



## Open Research Online

### Citation

Gardiner, Stephen (2018). Dyslexia: Supporting Students In A Clinical Healthcare Setting. Research Summary for the Open University module H818 The Networked Practitioner

### URL

<https://oro.open.ac.uk/72184/>

### License

(CC-BY-NC-ND 4.0) Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

### Policy

This document has been downloaded from Open Research Online, The Open University's repository of research publications. This version is being made available in accordance with Open Research Online policies available from [Open Research Online \(ORO\) Policies](#)

### Versions

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding

The web-site is now in readonly mode. Login and registration are disabled. (28 June 2019)

## THU: Dyslexia: Supporting Students In A Clinical Healthcare Setting (Stephen Gardiner)

☆ [Favourite](#) 609 views

Cloud created by:



[Stephen Gardiner](#)  
29 December 2017

Specific Learning Difference/Difficulties (SpLD) relates to characteristic individuals who have a particular facet of learning. The most common SpLD is that of dyslexia.

Dyslexia affects one in ten people (Pennington, 1990), this equates to more than 6.3 million people in the UK (Census, 2011) and is recognised as a disability under the Equality Act 2010.

Dyslexia is a perplexing blend of difficulties and strengths and is diverse in severity within individuals. People who generally have dyslexia will tend to have unique capabilities as well as a classic array of complications.

Reid (2009), states that a person with SpLD and especially those with dyslexia are normally right-brained scholars who carry ocular behaviours of learning and therefore any open resource should take this into consideration.

In our increasingly high-tech learning environment a vast amount of Information Technology equipment is available to assist learners with SpLD, however this is mostly provided in house at universities. This equipment does not extend into the clinical area and the situation is more complex where permission may be needed to use digital recorders for example.

This OU live presentation will describe my literature review of "How to support dyslexia students in Clinical Healthcare settings". As part of any clinical healthcare training, integration of nursing science, multiple information management and online engagement also known as 'Nursing Informatics' (NI) (Scope and Standards of Practice, 2015), is to predetermined the development of any clinical curriculum (McGonigle and Mastrian, 2012; O'Connor, 2016).

Blended learning and multimedia engagement are key aspects of learning as stipulated by the Nursing and Midwifery Council (NMC) (NMC, 2010).

This presentation is about promoting behavioural arbitration of clinical educators about the inclusion of students with SpLD and especially those with dyslexia within a clinical setting. The presentation strives to provide information on deliverance of open education to those clinical students with dyslexia.

The presentation will focus on both implementation and inclusion. Focusing more on inclusion. The small element of implementation is that the presentation will target on is that how to

### Search

[Log in](#)

[Sign up](#)

Username:

Password:

[Forgotten password](#)

### Tags

[dyslexia](#) [neurodiversity](#) [SpLD](#)  
[Three M model](#)

[+ Add a tag](#)

### In Cloudscapes

 [OU H818 'The Networked Practitioner' Online Conference 2018](#)

employ the findings within resource material and the potential impact on long-term conclusions (Durlak, 2011).

The presentation will focus on research completed by the major dyslexia associations, JISC, Nursing and Midwifery Council and that of my own person experience. It is anticipated that it will highlight some of the obstacles students encounter when face with open resources.

My presentation will reveal the 'Three M' model approach (McLoughlin, 2001) and how this can help learners to plan their own learning, their lives, and other framework for the work environment. It will briefly introduce the work of Association of Higher Education Access and Disability and academic staff are liable for ensuring their open learning material is accessible to all students, who enter into third level education. It will provide information on how to construct material which will be more accessible to all service users with SpLD.

The final element of the presentation will bring all the elements together in the form neurodiversity and by creating neurodiverse environments students can thrive (Armstrong, 2012).

## Extra content

OU Conference Presentation

### PRESENTATION SCRIPT

Slide 1: My name is Stephen Gardiner. I'm going to talk to you about how to support students with SpLD, in particular with Dyslexia in a Healthcare setting and in clinical practice. This is of interest to me with a person who has SpLD and working in healthcare.

Slide 2: It is estimated that there are 8-10% students attending He in the UK that have SpLD (Hadjikakou and Hartas, 2008). People with SpLD are characterized as being focused, resilient, empathetic, compassionate and intuitive, with excellent interpersonal and problem-solving skills (Dale and Aiken, 2007; Dyslexia Solutions, 2010; Sanderson-Mann and McCandless, 2006). These attributes are highly valued in contemporary nursing practice (Corner, 2011) and as people with SpLD show significant patterns of occupational choice in favour of people-oriented occupations (Hartley, 2006; Taylor and Walter, 2003), nursing may have more students with SpLD than other disciplines (James, 2006).

