
Nursing Learning Difficulties

Reflective Account

Having read the above section, write a reflective account of a situation where the label of 'learning disability' may have restricted the care and support that the person received or what was done to prevent it from restricting someone's care.

Healthcare institutions are responsible for promoting equal treatment and care for all patient populations. However, learning disabilities may pose significant barriers to the adequate provision of care and consequently impact the overall quality of livelihoods among the populations. According to Phillips (2019), learning disabilities involve difficulty in coordination between the care providers and the patients, inadequate advocacy for the patient's condition, or the failure to effectively uphold reasonable adjustments within the care facility in promoting appropriate care. Learning disabilities among patients necessitate the healthcare environments to effectively develop mechanisms and prerequisite adjustments in promoting adequate and comprehensive care (Hanlon et al., 2018).

Patients may experience diverse learning difficulties that may impact their ability to receive care. Angelina, a 40-year-old, had a Down's syndrome condition, which impacted her learning and cognitive potential while receiving assistance within the local health facility with the aid of other women in their house. In a supported-living scheme, Angelina received 24-hour care owing to her condition. Over the years, she had a problem with her ears, making it difficult for her to communicate with the care providers effectively. Santoro et al. (2021) note that Down's syndrome impacts the overall functioning of the body organs resulting in co-morbidity in an individual with the potential for misdiagnosis within the healthcare environment. While considering the intensity of the hearing problem, there was a need for her to visit a speech and language therapist as an option to reduce the barriers of learning disabilities that failed to provide positive outcomes during her communication

with other health providers (Aftab & Anam, 2019). There was a need to enhance reasonable readjustments in reducing her vulnerability while improving her condition in promoting health outcomes.

Reasonable adjustments are crucial in advancing equitable health outcomes across marginalised populations. According to Read et al. (2018), appropriate adjustments are person-centred approaches in addressing specific needs of a patient within the healthcare environment, aiming to assist them in overcoming their barriers to the healthcare acquisition. Healthcare institutions may explore the use of various reasonable adjustments either provided by caregivers on the person taking care of the patient in a bid to reduce their vulnerability (Russell, Bryant & House, 2017). In the above situation, reasonable adjustments included allowing the patient more time for appointments while utilising written materials and information through an accessible means in addressing the barriers. Moreover, Doherty et al. (2020) note the benefits of advancing collaborative relationships with the patients throughout their therapeutic period in promoting health access and realising positive health outcomes. More outstanding multidisciplinary collaborations have been noted to have a more remarkable ability to understand the patient's needs while seeking their informed consent before undertaking various decisions relating to therapeutic procedures. Therefore, learning disabilities provide an opportunity to incorporate readjustments in realising notable care outcomes.

References

- Santoro, J. D., Pagarkar, D., Chu, D. T., Rosso, M., Paulsen, K. C., Levitt, P., & Rafii, M. S. (2021). Neurologic complications of Down syndrome: A systematic review. *Journal of Neurology*, 268(12), 4495-4509.
- Hanlon, P., MacDonald, S., Wood, K., Allan, L., & Cooper, S. A. (2018). Long-term condition management in adults with intellectual disability in primary care: a systematic review. *BJGP Open*, 2(1).
- Read, S., Heslop, P., Turner, S., Mason-Angelow, V., Tilbury, N., Miles, C., & Hatton, C. (2018). Disabled people's experiences of accessing reasonable adjustments in hospitals: a qualitative study. *BMC health services research*, 18(1), 1-10.

Doherty, A. J., Atherton, H., Boland, P., Hastings, R., Hives, L., Hood, K., ... & Chauhan, U. (2020). Barriers and facilitators to primary health care for people with intellectual disabilities and/or autism: an integrative review. *BJGP Open*, 4(3).

Russell, A. M., Bryant, L., & House, A. (2017). Identifying people with a learning disability: an advanced search for general practice. *British Journal of General Practice*, 67(665), e842-e850.

Aftab, R., & Anam, A. (2019). Adult learning disabilities. *InnovAiT*, 12(11), 651-655.

Reflective Account

Having read the above section, write a reflective account of a situation where knowing, or not knowing, the causation of learning disability helped inform or hindered clinical care.

