**Section B: Background information**

X has a diagnosis of ADHD and anxiety. X experiences difficulties with timekeeping, organisation, along with sustaining concentration and attention.

X felt their thought process can be difficult for others to understand as it often involves lots of thoughts which are all given equal weight. Although X can effectively reflect on patient interactions to provide feedback, X must make a concerted effort to put their thoughts in order and prioritise.

X can feel nervous about how they may be perceived, X worries that it may seem X doesn’t understand something if X needs additional time to process information. This can lead X to feel the need to talk to fill silences, when it would be more helpful for X to know they can pause and think for a moment.

X takes medication to help them focus, X explained that the medication is slow releasing and tends to wear off throughout the day. X has recently changed their ADHD medication which requires gradually increasing the dosage to build up their tolerance. X is likely to be on a lower dose than they are used to when they start their year 3 placement. This mainly affects X’s energy levels and working memory, however this should become less of a concern when X is at full dose.

X has a strong support network around their home. To maintain X health and wellbeing, it’s important for X to be near their support network. X finds using public transport extremely anxiety provoking, X will be driving themselves to and from placement.

X is currently accessing DSA funded Specialist Mentoring.

**Section C: Support and Adjustments for Placements**

**Agreed reasonable adjustments for placement:**

**Placements close to home**

X should not have to relocate for placement.

To allow X to access support, it’s recommended that X is allocated placements close to home, ideally within the Y area.

It was agreed that X should ideally be allocated a community or inpatient mental health placement for their final year placement.

**Induction needed**

X should meet with their practise educator before their placement to discuss this Access Plan, having shared it with them at the earliest opportunity. X will also require a thorough induction to help manage expectations.

**Access to external support**

X will need access to external support to help maintain their health and wellbeing, X should try and plan any appointments around working hours and negotiate directly with placement if this necessitates any changes in their working pattern.

**Service user**

X should not be allocated a placement where they have been a service user. The following placement settings should therefore be avoided;

**Other suggested support and strategies:**

X benefits from additional time to prepare answers, and wherever possible should be given as much notice as possible. If X needs extra time they should let their practise educator know.

X should share the Neurodiversity and SpLD Placement Guidance document with their practise educator to share information about ADHD and help identify effective strategies to manage their ADHD whilst on placement. X reported the following strategies are particularly helpful:

* Be specific about what is being asked
* Provide feedback in the moment, rather than at a later date
* Give prompts/use checklists
* Colour coding written information is helpful
* X carries a notebook with her to help remember key information.

**Safe storage of medication**

X should keep any medication securely stored whilst on placement. Ideally, X should only carry the amount they would use per day and store them in a locker or behind a locked door.

**Section D: Actions following Access Plan Meeting**

**Following this meeting:**

X was strongly encouraged to share this Access Plan with her Practice Educator, so they are aware of any potential issues or concerns and to discuss any reasonable adjustments recommended above.

X should let the Disability Service and Programme Team know if X needs change or if there are any issues with support either in or out of placement.

**Is an Access Plan review required?**

Not unless requested by the student or programme team