

Inclusive Medical Education at the Medical Residency Level

**A Family Medicine Residency Curriculum in
Community-Based Longitudinal Care for Adults
with Intellectual/Developmental Disabilities**

Tamsen Bassford MD



THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON

Sonoran Center for
Excellence in Disabilities

The Problem

- **Adults with IDD**
 - **have difficulties finding accessible, competent primary care,**
 - **are less likely to receive preventive services, and**
 - **have higher rates of preventable chronic disease.**
- **The majority of physicians**
 - **have limited knowledge regarding the health and psychosocial needs of people with IDD,**
 - **have a lack of exposure/training in the health and psychosocial needs of people with IDD**

Part of the solution

- **Family Medicine residencies train physicians:**
 - **to care for family and individuals throughout every stage of development**
 - **to care for people's physical and behavioral health needs**
 - **to care for people office, hospital, home, and community settings**
 - **to provide health via an ongoing, personal patient-physician relationship**
 - **to focus on integrated care.**

National Curriculum Initiative in Developmental Medicine (NCIDM) for Residents

- **A partnership between the American Academy of Developmental Medicine and Dentistry (AADMD), the Family Medicine Education Consortium (FMEC) and the North Carolina Mountain Area Health Education Center (MAHEC).**
- **The purpose was to develop a socio-biologically balanced, well-organized curriculum in DM that could be implemented in primary care residency training programs around the United States.**

The University of Arizona Family Medicine Residency at South Campus

- **Located at Banner University Medical Center South**
- **Focus on training residents to serve vulnerable populations and communities in rural and underserved areas of Arizona and beyond**
- **Longitudinal outpatient care provided in the Family Medicine Clinic at BUMCS**
- **24 residents**
- **13 core faculty**

Family Medicine Clinic

- **24 family medicine resident physicians**
- **13 faculty physicians**
- **Five nurse practitioners**
- **One person with a masters in social work who provides short term counseling for mental health issues and to support health goals**
- ***(One case manager to help people obtain services for support of physical and behavioral health, and other social supports***
- ***One part time on-site psychiatrist***
- ***One part time on-site lawyer to help people with legal issues that are affecting their health)***

Opportunities for creating a curriculum in Developmental Medicine

- **The Sonoran UCEDD was established in the University of Arizona Department of Family and Community Medicine in 2006.**
- **A core objective is addressing health, wellness and competent treatment issues for adults with developmental disabilities**
- **A core UCEDD faculty member (Dr. Bassford) practices in the Family Medicine Clinic at Banner South**

Opportunities for creating a curriculum in Developmental Medicine

A model integrated model primary care program for adults with IDD has been embedded in the Family Medicine clinic.

Components include:

physical accessibility,

identification of clinic patients with IDD,

enhanced access to care,

case management,

practice consistency,

visit templates.

Opportunities for creating a curriculum in Developmental Medicine: meet a residency need!

- The University of Arizona Family Medicine Residency had a need for ways to fulfill its accreditation requirements in Long Term Care (“Nursing Home Requirement”)**
- They were having difficulty finding nursing homes in which their residents could learn these skills.**

- **Residency Nursing Home Curricular goal:**

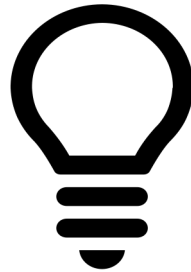
To develop the skills necessary to care for the older patient in the nursing home setting. The resident should demonstrate knowledge of the physiologic, social and environmental changes associated with aging.

- **Residency Nursing Home Curricular Objectives:**

included compassionate/comprehensive/competent care, attention to stages of aging, interpersonal skills, team-based care, professionalism, understanding of health systems.

Meet the family medicine residency need for a better longitudinal community-based care elective with a curriculum in developmental medicine!

Picture of a light bulb.



Care for all older people in general is moving out of long term care facilities (“nursing homes”) and into care at home with support, or in assisted living facilities.

We believe that developmental medicine is a great way to learn about community-based care over the lifespan, because our patients with I/DD diagnoses:

- May live in a variety of settings, such as their own home (with or without support), with family (with or without additional support), in adult developmental homes, or in group homes.**
- May require significant medical supports in the community**
- Are often involved in a variety of community programs and supports**
- Often benefit from team-based care.**

Residents already interacted with the model integrated model primary care program for adults with IDD in the Family Medicine clinic, and cared for patients with IDD there.

They had contact with the program case manager, Valerie Mata MSW, in the care of these patients.

Dr. Bassford gave residency lectures in developmental medicine, consulted on resident patients, and provided oversight of the program patients.

