

Essay: *How did your disability shape your decision to study the program you chose?*

Upon being diagnosed with ADHD, I became fixated on the disadvantages of having this disability and concentrated on finding strategies I could implement into my life to minimise its negative effects. For sixteen years, I was top of my class, and I (along with the rest of the world) was under the impression that being a good student and having ADHD were mutually exclusive. Without realising it, I had spent my academic career working harder than any of my classmates to compensate for symptoms of a disorder I didn't even know I had. In grade eleven, I finally encountered a class that was too challenging for me to succeed in while my disability wasn't yet being treated. I scored fifty one percent on the first trigonometry test. My diagnosis came soon after, and led me to completely second guess my competence as a student, and whether or not I could still pursue a career in medicine now that I was aware of all the obstacles I would be facing alone.

A few months later, I met with a family friend who was a retired physician and suffered from the same disorder as I had recently been diagnosed with. Through this conversation, I was able to conceptualise how my disability could coexist with my desire to become a doctor. More importantly, he helped me understand that having ADHD didn't automatically mean that I would be at a disadvantage in all aspects for the rest of my life. Instead, it meant that I would have to adapt and interact with the world in a way that's different from people who don't function the way I do. This meant that in some cases, having ADHD would actually give me an edge.

The way I see it, creative thinking plays an integral role in treating disease and working as a healthcare professional. This isn't to say that studying facts and understanding clear-cut approaches aren't crucial components of learning medicine, but certain situations demand non-linear thinkers to contrast more conventional problem-solvers. Most patients don't fit the same description as the textbook example, and there are usually many outside factors that impact the way their body functions and responds to treatments. I consider it a sort of superpower that people with ADHD can think divergently and observe a situation with an incredibly open and comprehensive field of view.

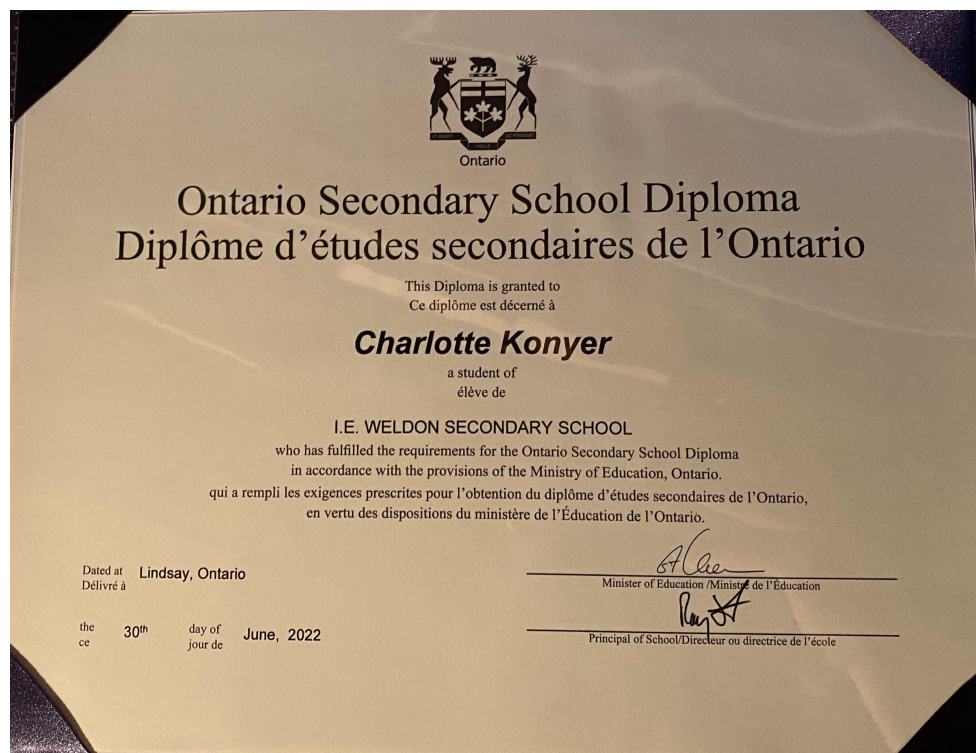
There have been many situations where this instinct to deviate from a given prompt and explore left-field ideas has burdened me and led me to failure. In fact, most teachers I've had have discouraged this tendency. Nonetheless, I consider my outside-of-the-box thinking to be one of my most impressive skills. It's this explorative nature that makes me privy to important information that would otherwise be overlooked, and allows me to form connections between separate facts and uncover the ways they connect and interact.

I believe these qualities are what will make me a good physician, but they aren't the only things responsible for my decision to enter into this field of study. I want to be in a position where I have room for exploration and to try new specialities, and not be restricted by the boundaries of my degree. My interests and ambitions are subject to change over the course of my adulthood, and I have to be able to dive into new pursuits freely if I want to remain passionate about my career. It's because of my ADHD that I'm so stimulation-seeking, but while other

people are likely repelled by the unpredictable and ever-changing nature of the medical field, for me; it's the aspect I'm drawn to most.

