



## Turning Misunderstanding into Insights

### Roundtable session

## Practical approaches for teaching and assessing clinical communication skills for neurodivergent medical students.

### Topic area 4: Assessments

Participants were asked: Acknowledging GMC standard requirements

1. What changes need to be made to scenario and task design?
2. What can we do to make our assessments allow for adjustments for differences in communication?
3. How do we prepare neurodivergent students for assessments?

### Information provided:

- Avoid unnecessary jargon in the stem question/scenarios
  - Consider a 100-word limit for student instructions in an OSCE/CCA station
  - Don't build a scenario around a euphemism (could lead to misinterpretation)
  - Avoid any additional complexity – keep the assessment related to core themes and ensure all information is directly related to what is being assessed
  - Direct communication and instructions to candidates
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- Ensuring we have neurodivergent colleagues read/review our tasks, scenarios and questions for the OSCE to help with readability and sense-checking
  - Using the Inclusive Education Toolkit to run our assessments through to ensure they are accessible
  - Clear instructions to simulated patients on what they are rating when providing a mark for the student

- Calibrating simulated patients before the exam to ensure they are all on the same page
- General agreement that domain-based marking is more fair (than checklist-based) but is there any evidence of this?
- Do our Simulated Patients (SPs) give a mark? And do we consider the weighting of the SP mark for the station? Could training our SPs be the way forward?
- It was generally agreed that we don't want to teach our students to mask and rather we should be teaching our examiners how to mark.
- Students should be adapting to the patient rather than masking.

#### *Ideas for improving accessibility and inclusivity*

- Involve the EDI team in providing feedback to ensure questions/stations are readable, understandable and inclusive
- Tutors in communication skills teaching often pick up neurodivergent students who are experiencing challenges with communication - is there a process for reporting any students who might be struggling in advance of their assessments? However, would need a process in place for supporting them
- Consider flagging students who are neurodivergent to placements early so staff are aware of any adjustments that may be considered
- Consider having an EDI lead on assessment panels & designing assessments

## Conclusion

### SMART Recommendations to UKCCC created by student facilitator

#### 1. Session preview video & handbook integration

**Specific:** Create a 5-minute video per year group showing comms session setup and flow.

**Measurable:** Pre/post-session anxiety surveys; increased attendance.

**Achievable:** Created centrally and distributed digitally.

**Relevant:** Addresses pre-session uncertainty and disengagement.

**Time-bound:** Released **1 week before** each comms block.

#### 2. Standardised toolkit for tutors

**Specific:** Develop a concise digital toolkit with five core adaptations and neurodivergence basics.

**Measurable:** All tutors complete a post-training confidence self-assessment.

**Achievable:** 2-hour annual refresher via online delivery.

**Relevant:** Reduces inconsistency and reactive teaching.

**Time-bound:** Required **before leading comms sessions each academic year.**

### 3. Adapted learning environments

**Specific:** Limit group size to six; provide sensory-neutral rooms and consistent layouts.

**Measurable:** Student satisfaction metrics and feedback forms.

**Achievable:** Room allocation adjustments in consultation with timetabling.

**Relevant:** Supports sensory needs and social comfort.

**Time-bound:** Implemented during next timetabling cycle.

### 4. Inclusive session delivery protocol

**Specific:** Mandate breaks every 20 minutes and allow non-verbal time-outs.

**Measurable:** Monitored via tutor log and post-session student feedback.

**Achievable:** Low-cost, staff-led interventions.

**Relevant:** Improves concentration and reduces fatigue.

**Time-bound:** Embedded from the **start of clinical teaching term.**

### 5. Pre-session disclosure system

**Specific:** Use anonymous MS Forms for students to declare support needs.

**Measurable:** Track uptake and reported satisfaction.

**Achievable:** Existing platforms (VLE, Office365).

**Relevant:** Enables early support without stigma.

**Time-bound:** Forms to open **2 weeks prior** to session blocks.

## Key Reflections

- Neurodivergent students benefit from predictability and preparation.
- Empathy training should embrace diverse styles.
- Tutors must be equipped beyond awareness — with tools, examples, and scripts.
- Students should not be burdened with the need to explain or advocate repeatedly.

## Roundtable facilitators:

Dr Lucy Morris, Lead for Communication Skills, Cardiff University School of Medicine

Angela Kubacki, Lead and Reader in Clinical communication, City St George's

Nina Tabibzadeh, 2<sup>nd</sup> year medical student, City St George's

Dr Joanne Morrison, Lecturer in Clinical Communication, City St George's