

Doctors with Dyslexia. Advice for Trainers developed from a study of Foundation Year Doctors with Dyslexia.

Background

The Equality Act 2010 provides protection for people with disabilities including dyslexia in the workplace, increasingly students with dyslexia are qualifying in Medicine, and require support in order to maximise their potential as they progress through training. This advice is developed from a study of foundation doctors in Scotland with dyslexia. (submitted for publication)

What is Dyslexia?

Dyslexia is characterised by a specific pattern of impairments whereby learners struggle to develop accurate and fluent word reading, spelling, working memory (British Dyslexia Association, 2009; British Psychological Society, 1999).

People with dyslexia experience challenges which may include;-

- Recalling a written word once it is removed
- Recognising incorrectly spelt words
- Proof reading
- Reading from white boards or computer screens.
- Slow reading
- Spelling
- Confusion between similarly shaped letters e.g. b and p or q or words like saw and was.
- Recalling a list of tasks, poor working memory.
- Prioritisation (British Dyslexia Association, 2012; Moody , 2012)

Could my trainee have dyslexia?

Dyslexia is believed to affect 2% UK medical students (Shrewsbury, 2011). Doctors in this study were reluctant to disclose their difficulty because of anxiety about the impact on progression, and fear of bullying. Some of the cohort had been diagnosed at school, others at medical school. We are aware of doctors getting a diagnosis of dyslexia much later in life! Medical students perform under much less time limited conditions than junior doctors, which may mean that difficulties become more prominent after transition to foundation. This means that educators should consider the possibility of undiagnosed or undisclosed dyslexia if their trainees present difficulties with spelling, reading, or organising work.

What Difficulties do Trainees with Dyslexia have?

Our trainees suffered difficulties with written and verbal communication, exacerbated by time pressures, and interruptions. So particular tasks causing problems were:-

- Writing notes on ward rounds, or at handover meetings
- Writing drug lists when frequently interrupted
- Prescribing as they need more time to check medication spellings.
- Reading at speed, especially if out loud, and particularly when text is hand written.
- Reading number sequences such as CHI numbers, particularly when using electronic searches
- Reproducing CHI numbers, such as on laboratory requests.
- Taking down notes from telephone conversations.

Our doctors felt a lot of performance anxiety particularly on ward rounds where requests to read out loud or scribe this resulted in humiliation; prescribing also generated a lot of anxiety. Time pressures were exacerbated by perceived need to go back and improve notes following ward rounds, and spend time double checking medication charts.

Our doctors had used a variety of coping strategies mainly around double and triple checking, and allocating themselves extra time for tasks. Some had sought support from colleagues and pharmacists however this was not remotely universal.

How Can Trainers Help?

Some technological solutions had been found to be helpful, particularly spell checkers, bar code readers, dictaphones, and apps, such as BNF, on mobile devices. Few of our cohort had used electronic prescribing, but felt that it would be likely to be beneficial. Organisational tools such as mind mapping, and using draft notes before writing medical records had also been valued.

The technological solutions provide only a small contribution to these doctors, and the needs of each individual need to be assessed. What is hugely more important is for supervisors to discuss the difficulties with trainees, recognise their challenges and make modifications in the workplace. Many of the modifications that would be recommended would benefit all doctors, such as limiting interruptions whilst completing medication charts, and preparing written handover notes in advance; other changes may be needed for individuals. Sharing scribing on ward rounds; acknowledging that a trainee does not perform well when asked to read aloud, and avoiding requesting them to do so; and breaking telephone messages or task lists into small chunks, ensuring each is noted before the next is relayed would all benefit many doctors with dyslexia.

Encouraging trainees to openness about their difficulties to allow support to be offered by pharmacist, nursing, and medical colleagues is important; ward pharmacists can provide invaluable support.

Summary

Doctors with dyslexia face a variety of challenges when entering clinical practice. Though technology can be used to address some of these, individual variation means that it is paramount that trainees and their supervisors discuss the challenges, and consider working practices which ameliorate difficulties. It has been said that trainees will “need to work out ways to cope because they have to do the job”; this will result in unnecessary humiliation, deterioration in performance, and ongoing non-disclosure of difficulties. A safer happier and more productive environment will develop from discussion, sharing and understanding.

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References

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