

# Supporting Dyslexic and Dyspraxic Health and Social Care Students

A guide for mentors and students on placement



This document is designed to give advice about dyslexia and dyspraxia in the clinical setting.

It provides strategies and reasonable adjustments to enable students with dyslexia and dyspraxia to reach their potential on placement.

**Additional Learning Support (ALS) 2014**

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# Introduction

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This document aims to promote awareness of the challenges faced in placement by students with dyslexia and dyspraxia (SpLD). It provides strategies and reasonable adjustments that mentors and students can develop in the clinical setting.

## What is Dyslexia?

*'Dyslexia is a combination of abilities and difficulties; the difficulties affect the learning process in aspects of literacy and sometimes numeracy. Coping with required reading is generally seen as the biggest challenge at Higher Education level due in part to difficulty in skimming and scanning written material. A student may also have an inability to express his/her ideas clearly in written form and in a style appropriate to the level of study. Marked and persistent weaknesses may be identified in working memory, speed of processing, sequencing skills, auditory and/or visual perception, spoken language and motor skills. Visuo-spatial skills, creative thinking and intuitive understanding are less likely to be impaired and indeed may be outstanding'* (SpLD Working Group/DfES, 2005).

## What is Dyspraxia (Developmental Co-ordination Disorder (DCD))?

*'Developmental Co-ordination Disorder (DCD), also known as Dyspraxia in the UK, is a common disorder affecting fine or gross motor co-ordination in children and adults. This lifelong condition is formally recognised by international organisations including the World Health Organisation. DCD is distinct from other motor disorders such as cerebral palsy and stroke and occurs across the range of intellectual abilities. Individuals may vary in how their difficulties present; these may change over time depending on environmental demands and life experience.*

*An individual's co-ordination difficulties may affect participation and functioning of everyday life skills in education, work and employment. Children may present with difficulties with self-care, writing, typing, riding a bike and play as well as other educational and recreational activities. In adulthood many of these difficulties will continue, as well as learning new skills at home, in education and work, such as driving a car and DIY. There may be a range of co-occurring difficulties which can also have serious negative impacts on daily life. These include social and emotional difficulties as well as problems with time management,*

*planning and personal organisation and these may also affect an adult's education or employment experiences' (SpLD Test Evaluation Committee (STEC), 2013).*

# Impact of Dyslexia and Dyspraxia (SpLD) in the Clinical Setting

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Dyslexia affects the ability to master literacy skills, but it also impacts memory, concentration, organisation and sequencing skills. Dyspraxia is associated with co-ordination and motor difficulties and it also affects memory, concentration, organisation and sequencing skills. The student is often considered 'clumsy'. However, the degree to which dyslexia or dyspraxia will affect a student on placement will vary according to their own strengths, life experiences and how well they can compensate for their difficulties.

## **Strengths often associated with SpLD**

All dyslexic students have strengths and most will have developed strategies and ways of coping in their learning and working environment. Some individuals may have outstanding talents.

These may include:

- Good problem solving and 'trouble shooting' skills
- An ability to look at information in a holistic way and see the 'big picture'
- Effective interpersonal skills
- Well-developed verbal abilities
- Creative thinkers
- Good visual-spatial skills

## **The emotional impact of SpLD**

Dyslexia and dyspraxia can have a negative emotional impact.

Some students have feelings of inadequacy and low self-esteem which is often the result of years of continual reinforcement that they are 'lazy' or 'stupid'. They often have a sense of frustration, feeling incapable of doing something that other students appear to do easily.

Yet, they are sometimes ‘perfectionists’ with high expectations, not allowing themselves to get things wrong and so they keep trying until they get it right. Consequently they may find placement particularly tiring and emotionally stressful. They may have feelings of isolation and lack confidence in their own abilities.

# The Law, Reasonable Adjustments and Disclosure

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## The Law

The Equality Act 2010 defines a disability as ‘*a physical or mental impairment which has a **substantial** and **long-term** adverse effect on your ability to carry out normal day-to-day activities*’.

