

**Practice setting:** General Medicine, Guys and St Thomas Foundation trust

**Completed by:** Prince Haastrup (BSc Physio student at King's College London)

**Models of supervision:** 2:1

### Overview of placement

In general, I would see patients to assess and treat either their mobility or chest e.g. if they were off their baseline mobility or if they were retaining secretions in their lungs.

I would also work closely with the MDT for a variety of reasons but the Nurses, Occupational Therapist (OT's) and the Speech and Language Therapist (SLT's) would stand out as people I would tend to have the most contact with. The nurses spend a lot of time with patients so were able to flag up any concerns to us early, the OT's would assist with discharge planning and were great at getting a high level detail in a patients social history, while the SLT's were a key part for assessing swallow which is a major part of aspiration risk management.

The days were long (8:30am-8pm) but you would typically be on the wards from 9am-5:30pm while 6-8pm was used to finish off any outstanding notes and other bits of admin



### Types of service users

We mainly saw patients who had exacerbations of COPD. However, the ward had patients with a variety of conditions such as patients who were previously Covid-19 positive, patients with balance issues, step-downs from the high dependency unit and new admissions with falls and delirium.

### Typical Week

I worked a 7-day working pattern. Typically, I would be in for three days in succession then have 2-4 days off. I would also have to work some weekends however, myself and my fellow peer only had to work one weekend in total so there was a good work-life balance.

### What worked well?

There were three things that stood out in particular:

1. My clinical educator. He was incredibly accommodating and adapted his teaching style throughout! He noticed that I responded well to visual and practical teaching and would happily demonstrate and discuss anything I was not confident with, while also giving me space to think when I needed.
2. Approachable team. There was never a point where I felt embarrassed to ask a question.
3. The support available. No matter how busy it was, if I was struggling with anything, there was always someone to assist me regardless of the size of the task.

### Top tips to other students with dyslexia

1. Be open and honest with your clinical educator from the beginning, even if you do not feel it will affect your placement in the end. What I mean by this, is by discussing your learning needs early it will help to maximise your options for support from the start rather than disclosing them halfway/near the end of placement. If you do not disclose and discuss things early you risk missing out on support early which could maximise your learning early on.
2. If you have any information regarding appropriate support, let your clinical educator know. My university offers a helpful document called a Kings Inclusion Plan provided through the University's Disability Support Services. It includes all the information educators need to know.
3. If something is not working, let your clinical educator know. It could be the way the information is being delivered to you or you could just need more time to process the information.

### Top tips to practice educators supporting a student with dyslexia

1. Be patient. You may find yourself repeating yourself at times but stay persistent and potentially deliver the information in a different way. Sometimes it is the third analogy that works or demonstrating it that gets the cogs moving.
2. Don't be afraid to adapt your teaching style, I've never been one that can just sit and listen and absorb things like a sponge. I have a far better understanding when things are discussed and demonstrated.
3. Check in with how they're getting on with things. It's a great chance to see how they are coping and opens up discussions on what's working and what is not.