

THE EXPERIENCES OF PEOPLE WITH LEARNING DISABILITIES WHO TEACH HEALTHCARE STUDENTS: A QUALITATIVE STUDY

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ABSTRACT

This research aimed to find out why people with learning disabilities (LDs) choose to teach healthcare students, how this impacts them and why they may choose to return to teaching. The literature surrounding the experiences of people with LDs in teaching is scarce hence providing a need for further research into this topic.

The methodology of this research was phenomenology as it has the potential to offer unique insights into human experience. The methods of this project were individual semi-structured interviews.

Thematic analysis was conducted on the interview transcripts and identified themes such as: enjoyment of teaching, positive and negative communication experiences, helping students, personal development/gain, and remuneration for teaching.

Overall, the results demonstrated many reasons why people with LDs teach healthcare students, as well as areas they found enjoyable. Positive experiences were discussed as well as areas where the experience could be improved. The themes found demonstrate the importance of communication skills and how they can impact people with LDs, both when executed well and when improvement is needed.

To disseminate findings inclusively, an easy-read document has been created, and is included in this paper so that those involved in the study can appreciate the findings of this research and understand the importance of their involvement in this paper.

Keywords: learning disabilities, intellectual disabilities, education, teaching, healthcare students, medical students, nursing students

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INTRODUCTION

Learning disabilities (LD) represent a group of conditions that affect one's ability to adaptively and intellectually function (Hauser, 2023). LDs affect people in various ways including independence, learning and communication. According to Mencap (2025a), LDs affect approximately 2.16% of the UK population.

This research aims to gain insight into why people with LDs choose to teach healthcare students. It is important to ask people with LDs directly as they provide unique views into what living with a disability is like, emphasising the importance of including this group in teaching and research. The term Experts-by-Experience (EbE) describes how people are experts of their own life. Videmšek and Fox (2017) highlight how EbEs feel empowerment as they influence new knowledge. In healthcare education, the inclusion of EbEs may breakdown power differentials between patients (experts) and professionals. Kerry et al. (2023) suggested that students felt the involvement of EbEs in their teaching improved their professional practice. They also suggest that currently EbEs are underused in teaching in England. Currently, the Oliver McGowan training (NHS, 2025a) is part of the mandatory training for all health and social care staff, as mandated by the *Health and Social Care Act 2022*. This training specifically includes EbEs in the training programme to help educate participants.

Literature illustrating best practice in interviewing those with LDs remains scarce. Previously, people with LDs have been pathologised and analysed in literature but rarely included as an expert or asked for their opinion (Tuffrey-Wijne and Butler, 2010). Dorozenko et al. (2016) explored a lack of inclusion of people with LDs, reinforcing the need for critical reflection during research. More recently, the self-advocacy group People First (2023), has advocated for the inclusion of these individuals in research. Some papers have developed methods of interviewing that can be successful for people with LDs, specifically focusing on a semi-structured approach which aided in fulfilling the aims of this research (McFarland et al., 2023)

When searching for literature on the involvement of people with LDs in research, it becomes evident that there is much research detailing the influence teachers with LDs have on students. Coret et al. (2017) detail how students felt more comfortable being taught by EbEs and gained appreciation for the importance of adaptive communication. However, there remains limited literature on the impact of teaching on those with LDs.

Frawley and Bigby (2014) recruited 25 peer-educators with LDs to teach others about sexuality and relationships. In this paper, they interviewed the peer-educators to find out their views on teaching. Four major themes emerged: helping others, being seen as credible sources of knowledge, being role models, and developing their own knowledge.

Frawley and Bigby (2014) discuss a theme of empowerment. This links back to Videmšek and Fox's (2017) idea of empowerment discussed earlier. Frankena et al. (2018) discuss the motivations people with LDs have for research outlining a theme of empowerment throughout.

The benefits of peer-education discussed by Frawley and Bigby (2014) come from a small sample size so are not generalisable to a large population though they are pertinent to the current project. The programme Frawley and Bigby (2014) used was adapted from the Sexual Lives and Respectful Relationships programme (Frawley et al., 2002). James et al. (2022) discuss how some students involved liked the idea of becoming peer-educators themselves, which may lead to the expanded inclusion of people with LDs in education.

