



Understanding dyslexia and nurse education in the clinical setting

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Summary Clinical practice and dyslexia is becoming an important topic with the introduction of disability legislation and changes in nursing school entrance requirements. This paper considers the issues surrounding nursing and dyslexia, drawing on the available evidence. Firstly, the strengths dyslexics can bring to nursing are considered, along with difficulties they can experience, although the evidence is limited, with papers being anecdotal or speculative at times. The attitudes of institutions and healthcare professionals towards dyslexia are also addressed, along with what they can do to support dyslexic nurses and student nurses. Strategies for individual students are also suggested, which nursing educators could encourage students to use. Finally, the issue of disclosure is discussed, and suggested reasons why some dyslexic students choose not to disclose.

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Introduction

Evidence about how dyslexia affects nurses' and student nurses' performance in clinical practice is lacking, and what does exist is often anecdotal. However, this is an important consideration, as

numbers of dyslexic nurses and student nurses may be increasing. Overall, the number of learning disabled college students (including dyslexics) has been increasing over the past 10 years (Ijiri and Kudzma, 2000; Konur, 2002), and recent disability legislation means that disabled individuals, which includes dyslexics, are more likely to be accepted for nurse education than in the past (Wright and Eathorne, 2003). Academic institutions such as universities and Schools of Nursing tend to have systems in place for supporting students with disabilities in the academic environment, however,

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on clinical placement students may be left to manage on their own. Using the available evidence from the UK and the USA, this paper considers what difficulties dyslexic nursing students may encounter on clinical placement, and what support might be needed. Some papers refer to learning disability, as those from the USA tend to use the terms “learning disability”, “specific learning disability” and “learning disabled” synonymously with dyslexia.

Herein, consideration has been given to terminology. There appears to be no agreement about terminology, with academics and dyslexia web sites varying in their use of ‘dyslexic people’ and ‘people with dyslexia’. Being unwilling to enter into disability politics, we feel that individuals should choose how they wish to be described. To this end, we have used both ‘dyslexic student nurses’ and ‘student nurses with dyslexia’.

Changes in entrance requirements could mean that students are entering nursing who previously would not have been eligible. Rule (1999, p. 10) states that “previously, the academic requirements necessary to gain entrance to a nursing course demand that any dyslexic individual will have developed his or her own strategy to ensure that their work is understandable”. However, she continues by stating that this may not always be the case for mature students who do not enter nursing the ‘traditional’ way. Such students may only realise they are dyslexic during the course. This was found by Colon (1997) in a survey of USA nursing degree programmes, who observed that heightened awareness of both faculty and students themselves, as well as knowledge of resources available, led to the discovery of undiagnosed learning difficulties. Such students may require different support to those students who have already been assessed as being dyslexic.

Dyslexia defined

Dyslexia is defined as a difficulty with language, and can be described as “a family of difficulties akin to a syndrome, rather than a single condition” (Miles, 1978). It can be a life-long learning condition, or may be acquired if the brain is damaged, and the condition can be characterised as an imbalance of skills. Dyslexics are individuals and this is reflected in the array of strengths and weaknesses that such people may exhibit. For example, amongst the cognitive strengths that might be demonstrated by people with dyslexia are enhanced skills in problem solving, creativity and the ability to think multidimensionally. Characteristics that might be considered as weak-

nesses include difficulty in organising thoughts, differentiating between left and right, omitting or reversing letters, and problems with short term memory.

Legislative requirements

Dyslexia is classed as a disability under the Disability Discrimination Act (DDA) (HMSO, 1995) and the Special Educational Needs and Disability Act (SENDA) (HMSO, 2001). It is unlawful to discriminate against disabled pupils and students in education in schools and colleges. Organisations, including educational institutions, are required by law to make ‘reasonable adjustments’ in order to accommodate disabled people, if arrangements place them at a substantial disadvantage compared to non disabled people, enabling them to participate on an equal basis with others (Harlan and Robert, 1998). The Disability Discrimination Act 1995 (Amendment) Regulations 2003 (HMSO, 2003) brings practical work experience placements within the scope of the DDA, and came into force in October 2004. If a student chooses not to disclose their dyslexia the organisation is not required to make any reasonable adjustments. However, it is not sufficient to wait until someone discloses before changes are made – by law, reasonable adjustments must also be anticipatory, that is made in advance.

