Good practice case studies

A number of colleagues with neurodivergent conditions have kindly shared their experiences in order that others may learn and be helped by this. We have respected requests both for anonymity and for use of names in the accounts below.

Kit McDowell, Paediatrics registrar:

I was diagnosed with ADHD in my 30s whilst at medical school. I generally did well at school and exams so I didn't realise for a long time and when I did and got access to medication it was a big help. I'm really consciously trying to tell people about my ADHD and autism as well as unmasking at work because I want to be a role model for young people and to dispel some myths. I do work with a lot of autistic young people and I think having someone who understands where they're coming from and who can make the adjustments for them makes a really big difference. Sometimes if it's appropriate I will also disclose my own neurodivergence. I am able to interact with them in a different way to neurotypicals, I am much more mindful than colleagues about their sensory needs and how I can make the hospital a less stressful environment for them. Doctors are trained in a very particular biomedical way. A lot of what our training is to discern "is it pathology or is it not pathology?". You would think, in paediatrics especially, that people would be a little bit more open-minded because obviously we support a lot of children and young people who've got autism and ADHD. But no, I'm constantly subjected to colleagues pathologising these conditions.

People just make these assumptions and they kind of go, oh gosh, you really don't seem autistic and they think that that's a compliment and it's like really not. They do listen, and they try but unfortunately, this type of response is a product of our medical training. Add the fact that I am queer and trans, and this type of well-meaning but ultimately harmful response can feel constant. I feel like I do want to educate my colleagues as well, but in a way, I find it sad that I have to. It takes senior staff to take a step back and to realise they don't know everything and to be open about learning about neurodiversity and the experiences of neurodivergent individuals.

One of my supervisors recently had the humility to have an engaged conversation with me, she spent time letting me talk about myself, my strengths and challenges, and really listened to what I said. I noticed a change in her behaviour, when we had meetings, for example, she would give me a heads up what it would be about beforehand. She educated herself outside of the time we spent together and has taken it seriously in a land where that has never happened before. Although it's not been perfect it made such a difference.

Natalie Clark ST1 Resident:

It definitely hasn't always been easy but now, in the neonatal unit, I'm a really thriving member of the team. I've got such a great relationship with my supervisors and colleagues. When I have my bad days where I'm feeling like I'm not useful or not helpful and I'm in the way and I'm sad about that. I know that I have a team that I can go to and speak to them about that and they always, without fail, have made me feel valued.

My supervisor had a space where once a week she said to everyone I'm in my office on a Tuesday afternoon at 2:00 o'clock. It's up to you whether you feel you need it. That's to have a meeting and chat about how things are going, this really helped. Another small example was telling my supervisor if I'm feeling anxious or I've had a bad day, I like to hold something hot. I can't have hot drinks on the ward because the kids might run and pull them over. My supervisor was like so what if you brought in like a heat pack and you stick it in the microwave and you sit with that on your lap? These are the joys of being flexible in general, it's really affirming.

Paediatrics is a specialty as something that is for everyone and we as paediatricians have spent a long time making sure that children feel validated and will constantly be changing the support that we offer to suit these kids. So isn't it time that we gave that gift to ourselves?

Resident:

I have always wanted to be a paediatrician. After a bit of a rocky start, needing a second attempt at interview I got my training number and a diagnosis of ADHD which went someway to explaining some of the difficulties I'd been having up to that point.

Now armed with my diagnosis and having recently started on medication – I finally got to start the career id been working towards for years and it was awful. Unfortunately, I'd been sent to a hospital that wasn't within commuting distance for me, necessitating overnight. I was trying to study for exams, whilst being away from any routine or support. I was also still rediscovering myself in the new light of an ADHD diagnosis and was only on a small, short acting, dose of medication.

Due to everything my mood and mental health took a dive, and I reached out to request placements closer to home. During these conversations I was asked whether I had really thought about whether Paediatric training was for me and whether I should consider something else. This, along with other comments, made me feel like I was a burden on the Training Programme Director, asking for unrealistic and unreasonable adjustments to allow me to continue training. It also made me insecure and doubt not only my clinical abilities but also my ability to progress within training.

