#####  The Edge Hill University logo. Black text saying "Edge Hill University" on a white background.

**FACULTY OF HEALTH AND SOCIAL CARE**

Undergraduate Nursing and Allied Health Professionals

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# Mentor Handbook

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**Supporting Students with Dyslexia**

Reviewed

May 2016

C O N T E N T S

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# Welcome

Edge Hill University academic staff work in close partnership with all their clinical colleagues and as a mentor that partnership extends to you. Together, our joint responsibility is to train and educate the next generation of competent, knowledgeable students.

This Mentor Handbook is intended to provide a clear focus for mentors to enhance optimisation of learning for students with diagnosed dyslexia. It aims to be ‘user friendly’ by providing key information for mentors in an easily accessible form.

1. **What is understood by the term dyslexia?**

Dyslexia is often referred to as a specific learning disability (SPLD).

The term “Specific Learning Disability” refers to a cluster of difficulties, mainly affecting thought processes and areas of language, literacy, memory and organisation.

The term “Dyslexia”: is a combination of abilities and difficulties that affect the learning process in one or more of; reading, spelling, and writing, but does not affect general intelligence (British Dyslexia Association, 2006). It is the most widely recognised SPLD.

The definitions of dyslexia are extremely broad and individuals who have dyslexia encounter varying degrees of difficulty. Individuals may experience weaknesses in relation to processing information, difficulty in differentiating between left and right, short-term memory, sequencing, organising and prioritising activities/time management, spatial awareness and communication skills. Some people with dyslexia also have dyscalculia; difficulty remembering mathematical facts and performing mathematical operations.

Positive attributes often ascribed to individuals with dyslexia include the ability to process information holistically, resulting in creative and innovative problem solving in the workplace (British Dyslexia Association, 2006; Morris & Turnbull, 2007b).

Dyslexic people are often ‘quick forgetters’ rather than ‘slow learners’.

1. **What are reasonable adjustments?**

Under the terms of the Disability Discrimination Act, dyslexia is considered to be a disability and dyslexic health professionals are, therefore, entitled to receive ‘reasonable adjustments’ both in the educational institution and in the workplace.

Research discusses multiple studies that describe difficulties for dyslexic students in clinical practice. However, with simple adjustments and mentor support the dyslexic student can potentially adapt to the clinical environment more easily than non-dyslexic students.

Reasonable adjustments could include; a developmental learning or action plan as detailed within the practice assessment documentation. This should be conducted with close collaboration with the personal tutor, student and clinical mentor and should not compromise the professional competencies or specific learning outcomes.

The individual can develop complex coping strategies in order to compensate for their disability.

Under the Disability Discrimination Act (DDA) (1995) practical work experience placements are within the scope of the DDA and, therefore, organisations will have to make reasonable adjustments to support the student.

1. **Should you support students with dyslexia any differently in practice?**

Yes, your support should be tailored to the individuals’ learning requirements in order to enhance learning and facilitate achievement of their intended learning outcomes. However, it is important to consider the following; the person may be disabled by society and the impairment itself not being the problem, but rather the environment that needs to be modified to support the person.

**Practical considerations**

Positive Aspects of Dyslexia - Dyslexic students are considered to have a different way of thinking and learning. Strengths associated with dyslexic students can be described as kinesthetic learners, understanding practical procedures quicker than visual, with enhanced problem-solving skills, becoming more “hyper-vigilant”, and increasing the potential development into a more holistic practitioner. The individual can develop complex coping strategies in order to compensate for their disability.

Their sequencing may be different, as long as the patient is not at risk, it is not wrong.

The student may not be able to take long, verbal instructions/lists. They may need to write the instructions down and take notes.

**Learning and teaching**

* Different techniques may be required for students with dyslexia.
* Tasks may need to be broken down into smaller parts in order to be learnt.
* It may take longer to learn a task.
* Initially, dyslexic students may need instructions repeated several times, in order to learn the different procedures and tasks.
* Explore what strategies the student uses to learn. Through discussion, solutions can usually be found, which are helpful to both student and mentor. Students are often well aware of their strengths and limitations.

**Memory recall, organisation and time management**

* The student may have a short attention span and be easily distracted by their surroundings.
* They may find it difficult to follow multiple instructions and ordering of priority. For example; Multitasking, as this demands good memory and time management, as well as the ability to work sequentially with a degree of organisation.
* Students may have difficulty with planning their work schedule and time management for completing tasks on time.

**Mentor strategies**

* Be proactive and develop a learning plan together at the beginning of the placement. Set realistic targets/dates/outcomes for completion.
* Provide additional time for formative assessment tasks. Let the student observe you on numerous occasions completing a task.
* Demonstrate and discuss in a logical manner in simple terms firstly.
* Do not give the student too many instructions at once, particularly if the instructions are given verbally. Give instructions in both written and verbal form wherever possible.

**Reading**

The student may:

* Feel embarrassed about reading aloud.
* Misread unfamiliar words.
* Have difficulty reading information off charts.
* Have difficulty understanding medical terminology.
* Find it useful to use colored paper.
* Consider using coloured overlays.
* Consider that extra time may be required to read.
* Consider the time given to read paperwork that you want them to use e.g. care plans, check lists, admissions paperwork, prescription charts.

