

Society for Education in Anaesthesia (UK)

DYSLEXIA AND THE ANAESTHETIC TRAINEE



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As a trainee with dyslexia having recently passed the Primary FRCA (VM) and a consultant anaesthetist (CL), we are not experts in the field of dyslexia. We hope that this article will stimulate trainers to reflect on how they might engage trainees in discussion around learning difficulties and how to respond appropriately.

Individuals who experience dyslexia have learning differences and can show a combination of abilities and difficulties that affect the learning process. It occurs across a range of intellectual abilities. Other health professional groups have provided guidance for trainers and trainees on dyslexia in the workplace.¹

Dyslexia is considered a disability under the Equality Act 2010² and as such 'reasonable adjustments' may be required of RCoA, schools of anaesthesia and employers to avoid discrimination. The very nature of anaesthetic training – with frequent moves between hospitals and variable understanding amongst trainers of the challenges faced by trainees with dyslexia may reduce the opportunity for reasonable adjustments to be put in place.

For trainees, coping strategies that have worked while at university may not be available in clinical settings. The use of a clipboard or carrying a notepad can appear unconventional and may require

support from trainers. Bad experiences in the past may lead to a lack of confidence and a feeling of isolation. Trainees may choose to conceal their difficulties rather than risk direct discrimination. Inevitably, in so doing there is an increased risk of indirect discrimination and those with responsibility to provide 'reasonable adjustments' will not have the opportunity to do so.

Disability is well recognised in the exam regulations of the FRCA in appendices 3 and 9.³ The RCoA provide suitable adjustments when they are made aware of requirements in advance. Schools and employers also have a responsibility to develop a workforce that recognises dyslexia and can offer appropriate support. Mandatory training is a particularly blunt tool – educational supervisor training is important and schools may be able to get individual support from university-affiliated learning support teams.

The educational supervisor is key to helping a trainee with dyslexia to quickly thrive in a new environment. However, the trainee has to be confident that the response to their disclosure of dyslexia will be a positive one. This can be facilitated by appropriate information at induction, a departmental culture of inclusion, and educational supervisors that proactively seek every trainees' preferred learning style and offer support. It is particularly important to agree clear, measurable learning objectives and establish early what 'reasonable adjustments' are needed.

General principles

- Trainees may struggle with both immediate and long-term recall of numbers, times and names. Without reasonable adjustments, supervisors may perceive these as poor organisational skills. Some trainees with dyslexia might also struggle to understand exactly what is expected



of them in a busy environment.

Clear oral instructions are needed, while the 'hint and hope' of the days before human factors training can be particularly unhelpful.

- Photographs of work colleagues with names and roles displayed in a prominent place (alongside a hospital map) may be helpful as there can be difficulty in remembering roles and responsibilities.
- Trainees with dyslexia may take longer to learn to follow a sequence, such as that required in central line insertion. The established ways of teaching a new technique by repeated demonstration are important, but also the less conventional use of spider diagrams and mind maps may help as part of preparation. Written information may be helpful.
- The trainee may have developed their own approach to tasks, such as performing procedures in a certain order, or adapting techniques in unconventional

ways. Clinical educators may disable their trainees if they do not recognise these compensatory techniques.

- Keep in mind 'is this trainee competent to do the task?' instead of 'can this trainee do it like me?'
- A trainee with dyslexia may appear to be like an Apple computer to a team that has only used Microsoft before. A planned period of adjustment is needed.
- Multisource feedback or other assessments should be viewed in the context of dyslexia. This may be regarded as a reasonable adjustment.
- Trainees with dyslexia have varying patterns of strengths in important skill areas including creativity, lateral thinking, problem solving and visual thinking. Departments and trainers should recognise and encourage these strengths.
- The development of secure online discussion forums for trainees with dyslexia by both schools and the

RCoA would allow mutual support. the best advice may well come from people who have faced and overcome similar problems before.

Further information

British Dyslexia Association
www.bdadyslexia.org.uk

References

- 1 Supporting Dyslexic students on practice placement. University of Southampton School of Health Sciences (<http://bit.ly/2wK6j8V>)
- 2 The Equality Act 2010. The National Archives (<http://bit.ly/1u6tU8h>).
- 3 Examination regulations. RCoA, London (<http://bit.ly/rcoa-examreqs>).