



## THE PROBLEM

Most physicians do not develop the appropriate knowledge, skills, and attitudes during medical school and residency training to care for patients with intellectual and developmental disabilities which can exacerbate health care disparities in this population.

## BACKGROUND

Although >20% of the United States population has a disability, fewer than 3% of medical students report having a disability which indicates that physicians lack shared life experiences with patients with disabilities. Regarding exposure of medical students to diverse populations during clinical rotations at the University of Colorado School of Medicine (CUSOM), only 40% of students encounter 20 or more patients with disabilities while almost 90% of students encounter >20 patients from racial/ethnic minorities or who are medically underserved or socioeconomically disadvantaged. Given underrepresentation of medical students with disabilities and the lack of defined curricula and competencies in caring for patients with disabilities in most medical schools, including CUSOM, future physicians are ill-prepared to care for patients with intellectual and developmental disabilities.

Ideally, medical schools should partner with community organizations that support people with intellectual and developmental disabilities to develop competencies, curricula, and clinical experiences to help students learn best practices on how to care for patients with intellectual and developmental disabilities. As the University of Colorado School of Medicine established a new regional medical campus in Colorado Springs, this created an opportunity to implement pilot educational programs to address current gaps in medical education and to serve the needs of the local community. The Colorado Springs Branch partnered with The Resource Exchange to obtain funding and develop relationships in the community to provide educational and clinical experiences for medical students to improve their knowledge, skills, and attitudes toward caring for patients with intellectual and developmental disabilities.

The National Curriculum Initiative in Developmental Medicine (NCIDM) supports multiple medical schools to implement curriculum about health care for people with intellectual disabilities through a multi-year partnership between the American Academy of Developmental Medicine and Dentistry and Special Olympics International, with resources from a cooperative agreement funded by the Centers for Disease Control and Prevention. CUSOM was selected as part of the first cohort of NCIDM Medical School Partners.

## SOLUTION

In 2017, CUSOM implemented an intellectual and developmental disabilities curriculum for 21 medical students during their core clinical year at the Colorado Springs Branch (CSB) regional medical campus. CUSOM partnered with The Resource Exchange (TRE), a community-based organization in Colorado Springs that supports people with intellectual and developmental disabilities across the lifespan. Curricular interventions included completion of knowledge-based modules through the Physician Education in Development Disabilities (PEDD) webinar series, participation in a Patients with Disabilities as Teachers (P-DAT) session where students could interact with and improve their communication skills from a series of patients with intellectual and developmental disabilities and their caregivers, attendance at a pediatric physical medicine and rehabilitation clinic to participate in the interdisciplinary care with children with cerebral palsy, and accompanying a nurse for visits to patients with intellectual and developmental disabilities in group, host, and individual home settings. Student communication skills were assessed through standardized patient scenarios that included a patient with intellectual and developmental disabilities and their caregiver.

## CHALLENGES

The main challenges in implementing an intellectual and developmental disabilities curriculum for medical students included:

- **Assessment of Student Communication Skills through Standardized Patient Encounters.** There were significant barriers with the recruitment and participation of patients with intellectual and developmental disabilities to serve as standardized patients due to other personal commitments and feeling uncomfortable in clinical settings due to previous negative experiences with healthcare.
- **Exposure to Adult Patients with Intellectual and Developmental Disabilities in the Clinical Setting.** This was challenging due to the lack of physicians who care for adult patients with intellectual and developmental disabilities. Thanks to TRE and a local clinical partner who has recruited a physician to care for patients with intellectual and developmental disabilities, the plan is to expand this clinical opportunity for students in 2019.
- **Scaling the Intellectual and Developmental Disabilities Curriculum and Exposure to Patients with Intellectual and Developmental Disabilities for More Students.** Expanding this experience from 21 students to 184 students at CUSOM remains a challenge. However, opportunities to embed this curriculum for all students will be explored as CUSOM was just starting its curriculum reform process which should be completed in 2-3 years.

## BENEFITS

Students who participated in the curriculum had the opportunity to improve their knowledge, skills, and attitudes regarding the care for patients with intellectual and developmental disabilities. Therefore, students may be able to better care for patients with intellectual and developmental disabilities regardless of which specialty they choose. Results of this curricular intervention can help better inform CUSOM as how to implement an intellectual and developmental disabilities curriculum and clinical experiences for all medical students. In addition, some students at the CSB partnered with TRE to study tobacco use in the intellectual and developmental disabilities population, with the longer-term goal of developing a culturally competent smoking cessation intervention. Further development of these smoking cessation efforts will be done in partnership with the county health department.

## LESSONS LEARNED

**Engage with Community Partners.** The Resource Exchange helped connect CUSOM with patients with intellectual and developmental disabilities and caregivers who could provide classroom education and train standardized patients and helped us partner with another organization to provide contact with adult patients with intellectual and developmental disabilities in a variety of home settings. This relationship also helped to recruit a physician with a passion for education and for caring for patients with intellectual and developmental disabilities who will provide education and clinical experiences for future medical students.

## ADDITIONAL RESOURCES

- For more information on NCIDM: <https://aadmd.org/page/ncidm-medical-student-education>
- More information about the University of Colorado School of Medicine, Colorado Springs Branch ([medschool.ucdenver.edu/csbranch](http://medschool.ucdenver.edu/csbranch)) and The Resource Exchange ([tre.org](http://tre.org)) can be found on their websites.