



EoE Autumn Symposium
September 2026

Making SPACE

Communication Strategies for
Neurodivergent-Affirming Medical Education

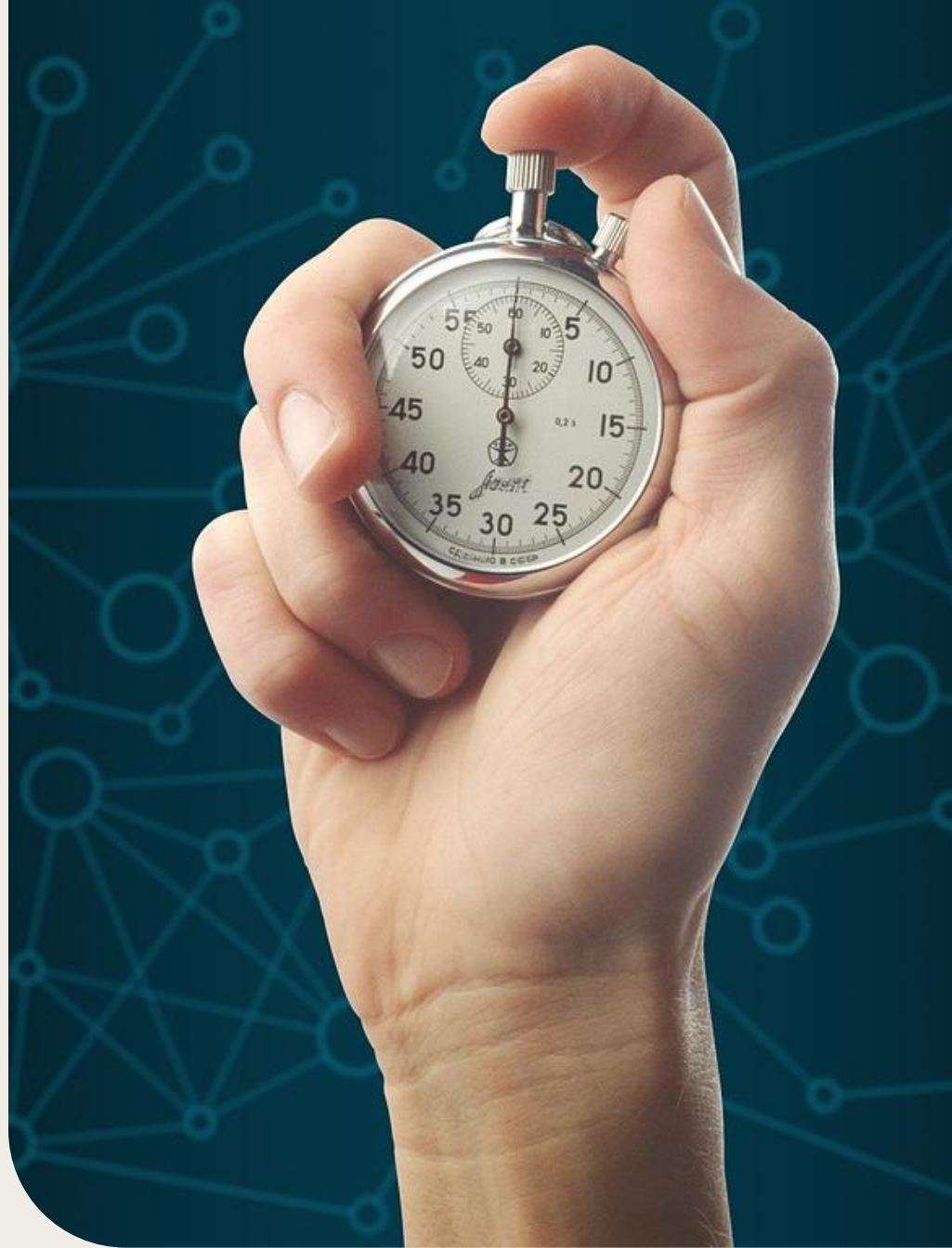
Dr Hannah Hill (She/Her)

Agenda

- Neurodiversity and neurodivergence
- Experiences of autistic doctors
- SPACE framework

Move around or take breaks as you need

Questions at the end



Neurodivergent conditions

- Dyslexia 10%
- Developmental Co-ordination Disorder (Dyspraxia) 5%
- ADHD 5%
- Autism 2-5%
- Tourette's 1%
- Dyscalculia 3-6%
- 29% of GP registrars in Yorkshire and the Humber identify as neurodivergent*
- *<https://resolution.nhs.uk/learning-resources/supporting-neurodivergent-practitioners-the-role-of-nhs-resolutions-practitioner-performance-advice-service/>





Most neurodivergent people are multiply neurodivergent

E.g. ~70% of autistic people are also ADHD (AuDHD)

Today I will mostly talk about autism

Difference not deficit
Not a broken or failed neurotypical



medical education

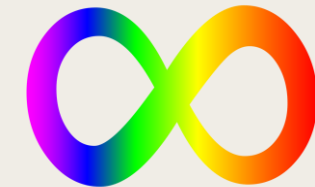
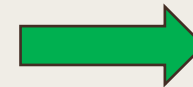
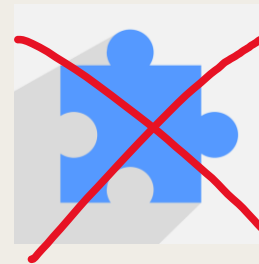
WHEN I SAY

Open Access



When I say ... neurodiversity paradigm

Sebastian Charles Keith Shaw, Megan E. L. Brown , Neera R. Jain , Riya Elizabeth George, Sarah Bernard, Megan Godfrey-Harris, Mary Doherty



Difference not deficit

Not a broken or failed neurotypical

But..

It is challenging and we may be disabled

Not a superpower



medical education

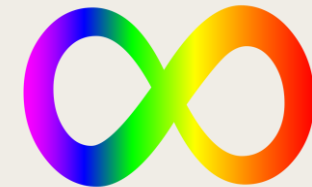
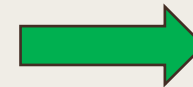
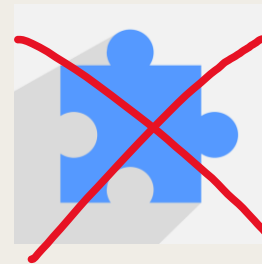
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More than language

Difference not deficit

Not a broken or failed neurotypical

But..

It is challenging and we may be disabled

Not a superpower

Autistic person or ~~person with autism~~

~~ASD~~ -> Autism

I have ADHD? I am ADHD? I am an ADHDer?



medical education

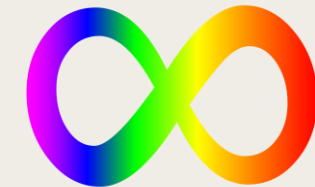
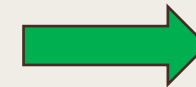
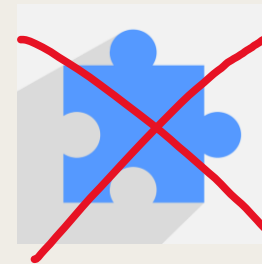
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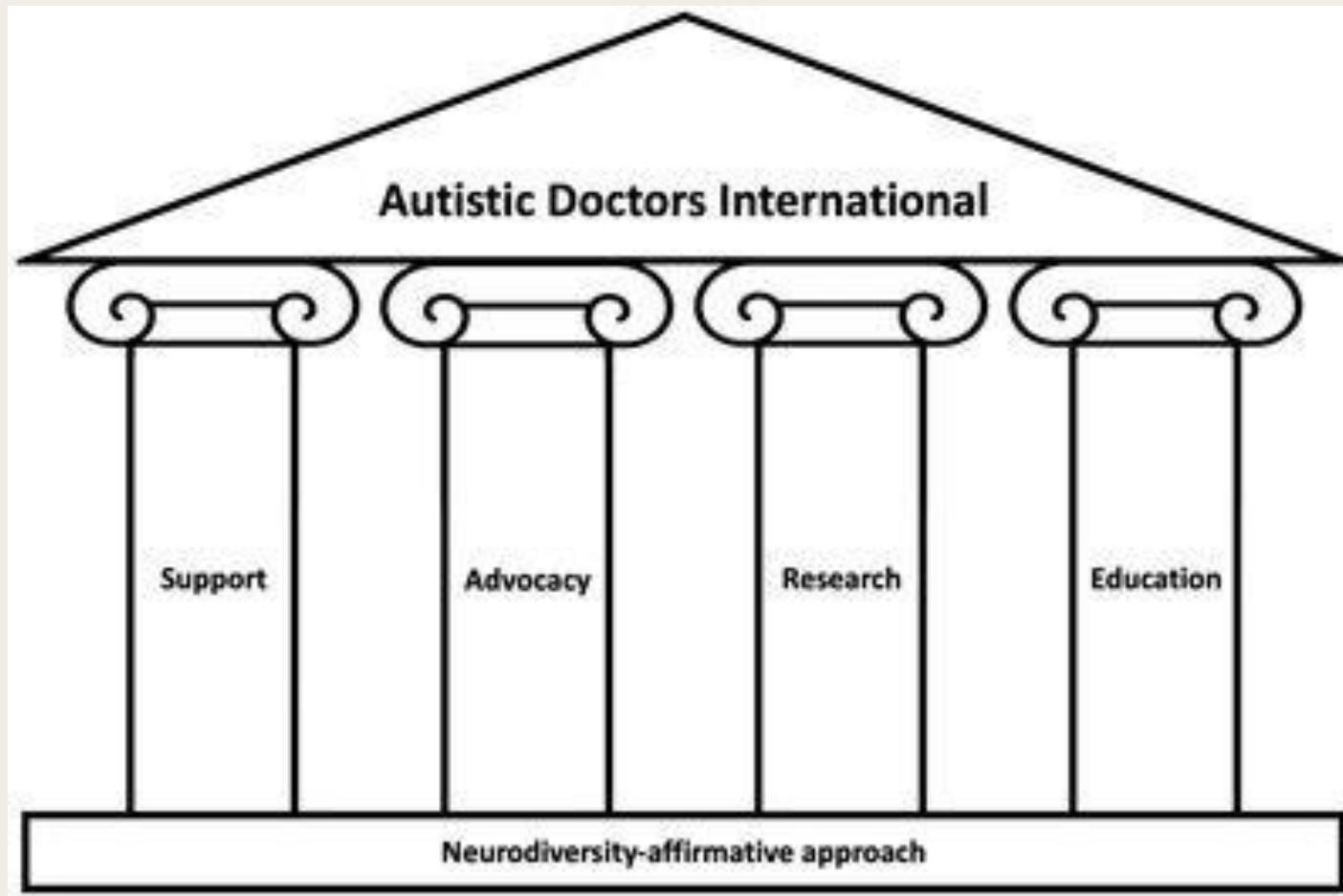
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ADHD

