

Overcoming Invisible Barriers to Learning in the Clinical Area

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Abstract

This paper aims to explore the problems dyslexic students enrolled on healthcare degree experience in the clinical practice arena. Most students find aspects of clinical learning challenging, however students with disabilities and/or learning difficulties are faced with invisible barriers in achieving practice outcomes. Morris and Turnbull (2007) identify that dyslexia appears to have a negative effect on working practices and career progression but findings acknowledge that it is poorly understood. This presentation will adopt a case study approach to identify barriers to achievement and how these may be overcome. The case study will demonstrate how the use of the disability tool kit (www.disabilitytoolkits.ac.uk/2006) was used to enhance communication between the student and the registered practitioner to provide a positive learning experience. The role of the academic link in clinical practice will be presented as a vital cog in the wheel of achievement and how their knowledge of disability discrimination legislation was used to empower clinical mentors to challenge their personal prejudices in relation to students with learning disabilities. The Department for Education and Skills (DfES 2002) good practice guidelines were used to develop strategies to overcome these barriers and promote a positive learning experience for these students.

Workshop Aim

This workshop aimed to explore the invisible barriers that exist in the healthcare settings for students with dyslexia.

Outcomes

Participate in workshop and devise strategies to overcome invisible barriers that negatively impact successful completion of summative practice placement assessment.

Case Based Scenario

Helen is mature student aged 40 with two young children. She undertook an access programme to gain to qualifications to enter her training programme. She is in the third year of her training to become a registered nurse. Helen failed her last academic assignment and was also referred in practice on her previous placements. Following an assessment by the learning disabilities team she has been diagnosed with both dyslexia and dyscalculia. She knew she had problems but had devised coping strategies to mask her learning difficulties. Devise a strategy involving the personnel identified below to overcome any barriers to the successful completion of this practice placement.

Personal tutor, Student Practice based mentor /educator

15 minutes for each group to explore issues 4:05- 4:20

Feedback 4:20-4:35 Flip Chart

Summary and findings from literature 4:35 – 4:45

Group 1 Explore

Role of the personal tutor in preparing the student for clinical placement

Role of the personal tutor in preparing the mentor/practice based educator to support the student

Group 2 Explore

Role of student in acknowledging how dyslexia affects their achievement of practice based outcomes.

Identification and development of coping strategies

Group 3 Explore

Role of the mentor in supporting students who disclose dyslexia
Identification of prejudices amongst team
Devise strategies to be adopted in practice to enhance student performance

Introduction

The aim of nursing and allied healthcare professions educational programmes is to provide the NHS with skilled and knowledgeable practitioners to deliver the highest standards of client care. This is achieved by the educational establishment working in partnership with service providers. The nature and quality of clinical placement experiences are guided by the QAA (2001 & DH 2001). A key player in achieving successful completion of practice based outcomes is the clinical mentor/practice educator. Cope *et al.* (2001) suggests that practice based learning provides the opportunity for the student to link theory to practice. However with increasing numbers of health and social care students undertaking healthcare degrees and diplomas the pressure of clinical mentors and practice educators is growing.

Clinical mentors and practice educators face more recent challenges that have emerged from the widening participation agenda. Students with a variety of physical and learning disabilities are now accessing nursing and healthcare programmes. United Kingdom HESA (2005) statistics demonstrate yearly increases in students diagnosed with dyslexia graduating. Dyslexia is a broad term which covers a spectrum of learning disabilities including difficulty in reading and arithmetical skills (Dyscalculia), spelling, and memory and hand eye coordination (Reid & Kirk 2001). However students with dyslexia have devised coping strategies which include good oral skills, problem solving skills and increase self awareness of their learning needs.

