

Interdisciplinary Care of the Adult Patient with Intellectual and Developmental Disabilities (IDD) 11/14/2015

This activity was created to address the professional practice gaps listed below:

- Transitioning and assimilating young adults with intellectual and developmental disabilities into the adult health care system.
- Identifying new paradigms for the treatment of neurodevelopmental disorders in adult patient populations.
- Identifying the Five Essential Concepts of Developmental Medicine as the basis for diagnosis and management of patients with IDD.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Disagree		Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [51-3.59]	(0)	(3) 5.88%	(15) 29.41%	(33) 64.71%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [51-3.45]	(0)	(3) 5.88%	(22) 43.14%	(26) 50.98%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [51-3.45]	(1) 1.96%	(4) 7.84%	(17) 33.33%	(29) 56.86%

2. Please elaborate on your previous answers. (25)

Good

Information covered during the symposium will help me to utilize a multi-disciplinary approach to treating clients with IDD.

Transitioning of children into the adult system

Learned information on ways to engage other professionals

excellent new information on genetic testing

Understanding the 5 essential concepts will help me better do comprehensive assessments and treatment plans.

Clearly there is a need for additional physican and dentist training to a level of competency.

This was an excellent, well-rounded CE course with valuable, easily digestible information.

It was great to have a multidisiplinary panel equip us with knowledge about different syndromes, different approaches and strategies.

the understanding of interdisciplinary care is needed in the IDD group for quality care to the consumer

I was hoping for more practical advise on what to screen for and how to address certain issues with this particular patient population; but I don't feel that is what I got. I don't think that I learned anything that would change my current practice unfortunately.

The information was good, but the level of competency I had to have to understand the medical terms was somewhat complicated. I understand that other doctors and dentists were present, but as a social worker I was not able to understand some terminologies. I would have liked some of the presenters to explain some of the terms that they were speaking of as they were presenting so that all present could understand.

Very informative CEU Event. Great presenters were able communicate and teach very complex topics.

Understand access issues

I have a better understanding of the physical and mental components of these disabilities.

I feel like this was a very informative training and I am in the process of making referrals to incorporate the different disciplines with some of my clients.

The presentations were very helpful and provided me with useful information to apply in my current practice

The above activity provided me with additional information to help me better assess individuals needs and to help coordinate services.

Participating in this program definitely impacted my perspective of this population.

Lots of discussion about the gaps in communication between medical providers, but no real practical advice on closing the gap unless they're going to a provider that offers multiple services (i.e. Lee Specialty Clinic).

As an SLP, I will carryover the 5 essential concepts across all patient populations, as it applies.

Although each speaker touched on a different area/topic they all challenged the audience to be aware of and change the gap of medical care for adults with intellectual and developmental disabilities.

Great course, set up well, educational

3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Joseph Hersh, M.D. [50-3.60]	(0) 0.00%	(1) 2.00%	(18) 36.00%	(31) 62.00%
Sara Wagers, M.D. [50-3.66]	(0) 0.00%	(0) 0.00%	(17) 34.00%	(33) 66.00%
Gregory Barnes, M.D. [50-3.52]	(1) 2.00%	(1) 2.00%	(19) 38.00%	(29) 58.00%
Matthew Holder, M.D., M.B.A. [51-3.76]	(0) 0.00%	(0) 0.00%	(12) 23.53%	(39) 76.47%
Henry Hood, D.M.D. [51-3.69]	(0) 0.00%	(0) 0.00%	(16) 31.37%	(35) 68.63%

Anthony Siegel, M.D. [51-3.47]

(0) (5) (17) (29)
9.80% 33.33% 56.86%

John J. Sauk, D.D.S., M.S. [50-3.42]

(1) (3) (20) (26)
2.00% 6.00% 40.00% 52.00%

4. Please elaborate on your previous answers. (23)

Various presenter skills

All speakers were obviously knowledgeable their subject matter and were informative. However, Dr. Sauk's information was perhaps too geared toward primarily dental professionals.