- Inattentive (common in women), hyperactive-impulsive, or combined.
- Passionate, creative, innovative, adaptable, enthusiastic, problem-solver
- Executive functioning: challenges initiating, completing, planning, prioritising.
- Attention deficit dysregulation - able to hyperfocus on stimulating tasks.
- Difficulty relaxing
- Emotional dysregulation
- Rejection Sensitivity Dysphoria
 - heightened response to perceived or actual criticism/failure

**MY BRAIN HAS
WAY TOO MANY
TABS OPEN
4 OF THEM ARE FROZEN
& I HAVE NO IDEA
WHERE THE MUSIC
IS COMING FROM**



Founded 2019 by Dr Mary Doherty

>1.5K members

<https://linktr.ee/autisticdoctors>



- Cross sectional study. Online survey.
- Experiences of members of ADI.
- 225 doctors (40% response)
 - 61% in UK
 - Specialities: GP (31%), Psychiatry (18%, most over-represented)
- Disclosure (sharing)
 - 30% to colleagues, 32% to supervisors/consultants, 29% nobody
- Challenges
 - 65% Judgements from/attitudes of colleagues or managers
 - 21% Communication with patients

ORIGINAL RESEARCH article

Front. Psychiatry, 18 July 2023

Sec. Autism

Volume 14 - 2023 | <https://doi.org/10.3389/fpsy.2023.1160994>

This article is part of the Research Topic
Break the Stigma: Autism

[View all 25 articles >](#)

The experiences of autistic doctors: a cross-sectional study



Sebastian C. K. Shaw^{1*}



Alexander Fossi²



Laura A. Carravallah³



Kai Rabenstein⁴



Wendy Ross²



Mary Doherty⁵

Mental health



Mental health

- 49% Self harm
 - 24% Attempted suicide
 - 77% Considered suicide
-
- Association between considering autism to be a disorder, and having attempted suicide ($p=0.019$)
 - Self-harm – most associated with having requested but not received RAs
 - Never worked with anyone they suspected to be autistic – associated with having considered suicide (isolation?)



74% usually enjoyed work

73% felt being autistic is
helpful to the role



Supporting ND Doctors to Thrive



Open access | Research article | First published online October 17, 2023

Barriers to healthcare and a ‘triple empathy problem’ may lead to adverse outcomes for autistic adults: A qualitative study

[Sebastian CK Shaw](#) , [Laura Carravallah](#), [...], and [Mary Doherty](#) +4 [View all authors and affiliations](#)

[OnlineFirst](#) | <https://doi.org/10.1177/13623613231205629>



General practice / Family practice
Original research

Barriers to healthcare and self-reported adverse outcomes for autistic adults: a cross-sectional study

[Mary Doherty](#)¹, [Stuart Neilson](#)², [Jane O'Sullivan](#)³, [Laura Carravallah](#)⁴, [Mona Johnson](#)⁵, [Walter Cullen](#)⁶, [Sebastian C K Shaw](#)⁷



PDF +
Supplementary
Material

AUTISTIC



Physical

Processing

Emotional

Sensory

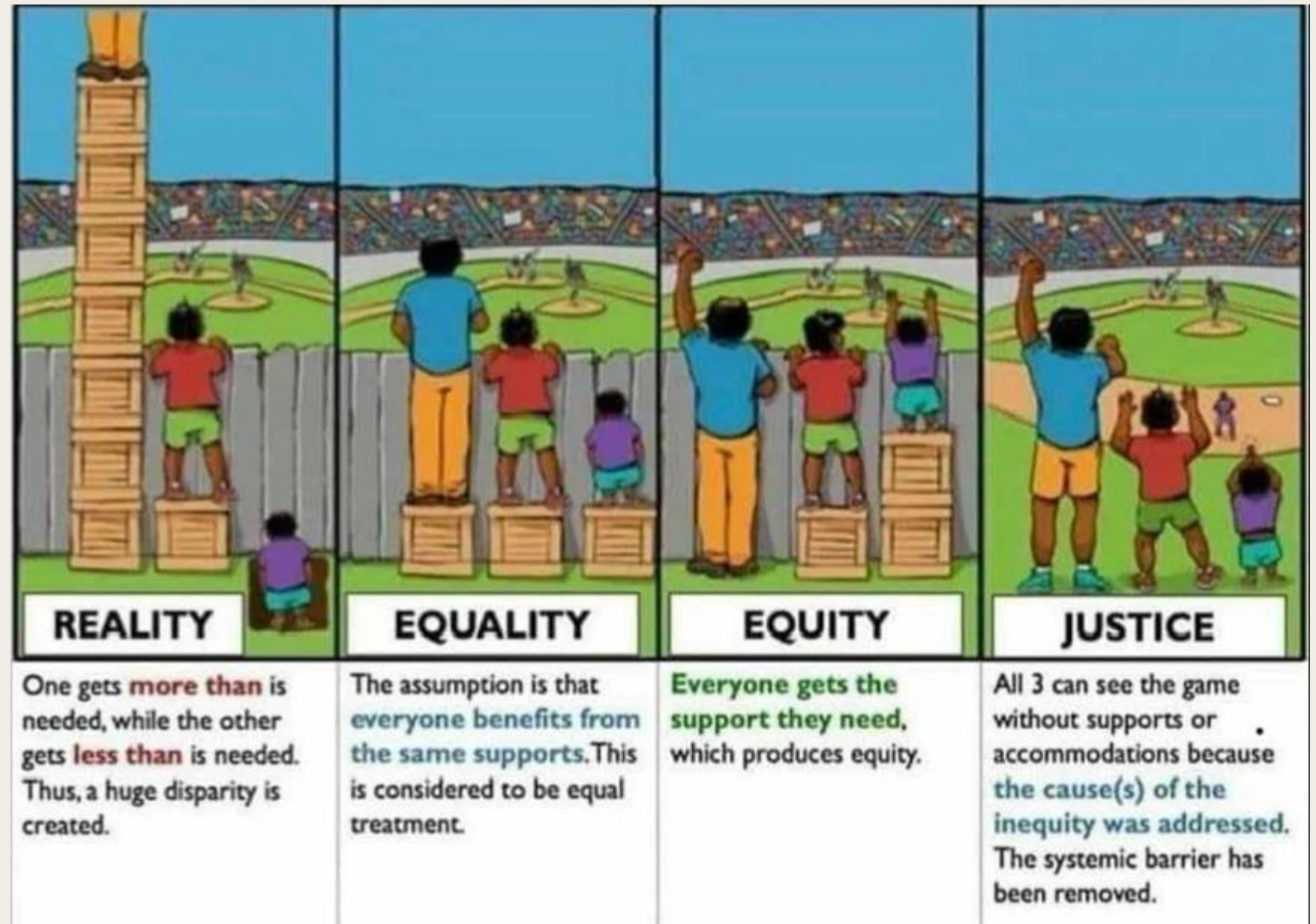
Predictability

Acceptance

Communication

Empathy

Reasonable adjustments



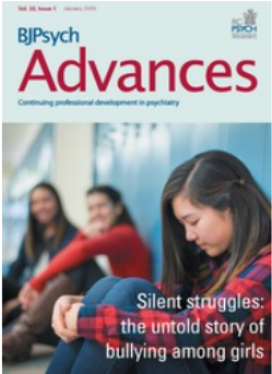
Heaps C, Shaw SCK, Doherty M. Supporting neurodivergent doctors to thrive at work. *BJPsych Advances*. Published online 2025:1-12. doi:10.1192/bja.2025.10116



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BJPsych Advances

Silent struggles:
the untold story of
bullying among girls

Supporting neurodivergent doctors to thrive at work

Published online by Cambridge University Press: 28 July 2025

Charlotte Heaps , Sebastian C. K. Shaw and Mary Doherty

Show author details 

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Summary

Mirroring the general population, the number of medical students, doctors and, indeed, psychiatrists disclosing being neurodivergent is rising. These individuals commonly have a variety of strengths that can enhance their work, but these strengths may go unrecognised. All too often such individuals have been labelled ‘doctors in difficulty’. We begin this article with a

Article contents

Summary

LEARNING OBJECTIVES

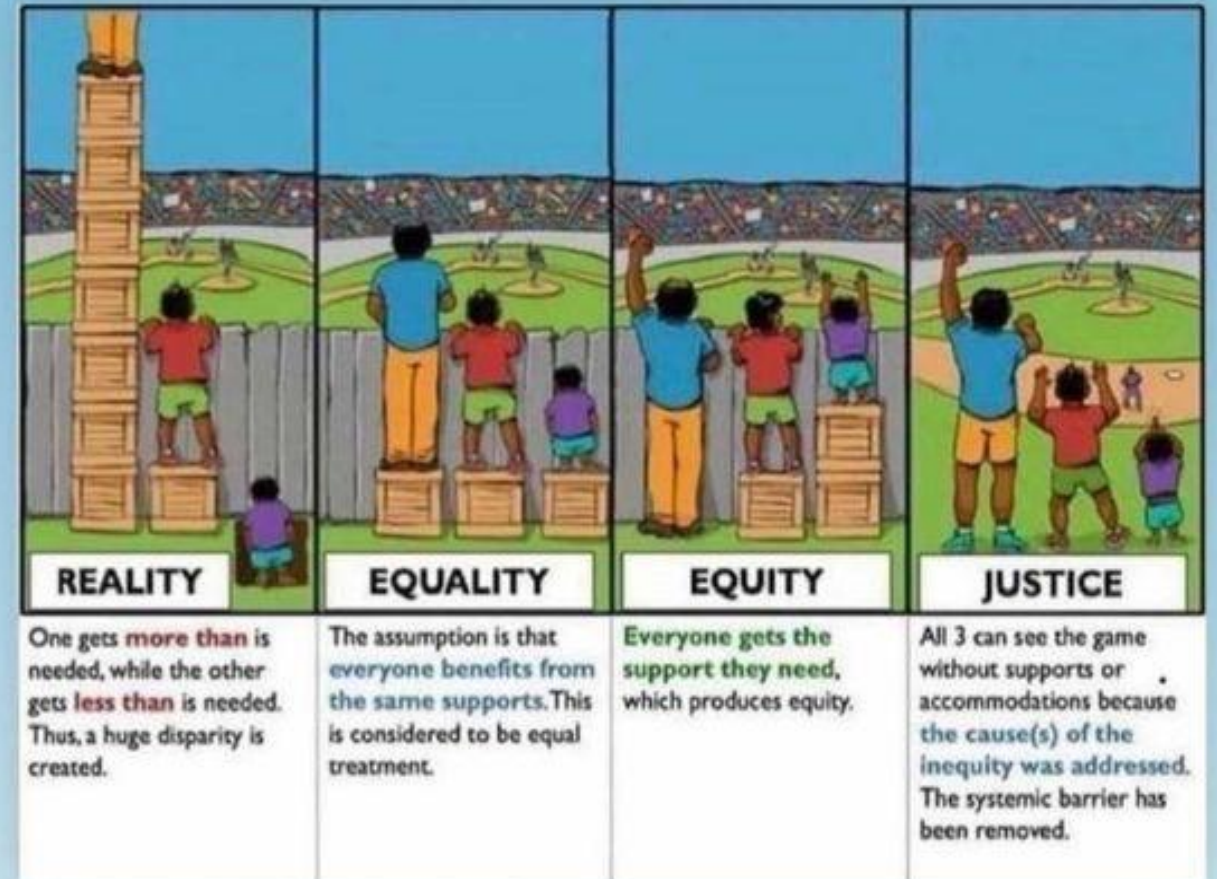
Reasonable adjustments

Why?

