is that it makes a distinction between *impairment* and *disability* (Shakespeare & Watson, 2002). *Impairment* focuses on the function of the body or mind where there is an individual limitation (Scullion, 1999). *Disability* is seen as the loss or limitation of opportunities to participate in society due to environmental and social barriers. Marks (2000) suggests a need to re-conceptualize perceptions and attitudes about disabled people. Use of a Social Model of Disability would allow faculty to see students with disabilities as valuable people whose skills and talents are needed. Hence, the focus shifts to identifying and eliminating barriers that create disability for academically qualified students who have an impairment (Marks, 2007). Furthermore, Marks advocates the inclusion of disability studies in nursing curricula, to improve students' knowledge of disabled culture and to reduce discrimination. Several authors (Carroll, 2004; Marks, 2000, 2007; Moore, 2004; Sowers & Smith, 2002) echo the theme that previous views of disability must be challenged. Disability, rather than being seen as illness, could be alternatively viewed as an example of difference under the umbrella of diversity, thus changing how educators work with nursing students with disabilities.

Moore (2004) challenges nursing educators to focus on the core essentials of nursing, such as critical thinking, lifelong learning, and communication. She asserts that when the profession focuses on these essentials, technical standards of all nursing programs will focus on the essence of nursing, without use of skills lists and physical attributes. In contrast, others (Katz, Woods, Cameron & Milam, 2004) have enumerated specific essential qualifications in the cognitive, affective, psychomotor, physical and social domains. These authors have also developed processes for assessing applicants' ability to meet these essential qualifications upon admission and for the continued monitoring process as students progress through the program.

In summary, nursing faculty members tend to have a knowledge deficit in relation to students with disabilities, even though these students are wide-spread in nursing programs. Faculty members' perspectives about disability influence how they work with this student population and these perspectives may influence students' willingness to disclose their situation.

BECOMING INFORMED AND EDUCATING FACULTY

Within the working group, a process of raising questions, discussing issues and expressing concerns was a good beginning to our investigations. As we read the literature and web-based information, examined the perspectives of other health care professional faculties/schools and how they viewed and worked with

students with disabilities, we learned what is known, what is not known, and what is controversial or unclear. We constructed a discussion document for faculty members that synthesized what we had learned and how we proposed to translate our understanding into tangible recommendations for the Faculty.

A critical component in shifting perspectives and improving our ability to work with students with disabilities was educating faculty members. Based on our understanding of the literature and discussion, we identified several knowledge domains necessary for nursing educators working with students with disabilities: (a) legal requirements, professional obligations, and university policies that impact the issue and establish the parameters for admitting, accommodating, and evaluating students with disabilities; (b) internal processes for review, evaluation, and implementation of accommodations; (c) effective learning strategies for various disabilities; (d) accommodations in the clinical setting; (e) evaluative methods most effective in determining if learning outcomes have been met in classroom and clinical settings; and (f) the context of stigma within which students attempt to access or study in a professional program. The other important aspect of an educational program for faculty members is to address the attitudes and perceptual biases held by faculty in relation to students with disabilities.

A formal presentation by the Director of DS to faculty members covered information about human rights legislation, university policy, and the process used to evaluate and determine accommodation for a student who requests consideration. The presentation facilitated understanding about standard considerations when a student requires accommodation. A topic generating several questions was the determination of a disability and subsequent accommodation. This session further clarified processes used internally to inform faculty members in a timely manner of needed accommodations and the expectations in implementing the accommodations. Faculty members expressed concerns about aspects of the process, such as the type of information provided when notifying faculty of a student needing accommodation. The instructional forum with DS also facilitated a beginning Faculty-wide discussion about more complex issues such as determining when an accommodation threatens academic integrity and accommodations in the clinical setting.

WORKING IN PARTNERSHIP

Collaboration is fundamental to address legal and ethical obligations in reducing or eliminating barriers for students with disabilities, and to ensure professional obligations in maintaining academic integrity. We have developed a partnership approach where students, faculty and DS each have a role to play.

