

Why you should read this article:

- To recognise the strengths that neurodivergent nursing students can bring to practice
- To understand how practice assessors and supervisors can develop neuro-inclusive learning environments
- To contribute towards revalidation as part of your 35 hours of CPD (UK readers)
- To contribute towards your professional development and local registration renewal requirements (non-UK readers)

Supporting neurodivergent nursing students in their practice placements

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Abstract

Neurodivergent conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, dyscalculia and Tourette's syndrome are common, and it is highly likely that practice assessors and supervisors will be asked to support neurodivergent nursing students in their practice learning environments. This article details the strengths that neurodivergent students can bring to nursing, as well as some of the challenges they may experience in practice settings. It outlines how practice assessors and supervisors can develop neuro-inclusive learning environments where neurodivergent students can thrive, as well as how to support them if they are not meeting their required proficiencies. The authors also discuss how appropriate reasonable adjustments can be implemented by using a collaborative approach with students.

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Keywords

autism, communication, communication difficulties, diversity, dyscalculia, dyslexia, learning disability, professional, reasonable adjustments

Aims and intended learning outcomes

The aim of this article is to enable practice assessors and supervisors to have greater awareness of neurodiversity so that they can effectively support neurodivergent nursing students in practice. After reading this article and completing the time out activities you should be able to:

- » Recognise the strengths and challenges experienced by neurodivergent nursing students in practice.
- » Consider how to work in partnership with neurodivergent students to put in place appropriate reasonable adjustments.
- » Understand how to facilitate a supportive learning environment for all students, including those who are neurodivergent.
- » Identify where to access further information to support neurodivergent students in practice.

Introduction

Neurodiversity is a term that describes the

diversity of human minds, but it has also become a movement that was initially led by the autism community to argue that society would benefit from recognising and developing the strengths of neurodivergent people (Doyle 2020). In addition to autism, neurodiversity encompasses a range of neurodevelopmental conditions including attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia (also known as developmental coordination disorder), dyscalculia and Tourette's syndrome (Smith and Kirby 2021). People with these conditions may be termed neurodivergent, since their minds work in different ways to that considered 'neurotypical' in society (Smith and Kirby 2021).

Neurodivergent conditions are common; it has been estimated that 10-15% of the UK population are dyslexic (Dyslexia Compass 2022), 3-4% of the adult population have ADHD (National Institute for Health and Care Excellence (NICE) 2023) and around 1% of

adults are autistic (NICE 2020). Neurodivergent conditions may be common within the nursing profession; for example, a study by Wray et al (2012) identified that around 29% of nursing students met the threshold for a potential diagnosis of dyslexia. The first author of this article (RM) has taught many cohorts of nursing students where at least half have been diagnosed with one or more neurodivergent conditions by the end of their programme.

The number of neurodivergent students entering higher education is increasing, and it is also common for students to be diagnosed while at university (Clouder et al 2020). This is particularly the case for women with ADHD and women with autism, in whom later diagnosis is particularly common since stereotypes and assessments are typically skewed towards the diagnosis of boys and men (Chronis-Tuscano 2022, Seers and Hogg 2023). Later diagnosis can have negative repercussions for people's self-esteem, mental health and self-identity (Seers and Hogg 2023), and has been linked to increased suicidality (Radulski 2022).

TIME OUT 1

Imagine that you are a practice assessor who has been allocated a second-year student and you have been informed they are neurodivergent. What are your initial thoughts when you hear this? Consider your past experiences of supporting neurodivergent students and what expectations or biases you may have. You may wish to discuss this with a colleague

Strengths and challenges experienced by neurodivergent individuals

Table 1 outlines some of the strengths and challenges that may be associated with various neurodivergent conditions. However, while neurodivergent individuals may experience and display similar strengths and challenges, it is important to recognise that these will vary for each person (Doyle 2020). Also, neurodivergent conditions often co-occur, and there is significant overlap between them (Smith and Kirby 2021).

