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Providing Health Care to Patients With Intellectual and Developmental Disability During COVID-19

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Walden University

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Walden University

College of Nursing

This is to certify that the doctoral study by

Pauline Park Maxwell

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

Providing Health Care to Patients With Intellectual and Developmental Disability During COVID-19

by

Pauline Park Maxwell

MS, Walden University, 2017

BS, Felician University, 2011

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2023

Abstract

This project sought to enhance the care offered in a local clinic to individuals with an intellectual and developmental disability (IDD) during the COVID-19 pandemic. Individuals with IDD are faced with the challenges of coping with some social conditions. Mainly waiting for extended periods in a doctor's office can be challenging. To reduce this population's waiting time, a staff education program was developed to address this concern. Currently, this local clinic did not have a prescreening exercise that would meet the needs of this population. This DNP project aimed to develop a staff education program for staff in a primary care setting that would include a prescreening questionnaire to be used when the appointment is made to highlight the main concerns for the patient visit and unique patient needs. The practice-focused question addressed what evidence supports knowledge gained using an evaluation of learning objectives in a pre and postsurvey as well as the overall effectiveness of the 1-hour in-person staff education program. The posttest rating showed a change in the rating of learning objectives from pre (M = 3.0) to posteducation (M = 3.6) suggesting an increase in knowledge. Improvement was noted with a 100% (N =5) rating of "strongly agree" that the impact of the training would lead to improvements in the overall functioning of the clinic, time management, and the application of knowledge gained. This DNP staff education program is anticipated to be used by the project partner site to facilitate an improvement in services to benefit patients with IDD. The staff training was based on new interventions and revised procedures that could be implemented to meet the demands of the health sector in serving patients new to the clinic, effecting a positive social change.

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Dedication

I would like to dedicate this doctoral project to my patients served by the disability company at my current place of employment.

Acknowledgments

I would like to take this opportunity to say thanks to the most dedicated and supportive professor, Dr. Hahn. She has been my greatest inspiration; she helps me to make this project unfold. She has been my teacher, my supporter, and my rock when I feel like giving up. It was a long, rough journey, but she helped me to get through it.

I would like to thank my beloved daughter for all her technical support and dedication in ensuring that my son is taken care of when I have to give additional time.

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Section 1: Nature of the Project

Introduction

This project seeks to enhance the care offered in a local clinic to individuals with an intellectual and developmental disability (IDD) during the COVID-19 pandemic. COVID-19 has changed the face of healthcare delivery, and new interventions have had to be implemented to meet the needs and demands of the patient in this unprecedented time (Greenhalgh & Papoutsi, 2018) The outbreak of COVID-19 has placed a high level of expectation on healthcare centers and healthcare providers. The need to seek health service from a different primary care clinic for individuals living in group homes in one community in the Northeast was the catalyst for exploring new interventions and revised procedures to meet these patients' needs as well as the demands of the health clinic. The nature of this project was the development of a staff education project following the identification of a gap in staff knowledge and the need for a new procedure to address the needs of adult patients with IDD in this primary healthcare setting. The focus is on patient care and how care is delivered to the patient with IDD, to improve healthcare delivery in this healthcare setting. The plan is to educate staff on how prescreening is done to prevent canceled appointments, decrease incomplete appointments, and allow patients to have a shorter intake time at their visits. The staff training that is introduced will be aimed at ways the services can be improved as well as how to address the needs of adults with IDD. Evaluation of the effectiveness of this training is done by analyzing the staff's competencies and understanding the learner outcomes of this educational plan.

This project is expected to promote positive social change. Staff will be able to schedule appointments and have a more profitable and productive outcome because of the pre-screening exercise. As discussed by Muller et al. (2021), education will have a significant effect on the health services provided by the clinic. This would be achieved by incorporating workforce awareness, promoting change in the health delivery perspective, and equipping the future workforce with the tools for successfully meeting the needs of this vulnerable population.

Problem Statement

The local practice problem addresses health care provided to patients with IDD in a primary care clinic in the northeastern United States and aims to address issues faced when patients go to the clinic for a routine or urgent care visit. Many of the patients have difficulty sitting through the long intake process. For this population, having to wait for 20 or 30 minutes to conduct a prescreening often results in increased frustration, aggression, and agitation because of their short attention span. When the waiting or visit takes too long, patients experience anxiety and agitation, which healthcare providers may note as challenging behavior. The project aims to decrease anxiety and agitation for patients during wait time to encourage their participation and cooperation due to a shorter visit time that will be facilitated with education about the implementation of a new intake process.

A new intake process has been created following identification by a medical assistant who shared the large number of patients who have canceled visits due to increased agitation or need to leave following long waits at the clinic. Additionally, this

problem occurs in this healthcare setting because this is a new practice for the patients and a change due to the COVID-19 pandemic. The staff at this site were not familiar with patients with IDD and the challenges they face. In this practice, the staff needs education to address the knowledge gap that underlies this problem. The aim would be to decrease the number of incomplete appointments and cancellations; these problems arise because of IDD individuals' various responses based on their disability (Sullivan et al., 2018), including their ability to stay focused. This is to prevent exhausting their attention span. Addressing this noted practice, the gap is related to a lack of knowledge on how to address the needs of this patient population using an evidence-based approach that shortens the intake process.

