



## Aims and Objectives

- Identify trainees who may have problems with dyslexia
- Improve awareness of our attitudes towards dyslexia.
- Increase knowledge of the system for managing trainees with dyslexia
- Increase awareness of range of resources available.
- **Too much information. Don't take notes!**

- The word ‘dyslexia’ comes from the Greek meaning ‘difficulty with words’.
- The term ‘dyslexia’ was first coined in 1887 by Rudolf Berlin an Ophthalmologist from Stuttgart in Germany.

# Definitions

- A disorder involving difficulty in learning to read or interpret words, letters and other symbols  
(Oxford dictionary)
- Dyslexia can be described as a continuum of difficulties in learning to read, write and/or spell, which persist despite the provision of appropriate learning opportunities. These difficulties often do not reflect an individual's cognitive abilities and may not be typical of performance in other areas.  
(Jan 2009 Scottish Government cross party working group).

## TED video

- <https://www.youtube.com/watch?v=zafiGBrFkRM>

# Dyslexia Numbers

Scotland (Dyslexia Scotland)	up to 10 %
Scottish Undergraduates	up to 6%
Scottish Medical students	up to 2%
Trainees with primary / secondary education outside of Western European countries are much less likely to have had a diagnosis of Dyslexia recognised at that stage.	

# Dyslexia Impact

- Primary Characteristics

Auditory / visual processing of language-based information
Oral language skills and reading fluency
Short-term and working memory
Sequencing and directionality
Number skills
Organisational ability

- Positive Characteristics

Creativity	Good problem solving skills
Good visual-spatial skills	Creative writing or poetry
Creating new knowledge	Emotional intelligence
Being articulate	Making unexpected connections
Sees the whole picture - a divergent thinker	



# Dyslexia Impact

- Secondary Characteristics

Anxiety	Stress
Lack of confidence	Panic
Tiredness	Poor self-image
Frustration	Burn out
Fatigue	Anger

# Groupwork 1

- 10 minutes
- Experience of dyslexia in self, students and trainees.
- What might alert you to the issue in a trainee?
- What effects might this have on the practice and on training?
- How would you broach the subject?

## What would alert you to possible Dyslexia?

- Prescribing errors
- Poor note-keeping
- Review of referrals
- Poor organisational skills
- Slow consulting (one of many causes)
- Exam failure – AKT.
- Pre-existing Dyslexia declared at the start

## AKT fails

- Fail AKT twice - needs dyslexia screen.
- Trainees do a self funded test, website (£10 + VAT)  
<http://www.dyslexiascotland.org.uk/our-assessment-services>
- Positive screen-refer to TPD

- TPD meets and refers to Performance Support Unit (PSU), or Occupational Health if strong health concerns.
- PSU also sees trainees with pre-existing dyslexia, if needed.
- PSU organises full dyslexia testing by Educational Psychologist - costs approx. £500 – paid for by NES.
- positive test = extra time for AKT and CSA (no cost)
- Employment/employer information also on Dyslexia Scotland Website

## Following diagnosis

- Trainee, ES and TPD meet to discuss “reasonable adjustment”. Consider OH referral if not done already.
- Based on the formal recommendations of the Educational Psychologist, and Occupational Health report if any health concerns.

## Groupwork 2

- 10 minutes
- How would you adjust the training environment for a trainee with a diagnosis of dyslexia?
- What would you consider as a “reasonable adjustment”?

## Reasonable Adjustment

- Acquiring/modifying equipment
- Trainee accesses software / hardware through Access to Work.
- Increasing supervision
- Flexible working options – eg admin time.
- Altered structure to tutorials



[Home](#) > [Benefits](#) > [Carers and disability benefits](#)

# Get help at work if you're disabled or have a health condition (Access to Work)

## Contents

- [Overview](#)
- [Eligibility](#)
- [What you'll get](#)
- [How it works](#)
- [Apply](#)

## Overview

## Related content

[Reasonable adjustments for workers with](#)

# Reasonable Adjustment

## Following OHS assessment

- Part time employment
- Job sharing
- Phased return to work
- Allocation of duties to one or more other colleagues
- Additional training or re-training
- Time off for rehabilitation or treatment
- Redeployment

## Additional tips

Mind mapping

Tinted screens

Dictation software

Use your iphone to dictate

Sequence instructions – 1,2,3

Templates and mnemonics.

COGPED guidance on OOH [Compatibility Mode] - Word

Robbie Bolton

File Home Insert Design Layout References Mailings Review View Tell me what you want to do

Clipboard Font Paragraph Styles Editing

## COGPED OOH Position Statement 2016

Background – This paper is the amended 2016 OOH document taking account of the changing face of unscheduled care and the updating of competencies to capabilities. It has been produced by the Deanery Out Of Hours Leads (DOOHL's) group for COGPED. The use of capabilities and competencies has been revised in line with current educational usage.

### Introduction

This revised document refreshes the position paper issued by COGPED in 2007 updated in 2010 which provided guidance on the way in which General Practice Specialty Registrars (GP StRs) gain experience in out of hours (OOH) care. This update recognises the consolidation of the delivery of GP training, the amended GP curriculum linked to capabilities, the role of Educational and Clinical Supervisors, and the development of the ePortfolio to record the learning experiences of GP StRs.