A physical or mental impairment can include:

- Physical impairments (mobility difficulties)
- Sensory impairments (visual or hearing)
- Medical conditions (genetic/progressive/chronic/hidden conditions)
- Long-term mental health conditions
- Learning difficulties (SpLD/dyslexia/autistic spectrum disorders)

The Equality Act 2010 states that discrimination occurs when a student with a disability is treated less favourably for disability-related reasons, and if reasonable adjustments are not put in place, the student may be at a disadvantage.

## Reasonable Adjustments

There is a duty to make reasonable adjustments where a student is at a substantial disadvantage. These should be made on an individual basis, involving a process of evaluating what is reasonable within the context of the placement. For example, in the clinical setting, this could include additional training and support, giving verbal rather than written instructions and allowing plenty of time to complete a task.

When deciding if an adjustment is reasonable, factors to be taken into consideration include: 'practicality, effectiveness, efficiency, cost, and health and safety (of the individual and others)' (RCN, 2007 p.20).

However, there is no duty to make reasonable adjustments that would compromise competence standards; a student with a disability must be able to demonstrate their fitness to practise, using reasonable adjustments that do not invalidate competence standards.

### **Disclosure of disability by the student**

Disclosure is important as it allows the implementation of reasonable adjustments, however, a student may feel reluctant to disclose for fear of stigmatisation and discrimination. Where a mentor provides a supportive environment, the student is more likely to disclose. Disclosure and sharing of any personal sensitive data should conform to Trust policy.





# The Support Process for Students with SpLD

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## **If the student is concerned that they may be dyslexic or dyspraxic;**

- The student makes an appointment with Additional Learning Support (ALS) for a screening (01483 689609 / [als@surrey.ac.uk](mailto:als@surrey.ac.uk))
- If there are no indicators of SpLD, the student will be advised to seek help from the Nursing Department, SPLASH or the Centre for Wellbeing
- If there are indicators of SpLD, the student will be referred to an assessor. There is a fee of £100 towards the cost of the assessment
- After assessment, ALS will meet with the student to discuss the report

## **If the student already has a dyslexia or dyspraxia report;**

- The student submits their report to ALS to see if it meets the acceptance criteria
- If the report is not accepted then, after paying £100 towards the cost of the assessment, the student will be referred to an assessor
- If the report is accepted, ALS will meet with the student to discuss the report.
- This report is not routinely shared with others outside of ALS

## **If the student has an SpLD;**

- If disclosure to the department is agreed with ALS, reasonable adjustments are set out in the Learning Support Agreement (LSA). ALS then sends this document (LSA) to the department
- Personal sensitive data is used for support purposes only within the University, and so will not be shared with placement providers or employers
- The Nursing Disability Representative contacts the student via email, encouraging them to meet with their Personal Tutor to discuss support
- The student meets with their Personal Tutor to discuss reasonable adjustments and disclosure to their mentor on placement
- It is the student's responsibility to share data concerning a disability or health issue with the mentor or Trust
- The student should meet with their mentor either prior to or at the beginning of their placement to set up support
- If there are any problems on placement, the mentor should alert the Practice Liaison Teacher, who seeks advice from the Nursing Disability Representative

# Support in Practice

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After disclosure of a disability, the mentor should evaluate the student's needs prior to or at the beginning of the placement so that reasonable adjustments can be set up.

## Initial Meeting

- Discuss the student's specific needs with them:
  - Ask if they have any particular worries or difficulties (e.g. reading, writing, memory, organising, time management, handover, medication)
  - Talk about any strategies that they may already have in place to compensate for these difficulties. Ask them how they normally cope and as their mentor, is there anything you can do to support them?
  - Can either of you now think of any other areas of difficulty that you've not yet covered and come up with some possible solutions and strategies
  - Talk about how reasonable these solutions and strategies may be in the clinical setting (e.g. audio recording at handover)
  - Discuss any alternative strategies that may be more realistic
  - Write these strategies down for further reference
  - Discuss health and safety issues such as using dangerous equipment and administering drugs, and explore if the student may need extra support in these specific procedures
  - Suggest to them that they download this guide 'Supporting Dyslexic and Dyspraxic Health and Social Care Students: A guide for mentors and students on placement' from the ALS website
  - Set up regular meetings with the student to discuss progress and evaluate how the support strategies are working for everyone

The following pages contain strategies to help support dyslexic and dyspraxic students on placement.

