

Advice For Students With Dyslexia During Their Clinical Placement

By Louise Fisher
Third Year
Student Nurse

Introduction

The aim of this leaflet was to firstly explain what dyslexia and dyscalculia is for those who have recently been diagnosed. And secondly to provide students with dyslexia a foundation from which they can build up a support strategy to reduce their anxieties during their clinical placements.

Being dyslexic means that you have difficulty with academic work such as reading, writing and spelling. But it also means that you may have problems with your memory, co-ordinating and processing information.

Dyscalculia means that you have difficulty understanding numbers. You may have problems in learning formulas to ensure you can appropriately calculate drugs.

The best person to create a strategy for coping with your dyslexia or dyscalculia is you, as you are already aware of how it affects you.

You may, like me, have been ridiculed and humiliated at school for making reading or spelling error's. Therefore disclosing can be difficult. This may be because of a fear that staff will make an unfair assumption about you. Whether you disclose that you have dyslexia or not are very much an individual decision. However the implications for not disclosing can be that support is not offered and discrimination will not be effectively worked upon.

Under the disability discrimination Act 1995 reasonable adjustments should be made for any student with a disability. Reasonable adjustments occur when a disabled individual experiences 'substantial disadvantages' it ensures that action is taken to either remove or to reduce the disadvantage (DRC, 1995).

Stress

Any course that a student does will be full of challenges and stresses. The experiences gained through out a course will be similar for every student. However if you are dyslexia then you are particularly vulnerable to the stresses that your course brings.

Stress occurs when you do not feel that you are in control of a situation. A small amount of stress can be a good thing as it can provide you with more energy. However too much stress a lot of stress can be harmful for you.

The way people respond to what makes them stressed is often something which has been learnt from a similar situation. There are ways that will enable you to manage your stresses better, for example if you know what makes you stressed then you can develop an action plan to deal with that situation.

Below is an example of the type of stresses that I have incurred during my clinical placements and how they affect me.

What Makes Me Stress	Why	What I Have Done
Filling out forms paper work.	I am ashamed and embarrassed.	Took blank forms home
		Ask mentor to go through them with me
		Filled out forms as examples to show my mentor
Answering the phone	Noting down information	Ask people not to talk to fast.
	Having to remember information	Spell drugs over the phone
Absorbing information	Making unrealistic demands on myself	Absorb one thing each shift
		Make an action plan

Common Traits

There are a variety of common traits that people with dyslexia have. Below is a list which also includes how they affect me during my clinical experience as well as what I have found useful.

Short-Term Memory	
Problem these can cause	This can lead to problems retaining and recalling information for example taking messages from the phone or from people on the ward.
What you can do about them.	Ask people to repeat instructions for you
	Ask them to wait until you have written it down (in my experience not everyone will be supportive).

Organisation And Time-Keeping	
Problem these can cause	Feeling overworked
What you can do about them	Keep looking at your handover sheet to identify what the next priority is
	After the shift reflect on how you could have managed your time better

Multi-Tasking	
Problem these can cause	Listening and taking notes
What you can do about them	Handover – observe how much information you are able to note down. Then create an action plan.
	Phone message - ask the person who is giving you the message to repeat the instructions for you

Confidence And Self-Esteem	
Problem these can cause	Concern about staff having negative attitude towards me. Fear of mispronouncing words (probable a fear that all students have)
What you can do about them	Think about who can offer you the support that you need. Who is the best person for this? Family, friends, your mentor, personal tutor or work base learning day facilitator.

Confusion Over Left And Right	
Problem these can cause	It can cause problems when being directed to get equipment. Problems when writing patients notes about a wound they have.
What you can do about them	Take the same rout when getting equipment. Turn around and wiggle to limb or put your hand on the area where the wound is.

Difficulty With Comprehending	
Problem these can cause	Identifying relevant information form notes Expressing ideas in writing Verbal confusion.
What you can do about them	Ask people to explain what they mean.

Reading	
Problem these can cause	Problems pronouncing or mispronounce words when saying them aloud Being able to identify the relevant information from the patient's notes. Drug charts
What you can do about them	Pronunciation - ask how the word is pronounced (can it be broken down) Relevant information – ask for help from other staff Drugs – spell them to enable an accurate name to be given when ordering Double check every drug before administering it.

Writing	
Problem these can cause	Poor spelling grammar and punctuation can mean that vital information is misinterpreted by other staff.
What you can do about them	A spell check dictionary is vital as it can store words that are a constant problem. Ask someone to check what I have written in rough before writing it in the kardex. After a while it is possible to write a list of pre organised phrases to aid your ability to write your notes.