Slide 3 – Neurodiversity

- o Language – this involves neuro-diversity, which is relatively new term, encompassing a range of neurological and developmental conditions (Pollak, 2009; Hendrickx, 2010). It was

+ Add to a Cloudscape

### Improve this cloud

+ Add a tag

+ Add extra content

+ Add embedded content

+ Add link

+ Add reference

introduced in the US in the 1990s and has become the preferred term by many of those with these conditions as it reflects the notion of a brain which is just wired slightly differently and moves away from the words 'impairment', 'difficulty' or 'disability'

Slide 4 – With all this in mind it is hard to imagine and relate what a dyslexic person sees. On screen now is what a person with dyslexia will see, they may be variations to this depending on their route cause of dyslexia.

Slide 5 – Students in Higher education and clinical education tend to study in a digital environment, using Virtual Learning Environments (VLE). With this most open resources, learning materials, teaching and library services are also delivered online.

Discussions on suitability, type of placement, adjustments and disclosure should be held early.

Slide 6 – Assessment

- o Student's academic – are they Auditory learners, visual learners, Kinesthetic learners
- o CNA
- o Identification of support needs
- o SWOT Analysis, which students can use to identify how to maximize the benefits to be gained during clinical practice.

Ensuring accessibility for students in HE Healthcare programmes, is more complex because of the clinical knowledge and experience they need to gain on placements. Clinical placements are critical elements of the programme.

Slide 7

CNA should include:

- o Identification of the academic and clinical needs and competences
- o Identifications of the students needs/supports and reasonable accommodations
- o Assessment of learning skills such as reading, note taking, time management

- o Assessment of communication and the ability to be able to communicate or receive communication, in its various forms, written, verbal, auditory and visual
- o Assessment of cognitive skills such as memory, attention, analyzing and processing information, problem solving and language processing
- o Assessment of physical abilities, examining movement, co-ordination, dexterity and fine motor skills
- o SWOT Analysis

#### Slide 8

The recommended reasonable accommodations are recorded include:

- o Assistance with assessments,
- o Requirements for a personal assistant
- o Recommendation for learning supports
- o Assistive technology

#### Slide 9 – Common Reasonable Adjustments

- o Note-takers
- o Dictaphones,
- o Spellcheckers
- o Extra time or Support

Slide 10 – The AHEAD guidelines which are used in clinical practice placements recommends making the following accessible:

- o Word Documents
- o PDFs
- o Powerpoint

- o Webpages

Slide 11 –

Then it is necessary for the Special Educator to turn to the lesson itself and consider how its components may be adjusted or altered to ensure that it responds to the learning readiness and learning profiles of the students it is designed for. This can be done by reflecting upon the following factors.

What material does the lesson contain, what are the aims and objectives and is it likely that some of the children in the class will struggle to find meaning from the facts presented if done in the conventional way? Learning material should be presented in a way that is meaningful and valuable to everyone.

- o Concept
- o Complexity
- o Collaboration
- o Conditions
- o Creativity

Concept

At what cognitive level is this lesson being taught? Is it possible to present the same material on a more concrete and simpler level than just assuming that every child can grasp the principles of the subject matter in an abstract form?

Complexity

Is it possible to present the same material in a variety of ways so that those who learn more quickly can work at a faster pace than those who do not? This is important so that everyone remains motivated and learning remains a positive and productive experience irrespective of individual capabilities. The complexity of material can be graded as a child demonstrates

aptitude in a given skill. This should be done in a manner that matches his own learning style.

## Collaboration

This relates to the level of assistance a child may need either from a peer or from a classroom assistant to complete a task. It also pertains to the nature of the task, that is, whether it is to be done on an individual basis or as part of a group. It is widely recognised that group work can be motivating where if a child is designated to carry out part of a task successfully he may be encouraged to attempt a more complex component more willingly.

## Conditions

The Special Educator must consider the conditions under which the learning will take place—namely the classroom itself—and the way it is managed and set up. The children should know their way around their class, the general layout of the classroom, and where they sit. There should be an area for quiet work, and perhaps a story corner or place for group discussion or group work. Materials used should accommodate all cultures within the class so that everyone can benefit from the lessons equally. Strategies to facilitate this are explored in further detail in the section entitled 'Classroom Management' in the chapter 'Tools for Planning'.

## Creativity

Creativity is paramount when attempting to differentiate the curriculum for children with special needs. It is often necessary to devise two or three alternatives to explain the same concept. This is also needed to try and accommodate different learning perspectives of the children concerned. Working within a creative framework will enable the Special Educator to teach lessons that are relevant to the children concerned. Then the children are more likely to respond with a compliant, co-operative attitude and develop a greater thirst to learn.

## Slide 12 – Dyslexia style guide

- o Media
- o Font
- o Headings and Emphasis
- o Layout
- o Writing style
- o Increasing accessibility

- o Checking readability
- o Accessible formats
- o Website design

#### Slide 13 – Support

- o Promote independence by helping the individual to develop appropriate strategies to succeed. This is done through developing their metacognitive awareness, providing scaffolded learning (which can later be withdrawn) and encouraging a multisensory approach to learning.

