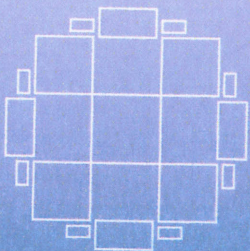
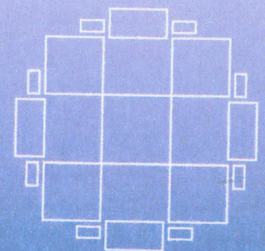


CAN Project

Curriculum Assessment of Needs



Matthew Holder, MD, MBA
Executive Director, AADMD
Primary Investigator





November 13, 2004

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Dr. Wagner:

I am pleased to submit the preliminary results (deliverable #3) of the CAN project for your review. Because this is a preliminary report and the results are not final, the completed and refined summaries of all the raw data will not be submitted until the final report (deliverable #4).

There is still one last follow up round of emails that will signal the end of the survey. However, given the sharp decrease in responses from email set one to email set two, I do not feel that results of the survey will significantly change with email set three. Changes, however, will be discussed in the final results of deliverable #4.

Additionally, the secondary target survey (which has been added to the scope of the original CAN project), will be complete during step 4.

The next step of the CAN project is to determine the nature, size and scope of medical and dental curriculum development efforts. Additional information such as lists of curriculum development resources dissemination routes (a marketing plan) will also be discussed.

I sincerely apologize for the delay in this project, according to the timeline established at its outset. A number of one-time set-up projects were needed to create the proper web survey collection system. Additionally, so extra time has been needed to complete the improvements to the original scope of the CAN project (the student survey and the secondary target survey). These factors should not affect any future similar projects, nor should they affect the timeline of the remainder of the project.

Sincerely,

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CAN Project Objective

The primary purpose of the CAN project is for the Investigators to identify current, accessible significant sources of predoctoral and postdoctoral medical and dental curriculum in the United States focused on the care of patients with neurodevelopmental disorders and intellectual disabilities (ND/ID). Additionally, we intend to assess the perceptions of educators in U. S. medical and dental schools, with respect to the importance of curricula focused on this patient population, as well as their willingness to implement such curricula.

Methodology

The CAN project has consisted of 18 separate surveys. There were five different survey instruments used. All survey requests and submissions were performed via the American Academy of Developmental Medicine and Dentistry web site (www.aadmd.org). For all surveys with defined email lists, three requests were made to potential respondents who did not complete a survey. The five general instruments used are listed as follows:

- 1) **The Deans' Survey (3 sub groups)**- A survey of the deans of all 126 U.S. allopathic medical schools, all 20 U.S. osteopathic medical schools, and all 56 U.S. dental schools was sent via email.
- 2) **The Program Directors' Survey (9 sub groups)**- A survey of all university-affiliated and non-university affiliated U.S. residency program directors for the following medical and dental specialties:
 - Family Medicine
 - Internal Medicine
 - Neurology
 - Psychiatry
 - General Practice Residency (GPR) / Hospital Dentistry
 - Advanced Education General Dentistry (AEGD)
 - Pediatric Dentistry
 - Oral and Maxillofacial Surgery
 - Public Health Dentistry
- 3) **The Organizational Survey (4 sub groups)** - A survey of major medical and dental professional organizations, whose mission / organizational focus is on patients with ND/ID, relevant advocacy organizations with a medical or dental focus, selected disorder specific organizations, all major ICF directors and all UCEDD and LEND programs.
- 4) **The Student Survey (1 sub group)**- A survey was sent to the deans of all allopathic medical schools. The deans were asked to distribute the survey to their students via email.
- 5) **The Secondary Target Survey (1 sub group)**- In each of the dean, residency and organizational surveys, each respondent was asked to identify a person who, in their opinion was most knowledgeable about health care for people with ND/ID. These identified people were then contacted and surveyed in a fashion similar to the other surveys.

(*NOTE*: as of 11-13-04, the Secondary target survey has not been completed)

Preliminary Results

For the dean, residency director and organizational surveys, over 2000 different email addresses were obtained (as described in our last report). Roughly 300 disease specific groups were added to the contact list submitted to SOI in the Step 2 report.

Of the roughly 2000 email address recorded, about 400 – 500 (This exact number has not been calculated yet) were “returned to sender” due to incorrect addresses, personnel changes, spam/email filters or other reasons, thus, about 1400-1500 email contacts were made. Of those, 228 have responded so far.