Whilst it is important for organisations and mentors to make reasonable adjustments when dealing with dyslexic students, and to support the students in the development of their adaptive strategies, it must not be forgotten that under SENDA, less favourable treatment is justified if it is necessary to maintain academic standards or other prescribed standards, in other words, students must reach the necessary standards to pass each clinical placement.

Positive aspects

Authors have highlighted the positive aspects to being dyslexic. Davis and Braun (1997) suggest that people with dyslexia can offer a range of skills, such as being intuitive and insightful, being highly aware of the environment, and being able to think and perceive multidimensionally (using all the senses). The British Dyslexia Association (BDA) (2003) notes that dyslexics often demonstrate an ability to think and work differently; enabling them to produce innovative and creative solutions to problems. Wiles (2001, p. 23) suggests that thinking

holistically means that ‘‘nurses with dyslexia [...] can use a multidimensional approach to patient care and can visualise a patient as an integrated whole. They can connect with a patient in way that integrates the art and science of nursing’’. She also states that dyslexic nurses use ‘‘novel and creative problem solving measures that show an exceptional understanding of patients’ individual needs and the wider nursing issues involved in nursing care’’ (p. 23).

Sheehan and Nganasurian (1994) note that people with dyslexia often have a higher level of oral recall, and a tutor speaks of her dyslexic nursing student’s creativity as ‘‘impressive’’. It has been suggested that students dealing with learning difficulties have demonstrated strengths as learners, and that it makes them tenacious (Tumminia and Weinfield, 1983; Ijiri and Kudzma, 2000). Dyslexics may have a kinaesthetic learning style, rather than auditory or visual (Kolanko, 2003), this may explain that when learning is presented experientially, they can master many things faster than the average person can comprehend them (Davis and Braun, 1997), which could apply to practical learning on clinical placement.

One dyslexic nurse states ‘‘I would not want to be ‘cured’; it is part of the way I think and learn’’ (Cobley and Parry, 1997, p. 39). Students viewing their disability not as a handicapping condition but as an essential part of their identity is described as ‘‘reframing’’ by Gerber et al. (1996). Such reframing can affect the learning experience, influencing the degree to which students accept and understand their disabilities, how effectively they use their time, and the level of support they seek and receive. Kolanko (2003) related these factors to the success that student nurses experienced in the nursing programme.

Difficulties students may experience

It has been suggested that students manage better in the clinical setting than in the classroom/examination setting (Beeker, 1985; Shuler, 1990), perhaps because they are more active (Kolanko, 2003). However, various authors have identified the difficulties they believe dyslexic student nurses could experience on clinical placement.

Communication skills

Communication skills may be a problem (Selekman, 2002), and there may be errors in repeating instructions (Tumminia and Weinfield, 1983). Dyslexic

nursing students may have difficulty following directions, have difficulty with clinical procedures which have long lists, have difficulty carrying out lengthy procedures, and get items in the wrong order (Shellenbarger, 1993). Students with dyslexia may be very distractible, with external distractions involving loss of concentration and information to be missed. They may have difficulty encoding information in short-term memory (Eliaison, 1992), and tasks requiring instant recall may be difficult and stressful (Chartered Society of Physiotherapists, 2004).

Inconsistent performance

Performance may be inconsistent (Stage and Milne, 1996), and there may be disparity between classroom and clinical performance (Shuler, 1990).