Students are responsible for practicing in a safe, competent manner, part of which is to understand how their own disability requires accommodation in the classroom and clinical setting. This expectation for students is consistent with the ethical principle of providing safe, competent nursing care, a standard which nursing students are expected to attain (Canadian Nurses Association, 2002). Students are also responsible for providing documentation of a disability, requesting accommodation in a timely manner, and using the accommodation appropriately in the classroom and clinical areas. The Faculty is responsible for informing prospective students about program expectations, including skills and abilities required to complete the program. Faculty members are required to implement approved accommodations in an accepting, supportive environment, one that creates a learning climate respectful of diversity and student confidentiality. In receiving the request for an accommodation, the faculty member considers the academic integrity of the program and brings forward any concerns if the accommodation is perceived as compromising academic standards. DS is responsible for evaluating requests for accommodations, informing faculty members of the approved accommodations, and facilitating student understanding of program expectations.

This partnership approach works best when there is open communication and an understanding of the responsibilities of all partners. Initially our efforts to facilitate the development of a partnership among students, faculty and DS were focused on informing each other about our respective responsibilities and understanding the basis for those responsibilities. For example, it was important for the Faculty to communicate to DS how the clinical area as a learning environment was significantly different from the classroom setting, requiring additional consideration for how an accommodation might be implemented. One of the challenges for the Faculty in this regard came from the requirement of student confidentiality. The nature of the accommodation is shared with the faculty member however specific impairments or health problems are kept confidential, consistent with personal health care information legislation (Manitoba Freedom of Information and Privacy Act, 1997; Manitoba Personal Health Information Act, 1997). Faculty members expressed concern that they should be informed of the specific nature of a student's disability in order to identify potential risk to patients. As this is not consistent with legal and ethical requirements, the question then became: *are the student and DS adequately knowledgeable about nursing practice to identify potential risk to the standard of providing safe, competent nursing care?* We addressed this issue with a focus on educating students and DS about program expectations and ethical obligations related to safe, competent care delivery. Since students are not obligated to reveal specific health information about a disability to faculty members, the partnership

becomes all the more essential. Each partner possesses a unique background and knowledge that together contribute to ensuring safe, competent practice.

In addition to steps already identified, we worked to strengthen the relationship with DS through ongoing discussions as issues arose, and appointed one faculty member to liaise with DS. The role of this liaison is to facilitate our working relationship with DS and, in particular, to address issues collaboratively with DS as they arise. We mutually defined the goal of improving DS staffs understanding of the nature of nursing and nursing practice so they could better inform their clients about needs for accommodation. DS accepted our invitation to learn more about nursing and has participated in initiatives about this, such as attending faculty-led workshops in which facets of nursing practice are demonstrated. Faculty and DS have worked together to clarify policies and procedures regarding students registered with DS. Affirmation of faculty initiatives came in the form of the 2006 Disability Services Faculty Access Award which was given to the faculty liaison in recognition of her work on behalf of nursing students with disabilities. We have reached a point in the process where faculty members' concerns about issues related to students with disabilities are infrequent. When issues do arise, the partnership process enables us to address them in a facilitative manner.

ADMITTING STUDENTS

Another critical decision for us was the admission of students to our program. Our review of the literature and discussion with DS led us to shift our thinking from considering additional assessment measures to a philosophy of identifying which students are most likely to be successful. Our goal is to admit the best academically qualified students. All students are expected to meet program requirements, either with or without accommodations. Major features of our approach are to inform prospective students of program expectations, to assist them in identifying areas requiring accommodation, and to direct students to the services of DS.

Informing prospective students of program expectations allows them to identify areas potentially requiring accommodation. The general public may lack understanding of the intellectual, emotional, and physical aspects of nursing, and this misapprehension may be present in nursing applicants and students. For example, nursing students with dyslexia stated they found the role of the Registered Nurse to be more demanding in numeracy and literacy skills than they had expected (Morris & Turnbull, 2006). The Faculty of Nursing developed information strategies similar to those included in the framework described by

Ryan and Struhs (2004). The approach begins with informing prospective students of program expectations prior to seeking admission to the Faculty, through lists of functional abilities and workshops.