Neurodivergent individuals frequently experience unconscious and conscious biases from those around them, leading to stigma and altered expectations (Evans 2014, Moore 2021). However, it is important to be mindful that although neurodivergent individuals may experience some challenges, this does not mean that their intelligence is impaired, or that they cannot perform well if personalised reasonable adjustments and appropriate strategies are in place.

Potential challenges in practice

Sensory sensitivities

Practice placements can be challenging areas, especially for nursing students who have sensory processing differences. It may be useful for neurotypical nurses to imagine what it might be like to constantly experience flickering lights or to feel the label on their uniform rubbing on their skin. They could listen carefully to all the sounds around them in their practice area – including the alarm bells, pumps, general background noise and people talking – and consider what that might feel like if they were unable to filter these out. For some neurodivergent students, this is a reality that can lead to an experience of internal sensory overload, which results in them appearing to 'shut down' or feel overwhelmed. In such situations the nursing student may seem distant, but in fact they are trying to process a high amount of environmental stimuli.

Neurotypical nurses can also consider what it might feel like to have to sit still when their body is telling them to move or fidget to help them focus – feelings that many people with ADHD can experience. This may be one reason why some neurodivergent students are attracted to the practical aspects of nursing, but can find lessons, meetings and observing in clinic situations more challenging. Neurodivergent students who experience these challenges will often be able to adapt, but it takes both physical and mental effort to do this.

TIME OUT 2

Jayne is an autistic nursing student who has scrubbed in for surgery as part of her practice learning experience. Partway through the surgery, she becomes distressed and says she can no longer tolerate the sensation of the gloves and gown and being sterile. How could you support Jayne in this situation and during the rest of her placement?

Masking

Masking is where a neurodivergent person changes or 'camouflages' their behaviour to fit in with a neurotypical environment, either consciously or unconsciously (Radulski 2022, Seers and Hogg 2023). Masking appears to be more prevalent in women than men (McQuaid et al 2022), because woman may feel more pressured to mask in social situations to conform with societal expectations (Milner et al 2019).

Masking results in a difference between what people can see and what the neurodivergent person is feeling, which can cause internal conflict with their self-identity, exhaustion and increased anxiety (Milner et al 2019). This may lead to a reduced level of performance, increased sickness and absence (Seers and Hogg 2023). Practice assessors and practice supervisors should be aware of this issue and enable students to express their 'true selves' by developing an inclusive and supportive practice environment.

Developing a safe and supportive learning environment for neurodivergent students Before the placement

Before a nursing student's placement begins, it may be beneficial to provide them with relevant information about the placement area. A welcome pack could be given to all students before starting the placement, which could include: a map showing how to get to the placement area and its layout; staff photographs; some details about the range of patients or service users that they may be expected to provide care for; a list with common conditions and medicines specific to the placement area; expected shift patterns; details about where

and when breaks take place; an example of the area routine; and the uniform or dress requirements. It may also be beneficial to include instructions on how to complete various documentation alongside completed examples, which can be particularly helpful for students who find structuring written work challenging (Major and Tetley 2019).

The information provided should include how the staff in the placement area support neurodiverse students and the named neurodiversity champion in the placement area whom the nursing student can contact if necessary. This will demonstrate neuro-inclusivity, reduce stigma and make students feel more accepted and able to be themselves (Moore 2021). Some students may want the opportunity to visit the placement area before their first day to reduce anxiety.

Disclosure

The decision to disclose or share a neurodivergent diagnosis will be highly personal for the student, since it comes with both benefits and risks (Major and Tetley 2019). Disclosure can enable the practice assessor or practice supervisor to better understand the student's strengths and challenges, and to implement reasonable adjustments as appropriate. However, some nursing students will not disclose their diagnosis to their practice assessor or practice supervisor during a placement, often due to fear of experiencing stigma.

Students often decide early in their placement whether they will disclose their condition, and this may be affected by their previous experiences. Studies have shown that both nursing students and nurses have reported occasions when colleagues have questioned their ability to be a nurse due to their neurodivergent diagnosis, without any real understanding of these conditions (Evans 2014, Hedlund 2023). Fear of judgement, reprisal and discrimination can be highly detrimental to nursing students' learning experiences (Craig et al 2023). Therefore, it is important that nurses create a safe and conducive learning environment

that is neuro-inclusive, as well as educating themselves about neurodiversity.