- Improved wellbeing
- Improved performance
- Required by law if disabled (Equality Act 2010)

How?

- Clinical, admin, study, and social settings
- Not only during training or exams
- Access to Work scheme, occupational health
- SPACE
- Attitudes and culture



@restoringracialjustice

AUTISTIC



Physical

Processing

Emotional

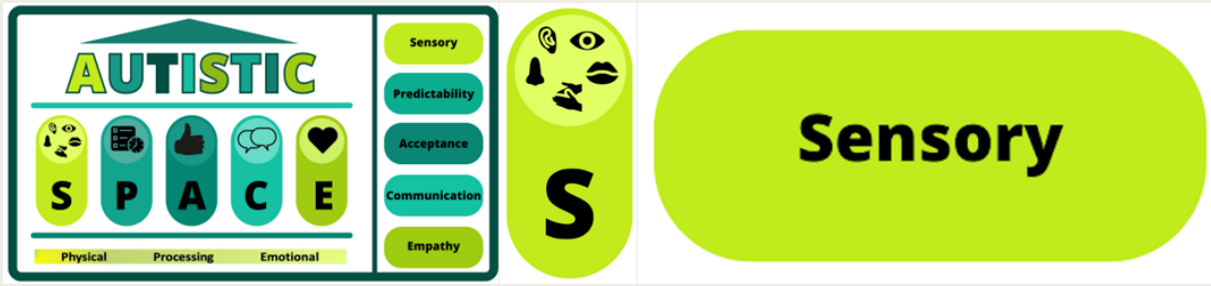
Sensory

Predictability

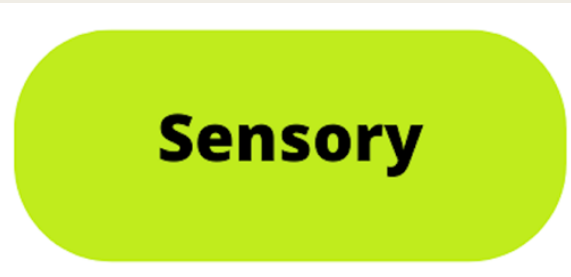
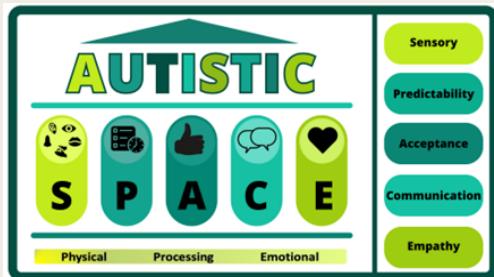
Acceptance

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Empathy



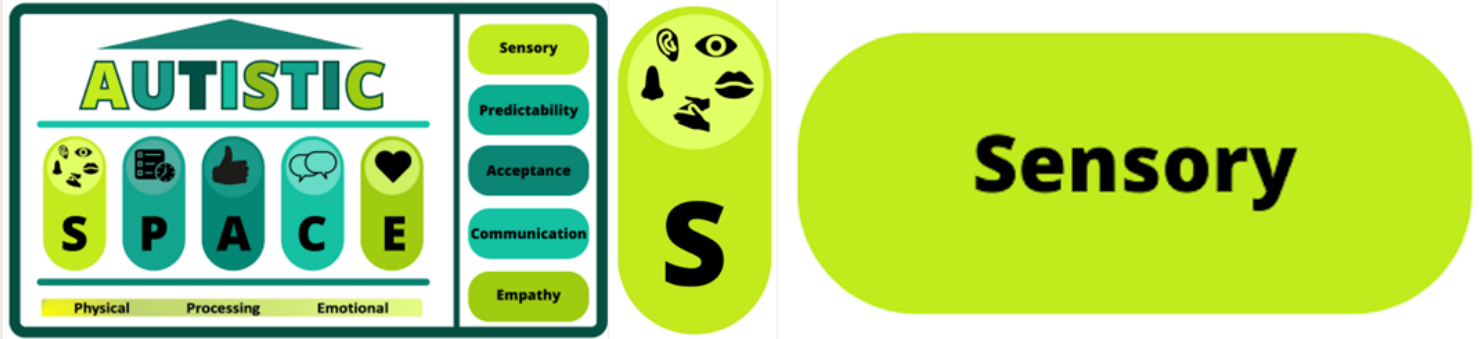
- Hypo- or hyper-sensitive
 - Unique profile
 - 8 modalities (5 + proprioception, interoception, vestibular)
- Provides emotional regulation
 - Stimming (self-stimulatory behaviours)
- Or sensory overwhelm and distress (meltdown/shutdown)



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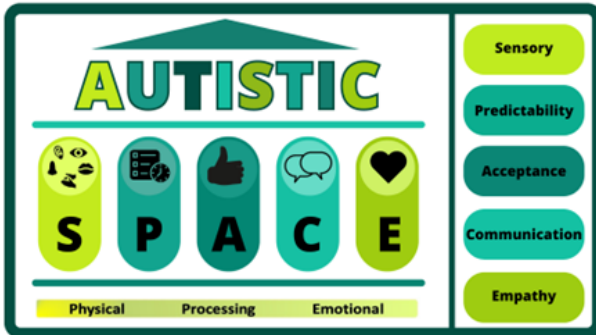
DIFFERENT TYPES OF STIMMING

VOCAL	ACTIONS	SOUND	VISUAL
Repeating sounds Whistling Humming Singing Grunting	Jumping Flapping hands Clicking fingers Tapping Pacing Chewing Licking Spinning Picking nails/skin Rubbing/stroking Doodling Sniffing smells you like	Listening to music Tapping your ears Cupping your ears Listening to white noise	Blinking lots Turning lights on and off Watching lava lamps Colour changing lamps. Focussing on patterns Kaleidoscopes



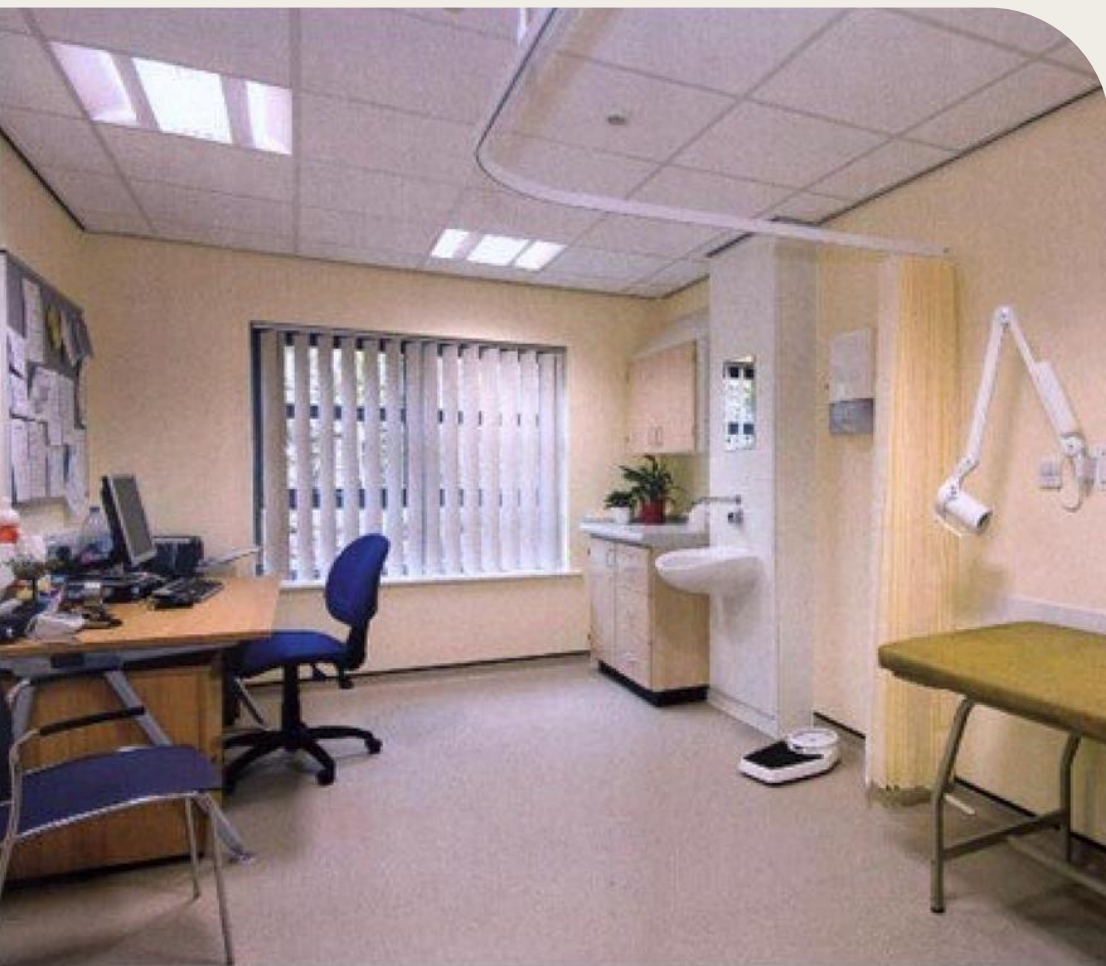
Sensory overwhelm

- Meltdown/shutdown
- Unable to communicate/think clearly
- Avoid further input – social or sensory
- Allow recovery/processing time
- Prevention