#### Slide 14 – Metacognitive awareness

- o Benner in 1984 identified that nurses often learn new things by acquiring a set of 'rules which are subsequently discarded as practice becomes more expert and intuitive'. However for dyslexic learners we know that providing them with a set of rules to follow is nearly always ineffective due to their inability to spontaneously generalise learning and transfer it to other contexts. Because of this issue Tunmer and Chapman (1996) advocate the concept of 'Metacognition'

#### Slide 15 – metacognition

The challenge therefore is to identify how to support individual to recognise what they are doing (both well and areas needing improvement), see the need for change and help them to achieve this. This process was first described by Freire (1972) as "praxis" and since developed into the "art of reflection" which is commonly used in clinical practice. Reid and Kirk (2001) suggest that individuals should consider the following:

- o Self direction
- o Self-monitoring
- o Self assessment

#### Slide 16 – Scaffolded Learning

Underpinning the whole approach to supporting an individual with SpLD and in particular dyslexia, is the concept of 'Scaffolded' teaching. This was originally proposed by Vygotsky (1978). Vygotsky advocates the need for social interaction as a means to cognitive development. He proposes that a gap often exists between the 'here and now' and potential future achievements and suggests how the teacher can help close this gap by providing a scaffold. This entails providing a support that can be removed when the structure, or individual, is secure on its/their own. Its about leading the learner and helping them to develop understanding.

#### Slide 17 – Zone of Proximal Development

Vygotsky also asks that we consider individual's 'Zone of Proximal Development when helping others to develop their knowledge and skills. This is the level, which at any particular point in time they have the potential to reach, and could be used to provide a series of stepping stones towards an ultimate goal.

See embeded content on the cloudspace for more information

## Slide 18 – Multisensory learning

The final support was described by McLoughlin (2001) when he advocated the “Three M” approach to help adults with dyslexia learn.

## Slide 19 – three M Approach

The three M’s being; Manageable, multisensory and memory. He uses the model with students to help them plan their own learning and even to manage their lives, but it would also seem to offer a useful framework for the work environment. He took strategy further.

- o Make it manageable – reduce the load on working memory; avoid dual processing wherever possible
- o Make it multisensory – increase the power of encoding by using a variety of stimuli
- o Make use of memory aids – to facilitate recall.

## Slide 20 – Summary

- o Assessment
- o Equipment – Computers, Digital voice records, PDA, digital pens, coloured overlays, tinted glasses
- o Software – Audio notetaker, reading programmes, voice recognition software, claroview, mind mapping
- o Style Guide
- o Focus on:
  - o Metacognitive Awareness
  - o Scaffold Learning
  - o Zone of Proximal Learning
  - o Multisensory Learning
  - o Three M Approach

When developing any resources for your students.

Slide 21. ANY QUESTIONS?



[Stephen Gardiner](#)

19:37 on 13 February 2018

---

OU Conference Presentation

## PRESENTATION SCRIPT

Slide 1: My name is Stephen Gardiner. I'm going to talk to you about how to support students with SpLD, in particular with Dyslexia in a Healthcare setting and in clinical practice. This is of interest to me with a person who has SpLD and working in healthcare.

Slide 2: It is estimated that there are 8-10% students attending He in the UK that have SpLD (Hadjikakou and Hartas, 2008). People with SpLD are characterized as being focused, resilient, empathetic, compassionate and intuitive, with excellent interpersonal and problem-solving skills (Dale and Aiken, 2007; Dyslexia Solutions, 2010; Sanderson-Mann and McCandless, 2006). These attributes are highly valued in contemporary nursing practice (Corner, 2011) and as people with SpLD show significant patterns of occupational choice in favour of people-oriented occupations (Hartley, 2006; Taylor and Walter, 2003), nursing may have more students with SpLD than other disciplines (James, 2006).

Slide 3 – Neurodiversity

- o Language – this involves neuro-diversity, which is relatively new term, encompassing a range of neurological and developmental conditions (Pollak, 2009; Hendrickx, 2010). It was introduced in the US in the 1990s and has become the preferred term by many of those with these conditions as it reflects the notion of a brain which is just wired slightly differently and moves away from the words “impairment”, ‘difficulty’ or ‘disability’

Slide 4 – With all this in mind it is hard to imagine and relate what a dyslexic person sees. On screen now is what person with dyslexia will see, they may be variations to this depending on their route cause of dyslexia.

Slide 5 – Students in Higher education and clinical education tend to study in a digital environment, using Virtual Learning Environments (VLE). With this most open resources, learning materials, teaching and library services are also delivered online.

Discussions on suitability, type of placement, adjustments and disclosure should be held early.

Slide 6 – Assessment

- o Student's academic – are they Auditory learners, visual learners, Kinaesthetic learners
- o CNA
- o Identification of support needs
- o SWOT Analysis, which students can use to identify how to maximize the benefits to be gained during clinical practice.

Ensuring accessibility for students in HE Healthcare programmes, is more complex because of the clinical knowledge and experience they need to gain on placements. Clinical placements are critical elements of the programme.

