Turning Misunderstanding into Insights

Roundtable session

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

Topic 3: Feedback

Participants were asked: Following role plays or patient simulations:

1. How can we support the students to self-reflect on their skills and receive feedback from others?

2. How can we support the students to provide feedback?

Challenges for some students regarding feedback:

- Difficulty with "organic" empathy; taught phrases often feel disingenuous.

- Trouble with interpreting timing, tone, and eye contact, responding to cues.

- Some feel more comfortable delivering feedback on the factual aspects of the consultation, e.g. Clinical management, rather than focusing on communication skills.

- Students may want to receive critical/negative feedback but are reluctant to deliver this feedback to others.

- Some students avoid sessions due to perceived expectations.

- Students may struggle to process blunt or standardised feedback (e.g., "stop clicking your pen").

- Tutors often unprepared to give or manage diverse feedback responses.

- Lack of group preparation on how to *give* and *receive* feedback inclusively.

Suggestions from practice:

Preparing students to receive feedback

- All students should receive dedicated training on how to receive and deliver feedback. May wish to use specific models: Gibbs' reflective cycle or the ALOBA Model.

- Encourage students to be mindful of how they react when receiving feedback, especially if feedback is negative.

- Posters of preferred feedback models on display in tutorial rooms may assist neurodivergent students who prefer structure and predictability.

- Normalise students emailing tutors prior to sessions to inform of any feedback needs.

Delivering feedback during the session

- Highlight importance of and, at the start of the session set expectation that all students will deliver feedback.

- It was felt unnecessary to inform actors when a student is neurodivergent as patients would not have this knowledge.

- Specific task cards can be used. Each student is asked to deliver feedback on the task written on their card,e.g summarising exploring ideas, concerns and expectations. This directs the feedback to skills observed. Although the feedback section may take longer.

- Use printed feedback proformas

- Written feedback for some students, or verbal with specific tips, but can be time consuming.

- Some suggested students may specifically request feedback on how best they can mask their neurodivergence from patients. It is acknowledged that masking is exhausting and we should be aiming for a culture where students can thrive being neurodivergent rather than having to mask.

- Teach how students express empathy in their own way – silence, curiosity, or body language may all be valid

- Focus of feedback should be on the role play observed and on the next steps a student could take, rather than what the end product may be. Feedback needs to be specific rather than abstract.

Reflecting on feedback afterwards

- Encourage students to write down the feedback they receive to help process

- Encourage a culture where students can contact tutors for more detailed explanation of the feedback.

Opportunities to practice feedback in clinical environments

- Encourage students to seek feedback from peers and doctors when on placement. They could take feedback forms with them to placement.