It is important for practice assessors and practice supervisors to be mindful that some students will not have a formal neurodivergent diagnosis but may suspect that they are neurodivergent or be in the process of being diagnosed. This can be a time of uncertainty for these students, and they may not feel able to disclose their status or have a support plan or reasonable adjustments in place. Similarly, in some instances the practice assessor or practice supervisor may suspect that a student is neurodivergent. This can be a challenging situation, especially if it is not recognised by the student themselves. In this situation, advice should be sought from the academic assessor to ensure any communication is carried out sensitively. An open and compassionate discussion with the nursing student will provide an opportunity for the practice team and student to understand their strengths and challenges, which can inform the development of a support plan.

TIME OUT 3

Consider what preparations you could make before a neurodivergent student starts a practice placement in your area. Make notes and discuss this with other practice assessors and practice supervisors. Identify three actions you could take before the next student starts a placement in your area

At the start of the placement

Arranging an early initial meeting between the practice assessor, practice supervisor and nursing student can be useful to give everyone the time to 'get to know' each other. During this meeting, the practice assessor or practice supervisor should ask the student if they have a support plan, health passport or any reasonable adjustments as a matter of routine. Nursing students may have already developed their own compensatory strategies, so the meeting with the student should include discussions about what they find effective and ineffective, to ensure the necessary support can be put in place (Major and Tetley 2019).

Key points

- Neurodivergent individuals frequently experience unconscious and conscious biases from those around them, leading to stigma and altered expectations
- The number of neurodivergent students entering higher education is increasing, and it is also common for students to be diagnosed while at university
- Practice placements can be challenging areas, especially for nursing students who have sensory processing differences
- Neurodivergent nursing students will have various strengths that they can apply during their placements to enhance patient care
- When a nursing student is having difficulties on their placement, it is particularly important for the practice assessor to discuss what reasonable adjustments are in place and if these are effective or not

Time management can be challenging for neurodivergent individuals, so providing the off-duty rota early on can be beneficial (Högstedt et al 2022). Reviewing the tasks that need to be completed at the beginning of the shift with the student, then 'checking in' with them throughout the shift, is another supportive measure that can be used, especially in the early weeks of the placement.

The practice assessor and practice supervisor should avoid giving the student too much information at once and ensure they provide sufficient time for the student to process any information, since this may take longer than usual. They should also offer information in different formats, such as verbally and in writing, to mitigate any working memory deficits (RCN 2022). The practice assessor and practice supervisor should give students time to write down instructions or important information and check their understanding by asking them to clarify what has been said or what actions they have to take. When asking questions, they should not 'jump in' and rephrase the question too quickly since the student may still be processing and

considering the answer.

Table 2 provides suggestions for conducting meetings with a neurodivergent student, although these could also apply to other students.

Reasonable adjustments

The Nursing and Midwifery Council (NMC) (2023) defines reasonable adjustments as ‘changes

in the way services are offered to prevent students with disabilities from being placed at a substantial disadvantage, ensuring a fair and equal chance of accessing services as set out in equalities and human rights legislation’. The NMC (2019) further states that ‘reasonable adjustments cannot be made to a competence standard. However, adjustments can be made to help

the student meet the standard’. This means that all students must achieve the standards required to become a registered nurse, but the way that they achieve and are assessed on those standards can be adjusted.

Under the Equality Act 2010, the duty to provide reasonable adjustments is anticipatory, meaning that workplaces should

Table 1. Strengths and challenges that may be associated with various neurodivergent conditions