Chromosomal abnormalities significantly impact the nature of clinical care and outcomes among individuals. Edward's syndrome poses as a medical condition poses a learning disability among individuals and treatment where there is little care in the notification of the disease condition. According to López-Ríos et al. (2020), Edward's syndrome is characterised by an elongated chin and abnormal development of the face and eyes, which could impact a child's potential to realise average growth. The knowledge of a learning disability can inform the perspective of clinical care for the provision and prerequisite modifications to improve patient care. James, a 4-year-old born to a father of 36 and a mother of 32 years, was born with the rare condition of Edward's syndrome. While the parents did not understand the specific condition, it was critical to develop a means of effectively communicating the message in reducing their anxiety and comprehending the cause of the disease. Fowler (2021) notes the need to develop a systematic approach to initiating communication with the caregivers and patient's parents regarding the emotional information within the care environment. The parent's history indicates the previous stillbirths and aborted fetuses that could have precipitated their child's condition. In the initial period, the parents seemed dejected by the information, failing to understand the causation of the condition. The parents had initially refused to engage in treatment for their child, citing misdiagnosis.

However, it was critical to categorically explain the disease symptoms, causes, and resulting implications in the failure to alleviate the symptoms to the parents.

The knowledge of Edward's syndrome, its causative factors, and the need to inhibit continued progression in the future child's learning abilities provide an opportunity for improving the care. Multiagency collaborations and communications between healthcare practitioners and caregivers enhance the realisation of positive health outcomes (Murray, 2019). In realising positive health outcomes, Harris & Sheehan (2017) point to the need to assess the numerous underlying factors that could impact the ability of individuals to seek treatment. Besides, studies assert the need for continued communication and knowledge sharing in addressing the various patients' needs. The clinical diagnosis of the structural malfunction in patients with Edward's syndrome necessitates surveillance in reducing the magnitude of retarded mental health conditions for patients. Therefore, knowledge of the chromosomal abnormalities informs on the basis for advancing specific therapeutic interventions for patients while upholding communication and collaboration with different caregivers in realising positive health outcomes.

References

- Fowler, J. (2021). Language matters when delivering a diagnosis of rare chromosomal conditions Edwards' syndrome and Patau's syndrome. *Future Rare Diseases, 1*(3). <https://doi.org/10.2217/frd-2021-0010>
- Harris, L., & Sheehan, R. (2017). Hospital care for people with a learning disability. *British Journal of Hospital Medicine, 78*(10), C156-C160.
- López-Ríos, V., Grajales-Marín, E., Gómez-Zambrano, V., & Barrios-Arroyave, F. A. (2020). Prolonged survival in Edwards syndrome with congenital heart disease: A case report and literature review. *Medwave, 20*(8).
- Murray, V. (2019). Co-producing knowledge: Reflections on research on the residential geographies of learning disability. *Area, 51*(3), 423-432.

Reflective Account

Having read the above section, write a reflective account about your role in supporting a service user with a learning disability and safeguarding issues.

Service users have a responsibility to support learners with disabilities within their jurisdiction. First, service users need to provide personalised patient care for patients to empower them in regaining their independence. While considering the demand for healthcare needs for numerous patients, care providers have a responsibility to ensure the sustainability of their provisions during and after the care provisions. For instance, the provisions of reasonable adjustments play a critical role for service users in supporting patients experiencing diverse learning disabilities (Sutton, Cozens & Kudita, 2020). The service users need to recognise the varying patient needs relating to the conditions of the diverse disease to improve the health status. Through the reasonable adjustments, patients would have a chance to realise self-sufficiency as an approach in empowering them to pursue greater health outcomes out of the hospital.

Second, service users have a responsibility to uphold patients' rights with learning disabilities while guaranteeing them their privileges (RCN, 2013). Patients need to recognise the implication of the medical conditions advanced by the medical practitioners either through explicit consent or through a competent person who acts on their behalf. Collaboration provides an effective approach to communicating what is required of their situations and best standard practices advanced by the healthcare institutions in realising positive outcomes. Promoting patient autonomy enhances the support for patients with learning difficulties and disabilities in overcoming their challenges. Third, service users are responsible for protecting patients with learning disabilities from physical and psychological abuse. *The Care Act (2014)* is a provision to safeguard the rights and privileges of patients suffering different conditions within the healthcare environment (Equality Act 2010: Guidance, 2013). As the custodians of patients and their care within the healthcare environment, service users are responsible for guarding patients with learning disabilities against any type of abuse while undergoing

treatment either within the hospital or in home-based care centres (Mental Capacity Act: Making decisions, 2014).