Feely et al. (2022) describe a study in which academics collaborated with a small group of self-advocates with LDs to design, teach, and assess a module for social work students. This study focuses on the students' point of view, emphasising the initial apprehension followed by the realisation that being taught by EbEs in LDs made them feel more comfortable interacting with others.

The participation made the teachers with LDs more confident with large groups. Challenges of teaching in a traditional academic style were discussed. Simple presenting aids made the educators feel safer and aided in representing inclusiveness and accessibility. The concept of psychological safety across all professions can improve learning and creativity (O'Donovan et al., 2020). This concept is essential when people with LDs are teaching as good rapport will have a positive impact on the accuracy and willingness to share experiences (Amado, 2014).

The inclusion of people with LDs in research was discussed by Riches et al. (2020) Co-researchers with LDs interviewed scholars working in the field of inclusive research. The authors conclude that researchers without LDs often have different opinions from those with LDs, and that inclusive research allows everyone involved to better learn how to advocate for those with LDs. The group of interviewers describe their goal as emancipatory rather than participatory in which they aim to gain control over the process and work to equalise power differentials. Riches et al. (2020) discuss the challenges of publishing inclusively but suggests that further research is needed to articulate strategies for inclusion.

Overall, the literature discussed provides initial insights into the experiences people with LDs have had as educators. Wider dissemination of these studies may help in changing the views of people with LDs as we are able to recognise their capacity to educate others. The strikingly limited research in this field provides a need for further exploration into the experiences of teachers with LDs to be investigated in this research.

METHODS

The method used for this research was semi-structured interviews, triangulated with focus groups performed by another researcher (Taqvi, 2025). Props, such as those used in their teaching, were used to boost recall which is common good practice for communicating with people with LDs (Kakilla, 2021).

The participants of this study were recruited from a charity whose beneficiaries have experience in teaching students of medicine and/ or nursing. Three participants were involved in recorded interviews.

Firstly, a group meeting with the researchers and members of the charity was conducted to introduce the researchers to potential participants. This was an opportunity to establish relationships between interviewer and interviewee.

Consent forms in an easy-read format (Mencap, 2025b), were given to the members of the group and supporting staff to read through in their own time to allow for informed consent to be obtained. Contact details via email were given to the supporters should any questions arise.

Each participant, on the appointed day, joined the interviewer, the supervisor and a support member (if chosen) for the interview. The interviews took place in the charity's main centre, a familiar environment for the interviewees. With their consent, an audio transcript recording on Microsoft Teams was made for each interview. These recordings were stored on the cloud, and access was limited to the author and their supervisor.

An interview framework was used to provide some structure to the interviews. Open-ended questions were used to establish rapport between interviewers and EbEs (Bell et al., 2014).

After the interviews, the transcriptions were collected and reviewed to make sure they were as accurate as possible. Familiarisation and coding of the text was done separately by the primary interviewer and the supervisor to reduce bias in the identification of codes and themes. A positive of this process was that both authors generated similar codes for the text before comparison, suggesting the data had good validity (Nowel et al., 2017). Themes were generated separately and discussed together to decide whether they accurately represented the responses of the interviewees. The thematic analysis used followed the steps outlined by Braun and Clarke (2006).

RESULTS

This section will outline the themes highlighted in the interviews with the EbEs with LDs. Table 1 below describes the themes formed and the codes supporting them.