Neurodivergent condition	Associated strengths	Associated challenges
Autism	<ul style="list-style-type: none"> » Effective memory for facts » Meticulous » Logical thinking » Punctual » Reliable » Honest » Adept at following protocols and guidelines » Systematic » Analytic » Observant 	<ul style="list-style-type: none"> » Sensory sensitivities, for example to sounds, lights and/or smells. These may lead to sensitivity overload or under-stimulation » Difficulty with interpreting people's behaviours, conversations and facial expressions » Literal thinking » Difficulty in new social situations and with maintaining working relationships » Uncomfortable with making eye contact during conversations » Difficulty with adapting to change » Take longer to process information » Firm, repetitive routines and behaviours » Anxiety » Masking
Attention deficit hyperactivity disorder (ADHD)	<ul style="list-style-type: none"> » Enthusiastic and passionate » Empathetic and sensitive » Energetic » Hardworking » Creative and entrepreneurial » Can hyper-focus on tasks and be highly productive at times 	<ul style="list-style-type: none"> » Issues with time management and prioritisation » Difficulty with retaining information » Difficulty relaxing and a sense of irritability » Excessive talking » Unintentionally interrupting conversations » Sensory sensitivities » Quick to act » Strong sensitivity to rejection or criticism (rejection sensitivity dysphoria) » Low self-esteem » Overactive thoughts » Easily burnt out » Inattention during tasks or conversations or ‘zoning out’ » Restlessness or fidgeting » Masking » Auditory processing disorder (a disruption in the way the brain understands and interprets what is heard)
Dyslexia	<ul style="list-style-type: none"> » Creative » Empathetic » Critical thinking skills » Observant » Visual and spatial skills » Emotional intelligence 	<ul style="list-style-type: none"> » Slower reading » Difficulty with spelling and pronouncing words » Reduced short term and working memory » Slower verbal processing speed » Auditory processing disorder
Dyspraxia (developmental coordination disorder)	<ul style="list-style-type: none"> » Creativity, motivation and determination » Problem-solving skills » Resilient » Hardworking » Creative 	<ul style="list-style-type: none"> » Suboptimal motor skills and coordination – may appear clumsy » Short-term or working memory issues » Word-finding issues » Difficulty with differentiating between left and right, using maps and spatial orientation
Dyscalculia	<ul style="list-style-type: none"> » Empathetic » Strategic thinking » Intuitive thinking » Practical » Hardworking » Problem-solving skills » Creative 	<ul style="list-style-type: none"> » Difficulty with telling the time and/or understanding numbers » Slower processing of calculations » Difficulty with metrics and conversions » Anxiety about maths or numbers

(Doyle 2020, Honeybourne 2020, Royal College of Nursing 2022, Hallowell and Ratey 2023, Doyle and McDowall 2024)

not wait for employees to ask for these (Craig et al 2023). Therefore, if there are grounds to suspect that a student is neurodivergent, and this is adversely affecting their ability to work in practice, then reasonable adjustments should be offered (Equality Act 2010). It takes time – and in some cases money – to obtain a formal diagnosis for a neurodivergent condition, with long waiting lists in some areas, and some students may not have been able, or wanted, to receive a formal diagnosis.

Reasonable adjustments in practice need to be individualised so that they meet the student's needs (Petty et al 2023). Many students will have a support plan in place, such as a health passport; however, these adjustments will often be generalised for all practice learning environments and may need to be adapted for the specific area. Table 3 details some examples of reasonable adjustments for neurodivergent students in practice.

TIME OUT 4

Amal is a first-year nursing student who has informed you he is dyslexic, dyspraxic and has ADHD. What reasonable adjustments do you think might be beneficial for Amal during his practice placement in your area?

It is important to remember that everyone is an individual and what works for one practice assessor and student may not work for another. Therefore, the practice assessor should take time to get to know the student, develop their strengths and provide support for any areas that are challenging. When providing feedback, the practice assessor should tell the student what they are doing well, since this will develop their confidence. They should also remember to give negative feedback constructively and sensitively because the neurodivergent student may be particularly sensitive to this due to past experiences or rejection sensitivity dysphoria.

Supporting a failing neurodivergent student

As with all students, there will be some neurodivergent students who

are highly effective in practice and some who may have difficulties, and this can be challenging for all involved. The possibility of failing a placement is stressful for both the student and the practice assessor. One issue that can occur is that the more stressed and anxious the student becomes, the more they may be affected by the challenges they experience as part of their neurodivergent condition (Major and Tetley 2019). For example, working memory can be adversely affected by stress, anxiety and lack of sleep (Wolf 2017), making it more challenging to recall answers to questions and sequences of actions. Dexterity and spatial awareness can also be reduced, while sensory sensitivities and overload may increase (Major and Tetley 2019). Furthermore, students may lack the capacity to mask as much as they usually would (Seers and Hogg 2023). These additional challenges can subsequently mean that the student is even less likely to meet their required proficiencies.