Time management

Students may have trouble with deadlines (Shellenbarger, 1993) and may be disorganised with difficulty meeting time targets (Shuler, 1990). Care plans may be completed late or deadlines missed (Shellenbarger, 1993). Daily patient care may be disorganised (Selekman, 2002). Students may experience lack of time in being able to carry out all the adaptive strategies (Stage and Milne, 1996). Eliaison (1992) suggests that some may have difficulty estimating how long a procedure or care activity may take and may not use their time in the most efficient way.

Spatial awareness

Students may confuse directional terms such as up, down, left and right (Shellenbarger, 1993).

Paperwork

Clarity of record keeping is an essential requirement of professional nursing practice (Nursing and Midwifery Council, 2002). It has been noted that dyslexic nurses may make errors in charting and writing of patient and other records (Shellenbarger, 1993) and charting sequential material in the correct order may be problematic (Selekman, 2002). Dyslexic nurses may mix up numbers, such as 6 and 9, or 12 and 21, which can have implications for drug calculations (Shellenbarger, 1993). However, students with dyslexia are not the only

ones who experience such difficulties on clinical placement, and there are many factors affecting the quality of nurses' record keeping (Taylor, 2003).

Attitudes of healthcare professionals and institutions

There is some evidence to suggest that institutions and healthcare professionals are unaware of the positive aspects of dyslexia, viewing dyslexic student nurses negatively and associating the condition with unsafe practice. In a survey of members of Councils of Deans to find out what support is given to nursing students and midwives with dyslexia, 24% identified practice risks and discussed the possibility of unsafe practice (Wright, 2000). A professor of midwifery and UKCC member stated that he knew of a nurse who could not read labels and used the colours of drugs and size of bottles to judge which medicines to give patients (Duffin, 2001), and added that numbers could also be misread, resulting on mistakes in dosage. In a letter to the Nursing Standard, (Watkinson, 2002, p. 30) writes "I have been taught that giving medications involves much reading: the right patient, the right medication, the right dose, the right time, the right method. Since a nurse with dyslexia would be unable to follow these steps, I cannot understand how they would be able to give out medications safely". Wright and Eathorne (2003) refer to such negative attitudes when they say that they feel that there is an emphasis on perceptions of what healthcare professionals with disabilities would not be able to do, rather than the strengths they possess, and that there was perception of risk in clinical areas. They found that staff attitudes were one of the greatest barriers.

Nurses relate encountering negative attitudes, and as a result, some do not tell managers how dyslexia affects their work because they are frightened that they may not have a job as a result (Duffin, 2001). Recounting his difficulties in gaining his nursing qualification, Green (1994, p. 52) writes "the nurse manager told my mother she believed me to be a danger on the ward because of my dyslexia [...] My big dilemma now is whether I should admit to being dyslexic when applying for posts". Such examples support Wright's (2000) suggestion that there may be a general lack of understanding in the professions as to what dyslexia is, how individuals develop adaptive mechanisms and how educational support can help individuals achieve safe practice.

It is important to acknowledge that some dyslexic nurses speak of taking more care: "within nursing circles there is a great fallacy that dyslexic nurses are dangerous...I know that my dyslexia makes me extra vigilant" [and] "a couple of colleagues argued that a nurse with dyslexia might make a serious drug error. This is true, but anyone might make a drug error". (Sheehan and Nganasurian, pp. 33–34). Wright (2000) points out that nurses with dyslexia are hypervigilant in clinical situations and concludes that there does not seem to be any evidence to suggest that people with dyslexia cannot cope with studying or becoming a qualified nurse or midwife.

What nurse educators can do?

