



## Turning Misunderstanding into Insights

### Roundtable session

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

### Format of roundtable

This roundtable focused on four topics of discussion to share ideas, practices and knowledge within UK medical education. Each participant engaged in discussion for two topic areas. On arrival participants chose to sit at one of four tables, blind to the topic area of that table. They were then able to choose the second area of discussion and move to that table.

Each table highlighted a number of challenges for educators in teaching and assessing communication skills for neurodivergent medical student:

- Lack of information sharing – educators often unaware of neurodivergent students in their group
- Overreliance of students disclosing their needs
- Some students say they don't want to engage in roleplays
- Although monitored, there are no 'consequences' for not attending sessions; there needs to be a system that highlights who misses the classes and why.
- Students fear the unknown and have anxiety around session format, expectations, who is in the session, or what the task involves, which increases cognitive load.
- Support needs to be personalised, but some changes can work for all students.

- GPs unclear on how to implement information; actors intuitively adapt better than tutors

## Topic area 1 addressed ideas for best preparation of neurodivergent students.

Participants were asked: What adaptations can be made for teaching sessions to assist neurodivergent students?

### Findings:

#### *Materials & communication clarity*

- Provide a clear guide/pre-session outline titled “What to Expect in a Communication Skills Session” for every year group
- Include:
  - Structure of sessions
  - Length, breaks, and expectations
  - Examples of scenarios
  - How to request adaptations confidentially
- Instructions in Student handbook
- Avoid last-minute emails or unclear instructions
- On-screen slide at session start – what’s going to happen, task, outline of session, that tutor through
- Video introductions showing the tutor, actor, room layout, task timetable
- Welcome person/admin greets and guides students
- For first years: morning attendance check-in and guided entrance to sessions
- Optional pre-session meetings with tutors
- 4th-year small group model (4 students/6 months); 2 neurodivergent students
- Emphasis on one-size-doesn’t-fit-all after sessions.
- Sessions linked to lecture blocks with patient contact.
- Use learning needs forms and “trainee passports.”
- Pre-clinical: 9 comms sessions; 4th-year all clinical.
- 1st-year comms block; 5 terms integrated.
- Integrated interdisciplinary workshops (communication, ethics, medical humanities).
- Inclusion emails sent from senior module lead (possibly intimidating).
- Exploring anonymous MS forms and camera-off online workshops.
- “P Year” includes preparation with actors.
- Pre-session SWAY briefings (mnemonics, acronyms).
- Group of 6; sessions are video-recorded and replayed.

- MS Forms to pre-identify needs
- 1-to-1 workshop options.
- Inclusion of performance anxiety workshops via humanities colleagues.
- Use of pre-recorded video tours
- Personal Moodle uploads reduce anxiety.

#### *Tutor and facilitator training*

- Neurodivergence awareness: ADHD, Autism, sensory differences, masking
- Managing alternative expressions of empathy (e.g., silence, body posture)
- Inclusive feedback delivery (clear, sensitive, non-verbal options)
- Recognising performance anxiety and how to adapt expectations
- Planning for flexibility, not uniformity