## Slide 7

CNA should include:

Identification of the academic and clinical needs and competences

- o Identifications of the students needs/supports and reasonable accommodations
- o Assessment of learning skills such as reading, note taking, time management
- o Assessment of communication and the ability to be able to communicate or receive communication, in its various forms, written, verbal, auditory and visual
- o Assessment of cognitive skills such as memory, attention, analyzing and processing information, problem solving and language processing
- o Assessment of physical abilities, examining movement, co-ordination, dexterity and fine motor skills
- o SWOT Analysis

## Slide 8

The recommended reasonable accommodations are recorded include:

- o Assistance with assessments,
- o Requirements for a personal assistant
- o Recommendation for learning supports
- o Assistive technology

## Slide 9 – Common Reasonable Adjustments

- o Note-takers
- o Dictaphones,
- o Spellcheckers
- o Extra time or Support

Slide 10 – The AHEAD guidelines which are used in clinical practice placements recommends making the following accessible:

- o Word Documents
- o PDFs
- o Powerpoint
- o Webpages

Then it is necessary for the Special Educator to turn to the lesson itself and consider how its components may be adjusted or altered to ensure that it responds to the learning readiness and learning profiles of the students it is designed for. This can be done by reflecting upon the following factors.

What material does the lesson contain, what are the aims and objectives and is it likely that some of the children in the class will struggle to find meaning from the facts presented if done in the conventional way? Learning material should be presented in a way that is meaningful and valuable to everyone.

- o Concept
- o Complexity
- o Collaboration
- o Conditions
- o Creativity

#### Concept

At what cognitive level is this lesson being taught? Is it possible to present the same material on a more concrete and simpler level than just assuming that every child can grasp the principles of the subject matter in an abstract form?

#### Complexity

Is it possible to present the same material in a variety of ways so that those who learn more quickly can work at a faster pace than those who do not? This is important so that everyone remains motivated and learning remains a positive and productive experience irrespective of individual capabilities. The complexity of material can be graded as a child demonstrates aptitude in a given skill. This should be done in a manner that matches his own learning style.

#### Collaboration

This relates to the level of assistance a child may need either from a peer or from a classroom assistant to complete a task. It also pertains to the nature of the task, that is, whether it is to be done on an individual basis or as part of a group. It is widely recognised that group work can be motivating where if a child is designated to carry out part of a task successfully he may be encouraged to attempt a more complex component more willingly.

#### Conditions

The Special Educator must consider the conditions under which the learning will take place—namely the classroom itself—and the way it is managed and set up. The children should know their way around their class, the general layout of the classroom, and where they sit. There should be an area for quiet work, and perhaps a story corner or place for group discussion or group work. Materials used should accommodate all cultures within the class so that everyone can benefit from the lessons equally. Strategies to facilitate this are explored in further detail in the section entitled 'Classroom Management' in the chapter 'Tools for Planning'.

## Creativity

Creativity is paramount when attempting to differentiate the curriculum for children with special needs. It is often necessary to devise two or three alternatives to explain the same concept. This is also needed to try and accommodate different learning perspectives of the children concerned. Working within a creative framework will enable the Special Educator to teach lessons that are relevant to the children concerned. Then the children are more likely to respond with a compliant, co-operative attitude and develop a greater thirst to learn.

### Slide 12 – Dyslexia style guide

- o Media
- o Font
- o Headings and Emphasis
- o Layout
- o Writing style
- o Increasing accessibility
- o Checking readability
- o Accessible formats
- o Website design

### Slide 13 – Support

- o Promote independence by helping the individual to develop appropriate strategies to succeed. This is done through developing their metacognitive awareness, providing scaffolded learning (which can later be withdrawn) and encouraging a multisensory approach to learning.

### Slide 14 – Metacognitive awareness

- o Benner in 1984 identified that nurses often learn new things by acquiring a set of 'rules which are subsequently discarded as practice becomes more expert and intuitive'. However for dyslexic learners we know that providing them with a set of rules to follow is nearly always ineffective due to their inability to spontaneously generalise learning and transfer it to other contexts. Because of this issue Tunmer and Chapman (1996) advocate the concept of 'Metacognition'

### Slide 15 – metacognition

The challenge therefore is to identify how to support individual to recognise what they are doing (both well and areas needing improvement), see the need for change and help them to achieve this. This process was first described by Freire (1972) as "praxis" and since developed into the "art of reflection" which is commonly used in clinical practice. Reid and Kirk (2001) suggest that individuals should consider the following:

- o Self direction

- o Self-monitoring
- o Self assessment

#### Slide 16 – Scaffolded Learning

Underpinning the whole approach to supporting an individual with SpLD and in particular dyslexia, is the concept of 'Scaffolded' teaching. This was originally proposed by Vygotsky (1978). Vygotsky advocates the need for social interaction as a means to cognitive development. He proposes that a gap often exists between the 'here and now' and potential future achievements and suggests how the teacher can help close this gap by providing a scaffold. This entails providing a support that can be removed when the structure, or individual, is secure on its/their own. Its about leading the learner and helping them to develop understanding.