Very knowledgeable speakers

Really enjoyed listening to all of the speakers. They were all very knowledgeable and interesting to listen to

everyone was well prepared

Dr. Siegel told a very passionate story but he did not provide any clinical information that would help a clinician treat patients.

All speakers were very good.

I was very impressed with all of the speakers and especially appreciated the panel following the story of one patient at the end. The perspective of the patient's father was a wonderful addition.

Excellent speakers; very informative.

all were excellent

I thought the presentations were all very informative. I thought the psychiatrist did not prepare very much and was simply talking off the cuff. I did like his view on medication and that more is not the answer. However, i kept waiting for the story of Daniel to unfold...

Knowledge base of Dr Holder, and Dr Hersh was impressive. The caring of all the speaker was evident.

The presentation on dentistry was complicated, but I was able to understand the bottom line at the end.

Dr. Holder and Dr. Siegel were fantastic and their topics were very relevant to my position and scope of practice

Every speaker was very knowledgeable on their particular topic. I especially liked a quote from Dr. Siegel and he stated, "The plague of polypharmacy..."

great

Good discussion of distinctions made in diagnosis and treatment of neuromotor disorders.

Several of the presentations were more medically oriented making it difficult to follow, As a social worker the others that were more generic were more geared to my needs.

All presenters brought forth knowledge that needs to be educated and carried over on a continuum and travel with the patient. All too often patients with IDD receive treatment and the results are not presented to different professionals. I really like how these presenters emphasized the importance of interdisciplinary care.

Each speaker did a great job, thank you for providing their powerpoint presentations.

Clinical above understand-ability for the layperson Dr Sauk

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (39)

None. This simply confirms we are on the right track.

I plan to become more involved with other disciplines in the treatment of clients.

Become an advocate for better care of people with ID

I discovered various resources in the community, that I will be contacting to connect for continuity of care.

It will change information provided to caregivers to include expanded professional opinions to assist in care.

Use luvox for OCD

more aware of things to look out for when working with disabled patients. This conference made me more aware of things that may be bothering the patients that we should address before changing/adding medications.

consider genetic testing for certain clients

Will be aware of complications from the different neurodevelopmental disorders.

New protocols that are more sensitive and understating will be incorporated into the practice.

I would love to begin a more interdisciplinary approach to care at my current medical facility.

Continue to think of the patient as a whole- to serve the patient better.

new protocols

Folks to refer to in the need other medical problems are identified.

History and previous medical records of known physician's.

none

I will use my understanding of medical issues that directly relate to my clients with disabilities to better understand their needs and possible alternative reasons for their behavior. I will continue to advocate for alternatives to heavily medicating clients.

Attempt to ensure that the multidisciplinary approach is continued to be a best practice greater efforts to reduce psychotropic meds

I have a better understanding of some of the medications that are frequently used.

I will work towards more of a multidiscipline practice when working with population.

more communication within disciplines

More able to make distinctions in my initial assessment of neuromotor disorders and how these may affect swallowing, communication etc.

I will look to encourage use of LEE Clinic to better meet the overall I health needs of individuals I work with.

As a social worker, I gained insight into common complications in neurodevelopmental disorders. Addressing these complications in treatment planning can be helpful to the overall health of an individual, ie: dental health

Pay attention to potential medical issues that could impact behavior

Apply to resident education

Look more closely at the number of medications and diagnoses. Consider medical explanations for behavioral challenges more closely.

I need further education on different medications.

Since attending the conference, I have started to think more about caring for adults with IDD and caring for these individuals outside of the research setting.

I will communicate more between disciplines

Speaking directly to the patient regardless of their communication level noted in their chart or by CG.