The Curriculum in Community-Based Longitudinal Care for Adults with Intellectual/Developmental Disabilities

- **Goal:**
- **To develop the skills necessary to care for older and adult patients with intellectual and developmental disabilities in a full range of residential settings. The resident should demonstrate knowledge of the physical, emotional, and social needs of adults with I/DD through the aging process, and familiarity with family, work, social, and community resources available to support their goals.**

The Curriculum in Community-Based Longitudinal Care for Adults with Intellectual/Developmental Disabilities

- **Objectives:**
- **Patient Care:** “Provide compassionate, competent, and comprehensive care to adult and older people with I/DD.”
- **Medical Knowledge:** “Demonstrate knowledge of established and evolving biomedical, clinical, epidemiologic, and social-behavioral sciences, as well as the application of this knowledge to patient care”
- **Interpersonal/Communication:** “Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, support professionals, and health professionals.”

The Curriculum in Community-Based Longitudinal Care for Adults with Intellectual/Developmental Disabilities

- **Objectives:**
- **Professionalism:** “Demonstrate a commitment to carrying out professional responsibilities in an reliable, timely, respectful, and confidential manner, and an adherence to ethical principles.”
- **Systems-Based Practice:** “Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care to people with I/DD throughout the life span.”

Didactic Curriculum

- **Introduction to Systems of Support and Care for People with I/DD (R1)**
- **Introduction to Home and Community Visits for People with I/DD. (R2)**
- **Introduction to Disability Culture, Social, Legal and Research Issues for People with I/DD (R2)**
- **Introduction to Systems of Support and Care for People with I/DD (R3)**

Didactic Curriculum

- **Health Care for Adults with Neural Tube Defects**
- **Health Care for Adults with Down Syndrome**
- **Health Care for Adults with Prader Willie and Angelman Syndromes**
- **Health Care for Adults with Autism**
- **Health Care for Adults with Cerebral Palsy**
- **Sexuality, Education, and Abuse Prevention in People with I/DD.**
- **Dementia and Cognitive Decline in People with I/DD**
- **Capacity and Consent in People with I/DD**

Experiential Curriculum

Outpatient Clinic:

- **Continuity care of a minimum of three patients with I/DD over course of residency education.**
- **Collaboration with program case manager during FMC visits with these patients and as needed for coordination of care in between visits.**
- **Completion of one program visit template for each patient followed.**

Experiential Curriculum

- **Case manager, Ms Mata , attends visits to model person-first language, patient directed care, shared decision making, and to initiate questions about and provide support for family, social, and cultural dimensions of care.**
- **All resident clinics have a faculty preceptor.**
- **Faculty director, Dr. Bassford, attends visits as needed, provides support through telephone and electronic health record messaging, and provides oversight through regular record review.**

Experiential Curriculum

Community-based:

- **One home visit to a patient each year. These sites may include This may independent living at home with supports, family home with supports, adult developmental home, group home, high need medical group home.**
- **Home visit is made as a team**
 - **Second year resident**
 - **Third year resident**
 - **Faculty Director, Dr Tamsen Bassford**
 - **Case manager, Valerie Mata MSW**

Experiential Curriculum

Community-based:

- We meet with the patient and their support team, which could include family members, paid caregivers, or group home staff depending on the particular patient.
- While we are there, we:
 - make a home assessment,
 - complete home visit checklist (INHOMESSS, *Unwin BK, Jerant A*)
 - address any preventive, chronic care, or acute care issues,
 - develop some health goals for the upcoming year.

Community-based:

- During the year, this patient sees team members at the Family Medicine Clinic as appropriate for chronic care follow up and acute care as needed. (Case manager schedules appointments to ensure this)**
- Once in the upcoming year, each resident arranges with the patient/support people to accompany the patient to a community-based service or activity that they and the patient believe to be an important part of their plan for health and well-being.**
- This could be an activity such as a day program, work site, habilitation visit, or wheelchair evaluation. It should be something that gives the resident better insight into the needs, challenges, and opportunities of the patient**

Benefits

- **The curriculum is now formalized**
- **It is now an official part of the residency curriculum**
- **Didactic portions occur at set points in the curriculum**
- **Three outpatient continuity relationships between residents and patients are ensured.**
- **Residents experience continuous team-based care which occurs in the home, community, and office settings for one patient.**
- **Resident enthusiasm has been high, with requests for more community based experiences.**

Challenges

- **Scheduling of the home visits.**
 - **Family medicine residencies have many required learning objectives.**
 - **Resident time must be balanced between inpatient rotations, subspecialty electives, and their outpatient clinic sessions.**
 - **Residents in the University of Arizona Family Medicine Residency at South Campus also have required rotations away from Tucson as part of the programs rural mission.**
 - **We had a new program director as we implemented, who supported the DM curriculum but had a lot of competing priorities, delaying the start by 6 months.**
 - **We try to schedule the home visit with one second year resident and one third year resident, so there is continuity for the patient as the third year resident graduates.**
- **Our goal is to have each team follow two patients in the outpatient continuity portion (two home visits and two other site visits yearly) but this has not yet been achieved in year 2.**

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