# Memory, listening and speaking

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## On placement, students may have difficulties with:

- Holding onto information for very long, especially remembering:
  - Information (including phone messages) that needs to be passed on or written down
  - Appointments and dates
  - Names, faces and job titles
  - Complicated medical terms and drug names
  - Clinical procedures
- Remembering when they are under stress, leading to confusion and going into memory overload
- Deciding which bits of information are more important than others
- Understanding, following and remembering spoken instructions
- Listening for very long
- Pronouncing words correctly
- Trying to find the correct words to express themselves
- Sticking to the point when speaking (forgetting the thread)

## Strategies for mentors:

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- Be patient
- Give verbal instructions in a quiet place if possible
- Use straightforward language, speak slowly, pause between phrases and maintain eye contact
- Avoid using ambiguous language, which could be interpreted in different ways
- Give concise instructions in the same order as they are meant to be carried out
- Encourage the student to use a notebook to write down verbal instructions; check they got them right
- Be aware of information overload and break down long, complicated instructions into smaller, manageable steps
- Repeat or rephrase if necessary and emphasise important information
- Say complicated words, medical conditions or drug names clearly and if necessary, ask them to repeat them back to you (suggest they look at [howjsay.com](http://howjsay.com) or use a medical dictionary)
- 'Anchor' instructions on your fingers (with the student watching) as you say them
- Ask the student to repeat back information/instructions whilst 'anchoring' on their own fingers to ensure they have understood
- Provide written instructions if necessary, and prioritise tasks/highlight the main points
- Demonstrate practical skills whilst giving verbal explanations
- Encourage the student to audio record teaching sessions and demonstrations

- Encourage the student to repeat back what they have learned and to reflect on why
  - Allow the student to practise a task under your observation before meeting the patient
  - Allow plenty of time during supervisory sessions to explain procedures and routines
  - Ask staff to avoid interrupting the student whilst carrying out a task
  - Encourage students to take phone messages using L3R: Listen/ Repeat/ wRite/ Read
  - Encourage the use of a handover sheet to prioritise tasks for patient care
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## Strategies for students:

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- Practise what you want to say before you meet the person
  - Don't rush when speaking, and pause before answering questions; be brave and say 'can I come back to you on that?' if you can't think of what to say
  - Stick to the point and speak in short sentences
  - Ask the speaker to repeat or rephrase information, if necessary
  - Say the patient's name over and over to yourself; check the client notice board and picture their face in your head
  - 'Anchor' instructions on your fingers
  - Keep a notebook handy, and write down key ideas or words
  - If you think you're going to forget something, write it down
  - Write down instructions in the correct order
  - Ask co-workers not to interrupt
  - If the speaker is unhelpful (or rude), stress the need for being accurate with information
  - Repeat back information to the speaker to check if it's right
  - Use L3R for taking phone messages
    - Listen to the message and ask who's calling
    - Repeat back the message
    - wRite down the message
    - Read the message back
  - Ask for any practical skills to be demonstrated whilst listening to verbal explanations
  - Practise procedures again and again and go through them yet again in your head!
  - Practise saying complicated words or medication out loud; show the word to your mentor and ask *how* to pronounce it (or use [howjsay.com](http://howjsay.com) or a medical dictionary)
  - Build up a glossary of words you use frequently and make sure you can say them
  - Use the same procedure at handover every time to make it less confusing
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# Organisation and time management

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## On placement, the student may have problems with:

- Planning ahead and scheduling tasks
- Remembering dates, times and appointments
- Estimating how long a task will take
- Multi-tasking
- Prioritising tasks and balancing coursework, placement and everyday life
- Ordering and sequencing tasks and ideas
- Filing alphabetically or sequentially
- Reacting quickly in a busy and stressful environment

## Strategies for mentors:

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- Meet together at the start of the placement to discuss administrative procedures and routines
  - Set up a time to go through the module learning outcomes and to sign off competencies
  - Encourage the student to note priorities at the start of the shift
  - Allow time for the student to organise their thoughts
  - Put up visual reminders/ checklists/ posters of tasks
  - Consider flexible working patterns within the shift
  - Refer student to ALS for time management support
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## Strategies for students:

