



The Development and Evaluation of a Resident-Focused Didactic Session on Caring for People with IDD

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Background
<ul style="list-style-type: none">Residents are not confident in their ability to care for people with IDD.¹A survey of Internal Medicine (IM) residency program directors found that despite most believing their residents were inadequately trained to care for people with disabilities, only 13 of 47 programs included disability education, and just 7 covered topics related to IDD.²While IDD-focused curricula have been developed for medical students, few residency programs outside of pediatrics and psychiatry have IDD-focused didactic content.³

Community Partnership
<ul style="list-style-type: none">A community academic partnership was formed between Stanford University and AbilityPath.AbilityPath staff and members with IDD were involved in curriculum development and instruction.

Objectives
<ul style="list-style-type: none">The purpose of the present study was to develop, assess, and disseminate a novel curriculum designed for internal medicine residents.We hope that sharing these materials will enable more residents to receive training on caring for people with IDD.

Curriculum Overview
<ul style="list-style-type: none">Curriculum was designed to fit into the one-hour lunch didactic session.The didactic session had two components.<ul style="list-style-type: none">Theoretical overview: IDD definition, barriers to care, inclusive language, social servicesClinical application through a case study inspired by the lived experiences of AbilityPath members with IDD

Results: Student Confidence					
All Survey Respondents			Paired Data		
	Pre-Session M (SD) n = 47	Post-Session M (SD) n = 50	Pre-Session M (SD) n = 41	Post-Session M (SD) n = 41	P
Confidence Regarding Learning Objectives:					
Recognize best practices of working with patients with IDD.	2.13 (1.08)	3.58 (0.67)	2.05 (1.02)	3.59 (0.67)	<0.0001
Recognize disparities in access to care for patients with IDD.	2.66 (1.18)	3.92 (0.80)	2.56 (1.12)	3.90 (0.83)	<0.0001
Comfort using inclusive language and terminology for patients with IDD.	2.57 (1.14)	3.84 (0.89)	2.49 (1.12)	3.88 (0.90)	<0.0001
Recognize issues related to legal guardianship (e.g., consent to treatment, HIPAA privacy) in the health care system.	2.36 (1.28)	3.50 (0.97)	2.34 (1.24)	3.61 (0.86)	<0.0001
List systems of non-clinical services and supports that may be useful for patients with IDD.	2.06 (1.21)	3.46 (1.01)	2.02 (1.19)	3.59 (0.92)	<0.0001
Provide high-quality clinical care to a person with an IDD.	2.32 (1.04) n=47	3.78 (1.20) n=21	2.24 (1.02) n=20	3.60 (0.99) n=20	<0.0001
Agreement with the Following Statements:					
I feel competent to care for a person with IDD.	3.00 (0.98)	3.84 (0.65)	2.93 (0.96)	3.85 (0.61)	<0.0001
I feel comfortable when I interact with a person with IDD.	3.43 (0.95)	4.04 (0.67)	3.37 (0.92)	4.02 (0.61)	<0.0001
I have received adequate training so that I feel comfortable caring for people with IDD.	2.47 (1.04)	3.54 (0.89)	2.44 (0.95)	3.59 (0.84)	<0.0001

Implications & Future Directions
<ul style="list-style-type: none">Residents were more confident in their ability to provide care to people with IDD following the conclusion of the didactic session.This supports prior research within UME and GME: education effectively increases future physicians’ confidence in caring for people with IDD.Unique constraints within graduate medical education include cohort separation, balancing clinical responsibility with didactic time, and high variation in previous exposure/skills.While it may require some flexibility, residency programs should aim to integrate IDD-related topics into core didactic schedule.In developing IDD-focused curriculum, programs should form community academic partnerships to ensure the voices of people with IDD are included in curriculum development and instruction.

Participant Demographics	
Participant N (%)	
Gender	
Male	20 (43)
Female	23 (49)
Year of Training	
PGY-1	15 (32)
PGY-2	20 (43)
PGY-3	11 (23)
PGY-4 (chief year)	1 (2)
Race	
White	15 (32)
Asian	11 (23)
Asian Indian	6 (13)
Black or African American	6 (13)
Middle Eastern	2 (4)
2 races	6 (13)

References
<ol style="list-style-type: none">Austriaco K, Aban I, Willig J, Kong M. Contemporary Trainee Knowledge of Autism: How Prepared Are Our Future Providers? Front Pediatr 2019;7. DOI: 10.3389/fped.2019.00165.Stillman M, Mallow M, Capron M, Leung A, Pogue M, Ankam N. Disability-Specific Education in US Internal Medicine Primary Care Residency Programs: A Survey of Program Directors. Teach Learn Med 2024;36(4):470-477. (In eng). DOI: 10.1080/10401334.2023.2229805.Adirim Z, Sockalingam S, Thakur A. Post-graduate Medical Training in Intellectual and Developmental Disabilities: a Systematic Review. Acad Psychiatry 2021;45(3):371-381. (In eng). DOI: 10.1007/s40596-020-01378-8.

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