When a nursing student is having difficulties on their placement, it is particularly important for the practice assessor to discuss

what reasonable adjustments are in place and if these are effective or not. They should involve the academic assessor for support early on and may also consult the university disability support team. It is important to consider if there are alternative ways of assessing the student so that they can demonstrate the required proficiencies, either through simulation or in a quieter environment with fewer people observing them. Where possible, the student should receive additional time, keeping in mind that students will learn to become more efficient as they develop their skills and ways of working to align with their strengths, thereby mitigating any challenges (Evans 2014).

Ultimately, students will have to demonstrate that they are safe and effective in practice, and capable of meeting the NMC (2018) standards of proficiency for registered nurses. Any action plans put in place need to be instigated early to ensure that the student has the best possible chance to achieve the required proficiencies. Also, any plans should not be seen as punitive, but as a chance for the practice assessor

FURTHER RESOURCES

- NeuroDiverse Nurses UK
ndnursesuk.org
- RAINE (Reasonable Adjustments in Nursing Education)
raine.org.uk
- SUNN (Support and Understanding for Neurodivergent Nurses)
sunn10.wordpress.com
- SSHINE (Sharing Student Healthcare Initiative for Neurodiversity and Equity)
sshinestudents.wordpress.com
- Royal College of Nursing – Neurodiversity guidance
rcn.org.uk/Get-Help/Member-support-services/Peer-support-services/Neurodiversity-Guidance

Table 2. Suggestions for conducting meetings with a neurodivergent student

Areas	Suggestions
Disclosure	<ul style="list-style-type: none"> » Keep in mind that it is understandable if your current knowledge regarding neurodivergent conditions is limited, and be open with the nursing student about this. Also be aware that the student may not fully understand their condition themselves » Questions you could ask the nursing student include: <ul style="list-style-type: none"> – ‘Is there a neurodivergent condition you would like to disclose, such as attention deficit hyperactivity disorder (ADHD), autism or dyslexia?’ – ‘If you suspect you have a neurodivergent condition, please could you let me know? We can try to make a support plan going forward, even if you don’t have a formal diagnosis’ – ‘If you have been diagnosed with a neurodivergent condition, do you have any reasonable adjustments that need to be put in place? Do these work for you?’
Support and ‘getting to know’ each other	<ul style="list-style-type: none"> » Consider what support is available in your healthcare organisation, for example: <ul style="list-style-type: none"> – Does the organisation have a policy on supporting neurodivergent staff that could apply to students? – Has your manager given you additional time to have meetings with neurodivergent students? – Who else could support you? » After a student has disclosed their neurodivergent condition: <ul style="list-style-type: none"> – Keep the discussion going to ‘get to know’ the student and identify what support they require – Identify what support, resources and strategies the student has explored in the past. Were these effective? If not, why not?
Continuous communication and reviews	<ul style="list-style-type: none"> » During subsequent meetings with the student: <ul style="list-style-type: none"> – Frequently review what support the student requires – Reflect together on what is working well, what is not working and why – Keep communication clear and avoid complex language, euphemisms and jargon

and the student to gain a clear understanding of exactly what the student needs to do to achieve the proficiencies. Action plans should be SMART (specific, measurable, achievable, realistic and timed) and typed in a dyslexic-friendly font such as Arial, Calibri or Trebuchet (British Dyslexia Association 2023).

The practice assessor should ensure that reasonable adjustments are included when developing an action plan. They should also check that the student understands what they need to do to meet the plan's requirements and explore any differences in opinion. It is important that practice assessors and practice supervisors do not fail a student due to unconscious and conscious bias about the capabilities of neurodivergent individuals, and the student must be offered opportunities and support to improve the areas they are finding challenging before failing them (NMC 2023).