The attitude you have towards your weaknesses can create a stumbling block which can hinder your success. However by using positive aspects of your dyslexia can help you to overcome your weaknesses

Positive Aspect of Being Dyslexic

People who are dyslexic often demonstrate positive aspects which are missed because most literature focuses on the difficulties.

Below is a list of common positive traits and how they can help you during your clinical placement.

Common traits	How They Can Help
Vocally	Being able to speak clearly during handover is vital to ensure that staff receive the correct information.
Motivation	I'm always striving for perfection. I am able to find strategies to aid the deliver of patients care.
Thinking Ability	A divergent thinker has the ability to view an issue from different ideas over a short period of time. I am able to break an issue down into smaller issues. However they are often unorganised
Problem-Solving Skills	Able to see issues from more than one angle. This has enabled me to see both sides of a situation
Creativity And Imagination	See things different from other people.
Spatial Awareness	Use my intuitive to increase my awareness of my environment
	I am able to visualise the whole picture of a patients care

How to Plan Your Placement

Every placement will bring its own experiences both good and bad. However there are two ways that can help you to elevate the bad and to build on the good.

Firstly it is worth working through a SWOT analysis to identify what you can bring to your placement as well as what the difficulties you might be faced with.

Below is an example of a SWOT analysis that I have used

Strengths	Weaknesses
What can experience and knowledge you bring to your placement?	What difficulties do you anticipate?
Opportunity	Threats
What type of support does your placement offer you	What type of threats does the placement offer you.

Secondly when starting your placement it is important for every student to have an action plan. To identify what you want to gain from your placement. However for a student with dyslexia by having an action plan can allow them to focus on what they need to achieve. It can also help with time management issues that most people with dyslexia struggle with.

Below it an example of an action plan framework sheet that I have used.

What Do I Need To Learn	How Can I Learn Them	Where Is The Evidence

Managing Handover

Being able to note information down during handover is a vital to ensure that a patient receives 24hour care. However this was something which I had a problem with and developed my own handover sheet.

However this may not work for you as you may not want to draw attention to yourself. You may find it useful to use your own short hand however this does take time to develop. It may help to use different colour to help to priorities tasks and information an example of what I have used is given below.

Colours Used	What They Indicate
Red	Infection and allergies
blue	What they came in with / their diagnosis
Black	Past medical history
Green	What I need to do.
Highlighter	Used to identify patients not for resuscitation

As well as receiving handover you will also have to give handover something which I still struggle with. To begin with my mentor would pre-run though the report with me, patient by patient and sometimes word by word. This level of support was vital to enable me to build on my confidence. However this was not always understood by my mentor and some would give me more information than I was able to remember.

An Example of a Handover Report

An example of a handover shift and two different template being used. This patient was admitted to a medical assessment ward, later he was transferred to a specialized stroke unit. Below is a typical handover given by the morning staff to the afternoon staff. Both the name and condition are fictional.

We have a new gentleman in bay three bed one he is a Mr John Smith who likes to be called 'Jack' he is a 74-year-old, he has a previous history of hyperchoesterolaemia, hypertension and of being diabetic that is controlled by tablets. His blood glucose test is being tested BD.

He was admitted after a fall, in a care home, with a cerebrovascular accident. He requires help with personal hygiene. He has been seen by the SALT team and is now allowed to eat a very soft diet. His obs have been stable this morning and have been reduced form QDS to TDS. The doctor will have to be contacted about fluids. His catheter is now on free drainage. He is allergic to penicillin and he is MRSA positive. He is hoisted for all transfers.

Example one:-

Name	2	Nutrition	Observation	Elimination	IVI Sub cut
Age	2				
	2				
	2				
Mr John Smith		N by M	O2	Obs 3	Urine 1 / 2 / 4 / FD
		Clear Fluid	Pulse	BP	Urine spec / chart
'Jack' 74		Fluid limit	Temp	Resp	TWOC
		Soft / feed	Nebs		Bowel spec chart
		Eat & Drink	Neuro		Enema
		Diabetic 1/ 2	BM 2		Sputum spec/ chart
Mobility:	Hoist	Stand aid	Turn aid	Banana Board	Allergies: Penicillin
	Zimmer	Stick 1 / 2	Assistance 1 2 3 4		Reaction:
Infection:	MRSA+ C Diff + Other				History
Where:	Skin Eyes Nose Urine				
Notes	Stroke R All Care Needed				High Cholesterol High BP
					Phone Dr fluid

Example two:-

Name age	Infections and allergies	Diagnosis and History	What needs to be done
Mr John Smith	MRSA + Penicillin	Stroke Hoist Type 2	BM - BD Obs - 3 Fluid needed
'Jack' 74		High Cholesterol High BP	

Drug Calculations

Basic maths is an important aspect of nursing. This is to make sure that the patient receives the medication that has been prescribed for them. However to ensure the correct quantity is given. It is important that you have an awareness of how to convert units into larger or smaller amounts. For example to convert larger units into smaller units you need to multiply by 1000 and divide by 1000 if you want to convert to a smaller number.