However Copley and Parr (1997) identified that whilst universities were becoming more aware of students with learning disabilities including dyslexia they were slow in developing academic strategies and support mechanisms to assist these students. Since the publication of SENDA (DFEE 2001), the Disability Discrimination Act (DOH 1995/2005) and Equality and Diversity Legislation (2000) academic institutions have developed guidelines to aid recognition and provide support for students diagnosed with dyslexia. However Wrights (2000) study identified concerns amongst academics working in HEI's concerning safety in clinical practice and the level of support provided. The wording from the equality and diversity legislation surrounded the terminology *reasonable/ anticipatory adjustments*.

Professional regulatory bodies including The Nursing and Midwifery Council and Allied Healthcare Professions Council present clear guidance to HEI programme providers re working in partnership with clinical placements to prepare them for supporting students who are disabled and also prepare students for the demands the placements will make on them (Frankish 2007 & CSP/physiotherapy 2007) The learning environments in practice should enable students to be confident that disclosure of their specific needs will not lead to discrimination.

“Given the importance of the practice based setting within the overall education of a physiotherapist, it is essential to ensure that students with disabilities have the same access to clinical placements as their non disabled peers. For students with disabilities to benefit fully from physiotherapy courses, academic and clinical staff must ensure that each component of the programme is fully accessible to them” (Department for Education and Skills 2002a in CSP/physiotherapy 2007). White (2007) conducted a study which attempted to determine whether pre-registration students with dyslexia experienced specific problems in developing clinical competence and successful achievement of practice assessment. The study identified the strategies the students used to overcome invisible barriers that they felt existed in practice and how they are supported in practice.

Guidance for Personal Tutors

Issues for Personal Tutors

Personal tutors need to address the students needs via a Personal Development Plan prior to the commencing the clinical placement. Moody's (1999) research findings are a useful tool.

The study found that certain factors exacerbated the problems the students experienced in practice: unfamiliar names/term, having limited vocabulary, speed in completing, distracted by other things going on around them, negative and unsupported attitudes/behaviours.

Problems in practice ask the student to look at the list below and identify which factors cause them stress

- Literacy/numeracy skills - reading & writing reports, care plans & charts, drug calculations
- Memory – remembering information, handovers or instructions too fast e.g. Drs rounds, case conferences
- Sequencing ability- a procedure involving many steps
- Visual orientation – confusing left and right or up & down
- Hand/eye co-ordination – poor presentation of written work, difficulty with some clinical skills e.g. catheterisation
- Speech – talking in disorganised way e.g. at meetings or on telephone
- Organisational skills – poor time management, prioritising workload disorganised work environment
- Emotional factors – may display anger, embarrassment & anxieties
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Strategies to Overcome Difficulties: Pre Placement Visit

Encourage student to find out as much about placement as they can before commencing Students should be encouraged, to visit the clinical setting prior to the beginning of the placement. This will be particularly important if there are issues relating to travel, mobility and orientation in new environments. This visit will also provide the opportunity for face to face discussion between the student and supervising staff. Develop a key list of vocabulary and begin to rehearse it
Encourage the use of Dictaphone at handover

Disclosure: Encourage the Student to disclose

Dyslexia is 'unseen' in order for the student to gain support they need to disclose the diagnosis and identify specific needs. **This is influenced by past experiences and negative responses of qualified staff**

Some students feared that disclosing would lead to discrimination.

However in both Moody (1999) and Morris and Turnbull (2005) studies students felt they benefited from tell others about their specific learning needs, but also advised caution in whom they gave information to. Some students found practice emotionally challenging and avoided certain tasks.

Student: What can I do to help myself?

Hulley & Pennington (1994) provide a simple guide for students which may help. The responsibility lies with the individual to recognise their learning needs and if they have a problem to seek the relevant support in order for them to practise safely.