Moreover, service users have a responsibility to ensure patients comprehend the decisions undertaken by the healthcare personnel. Since health practitioners may often underscore the risk of ruling outpatients as mentally unfit or unwell to guarantee their consent on various issues, there is a need to enhance reasonable doubt in avoiding medical malpractices within the healthcare environment. Service users need to initiate a safeguarding alert for their patients through a coordinated effort aiming to improve the health outcomes, including education and use of assistive technologies for their situations (MacDonald, 2016): Vasudevan & Suri, 2017). Therefore, service users have the sole responsibility of abiding by the relevant legislation that guides their practice with the intention of supporting patients with learning disabilities to achieve positive outcomes.

References

- Vasudevan, P., & Suri, M. (2017). A clinical approach to developmental delay and intellectual disability. *Clinical Medicine, 17*(6), 558.
- Sutton, P., Cozens, M., & Kudita, C. (2020). Supporting people with learning disabilities and mental health issues: service users' experiences. *Learning Disability Practice, 23*(4).
- MacDonald, D. (2016). Creative ways of talking: a narrative literature review concerning emotional support for adults with mild or moderate learning difficulties. *British Journal of Learning Disabilities, 44*(3), 233-239.
- Equality Act 2010: Guidance. (2013, February 27). Retrieved from <https://www.gov.uk/guidance/equality-act-2010-guidance>
- Mental Capacity Act: Making decisions. (2014, September 30). Retrieved from <https://www.gov.uk/government/collections/mental-capacity-act-making-decisions>
- RCN (2013). Guidance for nursing people with learning disabilities -

<https://www.northdevonhealth.nhs.uk/wp-content/uploads/2012/04/Meeting-the-health-needs-of-people-with-learning-disabilities-RCN.pdf>

Reflective Account

Having read the above section, write a reflective account about your role in supporting a service user with a learning disability with capacity issues.

Learning disabilities have a negative implication on the ability of patients to undertake decisions to improve their wellbeing effectively. While considering the role of cognitive perspective in enhancing decision making, service users often fail to explore best practices for their mental health, necessitating support from caregivers. First, communication is an integral aspect in assisting the service users with learning difficulties to improve their situational awareness and understanding in the decision-making process (Gibson, Bouamrane & Dunlop, 2018). Care professionals are responsible for ensuring all patients experience quality healthcare services by acting in their best interest (Equality Act 2010: Guidance, 2013). The recognition of the specific patient needs provides a means of developing appropriate communication intervention tools customised to meet their learning disabilities (Fletcher & Miciak, 2017). Through the tailored communication tools, it is possible to develop communication and increase their cognition of the underlying situations in appreciating the diverse therapeutic interventions.

Second, communication could assist patients in feeling secure while developing a rapport with them. Patients with learning difficulties often tend to develop resistance to the treatment and therapeutic interventions when they fail to appreciate the rationale for the interventions (Yeh, Wu & Tung, 2018). Through careful interventions, including progressive communication and extra timing, patients with learning difficulties can understand the care choices while taking greater control over their treatment outcomes and interventions.

Moreover, the communication could foster support in increasing their understanding of the need to sustain positive physical health while avoiding specific precursors that could impact their overall wellbeing. Thus,

communication could be utilised to eliminate care barriers and sustainability of the health conditions.

Third, it is critical to link the patients with other support agencies that could be imperative to the therapeutic intervention process (Curtin, Willis & Enneking, 2019). It is notable patients with learning difficulties could be comfortable with specific people within their social networks, demanding the provision of the support team to improve their alertness. In addition, sourcing for social groups that support individuals and patients with learning disabilities could go along in sustaining their treatment outcomes (Daley & Rappolt-Schlichtmann, 2018). Consultations with different agencies ensure service users can receive all the relevant backing and assistance to promote their ability to regain capacity. Besides, it is crucial to ensure that patients are assisted in comfortable environments without distractions while allowing them time to comprehend the subject matter and understand the language while asking simple questions to augment the communication process (Pols, Althoff & Bransen, 2017). Finally, it is critical to eliminate all cues that could imply prejudice or discrimination for the patient while addressing the capacity issues during the therapeutic process in assisting them in improving their health situations. The continuous need to adopt a regular health check for the patients in ascertaining the communication and comprehension difficulties provides an opportunity to enhance populations' health outcomes.

References

Curtin, M. J., Willis, D. R., & Enneking, B. (2019). Specific Learning Disabilities: The Family Physician's Role. *American family physician*, 100(10), 628-635.

Daley, S. G., & Rappolt-Schlichtmann, G. (2018). Stigma consciousness among adolescents with learning disabilities: Considering individual experiences of being stereotyped. *Learning Disability Quarterly*, 41(4), 200-212.