Purpose Statement

The gap in practice was the lack of knowledge that nursing and other healthcare staff have about providing care in a clinic setting to patients with IDD. The educational program aimed to foster greater understanding for the clinic staff to perform their job functions while considering the challenges that are anticipated in providing care during the COVID-19 pandemic. This education program provided tools through learning that will create a focus to implement critical actions needed to improve care for persons with IDD in this current healthcare practice.

The guiding practice-focused questions for the project addressed the gap in nursing practices and include:

1. What evidence supports the development of a staff education *program* about the clinical practice that addresses the needs of individuals with IDD using a

newly implemented screening guideline for care to decrease incomplete or canceled health visits?

2. Will the developed staff education program aimed at decreasing incomplete or canceled appointments among patients with IDD improve knowledge among the project site staff and nurses at one healthcare clinic?

COVID-19 has mandated the rebuilding of the healthcare system and practice environments as well as called attention to the need to address the health inequities experienced by individuals with IDD (Galea et al., 2020).

This doctoral project has the potential to impact a positive outcome for healthcare consumers, organizations, and the profession with the transformation of healthcare through training and new staff responsibilities to be more equipped to serve people with IDD. Health care will be positively changed by informing staff about essential medical services and prospective therapeutic resources that are required to assist individuals with IDD to enhance and promote their health.

Nature of the Doctoral Project

To meet the need of this doctoral project, I analyzed the issues by having conversations with the front-line staff in the local health clinic. As reported, serving this population has resulted in a decrease in productivity, having several missed appointments, incomplete appointments, and interrupted appointments based on aggressive and irritable behaviors. The first source of evidence that I was seeking to establish included ways to develop education (from research literature or clinical guidelines). For the second source, I used a formative evaluation process to gain evidence

from a content expert panel who will assist in reviewing the training before its implementation to validate the relevance of the content. The evaluation included reviewing the knowledge gained by staff who participated in the training. Finally, I conducted a summative evaluation to gather evidence to see if the education is effective. The aim was that evaluating the effectiveness of this educational intervention to increase knowledge would lead to patients being able to do a complete office visit without interruption and a reduced number of canceled and incomplete appointments. The intended outcome would be accomplished if there were fewer canceled appointments based on behavior and a more effective approach to assessment and treatment.

Significance

Several stakeholders have the potential to benefit from the aim of this educational project to increase the clinic's productivity and improve patient satisfaction, which is dependent on the outcome. Both the group home staff and patients would be positively impacted by this approach. A more feasible outcome from medical appointments can be anticipated. The group home staff may benefit from less time spent on these appointments and would see an anticipated decrease in agitation during the visit. The health center staff and health care providers include physicians, nurse practitioners, and nursing staff such as nurses and medical assistants. The front office staff and the nurses, along with the administration at the clinic, would benefit from increased productivity. The front office staff has an important function to initiate intake for IDD and ensure this patient population benefits from a more relaxed experience during their office encounter

(Zworth et al., 2019). These stakeholders would benefit from addressing this problem in the local clinic.

The doctoral project has the potential to increase awareness of the nursing practice in this local health clinic. This is initiated by improving assessment, developing focused treatment, and having a targeted diagnosis. This intervention will be more effective because it may facilitate an appointment that can be completed with a full treatment plan to improve patient outcomes. The potential transferability of the doctoral project to similar practice areas includes the other local clinics that are a part of the cooperation. As historically noted by Slashcheva et al. (2016), some of the potential implications for positive social change include facilitating a purpose that will provide individuals with IDD an equal opportunity within the healthcare sector.

Summary

In this section, I introduced the topic problem, the nature of the DNP doctoral project, and the changes that are being addressed. A problem statement was formulated about the local nursing practice problem in the health care center that is being explored. A purpose statement was reviewed, a gap in practice at the center was identified, and interventions were formulated to address that gap in practice. Analysis of the effectiveness of the education to increase staff knowledge collaborated with two guiding practice-focused questions.

The upcoming section will provide an introduction to the development of the final study of the proposal. A revision of the concepts, models, and theories will be studied. The relevance of the gap in the health center's practice to the topic question will be

addressed. The local background, the content, and the role of the DNP student and project team will be summarized.

Section 2: Background and Context

Introduction

The gap in practice is the lack of knowledge nurses and staff have about providing care in a clinical setting that specifically addresses the needs of patients with IDD, who are a vulnerable population. This population is at risk for unfavorable outcomes, related to the challenges to care for them in the clinic during COVID-19. This population is at risk for developing illnesses and diseases that will eventually become chronic without the appropriate interventions (Desroches et al., 2021). This doctoral project seeks to address the gap in the services that are expected to be provided to people with disability. This project serves to empower the nurses in this clinic to provide an improved and optimum level of care for individuals with physical and mental disability with a staff education program. The educational program will aim to foster greater understanding for the clinic staff to perform their job functions using a newer automated prescreening conferencing while considering the challenges that are anticipated in providing care during the COVID-19 pandemic. This education program will provide tools through learning that will create a focus to implement critical actions that should help staff learn more about what is needed to improve care for persons with IDD in this current healthcare practice.

In this section, I will present the concepts, models, and theories that will be used in this project. The relevance of the gap to nursing practice will be addressed. I will review and summarize the local background, the content, the role of the DNP students, and the project team's role.

The practice-focused questions are:

1. What evidence supports the development of a staff education *program* about the clinical practice that addresses the needs of individuals with IDD using a newly implemented screening guideline for care to decrease incomplete or canceled health visits?
2. Will the developed staff education program aimed at reducing the number of incomplete or canceled appointments among patients with IDD improve knowledge among the project site staff and nurses at one healthcare clinic?

