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YOU SHOULD TRY THIS!

Improving undergraduate medical training on intellectual and developmental disabilities through clinical skills sessions

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Implication Statement

In collaboration with Special Olympics Ontario, we implemented a model that integrates individuals with intellectual and developmental disabilities into first-year clinical skills sessions through an existing volunteer patient program. This initiative addressed a critical gap in undergraduate medical education by providing early, authentic learning experiences relevant to a population often marginalized in healthcare. Students reported increased confidence and improved communication skills, while volunteers felt respected and empowered as educators. By leveraging existing curricular structures, this model offers a feasible and scalable approach to integrating disability-focused education into pre-clerkship training, promoting patient-centered care and actively challenging ableism in healthcare.

Améliorer la formation médicale de premier cycle sur les troubles intellectuels et développementaux grâce à des sessions consacrées aux compétences cliniques

Énoncé des implications de la recherche

En collaboration avec Olympiques spéciaux Ontario, nous avons mis en place un modèle qui intègre les personnes ayant une déficience intellectuelle et développementale dans les sessions de compétences cliniques de première année grâce à un programme existant de patients bénévoles. Cette initiative a comblé une lacune importante dans la formation médicale de premier cycle en offrant des expériences d'apprentissage précoces et authentiques pertinentes pour une population souvent marginalisée dans le domaine des soins de santé. Les étudiants ont déclaré avoir gagné en confiance et amélioré leurs compétences en communication, tandis que les bénévoles se sont sentis respectés et valorisés en tant qu'éducateurs. En tirant parti des structures curriculaires existantes, ce modèle offre une approche réalisable et évolutive pour intégrer l'éducation axée sur le handicap dans la formation préclinique, promouvoir les soins centrés sur le patient et lutter activement contre le capacitisme dans le domaine des soins de santé.

Introduction

Individuals with intellectual and developmental disabilities (IDD) face significant health disparities. For instance, they are five times more likely to develop diabetes and two times more likely to develop asthma than the general population.[1] Contributors to these disparities may include communication challenges providers experience when? caring for persons with IDD, and a lack of training in providing appropriate care.[2] Additionally, individuals with IDD report lower satisfaction with healthcare services, less timely care, and worse provider interactions than the general population.[3] This highlights the need for increased learning experiences to help providers feel more competent when working with patients with IDD.

Description of innovation

In collaboration with Special Olympics Ontario (SOO), individuals with IDD were recruited into the volunteer patient program for first-year clinical skills sessions at Sunnybrook Health Sciences Centre (SHSC). Interested individuals were contacted by the SHSC Education Centre and onboarded through their standard process. Once onboarded, volunteer patients could register to participate in any clinical skills session. To support successful engagement, tutors and students received preparatory materials before meeting the volunteer patients. Volunteer patients were also invited to complete an 'About Me' form, a tool adapted from the Surrey Place "About My Health" tool,[4] to share information about their disability with medical students prior to the encounter. Volunteer patients, students, and tutors each completed pre- and post-session surveys to capture their experiences. Participants provided consent through the surveys and REB approval was obtained. As is true for many Canadian medical students,[5] this experience will be the first and only clinical opportunity for students to learn from patients with IDD.

Outcomes

Two volunteer patients with IDD participated across multiple sessions; both reported feeling respected, safe, and willing to participate again. Of the 14 student participants, all completed pre-session surveys, and seven completed post-session surveys assessing comfort, preparedness, and attitudes toward IDD care on a Likert scale. A one-way ANOVA demonstrated a significant difference in mean composite Likert scores between pre- and post-intervention responses ($F = 13.37$, $p = 0.0017$) (Table 1). Mean scores increased from 3.45 (SD = 0.69) pre-intervention to 4.57 (SD = 0.59) post-intervention. The intervention demonstrated a large effect size (Cohen's $d = 1.69$; $\eta^2 = 0.41$). Independent T-tests on each domain and effect size demonstrated the strongest evidence for improvement in feeling informed, prepared, and able to communicate effectively. Qualitative data demonstrated that students valued the authentic interaction, with one sharing, "Having a positive conversation and hearing their healthcare experiences informed our approach." Tutors ($n = 3$) endorsed the session's value, noting student engagement increased and hesitancy decreased over time. Informal feedback from caregivers and volunteers further supported the session's impact and feasibility.

Suggestions for next steps

Future initiatives should consider expanding opportunities for medical trainees to gain experience working with patients with IDD. The results from our pilot demonstrate benefits to student confidence, preparedness, and communication, but remain limited in the small sample size and lack of post-session data. Expanding this opportunity to include a larger number of volunteers and students would build upon our results. Further evaluation of the preparatory materials provided before patient encounters is also warranted.

Table 1. Pre- and Post-session responses from student participants

Survey Question	**Pre-session (Mean** ± SD)	**Post-session (Mean** ± SD)	**ANOVA *F***	***p (ANOVA)***	***t***	***p (t-test)***	***Cohen's d***
Comfort communicating	3.29 ± 1.14	4.57 ± 0.53	7.89	0.011	-3.52	0.002	1.30
Awareness of techniques	3.43 ± 1.22	4.57 ± 0.53	5.48	0.030	-2.98	0.008	1.08
Identifying barriers	3.79 ± 0.89	4.43 ± 0.79	2.60	0.123	-1.69	0.115	0.75
Curriculum preparedness	2.71 ± 1.14	4.29 ± 0.95	9.82	0.005	-3.34	0.005	1.45
Adapting communication	3.07 ± 1.14	4.57 ± 0.79	9.66	0.006	-3.52	0.003	1.44
Seeking support/resources	3.21 ± 0.89	4.43 ± 0.98	8.13	0.010	-2.76	0.018	1.32
Feeling well informed	3.07 ± 1.00	4.86 ± 0.38	20.51	<0.001	-5.91	<0.001	2.10

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