Fletcher, J. M., & Miciak, J. (2017). Comprehensive cognitive assessments are not necessary for the identification and treatment of learning disabilities. *Archives of Clinical Neuropsychology*, 32(1), 2-7.

Gibson, R. C., Bouamrane, M. M., & Dunlop, M. (2018, September). Mobile support for adults with mild learning disabilities during clinical consultations. In *Proceedings of the 20th International Conference on Human-Computer Interaction with Mobile Devices and Services* (pp. 1-8).

Pols, J., Althoff, B., & Bransen, E. (2017). The limits of autonomy: Ideals in care for people with learning disabilities. *Medical Anthropology*, 36(8), 772-785.

Yeh, M. Y., Wu, S. C., & Tung, T. H. (2018). The relation between patient education, patient empowerment and patient satisfaction: A cross-sectional-comparison study. *Applied Nursing Research*, 39, 11-17.

Reflective Account

Having read the above section, write a reflective account of a situation where you have supported someone with a learning disability, focusing on the approaches you used or would use next time to help with any nursing assessment of their needs.

Learning disabilities pose a challenge to healthcare practitioners in providing customised care. The healthcare staff is responsible for comprehending the patient conditions and effectively addressing the underlying needs to achieve positive outcomes. First, it is critical to ensure a comprehensive understanding of the patient's medical condition, applicable reasonable adjustments, and influence in realising an improved health status (Fletcher et al., 2018). Professionalism and trust enhance cordial interaction and respect for patients throughout the treatment process and in making informed choices for their treatment outcomes. Practitioners handle diverse aspects of clients with collaboration providing an opportunity for effectively realising the best practices for the patient's treatment. Patient with a learning disability needs to appreciate and feel comfortable within their environment during the interaction. The patient must realise dignity during the therapeutic treatment and interaction in avoiding any perceived prejudice and compromise for care. Second, the exploration of communication options a patient with learning difficulty experiences ensures the realignment of the treatment perspectives as it highlights the issues in assisting overcome their challenging behaviors (Morley & Cashell,

2017: Sawhney, Zia & Gates, 2017). Over the past, advancing appropriate communication has offered a chance to realise positive outcomes for patients with learning disabilities efficiently.

Additionally, developing a health action plan informs on the physical and mental health needs. Since patients experience diverse conditions, it is essential to ensure the patient and their families realise the underlying challenges and impacts of their decisions. The health action plan as an intervention provides an in-depth comprehension and assessment of the patient's diverse health choices and their implications on their overall health (O'Cathain et al., 2019). The health action plan has been vital in delineating distinct patients' physical needs, including resource and basic needs and the appropriate support networks within their localities that could assist in reducing their negative health vulnerability. In most cases, social support groups enhance the participation of patients with learning disabilities critical to improving their situational awareness and cognition. Besides, the health action plan also endeavours to outline the support centres and necessary social reinforcement significant to reducing the co-occurring disease conditions.

Further, empowering patients with learning disabilities has been valuable in the sustainability of positive health outcomes. Williamson et al. (2017) note that undertaking occupational therapy through the establishment of skills among patients with intellectual difficulties can improve their conditions within the care environments. Patients often need the freedom to undertake their activities while seeking comfort and appreciation throughout their health progress. Patient engagement through designing events and participating in feedback events provides a great chance to improve their wellbeing (Ryan & Quinlan, 2018). More, patients with learning disabilities explore their ingenuity through creative works and could appreciate and showcase their experiences relating to the various activities they endeavour to undertake and accomplish. Therefore, including patients with learning disabilities throughout the organisation of events and community networks would improve their morale, thereby improving their physical and mental health.

References

- Fletcher, J. M., Lyon, G. R., Fuchs, L. S., & Barnes, M. A. (2018). *Learning disabilities: From identification to intervention*. Guilford Publications.
- Morley, L., & Cashell, A. (2017). Collaboration in health care. *Journal of medical imaging and radiation sciences*, 48(2), 207-216.
- O'Cathain, A., Croot, L., Duncan, E., Rousseau, N., Sworn, K., Turner, K. M., ... & Hoddinott, P. (2019). Guidance on how to develop complex interventions to improve health and healthcare. *BMJ Open*, 9(8), e029954.
- Ryan, C., & Quinlan, E. (2018). Whoever shouts the loudest: Listening to parents of children with disabilities. *Journal of Applied Research in Intellectual Disabilities*, 31, 203-214.
- Williamson, H. J., Contreras, G. M., Rodriguez, E. S., Smith, J. M., & Perkins, E. A. (2017). Health care access for adults with intellectual and developmental disabilities: A scoping review. *OTJR: occupation, participation and health*, 37(4), 227-236.
- Sawhney, I., Zia, A., & Gates, B. (2017). Patients with learning disabilities who lack capacity detained under the Mental Health Act in the UK: A case study. *British Journal of Learning Disabilities*, 45(2), 138-141.