Concepts, Models, and Theories

As historically noted by Alligood and Toomey (2010), the philosophy of nursing is a perspective of nursing, usually designed by independent nurses in their daily operations in the field. A nurse uses their perspective of nursing to explain what they believe nursing means. Nursing plays an important part in the healthcare sector: the provision of positive outcomes for patients. The philosophy of nursing directs the nursing code of ethics as it relates to the practice of nursing. Two theorists, Watson (1990) and Peplau (1997), have described concepts that apply to nursing practice with people with IDD.

Watson Caring Model

Dr. Jean Watson is a nurse theorist who developed the "Philosophy and Theory of Transpersonal Caring" or "Caring Science." Watson's Philosophy and Science of Caring is apprehensive about how nurses provide health care to their patients. Her theory highlights the humanistic characteristics of nursing as they link with scientific knowledge

and nursing practice. Having the focus on providing care for individuals from the vulnerable population, according to Watson the nursing model states that nursing is concerned with endorsing primary health, preventing illness, providing care for the sick, and re-establishing health. As mentioned by Alligood and Tomey (2010) note that this theorist placed a high emphasis on health advancement, as well as the prevention and treatment of diseases. According to Watson, caring is fundamental to nursing practice as it endorses health better than a modest medical cure (Watson, 1990) She has confidence a holistic approach to health care is significant to the practice of compassion in nursing.

Watson's theory can be implemented in the expected focus of the doctoral project as individuals with IDD are often misunderstood as to their level of comprehension. The Watson theory influences nurses caring and can be demonstrated by the practice that caring for patients stimulates growth, which provides a caring environment that accepts individuals as they are and look and recognizes how they are presented historically as noted by their intellectual disability (Alligood & Tomey, 2010).

Peplau's Theory

According to Sills (2014), Hildegard Peplau's works include concepts about interpersonal relations in nursing, which provides a conceptual frame of reference for psychodynamic nursing and the use of an interpersonal theory in nursing practice: This theorist emphasized the basic principles of patient counseling extracted from two clinical nursing workshops that had a psychiatric focus (Sills, 2014).

Peplau's theory stresses the nurse-client relationship as the base of nursing practice with an emphasis on the give-and-take of nurse-client relationships that was seen

by many as revolutionary (Peplau, 1997). Peplau formulated a collaborative model placing prominence on the requirement for a conglomerate between nurse and client as opposed to the client inertly receiving treatment and the nurse impassively carrying out doctor's orders. This relationship-based approach has been applied in practice with individuals with IDD. One example is in schools to promote health among youth with cerebral palsy (Cleary et al., 2019). Peplau's model was used in a program for transitions of patients that included those with a diagnosis of developmental disability (Lam et al., 2020). This model can be applied to the targeted patient population and the expected staff-client relationship at the clinic.

Included in this theory is the concept of person, which inspires nurses in their work for regaining health and well-being for people with IDD (Wasaya et al., 2021). This DNP project proposes a revised way of meeting the needs of patients with IDD who have been affected by the existing healthcare protocol of appointments and time spent with healthcare providers, which has caused increased anxiety and aggression based on the extended waiting time. The effects of the extended waiting time have been consistent with the existing culture in the clinic. Peplau's theory concentrates on *health,* which is a word symbol that denotes a forward movement of character and nursing (Peplau, 1997). This is a significant beneficial interpersonal practice that functions supportively with another human process that makes health possible for individuals in communities.

Peplau's theory model, as elaborated by the nurse-client relationships, recognizes four sequential phases in the interpersonal relationship: orientation, identification, exploitation, and resolution (Wasaya et al., 2021). It also includes nursing roles including

stranger role, resource role, teaching role, counseling role, and surrogate role, all of which are relevant to the care of individuals with IDD.

Definitions

Challenging behavior. A term that describes *behaviors that challenge* (see Morrison et al., 2016) The term 'challenging behavior' was introduced in North America in the 1980s and was originally used to describe problematic behaviors in people with 'mental retardation' (learning disability). Challenging behavior can, however, occur across the intellectual spectrum, being particularly prevalent in populations with a psychiatric disorder.

Client. In psychology, a client is a person who is receiving services from a therapist or mental health doctor. The term client is often used interchangeably with the word patient. There is no official distinction between the two terms; neither one is considered more correct. Many therapists use either term or both. Some mental health professionals ask the client/patient what they prefer to be called. Some feel that "patient" signifies a doctoral relationship and implies that something is "wrong" with the person that needs to be treated. (Client, n.d.).

Intellectual and developmental disability (IDD). A term that describes "disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development" (Institute on Community Integration, University of Minnesota, 2023, para 1). The term 'IDD' is used when the person has an intellectual disability as well as another disability (Institute on Community Integration, University of Minnesota, 2023).

Relevance to Nursing Practice

Some healthcare problems that at-risk individuals encounter are pervasive basic risks. This includes inadequate access to primary preventive health services. Individuals with IDD may not have the capability to conform to physical social distancing recommendations. These individuals face underlying health disparities and overlapping stigmas that have affected their lives similarly to the lives of ethnic minorities and disabled individuals across the health consortium (Okonkwo et al., 2020). This DNP project aimed to develop an education program for staff in one primary care setting that would be appropriate to meet the changes in healthcare delivery during the unprecedented time of COVID-19. The DNP staff education program will be used by the project partner site to facilitate an improvement in services. At the clinic site, an assessment was conducted to evaluate the effectiveness of the staff education program that is the focus of this project.