TIME OUT 5

Devan is a third-year nursing student who is autistic and dyscalculic. They are evaluating a placement that they have recently completed in an acute care setting. In their evaluation, Devan described how the practice assessor sent them information on the placement and encouraged them to visit before the first day. They were given a map to find the placement area, and on the first day they were asked if they had any reasonable adjustments and what their optimal way of working was. During the placement, they were able to have a break in a quiet space when necessary, and could also use this space to write up notes. This enabled Devan to cope better when the placement was busy or during emergencies, knowing the quiet space was available when the situation calmed down. The practice assessor also gave Devan sufficient time to double check their work and allowed them to use a calculator to undertake drug calculations. Devan reported that they were made to feel part of the team and they have applied to work in this area once registered as a nurse. Consider the aspects of effective practice in this scenario and how you might make your practice learning environment a positive experience for neurodivergent students

Learning from neurodivergent students

Neurodivergent nursing students will have various strengths they can

apply during their placements to enhance patient care. For example, some neurodivergent students feel less bound by social norms and are therefore more willing to question suboptimal practice rather than accept that 'it has always been done this way'. Furthermore, throughout their life neurodivergent students may have often had to develop different ways of working or compensatory strategies to get to university and become successful as adults. As a result, some students will have particularly creative thought processes, meaning they can consider an issue from a different perspective and find an innovative solution (Doyle and McDowall 2024), which in turn can inform practice. Given support, opportunities and the development

of self-confidence, neurodivergent students may become the leaders and role models of the future, following the example of Ruth May, the chief nursing officer for England, who is also dyslexic (Moore 2021).

Accessing further resources and support

There is a growing body of information on neurodiversity, including condition-specific websites and neurodiversity guidance from organisations such as Health Education England (2022) and the Royal College of Nursing (2022). Nurses and other members of the multidisciplinary team may also be neurodivergent and could share their experiences with colleagues and students.

Table 3. Examples of reasonable adjustments for neurodivergent students in practice

Reasonable adjustment	Rationale
Adjusted placement hours, for example no long days and minimal night shifts	To reduce the fatigue associated with masking and the pressure of learning new information and skills. For those students taking medicines, changing shift patterns from days to nights can also be challenging
Support when transitioning from one placement to another	To assist with disclosure, meeting the new team, reducing anxiety and knowing what will happen on the first day of a new placement
Use of devices such as smartphones, tablets or calculators	To look up spellings or medicines, use timers or reminders, access the British National Formulary app and assist in drug calculations
Additional breaks and/or a quiet space away from others during breaks. If possible, a walk outside might be beneficial	To reduce sensory overload and provide time to rest and refocus
Somewhere quiet to write up notes and complete documentation	To reduce distractions, improve focus on documentation and provide time to decompress
Additional skills practice, for example by providing loan equipment or additional time in skills labs	To support students to achieve competence in a skill in their own way, without the pressure of being observed and assessed initially
Use of a notebook or note cards	To record information such as commonly used medicines and conditions, as well as other important information that they need to remember and mitigate memory difficulties
Consideration of the placement location	To reduce the additional stress and fatigue that may be caused by travelling long distances to the placement
Consideration of the type of placement	To match students with placement areas that suit their strengths and challenges, where possible

(Health Education England 2022, Royal College of Nursing 2022)

There are also groups that aim to raise awareness and understanding of neurodiversity in nursing, such as those listed in the further resources. It is important to remember that every neurodivergent student is an individual with their own strengths and challenges, and understanding these will be crucial to enhance the practice placement experience for all involved.

TIME OUT 6

Identify if there is a neurodiversity network or people with an interest in neurodiversity in your healthcare organisation and what support and information they can offer. If there isn't a neurodiversity network in place, consider how you could set one up in your organisation

Conclusion

Neurodivergence is common among nursing students, and it is likely that practice assessors and practice supervisors will be asked to support neurodivergent students. Many of the approaches that can be used to support this group simply reflect effective practice for all students; however, it is important to be aware of the additional challenges that neurodivergent students may experience in the practice learning environment and how reasonable adjustments may mitigate these. Neurodivergence can also bring strengths such as problem-solving skills, empathy and different ways of thinking and working, and practice assessors and practice supervisors are in an ideal

position to develop these skills and support compensatory strategies. Neuro-inclusive practices and a supportive learning environment can encourage students to feel able to be themselves, to discuss what enables them to thrive in practice and, ultimately, to optimise the care they provide to patients.

