Developing the skills to support nursing and midwifery students with specific learning differences in practice: An evaluation of a learning resource

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Abstract: The literature highlights the difficulties that those supporting students with a specific learning difference (SpLD) in practice may have and calls for more education of practice mentors. As a result of concerns locally, nursing and midwifery students who have a SpLD were interviewed to recount their practice experiences. Short films were made from these stories which formed the basis for developing a learning resource to educate novice mentors and develop their skills to support and assess students with SpLDs appropriately. The learning resource was piloted and evaluated, to investigate the effect the learning resource had on novice mentors' knowledge about SpLDs and their attitudes, feelings and skills. The learning resource was delivered to 72 novice mentors on a mentorship preparation course. Sixty-one completed pre and post session questionnaires and participated in a world café exercise to evaluate the resource. The evaluation results indicated that the resource had a positive effect on novice mentors' knowledge, skills and attitudes towards students with a SpLD.

Keywords: specific learning difference; practice learning; mentor; nursing and midwifery students

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Introduction

Across the health and social care professions, there are many roles to support learning in practice. The common themes across these roles are to promote a quality student learning experience and to ensure that students are fit for practice at the point of registration. In the United Kingdom (UK), student nurses' and midwives' practice learning is supervised and assessed by mentors who are registered nurses or midwives who have successfully achieved the requirements of a Nursing and Midwifery Council (NMC) approved mentorship preparation course (NMC, 2008). The quality of mentor preparation is important in the development of students' competence and should address the mentorship of students with different learning needs. Specific learning differences are relatively common within the general population and people with these conditions may have attributes which attract them to the caring professions of nursing and midwifery. This paper reports on a project to develop and evaluate a learning resource used to prepare nurses and midwives for mentoring students who have specific learning differences. Whilst this paper focuses on nursing and midwifery students and mentors, it will provide useful insights to those supporting students in the practice environment across professions.

Background

The term 'specific learning difference' (SpLD) is an 'umbrella term' for a range of conditions including dyslexia, dyscalculia and dyspraxia, which have distinct but sometimes overlapping neuro-cognitive profiles (Cowen, 2010a). Over the past two decades, UK legislation has addressed the needs of individuals with a recognised disability, who are legally entitled to 'reasonable adjustments' to enable them to function. SpLDs are classed as a disability under disability legislation but there is no legal definition of 'reasonable' in relation to adjustment for a disability (Cowen, 2010a). Universities often have resources for supporting students with disabilities and making 'reasonable adjustments' in relation to academic work. However, in the UK, 50% of a nursing and midwifery pre-registration course is delivered in practice settings where mentors facilitate learning. They are responsible for assessing competence and therefore have an essential role

in facilitating 'reasonable adjustments' in practice.

As in all health and social care professions, student nurses and midwives must be 'fit for practice' and achieve the required professional competencies, in this case those stipulated by the NMC (2009; 2010). This applies equally to students with disabilities, but 'reasonable adjustments' should be in place for students to develop and demonstrate their competence. Legally, under the Data Protection Act (1998) students have no obligation to disclose a disability but 'reasonable adjustments' cannot be made if students choose not to disclose (Cowen, 2010a). Several studies have highlighted the difficulties faced by nursing students when disclosing a SpLD or other disability and how mentors' attitudes and the practice setting ethos can affect disclosure (Illingworth, 2005; Morris and Turnbull, 2006). When looking into social work, nursing and teaching, Stanley et al. (2007) found that disclosure was risky and affected entry and continuation within the profession.

The NMC expects that a registered nurse or midwife will be capable of 'independent practice' and educators must ensure that students are able to achieve this by the point of registration. This independent practice and competence relates to protecting the public and ensuring patient safety (Hand, 2006; Tee and Jowett, 2009). Cassidy (2009) further suggest that competence relates to mastering skills and possessing essential personal attributes. Whilst individuals with disabilities must not be discriminated against, legislation recognises that professions, like nursing and midwifery, have professional standards. However, Sin and Fong (2008) suggest that there is potential for systemic discrimination against people with disabilities who are studying, registering, qualifying and working within the nursing profession, due to the way in which the regulatory frameworks' fitness requirements are interpreted. This discrimination can be devastating and impact on an individual's daily experience and it is therefore necessary to address this issue of discrimination.

