

Students With Disabilities (SDs)



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WHO Definitions

Disability: any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

c.f. Handicap -

disadvantage or social consequences for an individual who has a disability in an environment that does not cater for disability

Prevalence of disability

- 40% of population in NZ report some type of disability or long term illness
 - 20% sensory, physical or mental disability
 - 30% medically diagnosed long term condition
 - Maori more likely to report a disability (adjusted for age)
- difficult to get accurate student data
 - 1% of students enrolled at universities

Source: Triggs et al 1994. Four in ten: a profile of New Zealanders with disability or long term illness. Ministry of Health, Wellington, NZ.

U21 Medical SD numbers

University	Yrs	Class	No. Disabled	Total %
Melbourne	6	225		
Hong Kong	5	160	1	0.10%
Singapore	5	200		
Virginia	4	139	9 to 12	2%
British Columbia	4	120	8 to 12	3%
Glasgow	5	220	5 to 10	<1%
Edinburgh	5	230	5 to 10	<1%
Lund	5.5		10	
Auckland	6	130	10	1.30%

Low numbers medical SDs

- lack of disclosure:
 - past negative experiences
 - concern re: effect on enrolment / selection
 - no advantage to them
- lack of suitably qualified applicants applying
- selection process itself
- retention issues

U21 Medical SD Selection

- nearly all case - by - case
- no one has quotas
- must be able to complete the course
- Virginia - explicitly states entry standards required for medicine
- Lund - positive selection policy
- Auckland - one of three priority groups (along with Maori and Pacific Is)

University of Virginia Technical Standards for Admission

Be able to perform in reasonably independent manner:

I. Observation

- e.g. patient, lab data

II. Communication

- e.g. speech, reading, writing

III. Motor

- e.g. CPR, IV insertion

IV. Intellectual-Conceptual, Integrative

- e.g. synthesis, problem solving, 3-D

V. Behavioural and Social Attributes

- e.g. physically taxing workloads and working under stress

Models of Disability

Medical

Disabled person has the problem
Focus on impairments
Fosters dependence
Adapt to fit the world as it is
Historical, maintained by institutions
Separation

Social

Society creates barriers to success
Focus on needs of person
Fosters independence
Restructure society
Supported by recent legislation in many countries
Mainstream education from early age

Disability and Medicine

- Medicine is a physically and mentally demanding course and profession
- core competencies are relatively well defined
- But are we doing enough to minimise barriers for SDs:
 - training is probably more demanding than the profession
 - traditional medical models of disability may persist in parts of institutions - teaching and practices

U21 Med School Barriers

University	Barriers
Melbourne	
Hong Kong	student perception that not a suitable choice
Singapore	
Virginia	
British Columbia	lack of clear criteria expressing expectations
Glasgow	widespread clinical attachments
Edinburgh	"fitness to practice" - need to do an intern year
Lund	
Auckland	lack of Faculty awareness of barriers and how to address them

Support Available

University	Assistive	Space	Coordinator	Financial Support	Helpers	Modified course
Melbourne	*	*	*	*	*	*
Hong Kong	*			*	*	
Singapore						
Virginia	*		*		*	*
British Columbia	*		*		*	*
Glasgow	*		*			*
Edinburgh	*		+/-		*	
Lund	*	*	*	*	*	*
Auckland	*	*	*	*	*	*

U21 Innovations

University	Innovations
Melbourne	
Hong Kong	
Singapore	
Virginia	
British Columbia	
Glasgow	tutor support system and Assoc D Students
Edinburgh	Assist. D Students runs effective system
Lund	specific help for students with dyslexia, mental disabilities
Auckland	Disabled students centre, special govt funding,

University Strategies 1

Students with disability:

- services widely available and known
 - including a coordinator
- identify students and needs
- monitor recruitment and retention rates
- monitor student satisfaction

All students:

- core competences in management of patients with disabilities

Auckland Student Questionnaire

(i) Do you live with the effects of a disability or long term illness?

Provides statistics (increased 22% in 2000)

(ii) Do you require further study support from the University?

Determines students needs

Allows access to govt assistance-

provides 81% of Disability Services Funding

e.g. for deaf student up to \$23,000 per annum

University Strategies 2

- staff training, support, resources
- ensure medical school is not perpetuating "medical model"
 - access, assessment, structures, teaching
- more research into SD progress
- alignment of cultural/political/social objectives and institutional practice
 - implement EEO, EEdO, positive action policies

Source:
University of Auckland. Tertiary
Students with Disability - a Resource
Guide for Staff. 1995.



"Reasonable" Accommodation

Wherever possible, necessary and reasonable
to do so

"academic staff should take into account a
student's disability and make adjustments
to the learning environment to lessen the
impact of the disability"

Strategies (Government and Society)

- Legal
- Financial - attempts to redress previous inequities
- Define social objectives
- Monitoring role e.g accreditation, compliance

Recent NZ Law Changes

Human Rights Act 1993

- unlawful to discriminate on basis of disability

Health and Disabilities Act 1993

- covers equipment from Vote Health

Privacy Act 1993

- promotes and protects individual privacy

Building Act 1991

- must provide reasonable access / provision for people with disabilities

Strategies (U21)

- Share SD resources and ideas
- look at core curriculum
- agree to make SD with disabilities a priority area - reports on progress
- work towards alignment between University and social policies (and practices) in SD areas