Following this I went to a paediatric consultant who I had worked with previously, who reassured me and sign posted me to a support service, the BMA and occupational health. All of which enabled me to get reasonable adjustment to my training allowing me to have placement in hospitals closer to home. Since this I have had incredible support from various colleagues with revision and exam preparation, fully supporting my neurodiversity. Enabling me to re-learn effective strategies for revision and exams. Its an ongoing learning experience, but one that has become a lot more manageable with support and understanding from my colleagues.

Bethany Davies, ST4 Paediatric Resident:

Bethany is a paediatric resident who is also the paediatric representative for the West Midlands Neurodiversity allyship programme. Being an ally offers her an opportunity to reduce the mental load often experienced by many neurodivergent paediatricians by educating colleagues on neurodiversity, supporting conversations around reasonable adjustments, signposting to relevant advice and support and making small everyday changes to her work to support her colleagues.

"We should learn from the much needed and welcomed progress in understanding the needs of International Medical Graduates to neurodivergent resident doctors. Such adaptions include having thorough inductions and allowing a supernumerary period with more time to understand the day-to-day job and adjustments required. If we could apply some of this thinking to support neurodivergent doctors in training and increase recognition from senior colleagues about how important but simple some adaptations are this would make a big difference.

It's the buy in from change makers that is vital to getting support for residents. It's also really important for colleagues to know that the support is out there, and you don't need a diagnosis to get this – the key is speaking out, if you feel able to, about your needs. Being an ally means I educate resident doctors and supervisors, and advocate and signpost to resources that can help, such as supporting resident doctors to get reasonable adjustments in place. I also ensure I do little things to support my neurodivergent colleagues day to day like shutting the door for handover, having a 'do not disturb' sign for important tasks such as prescribing, facilitating development of maps to staff to show where different rooms are as well as a providing a breakdown of all the different acronyms seen in the hospital. It is an extremely rewarding role, which I have loved doing"

FY2 Resident:

I contacted my Deanery within a couple of days of finding out my location on the announcement of the foundation programme places. It was not my top choice and I was worried my ranking would not offer me a chance to live close to some extended family I had within that Deanery. As familiarity and routine are important to me for my emotional stability, I reached out to the Dean who was a real advocate for those with neurodiversity. She had the belief that if she could help us then we were less likely to burnout and go off sick, so both sides win really. Consequently, she arranged a meeting with some people from the hospital I'll be working at including my educational supervisor, and that is how my educational supervisor was aware that I was neurodivergent. My permission was sought beforehand to inform them of such."

Dyslexia

Raising awareness about neurodiversity is really important to me. I have had my own challenges, and I know two really senior colleagues who are suffering because of misunderstandings around their neurodivergent conditions. These are people with really great interpersonal skills, patients love them and somehow, they are made to feel like they are not good enough and are considering leaving. Shame on their colleagues for being in the medical profession and not having more empathy, compassion and understanding.

I bring so many positives to this profession. I'm really creative and always up for doing things in a different way. I am quite visual when I think and use both words and pictures. Juniors always want me to teach them the way that I do it. So, when you apply this to teaching you can be more creative and do things differently. I think it's because of this I often get feedback that Lydia is really clear and teaches really well.

When I'm working with the kids they tend to warm to me really quickly and I like paediatrics and I like being there for the children. In general, I am someone who gets on with people and work really hard. I am very conscientious at work because I have to be. I dot every i and cross every t, I double and triple check because I know that black doctors are disproportionately struck off by the GMC. It's all about the documentation and if you have dyslexia and you fear the written word and that just makes it so much harder.

It is so important to give more time to understanding. Understanding, we're all different coming from different backgrounds and we need to try and understand different perspectives. When I am in an environment where there is more understanding. I am more at ease and happier. When I am in an environment where they are not understanding, I just don't even want to be there. I really do understand it is not possible to know about all the different cultures all the different conditions. But we are all living different lives, and it is really important to respect each other and give space for all the differences.

In medicine people expect you to be able to process auditory information under pressure and at speed. It's not that I can't process it, I just need more time sometimes. Using technology such as dragon to dictate my work and break down written text to make it easier to read makes a big difference.

ADHD and Dyspraxia

Senior Resident:

I have an inherent understanding of neurodisability as such that parents and children often comment that I listen and seem to understand their struggles. However, my colleagues sometimes can't see the strengths that I bring because I struggle with administration processes due to my disability. I know that with adjustments I can bring much to the table. Getting these adjustments in place has been challenging.

