


# ARCC

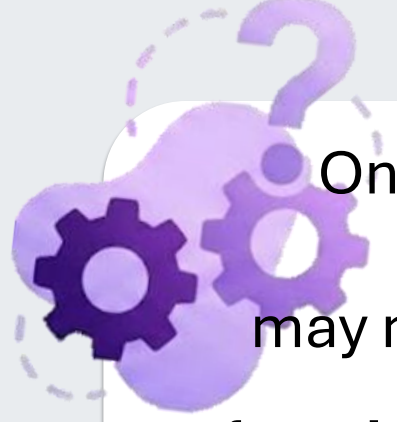
## A digital tool to support reasonable adjustments for neurodivergent healthcare students

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15-20%  
...of the population may be neurodivergent (Doyle, 2020).

Many learners begin placement **without...**  
**timely diagnosis**  
**clear support routes**  
(NHS England Digital, 2024; ADHD UK, 2023).



On placement, students:  
may not **disclose** their needs;  
often **do not know** what support is feasible in a specific area  
(Higher Education England, 2022; Third Space Scotland, 2024).

**Practice assessors want to help** but often feel unsure how to approach reasonable adjustments (L'Ecuyer, 2019; Neal-Boylan et al., 2018).

Scan here to view the tool!



<https://jaeames.github.io/ARCC-Summary/>

## Methodology

### Intervention (ARCC)

- Interactive **web tool** (HTML/CSS/JavaScript).
- Uses **guided prompts** to identify placement barriers, explore context-specific adjustment options, and generate a concise **shareable summary** for discussion with practice educators.

### Design

- **Student-designed and developed** by a neurodivergent healthcare student.
- Content synthesised from formal **guidance/training materials**, real-world **experiential accounts**, and iterative refinement from **feedback**.
- Design decisions grounded in lived experience of disclosure and adjustment planning in placement.

### Data source

- Retrospective review of unsolicited **anonymous feedback** from public online spaces and early adopters.
- No participants were recruited and no identifiable data were collected.

### Analysis

- **Thematic analysis** of comments to identify patterns in acceptability, usability, perceived impact, and considerations for implementation (scope, expectations, role boundaries).

## Findings

*"I wish I had this in my first year"*

### Theme 1: Practical usefulness and usability

ARCC felt intuitive and easier than standard templates. *"The tool was very easy to use"*

Users liked filtering to relevant options and generating a shareable summary.

*"Filters made the large list manageable"*

**Improvement(s):** keep low-effort navigation, card structure, and filters.

### Theme 3: Placement-context realism and practical impact

Feedback highlighted concrete, feasible changes with immediate day-to-day benefit.

*"I've been able to implement it with no extra time or cost"*

Examples included faster documentation (e.g., text-to-speech) and low-cost cues (e.g., left/right markers). *"its taking me less than half the time"*

**Improvement(s):** prioritise practical examples; feasibility of suggestions and placement-specific details.

### Theme 2: Empowerment, language, confidence, and reach

ARCC helped students find words for needs and start conversations earlier.

*"I didn't know how to explain"*

Particularly valued by students diagnosed late, and still useful post-qualification.

*"the descriptions [...] make the adjustments seem normal"*

**Improvement(s):** keep normalising tone; strengthen 'conversation-ready' phrasing; signpost for stage (early placement → NQN).

### Theme 4: Implementation considerations

Some staff raised scope/expectation concerns: treating adjustments as a 'menu', and role overlap (including fear ARCC could make support roles less necessary).

This reinforces ARCC as preparation and signposting, not a substitute for professional judgement.

**Improvement(s):** make adjustments explicitly options to discuss; decisions are contextual and agreed with placement teams.

## Conclusion

- Early user feedback indicates ARCC **fills a gap** in placement preparation for reasonable adjustments.
- Users describe the tool as intuitive, structured, and easier than standard templates.
- Reported benefits include clearer **self-advocacy** and more **straightforward discussions** with practice educators.
- Practical examples supported **feasible, low-cost changes** and **reduced 'trial-and-error'** in placement.
- Educator concerns about **over-requesting** reflect perceived risk; student feedback suggests the **primary barrier** is knowing what to ask for and how to frame it.

### Next steps

- Expand to **more professions**; broaden coverage of **challenges**; develop a **staff-facing version** of ARCC; continue **iterative improvement**.

## References

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