#### Slide 17 – Zone of Proximal Development

Vygotsky also asks that we consider individual's 'Zone of Proximal Development when helping others to develop their knowledge and skills. This is the level, which at any particular point in time they have the potential to reach, and could be used to provide a series of stepping stones towards an ultimate goal.

See embedded content on the cloudspace for more information

#### Slide 18 – Multisensory learning

The final support was described by McLoughlin (2001) when he advocated the "Three M" approach to help adults with dyslexia learn.

#### Slide 19 – three M Approach

The three M's being; Manageable, multisensory and memory. He uses the model with students to help them plan their own learning and even to manage their lives, but it would also seem to offer a useful framework for the work environment. He took strategy further.

- o Make it manageable – reduce the load on working memory; avoid dual processing wherever possible
- o Make it multisensory – increase the power of encoding by using a variety of stimuli
- o Make use of memory aids – to facilitate recall.

#### Slide 20 – Summary

- o Assessment
- o Equipment – Computers, Digital voice records, PDA, digital pens, coloured overlays, tinted glasses
- o Software – Audio notetaker, reading programmes, voice recognition software, claroview, mind mapping
- o Style Guide

- o Focus on:
- o Metacognitive Awareness
- o Scaffold Learning
- o Zone of Proximal Learning
- o Multisensory Learning
- o Three M Approach

When developing any resources for your students.

Slide 21. ANY QUESTIONS?



[Stephen Gardiner](#)

19:38 on 13 February 2018

---

OU Conference Presentation

#### PRESENTATION SCRIPT

Slide 1: My name is Stephen Gardiner. I'm going to talk to you about how to support students with SpLD, in particular with Dyslexia in a Healthcare setting and in clinical practice. This is of interest to me with a person who has SpLD and working in healthcare.

Slide 2: It is estimated that there are 8-10% students attending He in the UK that have SpLD (Hadjikakou and Hartas, 2008). People with SpLD are characterized as being focused, resilient, empathetic, compassionate and intuitive, with excellent interpersonal and problem-solving skills (Dale and Aiken, 2007; Dyslexia Solutions, 2010; Sanderson-Mann and McCandless, 2006). These attributes are highly valued in contemporary nursing practice (Corner, 2011) and as people with SpLD show significant patterns of occupational choice in favour of people-oriented occupations (Hartley, 2006; Taylor and Walter, 2003), nursing may have more students with SpLD than other disciplines (James, 2006).

Slide 3 – Neurodiversity

- o Language – this involves neuro-diversity, which is relatively new term, encompassing a range of neurological and developmental conditions (Pollak, 2009; Hendrickx, 2010). It was introduced in the US in the 1990s and has become the preferred term by many of those with these conditions as it reflects the notion of a brain which is just wired slightly differently and moves away from the words “impairment”, ‘difficulty’ or ‘disability’

Slide 4 – With all this in mind it is hard to imagine and relate what a dyslexic person sees. On screen now is what person with dyslexia will see, they may be variations to this depending on their route cause of dyslexia.

Slide 5 – Students in Higher education and clinical education tend to study in a digital environment, using Virtual Learning Environments (VLE). With this most open resources, learning materials, teaching and library services are also delivered online.

Discussions on suitability, type of placement, adjustments and disclosure should be held early.

#### Slide 6 – Assessment

- o Student's academic – are they Auditory learners, visual learners, Kinaesthetic learners
- o CNA
- o Identification of support needs
- o SWOT Analysis, which students can use to identify how to maximize the benefits to be gained during clinical practice.

Ensuring accessibility for students in HE Healthcare programmes, is more complex because of the clinical knowledge and experience they need to gain on placements. Clinical placements are critical elements of the programme.

#### Slide 7

CNA should include:

Identification of the academic and clinical needs and competences

- o Identifications of the students needs/supports and reasonable accommodations
- o Assessment of learning skills such as reading, note taking, time management
- o Assessment of communication and the ability to be able to communicate or receive communication, in its various forms, written, verbal, auditory and visual
- o Assessment of cognitive skills such as memory, attention, analyzing and processing information, problem solving and language processing
- o Assessment of physical abilities, examining movement, co-ordination, dexterity and fine motor skills
- o SWOT Analysis

#### Slide 8

The recommended reasonable accommodations are recorded include:

- o Assistance with assessments,
- o Requirements for a personal assistant
- o Recommendation for learning supports
- o Assistive technology

Slide 9 – Common Reasonable Adjustments

- o Note-takers
- o Dictaphones,
- o Spellcheckers
- o Extra time or Support

Slide 10 – The AHEAD guidelines which are used in clinical practice placements recommends making the following accessible:

- o Word Documents
- o PDFs
- o Powerpoint
- o Webpages

Slide 11 –

Then it is necessary for the Special Educator to turn to the lesson itself and consider how its components may be adjusted or altered to ensure that it responds to the learning readiness and learning profiles of the students it is designed for. This can be done by reflecting upon the following factors.