A list of functional abilities, adapted the list of functional abilities developed by the National Council of State Boards of Nursing (1999), has been shared with DS for the purpose of informing their clients. These guidelines were developed for programs to use in complying with the ADA, however, Maheady (1999) suggests they have been used to create new barriers. Other authors (Tomblin-Murphy & Brennan, 1998; Sowers & Smith, 2002) recommend essential functions focus on specific behaviours that students are expected to perform, some of whom may require reasonable accommodation to 'level the playing field'. Our intent is to use the list to inform potential students about the nursing program, and to encourage potential students to consider program expectations in light of their own situation. Interested students can discuss their circumstances with the program liaison and/or DS.

Our second method of informing potential students of program requirements is a workshop developed at our Faculty and held in the Simulated Patient Care Lab. This workshop gives prospective students and DS staff a glimpse of functional abilities encountered throughout the undergraduate program. The workshop also assists DS staff to identify areas of challenge for their clients and to develop appropriate accommodations. During the workshop, participants observe faculty members giving morning report, communicating with patients and performing common skills such as medication administration and sterile dressing changes. The scenarios highlight communication, reading, mathematical, and psychomotor abilities required for program completion. Informal evaluation indicates this workshop has been well received by both students and DS staff. Students registered with DS use the workshop to identify where they may need accommodation and subsequently work with DS to develop appropriate accommodation.

FACILITATING STUDENTS' PROGRESS THROUGH THE PROGRAM

Classroom accommodations such as increased time to write exams and use of volunteer note-takers are encountered by most faculty members during the year. Improved understanding of DS processes for evaluating students and developing accommodations have increased faculty comfort with these requests. However, when perceived threats to academic integrity are a concern, each request is carefully considered by individual course leaders. Faculty members

must be able to articulate essential outcomes of each course in order to determine if academic integrity is threatened (Scott, 1990). Essential components are the skills, knowledge and attitudes all students must demonstrate with or without accommodations. Educators should consider the purpose of the course, what outcomes are required, and what instructional and evaluation methods most effectively address the essential outcomes. For example, our Faculty determined that completing the drug calculation tests within the specified time frame is an essential outcome. The issue was discussed with DS and there was agreement that all students must meet this requirement.

Implementing reasonable accommodation in clinical practice may present particular challenges, given the array of cognitive, psychomotor, and affective abilities necessary for safe, competent practice. Nursing faculty must see beyond one proper way of completing a task. For example, a student with a hearing impairment may use an amplified stethoscope (Carroll, 2004) or a student might develop a novel approach to donning sterile gloves (Maheady & Fleming, 2005). The aim is to develop an outcomes-based creative access model, as described by Carroll (2004), in which it is recognized that more than one approach can be used to accomplish a goal successfully. Students, faculty, and DS work together to develop the accommodation prior to the start of term. Students practice in the Simulated Patient Care Laboratory throughout the clinical skills courses allows them to become familiar with the accommodation prior to entering clinical practice.

Some clinical course leaders have found it useful to meet with students registered with DS before the start of clinical courses. The clinical course leader contacts the student upon receiving notification from DS about the student's accommodations. They discuss the course objectives, placements, and learning activities, with the course leader emphasizing the Faculty's commitment to assisting the student. The student's viewpoint is valued and each student is encouraged to identify how his/her needs might impact the learning process, and to offer suggestions about accommodations, strategies, and resources that will promote success in the clinical course.

Students registered with DS who are successful in the program are self-directed, determined, flexible, and willing to work with faculty members and DS to implement accommodations. They evaluate their own performance and keep patient safety and academic standards at the forefront as they progress through the program. Successful students build collegial relationships with faculty members and DS staff while all three partners work to implement reasonable accommodation.

DISCUSSION

Outcomes for Faculty Members

A process of dialogue and development has increased faculty members knowledge of working with students with disabilities to better address access and learning needs of these students, while maintaining the academic integrity of the program. Clarity of our internal processes and knowledge of partners roles and responsibilities has facilitated working relationships that benefit students, the Faculty, and the profession.