Most research focuses on nursing students but is also relevant to midwifery and other health care students. For example, Price and Gale (2004), Morris and Turnbull (2006; 2007), White (2007), and Child and Langford (2011) focused on nursing students with dyslexia and highlighted that they experience difficulties on practice placements, often due to staff ignorance. Sanderson-Mann et al. (2012) further discuss how dyslexia affects healthcare workers and students in practice, highlighting documentation and drug calculations and administration as being particularly challenging. Discriminatory attitudes from staff across heath

care settings and professions have been identified (Sanderson-Mann and McCandless, 2006; Ridley, 2011) indicating the need to educate mentors.

Guidelines for supporting nursing students with dyslexia in practice have been developed (Stainer and Ware, 2006) and comprehensive guides and toolkits for meeting the needs of healthcare staff and students with SpLDs are available (Cowen, 2010a, 2010b). The quality of supervision affects students' learning experiences (Bramner, 2008) but few studies have addressed how to prepare mentors to support students with SpLDs. However, Tee and Cowen's (2012) project used stories of students with a range of disabilities (including SpLDs) to develop a resource to educate mentors. Their evaluation indicated that the resource raised mentors' awareness about the challenges students with disabilities encounter and how mentors' responses can affect students' learning. Wharrad et al. (2012) have also shown how reusable learning objects can help to develop knowledge about dyslexia.

Development of the resource

At our university, the need to provide more comprehensive preparation of mentors for supporting and assessing students with SpLDs was recognised through mentor and student feedback. A successful Higher Education Academy funding application supported this project. A project reference group was established comprising the project team, seven students (four adult nursing, one child nursing, one midwifery and one mental health nursing) with SpLDs and four practice mentors. Personal tutors were contacted and asked to approach their students with a known SpLD and make them aware of the project and to invite them to take part. The seven students who volunteered, each took part in an individual interview to tell their story of their experience of entering a practice placement with a SpLD. These were digitally voice recorded and a professional scriptwriter developed scripts based on these recordings. The stories were professionally acted to produce four short films. Box one shows screenshots from of films.

The project reference group reviewed the films and contributed to developing a learning resource and facilitator's guide to use with the films in a half day session on the mentorship course. The group planned the

learning outcomes to ensure the session was appropriate and relevant (see Box two).

Box one: Learning outcomes

- Discuss key features of specific learning differences, dyslexia, dyspraxia and dyscalculia, with application to healthcare practice
- Explain legislation relating to specific learning differences
- Discuss the concept of reasonable adjustment, with application to practice placements and assessment for fitness to practise
- Reflect on the effect of a specific learning difference on students and factors affecting disclosure to mentors
- Debate ways of supporting students with specific leaning differences in the practice setting.

The session was interactive and addressed the nature of SpLDs, relevant legislation, reasonable adjustment in practice, assessment, factors affecting disclosure, and ways of supporting students with SpLDs. Further detail on the content of the session is shown in box two overleaf.

Box two: Content of the session

1. Rationale for session
2. Becky's story

Watch the film clip 'Becky's story'
Activity: Think about her specific learning differences: how do they affect her?
3. What is a specific learning difference (SpLD)?
4. Dyslexia defined
5. Dyscalculia defined
6. Dyspraxia defined
7. Sarah's story

Watch the film clip 'Sarah's story'
Activity: What strategies did Sarah use to cope with her learning experiences?
8. Dyslexia myths
9. Famous people with dyslexia
10. Legislation and disability
11. Fitness to practise
12. Fitness to practise and students
13. Reasonable adjustment
14. John's story

Watch the film clip 'John's story'
How did his experience make him feel?
Activity: Consider the following questions:
• What are the advantages of disclosure?
• What are the disadvantages of disclosure?
• What would make a student more likely to disclose?
• What would deter a student from disclosing?

15. Exploring disclosure
16. Tim's story
Watch the film clip Tim's story
Activity: How could you support students in developing and using their own strategies in practice?

Methods

Aim

The study aim was to evaluate how the learning resource affected novice mentors' knowledge about SpLDs and their attitudes, feelings and skills for mentoring nursing and midwifery students with SpLDs.