The delivery of OOH and unscheduled care continues to evolve with an increasing variety of models and processes offering patients a number of ways to access immediate primary medical care in the NHS. The RCGP has issued guidance that all GP StRs should have experience of 18 months in GP placements during their programme of GP training, and all Regions have worked to provide this.

The word Regions is used to describe local teams, deaneries and any other term that is used to describe a department of post-graduate medical education.

This paper divides the areas into mandatory requirements and recommendations.

### Background

Since 31 December 2004 Primary Care Organisations have taken full responsibility for ensuring effective OOH provision, other than in exceptional circumstances. A substantial majority of general practitioners no longer undertake OOH work, though a number of GP Educational Supervisors continue to provide clinical supervision for GP StRs undertaking out-of-hours sessions. GP Regions normally provide training for Clinical Supervisors who are not GP Educational Supervisors. The strong view of COGPED is that all newly accredited GPs will be expected to have demonstrated competence in the OOH capabilities.

The way in which general medical services are delivered continues to evolve. The development of urgent care pathways and services for both out-of-hours and unscheduled care provides a variety of learning opportunities and environments for GP StRs to gain experience and competence in the care of acutely ill people. The implementation of the Working Time Regulation (WTR) in 2009 requires all doctors (with certain approved exceptions) to work a maximum forty-eight hours in any one week (which can be averaged over a longer time frame). The working week for GP StRs in GP placements is defined as 10 sessions; a session being normally 4 hours. There should not be a problem including the OOH sessions within the working week. The RCGP have issued clear guidance as to how this affects the working of GP StR's.

COGPED OOH Paper 2016

Page 1 of 37 8413 words

## INSPIRE DOCS – template for consultations

- Introduction
- Starter question
- Psycho-social background
- Ideas, Concerns and Expectations
- Red Flags
- Examination
- Diagnosis
- Options
- Check Understanding
- Safety Net

# Tips for teachers – Medical Teacher

Pastel colours

Sans-serif fonts. No bold or italics.

Keep it simple – short sentences

Foster creativity

Handouts - less is more

Illustrations

Let people find their own way to learn

Summarise at start and end.

<http://dx.doi.org/10.1080/0142159X.2017.1302080>

## Resources for Dyslexia

Thanks to Health Education Wessex Professional Support Unit.

### General resources

[www.gov.uk/access-to-work](http://www.gov.uk/access-to-work)

[www.dyslexiascotland.org.uk/](http://www.dyslexiascotland.org.uk/)

[www.dysguise.com/free-resources/](http://www.dysguise.com/free-resources/)

[www.skillsrocket.com/](http://www.skillsrocket.com/)

[www.gmc-uk.org/education/standards-guidance-and-curricula/projects/health-and-disability-review/links-to-disability-organisations](http://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/health-and-disability-review/links-to-disability-organisations)

<http://cellfield.co.uk/>

## Changing computer fonts and colours

The Web Accessibility Toolbar for Internet Explorer

[www.paciellogroup.com/resources/wat-ie-about.html](http://www.paciellogroup.com/resources/wat-ie-about.html)

Screen Tinter Light (Windows PC) is a simple page colour software

[www.bltt.org/software/screentinterlite/index.htm](http://www.bltt.org/software/screentinterlite/index.htm)

Screen Shades (MAC OSX) - simple page colour software

[www.macupdate.com/app/mac/29478/screen-shades](http://www.macupdate.com/app/mac/29478/screen-shades)

Crossbow Educational provide coloured overlays, reading rulers and overlay screens for computers

[www.crossboweducation.co.uk](http://www.crossboweducation.co.uk)



## Speech recognition

Dragon Naturally Speaking

[www.nuance.com](http://www.nuance.com)

It is possible to get add-ons which recognise medical and pharmaceutical terms, for example, Spellex Dictation,

[www.spellex.com/estore/medical-dictation](http://www.spellex.com/estore/medical-dictation)

## Text to speech

Read and Write Gold

[www.texthelp.com/UK/our-products/readwrite](http://www.texthelp.com/UK/our-products/readwrite)

ClaroRead and Write

[www.clarosoftware.com](http://www.clarosoftware.com)

Balabolka and Browsealoud are free versions (cloud versions available)

<http://balabolka.en.softonic.com>

[www.browsealoud.com/downloads](http://www.browsealoud.com/downloads)

Dictaphones/audio note takers

[www.olympus.co.uk](http://www.olympus.co.uk)

[www.sonocent.com/en/the\\_software/audio\\_notetaker](http://www.sonocent.com/en/the_software/audio_notetaker)

Mind mapping software

[www.inspiration.com](http://www.inspiration.com)

[www.mindgenius.com](http://www.mindgenius.com)

[www.mindmeister.com/content/product](http://www.mindmeister.com/content/product) (free product)

On line flash cards

<https://apps.ankiweb.net/>

[www.cram.com](http://www.cram.com)

Specialist suppliers who can offer advice

[www.iansyst.co.uk](http://www.iansyst.co.uk)

[www.microlinkpc.com](http://www.microlinkpc.com)

Book

The Dyslexic Advantage

## Summary of learning.

- How would you recognise a trainee with Dyslexia?
- What support can you tell them to expect?
- What resources are available?

# Everybody is a Genius

But if you judge a FISH  
by it's ability to CLIMB a TREE  
then it will spend it's whole life  
believing that it is STUPID.

Not an Albert Einstein quote apparently