

Engagement of students in care delivery for individuals with intellectual and developmental disabilities through interprofessional education

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Implication Statement

Patients with intellectual and developmental disabilities (IDD) do not receive quality medical care, resulting in health disparities. A key contributing factor to poor care delivery is the lack of standardized IDD curriculum in Canadian medical education. Many physicians and nurses report they do not feel confident in providing care for patients with IDD. It is imperative to design curriculum for medical and nursing students to build confidence and competency. At the University of Toronto, we delivered a 4-hour workshop that provides a framework for delivering IDD education that should be replicated at institutions Canada-wide to address this critical gap in training.

Énoncé des implications de la recherche

Résumé français à venir.

Introduction

People with IDD experience significant barriers to accessing primary healthcare, leading to disparities in physical and mental health.^{1,2} Healthcare providers often do not receive adequate training to address the needs of patients with IDD, further exacerbating health inequities.^{3,4}

Description of the innovation

In partnership with Special Olympics Ontario (SOO) athletes with IDD, we designed and delivered a virtual workshop for medical and nursing learners at the University of Toronto. Our objectives were to improve

learners' knowledge and attitudes towards working with patients with IDD, support the development of effective communication skills, and identify strategies to address health inequities within this population.

This workshop was designed using Kern's Model for Curriculum Development and informed by the Students-as-Teachers co-curricular program model.^{5,6} First, we conducted a literature search to identify health disparities and rates of morbidity and mortality among people with IDD. We then conducted a targeted needs assessment through individual and group semi-structured interviews with SOO athletes to better understand their personal experiences with the healthcare system and developed

themes to capture barriers to care and strategies to eliminate health inequities.

The workshop included four sessions: *Introduction to IDD, Communication, Patient-Level Advocacy, and Systemic-Level Advocacy*. Each session had specific learning objectives and featured lectures and interactive components, including small- or large-group discussion and problem-based learning. Two SOO athletes were invited as co-facilitators, leading a discussion focused on building communication skills.

All participants received a certificate of recognition from SOO and an interprofessional education credit from the Centre for Advancing Collaborative Healthcare & Education. REB approval was not applicable; TCPS 2 (2018) Article 2.5

Outcomes

Twenty-three medical and nursing students participated and completed two surveys, before and after the workshop, to assess their attitudes and knowledge regarding IDD with a series of 5-point Likert scales. Only 40% of learners endorsed that they felt their professional program adequately prepared them to work with people with IDD. Following the workshop, 91% of learners endorsed feeling comfortable working with people with IDD, and all learners reported becoming aware of communication techniques and identified barriers to healthcare that uniquely impact people with IDD. A paired t-test demonstrated a statistically significant improvement in learners' mean survey responses between the two surveys, $t(19) = -7.64, p < 0.001$. In summary, this workshop improved learners' awareness and perceived competence in caring for people with IDD.

Suggestions for next steps

Initiatives that focus on delivering high-quality education on IDD, especially those that involve opportunities to interact directly with people with lived experience, can be very effective to fill the knowledge gap endorsed by healthcare providers. We suggest that medical schools across Canada adopt and apply this framework to educate more learners, with the goal of closing the gap on healthcare quality for patients with IDD.

Limitations of our study include its small sample size, potential selection bias, and cross-sectional design.

Therefore, future studies could replicate this work with a larger sample size that consists of healthcare providers at all levels of training—including a representative sample of learners with and without a pre-expressed interest in care delivery for IDD.

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