Design and data collection

The learning resource was piloted with three cohorts of novice mentors on a mentorship course. Of the 72 course participants, 61 took part in the evaluation (85% response rate). A questionnaire, developed from a literature review, used a likert scale for responses to 15 statements relating to knowledge, attitudes, feelings and perceived skills for mentoring students with SpLDs. Participants completed two identical, anonymous questionnaires, one before and one after the session. The questionnaires were paired, using numbers, to allow comparisons. Not all students responded to every question. A World Café style activity (While et al. 2006) was then used to elicit qualitative data. The World Café has been described as an uncomplicated but effective way to encourage productive discourse, share knowledge, stimulate innovation and co-create understanding (Brown and Isaacs, 2005). Therefore students, in small sub-groups, moved between tables and wrote responses to open questions about skills, attitudes and feelings, related to mentoring students with SpLDs. This exercise generated excited discussion and knowledge sharing, and created 'thinking in action' (Brown and Isaacs, 2005).

Ethical considerations

A Faculty Research Ethics Committee application was approved. Students' stories were collected for developing the learning resource rather than research purposes but an ethical approach was used including the obtaining of consent to record the interviews, security of the recorded stories, and confidentiality. For the evaluation, information sheets were distributed to course participants prior to the session. Participation in the evaluative

activities was voluntary. Participants implied consent by completing the questionnaires and writing down their world cafe activity responses. All data were anonymous and kept securely on password protected computers.

Data analysis

Questionnaire responses were entered into SPSS v19 and analysed using descriptive statistics. The sign test was applied to the paired samples to test the change in responses, comparing each individual's before and after session rating. The sign test was selected as it is a non-parametric test and is appropriate where there is ordinal data, which does not form an interval scale (Bland, 2000). The change will be considered statistically significant if the P value is less than 0.05. The world café responses were collated and a thematic analysis was conducted.

Results

Questionnaire results

Table 1 presents results relating to respondents' confidence in understanding what dyslexia, dyscalculia or dyspraxia mean, confidence in having the skills to mentor students with a SpLD, and whether they felt positive about mentoring students with SpLDs. The pre and post session results show markedly increased numbers of respondents who felt confident in their understanding and skills. The number of respondents who felt positive towards mentoring students with SpLDs similarly increased following the sessions, particularly about mentoring students with dyscalculia or dyspraxia.

Table 1

Confidence and positivity

I feel confident that I understand what:

	Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
dyslexia means	49(30)	84(51)	44(27)	15(9)	7(4)	2(1)	0	0	0	0
dycalculia means	26(16)	75(45)	20(12)	23(14)	31(19)	2(1)	8(5)	0	15(9)	0
dyspraxia means	13(8)	67(41)	23(14)	30(18)	44(27)	3(2)	8(5)	0	12(7)	0

I feel confident that I have the skills to mentor a student who has a specific learning difference

	Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Confident	11(7)	47(28)	13(8)	45(27)	56(34)	8(5)	10(6)	0	10(6)	0

I would feel positive about mentoring a student on placement with:

	Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Dyslexia	40(24)	60(36)	27(16)	32(19)	23(14)	5(3)	10(6)	3(2)	0	0
Dyscalculia	20(12)	62(37)	29(18)	25(15)	34(21)	8(5)	15(9)	3(2)	2(1)	2(1)
Dyspraxia	13(8)	63(38)	26(16)	23(14)	46(28)	8(5)	13(8)	5(3)	2(1)	0

Table 2

Responses to questions relating to disclosure

Students with dyslexia/dyscalculia/dyspraxia are legally obliged to disclose their disability on clinical placements									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
25(15)	7(4)	10(6)	12(7)	49(30)	7(4)	7(4)	8(5)	10(6)	67(41)
It is beneficial if a student with a specific learning difference discloses this in clinical placement, so that reasonable adjustments can be made									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
69(42)	89(54)	28(17)	10(6)	3(2)	0	0	0	0	2(1)
A student with a specific learning difference will be more likely to disclose this to their mentor if their mentor seems empathetic									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
53(32)	89(54)	31(19)	10(6)	13(8)	2(1)	3(2)	0	0	0

As Table 2 shows, following the session, more respondents understood that there was no legal obligation for students to disclose a SpLD but that it was beneficial for students to do so and that they would be more likely to disclose if mentors appeared empathetic.

Five questions focused on competency development, students' fitness to practise and National Health Service Trust obligations. The number of respondents who indicated understanding of these issues increased markedly following the session (see Table 3).