There is a significant reduction in faculty members concerns about students requiring accommodations following implementation of strategies to address faculty knowledge needs, and development of a stronger partnership with DS. As well we identified *academic integrity, patient safety, student-centred learning, and professionalism* as core values to guide our practice as nursing educators. These values have served as touchstones when we are faced with challenges. For example, a student who had volunteer note-takers did not attend class regularly, explaining that attendance wasn't necessary because someone took notes for her. A discussion about professionalism and academic standards clarified the situation for the student, who subsequently attended class on a regular basis.

One responsibility of faculty members is to identify and refer students who might benefit from DS. This includes students who may be struggling because of unidentified learning disabilities. As well, students such as those with back pain or chronic illness, who might benefit from accommodation but are not accessing DS, have been identified and referred. Several students requiring accommodations have successfully completed the program. Undoubtedly, there are also some who may not have sought accommodation for fear of discrimination or other reasons.

Ongoing Challenges

Whether certain disabilities might challenge program integrity through a risk to patient safety is a question that some continue to ponder. The clinical area imposes an additional dimension to the issue of confidentiality in relation to protection of student health information. The Alberta Human Rights and Citizenship Commission (2004) states that:

Institutions can deny a student with a disability a clinical or practicum placement because of concerns about safety. The institution must assess the risk to safety posed by an individual student. The risk to safety must outweigh the negative impact of discrimination. (p. 15).

One implication of this statement is that universities may need to develop a formal process to identify situations that could pose a risk to the safety of a third party and address that situation. Accordingly, the Faculty has endeavoured to inform both students and DS about program expectations to help them determine if there is a risk in the clinical practice setting. This practice is in addition to the standard supervision and assessment of all students in clinical practice settings.

As well, challenges can be encountered in operationalizing the requirement of *reasonable accommodation*. A proposed accommodation may be considered *unreasonable* if it will result in undue hardship to the institution or employer or is a threat to academic integrity. *Undue hardship*, however, is an elusive concept, requiring careful assessment in every case (Hicks et al., 2000). These authors suggest that university claims of undue hardship based on financial implications need to be thoroughly researched and specific cost consequences calculated.

Therefore, the university needs to consider what would constitute *reasonable accommodation* when cost is an aspect of undue hardship (Alberta Human Rights & Citizenship, 2004). Because there is little Canadian case law addressing the duty to accommodate disabled university students, Hicks, et al. suggest that universities look for guidance in human rights decisions in other areas.

Needed Research

Research is needed to understand how students with disabilities perceive their nursing education. For example, is the learning climate supportive of students with disabilities? What barriers and facilitators have students identified? Do nursing students with disabilities experience discrimination in the clinical area? Answers to these and other related research questions will help us improve the educational experience for students with disabilities. A systematic investigation into faculty perceptions and learning needs in relation to specific disabilities would be useful in planning for further faculty development.

SUMMARY AND CONCLUSION

Experiences with students with disabilities and questions about abilities necessary to become a nurse, evolved into a self-examination of knowledge and practice in relation to this student group, and encompassed a broader based exploration of issues, legal and ethical requirements, and social context within which a person with a disability accesses a nursing education. Through discussion, investigation and consultation we were able to address several questions about the education of students with disabilities and improve our understanding of the processes involved in evaluating and implementing accommodations. By clarifying roles and responsibilities we learned the significance and necessity of working in partnership in order to benefit students, the Faculty, and ultimately the profession. Our collaboration with DS staff helped us shift our thinking to understand that when barriers are reduced and students are given adequate support, students with disabilities can successfully complete the undergraduate nursing program.

At the same time, we realize our questions and strategies have been dominated by faculty members' perspectives. Further understanding of students views would help us address more difficult issues like the attitudes and biases that may continue to fuel stigma against students with disabilities and prevent them from seeking accommodation to reduce barriers to their learning. Particular types of disabilities for which students may not come forward, such as learning disabilities, require our attention as educators if we are to facilitate access to accommodation and implement learning strategies for this group. We continue to have *what if* questions, such as, *what if a student chooses not to disclose a disability, and circumstances create an at risk clinical situation? And, will a case that is a threat to academic integrity be clearly identifiable?* Further collaboration and networking with other educators would provide for an exchange of knowledge, resources, and strategies to share learning and address challenges. Ultimately, our goal is to reduce barriers to nursing education for qualified students with a disability in order to benefit the profession and the public.

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