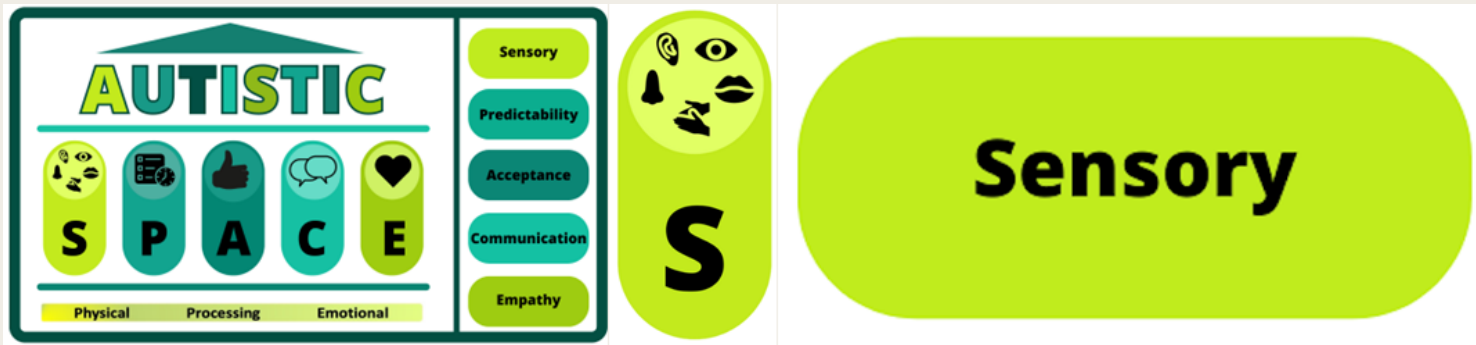


Sensory

Photo credit @AnnMemmott

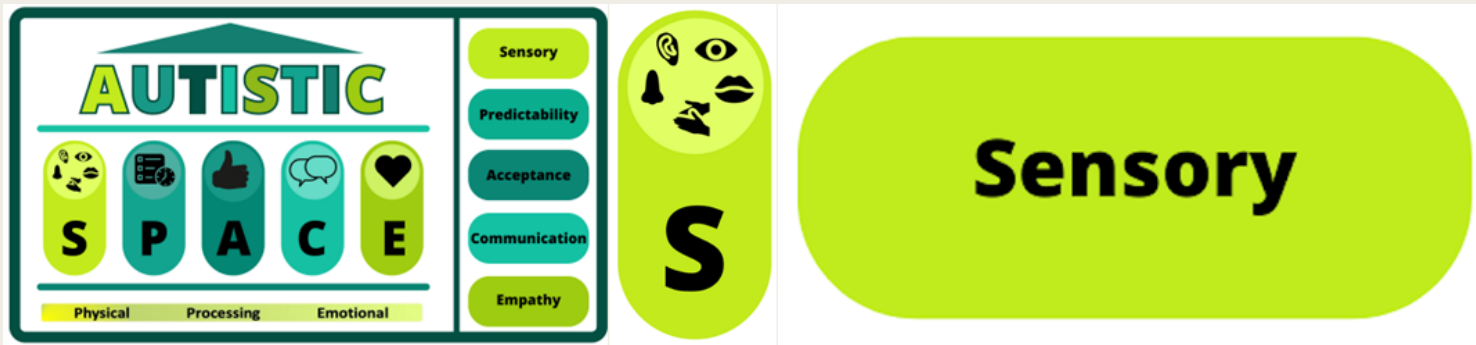


10/2/2026



- Visual
 - Lights – bright, artificial or flickering
 - Meetings, admin time
 - Presentation/teaching slides
- Sound
 - Reduced Habituation
 - Clocks, keyboards, roads, air con, adjacent rooms, chewing/eating
 - Shared offices
 - Conversations in busy environments





- Proprioception
 - Allow sensory/stimming/movement breaks
 - Seating
 - Fidget tools



AUTISTIC



Physical

Processing

Emotional

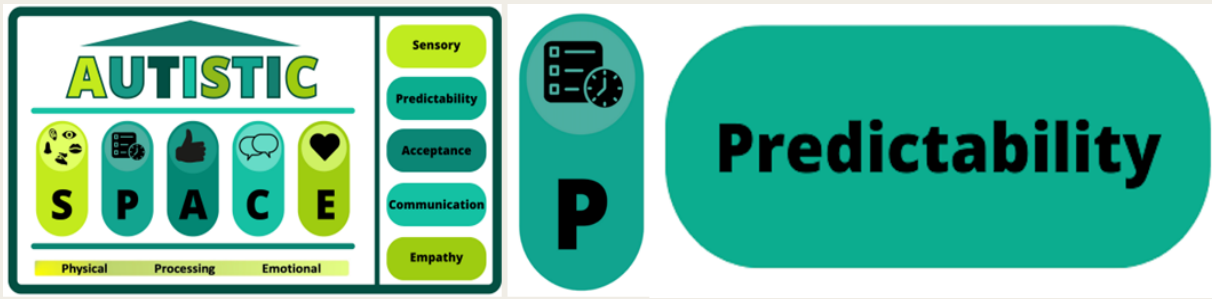
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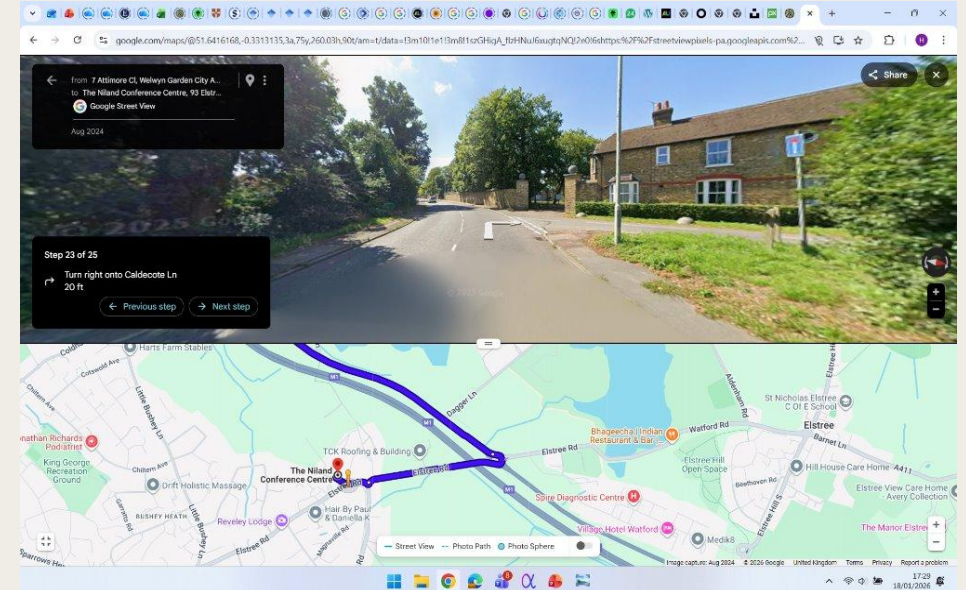
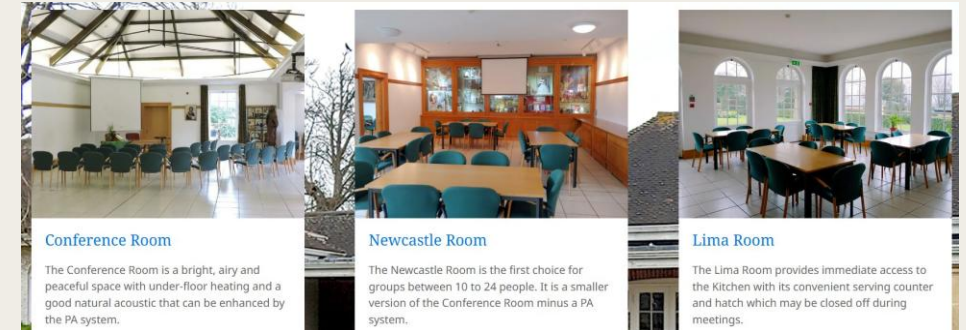
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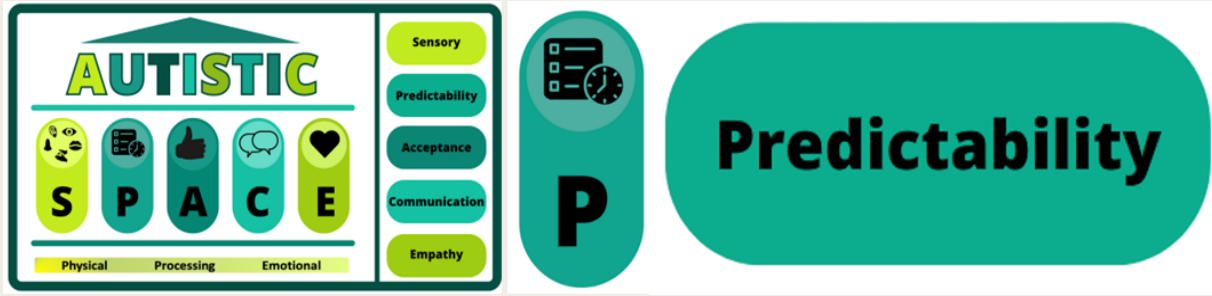
Communication

Empathy



- Routine and sameness – regulating/soothing
- AuDHD
 - Balance of predictability and novelty may be needed
 - May need routine and a tidy workspace, but struggle to manage it due to executive dysfunction
- New places, e.g. home visits, new wards/hospitals, exam venues, social venues





- Induction, and day-to-day
- Map/floorplan/signage
- Staff name badges and photographs (prosopagnosia)
- Room allocation
- Equipment/stock easy to find
- Clear expectations and deadlines, e.g. by 5pm on Thursday, not 'by next week' or 'when you can manage it'.
- Meetings – start and end times, agenda
- Explanation of changes in plans

hello my name is...

AUTISTIC



Physical

Processing

Emotional

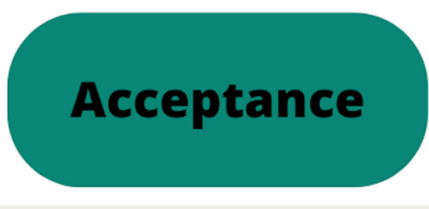
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NEVER ASKS US

Brene Brown

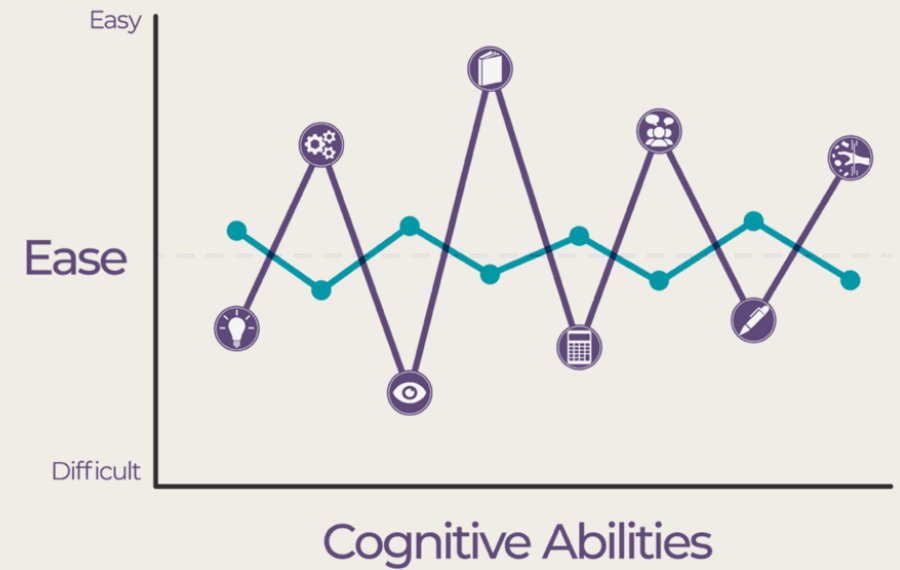
https://youtube.com/shorts/2CICPF9w7yc?si=hiHX_bNE3xJ2V8XR