What material does the lesson contain, what are the aims and objectives and is it likely that some of the children in the class will struggle to find meaning from the facts presented if done in the conventional way? Learning material should be presented in a way that is meaningful and valuable to everyone.

- o Concept
- o Complexity
- o Collaboration
- o Conditions
- o Creativity

Concept

At what cognitive level is this lesson being taught? Is it possible to present the same material on a more concrete and simpler level than just assuming that every child can grasp the principles of the subject matter in an abstract form?

Complexity

Is it possible to present the same material in a variety of ways so that those who learn more quickly can work at a faster pace than those who do not? This is important so that everyone

remains motivated and learning remains a positive and productive experience irrespective of individual capabilities. The complexity of material can be graded as a child demonstrates aptitude in a given skill. This should be done in a manner that matches his own learning style.

### Collaboration

This relates to the level of assistance a child may need either from a peer or from a classroom assistant to complete a task. It also pertains to the nature of the task, that is, whether it is to be done on an individual basis or as part of a group. It is widely recognised that group work can be motivating where if a child is designated to carry out part of a task successfully he may be encouraged to attempt a more complex component more willingly.

### Conditions

The Special Educator must consider the conditions under which the learning will take place—namely the classroom itself—and the way it is managed and set up. The children should know their way around their class, the general layout of the classroom, and where they sit. There should be an area for quiet work, and perhaps a story corner or place for group discussion or group work. Materials used should accommodate all cultures within the class so that everyone can benefit from the lessons equally. Strategies to facilitate this are explored in further detail in the section entitled 'Classroom Management' in the chapter 'Tools for Planning'.

### Creativity

Creativity is paramount when attempting to differentiate the curriculum for children with special needs. It is often necessary to devise two or three alternatives to explain the same concept. This is also needed to try and accommodate different learning perspectives of the children concerned. Working within a creative framework will enable the Special Educator to teach lessons that are relevant to the children concerned. Then the children are more likely to respond with a compliant, co-operative attitude and develop a greater thirst to learn.

### Slide 12 – Dyslexia style guide

- o Media
- o Font
- o Headings and Emphasis
- o Layout
- o Writing style
- o Increasing accessibility
- o Checking readability
- o Accessible formats
- o Website design

### Slide 13 – Support

- o Promote independence by helping the individual to develop appropriate strategies to

succed. This is done through developing their metacognitive awareness, providing scaffolded learning (which can later be withdrawn) and encouraging a multisensory approach to learning.

#### Slide 14 – Metacognitive awareness

o Benner in 1984 identified that nurses often learn new things by acquiring a set of 'rules which are subsequently discarded as practice becomes more expert and intuitive'. However for dyslexic learners we know that providing them with a set of rules to follow is nearly always ineffective due to their inability to spontaneously generalise learning and transfer it to other contexts. Because of this issue Tunmer and Chapman (1996) advocate the concept of 'Metacognition'

#### Slide 15 – metacognition

The challenge therefore is to identify how to support individual to recognise what they are doing (both well and areas needing improvement), see the need for change and help them to achieve this. This process was first described by Freire (1972) as "praxis" and since developed into the "art of reflection" which is commonly used in clinical practice. Reid and Kirk (2001) suggest that individuals should consider the following:

- o Self direction
- o Self-monitoring
- o Self assessment

#### Slide 16 – Scaffolded Learning

Underpinning the whole approach to supporting an individual with SpLD and in particular dyslexia, is the concept of 'Scaffolded' teaching. This was originally proposed by Vygotsky (1978). Vygotsky advocates the need for social interaction as a means to cognitive development. He proposes that a gap often exists between the 'here and now' and potential future achievements and suggests how the teacher can help close this gap by providing a scaffold. This entails providing a support that can be removed when the structure, or individual, is secure on its/their own. Its about leading the learner and helping them to develop understanding.

#### Slide 17 – Zone of Proximal Development

Vygotsky also asks that we consider individual's 'Zone of Proximal Development when helping others to develop their knowledge and skills. This is the level, which at any particular point in time they have the potential to reach, and could be used to provide a series of stepping stones towards an ultimate goal.

See embeded content on the cloudspace for more information

#### Slide 18 – Multisensory learning

The final support was described by McLoughlin (2001) when he advocated the "Three M" approach to help adults with dyslexia learn.

#### Slide 19 – three M Approach

The three M's being; Manageable, multisensory and memory. He uses the model with

students to help them plan their own learning and even to manage their lives, but it would also seem to offer a useful framework for the work environment. He took strategy further.

- o Make it manageable – reduce the load on working memory; avoid dual processing wherever possible
- o Make it multisensory – increase the power of encoding by using a variety of stimuli
- o Make use of memory aids – to facilitate recall.