SCENARIO 1

A Consider the Equality Act 2010, and do you need to make any reasonable adjustments?

The Equality Act 2010 necessitates fairness in dealing with all persons' despite their situations. Indeed, making reasonable adjustments, including increasing her communication and understanding of the risks of having multiple partners. Through a proactive approach to engaging her in different social activities and groups that focus on sexual education, the adjustment would reduce her vulnerability to sexual abuse. Besides, it is important to ensure Jo comprehends the risk of her condition while seeking to reduce her susceptibility to

additional medical conditions.

B Consider the Capacity Act and what actions should you take?

The Capacity Act necessitates seeking informed consent among individuals while acting in the best interest of the individuals. In promoting Jo's best interest during treatment, it is important to ensure the caregivers, practitioners, and her parents comprehend the need for her autonomy while assisting her in undertaking guided decisions (DOH, 2005: DOH 2013). Besides, it would be important to ensure Jo understands the rationale for all reasonable adjustments while supporting her throughout the process of treatment.

C Identify the health risk areas and consider your action plan for each area.

First, sexual abuse is a potential health risk resulting in sexually transmitted diseases. In the action plan, Jo would need to comprehend the risks of her potential promiscuous behaviour with her partners while assisting her in engaging in productive hobbies in reducing her vulnerability. Second, Jo risks physical and psychological abuse as she lives in her apartment, impacting her mental health. In worse situations, Jo could face physical attack and rape due to her medical condition that could further worsen her mental health. In the action plan to reduce her health risk, it would be crucial to assist her to understand the need to live with either her family or friend within the same locality. Moreover, Jo would need to be taught the health risks of her condition while developing interventions through the involvement of different stakeholders while seeking her consent and including her opinions throughout the process.

SCENARIO 2

A Identify the risk areas and prioritise them.

Individuals with learning disabilities experience diverse risks that necessitate adequate consideration and care. In the case study, Joe could experience adverse physical and mental health owing to their learning disability. First, Joe has no caregiver to cater for his material needs. While he had an initial caregiver, they have no custodian at the moment to assist him in accomplishing various responsibilities. Joe suffers from neglect from

his intended caregivers.

Nonetheless, his new friend Sam only takes up his money and keeps it for him. Through the situation, it is evident Joe faces hunger and could experience malnutrition while under the custody of this friend. Second, Joe risks experiencing hygiene-related diseases, including noroviruses, as they seem dirty. Through Joe's appearance, his physical condition and appearance keep on declining from his previous positive progress. Hygiene-related diseases negatively impact the individual's positive progress as it provides room for disease progression. Third, Joe experiences difficulty in his speech, highlighting a learning disability as he cannot explain various concepts to the caregiver. Joe's slurred speech points to a challenge in failing to incorporate and utilise communication intervention tools to improve his speech and social cognitive ability to express specific ideas. Fourth, Joe may not be taking up his medication resulting in a decline in his physical and mental situation. The sudden decline in Joe's health points to the failure to sustain a prerequisite diet and medication. There is a potential for neglect and abuse to Joe through the various risk areas as he lacks a caregiver or custodian.

B Consider Safeguarding of Vulnerable Adults, and what actions, if any, should you take?

From the case of Joe, it is integral to pursue protection from psychological abuse due to his vulnerability from unawareness. Joe seeks assistance from caregivers and friend who lives with him. Given his inability to ascertain his situation, he could be mentally and physically abused by perpetrators who would take advantage of his status. In accordance with the Safeguarding of Vulnerable Adults, it is critical to pursue his protection in a home-based facility or a designated caregiver (DOH, 2001). Additionally, he could be prone to financial or material abuse. Since Joe's friend, Sam, assists him in keeping his cash, there is a potential in failing to offer him the basic needs, including food and hygiene requirements.

References

DOH (2013). Mental Capacity Act Code of Practice: Code of practice giving guidance for decisions made

under the Mental Capacity Act 2005. <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

DOH (2005). Mental Capacity Act Deprivation of Liberty safeguards -

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

DOH (2001). Valuing People: a new strategy for learning disability for the 21st century. Stationary Office:
London