- Believe people, support self-advocacy
- Normalise asking about adjustments
- Accept and encourage stimming

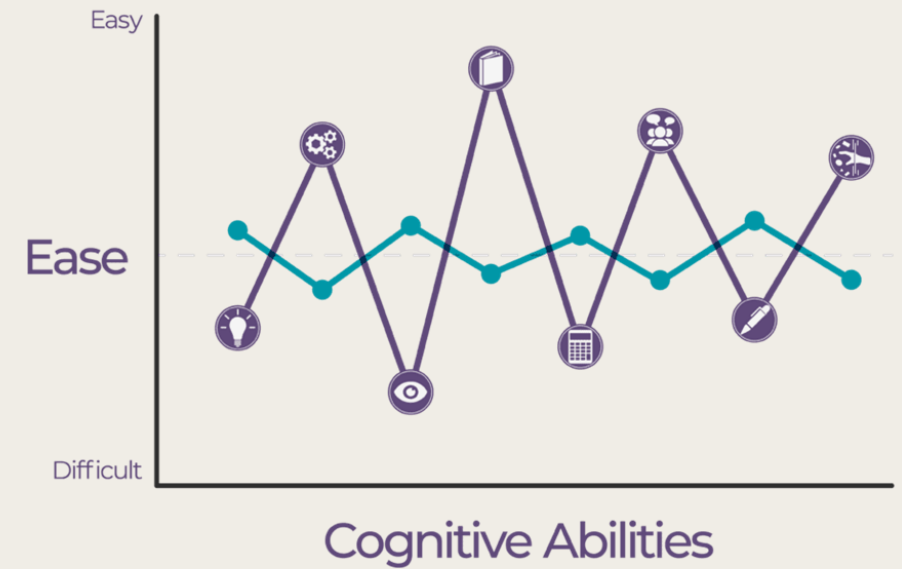


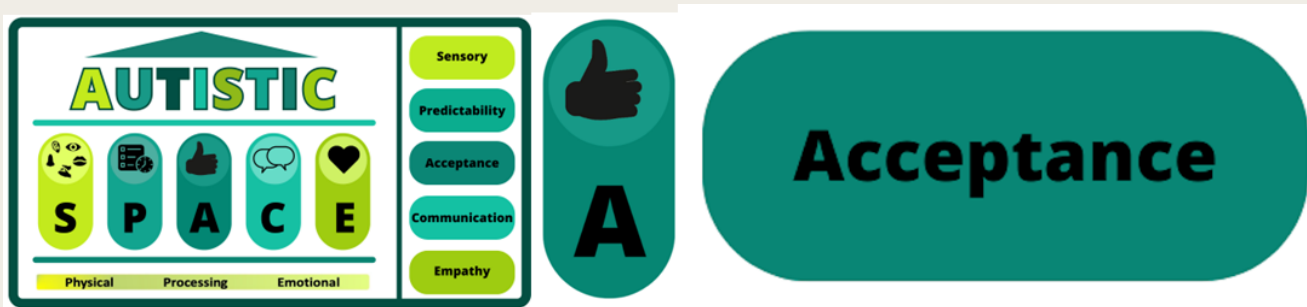
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- Spiky profile; dynamic disability
- Understand executive functioning challenges
- ≠ laziness/lack of effort





- Believe people, support self-advocacy
- Normalise asking about adjustments
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- Spiky profile; dynamic disability
- Understand executive functioning challenges
- ≠ laziness/lack of effort
- Avoid imposing neurotypical goals
 - -> **Shaming, masking**
 - Perfectionism, people-pleasing, burnout





- Respect decision whether to share their ND identity
- Social events. Make them inclusive but optional.
- Be an ally. ND community is diverse in many ways. (e.g. LGBTQIA+)
- Social media groups, coffee rooms, clinical meetings. Comments about "heartsink patients"
- Senior doctors as openly autistic (sometimes vulnerable) role models



AUTISTIC



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Processing

Emotional

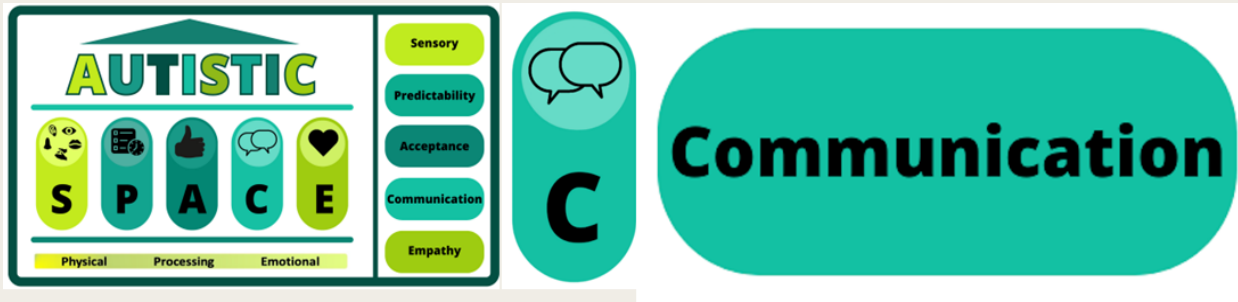
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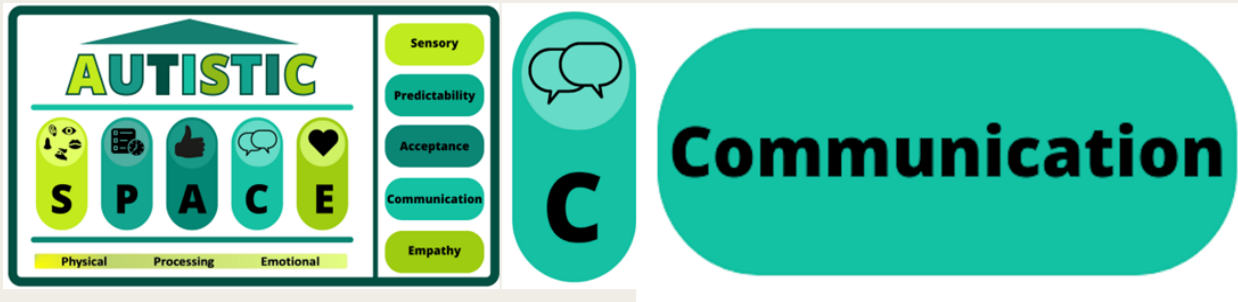
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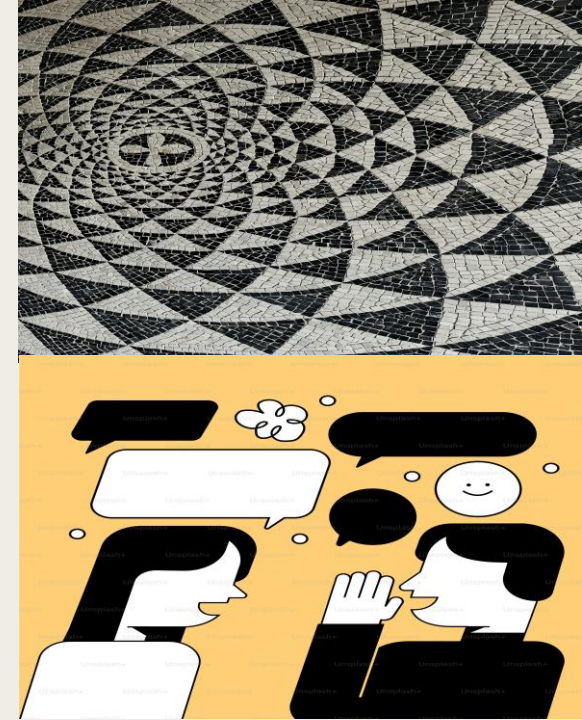
Empathy

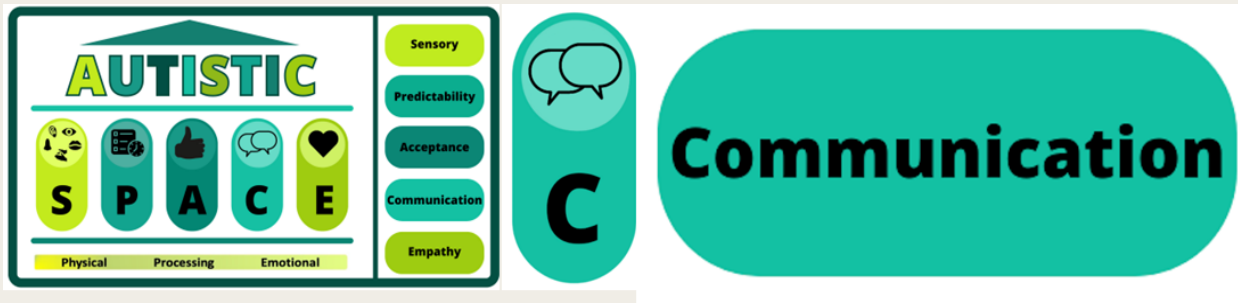


- Precision and detail is important
 - We may ask lots of questions.
 - Bottom-up thinkers
 - "pedantic" , "argumentative", "anxious", "impatient"..
 - Detail + pattern recognition = great clinical/diagnostic skills



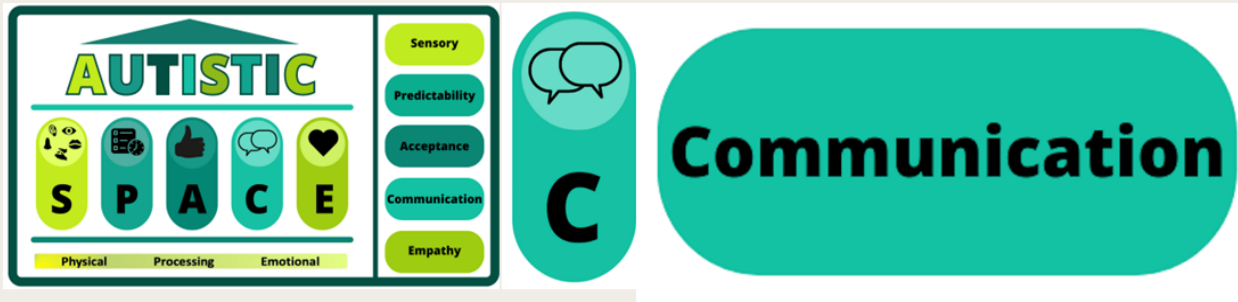
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 - Intersectionality – race, gender..
 - + justice sensitivity



