Adapting medical student placement experience in Intellectual Disabilities during the pandemic

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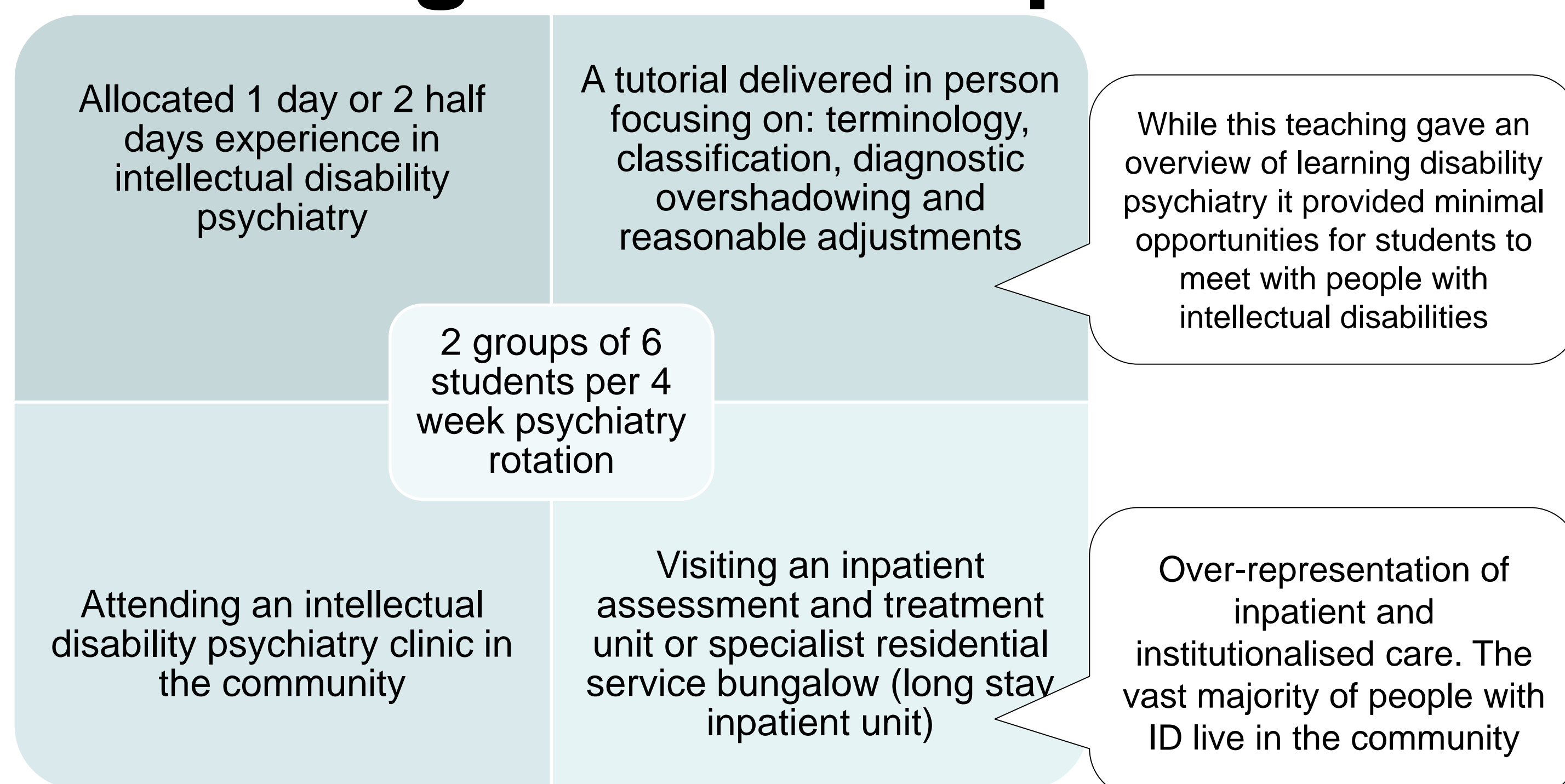
Introduction

The pandemic has had unprecedented impact on all aspects of life. Medical education has also been widely affected with cancellation of various placements or face-to-face contact with patients[1]. This is particularly relevant in their learning experience of people with intellectual disabilities (ID) which is often limited. People with ID often have poor health outcomes which can be influenced by adverse attitudes of healthcare professionals[2] through mechanisms such as diagnostic overshadowing.