Table 1. Themes and codes

Theme	Codes	Explanation of theme
Enjoyment of the teaching Subtheme A: Enjoying socialising Subtheme B: General enjoyment of the day	Socialising Interesting day out	Our interviewees largely enjoyed the teaching. This theme can be categorised into two subthemes. Subtheme A: Interviewees can describe pleasurable experiences with both students and their friends. Subtheme B: This subtheme highlights how the day in general was a pleasurable experience and can be inferred from all three interviewees.
Positive communication	Friendly students Good communication	This theme describes some of the positives of interacting with students.
Poor communication causing difficulties	Confusion/ misunderstanding Bad experience	Interviewees described aspects of the teaching that made them confused, in need of additional help, or instances where communication was not understood, leading to a negative experience.
Improving healthcare services Subtheme A: Helping students Subtheme B: Improving future healthcare	Confidence/better healthcare Teaching students Experience with own healthcare	Interviewees describe how the teaching can improve healthcare. Subtheme A: The interviewees thought the teaching was useful for helping students to learn. Subtheme B: This shows how some participants felt the teaching would have a wider impact on improving healthcare services.
Personal development/gain	Benefits from teaching	This theme shows how the participants have gained confidence through being involved in the teaching, or learnt new things that may help them.
Improving the teaching experience	Small group preference Long days	Throughout the interviews, the participants gave suggestions on how the teaching days can be improved. Some suggested that the days are long while others expressed a fondness for smaller group teaching.
Remuneration for teaching	Finance	This describes interviewees' views on remuneration to their charity for involvement in the teaching. This theme emerged more deductively, as it was included on the interview prompt sheet. Otherwise, this theme might not have arisen naturally in conversation had it not been inquired about.

THEME 1; SUBTHEME A: ENJOYING SOCIALISING

A quotation from interviewee A in response to a conversation about their lunch break stated:

'You can sit with your friends too; you don't have to sit away from them and all that. Yes, that was a good day.'

Person A enjoyed the additions of the day such as having lunch with friends and students.

THEME 1; SUBTHEME B: GENERAL ENJOYMENT OF THE DAY

Person A stated:

'I think [the teaching] it's interesting because it's nice to have something different from here... and there's somewhere different as well, because I don't know really know [City] anyway.'

This highlights a novelty of the day for this person being that it was an adventure exploring a new place and getting to do different activities.

Person C suggested that they enjoy the teaching as they have repeated the experience frequently without becoming bored.

THEME 2: POSITIVE COMMUNICATION

When asked what their favourite part of the teaching was, person B said:

'They explained things... they just explained it to me on bit out of time... they went slowly... and had pictures, they were easy. Easy pictures.'

This shows how the students' use of easy-read picture tools was a positive experience and made it enjoyable and easier for the participants.

Person A echoes the good communication as they said:

'They [the students] gave you more time to process it in your head.'

THEME 3: POOR COMMUNICATION CAUSING DIFFICULTIES

Participant A described a direct issue with communication through eye contact:

'When they sort of spoke to you, you didn't know if they're talking to you or the next person next to you. They didn't have eye contact much.'

This demonstrates poor communication causing confusion and may have caused difficulty in interacting with the teaching. Although, it is important to mention that this appeared to be an isolated occasion, and the participant had not been deterred from teaching since.

Person C, describes a negative experience with one of the students:

'They didn't get that there was something important to explain... I've had like once where I mention about somebody passing away and she was laughing at that situation.'

This reflects an area where Person C had tried to describe an emotional situation, and the student has misread the communication resulting in a distress for Person C.

THEME 4; SUBTHEME A: HELPING STUDENTS

When asked what was motivating them to repeat their teaching experience, Person B said:

'Yeah, I'll do that again, to help them learn different things. Because if they're going to be doing it, they will think, "I know these".'

Person C describes how the teaching can have a positive impact in improving communication skills and confidence for the students:

'They [the students] would feel bored or anxious because they might not have met a person who's autistic or have LDs, so they would know how to interact.'

Person B and C describe how the exposure to people with LDs will prepare them for practice.

THEME 4; SUBTHEME B: IMPROVING FUTURE HEALTHCARE

In response to what their favourite part of the teaching was, Person C says:

'I would say in improving services and making them autistic and LD friendly.'

Person C also describes how teaching students about reasonable adjustments can be beneficial:

'They [the students] understand the list of reasonable adjustments that we could teach and then share an example of why that's important to EbEs. Like convincing nurses or doctors that it's important to them and helps with communicating.'