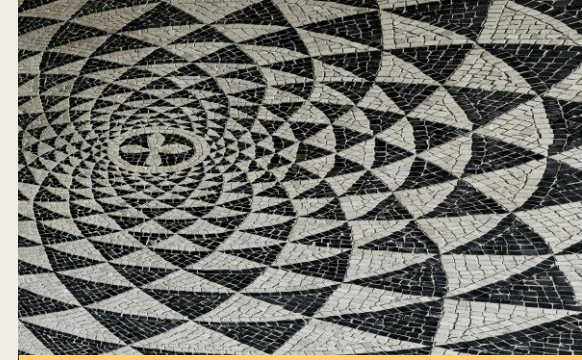


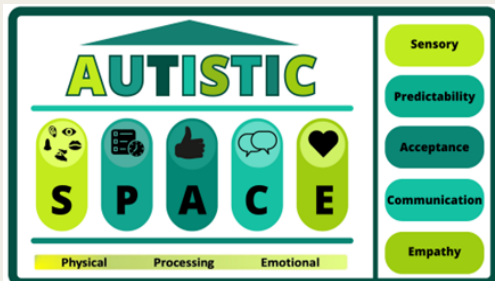
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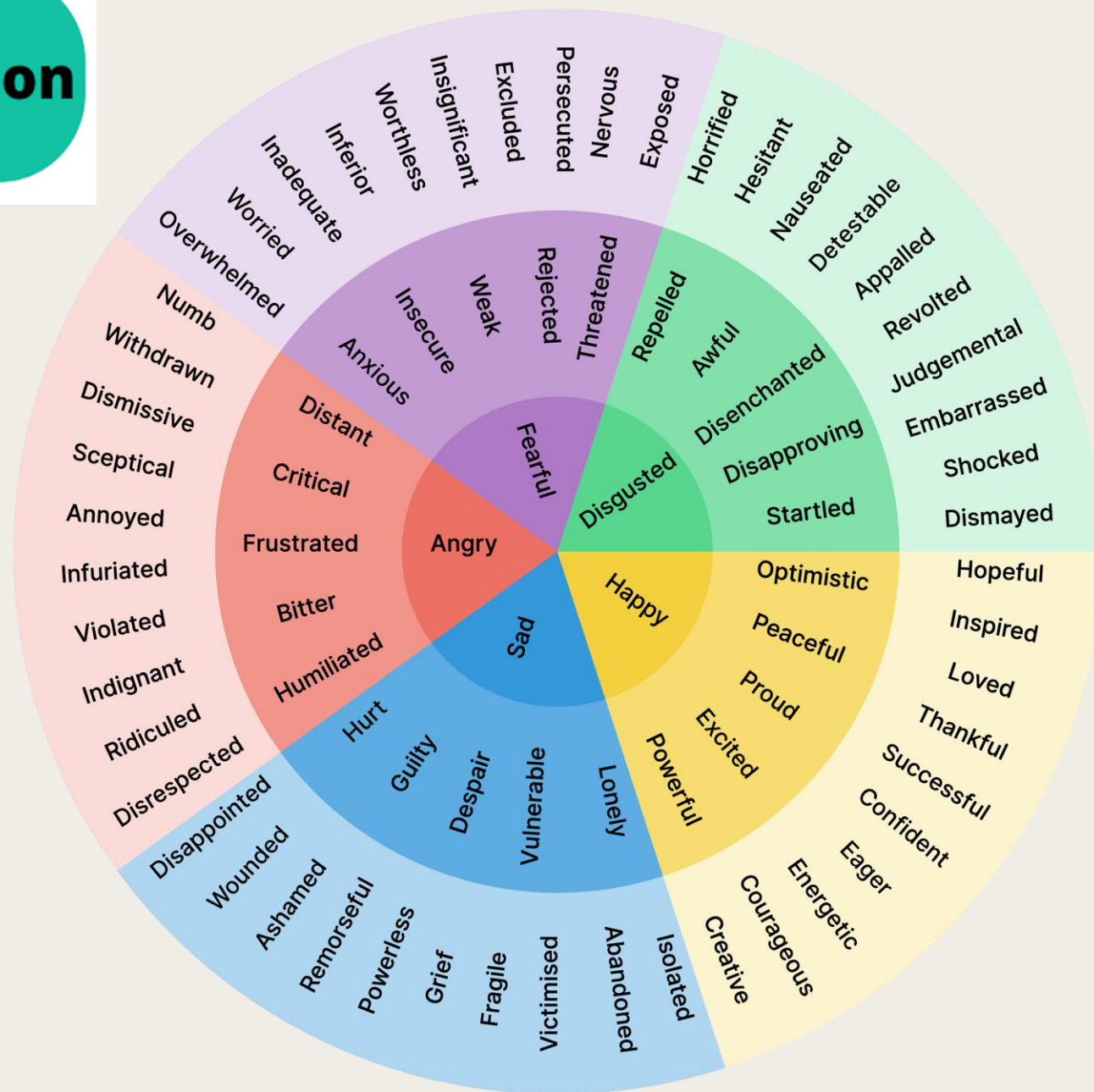
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- Reciprocity, small talk, Groups vs 1:1
- Eye contact, Facial expression, body language, volume & intonation of voice
 - Listen to words

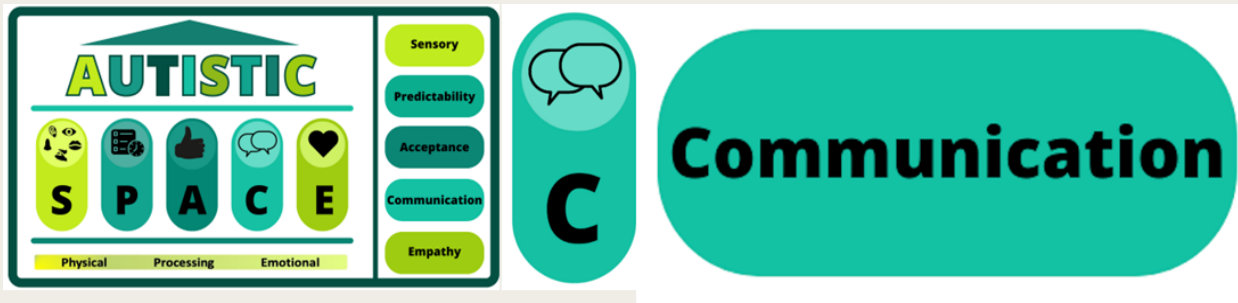




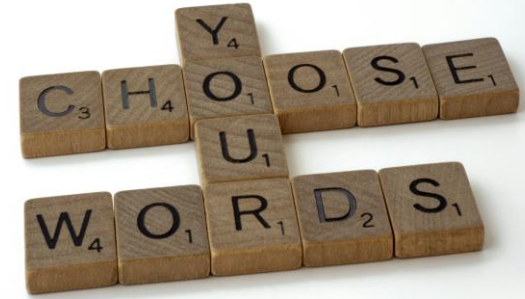
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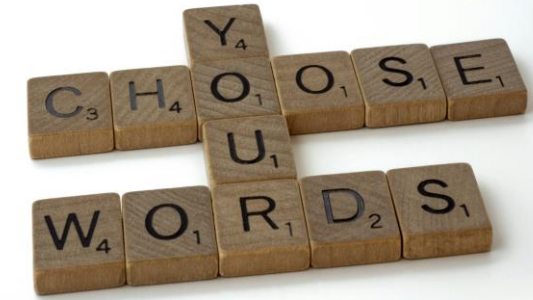
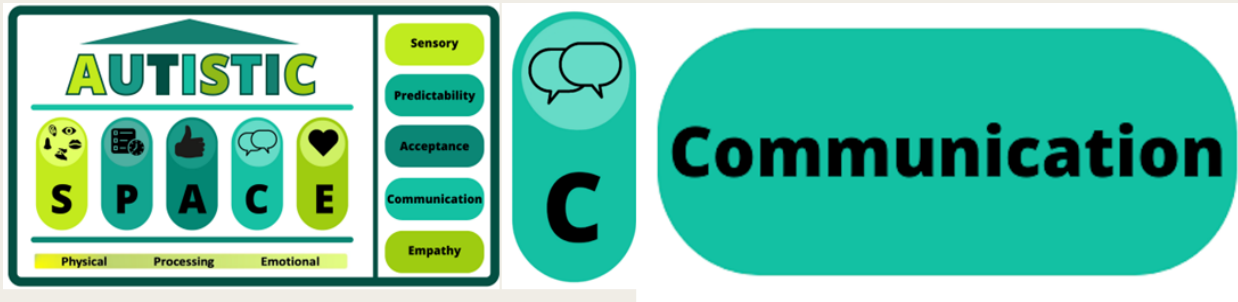
- Alexithymia





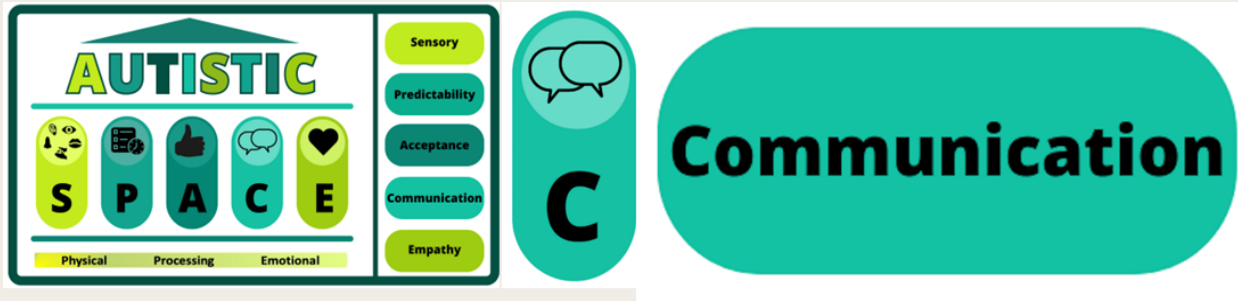
- Say what you mean: Clear, unambiguous, literal language. Avoid hints
 - "have you got a minute?", "are you free for a chat?"