None, work at Lee Specialty Clinic

I am now more aware of the difficulties adults with IDD face.
protocol

6. How certain are you that you will implement this change?

(39)

N/A ⁽³⁻
7.69%)

Very Certain ⁽²³⁻
58.97%)

Certain ⁽¹²⁻
30.77%)

Maybe ⁽¹⁻
2.56%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (33)

Service gaps and how to bridge them

ABA in conjunction with other disciplines.

Osteoporosis and obesity in adults with ID

Psychological issues with patients with Intellectual Disabilities

Coordination of care outside of a organized program. Case Management with client and family is important to supporting continued care of individuals. Using the Case Management Role as the link between multiple professional resources.

They could have addressed the social work aspect of the care more. Didn't really address the social work needs of intellectually disabled patients and their family members.

autism spectrum disorders, new treatments in the future

Treatment of non-psychotic aggression.

The establishment of a clear diagnosis for patients rather than a general a categorization.

Behavior management in patients with autism would be very useful. Perhaps a lecture on the desensitization process.

Genetics

Addressing the use of antipsychotic medications in children, alternative treatments, best practices, etc.

Referral agents and community resources

support people with ID/DD within the waiver

Dental very informative. Eye would be an interesting topic. Also foot care.

I want to know, if I see a patient with the diagnosis of autism or NF1, what specifically do I need to examine or what tests do I need to do for them.

Behavioral therapies, resources available in the medical field or otherwise for Medicaid consumers.

Behavior Supports and Counseling for individuals with IDD
autism

More about autism due to the increased frequency in the population.

Forensics, trauma, brain injury

eyes, teeth, ortho and podiatry

the idea of interdisciplinary team approach in health care.

Psychiatric treatment for this population.

Adult special care needs

How to close the communication gap between providers. How to scale down unnecessary medications and how to determine which medications/diagnoses are no longer relevant.

medicines and their side effects

I would like to hear more about PT, OT, and SLP

I would have enjoyed more case study presentations.

All of them.

As evolution of clinic occurs issues will present

8. Were the patient recommendations based on acceptable practices in medicine?

(42)

Yes ⁽⁴²⁻
100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (1)

N/A

10. Do you think the presentation was without commercial bias?

(45)

Yes ⁽⁴¹⁻
91.11%)

No ⁽⁴⁻
8.89%)

11. If you answered No on the above question, please list the topics that were biased? (5)

N/A

Won't let me select yes

Based on my personal knowledge of Danny's case some of the facts were misrepresented. The community team that has been integral in Danny's care was barely mentioned and the Lee Clinic took credit for many of the things the community team were responsible for.

I think there was focus on the Lee clinic, however there is not many entities out there covering this population.

12. Please provide any additional comments you may have about this educational activity. (17)

No more Saturday's please. This was very difficult for my family.

I hope that this is just the first of many events to engage many disciplines of healthcare professionals in ongoing dialogue and in making positive changes to the delivery of services to individuals with IDD.

Need more educational activities like this-with focus on adults with ID

Enjoyed this conference very much, it was well organized and the speakers were great. I especially enjoyed the panel discussion at the end that was a great example of how the interdisciplinary team came together for a patient, it made the "lectures" more relevant to real life practice by giving a real example of a patient and how each member contributed to the care of the patient.

Well done

Very convenient and planned well.

More breaks.

The information and story about Danny was great to allow the professionals to connect with one example. Please watch time and do not go over so much. The conference was scheduled to end at 1:15pm, but I did not leave until 1:45pm and the panel was still taking questions. There was no official "release."

Fantastic Event! But the coffee could be better next time.

I thoroughly enjoyed this training and feel better about my skills after hearing that most providers do not have adequate training with this population. I felt very frustrated with my lack of knowledge and felt better after hearing I am not the only one with these concerns.

Overall a very interesting and informative program.

Thank you, very informative.

Future trainings should be during the work week, not on the weekend.

Excellent course

We need to continue to spread the word and implement care for ID persons

good conference overall. I was hoping that we would address pharmacotherapy a little more than was touched upon.

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.