Mass	1 kilogram (kg)	1000 grams (g)
	1 gram (g)	1000 milligrams (mg)
	1 milligram (mg)	1000 micrograms (mcg)
	1 microgram (mcg)	1000 nanogram (ng)
	1 nanogram (ng)	1000 picograms
Volume	1 litre	1000 millilitres (ml)
	1 millilitre (ml)	1000 microlitres (mcl)

Some drug administrations may require complex calculations to ensure that the correct volume or quantity of medication is administered (NMC, 2004)
Below are some examples:-

Tablet formula = $\frac{\text{What you want}}{\text{What you have got}} \times \text{What it's in}$

Example: a patient is prescribed 1g of Paracetamol; they come in 500mg tablets. Remember that 1g = 1000mg

Calculation = $\frac{1000}{500} = 2$ tablets

Liquid drugs formula =

$$\frac{\text{strength required}}{\text{stock strength}} \times \text{volume of stock} = \text{amount of stock}$$

Example: a patient is prescribed a 15mL's of syrup containing penicillin 125mg / 5mL. To break this down into a similar format you need to work out how many 5mL are in 15mLs. Then you can times that number by the quantity of drug in the liquid. To work out how many milligrams of penicillin are in 15mLs the calculation is :-
3 X 125 mg = 375 mg penicillin

IVI formula = $\frac{\text{Volume X drop rate given from the IV deliver set}}{\text{Time (given in hours) X 60 minutes}}$

Example: a patient is prescribed 750ml of Hartman's solution to run over 5 hours. The IV set delivers 20 drop per millilitre. To work out the drop per minute is :-

Calculation $\frac{\text{Volume (750ml) X drop rate (20)}}{\text{Time 5 hours X 60 minutes}}$

By breaking it down into a simple format will make it easier for you to learn other infusion calculation. For example calculate the volume times the drop rate first. Then calculate the hours times minutes.

Example: 750ml X 20 drop rate = 15000

5 hours X 60 minutes = 300

The sum is then $\frac{15000}{300} = 50$ drops per minute

As well as being able to calculate drugs it is important that you have an understanding of some the abbreviations. Below is a few of the common examples:-

BD	Twice Daily (Bis Die)
IM	Intramuscular
IV	Intravenous
IVI	Intravenous Infusion
Nocte	At Night (In Prescription)
OD	Overdose
PRN	As Required In Prescribing (Pro Re Rata)
QDS	To Be Taken Four Times A Day (Quarter Die Sumendus)
SC	Subcutaneous
Stat	Immediately In Prescription (Statim)
TDS	To Be Taken Three Times A Day (Ter Die Sumendus)
TPN	Total Parenteral Nutrition
TTO	To Take Out (Drugs)

Conclusion

When investigating how I could manage my own clinical placement better, I found that there was little literature with practical advice. What was available seemed to be impractical for me to use. Therefore this booklet was designed to include all the information that I would have found useful to have had access to during the start of my training.

I hope that this leaflet has given you the confidence to discuss how your dyslexia or dyscalculia affects you with your mentor and other staff during your clinical placement experience.

Every student with dyslexia will have slightly different needs therefore it is important to note that dyslexia or dyscalculia is as individual as the person who has it is.

References

- Bradford, J. (2004) Dealing with Stress. Dyslexia at College <http://www.dyslexia-college.com/stress.html> [Accessed 15th May 2007]
- Dale, C. and Aiken, F. (2007) A Review Of The Literature Into Dyslexia In Nursing Practice Final Report. London: Royal College of Nursing
- Disability Rights Commission (1995) Disability Discrimination Act 1995. [online]. London: HMSO Available from www.drc.gb.org [Accessed 5th May 2007]
- Morgan, E. and Klein, C. (2000) The Dyslexic Adult in A Non-Dyslexic World. London: Whurr Publishers
- Scottish Dyslexia Trust (2004) Positive Points. Scotland: Available from <http://www.countmein.org.uk/identification/positive> [Accessed 5th May 2007]
- Stainer, L. and Ware, P. (2006) Guidelines To Support Nursing Learners With Dyslexia In Practice. Bournemouth: Bournemouth University.
- The University of Sheffield (2007) Teaching Students with Dyslexia. [online]. Sheffield: Available from http://www.shef.ac.uk/disability/teaching/dyslexia/4_positive.html [Accessed 25th April 2007]

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