Student Coping Strategies:

- Carry a dictionary/spell checker
- Use of coloured paper
- Ask others for help e.g. checking information, drug calculations, measurements
- Look up terms in patients records
- Use a form of shorthand for taking notes
- Learn & practise new names e.g. name of drug, look up in BNF then write it down and repeat
- At handover concentrate on the important aspects of care (devise a tool that allows the recording of patient information (Fletcher 2002)
- Rehearse what to say at handovers
- Use a tape recorder if possible
- Write things down
- Sit in quiet environment when documenting, give yourself time to complete tasks
- Don't always rely on others, be cautious especially when reading drug charts

***Support in practice: Placement strategies
Mentors and Clinical educators***

- Allow student to work in small teams, students get to know the staff and remember their names
- Open, friendly relaxed placements enabling students to ask questions and disclose to their mentors that they have dyslexia. Stressful areas have the opposite effect
- Working with small numbers of patients with clear protocols and set routines also working in areas where patients stay longer so the students can get to know them e.g. stroke units
- Less writing or using forms/pathways
- The use of printed handover sheets
- Students value mentors who are approachable, friendly, relaxed and who have 'time' and patience.
- Students don't want to feel pitied but to receive help and encouragement in a positive way
- Students need challenging e.g. encouraging a 2nd year to look after a group of patients (under supervision) to organise and report the care, give handover and report each time they worked together. Whilst this may be hardwork it will offer the student a sense of achievement as the support is there.
- If the area is too controlling students don't learn how to cope
- Important to give **ONGOING** constructive feedback on performance and written documentation of patient care.
- Dealing with difficulties e.g. terminology, drug names
- Planning- helping the student to plan their learning, looking at their needs.

References

- Access Summit (2000) *Dyslexia: Guidance for Staff*. Access Summit, Manchester and Salford Universities
- Cobley R & Parrish R (1997) Spell Check *Nursing Times* 93(16) 38-40.
- Cope, P., Cuthbertson, P. Stoddart, B. (2000) Situated learning in the practice placement, *Journal of Advanced Nursing* 31 (4) 850-56
- Department for Education and Skills (2002a) *Providing Work Placements for Disabled Students: A good practice guide for further and higher education institutions*. DfES publications, Nottingham
- DH (2001) *Practice Placements : a discussion paper* DOH, London
- DH/ DfEE (2001) *Special Educational Needs and Disability Act* (amendment) Chapter 10, HMSO, London
- DH (1995) *Disability Discrimination Act*, HMSO London
- Disability Rights Commission (2001) *Disability Discrimination Act 1995* Part 4: Code of Practice – Rights of Access, Goods, Facilities, Services and Premises. Disability Rights Commission, Stratford upon Avon
- Fisher L (2005) A Dyslexic Guide to managing your clinical placement
http://hsc.uwe.ac.uk/net/student/Data/Sites/1/GalleryImages/doclist/D/Dyslexia_Guide%20to%20Managing%20your%20Clinical%20Placement%20for%20Dyslexic%20Students_Louise%20Fisher.doc
- Hulley & Pennington (1994) ***Help for dyslexic students Loxley College Sheffield*** in Wright, D.J (2000) Educational support for nursing and midwifery students *Nursing Standard* 14 (410 35-41
- Moody (1999) in Morris, D & Turnbull 2007) A survey-based exploration of the impact of dyslexia on career progression of UK registered nurses ***Journal of Nursing Management*** Volume 15 Issue 1 Page 97-106,
- Morris, D & Turnbull (2006) Clinical experiences of students with dyslexia, *Journal of Advanced Nursing* p238-247
- http://www.suht.nhs.uk/ideal/media/pdf/n/r/RCN_report_dyslexia_and_practice.pdf
- <http://www.hcp-disability.org.uk/dyslexia/workplacement.html>
- http://admin.csp.org.uk/admin2/uploads/2200d5-f7cdd2303d--6fa7/disability_guidelines.pdf
- QAA (2001). *Code of practice for the Assurance of Academic Quality Standards in Higher education Placement Learning*, QAA, London
- Reid G. & Kirk J. (2001) *Dyslexia in adults: education and employment*, John Wiley, Chichester.
- White, J (2007) Supporting nursing students with dyslexia in clinical practice, *Nursing Standard*. Vol 21 no 1.
- Wright, D.J (2000) Educational support for nursing and midwifery students *Nursing Standard* 14 (410 35-41