

How can midwives and educators better understand, teach and support neurodivergent students?

Summary

In this article, the authors explore the experiences of neurodivergent student midwives, defining neurodiversity and giving a spotlight to neurodivergent voices. In a midwifery climate of high attrition and with a growing number of neurodivergent students entering higher education, this article makes recommendations about how you can better understand, teach and support neurodivergent students in university and clinical placements to make midwifery education more inclusive and sustainable.

What is neurodiversity?

Neurodiversity, a term coined by Judy Singer¹, simply means diversity of the mind. It is the idea that there are variations in human populations that result in neurodevelopmental differences such as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), dyslexia, dyscalculia, among others. The notion that there is a “normal” way of neurocognitive functioning, is no more logical than the idea that there is one “correct” gender, race, or culture.

The medical model of disability has long categorised neurodevelopmental differences as disorders and deficits. Whilst we recognise that neurodiversity contains huge heterogeneity; the medical model reveals cultural prejudice and leads to oppression for those diagnosed, asserting that neurodivergent people are always impaired by their disabilities. Instead, neurodiversity roots itself in the social model of disability, which asserts that neurodivergent people are disabled by barriers in society.

The social dynamics surrounding neurodiversity can be somewhat compared to the dynamics that manifest around other types of human diversity. This includes unequal: social power distribution, job security, and accessibility. The social model of neurodiversity often encourages identity-first language such as “autistic person”, rather than person-first language such as “a person with dyslexia”. As a society, we must recognise the barriers faced by neurodivergent people and dismantle them, ensuring that they are able to live and thrive in environments that embrace their natural neurological dispositions. This is also true for student midwives; although the true numbers of neurodivergent students are unknown, particularly due to underdiagnosis in women and non-disclosure², it is clear from student experience that learning and working conditions are not always optimal.

Students who have disclosed a diagnosis to their universities are entitled to reasonable adjustments. Students report a disparity in their implementation and particularly in practice areas. Often practice facilitators, supervisors and assessors are not aware of the student’s needs or if they are made aware, they are unsure of how to support the student. This article aims to give concrete suggestions on how to better support neurodivergent students both in university and in practice.

Student experience spotlights

Although experiences differ, listening to the voices of neurodivergent student midwives provides a valuable insight into how their differences influence their experiences.

Autism

Sophie Rayner

Autism is a form of neurodiversity typically defined by deficits in social communication and restricted or repetitive behaviours and interests³. I don't see my autism as a deficit, but a difference. Sometimes, that difference enhances my ability as a student midwife and sometimes it limits it. I know being autistic has amazing strengths for my degree: I have hyper-fixations and special interests that mean I learn deeply about certain subjects; I enjoy studying and assignments. I have a unique aptitude for spotting patterns in learning and practice and I am hyper empathetic. After seriously considering dropping out throughout my first year, I can now appreciate my strengths and passions.

I also struggle, however. Whilst my tutors are aware and supportive, disclosure in placement can be difficult. I often get sensory overload and have meltdowns after shifts. I often 'mask' my autistic behaviours, but this is exhausting. Add to this the constant sensory bombardment of a hospital: buzzers, shouting, different smells, bright lights etc; sometimes I am pushed over the edge. This is when I can become despondent or 'shut down.' It's difficult for supervisors to understand this or accommodate me when I need to get away. I'm becoming more aware of my cues and warning signs of autistic burnout, and I endeavour to be safe. I'll take a seat to calm down if I need it, but staff can't always comprehend this as coping skills rather than laziness. I know what I need to help me succeed, but it requires increased awareness and the ability to accommodate disability.

ADHD

Chelsea Beckford-Procyk

I only received my diagnosis after starting my final year and looking back I only just made it into 3rd year. It was in 2nd year that I really began to struggle, not only with balancing placement shifts and university assignments, but at home too. On the outside I looked busy, I always had some extra project on the go, but in reality, I was desperately trying to keep my brain engaged. I was finding it so hard to focus on lectures, concentrate on reading, and keep my life organised. I'm a passionate student, but that didn't stop the feeling of boredom or executive dysfunction. I now know that while I loved picking up new things, I also became overwhelmed, just one of the ways ADHD can be such a contradictory condition! Post-diagnosis I have tried to make life more ADHD friendly; I find I study better in the morning; I need regular breaks and using technology helps remind me of appointments and deadlines. During clinical practice, I use the white boards in the delivery room to keep track of when

observations, medications and other tasks are due. I find the postnatal ward a little overwhelming; I have to make sure I make note of the task in hand instead of immediately dropping everything to answer call bells as this regularly disrupts my train of thought. I would also advise students to contact their lecturing team and ask for any accommodations they may need. Having a learning difference doesn't make you a bad student, with the right support it makes you a more creative one!

Student experiences:

Student experience is varied. Strengths should be recognised and valued, alongside offering reasonable adjustments in more difficult circumstances. A positive experience is influenced by having a well-adapted environment and strong relationships with practice supervisors and educators. Neurodivergent students benefit from having a designated point of contact and good continuity, often found in a personal tutor.

Students often discover their Neurodiversity whilst in Higher Education. The environment becomes more taxing and they uncover new areas where they need additional support. Diagnosis as an adult can be a long, expensive and therefore inaccessible process, and universities should develop their services to reflect this. Studies have shown that students can find it difficult to disclose their neurodiversity due to previous bad experiences, feelings of taboo, and a perceived lack of support⁴. In light of the ever-growing number of neurodivergent students accessing Higher Education⁵; educators and practice supervisors have a duty to ensure inclusive education is accessible for all and that reasonable adjustments are made. This will contribute to supporting student wellbeing and retention.

Recommendations:

In university:

- Relevant disability services should be signposted to all students and be accessible, offering support from enrolment.
- Develop a flexible, yet consistent syllabus. Teach using different modalities and offer alternatives assessment styles, recognising there are different ways of demonstrating knowledge.
- Make learning objectives and their rationale clear.
- Diversify methods for student participation.
- Repeat key concepts to assist students with processing information.
- Get to know your student's behavioural style and their 'normal'. Non-participation does not always mean uninterest; processing, formulating questions/answers, anxiety and distress may present similarly.

In practice:

- Communicate clearly and directly: avoid complex euphemisms.
- Provide constructive feedback, with an identifiable structure as to how to improve work: in a private space and in one-to-one sessions.
- Offer planning and stress management tools for practice placement.

- Additional support for documentation, as this can be a complex skill for Neurodivergent students to apprehend, particularly when required to multitask.
- Develop disability awareness training and a stable point of contact for students in placement.
- Liaison between university, practice teams and students to disclose the student's needs and plan accommodations.

Conclusion

These recommendations fall within what it means for universities and practice areas to implement reasonable adjustments. Educators and practice supervisors must recognise individuality and work in partnership with students to support them. Often something as simple as having a conversation and establishing a safe space for a student to discuss their needs can lead to increased confidence in the workplace. Failure to do so becomes an issue of equality, diversity and inclusion, and contributes to the attrition of neurodivergent students. The NMC⁶ states that midwives should “support students’ [...]to help them develop their professional competence and confidence. Currently, if we listen to neurodivergent students’ experiences, the lack of understanding and reasonable adjustments, particularly in practice, prevent them from thriving.

References

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