**Strategies for reading**

* Give out any paperwork you want the student to use, 2 weeks before where possible.
* Let them read it in their own time.
* Provide opportunities to discuss reading.
* Plan time for the student to come back to you to ask questions about the document before it is used in real-time.
* Any written information specifically produced for the students would benefit from being ‘dyslexia friendly’; write in a logical sequence, avoid small print, use bullet points, and use simple terminology.
* Use colour and space on whiteboards to differentiate.
* This is a strategy that can build student confidence and the patient/client/service users’ confidence in the service being provided.

**Writing and poor spelling**

* There is evidence to support the use of notebooks (Goodwin & Thompson, 2004), as they can enhance reading, memory and pronunciation skills.
* A student may be embarrassed by their handwriting.
* Best handwriting takes time.
* Student’s notes will make sense ‘to them’.
* Work might contain inconsistent spelling and frequent grammatical errors.
* The student may not be able to write and listen at the same time.

**Strategies for Mentor**

* Allow extra time to write paperwork.
* Allow students to write notes on rough paper to be proof read.
* Where possible, allow the student to submit reports on cream paper with a dyslexia friendly font such as Arial or Comic Sans, in font size 14/16.
* It may be useful to provide a laminated list of commonly used terminology and words to assist in writing reports and care plans.
* Ask – the student may already have strategies that they use for spelling.

**Language**

* Students may feel embarrassed about language difficulties and may struggle to find the right word to say.
* Students may find it difficult to express themselves orally and talk in a disjointed manner.

**Strategies for Mentor.**

* Provide a checklist of vocabulary typical in the placement, example; common medical conditions and terminology.
* Give clear oral instructions and repeat instructions over again if required or allow the student to ask questions.

**Motor Skills**

* Sequencing can be a problem for the dyslexic student.
* Right to Left coordination can be a problem when employing certain tasks.

**Strategies for Mentor**.

* Demonstrate skills, repeat as necessary.
1. **Supporting a student with dyslexia: formative and summative assessment.**

Reactive solutions are often too late to be effective; therefore, anticipated problems will need to be addressed early in practice with the support from academic tutors. This will be addressed in the induction process when the developmental learning plan is discussed and actioned with the mentor and student.

**A prelimary discussion** should take place within the first five days of starting their clinical placement.The documentation will be used by the student and mentor to create a developmental learning planandset goals that take account of the students’ strengths and any concerns raised in previous placements. This will include asking the student if they have any health or learning needs to be considered. Any information received should be documented on the appropriate page within the practice assessment documentation, signed and dated. If there are no learning needs; then note ‘non-applicable’, and sign and date in the appropriate space provided.

The practice assessment record (PAR) forms part of the formative and summative assessment and needs to be of sufficient detail to enable the sign off mentor to confirm proficiency at the designated point of the program.

1. **Emotional impact of Dyslexia in the workplace**
* Dyslexia can sometimes have a negative emotional impact for students in the workplace.
* They are reluctant to disclose their disability in fear of discrimination.
* Many dyslexic students have a low self-esteem and may lack confidence in their abilities. This could affect their performance in the clinical placement.
* The dyslexic student may feel isolated, comparing themselves to other students who are learning procedures and tasks far more quickly than they are.
1. **Do practice placements have any legal responsibilities to provide reasonable adjustments?**

Yes - Under the Disability Discrimination Act (2005) reasonable adjustments in teaching and assessment must be made when supporting students with disabilities – for example, students with dyslexia must be given the option of answering oral questions instead of written ones.

Programme providers are bound by the general duties of the Disability Discrimination Acts (1995 and 2005) and will have determined the nature of any reasonable adjustments to support achievement of Programme requirements.

It is evident throughout the literature that support is often inadequate to develop competence. However, registered practitioners have an ethical, moral and legal obligation to support students’.

The literature suggests that students are reticent about raising their diagnosis, expressing feelings of discrimination and judgmental attitudes on disclosure of their disability (Child & Langford, 2011).

Programme providers should work in partnership to prepare placement areas for supporting students with disabilities and prepare students for the demands the placements will make of them. In particular, the learning environments in practice and academic settings should enable students to be confident that disclosure of their specific needs will not lead to discrimination. Consideration should be given to allocating time for mentors, practice teachers and teachers to meet the special needs of students with disabilities

There is no requirement for a student to disclose their disability to their clinical placement area. However, it would be beneficial for tutors/mentors to be aware of the students’ disability status if they are to make reasonable adjustment, as failure to disclose could potentially become a barrier to learning in terms of inappropriate support or an absence of support.

Students are advised to disclose disabilities to their mentor to ensure an equitable assessment, but it is not recommended that the mentor discloses this information to a third party.

*“The clinical placement experience represents a collaborative enterprise that requires the successful transfer of communication and educative skills between students, the university and clinical placement staff.”* (Child & Langford, 2011.p:46)

Higher Education providers and clinical mentors need to be aware of their responsibilities towards students with dyslexia, supporting their needs in a non-discriminatory way.