THEME 5: PERSONAL DEVELOPMENT/GAIN

The student nurse teaching involves the use of hospital passports (NHS, 2024). Person B describes how they helped them:

'I kind of like the idea of that because it has all your personal things in there.'

They then describe a situation in hospital where this would be useful to help communicating.

Person C said:

'Because I've had several sessions [teaching], I have more confidence.'

In general, Person C had a focus on boosting autonomy for others with LDs:

'Giving neurodivergent people a voice and being heard and making them feel like more of a leader instead of services... guessing'

THEME 6: IMPROVING THE TEACHING EXPERIENCE

Some participants expressed how they preferred small group teaching, Person A said:

'A nice small group where I don't like too many people because you get in a muddle.'

Person B said:

'I got tired in the afternoon, because it was a long day.'

They suggested it should be a morning or just an afternoon session.

Person C expressed a preference for their involvement in the Oliver McGowan training (NHS, 2025a) as it was a more controllable situation where they only had to share their experience once.

THEME 7: REMUNERATION FOR TEACHING

When asked whether they think it is important for the EbEs to be paid for their teaching, Person C said:

'I strongly agree that members should be paid for the work that we share our experience because it shows that our work is very important and we're getting rewarded.'

Person A mentions how the money funds the charity:

'Yeah, it helps, otherwise if we wouldn't have it here, we would have to find other places to go.'

DISCUSSION LIMITATIONS AND RECOMMENDATIONS

DISCUSSION

The results of this research demonstrate multiple reasons why people with LDs participate in teaching. Theme 1a suggests the enjoyment of socialising contributes. This was not a direct effect of the teaching session itself but due to the circumstances of the day. This is not spoken about in the literature discussed

above. This theme highlights the importance of friendships. Wilson et al. (2016) conducted a supported social group study and found a theme of 'developing social belonging and connectedness'. This is reflected in this project suggesting that the teaching may be a valuable part of life and inclusion for people with LDs. The idea that teaching can provide this opportunity for social interaction is very encouraging.

General enjoyment of day was another additional benefit of the teaching experience representing a valid reason for anyone to participate in education. Haigh et al. (2012) conducted a study into what makes people with LDs happy and concluded that activities such as having somewhere to go including different towns was important for stimulation. The participants of this research suggest that they continue to do the teaching because it is different from their ordinary activities. This is important to know for future teaching days as it highlights that it is largely a positive experience for the EbE's.

Positive communication from the students was demonstrated throughout the themes. Person B explains how easy-read format was used to help them feel included. Many papers discuss how important easy-read tools are. Adaptations such as this are required by law in the *Equality Act 2010* section 21. This theme reinforces what previous literature on communication discussed in this paper has demonstrated. Overall, this can be interpreted as another reason why people with LDs participate in teaching as it is an example of how positive communication between neurotypical and neurodivergent people can be achieved.

There is an opportunity for learning through the theme of poor communication. Similarly to Hollomotz's (2018) research discussed above, this is an example of how much there is to learn regarding adapting language when communicating with people with LDs. The NHS Accessible Information Standard (NHS, 2025b) describes the need to identify and meet the communication needs of patients accessing services. This theme reinforces the importance of implementing this standard in future practice to meet the needs of patients.

Helping students is a similar theme to that found in Frawley and Bigby's (2014) research discussed earlier. In this research, the participants spoke of preparing students for interactions with others like them in future employment. Similarly, Videmšek and Fox (2017) spoke of how we can learn from EbE's and is very much reflected in what the participants in this research said. Liu et al. (2022) discuss how the impact of early clinical exposure can develop medical professionalism in students. It can be inferred that this is an altruistic reason as to why the participants chose to help in teaching. The results of this study provide evidence as to the need of inclusion of people with LDs in future student education.

Participant C spoke of reasonable adjustment implementation into healthcare services. The literature shows that students gain knowledge of adaptive communication through the involvement of people with LDs in

teaching (Coret et al., 2017). This theme suggests that reasonable adjustments are important for people with LDs and reinforces the need for education on the possibilities. Hearing directly from the individuals who benefit most from these adjustments provides a valuable learning opportunity for students.