Slide 20 – Summary

- o Assessment
- o Equipment – Computers, Digital voice records, PDA, digital pens, coloured overlays, tinted glasses
- o Software – Audio notetaker, reading programmes, voice recognition software, claroview, mind mapping
- o Style Guide
- o Focus on:
- o Metacognitive Awareness
- o Scaffold Learning
- o Zone of Proximal Learning
- o Multisensory Learning
- o Three M Approach

When developing any resources for your students.

Slide 21. ANY QUESTIONS?



[Stephen Gardiner](#)

19:39 on 13 February 2018

[+ Add extra content](#)

**Embedded Content**

**Poster**

## [Poster](#)

added by [Stephen Gardiner](#)

## Learning and research resources

### [Learning and research resources](#)

added by [Stephen Gardiner](#)

## Supporting learners with dyslexia

### [Supporting learners with dyslexia](#)

added by [Stephen Gardiner](#)

## How technology can help dyslexic learners help themselves

### [How technology can help dyslexic learners help themselves](#)

added by [Stephen Gardiner](#)

## Disability and student support staff

### [Disability and student support staff](#)

added by [Stephen Gardiner](#)

## Dyslexia Style Guide

### [Dyslexia Style Guide](#)

added by [Stephen Gardiner](#)

## Forms of Scaffolding

### [Forms of Scaffolding](#)

added by [Stephen Gardiner](#)

[+ Add embedded content](#)

## Contribute

Discussion (15)

Links (0)

Academic References (0)



[Mr Jonathan G Brown](#)

3:42pm 18 January 2018 [Permalink](#)

Hi Steve,

This sounds like a genuinely useful and practical presentation. Could you say more about what a 'neurodiverse' environment might look like? It's not a term I've come across before.



[Claire Richardson](#)

3:54pm 4 February 2018 [Permalink](#)

Hi Steve,

I am looking forward to your presentation. It is my impression that getting an official

diagnosis of dyslexia can be a barrier to getting access to appropriate in house support within schools, colleges and universities. Does the Association of Higher Education Access and Disability promote the use of universal design when designing Open Educational Resources? This would seem to be beneficial if there are any delays or issues with obtaining an official diagnosis of dyslexia.



[Richard Sharp](#)

12:09pm 7 February 2018 [Permalink](#)

Hi Steve,

Is your poster an example of the 3M approach ? Does it mean that the aim is to create a single artifact which is an engaging multisensory resource ... or is it similar to the UDL concept of providing multiple ways of interacting with the content (multiple means of engagement) ?



[Denise McDonough](#)

6:26pm 13 February 2018 [Permalink](#)

Hi Steve,

I enjoyed hearing a preview of your presentation on Friday. It was so polished and ready for the audience and you spoke with confidence.

How do recommend we as practitioners get the tech people that we may have to work with on board? So often I see in my work that they speak another language or are just too busy with the next project to grasp its importance.

Gill had posted a great TED talk, the speaker, Elsie Roy said, "Start with accessibility and it is better for everybody." She gave the example of the OXO potato peeler, who doesn't love that? My eyes were opened in a new way.



[Stephen Gardiner](#)

7:41pm 13 February 2018 [Permalink](#)

Hi Jonathan

Information on Neurodiversity

Neurodiversity

o Language – this involves neuro-diversity, which is relatively new term, encompassing a range of neurological and developmental conditions (Pollak, 2009; Hendrickx, 2010). It was introduced in the US in the 1990s and has become the preferred term by many of those with these conditions as it reflects the notion of a brain which is just wired slightly differently and moves away from the words "impairment", 'difficulty' or 'disability'



[Stephen Gardiner](#)

7:43pm 13 February 2018 [Permalink](#)

Hi Claire

thank you for your comments about my presentation. When doing my research AHEA did not advocate any universal design with open education resources, JISC does and the British Dyslexia association does. I have placed their style guide in the embeded content. Another good source is AHEAD guidelines.



[Stephen Gardiner](#)

7:45pm 13 February 2018 [Permalink](#)

Hi Ricahrd

My poster has cover some of the elements of the 3m approach you are quiet correct. Yes all artifacts should be multisensory to apply to all with SpLD



[Stephen Gardiner](#)

7:48pm 13 February 2018 [Permalink](#)

Hi Denise

Thank you for your kind comments with regards to my presentation. I would involve them in the development in creating multisensory learning materials.



[Richard Sharp](#)

12:23pm 15 February 2018 (Edited 12:26pm 15 February 2018) [Permalink](#)

Hi Steve. I didn't get time to comment after the presentation .... so entering here:

You talked about your advice for supporting SpLD individuals in a workplace environment - do you see the same approach being suitable for education?

In a workplace the organisation is responsible for funding and providing the reasonable adjustments so an wide approach might be sensible and efficient - particularly in the workplace that you discuss, where I think that you said there are many SpLD individuals.

But in education does the funding model (which in part relates to individual assessment and award I think) tend to individualise the approach - leading to rework of existing resources rather the adoption of good design practice from the start ?