Health Disparities

Selick et al. (2018) stated that adults with IDD have broader problems in health care. There is expanding evidence that some of these inequalities in health are avoidable, discriminatory, and unfair, given that they are determined by the higher rates of exposure of people with intellectual disability to well-established social determinants of poor health. IDD individuals have poorer health quality and are more likely to die sooner than their non–intellectually disabled peers. An increased rate of morbidity and the risk of being less likely to receive primary intervention are areas of additional challenges faced by individuals with IDD. Emergency medicine and primary care interventions are

important entry points into the health care system and are sometimes not received by this vulnerable population. An upgrade in care in these settings can lead to improvement in primary, secondary, and tertiary-level interventions. Selick et al. further emphasized that providing effective care for challenging adults with IDD is important in improving future health outcomes but is difficult to accomplish. To focus on health disparities, Healthy People 2020 includes detailed disability and health goals focused on enhancing healthcare access (Williamson et al. 2017). This doctoral project emphasizes the disparities in healthcare individuals with IDD have received and the preparations healthcare facilities can put in place to meet their needs.

Historical Perspective

Individuals with IDD often require tailored care that accommodates their needs, such as tailored to meet their unique communication techniques. They sometimes exhibit behaviors that challenge or that the uninitiated are considered "difficult." The more people exhibit an understanding of the correct strategies for working with adults with developmental disability, the higher their quality of care will become. Similarly, in a clinic that provides ambulatory care, it should be acknowledged that different people require different accommodations (Farzi et al., 2016). Having the correct approach in scheduling appointments with a prequestionnaire before arriving will allow healthcare providers to ensure a healthcare environment that is not only welcoming, but will offer comfort, and a sense of safety, with a conduciveness in which patients with developmental disability can tolerate and complete medical encounter (Farzi et al., 2016).

The strategies to address the lack of education in nursing about the care of people with IDD include clinical education in nursing. This includes the introduction of the nursing education models and methods, the advancement of communication between faculty and practice, conducting the orientation stage at the beginning of training, and incorporating revision and feedback. The lack of education can be improved by clinical strategies, including retentive experienced clinical educators, attempting to improve the learning environment, developing the affiliation between faculty and practice, participation of clinical nurses in clinical education, focusing attention on entering behavior, and holding orientation stage at the beginning of training, can improve clinical education of nursing. (Farzi et al., 2016).

The lack of education of nurses who work with IDD results in less safety of patients while providing health care services that are safe and of high standards. Bourne et al. (2021) proposed that addressing the knowledge gap is needed to address the health inequities experienced by people with IDD. Education for nurses who work with this population should be a requirement for improving healthcare systems and universal health coverage (Bourne et al., 2021). The key areas to assist with sustainable improvements in patient safety is to boost the patient experience, decrease risks and harm, and strive to accomplish better health outcomes by incorporating trained medical personnel to be equipped to provide daily care to individuals with IDD (Mthiyane et al., 2018).

State of the Science in Nursing

Fisher et al. (2020) discussed that the current state of nursing practice focuses on the health inequities that individuals with intellectual or developmental disability and the healthcare barriers they face in society. However, Fisher et al. pointed out that the continued exemption of IDD in educational programs in nursing both nationally and internationally exhibits a significant gap in knowledge among nurses. The ethical considerations have resulted in an ambiguous approach to working with a population that is often ignored or exploited.

It is nursing staff education that needs to advance and prepare nurses to meet the challenges of providing care for individuals with IDD coupled with the aspect of addressing social determinants of health, by improving population health, and fostering health equity (Bourne et al., 2021). The nurses will need to meet the challenge of addressing the need of this vulnerable population including obtaining new capabilities, working with individuals with IDD, and leading efforts to construct a culture of well-being and health. (Arcaya & Figueroa, 2017).

To foster the training for the health care staffing of the clinic, the education about the screening process to be used before an appointment will be reviewed. See Appendix A for a pre-visit telephone script developed by Tyler and McDermott (2021) that will be used to develop the education. This doctoral project aims to develop clinical education for healthcare professionals to assess the usability and quality of the prescreening tool to improve the wait time and cooperation of patients with IDD. The goal is to increase productivity in the clinic by completing more assessments in their entirety without long

waiting times which will cause agitation and aggression (Arcaya & Figueroa, 2017). The protocol included patient identification, invitation, and improved health examination. Chart review assessed the completion of deterrent maneuvers, and clinical staff was surveyed on their comfort, knowledge, and skills in the care of patients with IDD. Analyses can be used to compare outcomes for the Health Check and non-Health Check groups, adjusted for the practice site.

Klompstra et al. (2021) discussed that educational enhancement tools should be utilized to assess the usability and dependability of the purpose to achieve improved outcomes in a healthcare setting. A revised and improved intake tool facilitates the development of exceptional tools that would meet the requirements for better evidence-based care.