Supporting students to develop competence should be forthcoming. It is important to consider that - for those supporting students with a disability it is not only an ethical and moral but also a legal obligation (Tee et al, 2010).

The Oxford English Dictionary online (2007) defines ethical behaviour as being; *“in accordance with the principles of ethics, morally right, honorable and decent”.*

From ancient times to the present day; ethics has been synonymous with the attempt to answer questions about how you should act and who you should be. Whenever you reflect on this, you are engaged in ethical deliberation. It will be considered that all of the above mentioned are all matters of ethical deliberation, which will require serious thought and consideration before decision and application. Engaging in ethical deliberation enables you to practice ethical values, it should be an ongoing activity that *“articulates values and principles that promote the general good”* (Centre for Ethical Deliberation, 2014:1).

1. **Standards, recommendations and guidance for mentors and practice placements**

**The CODP Curriculum Document:** standards, recommendations and guidance for mentors and practice placements

**NMC Standards to Support Learning & Assessment in Practice:** standards for mentors, practice teachers and teachers

The above standards have outcomes for mentors which define and describe the knowledge and skills ODP’s, nurses and midwives need to apply in practice when they support and assess students undertaking approved programs.

1. **Role Dimensions & Competence of the Mentor Supporting the Learner**

**Competencies**

* All those supporting the learner should attend specific updates. Please refer to your standards for further information
* CODP (2009:12) Roles & Qualifications Framework [www.CODP.org.uk](http://www.CODP.org.uk)
* NMC (2015:62) The Developmental Framework to Support Learning & assessment in Practice [www.nmc.org.uk](http://www.nmc.org.uk)

**Role Dimensions**

* Ensure the student has a positive learning experience by:
* Facilitating student learning;
* Supervising, support & guide students;
* Promoting diversity in practice.
* A system of personal development planning is essential to engage and support the student in developing skills.
* Learning and teaching approaches not only relate to the classroom setting, but also to that which occurs within the clinical environment
* The approach to learning and teaching must actively emphasise and encourage the integration of theory and practice.
* Establishing effective working relationships
* Facilitate of student learning, which will involve helping the student to make links between theory and practice.
* Demonstrate differences between teaching and facilitation. Facilitation of student learning bridges the gap between the student and the material.
* Mentors are responsible and accountable for organising and co-coordinating student learning activities in practice.
* Creating an environment for learning
* Show an ability to identify learning needs – by selection of appropriate learning strategies to integrate learning from practice and academic experiences.
* Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team
* Promote evidence-based practice & support the student in identifying best practice.
* Assessment and accountability - Supervising students in learning situations and providing them with constructive feedback on their achievements.
* Assessing total performance – including skills, attitudes and behaviors.
* Context of practice - Explore practice issues with the learner setting and monitoring achievement of realistic learning objectives
* Be able to support learners who are not managing their learning.
* Providing evidence as required by Programme providers of student achievement or lack of achievement.
* Regular meetings are scheduled to evaluate progress by student and mentor throughout a placement, (involving academic staff when appropriate a specific development plan to address needs and/or concerns can be established at any point and must set out clear timescales for addressing the needs/concerns
* Recognise differences and diversity in practice.
* Recognise individual differences and similarities between learners.
* Evaluation of learning - Apply approved assessment procedures and provide feedback on student performance.
* Liaising with others (e.g. mentors, sign-off mentors, practice facilitators, practice teachers, personal tutors, Programme leaders) to provide feedback, identify any concerns about the student’s performance and agree action as appropriate.
* The student and mentor meet together at the end of a placement to document strengths, development needs, and any concerns. The document to be shared with the education provider.
* Be accountable for confirming that students have met, or not met, the HCPC/NMC competencies in practice.

**9. Dissemination of New Learning: mentor considerations**

* Discusses, promotes and applies the application of evidence-based practices.
* Critically evaluates research and other evidence that may support enhanced quality of care.
* Leadership - Contributes and responds constructively to change.
* Information regarding student issues is communicated within the team, except where this breaches areas of confidentiality.
* Advice on supporting students with disabilities can be sought from the personal tutor or link lecturer at the HEI.

**Appendix**

1. **Useful websites:**

BRITISH DYSLEXIA ASSOCIATION, 2006. Reasonable adjustments in the workplace. <http://www.bdadyslexia.org.uk/adjustments.html>

BRITISH DYSLEXIA ASSOCIATION (BDA), 2006. What is Dyslexia? [www.bdadyslexia.org.uk/whatisdyslexia.html](http://www.bdadyslexia.org.uk/whatisdyslexia.html)

NMC, 2015. THE CODE. [www.nmc.org.uk](http://www.nmc.org.uk)

THE COLLEGE OF OPERATING DEPARTMENT PRACTITIONERS, 2009. Roles & qualifications framework. [www.codp.org.uk](http://www.codp.org.uk)

1. **Contacts – Higher Education Institute:**

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CENTRE FOR ETHICAL DELIBERATION. University of Northern Colorado. [www.mcb.unco.edu/ced/points.cfm](http://www.mcb.unco.edu/ced/points.cfm) [assessed May, 2014]

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