

## **RCN Peer Support Service with the University of Brighton**

### **Reasonable adjustments for students on placements**

#### **Case study 1: Kate – Dyslexia**

Dyslexia is a common term to describe a combination of abilities and difficulties that affect the learning process. Kate presented as a very able student who contributed readily in lectures and was very knowledgeable when talking about nursing and nursing practice. However, the marks she received for her academic work were often less than expected. After being referred in a written assignment, she presented herself at student services for additional support. She had also struggled with her organisation skills in practice.

The Educational psychologist report identified difficulties in processing with a reduced short-term memory, organisation and sequencing. On being told she had dyslexia Kate was relieved as she often felt that the ideas in her head didn't match the written words she produced.

#### **Getting support**

##### **At the University**

Following her Educational Psychologist report and needs assessment Kate applied for DSA through the NHS Bursary Unit. Kate had started her course as a funded NHS Bursary student. This funding provided her with a laptop, additional software to support her learning, 1:1 tutorial support. Academic support from the University was identified in the form of a learning support plan (LSP) that identified reasonable adjustments including modified deadlines for the submission of course work, additional time in all examinations and OSCE, permission to use computer in examinations

##### **In clinical placements**

As a second-year student, Kate had a series of clinical placements in both primary and secondary care settings. Her progress and achievement of skills are logged in a portfolio verified by her clinical mentor and her personal tutor. Within this assessment of practice, documentation is a blank learning support plan. This provides some general guidance about supporting students and includes contact details for the Disability Liaison tutor for any question or queries that might be raised

Kate met with her personal tutor and the Disability Liaison Tutor and based on her needs, a learning support plan was identified. The learning support plan included:

- 1) The clinical placement was to provide a list of common words and terms used in the clinical setting
- 2) The placement was asked to provide a consistent named clinical mentor who was able to give written and verbal feedback as to progress and to plan skills assessment in advance. A grid approach was suggested for breaking complex skills into 'chunks' as per the example below. Chunks broken down to suit the complexity of the skill and the individual, as you might break down a long number.

Practice each element before completing the whole, Allow the student to use notes when assessing knowledge.

**Practice descriptor, i.e. can demonstrate skill used, stating knowledge base and act appropriately at this level:**

<ul style="list-style-type: none"> <li>• Demonstrate an understanding of the process required for the procedure they are undertaking <b>CHUNK 1</b></li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of staffing numbers/support required for the procedure is undertaken</li> <li>• Ensures patient privacy, dignity and comfort is maintained prior, during and after the procedure</li> <li>• Demonstrate effective hand hygiene and wearing of appropriate PPE</li> <li>• Undertakes the procedure as per Trust Policy <b>CHUNK 3 – RISK ASSESS – SURROUNDINGS</b></li> </ul>
<ul style="list-style-type: none"> <li>• Gains patient consent prior to undertaking the procedure</li> <li>• Undertaken a risk assessment of the patient prior to commencing the procedure</li> <li>• Assessed the analgesic requirements of the patient prior to, during and on completion of the procedure</li> <li>• Ensures that adequate preparation of all resources is achieved prior to undertaking the procedure <b>CHUNK 2 – RISK ASSESS – TREATMENT</b></li> </ul>	<ul style="list-style-type: none"> <li>• Communicates with the patient the outcomes of the procedure and any patient advice regarding this</li> <li>• Clear and Accurate Documentation of the procedure and its outcomes is performed <b>CHUNK 4 – OUTCOMES</b></li> </ul>

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- 3) Permission was given for her to use her smart phone to access the NHS BNF, NICE guidance, medical dictionary and spell check apps
- 4) She was allowed additional time following handover, to ensure she was able to plan and organise care for her allocated patients and understood any terms or phrases used during the handover
- 5) The use of a grid approach to organising and planning care was encouraged (see example)

<p><b>My Patients – who am I caring for</b></p> <p>1) George Cole 86 Chest Infection on oxygen therapy. Not very mobile needs support with personal hygiene</p>	<p><b>My Shift Plan – what I am doing for</b></p> <p>1) Help Mr Cole with wash. Do observations at 10 am</p>
<p><b>My Handover – what I will handover to mentor/others</b></p> <p>1) Mr Cole Obs stable oxygen sats 96% on 24% oxygen. Resp rate 14. PA intact, but sacrum becoming red</p>	<p><b>Anything else</b></p> <p>1) Dr wants a sputum specimen sent and will review antibiotics. Daughter wants to speak with nurses this afternoon</p>

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A review date was set, and Kate was encouraged to make an appointment to meet with her mentor before the placement started and to discuss her LSP-Practice.

## **Review**

Following the placement, Kate met with her personal tutor to review the LSP-Practice. She had enjoyed the clinical experience. Initially, she was uncertain about having her LSP-Practice as she had wanted to be seen as 'normal' but on sharing her LSP-Practice with her mentor she was relieved to find out that her mentor also had dyslexia and was very supportive of the plan that had been identified.

She had found herself to be more confident and had begun to worry less about being 'slower' in writing and keeping records. The use of the smart phone had been widely accepted in the clinical setting, and the electronic form of the BNF was seen as a useful tool. Kate had found that it was easy to use and made assisting with medication administration more effective.

Using the grid helped her to organise her time well, and also provided her with a framework to ensure that things were not missed and relevant information was captured in the handover.