Local Background and Context

Evidence from research-based literature has established the challenges for patients with a disability during the COVID-19 pandemic and in general (Okoro et al., 2017). The setting for this doctoral project was a community health care clinic located in a rural community in central New Jersey. This clinic provides comprehensive primary and secondary health care to patients from various backgrounds including the vulnerable population noted. At this clinic, different interventions have been established to improve primary health care and mental health clinical outcomes. This healthcare setting was new to serving primary care services with an ambulatory focus on people with intellectual and developmental disability, a population new and not typically served at this site when this project began. This clinic served to replace an extinct healthcare service that was once

available pre-COVID-19. As a result of COVID-19, the former healthcare office closed its door because of financial restrictions that prevented the continuation of services. It was feasible to accomplish the aim of this project in this new site by concentrating on clinical outcomes that sought to improve the health status of individuals with mental and physical disability in this new setting.

The project took place at a site in the state of New Jersey. The New Jersey Council on Developmental Disabilities (NJCDD) has developed an advocacy plan to improve health care for people with IDD in New Jersey (2021). The focus of this plan has been on healthcare delivery systems, access to health care, and the prevention of health issues among adults with IDD. The Division of Developmental Disabilities (2022) facilitates funding for services that assist New Jersey adults with intellectual and developmental disability, age 21 and older, to live as independently as possible. Services are available in the community and several state-funded facilities.

Recent federal initiatives point to the need to address changes in practice for healthcare providers about people with IDD as well as education about disability. As historically noted by Bourne et al. (2014), the Patient-Centered Outcomes Research Institute (PCORI) has emphasized "improving the care continuum for individuals with disabilities" as a priority (for PCORI see Barksdale et al., 2014). PCORI is placing a specific focus on the effectiveness of interventions to improve the continuum of care for community-dwelling for nonelderly adults with disability.

The Partnering to Transform Health Outcomes with Persons with Intellectual and Developmental Disabilities (PATH-PWIDD) illustrates the increasing evidence on

guidelines and education needed for providing health care to this patient population (see PATH/PWIDD at https://path-pwidd.org/. The IDD Healthcare E-Toolkit at https://iddtoolkit.vkcsites.org/ is available online to inform healthcare providers. These resources and research literature were used to create an evidence-based education program for the healthcare staff at this project site.

Role of the DNP Student

The overall aim of the project through staff education is to ensure that there is a transparent agreement that the quality health services that are applied in this clinic are effective, safe, and patient-centered. There should be established advantages for this population for quality health care, to be timely, impartial, unified, and effective (see Auraaen et al., 2018).

This project allowed me to reflect on my function in my role as an advanced practice nurse (APN) healthcare professional. DNP-prepared APNs are establishing their unquestionable worth in revealing healthcare responses and meeting the needs of individual patients and care teams (McCauley et al., 2020). Furthermore, it was important to highlight and differentiate my role as a DNP-prepared nurse who functions as a leader or innovator in technology and population health strategies (McCauley et al., 2020).

As a leader and innovator, I led the project to put education in place about using a new screening process (Tyler & McDermott, 2021) to improve health services for individuals with IDD. My motivation for this project is my work with this population and my recognition of the gap in practice. I bring my experience to this project. To avoid

bias, I focused on evidence that is drawn from studies on the population of people with IDD, specific to primary care and service providers of people with IDD.

Role of the Project Team

The front staff and a nurse from the health center were on my project team. Effective projects are regularly the outcome of vigilant preparation and the aptitude and association of a project team. Projects are not operative to progress without the full participation of the team. Based on the project that I presented to them, I sought their input and feedback on the staff education program on how to improve intake appointments to make them timelier and more effective using the prescreening tool (Tyler & McDermott, 2021) that I had adapted for use in the education. I sought their input for they have a role as the staff and nurses in the clinic in maximizing their time and making the appointments more efficient for the patient.

Summary

This section reviewed the practice-focused question, my role on the project and the role of the project team, and the background and context of the project. This included the expectations of the New Jersey Division of Developmental Disabilities for the population with IDD. In the next section, the focus will be on restating the problem, analyzing the context, and summarizing the background of the practice-focus question. The collection and analysis of evidence will be presented. Sources of evidence and the evidence generated for this doctoral project will be presented. A more concise description of the participants, procedures, and protections will be highlighted as well as the plan for

the analysis of this evidence used to provide the most suitable way to address the practice-focused question.

Section 3: Collection and Analysis of Evidence

Introduction

Patients with intellectual disability have a low tolerance to noise stimulation, being in an unfamiliar place, and seeing unfamiliar faces (Patel et al., 2020). In one health clinic in the Northeast, it was observed that these factors caused increased agitation and triggered combative behaviors during health visits to a local clinic. These challenges have caused a high rate of noncompliance in keeping primary health maintenance appointments. Missed appointments in the primary care setting can lead to reduced disease management and subsequent presentation to care (Patel et al., 2020). The gap in lack of knowledge of healthcare professionals is a known identified healthcare disparity, especially among the IDD population (Okoro et al., 2018), and will be addressed in this project.

Practice-Focused Questions

This doctoral project addressed an identified gap in providing medical services for individuals with IDD. This project proposed the development of training for the staff to alleviate this gap. Training is essential for the survival and practicability of the clinic being studied. This training program is intended to establish efficiency in improving the quality of patient care and compliance of patients. The practice-focused questions are:

1. What evidence supports the development of a staff education program about the clinical practice that addresses the needs of individuals with IDD using a newly implemented screening guideline for care to decrease incomplete or canceled health visits?

2. Will the developed staff education program aimed at reducing the number of incomplete or canceled appointments among patients with IDD improve knowledge among the project site staff and nurses at one health care clinic?