Feely (2022) discussed how their participants gained confidence with crowds from teaching. Frawley and Bigby (2014) arrived at a theme of developing their own knowledge through teaching. Similarly, the people in this research discussed areas in which teaching has helped them. Person C discussed how participation in teaching can give a voice to neurodivergent people, reinforcing the need for autonomy among people with LDs in influencing medical education. Perhaps the teaching gives an opportunity for people to voice their opinions. This is related to Videmšek and Fox's (2017) idea of empowerment through influence. Person B spoke of how they learnt about health and care passports (NHS, 2024) and thought this would benefit them. This demonstrates a positive of the teaching as it highlights new areas of healthcare that may be beneficial for the EbEs.

Riches et al. (2020) emphasised how people with LDs wished to gain control over the process of being involved in research. This may correlate with Person C's view of wanting to gain control over the teaching experience through a preference for the Oliver McGowan teaching. This involves smaller groups, less moving around compared to other teaching, and less repetition throughout the day making it more manageable. Person A also preferred small groups as it was easier to manage fewer people. This is an important contribution as it will help the programme move forward with teaching and adapt to the preferences of the EbEs. In the future this may help to encourage more people with LDs to participate in education. It is important to note that although our participants with LDs were involved in the teaching and in this research, it was not co-produced by them. To demonstrate fully inclusive research, those with LDs would need to be involved in designing the research. This is nicely demonstrated by the phrase '*no research about us, without us*' referenced in many publications (Riches et al., 2020).

Regarding remuneration for teaching, Person C felt most strongly about this. This links to Riches et al. (2020) who describe how inclusiveness for people with LDs in research would help to equalise power differentials. Person C thought it was important that people with LDs were recognised for their contribution. Similarly, Frawley and Bigby (2014) spoke about the importance of their interviewees being seen as credible sources of information. Remuneration for their contribution will help to acknowledge the importance of their role and positively reinforce this connection. Person A also noted the connection between remuneration and the direct impact upon the funding of their charity activities. Perhaps if finance was not directly asked about in the structured questions, this theme may have not arisen; however, it is important to recognise the need for remuneration as it shows appreciation for the time and knowledge given by the

EbEs. This is demonstrated by Bottomley et al. (2024) who co-produced research with people with LDs. They outline ten participatory ethics good practice guidelines, the first of which states, '*We pay our researchers for their time*'. This applies regardless of the type of contribution. Bottomley et al. hope that these guidelines are used by ethics committees in universities and the NHS, as well as by people with LDs involved in research. Paradoxically, it is important to note that the participants of this research were not paid for their involvement due to financial constraints of this project.

LIMITATIONS AND RECOMMENDATIONS

Firstly, this research had a small sample size and used convenience sampling due to the timing and participant constraints of this project. To improve, future researchers could consider larger sample sizes including a range of participants across the UK to see if results differ regionally.

When conducting the interviews, Microsoft Teams perhaps was not the most accurate of transcribers as there was some ambiguity at times. This software was used as there was no other secure transcription service authorised by the university in which this project was undertaken. This was overcome by re-listening to the interview recordings, which extended the time it took to process the transcripts. The supervisor also coded the transcript, to gain a secondary perspective.

When interpreting results, the frequently articulated tendency of people with LDs to acquiesce could have played a part in some conclusions (Hollomotz, 2018). Where possible, the questions aimed to remove the option of simply agreeing with the statement and if this did occur, the responses were not weighted as highly in interpretation and discussion. The initial use of open questions should have mitigated the risk for acquiescence; however, closed questions used for clarity still pose this risk. Improving communication techniques and practice by the interviewer should help to reduce the likelihood of this occurring.

One of the interviewees suggested that they would have felt more comfortable and more prepared for the interviews had the semi-structured interview prompts been given to them in advance. This may have improved the quality of responses if the interviewees had more time to think about them.