Application of the sign test to the data showed a statistically significant change in responses to all statements, indicating a greater understanding and awareness about students with SpLDs and how to support them. The change in response to the statement 'A student with a specific learning difference will always be less safe in practice than a student without a specific learning difference' was significant at a P value of 0.015. The change in response to the statement: 'It is beneficial if a student with a specific learning difference discloses this in clinical placement, so that reasonable adjustments can be made' was significant at a P value of 0.002. The change in responses to all other statements was significant at a P value of < 0.001.

Table 3

Responses to questions relating to competency development, fitness to practise and legal obligations

A student with a specific learning difference does not have to achieve a competency if their disability prevents them from doing so									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
8(5)	2(1)	10(6)	2(1)	26(16)	3(2)	30(18)	20(12)	26(16)	73(44)

A mentor cannot fail a student with dyslexia, dyspraxia or dyscalculia as this would be considered discriminatory under the Equality Act 2010									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
8(5)	7(4)	10(6)	2(1)	23(14)	2(1)	23(14)	13(8)	36(22)	77(47)

The NHS is not required to make 'reasonable adjustments' for students who have a disability									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
3(2)	3(2)	2(1)	0	16(10)	2(1)	39(24)	13(8)	39(24)	82(50)

A clinical placement is obliged to make "reasonable adjustments" for students with specific learning differences so that they can develop their competence									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
51(31)	85(52)	28(17)	12(7)	16(10)	0	3(2)	2(1)	2(1)	2(1)

A student with a specific learning difference will always be less safe in practice than a student without a specific learning difference									
Agree %(n)		Tend to agree %(n)		Unsure %(n)		Tend to disagree %(n)		Disagree %(n)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
5(3)	2(1)	8(5)	5(3)	5(3)	7(4)	31(19)	15(9)	51(31)	72(44)

World café event responses

From the world café event data analysis, three themes arose: communication with students; mentors' knowledge, skills and attributes; mentor's role and responsibilities.

There were many comments about effective communication skills and building trustful relationships with students, using a friendly approach. Participants referred to students feeling able to disclose their SpLD, for example:

'Highlights the importance of rapport to make the student feel comfortable so they disclose their learning difference'.

Other points included: 'encourage them to ask questions', 'give more time to listen to students', 'find out what kind of learner they are', 'offer reassurance' and be approachable and not 'appear to be intimidating'. Participants suggested showing willingness to give support and one group suggested:

Ask them about their strengths, weaknesses and past experiences'

In terms of knowledge, skills and attributes, supporting the questionnaire results, participants expressed that their level of understanding, knowledge and skills about SpLDs had increased, along with confidence:

'We now know what the learning differences are; more understanding of learning differences - the right mindset'

'More confident in approaching student and understanding their needs'

Specific attributes and skills identified included patience, flexibility, creativity and being accommodating, supportive and non-judgemental. Participants noted that they were 'more able to identify learning needs', provide 'adequate learning tools' and devise coping strategies with students. They referred to treating students as individuals and providing equal opportunities. Other suggestions included giving 'effective feedback and praise', being 'proactive' and:

'Encourage the student to keep practising the skills they have difficulties with in each placement'

Frequency of feedback was considered important, particularly for ensuring that a student with a SpLD is a safe practitioner and that any issues were dealt with early, and a reflective approach was suggested. Giving the

student more time and 'gradual exposure' to experiences were suggested adjustments and one group noted the need to have:

'Awareness of their abilities and stage of training and not putting them in situations beyond their scope'

Other suggested adjustments included using 'different learning tools', providing a 'quiet area' and changing 'your own teaching methods to suit the individual'.

In relation to the mentor's role and responsibilities, some participants felt that they would be more 'professionally challenged' and that they will 'need more support' when mentoring students with SpLDs. One group expressed that they were:

'slightly anxious that we are able to give them the support they might require especially in a busy working environment'

Participants recognised the need to 'maintain standards' expressing that having a SpLD should not be an excuse 'not to do something within reason'. They referred to their accountability and responsibility regarding fitness for practice, and ensuring that students achieved required competencies.