Sources of Evidence

Three sources of evidence were gathered for this project. The first source of evidence that I established included ways to develop education (from research literature or clinical guidelines). For the second source, I used a formative evaluation process to gain evidence from a content expert panel who would assist in reviewing the training before its implementation to validate the relevance of the content. The third source was the evaluation that includes reviewing the knowledge gained by staff who participate in the training. This source of evidence was drawn from a summative evaluation that was conducted to gather evidence to see if the education is effective. Evaluating the effectiveness of this educational intervention to increase knowledge will lead to patients completing office visits without interruption and a reduced number of canceled and incomplete appointments. The intended outcome would be accomplished if there were fewer canceled appointments based on behavior and a more effective approach to assessment and treatment.

Evidence Generated for the Doctoral Project

This evidence will include the evidence gathered from the project team about their evaluation of the training and the evidence collected to show learner gain.

Participants

In this project, the participants would include the staff that works directly with the IDD population that is served by this clinic. This would include the front desk staff (the administrator and the medical assistants), the registered nurse, the advanced practice nurse, and the medical doctor.

Procedures

This education project will follow the guidelines for staff education development found in the DNP manual on staff education (Walden University, 2019). The procedural steps will lead to the development of a staff education program specifically designed to address the changes being made in the healthcare delivery model to implement a prescreening implemented to address the needs of individuals with IDD who have faced challenges in receiving healthcare services identified during the COVID-19 pandemic. Evidence-based strategies will be included to develop the content and the evaluation of the staff education project.

The education will be developed based on the implementation of a new pre-visit questionnaire adapted from Tyler and McDermott (2021) that will be used before each visit to allow the clinic staff to review and gather pertinent information that would be relevant at the time of the visit. This pre-emptive focus intends to assist in alleviating the extra time the patients would spend during a routine visit, and it is also designed to deter any disruptive behaviors and assist patients to be more fully engaged in the visit. Implementing this time-saving measure also will assist the group home staff and patients to express and verbalize their health concerns. A pre-posttest was developed to evaluate

whether the training has improved staff knowledge of the use of this questionnaire as well as how to better serve the needs of people with IDD in this healthcare setting (see PowerPoint with pretest posttest in Appendix B).

Protections

In reviewing the project there were no ethical issues that presented with its completion. The ethical principles that complete the guidelines by the Walden IRB were used to ensure compliance with guidelines and regulations. Walden IRB approval was given (Approval # 04-03-23-0530956). A site agreement form and an informed consent form from the appendices of the DNP process manual on staff education were used (Walden University, 2019).

Analysis and Synthesis

Brown and Hale (2014) stated that analysis and synthesis involve typing explanations and descriptions into a program and imputing different types of audio or video into a database program or another type of software. The information collected from the pretest and posttest questionnaire for the training was used to determine the measure of success. This includes meeting the goals of the planned project implementation (Brown & Hale, 2014).

In this project, I analyzed and synthesized the evidence gathered using anonymous questionnaires from the content experts and from the anonymous evaluation of the training conducted with the staff. Analysis of the content expert review involved a summary of the ratings and written comments by the content experts of the training materials. I analyzed the pretest and posttest findings upon completion of the training

using descriptive statistics and identified any themes that were found in the review of content in open-ended comments. I evaluated and then reviewed the findings to assess if the training was effective to improve knowledge among the project site staff nurses from the educational activity aimed at reducing the number of incomplete or canceled appointments among patients with IDD. Comparing actual results to formerly determined goals was the measure of success. This included meeting the goals of the planned project implementations (Brown & Hale, 2014).

Summary

In this section, I described the collection and analysis of evidence for this project. As historically mentioned by (Brown & Hale, 2014) evaluating a proposal can maintain and improve its effectiveness. A program is effective when the result has a positive outcome. When a program has a negative effect an increase in surveillance will improve the outcome. A program had the impact you hoped for when the implementation of a plan reflects in a change in services provided. This is effective when changes result in an improvement in health care (Brown & Hale, 2014). This project, as described, begins with determining the effectiveness of a staff education program to improve staff knowledge to affect a positive change in practice for patients with IDD.

Section 4: Findings and Recommendations

Introduction

The project addressed the need of individuals of this vulnerable population (IDD) who are faced with the challenges of coping with some social conditions. Waiting for extended periods in a doctor's office can be challenging. The local practice problem was about the health care in a primary care clinic in the northeastern United States and aimed to address issues faced when patients go to the clinic for a routine or urgent care visit. To reduce this population's waiting time, a staff education program was developed to address this concern. Currently, this local clinic does not have a prescreening exercise that would meet the needs of this population. This would be beneficial for patients with IDD in this primary care setting.

I developed a staff education program for staff in one primary care setting that would be appropriate to meet the changes in healthcare delivery during the unprecedented time of COVID-19. This project was designed to enhance the care offered in a local clinic to individuals with an IDD during the COVID-19 pandemic, and beyond.

This is intended to reduce the office visit time if the prescreening is already completed. An analysis was done by having conversations with the front-line staff in the local health clinic that serves this population, which has decreased, who serves this population has resulted in a decrease in productivity, several missed appointments, incomplete appointments, and interrupted appointments based on aggressive and irritable behaviors.

The evaluation includes revising the knowledge gained by staff who participate in the training. I evaluated the training to gather evidence to see if the education is effective. The aim is that evaluating the effectiveness of this educational intervention to increase knowledge will lead to the patient's ability to do a complete office visit without interruption and reduce the number of canceled and incomplete appointments. The intended outcome is fewer canceled appointments based on behavior and a more effective approach to assessment and treatment.