Like most people with ADHD, I'm known to be fiercely optimistic, but that optimism is often mistaken for naivety. In reality, my ability to remain enthusiastic through the most bleak of circumstances comes from my profound familiarity with disappointment. Throughout this journey of understanding and coming to terms with my disability, I've been met with intense frustration at almost every corner, and made countless attempts that have ended in failure and catastrophe. Like all people who live with disabilities, I've become resilient, and I know I can bounce back from just about anything the medical field can throw at me.

Proof of 2022 High School Graduation



Proof of Fall 2022 Acceptance to the Bachelor of Health Sciences (Honours) Program at Queen's University

[illegible]

Documented Proof of Disability: Pages 1 & 7 of Psychological Evaluation Report



Psychological
& Counselling
SERVICES GROUP

Oshawa | Woodbine | Virtual
psychologicalcounsellingservicesgroup.com

PSYCHOLOGICAL EVALUATION REPORT

NAME OF CLIENT: KONYER, Charlotte "Charlie"
DATE OF BIRTH: September 27, 2004
AGE AT ASSESSMENT: 17 years, 1 month
DATES OF ASSESSMENT: Nov. 15, 2021, Jan. 6, Feb. 10, Mar. 24, 2022
DATE OF REPORT: April 18, 2022

REASON FOR REFERRAL:

Charlie was referred for the assessment by her parents. The goals for this assessment were to understand Charlie's cognitive and academic profile in order to support Charlie's transition to a post-secondary educational setting.

ASSESSMENT MEASURES & SOURCES OF INFORMATION:

- Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)
- Wide Range Assessment of Memory and Learning, Third Edition (WRAML-3)
- Wechsler Individual Achievement Test, Third Edition (WIAT-III)
- Behaviour Rating Inventory of Executive Function, Second Edition – Parent, Teacher and Self-Report (BRIEF-2)
- Conners, Third Edition – Parent, Teacher and Self-Report (Conners3)
- Behavior Assessment System for Children, Third Edition – Parent and Self-Report (BASC-3)
- Clinical interviewing
- Review of past report cards

BACKGROUND INFORMATION:

Developmental and Medical History

Charlie was a 17-year-old who resided with both of her parents. She also had an older sister who lived outside of the family home. English is the primary language spoken in the family home; however, Charlie was also exposed to Spanish and reportedly had good comprehension of the language. Parents reported an unremarkable pre- and post-natal period. She achieved her language milestones within age-expectations. However, Charlie was reportedly delayed in her motor milestones as she only began walking at 18 months of age. No previous or current medical concerns were noted.

Oshawa Psychological & Counselling Services
2nd Floor, East Wing | Oshawa Clinic
117 King Street East | Oshawa, ON L1H 1B9
T 905.721.7723 | F 905.721.6880
E clinic@oshawapsychologist.com

Woodbine Psychological & Counselling Services
2nd Floor, Suite 201 | Toronto North Medical Arts Centre
7155 Woodbine Avenue | Markham, ON L3R 1A3
T 416.628.6039 | F 416.628.6042
E clinic@woodbinepsychologist.com

RE: KONYER, Charlotte (DOB: September 27, 2004)

Page 7 of 8

satisfied with her performance. Charlie indicated that she experienced somatic symptoms of anxiety occasionally in class when transitioning from independent work to lectures as she often worried about finishing her work. She also explained that during **tests** she often did not have enough time to complete her work since often "overexplained" her responses to make sure she received full marks.

Overall, Charlie reported feeling content and happy most days. She reported feeling connected to her peers and described a large peer group with many long-time friends that she felt comfortable with. She denied that her worries interfered with any areas of her functioning at this time.

CONCLUSIONS AND CLINICAL RECOMMENDATIONS

Charlie is a pleasant and cooperative 17-year-old. She was previously diagnosed with ADHD and was using medication to manage her attention difficulties. An IEP was recently developed to support her attention difficulties. The goals of this assessment were to better understand her cognitive and academic profile and to make educational recommendations.

Findings from the current assessment indicate that Charlie's **cognitive abilities ranged from the Extremely High to Average range**. She is demonstrating verbal and perceptual reasoning abilities well above age-expectations. Her processing speed, working memory, verbal and visual memory, and language abilities were also well-developed. In terms of academic skills, Charlie **reading, writing, and math skills were above and within age-expectations** which was in line with her cognitive profile.

The results of the current assessment indicate continued difficulties with attention and executive functioning. It is important to note that Charlie's parents and teacher noted at-risk concerns, which confirms that Charlie's current medication has been effective at reducing symptoms. However, Charlie continues to report significant difficulties with inattention, hyperactivity, and executive functions. The results of this assessment confirm Charlie's previous diagnosis of **Attention-Deficit/Hyperactivity Disorder-Combined Type**.

In regard to Charlie's social emotional functioning, she is a well-adjusted adolescent with a diverse set of interests and a good social support network. Charlie is motivated to be successful and has **high expectations for herself**. However, her **attention difficulties make it difficult for her to organize herself and complete tasks efficiently** and to the best of her abilities. As a result, she often experiences feelings of disappointment, guilt, and stress. This also contributes to **her irritable mood and her frequent worries**. Mood and anxiety difficulties commonly co-occur with Charlie's current profile. It will be important to monitor her functioning and to offer increased support if necessary.

The following results and recommendations were shared in a feedback meeting with Charlie and her mother on April 11, 2022.