When addressing interviewer bias, I had not met any of the interviewees prior to the initial meeting, nor had I participated in the teaching programme delivered by the interviewees, so I was objective in how I felt about the teaching. The supervisor had met the interviewees prior to this project and was involved in creating the teaching programmes our interviewees were a part of, so there is potential for bias towards wanting to elicit positive responses from them. The supervisor had acknowledged this potential bias prior to the interviews (Hahn and Gawronski, 2019).

CONCLUSIONS

This research aimed to understand what motivates people with LDs to participate in teaching healthcare students and to assess the impact this involvement has had on them.

The themes found demonstrate many reasons why people with LDs want to participate in teaching, including personal development and general enjoyment of the activities. This shows that the teaching is largely a positive experience and offers valuable feedback on its usefulness.

Some participants chose to be involved for broader reasons, such as reducing stigma of LDs through education and increasing awareness of reasonable adjustments. This aligns with one of the reasons why the teaching was introduced: to educate students on the available adjustments. Selflessly, the interviewees spoke of helping students learn how to interact with people with LDs as motivator for teaching and to improve future healthcare experiences.

The themes demonstrate the importance of communication skills when interacting with people with LDs. This formed a major talking point in the interviews. The impact of poor communication can be learned from, as the interviewees discuss how it can cause confusion and create barriers in consultations. Positively, good examples of communication were also demonstrated, with students using easy-read tools and health and care passports to make the experience easier and more enjoyable for participants.

In a more deductive approach, remuneration for teaching was discussed. This revealed the importance of remuneration for involvement, as this can help recognise the credibility and value the EbEs bring to the teaching.

Regarding triangulation, another student completed a focus group with the same research question and found similar themes (Taqvi, 2025). Similarities, such as the enjoyment of meeting new people, the novelty of new experiences, and the desire to help future healthcare professionals, can be appreciated in both this project and Taqvi's work.

To disseminate the findings of this research inclusively, an easy-read document is available so that participants and others with LDs can read the results and appreciate the impact they have had on this research (*Appendix 1*).

Overall, this research fulfils the highlighted aims and objectives and provides insight into why people with LDs choose to teach healthcare students. To build on this research, others may wish to conduct larger studies involving a diverse range of participants from across the UK to determine whether the results are reproducible.

LIST OF ABBREVIATIONS

LD	learning disability
EbE	experts by experience

DECLARATIONS

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval was obtained from KMMS ethics committee. Consent from participants was obtained via easy-read consent forms.

Committee's reference number: KMMS REAG 2407021

COMPETING INTERESTS

LB declares that they have no competing interests.

CB has a continuing professional relationship with the participants and was able to bracket this before proceeding with the analysis.

FUNDING

There was no funding for this research.

AUTHOR CONTRIBUTIONS

LB and CB conducted participant interviews and analysed and interpreted data regarding the experiences of the interviewees teaching healthcare students. LB was the primary researcher. CB was the supervisor of the project. Both authors have read and approved the final manuscript.

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APPENDIX 1


What is teaching healthcare students like for people with learning disabilities?

Introduction- what is this research project about?	
I am ____, and I am a student doctor.	Image removed due to confidential information.
My name is ____, and I teach ____.	Image removed due to confidential information.
We wanted to know what makes people with learning disabilities want to teach healthcare students.	
To do this, we interviewed 3 people about their experiences of teaching student nurses and student doctors.	

<p>This report is about what they told us.</p>	 A spiral-bound notebook with a white cover. At the top, the word "Report" is written in a large, bold, black sans-serif font. Below the title, a woman with long dark hair is smiling and holding a white document that says "easy read" in a bold, black sans-serif font. The notebook is shown from a slightly elevated angle, showing the spiral binding on the left side.
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<p>First we need to find out what researchers before us have found.</p>	
<p>We searched online using different search engines.</p>	 A close-up photograph of a person's hands typing on a silver laptop keyboard. The person is wearing a light blue long-sleeved shirt and a watch on their left wrist. A black coffee cup is visible on the desk next to the laptop. The background is slightly blurred, showing a wooden desk and some papers.
<p>We searched for information about how to talk to people with learning disabilities.</p>	 A photograph of a woman and a man sitting and talking. The woman, on the left, has dark curly hair and is wearing glasses and a black blazer. She is gesturing with her hands as she speaks. The man, on the right, is wearing a blue and white plaid shirt and is listening attentively with his hand to his chin. They are both sitting on chairs against a plain white background.