Being based on real students' stories, the films were highly credible and considered to be 'a true account of what actually transpires in practice'. Participants said that the film showed how mentors can be 'intimidating', 'impatient' and 'ignorant'. They commented that 'being tough does not always work'. For one group the session highlighted:

'How poorly I was supported as a student with a SpLD – going to be better (as a mentor)'

Participants commented that they did not want to treat students as they may have been treated previously, with one group writing:

'Made us all feel that we do not want to be categorised as TYPICAL MENTORS'

Discussion

Mentors play a key role in practice learning, providing learning opportunities and supporting health care students' development (Papp et al., 2003; Bramner, 2008).This study's findings indicated that prior to the session, participants had limited knowledge and confidence about SpLDs, particularly dyscalculia and dyspraxia, but afterwards they expressed more confidence in their knowledge and skills and they could identify a range of skills, attributes and strategies to use in practice. The need to educate mentors about SpLDs has been previously highlighted (Dale and Aiken, 2007; White, 2007; Ridley, 2011). This resource was remarkably successful in increasing mentors' confidence and understanding SpLDs, with increased positivity about mentoring students with SpLDs. Qualitative comments further highlighted their receptiveness towards learning about how to support students with SpLDs and indicated improved understanding and more positive attitudes. In Child and Langford's (2011) study, students reported considerable disparity between how mentors treated and supported them but mentors' attitudes and behaviour could be affected by their knowledge, skills and confidence. Therefore, including an effective, standardised session within mentor preparation courses, and making this material available at mentor updates, could assist with greater parity of support for students with SpLDs.

Previous research has highlighted that students find disclosing dyslexia in practice settings problematic (Illingworth, 2005; Morris and Turnbull, 2007; White, 2007; Stanley et al., 2007; Child and Langford, 2011). Following the session, this study's participants better understood the benefits of students disclosing their SpLD and that mentors' approach to students, influences their disclosure. Morris and Turnbull (2007) found that students' decisions as to whether to disclose was based on the personal and professional qualities of their mentor. Where mentors were perceived as empathetic and receptive, levels of disclosure were higher; conversely where mentors seemed patronising and lacking in insight, students were less likely to confide in them.

Sanderson-Mann and McCandless (2006) identified the benefits of open communication between students and mentors. The world cafe event data indicated a good understanding of interpersonal skills which could be supportive to students. Similar qualities, such as being approachable, patient and flexible, have been identified in other studies (White, 2007;

Ridley, 2011).

Following the session, more participants understood the concept of reasonable adjustments for students with SpLDs and their world cafe event comments indicated a good grasp of possible adjustments that could be made in practice. Previous research has highlighted that nurses with dyslexia are often very careful and safety conscious in practice (Sanderson-Mann and McCandless, 2006; Morris and Turnbull, 2006; Ridley, 2011). This study's results indicated that prior to the session, most respondents did not believe that students with SpLDs would always be less safe in practice; following the session, this view was stronger still.

This evaluation indicated that using real student stories in the films helped participants appreciate the experience of students with SpLDs while in practice. The results support findings from Tee and Cowen's (2012) project which also found benefits in using student stories within resources to prepare mentors to support students with disabilities. Few other research studies have focused on the support for, and assessment of, students with SpLDs in practice or on mentors' perspectives. This project's positive evaluation indicated benefits of embedding a learning resource into a mentor preparation programme. Session facilitators reported that the learning resource was straightforward and could be used with minimal preparation. They were keen that it should be part of course delivery for all future mentor preparation courses.

Limitations

Within the project timescale, the resource could only be piloted with three small groups with a total number of 61 novice mentors taking part in the evaluation. However, the evaluation findings are insightful and informative and the questionnaire analysis indicated statistically significant results. The project team recognise that, to date, it has not been possible to evaluate application of this learning to mentoring practice. It would be beneficial to conduct further research to investigate the long-term effect and sustainability of the project, and to evaluate the long term impact the learning has had on mentoring practice and experiences.

Conclusion

Practice experience is an essential component of courses which prepare students for professional practice and the quality of their practice-based learning and assessment will influence the development of competent practitioners. Students with SpLDs can encounter difficulties in the practice setting and so mentors have an important role in supporting students with SpLDs to develop their competence in practice. Students need to feel confident that disclosure of a SpLD will lead to a supportive response from mentors and that reasonable adjustments will be made in practice, so that they have opportunities to develop competence and become fit for practice. Mentors are more likely to be supportive if they are confident in their understanding of SpLDs and feel that they have the skills to support students with SpLDs. In this project, a partnership between academic staff, mentors and students enabled the development of an effective learning resource which was embedded in the mentor preparation course. An evaluation of the learning resource was very encouraging, indicating that novice mentors were receptive to learning how best to support students with SpLDs in practice and that they developed a good understanding of the concept of reasonable adjustment. The learning resource is now embedded into the mentor preparation course and is being used in updates for qualified mentors.

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