TIME OUT 7

Identify how supporting neurodivergent students applies to your practice and the requirements of your regulatory body

TIME OUT 8

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account: rcni.com/reflective-account

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Supporting neurodivergent students

TEST YOUR KNOWLEDGE BY COMPLETING THIS MULTIPLE-CHOICE QUIZ

1. The term neurodiversity does not encompass:

- a) Autism
- b) Traumatic brain injury
- c) Attention deficit hyperactivity disorder (ADHD)
- d) Tourette's syndrome

2. What is developmental coordination disorder also known as?

- a) Dyslexia
- b) Dyscalculia
- c) Dyspraxia
- d) Dysphagia

3. Which of these strengths is commonly linked with ADHD?

- a) Can hyper-focus on tasks and be highly productive at times
- b) Find it easy to relax
- c) Effective time management
- d) High self-esteem

4. One challenge that is particularly associated with dyscalculia is:

- a) Discomfort with making eye contact
- b) Clumsiness
- c) Difficulty with telling the time and/or understanding numbers
- d) Rejection sensitivity dysphoria

5. What is masking?

- a) Where a person's behaviour is misattributed to a neurodivergent condition
- b) Where a neurodivergent person changes or 'camouflages' their behaviour to fit in with a neurotypical environment
- c) Where a person's neurodivergent condition is misdiagnosed as a mental health issue
- d) Where a neurodivergent person changes their environment to suit their needs

6. When giving information to neurodivergent students, practice assessors and practice supervisors should:

- a) Avoid giving too much information at once
- b) Offer information in different formats, such as verbally and in writing
- c) Ensure they provide sufficient time for processing
- d) All of the above

7. With regards to the disclosure of a neurodivergent condition, it is important to:

- a) Routinely administer diagnostic tests to identify neurodivergent students who have not disclosed their condition
- b) Inform students with a neurodivergent diagnosis that disclosure is mandatory
- c) Recognise that the decision to disclose a neurodivergent diagnosis is highly personal
- d) Advise neurodivergent students not to disclose their diagnosis and to mask their behaviours

8. Which statement is true?

- a) Reasonable adjustments cannot be made to help a student to meet a competence standard
- b) When a student is having difficulties on their placement, a punitive action plan must be instigated to make them aware of the consequences of failing
- c) Reasonable adjustments cannot be made to a competence standard. However, adjustments can be made to help the student meet the standard
- d) The academic assessor and university disability support team should only be involved once a student has failed their placement

9. Which of the following could be provided as a reasonable adjustment for neurodivergent students?

- a) Additional skills practice
- b) Adjusted placement hours
- c) Somewhere quiet to write up notes and complete documentation
- d) All of the above

10. Which of these fonts is not considered dyslexic friendly?

- a) Times New Roman
- b) Arial
- c) Trebuchet
- d) Calibri

How to complete this quiz

This multiple-choice quiz will help you to test your knowledge. It comprises ten questions that are broadly linked to the CPD article. There is one correct answer to each question.

- » You can test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.
- » You might like to read the article before trying the questions.

Subscribers making use of their RCNi Portfolio can complete this and other quizzes online and save the result automatically.

Alternatively, you can cut out this page and add it to your professional portfolio. Don't forget to record the amount of time taken to complete it.

Further multiple-choice quizzes are available at rcni.com/cpd/test-your-knowledge

This multiple-choice quiz was compiled by Alex Bainbridge

The answers to this quiz are:

6 d 7 c 8 c 9 d 10 a
1 b 2 c 3 a 4 c 5 b

This activity has taken me ___ minutes/hours to complete. Now that I have read this article and completed this assessment, I think my knowledge is:

Excellent Good Satisfactory Unsatisfactory Poor

As a result of this I intend to: _____