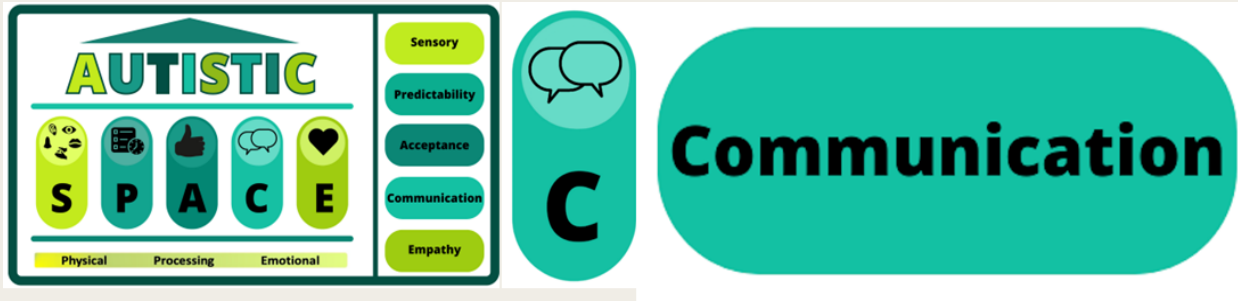


- Say what you mean: Clear, unambiguous, literal language. Avoid hints
 - "have you got a minute?", "are you free for a chat?"
- Ask about preferences : email, messaging, F2F, telephone
- Teams/Zoom
 - Cameras
 - Chat function
 - Live captions
- Ice-breakers

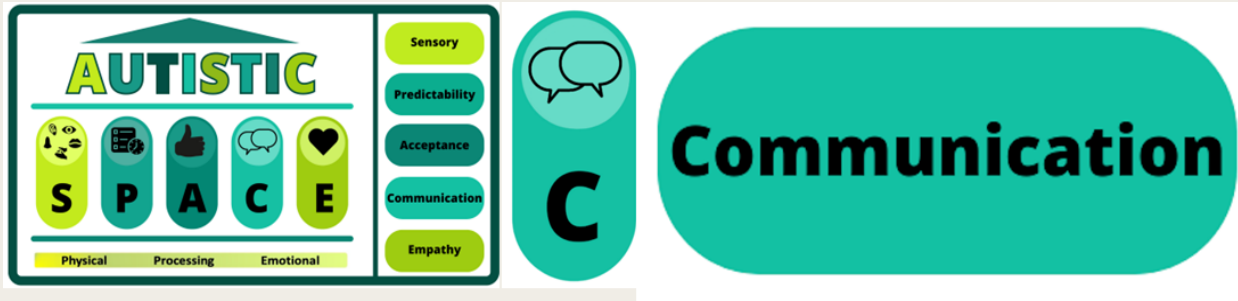




- Rejection sensitivity dysphoria
- Low key, regular, positive feedback
- Be authentic
- Specific, detailed, clear.



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- Focus on outcome rather than process
 - The patient feels listened to
 - They understand the plan
 - They trust that concerns were taken seriously
 - Safe follow up/safety netting



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"You need to be more confident"

"Try to develop more rapport"

"You're very thorough"

"You're getting stuck in the details"

"You should smile more"

"Give more eye contact"

AUTISTIC



Physical

Processing

Emotional

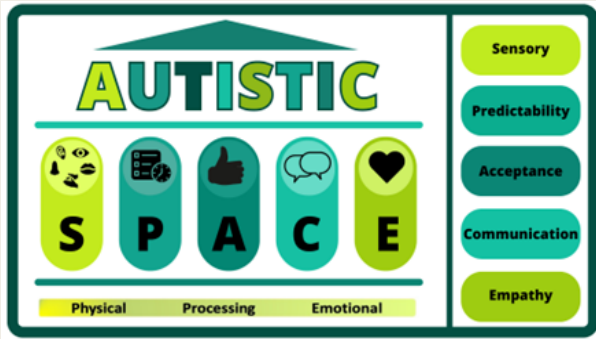
Sensory

Predictability

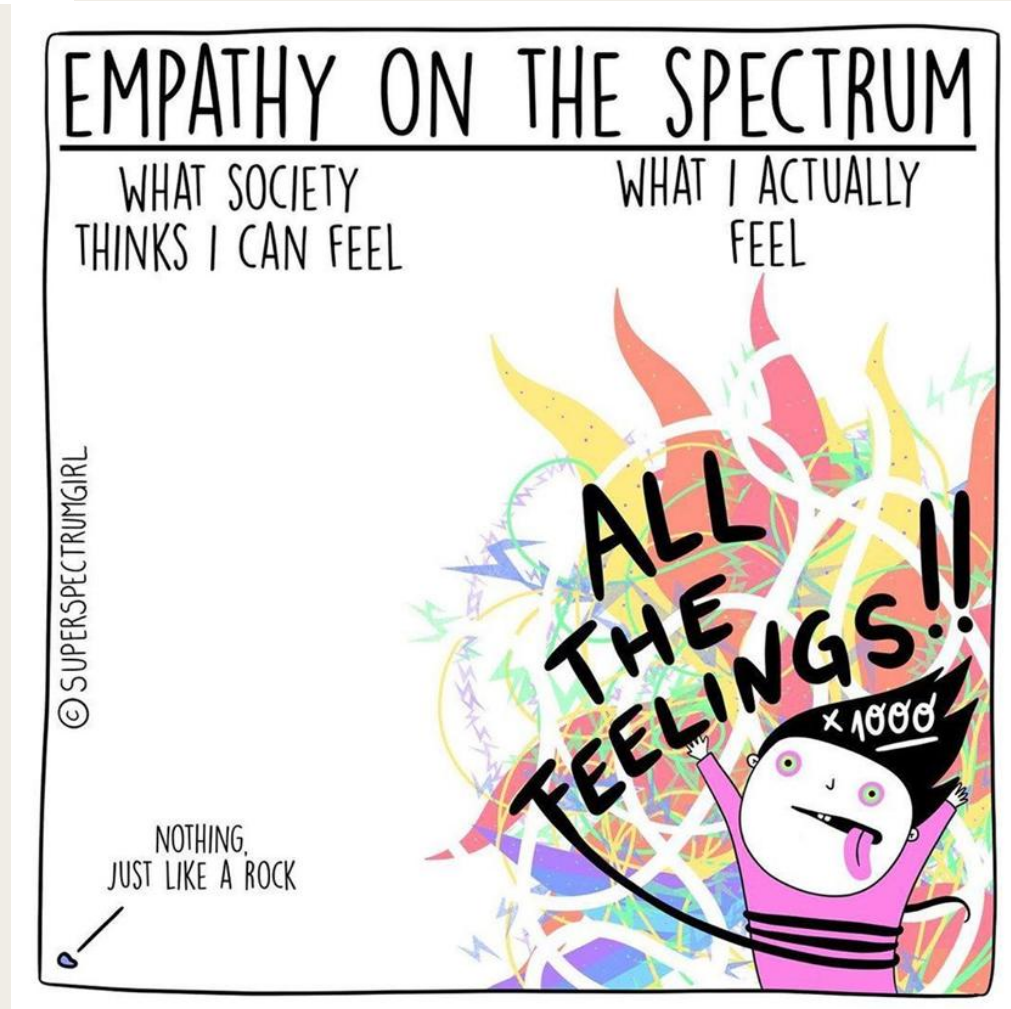
Acceptance

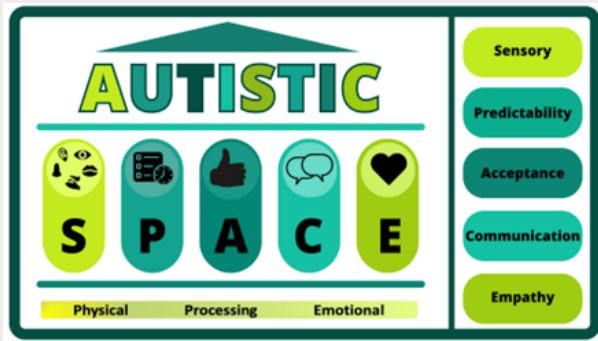
Communication

Empathy



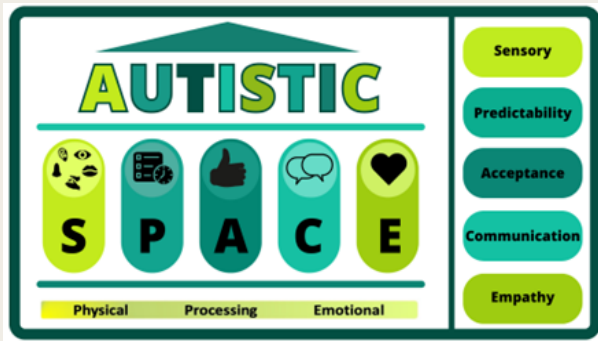
- Empathy may be expressed differently
- Range including hyper-empathy
- Cognitive vs Affective empathy
- Empathy $\neq$ morality





“
We need to dispel the myth
that **empathy** is ‘walking in
someone else’s shoes.’ Rather
than walking in your shoes, I
need to learn how to listen to
the story you tell about what it’s
like in your shoes *and* **believe**
you even when it doesn’t
match my experiences.”

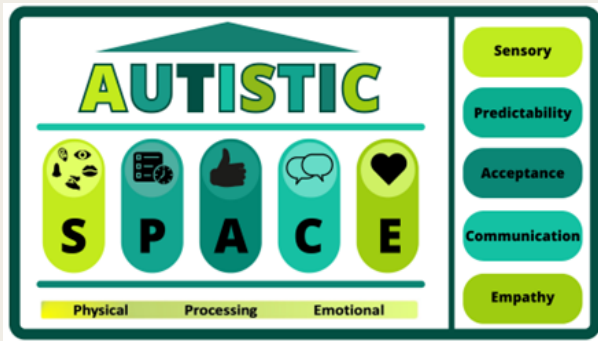
Brene Brown



- Challenging for NT Drs to understand ND colleagues' experiences

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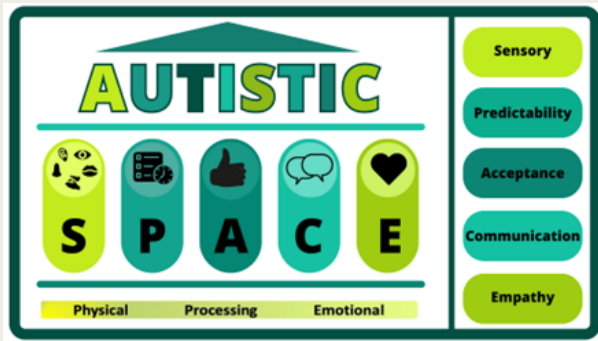
Brene Brown



- Challenging for NT Drs to understand ND colleagues' experiences
- Double Empathy problem

“
We need to dispel the myth
that **empathy** is ‘walking in
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than walking in your shoes, I
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the story you tell about what it’s
like in your shoes *and* **believe**
you even when it doesn’t
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Brene Brown



- Challenging for NT Drs to understand ND colleagues' experiences
- Double Empathy problem
- Train your team about neurodivergence
- Consider impact of MSF

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We need to dispel the myth
that **empathy** is ‘walking in
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Brene Brown