The practice-focused questions are:

1. What evidence supports the development of a staff education program about the clinical practice that addresses the needs of individuals with IDD using a newly implemented screening guideline for care to decrease incomplete or canceled health visits?
2. Will the developed staff education program aimed at reducing the number of incomplete or canceled appointments among patients with IDD improve knowledge among the project site staff and nurses at one healthcare clinic?

I analyzed the data using descriptive statistics after entering the information into an Excel spreadsheet. The data reflected the content expert evaluation findings. The findings exemplified the response as strongly agreeing with the learning objectives that were proposed. The focus was on staff being able to describe the unique differences a person with IDD may have during a patient visit. The staff also could describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit, and the staff

could list three areas to review when the appointment is made to help the patients with IDD effectively engage in their visits:

Findings and Implications

Findings From the Content Expert Evaluation

A content expert evaluation took place with three people. I met the office director, the psychologist, and the medical assistant. We met in the conference room of the clinic where I briefly reviewed the content of the training I would be presenting. I emphasize that the materials review should not be discussed or shared with the other staff who were not present at the time of the discussion. At the end of this discussion, I concluded that the members of staff present at this time were enthused and saw benefits in the educational materials. The objective of this presentation is to enhance and improve the functioning of the clinic. They gave high ratings for the evaluation with 100% reporting *strongly agree* with all items except for the video resource for teaching; 80% reported *somewhat agree* that the video presentation was relevant (See Table 1).

Table 1

Content Expert Evaluation Findings

Please rate the following	1 Strongly agree	2 Somewhat agree	3 Somewhat disagree	4 Strongly disagree
Learning objectives				
1. describe the unique differences a person with IDD may have during a patient visit.	3	0	0	0
2. describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit.	3	0	0	0
3. list 3 areas to review when the appointment is made to help the patients with IDD effectively engage in their visits:	3	0	0	0
Education Materials				
PowerPoint Slides	3	0	0	0
Video Presentation (link)	0	3	0	0
My Knowledge Questions (Pretest)	3	0	0	0
Review of Prescreening Questionnaire with Case Studies Worksheets	3	0	0	0
How Much Did We Learn Questions (Posttest)	3	0	0	0
Overall comments about this educational activity:				
Looking forward to utilizing the information; will benefit the staff; appears user-friendly; will increase communication; improve time-management				

Findings From Pre and Post From Education

The findings reflect improvement in the knowledge gained based on the ratings of the learning objective results pretest (My Knowledge Questions) and the posttest (How Much Did We Learn Questions). Results are displayed in Table 2. The rating of the learning objectives pretraining compared to post training suggested knowledge gained with an increase in the mean rating pre- from 3.0 to 3.6 in the post-rating.

Table 2

Pre- and Post-Rating of the Learning Objectives

Item	Description	Pre M	Post M
1	I can describe the unique differences that a PWIDD may have during a patient visit	3.2	3.4
2	I can describe the benefits of using a prescreening questionnaire at the time of their visit	3.0	4.0
3	I can list 3 areas to review when the appointment is made to help the patient effectively engage in their visit.	2.8	3.4
M		3.0	3.6

The posttest evaluation of the education included 10 questions. Three questions were used to evaluate the change in agreement on their ability to meet the objectives before and after the training (see Table 2). Four questions were completed using a Likert scale. The focus of these questions was to assess their perceptions of knowledge and awareness of the approaches to meeting the needs of providing medical care to individuals with IDD using a prescreening questionnaire. The Likert scale was used as the tool to calculate knowledge learned and the perception of benefits of the information

presented about the health-related practices. Likert-type scales are noted to be efficient, and easy to analyze, and the results and interpretations from the data collected can be used and transformed into significant practice (Ho, 2017).

Table 3 illustrates the post-evaluation findings. One question asked learners to rate their overall satisfaction with the training from 1 to 10. Two questions had open-ended answers to 1) describe areas of functioning that would be impacted by what staff does at the clinic and 2) comment on any changes that the staff would have made in this presentation.

Table 3 shows that the training was greatly beneficial. The data reflected a 100% response equivalent to strongly agreed among the participants to improve time management for the training, an improvement in overall functioning, the clinic will benefit greatly, and that significant knowledge was gained. Reviewing the response to the approach to understanding individuals with IDD has improved greatly with this training reflected in 60% of the participants strongly agreeing and 40% agreeing. Results are found in Table 3 for the post evaluation findings.

Table 3

Post-Education Evaluation Findings

Item	Description	*n* (%) *Strongly agree*	*n* (%) *Agree*	*n* (%) *Disagree*	*n* (%) *Strongly disagree*
1	This training will help with my time management	5 (100%)	0	0	0
2	The training will improve the overall functioning and missed or incomplete appointments at the clinic.	5 (100%)	0	0	0
3	The knowledge gained will be very beneficial for making future appointments.	5 (100%)	0	0	0
4	My approach to understanding individuals with IDD has improved greatly with this training.	3 (60%)	2 (40%)	0	0

Areas of Functioning Impacted by the Training

Each participant provided answers for Question 3: List 3 areas of functioning that you think training has impacted in the service you offer to individuals with IDD. The answers are listed as follows:

- increase new knowledge
- improve competence
- apply information to work with functioning
- improve understanding of job function
- application of knowledge
- meet the objectives of the company's mission and objectives
- assist with maneuvering challenges

Overall Evaluation of Presentation

Question 2 addressed overall satisfaction with the educational presentation. The question that assessed overall satisfaction was rated on a scale from 1-10 (1 being the lowest and 10 being the highest). Based on the evaluation, the results reflect that the presentation was rated at the highest level of the scale from 1 to 10 suggesting that the information was well-received and facilitated learning. The range was from 8 to 10, and the mean rating was 9.0.