Nurse educators, including mentors in the clinical setting, could help student nurses with dyslexia by creating a supportive atmosphere. It is known that the performance of dyslexics is affected by stress (Kolanko, 2003), and that their performance improves with practice (Beeker, 1985), which suggests that an accepting and understanding atmosphere is required (Selekman, 2002). Colon (1997) suggests that establishments' approaches to students with dyslexia should follow the culture care theory (Leininger, 1989), whereby nurse educators help develop the concept of caring in their students as they exhibit caring behaviour with their students. The British Dyslexia Association (2003) points out that dyslexics require little in the way of support beyond the acceptance that they will need to approach some tasks differently. A more understanding and accepting environment could increase the likelihood of individuals disclosing their dyslexia.

Schools of Nursing could make organisational changes, the British Dyslexia Association (2003) pointing out that such changes can also have the benefit of helping everyone. Selekman (2002) proposes continuous evaluation by the educational establishment to check that arrangements are satisfactory for individual students. The British Dyslexia Association (2003) suggests carrying out an audit to ensure that employees with dyslexia are not at a disadvantage. Shellenbarger (1993) recommends that the organisation provides clear descriptions of clinical expectations; reviews clinical procedures using small, specific steps and allows students to jot down notes to help remember essential steps or order of items, writing notes on scrap paper first before transferring them onto a chart. The British Dyslexia Association (2003)

addresses the issue of printed materials, recommending using arial or comic sans font 12, bullet points, cream paper, matt rather than glossy, using plain English, short simple sentences, not starting a sentence at the end of a line, using active verbs and calling the reader 'you'. It also points out that changes in lighting and desk layout can help.

Healthcare professionals

An understanding and accepting atmosphere will in part depend on attitudes of healthcare professionals. Kolanko (2003) found that a positive attitude from educators, especially during clinical activities, was important in reducing anxiety experienced by students. Wright (2001) found that, where support on clinical placement is good this is because the mentor has dyslexia themselves or knows someone who has dyslexia (Wright, 2001). Thus, mentors on clinical placements need to understand about dyslexia and the way in which students learn (Wright, 1999a). Mentors also need to have awareness of how to support students that avoids discriminatory behaviour (Wright, 1999a). However, attitudes may be hard to change. Whilst Wright and Eathorne (2003) suggest it is important to train staff to create a change in attitudes towards disability equality issues, Oliver (1993, p. 65) points out "there is ample evidence that awareness training does not work; for example, racism training aimed at the attitudes of white people".

Some authors have made various suggestions about what mentors can do to help support students with dyslexia. Selekmán (2002) suggests regular meetings to ensure the student understands the clinical objectives and how they are being measured, and weekly evaluations of how students are performing. She also suggests that mentors check students' clinical skills at all times, and checking what students have written on a piece of paper, before transferring to permanent records. However, it is not clear how such constant checking would be received by students and mentors, who may lack time. Shellenbarger (1993) highlights the importance of feedback, and suggests that mentors praise student efforts and reinforce strengths. The British Dyslexia Association (2003) suggests providing vital information visually and verbally as well as in writing, although this may not be possible in all situations. For student physiotherapists, The Chartered Society of Physiotherapists (2004) makes some suggestions which may be applicable to nursing students: that mentors could consider asking if students have any special

support requirements before the placement begins; providing dyslexic students with a general overview of the topic before going into detail; using as many concrete examples as possible when explaining ideas; using multi-sensory methods; and consideration of flexible working patterns enabling students to work at their most efficient level, for example allowing notes to be written at intervals during the day rather than expecting them all to be written up at the end of the day.

Strategies for individual students

Mentors and nurse educators should be aware of what adaptive strategies are available to nursing students with dyslexia, and where possible encourage them to use and develop them, especially as it has been found that students do not always transfer a successful strategy in one area to a similar task (Kolanko, 2003). Strategies for individual students will vary as their experience of dyslexia varies, and often people will have already developed some adaptive strategies of their own. Students could be made aware that with practice their adaptive strategies should improve, for example Beeker (1985, p. 560) cites the example of one student nurse who "strengthened her compensatory strategies and improved her writing skills, [and] began to monitor her own recording". Sheehan and Nganasurian (1994) relate one student's difficulties in gaining his nursing qualifications. The student found that honesty with his working colleagues and a help for request when required became easier with practice. Students may have different learning styles, and it may be helpful for them to know which learning style they prefer, in order to help them benefit most from clinical placement. Interviewing nursing students with learning disabilities, Kolanko (2003) found that they were all kin-aesthetic/tactile learners, that is those who learn best when they are involved or active participants. However, she found that there were differences in learning strategies between them. Some students found that written directions, skills labs and clinical practice provided strategies for learning nursing concepts and remembering details. Others noted that oral directions, reviewing tasks orally prior to performing them in clinical practice, and reading aloud assisted their learning.