Medical students have been shown to be responsive to interventions to improve attitudes which could indirectly improve healthcare for people with ID[3]. Improvement of attitudes can be influenced by contact between groups[3]. This represented a challenge prior to the pandemic due to the limited time that students have to meet people with ID. The pandemic has exacerbated this issue as opportunities for students to meet people with ID in the community is further hampered by local restrictions.

The authors have taken the challenges in providing medical education at this time as an opportunity to innovate and improve the overall experience medical students receive. This has involved the integration of a "mini-curriculum" on intellectual disabilities: self directed learning to complete a GMC ethical hub activity[4], a virtual tutorial, inpatient experience with opportunity to speak with a patient via video call with support, community team meeting, virtual clinic.

Teaching before the pandemic

Allocated 1 day or 2 half days experience in intellectual disability psychiatry

A tutorial delivered in person focusing on: terminology, classification, diagnostic overshadowing and reasonable adjustments

While this teaching gave an overview of learning disability psychiatry it provided minimal opportunities for students to meet with people with intellectual disabilities

2 groups of 6 students per 4 week psychiatry rotation

Attending an intellectual disability psychiatry clinic in the community

Visiting an inpatient assessment and treatment unit or specialist residential service bungalow (long stay inpatient unit)

Over-representation of inpatient and institutionalised care. The vast majority of people with ID live in the community
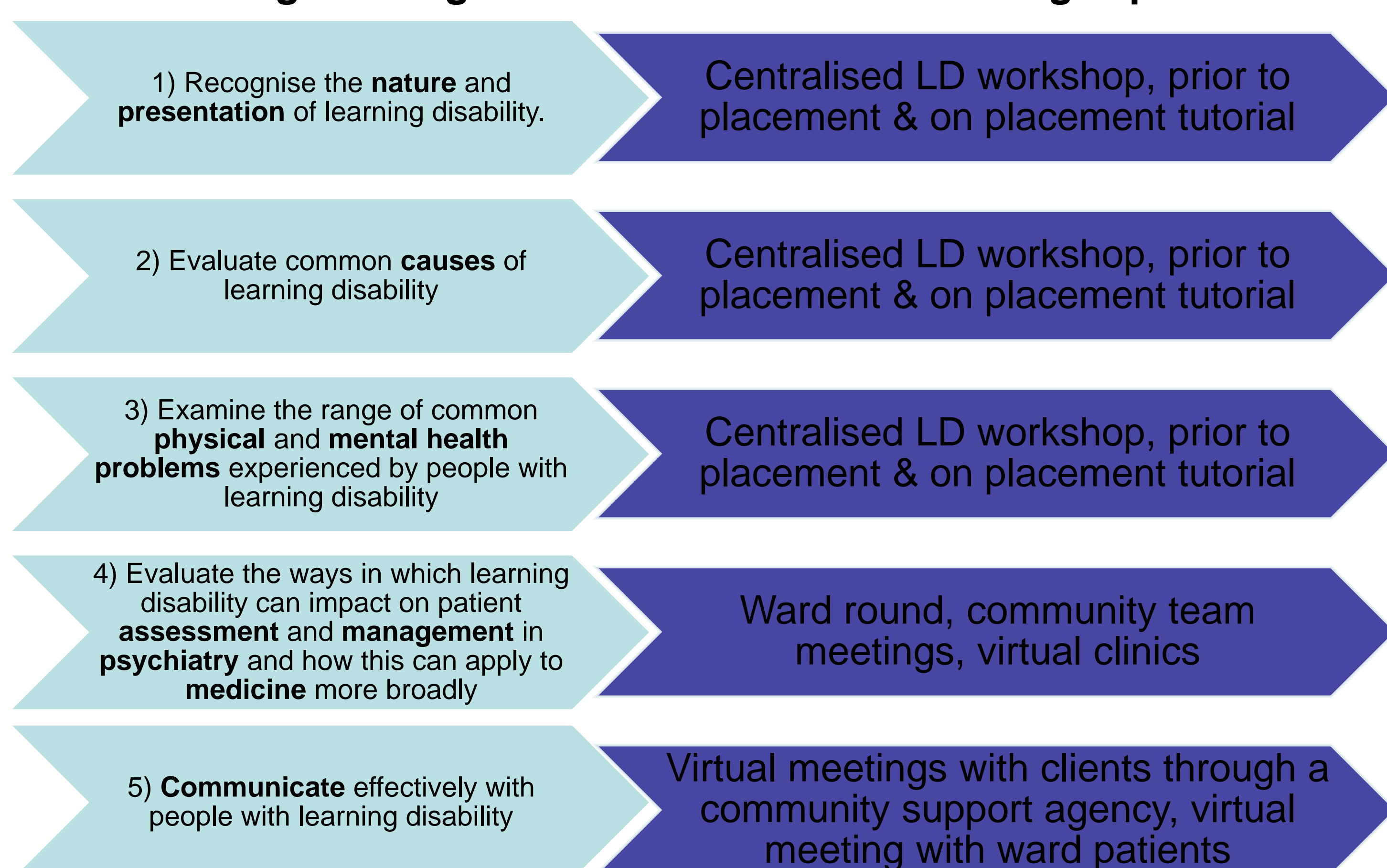
COVID challenges & solutions