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- Record realistic dates and times for your mentor to sign off competencies on your portfolio
  - Always have something with you (note pad/mobile device) to record important information
  - Write a list of tasks and then prioritise these. Tick these off as you complete them
  - Use coloured pens and folders to help organise your work
  - Create a flow chart or prompt sheet (to put in your pocket) to put things in the right order
  - Make an appointment with ALS for help with organisational skills if you are still struggling
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# Reading

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## On placement, the student may have difficulty with:

- Reading words accurately, especially complex medical terms or words that look similar (hypotension and hypertension)
- Reading at a reasonable speed and under pressure
- Reading out loud in front of others
- Keeping track of their place whilst reading
- Reading and understanding information on complex charts
- Reading black print on a white background
- Understanding and retaining what they have just read and so needing to reread something several times
- Focusing whilst reading

## Strategies for mentors:

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- Allow opportunities to discuss reading difficulties
  - Allow plenty of time to read and reread information
  - Consider letting the student read in a quiet area away from distractions; ask co-workers not to interrupt
  - Encourage working with a member of staff to ensure that new and complex words are read accurately
  - Emphasise the importance of accuracy when reading certain information (especially medications)
  - Encourage the student to cross check drug names on bottles and packets with patient's written notes/drug dosage
  - If the student makes an error when reading, do not make any judgemental comments; simply provide the correct word
  - Avoid asking the student to read aloud in front of others if they don't want to
  - Encourage the use of any assistive technology (e.g. Reading Pen)
  - Some students may prefer information printed on coloured paper
  - Allow the use of coloured overlays or tinted glasses
  - Allow the use of a different coloured background on the computer
  - Colour code information on white boards in bullet points (not long sentences) and include plenty of white spaces to avoid cluttered information
  - Use bold to highlight (avoid underlining or too much italic)
  - Highlight important words so they are easier to pick out later
  - Provide written material in advance if possible
  - When writing, use plain English and avoid jargon, acronyms or ambiguous word
  - Use a plain font (size 12-14; Arial, Verdana) and avoid blocks of capital letters
  - Encourage the use of a ruler or magnifying bar (if the student has one) to help finding information on charts
  - Suggest 1-to-1 learning support at ALS if reading is a significant problem
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## Strategies for students:

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- Ask your mentor if you're not sure about a word
  - Use an electronic dictionary or use howjsay.com or a medical dictionary
  - Read drug-related words very carefully and slowly and break words down into chunks, and check with your mentor that you've read the words correctly
  - If you don't know what a word means, find out!
  - If possible, read in a quiet area so you don't lose concentration
  - Read out loud (or whisper) to help you understand
  - In an emergency, ask someone else to read the information: getting it wrong could be fatal
  - Highlight important key words; this makes it easier to pick out information quickly later on
  - Use a system for noting down medical words /abbreviations and their meanings. Organise these alphabetically using cards with the word spelt correctly on the front and the definition on the back, or insert a table into Word to build up a glossary
  - Use coloured overlays (or tinted glasses) to read if this helps
  - Use a different coloured background on the computer
  - Make an appointment with ALS for help with reading strategies if you are still struggling
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# Writing and recording information

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## On placement, the student may have difficulty with:

- Untidy handwriting
- Writing concisely, using appropriate language
- Writing at speed and under pressure
- Filling in forms at speed
- Writing with clear expression, using correct grammar and spelling
- Spelling medical terms, especially words that look the same (hypotension and hypertension)
- Putting letters and/or numbers in the correct order (35 instead of 53)

## Strategies for mentors:

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- Be open to providing help
  - Allow the student to write in a quiet place if possible
  - Allow extra time to write notes if needed
  - Avoid students having to write in groups which may lead to embarrassment
  - Encourage co-workers not to interrupt the student whilst writing
  - If possible, allow the student to dictate notes onto a digital recorder (but make sure that confidentiality is maintained)
  - Check notes written by the student: make suggestions for a clear format and use of colour (multi-coloured pen)
  - Be prepared to help proof-read notes
  - Encourage the use of a portable electronic medical spell checker
  - Allow the use of a computer or laptop if the student's handwriting is illegible
  - Provide the student with a glossary of terms
  - Allow the student to practise filling in documents and forms before doing it for real, giving help with structure
  - Allow the student to practise putting information and data onto graphs before doing it for real
  - If possible, use other methods of noting information eg allow handover to be taped (keep on the ward and delete later)
  - After handover go through the student's notes
  - Help in deciding what needs to be written down in the student's notes
  - Encourage the student to attend learning support at ALS if writing is a persistent problem
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## Strategies for students:

