

Department of Family and Community Medicine

Healthy Families in Healthy Communities

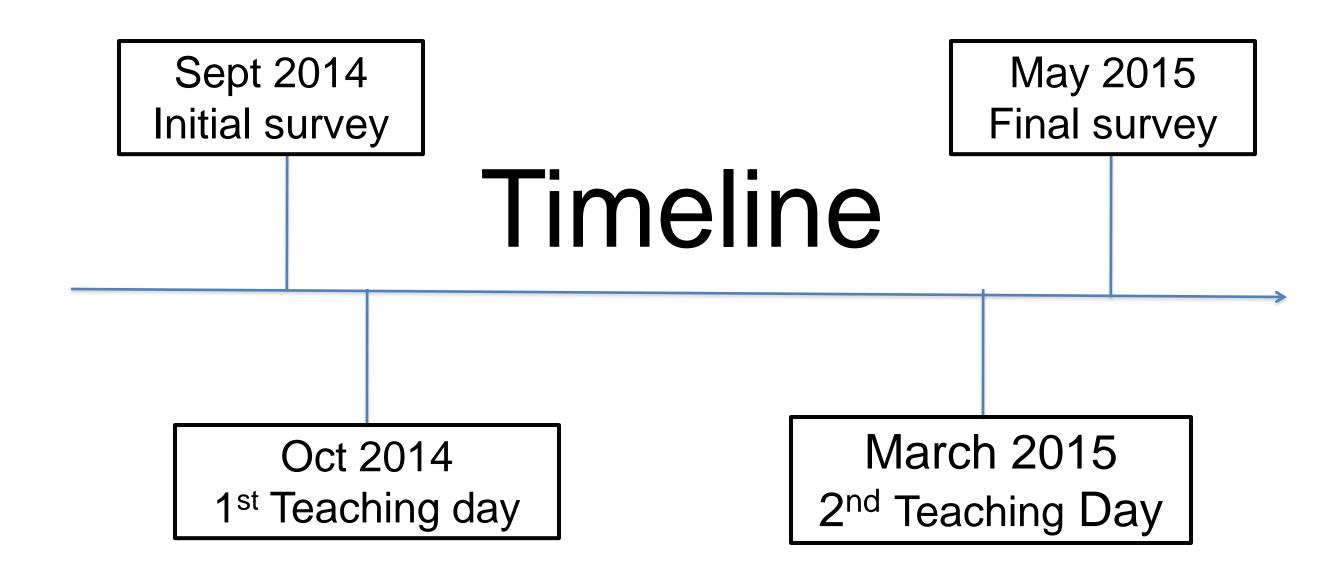
Educating Providers on Effective Healthcare for Adults with Intellectual and Developmental Disabilities Authors: Jessica Hensel, MD; Leslie Cohen, JD; Tamsen Bassford, MD; Sarah Guayante

Introduction

Current estimates show that about 2% of adults in the US are affected by intellectual or developmental disability (ID/DD). These include syndromes such as Down, Prader-Willi, and Fragile X, as well as other impairments in learning, language, and behavioral areas. Physicians often struggle to provide care to such individuals, citing difficulty with communication as a major barrier to care². Such challenges can be frustrating, and adversely affect patient care and outcomes³.

The goals of this project were to:

- Assess the education needs of South Campus FCM residents in providing medical care for adults with ID/DD.
- Develop curriculum for resident teaching days.
- Assess outcomes with regard to resident comfort level, understanding of health disparities, and readiness to care for individuals with ID/DD



Methods

We first developed a survey to assess South Campus FCM residents' current knowledge, comfort levels and educational needs in providing care to patients with ID/DD. This information was used to formulate curricula for two teaching days. The first teaching day focused on communication strategies and included an actual patient encounter. The second teaching day focused on dual diagnosis and differentiating behavioral symptoms from physical illness. Then the same survey tool was redistributed to residents to assess for changes in knowledge, comfort level and educational needs.



Results

Pre test results:

42% comfortable with communicating with deaf or nonverbal patients (n=12).

25% felt skilled in working with patients and families to create care plans. 58% felt frustrated because they didn't know how to help patients with DD.

Identified areas of concern:

- Lack of knowledge regarding resources in the community
- Difficulty communicating with adults with DD
- Lack of experience

Post test results:

71% comfortable with communicating with deaf or nonverbal patients (n=7).

71% felt skilled in working with patients and families to create care plans. 71% felt frustrated because they didn't know how to help patients with DD. Residents cited time constraints as the main barrier to effective care for adults with ID/DD, with other top barriers including lack of training as well as complexity of medical issues.

Additional areas of concern:

- Community resources for adults with ID/DD
- Mental health issues
- Challenging physical exams, especially GYN

Conclusions

We noted an overall improvement in comfort level with respect to communicating and caring for adults with ID/DD. However, residents still reported significant frustration with care of adults with DD. Barriers to effective care of adults with disabilities at South Campus include time constraints, insufficient training, as well as complexity of medical issues in such patients.

Limitations of the study included small sample size, as well as intra-survey variability (participants were not required to respond to one or both surveys).

Future directions of this research could include:

- Assessing the educational value of web-based simulated patient encounters.
- Evaluating the effect of participation in community DD events on communication skills in residents and patient/family satisfaction
- Incorporation of standardized curriculum into teaching days regarding specific DD health issues.

References

1.Larson SL. Prevalence of mental retardation and/or developmental disabilities: Analysis of the 1994/1995 NHIS-D. MR/DD Data Brief. Minneapolis, MN: Institute on Community integration, University of Minnesota (2000).

2.Chew KL. Overcoming communication barriers: Working with patient with intellectual disabilities. Can Fam Physician 60. 356-361 (2014).

3.Millar L et al. People with intellectual disability: barriers to the provision of good primary care. Aust Fam Physician 33. 657-658 (2004).

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