“Learning disability nursing is still genuine nursing”

Learning disability nursing? What’s that about? Well, that’s not real nursing is it? Oh you mean mental health? No. Wouldn’t you be better in mental health? I’ve heard all this, and more, since the day I decided to train to be a registered nurse in learning disabilities. And let me tell you, I even thought about changing to mental health nursing, just once, for an hour or so one evening while completing an assignment based on my first practice placement – which incidentally was in a nursing home for older people with varying stages of dementia.

When I was having my wobble I replayed all the adages quoted above, and considered how much easier it would be to get a job when I had qualified. And then it hit me. I would then never work with people with learning disabilities. I wouldn’t get to be a part of their lives. So I shook myself out of my indecision and ploughed right on ahead.

At university we have done lots of learning that can be described as creative. Using person-centred planning using tools such as PATH (Planning Alternative Tomorrows with Hope) and MAPS (Making Actions Plans) are fun, colourful and exciting, while at the same time being serious, focused and driven.

“You do lots of colouring and sticking”, I hear some nurses and students say of learning disability nursing. Yes there is colouring and sticking, and words and pictures. But here’s the thing: when those words and pictures become a personalised booklet that explains to a patient just exactly where his bowel is, and where the surgeon will make the keyhole incisions to remove the tumour that is in the bowel, and when the cutting and sticking explain to that same patient that there may be a risk of an emergency open procedure and that maybe he might wake up with a stoma; well those art skills and creativity come right into play.

“All you do is sit and chat”. There certainly is lots and lots of chatting. A good few hours were spent looking through pictures of intestines, bowels and stomachs.

“You just go round visiting people and drinking tea and eating biscuits” is another golden phrase I have heard. Well, I didn’t get a cup of tea offered to me when I visited this patient in hospital three days after he had had a very successful laparoscopic procedure. And the nurses didn’t offer me biscuits – but they did give me lots of thanks for the work I had done to produce the information booklets that they used with this patient to improve communication with him as well as helping him with pain relief and other issues arising from the surgery.

And the anaesthetist who, during the pre-admission assessment the previous week, had discussed her concerns with me about the patient’s capacity to understand the risks and therefore give informed consent? Well, she passed on her thanks for work well done. In her opinion, she said, this patient was one of the most informed she had ever had.

So who says I won’t be a real nurse when I qualify? NT

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