AUTISTIC



Physical

Processing

Emotional

Sensory

Predictability

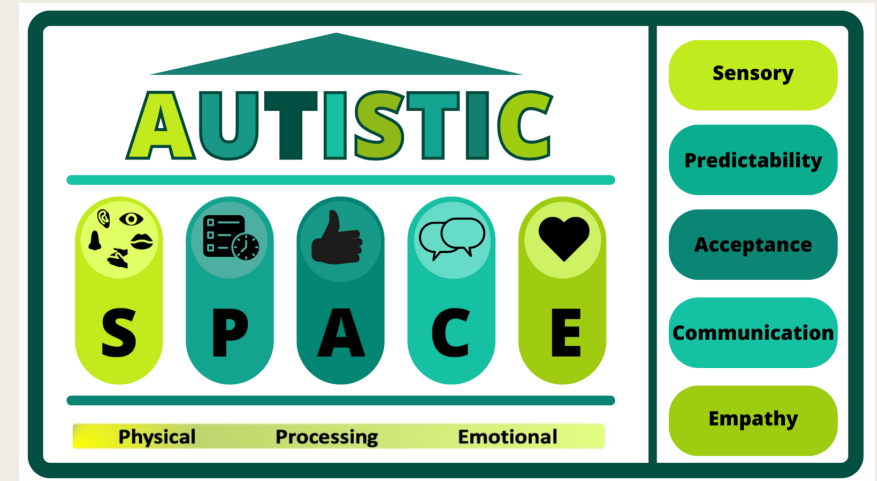
Acceptance

Communication

Empathy

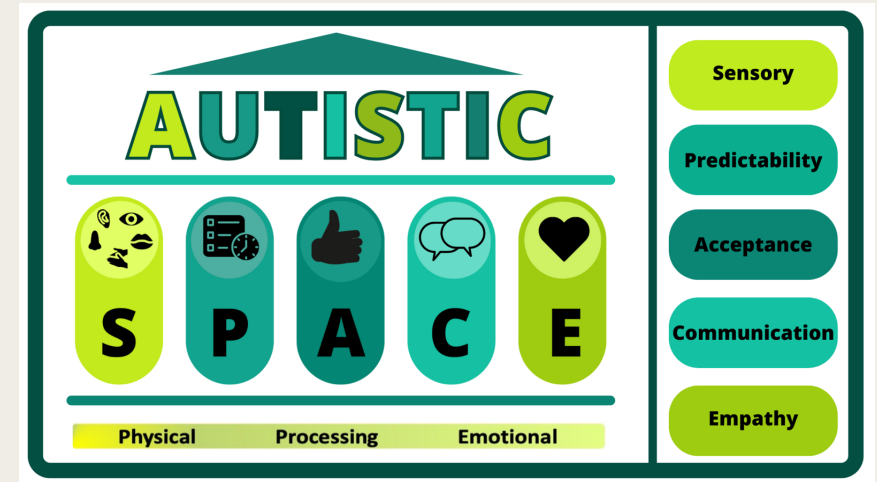
Physical Space

- Sensory-friendly
- Predictable layout
- Personal or designated quiet space
 - For restorative solitude or focussed work
- Dyslexic - Antiglare screen filters, training on accessibility features
- Dyspraxic – ergonomic keyboard/mouse



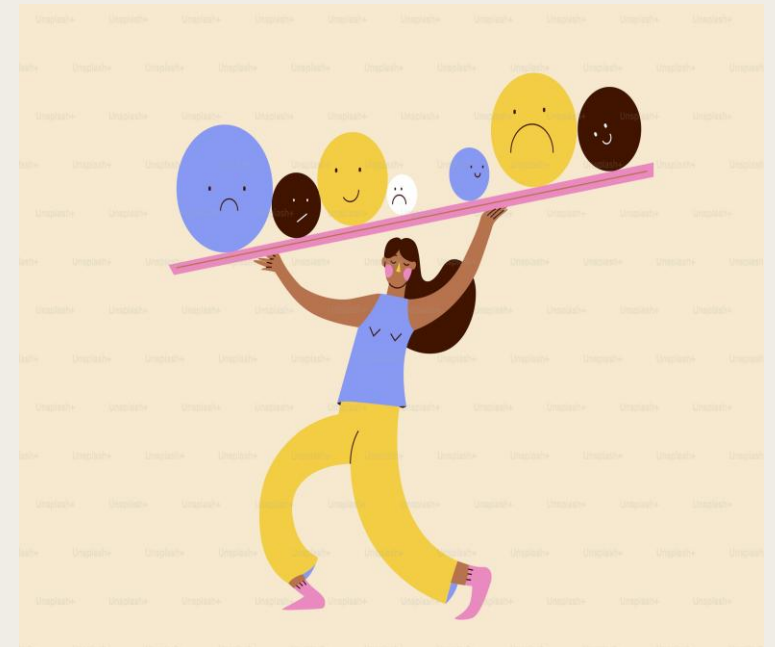
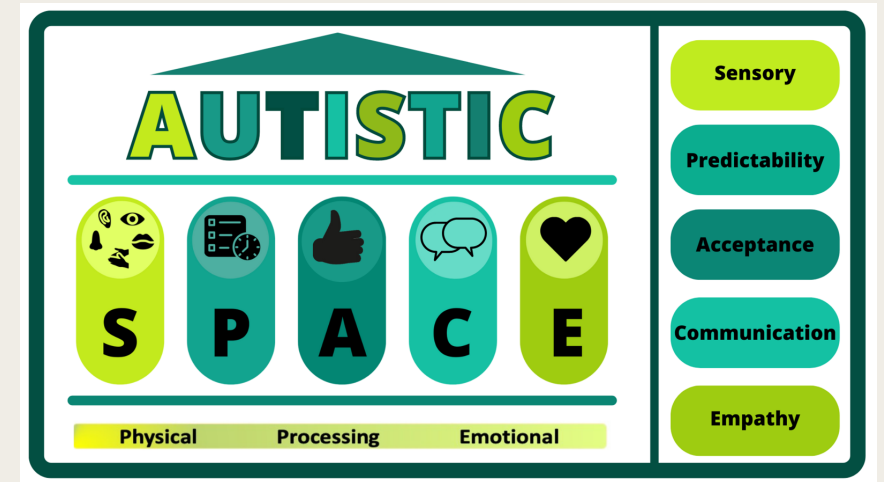
Processing Space

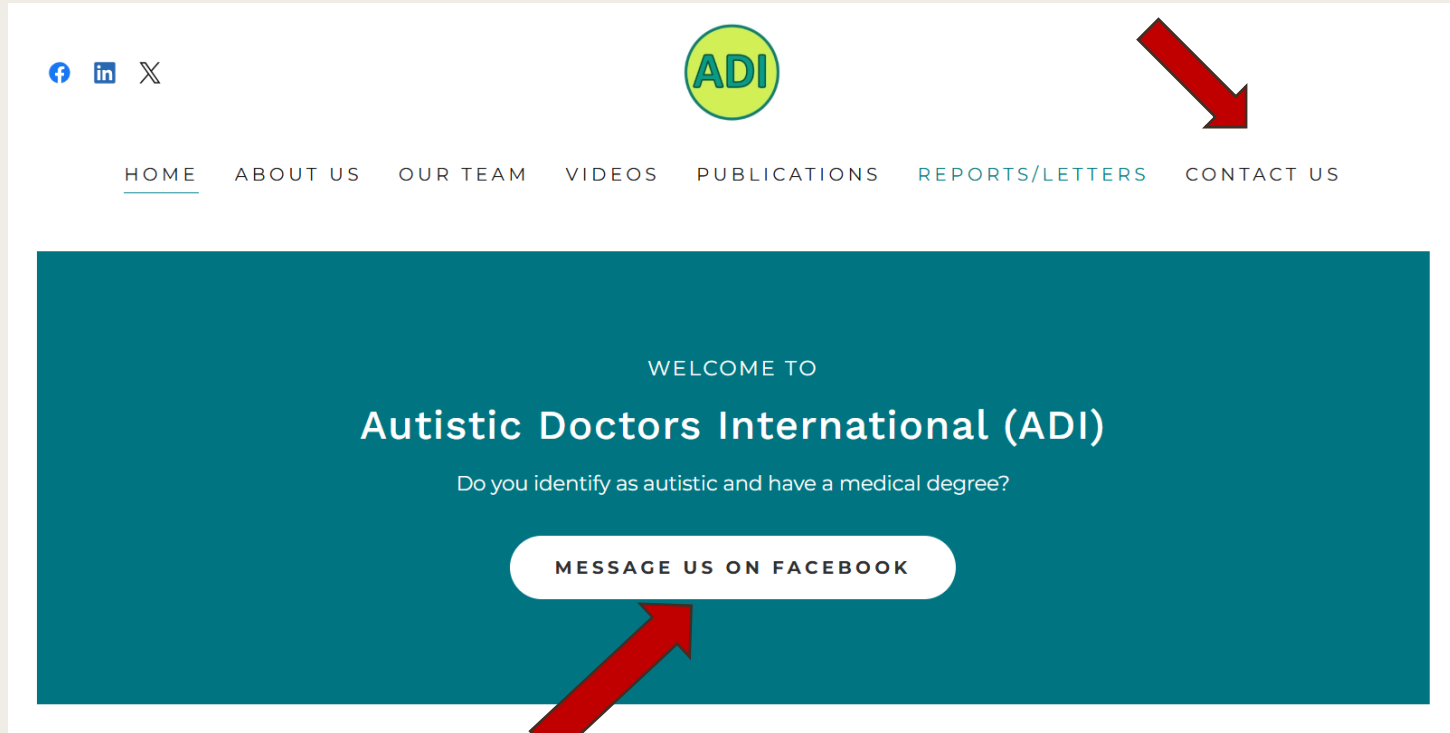
- Additional time for questions, changes and decisions
 - Patience, avoid re-phrasing prematurely
- Minimal interruptions
- Minimal transitions
- Understand hyperfocus and 'time blindness'
 - Visual timers, prompts to eat/drink/move
- Dyspraxia - clear step-by-step instructions and time for learning new practical procedures



Emotional Space

- Understand alexithymia and RSD
- Avoid inadvertent escalation of meltdowns/shutdowns
- Ensure a safe emotional space: burnout, self-harm and suicide
- Avoid infantilising
- Autistic doctors can and do thrive
- Diversity in the medical workforce is essential
- **Avoid stigma and shaming**





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Neurodiverse Healthcare Professionals & Neurotypical Allies UK

Private group



Doctors' Inclusive Neurodivergent Group (DING)

Doherty M, Henderson J, Hill H, et al. Historical diagnostic failure, not conceptual collapse: A response to Frith. *Psychological Medicine*. 2026;56:e305. doi:10.1017/S0033291726105996

Doherty M, Rebowska A, Grosjean B, et al. Two more elephants in the room: autistic psychiatrists and autistic shame. *The British Journal of Psychiatry*. Published online 2026:1-2. doi:10.1192/bjp.2026.10734