For the student survey. Every allopathic and osteopathic medical school dean was sent two email requests to distribute the survey to their students (years 1 through 4). Additionally, survey requests were distributed to students directly at the AMSA meeting in March of 2003.

Dean Survey

40 deans in total have responded to this survey so far.

*55% did not feel that ND/ID was a high didactic priority for their school

*53% did not feel that ND/ID was a high clinical priority for their school

65% felt that students should have at least 5 hours of didactic training regarding ND/ID (40% said > 10)

85% felt that students should have at least 5 hours of clinical training regarding ND/ID (65% said >10)

*53% did not feel that their graduates were competent to treat people with ND/ID upon graduation.

*90% were interested in receiving curriculum materials produced by the AADMD and SOI

50% were interested in establishing clinical experiences regarding ND/ID for their students

55% felt that the greatest barrier to implementation to any new curriculum was insufficient curriculum time. (28% sited lack of faculty expertise)

Residency Directors

A total of 128 medical directors have responded to this survey so far. (52 medical, 78 dental)

81% (medical) provide 3 or less didactic hours regarding ND/ID per year

57% (dental) provide 3 or less didactic hours regarding ND/ID per year

42% (medical) stated that between 1 and 3 % of their patient population has ND/ID (50% claimed >3%)

24% (dental) stated that between 1 and 3 % of their patient population has ND/ID (61% claimed >3%)

73% (medical) felt that the number of patients with ND/ID has stayed the same (27% thought increased)

45% (dental) felt that the number of patients with ND/ID has stayed the same (50% thought increased)

100% (medical) want AADMD/SOI produced curriculum materials

95% (dental) want AADMD/SOI produced curriculum materials

46% (medical) would like to add more ND/ID clinical experience to their programs

63% (dental) would like to add more ND/ID clinical experience to their programs

19% (medical) offer formal clinical rotations focusing on ND/ID, all of these were psychiatry programs

58% (dental) offer formal clinical rotations focusing on ND/ID

38% (medical) offer neither formal didactic or clinical training during their programs regarding ND/ID

29% (dental) offer neither formal didactic or clinical training during their programs regarding ND/ID

73% (medical) felt medical students should have 5 or fewer hours of ND/ID clinical experience before graduating

42% (dental) felt that dental students should have 5 or fewer hours of ND/ID clinical experience before graduating

70% (medical) felt medical students should have 5 or fewer hours of ND/ID didactic lecture before graduating

47% (dental) felt that dental students should have 5 or fewer hours of ND/ID clinical lecture before graduating

42% (medical) felt that their residency graduates were not competent to treat patients with ND/ID

19% (dental) felt that their residency graduates were not competent to treat patients with ND/ID

Organizational Survey

A total of 50 organizations have responded to this survey so far.

Only 8 organizations responding offer some level of medical didactic training

Only 1 organization responding offers some level of dental didactic training

Only 4 organizations responding offer some level of medical clinical training

Only 1 organization responding offers some level of dental clinical training

Student Survey

A total of 427 students from 12 medical schools responded to this survey

66% of graduating 4th year students reported receiving didactic lectures on ND/ID (3 hours average)

19% of graduating 4th year students reported receiving clinical experience in ND/ID (3 hours average)

56% of graduating 4th year students did not feel competent to treat patients with ND/ID

74% of graduating 4th year students were interested in treating patients with ND/ID as part of their practice

Of those students who received didactic training in ND/ID (5 hours was average length of training)

43% felt competent to treat patients with ND/ID (didactic lecture does not affect perception of competence)

Of those student who received clinical training in ND/ID (8 hours was the average length of training)

62% felt competent to treat patients with ND/ID (clinical experience increases perception of competence)

Discussion

As there are still surveys being returned on a daily basis (with exception of the student survey), these preliminary results may change slightly. The next step of the project is to complete the secondary target survey and compile the specific recommendations for creation and implementation of the ND/ID curriculum project.

Special attention will be paid to the organizations, programs and schools that offer 10 or more hours of didactic or clinical training (at any educational level) regarding ND/ID. Given the high rate of interest in AADMD/SOI produced curriculum materials, it can be inferred that many schools and residency programs would find such information useful.

The final steps of the CAN project are to complete the surveys that are currently still collecting data and to create specific recommendations as to the nature, size and scope of the various curriculum development efforts within the fields of medicine and dentistry. Additionally, the conclusion of the project will list specific allies (individuals and organizations) that will be helpful in the creation, dissemination and implementation of such curricula.