Some authors have suggested strategies that dyslexic student nurses could use. Selekmán (2002) suggests strategies for nurses in clinical practice, such as writing something on a piece of paper first before transferring information to a chart;

developing priority lists in clinical situations to help organise care and ensure everything is completed, allowing for the checking off tasks as they are carried out, and using calculators to determine medication dosages. Shellenbarger (1993) suggests that students with dyslexia could help each other by proofreading each other's notes before putting them on charts. Students should ensure that they have a pen and paper with them at all times, to write things down so that they do not forget them, and to help in writing, could say their thoughts out loud (dyslexia-adults.com) Wright (1999b) suggests that students note priorities for the shift; repeat instructions to avoid any misunderstanding; write instructions in sequences; keep a pocket book for notes and practice skills under observation before meeting patients. For students who have difficulty in estimating how long a procedure may take, Eliaison (1992) suggests that such students time themselves while practising procedures and to make out time management charts.

Disclosure

Schools of Nursing and their mentors can only support dyslexic students in their learning and help them develop adaptive strategies if they know the student is dyslexic. Some students choose not to disclose. One study found that students do not declare that they are dyslexic for fear of being discriminated against (Blankfield, 2001), and some hide their dyslexia from others by using 'passing techniques' (Barga, 1996), which are particular behaviours a student engages in that help hide or pass off (disguise) the disability. However, this creates stress and tension for the students, as they cannot be truthful about their disabilities or make others aware of their needs. Students with dyslexia may be reluctant to ask for help if they feel ashamed, French (1993) pointed out that problems of the able-bodied are regarded as normal and acceptable, and such people can ask assistance of each other without feeling guilty or inferior, unlike disabled people. Students feeling negatively about their dyslexia may be affected by society's views on literacy. Literacy has been defined as a socially constructed phenomenon and Cook-Gumperz (1986, p. 1) noted that "literacy is not just the simple ability to read and write: but by possessing and performing these skills we exercise socially approved and approvable talents".

Issues of disclosure are related to those of labelling. Students may choose not to disclose as it would mean accepting the label 'disabled', be-

cause they are classed as such under disability legislation. Some may feel that being labelled as dyslexic means that others are making assumptions about what they can or cannot do, often to their detriment. However, there are positive aspects to labelling; Riddick (2000) suggests that a label can be helpful at a private level, to know that the differences experienced are not due to a lack of intelligence. She continues by saying that in the absence of formal labels, informal labelling may take place, such as lazy or stupid.

Conclusion

Gaining an understanding of the challenges facing dyslexic student nurses on clinical placement may be daunting. It involves open communication between mentors and students, and for mentors to be aware of any difficulties a student may be having, without knowing whether the student has dyslexia or not. It also involves mentors considering their own attitudes towards disability and literacy, and challenging them, where necessary. The benefits of helping such students are that they may be less likely to drop out, and encountering a caring environment could mean that when practising they will be more likely to deal with others with greater empathy and understanding.

It can be argued that mentors should be ready to provide extra support to all students, regardless of whether they have a label of dyslexia or not. There are some students who struggle with academic work or certain aspects of clinical placement, but who have not been fortunate enough to receive formal recognition of having dyslexic-type characteristics, and are not recognised by the disability discrimination legislation as requiring help.

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