It's been suggested to me that maybe Paediatrics is not the right career for me. This has been a quite common thread; instead of adjustments and support being put in place, I have been criticised and training progression penalised. I've been accused of probity issues when I had some clinical backlogs and I've had to get the BMA involved. Even after Occupational Health / Access to Work have made recommendations for admin support, it has been an uphill struggle to get things in place. My workload has been really scrutinised compared to other residents. I've been encouraged not to take study leave so I can demonstrate a higher workload of clinical cases, whereas none of the work of my colleagues has been scrutinised to that degree.

ADHD and Autism

Susanna Grzeszczak ST6:

It's really difficult and I think almost it comes back to disclosing or not thinking I should talk about all these things or am I gonna be labelled one of those residents that needs extra help.

As doctors you're meant to be able to understand people with equality training and autism training, but it's like, do you really? the training that my trust does is based on men so there isn't any female representation, and it is all about stereotypes. if you're a late diagnosis, especially if you're a female, I think a lot of us are very high achieving and because we're high achieving we mask our autistic characteristics and our ADHD characteristics. My colleagues actually don't understand the level of energy it takes to mask and how when you mask all day, you're just burnt out after it and one thing actually can tip you over the edge.

Just because I don't have an overt disability doesn't mean that I don't struggle a lot. I've had situations where I've been pulled up out of the blue. The same direct communication skills that parents praise me for gets read by my supervisors as rude and abrupt. I am constantly criticised for being clear and to the point. When I get misunderstood like that, I get really worked up I can't get my words out at all, I lose the ability to speak, it's completely demoralising. They know I am neurodivergent, but this just gets shoved aside all the time. I've been yelled at and berated in front of everyone, and I'm not listened to when I try to explain its exhausting.

Autistics are able to really empathise, I struggle with my emotions like I very much need to talk them through to understand them. But I very much understand other people and like, if someone gets upset like a parent, I'm first person to grab a tissue for them. I warm to patients easily and often get told I go above and beyond. Also, my ability to organise and focus on details is great for neonates. It's what I've always wanted to do because I was born premature, and it feels like a full circle moment that my strengths make me good at it.

Stammering

Chukwudum, C.J resident

Stammering is the often-neglected disability/neurodiversity. It is rarely, included in the conversation. I don't think my colleagues fully realise/understand the struggles of a stammerer, the devastating impact stammering can have on one's performance, how it informs other people's perception of the stammerer, and the extent of unconscious bias towards stammerers.

In 2023 when I applied to Paediatrics, I requested for reasonable adjustments to be made during the interviews. This was denied. The experience I had during the interviews can best be described as a torture. It took my writing a complaint against PaedsNRO, as well as involving the BMA and the British Stammering Association, before I was given an opportunity to re-interview with reasonable adjustments put in place.

I don't have any reasonable adjustments put in place at work. I am expected to perform the same tasks as fluent speakers and be able to finish those tasks at a similar time as they. This is true for teaching sessions, presentations, and even handovers. If I am not able to do this, or falter while pushing myself to meet these time constraints, I may be seen as "just anxious," "unprepared," "not knowledgeable enough," or even "incompetent.

I have found that declaring before every presentation that I have a stammer could be quite helpful. While such a declaration is an uncomfortable and vulnerable position to put oneself in, it prepares the audience on what to expect and allows room for concessions to be made where possible.

Autism

Senior Resident

"My path through paediatric training wasn't the most straight forward. I had periods of both sick leave and career break (OOPC) due to depression and anxiety. It's only more recently that I have recognised autistic traits in myself and reflected on how these contributed to my mental health difficulties. The regular changes of placement really knocked my confidence. I had only just got comfortable with one group of colleagues before I had to start over with a whole new set! I struggled with alexithymia (difficulty identifying, describing, and expressing emotions) and as a result I didn't see my mental health symptoms coming and didn't communicate what I was experiencing to my supervisors until it was too late. The sensory aspect (particularly sounds) of an open plan working environment made it hard for me to concentrate and something I adapted to which works well is using headphones.

In the later stages of training, I was able to spend longer time in one placement where I had a very supportive team, and I was able to thrive. Through counselling and using mindfulness I have learnt to regularly check in with my emotions. Knowing what I now know about myself has helped me to make sensible decisions and plan appropriately for transitions in my career. I have learnt to value and celebrate the autistic characteristics, attention to detail, pattern recognition, and a conscientious work ethic that contribute to me being a good doctor.