[Denise McDonough](#)

1:08pm 15 February 2018 (Edited 1:08pm 15 February 2018) [Permalink](#)

Excellent presentation of a complex subject. We will all benefit enormously from your contribution, resources and personal experience as SpLD. I hope you will leave them on Cloudworks for those that come after our course. I found sadly so people removed the

links and files after they finished H818. Not very open in my opinion!



[Stephen Gardiner](#)

6:03pm 15 February 2018 [Permalink](#)

Hi Richard

I see no reason why the same approach could not be used in education, all the key elements are there to be used.

You are correct about workplace is reasonable for funding, however this is limited now and government funding is next to nothing, as people on clinical placements via High Education normally are placed in the NHS then funding for reasonable accommodations is not normally available.

In education this is different, when someone as had a special needs assessment recommendations are given and this then forwarded to the DSA authority who makes the decision on the available funding awarded for each student. Normally there is about 20 hours tutorial support, laptop, printer, dragon natural speak and two other apps then tend to be the norm.



[Stephen Gardiner](#)

6:04pm 15 February 2018 [Permalink](#)

Thank you for your kind comments Denise. Everything will be left up



[Dr Simon Ball](#)

10:27am 16 February 2018 [Permalink](#)

Hi Steve

Well done on a great presentation! Here is a summary of the comments and questions you received following your presentation (including those you may have addressed verbally). Please respond in whatever way you choose.

Best wishes

Simon

- ▶ it seems like quite a large project. Also aimed at specialist advisors in the universities, would that be right? I ask because as I am teaching Level 1 New students, I often come across students who seem to have an additional need. I have had to try to figure out how to identify these myself, so I'm always looking for some short training material appropriate to my generic lecturer needs, rather than specialist.
- ▶ Is there still a specific font to use that is better for dyslexic students to read?
- ▶ I am interested in the Metacognition aspect - can you clarify please?
- ▶ You have been very helpful in pointing out where our resources were less accessible throughout the course. I will look at your resources on your cloud in more detail.
- ▶

- ▶ BTW Steve, you mentioned in the forums that yellow is often a good background for students with dyslexia - so I started using a pale gold background on powerpoint slides, and asking students to let me know if there is a colour that suits them better.
- ▶ Is there any info anywhere on how to recognise an SPLD? It's not something I'm familiar with
- ▶ I always used the term 'specific learning difficulty' but I think 'special learning difficulty' is preferable and fits more with the neurodiversity umbrella



[Stephen Gardiner](#)

11:57am 16 February 2018 [Permalink](#)

Hi All

Answers to questions raised at conference.

1. it seems like quite a large project. Also aimed at specialist advisors in the universities, would that be right? I ask because as I am teaching Level 1 New students, I often come across students who seem to have an additional need. I have had to try to figure out how to identify these myself, so I'm always looking for some short training material appropriate to my generic lecturer needs, rather than specialist.
  - ▶ The project has been scaled down. The project is for all who was involved in mentoring or educating those in clinical practice. It is not aimed at specialist advisors as they have a set format for assessment, testing and educational needs. The British Dyslexia Association has some online programmes which you can partake in along with AHEAD as well have some very useful information.
1. Is there still a specific font to use that is better for dyslexic students to read? Font to use would be Arial, Veranda or comic sans is the preferred.
  - ▶ I am interested in the Metacognition aspect - can you clarify please? - there is a very good book called "the handbook of metacognition in education" it can be accessed here via this link [https://zodml.org/sites/default/files/\[Douglas\\_J.\\_Hacker,\\_John\\_Dunlosky,\\_Arthur\\_C.\\_Graes\\_0.pdf](https://zodml.org/sites/default/files/[Douglas_J._Hacker,_John_Dunlosky,_Arthur_C._Graes_0.pdf)
  - ▶ You have been very helpful in pointing out where our resources were less accessible throughout the course. I will look at your resources on your cloud in more detail. - thank you for your comments
  - ▶ BTW Steve, you mentioned in the forums that yellow is often a good background for students with dyslexia - so I started using a pale gold background on powerpoint slides, and asking students to let me know if there is a colour that suits them better. - Yes that would be suitable. A yellow colour also stimulates learning.
  - ▶ Is there any info anywhere on how to recognise an SPLD? It's not something I'm familiar with - MENCAP, British Dyslexia Association have some very good resources along with the AHEAD website.
  - ▶ I always used the term 'specific learning difficulty' but I think 'special learning difficulty' is preferable and fits more with the neurodiversity umbrella - yes would agree with you.



[Helen Dixon](#)

4:57pm 17 February 2018 [Permalink](#)

Hi Steve,

Sorry I missed your presentation on Thursday but getting caught up now and it was very interesting. I was not familiar with the neurodiversity concept and think that this is a much more inclusive concept than some of the existing labels. Your contribution to the group is really informative - it's great to have someone who can guide us on SpLD.

## Contribute to the discussion

Please [log in](#) to post a comment. [Register here](#) if you haven't signed up yet.