The pandemic has brought about unprecedented changes to all aspects of life. People with intellectual disabilities are at much higher risk of death from COVID[5] and so face to face contact should be limited to only essential visits, in essence mirroring shielding. This has meant that the majority of outpatient clinics are now virtual and many day centers and community activities are running on significantly reduced numbers or are closed. This has made it impractical for medical students to be able to meet people with ID face to face, and therefore getting this experience has additional barriers.
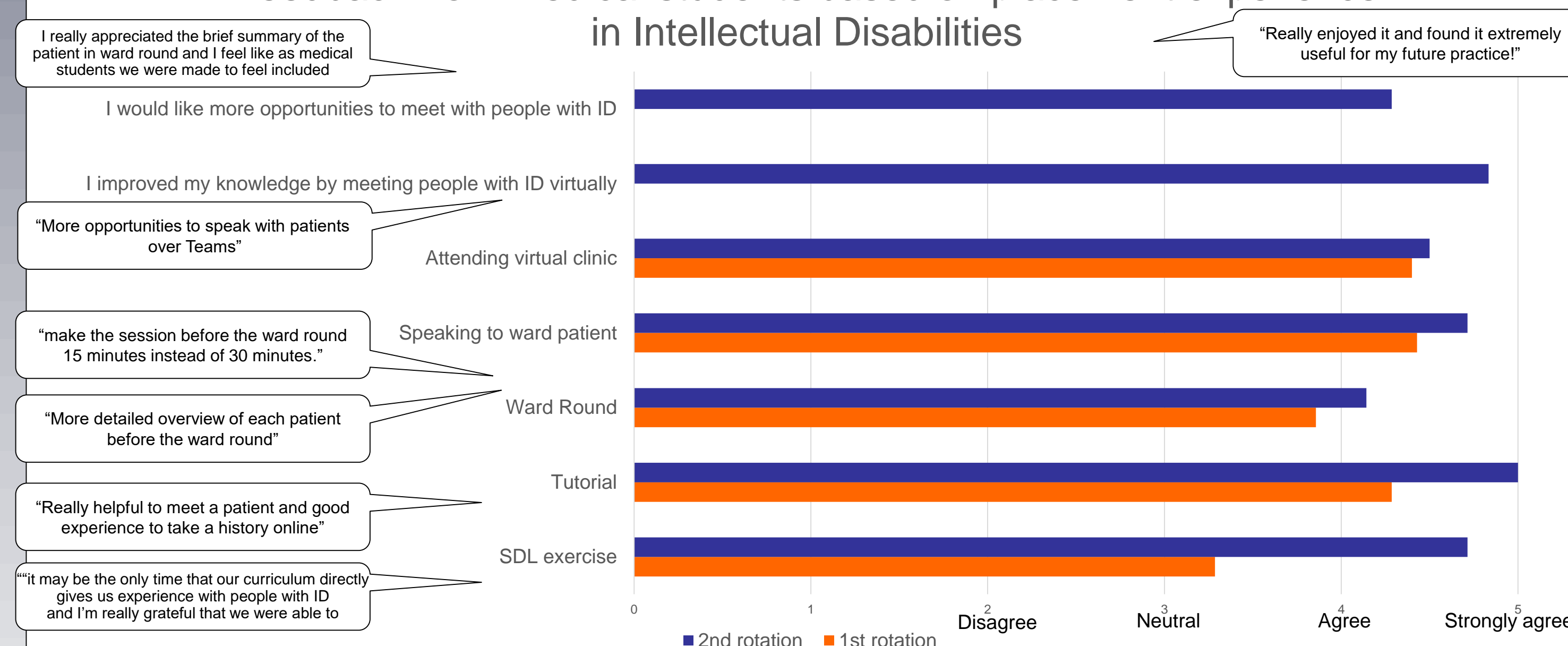
To ensure we continue to be able to meet the students' learning needs as best possible a focus on solutions based on the learning outcomes from their curriculum[6] was essential using a combination of learning theories[7]. We also aimed to bring in opportunities for students to meet people with ID, as theorized above, to help promote positive attitudes which may help reduce health inequalities