EXPERIENCES OF LD EDUCATORS IN HEALTHCARE

<p>We searched for what other people with learning disabilities have said about being teachers.</p>	
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<p>What did the searches find?</p> <p>There is not a lot of information about people with learning disabilities teaching students.</p>	
<p>This might be because researchers like us have not done much research on this before.</p>	

People with learning disabilities said that they enjoyed teaching and liked helping others.



Lots of researchers say that they think people with learning disabilities should be included more in teaching.



We found some useful information about how to talk to people with learning disabilities.



EXPERIENCES OF LD EDUCATORS IN HEALTHCARE

We learnt that easy-read content can help people with learning disabilities communicate.





We also learnt about using pictures to help explain things.



Methods- How did we get our information?

We interviewed 3 people with learning disabilities about their experiences teaching student nurses and doctors.



<p>We recorded the interviews using our laptop so we could listen back to them.</p>	
<p>We used pictures to help us ask questions.</p>	
<p>We listened back to the recordings to make sure we didn't miss anything.</p>	

EXPERIENCES OF LD EDUCATORS IN HEALTHCARE

Results- What did the interviews tell us?

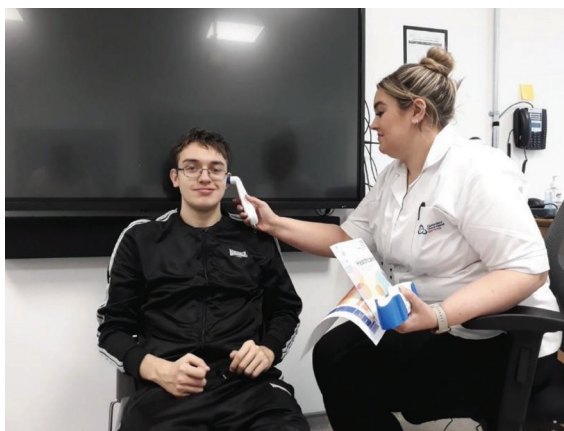
We found that there are many reasons why people with learning disabilities teach students.



Most said they enjoyed the teaching because it was nice to see their friends and meet new people.



Some said they wanted to take part in teaching because they want to make their experience with healthcare better in the future.



Some people said they wanted to help the students learn about what talking to a person with a learning disability is like.



Some said that the students were friendly and communicated well.



Others has some bad experiences too. Some said that they were confused by the students.



They also suggested that the teaching days could be shorter as it was a tiring day.



EXPERIENCES OF LD EDUCATORS IN HEALTHCARE

People said that payment was needed because it will help others see that their involvement in teaching is important.




What could we do better next time?

3 people is not a lot. If we do this research again it would be good to ask more people, so we have more opinions.






It is possible that some questions may have been confusing. We need to get better at communicating with people with learning disabilities to make this easier.



<p>One person interviewed said that they would like a copy of the questions asked before the interview so they could prepare.</p>	 <p>Questions</p> <p>1. What do you think about it?</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Bad</p> <p><input checked="" type="checkbox"/> Not sure</p>
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<p>Did we answer our research question?</p> <p>Our question was- What is teaching healthcare students like for people with learning disabilities?</p>	
<p>We found lots of reasons why people with learning disabilities like teaching.</p>	

EXPERIENCES OF LD EDUCATORS IN HEALTHCARE

<p>People chose to take part in teaching because it is fun, and they get to see friends and meet new people.</p>	
<p>People chose to teach to help the students learn about learning disabilities.</p>	
<p>This means that this research project answered the question.</p>	
<p>Other researchers could do more interviews to see if other people with learning disabilities like teaching.</p>	