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- Writing may take you a long time; don't rush and write in a quiet area
  - Always carry a notebook and use a multi-coloured pen
  - Familiarise yourself with any forms before use
  - Make notes as soon as you can so that you don't forget
  - Prioritise tasks for the shift and write these down in a list
  - Write information on charts in pencil and check it before using ink
  - Make your own glossary of words of drug names, medical conditions and technical words to help with spellings
  - Make up your own memory tricks for spellings
  - Use a portable electronic medical spell checker
  - Use abbreviations in your own notebook
  - Dictate notes onto a digital recorder but don't take it home with you
  - Always proof-read your work and ask your mentor to check it
  - Make an appointment with ALS for help with writing strategies if you are still struggling
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# Motor skills

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## On placement, the student may have difficulty with:

- Untidy handwriting
- Slow speed of writing
- Identifying left and right
- Finding their way around the hospital without getting lost
- Dropping things
- Bumping into things
- Spilling things
- Putting procedures into the correct sequence
- Doing procedures at speed

## Strategies for mentors:

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- Indicate left/right when giving verbal directions
  - Make sure that the student has a map of the hospital or placement area
  - Give them a tour of the clinical area, explicitly pointing out any important places
  - Permit the use of a laptop for writing if possible
  - Allow extra time for writing to be legible
  - Demonstrate practical skills first and then let the student practise
  - Permit extra time to learn new procedures
  - Use flow charts and diagrams to sequence procedures correctly
  - Use colour coding to prioritise tasks
  - Be aware that a situation may become worse if the student feels under stress
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## Strategies for students:

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- Ensure you have a map of the hospital
  - Ask if you can use a laptop if your handwriting is illegible
  - Slow down when writing to make your handwriting easier to read
  - Practise any skills you are unfamiliar with
  - Put long procedures into a flow chart or diagram to get the sequences correct
  - Use colour coding to prioritise tasks
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# References & Further Information

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## References

Royal College of Nursing (2007) *Guidance for mentors of nursing students and midwives; An RCN toolkit* [online] Available at: [www.rcn.org.uk](http://www.rcn.org.uk)

SpLD Test Evaluation Committee (STEC) (2013) *Updated guidance on the assessment of DCD/dyspraxia* [online] Available at: <http://www.sasc.org.uk/SASCDocuments/Dyspraxia>

SpLD Working Group/DfES (2005) *SpLD Working Group 2005/DfES Guidelines* [online] Available at: [http://www.bdadyslexia.org.uk/files/Working\\_group\\_guidelines\\_2005\[1\].pdf](http://www.bdadyslexia.org.uk/files/Working_group_guidelines_2005[1].pdf)

## Further Information

Association of Dyslexia Specialist in Higher Education: *Supporting Learners on placement*  
[www.adshe.org.uk](http://www.adshe.org.uk)

British Dyslexia Association (BDA) [www.bdadyslexia.org.uk](http://www.bdadyslexia.org.uk)

Disability Rights Commission [www.drc-gb.org](http://www.drc-gb.org)

Dyslexia Action [www.dyslexiaaction.org.uk](http://www.dyslexiaaction.org.uk)

Dyspraxia Foundation [www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)

Equality Act 2010 [www.gov.uk/equality-act-2010-guidance](http://www.gov.uk/equality-act-2010-guidance)

Healthcare Professionals with Disabilities: Information about supporting dyslexic and (and disabled) students on clinical practice [www.hcp-disability.org.uk/dyslexia/dsylexia.html](http://www.hcp-disability.org.uk/dyslexia/dsylexia.html)

Skill – National Bureau for Students with Disabilities [www.skill.org.uk](http://www.skill.org.uk)

Supporting Dyslexic Students on Practice [www.southhampton.ac.uk/studentssupport](http://www.southhampton.ac.uk/studentssupport)

Supporting Nursing and Midwifery Students with a Disability in Clinical Practice: A Resource Guide for Clinical and Academic Staff [www.ucd.ie](http://www.ucd.ie)



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