Translating learning outcomes in to virtual learning experiences

1) Recognise the **nature** and **presentation** of learning disability. → Centralised LD workshop, prior to placement & on placement tutorial

2) Evaluate common **causes** of learning disability → Centralised LD workshop, prior to placement & on placement tutorial

3) Examine the range of common **physical** and **mental health problems** experienced by people with learning disability → Centralised LD workshop, prior to placement & on placement tutorial

4) Evaluate the ways in which learning disability can impact on patient **assessment** and **management** in **psychiatry** and how this can apply to **medicine** more broadly → Ward round, community team meetings, virtual clinics

5) **Communicate** effectively with people with learning disability → Virtual meetings with clients through a community support agency, virtual meeting with ward patients

Feedback from students

Feedback from medical students based on placement experience in Intellectual Disabilities

I really appreciated the brief summary of the patient in ward round and I feel like as medical students we were made to feel included

"Really enjoyed it and found it extremely useful for my future practice!"

"More opportunities to speak with patients over Teams"

"make the session before the ward round 15 minutes instead of 30 minutes."

"More detailed overview of each patient before the ward round"

"Really helpful to meet a patient and good experience to take a history online"

"It may be the only time that our curriculum directly gives us experience with people with ID and I'm really grateful that we were able to

Chart items (2nd rotation / 1st rotation):
- I would like more opportunities to meet with people with ID
- I improved my knowledge by meeting people with ID virtually
- Attending virtual clinic
- Speaking to ward patient
- Ward Round
- Tutorial
- SDL exercise

(Scale: Disagree — Neutral — Agree — Strongly agree)

Feedback was gathered using Likert scales in a brief survey through Microsoft Forms. Of the 12 students on placement for each rotation we received 7 responses these were collated and mean average used. Feedback from the first rotation was used to inform changes to the teaching for the second rotation. There was limited time between rotations as they occurred immediately after one another. However we were able to implement:

1. Changes to the structure of the ward round: reduced time beforehand and helping direct the learning the students would have based on their own preferences. Nursing staff also kindly preparing a patient overview to read before each patient to give more background
2. Increasing opportunities for students to meet with people with ID virtually: integration of a further activity supported by a community support provider. Students had the opportunity to meet with people with ID and their support workers through Teams after an introductory session by the provider

It is positive to see some improvements across all items above. However, it is clear that offering more opportunities for the students to meet with people with ID is not only at the front of our agendas as educators, but also of high priority to the students. Further work is ongoing to increase the experience of medical students with people with ID.

Hints and tips for developing your own sessions

Be organised: work out dates well in advance and plan sessions. A lot of time may be needed initially to set up a new way of delivering teaching, but once developed you will have the foundations in place for the rest of the year.

Use **a variety of teaching methods**, informed by learning theory, to suit the learning needs of all students.

Supplement "live" teaching/experience with **SDL exercises**– this could include freely accessible resources that already exist online.

Adapt to using **technology** to your advantage to provide a variety of different sessions. Use **feedback from students** to allow sequential improvement

Be **enthusiastic and collaborate** with colleagues to develop the teaching. By sharing this responsibility you can pool resources and ideas.

Spread teaching across a longer period of time (rather than all in 1 day) may result in improved learning as it affords the opportunity to revisit and reinforce key topics.

The pandemic has provided an **opportunity for change** and to improve the learning experiences that students get, in particular the type of client exposure.

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