Question 10 asked: Are there any changes that you would have made in this presentation? The five participants answered this question with comments: Extra time (*n* = 2); More videos (*n* = 1), More slides (*n* = 2); More graphics (*n* = 1). These findings suggest that participants are visual learners and would be enhanced with a longer presentation with more visuals rather than more narrative. These learners want more of the information presented with an improved version with video, slides, and graphics.

Recommendations

The proposed recommendation to improve the functioning of a clinic that provides care for individuals with IDD is to address areas deficient in their operations. Addressing the gap in practice where there is a lack of knowledge in treating individuals with IDD would be beneficial to patients and the functioning of the clinic. This recommendation is based on the data as noted in Table 3. Policies and protocols exist to promote high-quality, safe, and effective nursing practices that will enhance the effectiveness of a practice. The improvement of knowledge gained would be beneficial to the operations of the clinic. Policies and protocols should be succinct, current, and easily

accessible. The prescreening questionnaire presented to staff would assist staff in maximizing the time for a visit and can be achieved by using the prequestionnaire by Tyler and McDermont (2021).

Some primary products are used to exhibit the intent of the material presented. Using a short video to enhance and simplify the learner's interest was presented. A pre and post-questionnaire were presented in the appendix to highlight the differences between pre-tests and post-tests with experienced participants scoring higher on the post-test than on the pretest. The results showed participants gained insight from the advantage of practical in-training activities, which also fostered an increased self-autonomy in learning. Participants called for additional training. The presentation allowed them to be more aware of the unique needs and strategies to support patients with IDD, a gap in this clinic practice. This training packet could serve as beneficial if replicated for future use to provide other incoming staff who have a lack of experience in serving patients with IDD as a part of their orientation materials. The full packet of educational materials is located in the appendices.

Contribution of the Doctoral Project Team

Working with the doctoral team has proven to be very beneficial in completing this project. The front staff and a nurse from the health center were on my project team to start. I gained insight at the start of this project about the population they served, and the process used to complete appointments, which prompted me to identify the absence of a prescreening tool used before patient visits in addition to the problems patients encountered at the time of visits. The chief administrator, a physician primary care

provider, and a clinical staff member were added to the team to conduct the content expert review. The data/results are planned to assist the clinic in analyzing and implementing interventions to put in place to benefit its operation and patient experience and ultimately, patient outcomes.

Strengths and Limitations of the Project

As I continue to embark on completing this doctoral project, I analyzed that there were strengths embedded in this project. This strength builds upon the integration of accumulated extant evidence combined with my clinical experience and expertise in working with people with IDD to present educational materials to a primary care clinic staff. I was provided a medium to affirm and present valuable information based on my clinical expertise that could change the lives of staff and patients with IDD tremendously. Having a medical clinic showing great interest and enthusiasm in materials presented to solve problems and develop new insight into operations depicts growth and future development. This will strengthen future efforts to address the patient care needs of persons with IDD.

A few limitations were encountered while completing this doctoral project. Time management was of great constraint. Meeting with the manager of the project site was challenging as there was a conflict of time to set up meetings. This caused some delays in the timing of the presentation and analysis of data.

Recommendations for completing future doctoral projects would include setting up more realistic goals. Developing better time management with all the current expectations and requesting assistance promptly would facilitate a smoother delivery.

Section 5: Dissemination Plan

My plan to disseminate this work to the institution experiencing the problem in practice would include organizing post-follow-up with staff after the implementation of the topics are presented to improve the effective functioning of the health clinic. I also will create a plan that will set distinct indicators that could be used to measure any improvements as presented in the project (e.g., completion of check-ins and scheduled visits, assessing patient experience and engagement in their visits). I also have plans to assign roles and structure activities to different members of staff to be allocated in their rollout of prescreening questionnaire process.

The findings of this project will be disseminated at the leading corporate meeting of the medical and psychiatric staff where this project was conducted. Other opportunities will be explored to present at other symposiums associated with this agency to nursing and other healthcare professionals.

Analysis of Self

As an advanced practice nurse, my career path from a registered nurse reflects a commitment to continuing professional development and growth. Having my focus in the clinical area of practice allowed me to achieve a higher level of competence and independence. I have developed a self-governing expert practice approach while working in this advanced practice nurse role. My practice requires the application of relevant research and management, knowledge, and skills. As an advanced practice nurse, I gained the opportunity to function at the managerial level. I have assisted my organization with the benefit of providing high-quality patient results and ensuring the application of

evidence-based practice is maintained. This project allowed me to recognize the importance of skills and knowledge at a higher level that are of importance as an advanced practice nurse (see Woo et al., 2020). Some of the challenges were having a full-time job, trying to complete another doctoral class, and having a family. Completing this doctoral project allowed me to grow and advance as a scholar to analyze and synthesize evidence and display data graphically. I can use these skills moving forward in my clinical practice as an advanced practice nurse, making educational presentations, developing patient education materials, and disseminating this project to others.

This doctoral project allowed me to develop as a mature student and as a professional. This doctoral journey contributed to my advancement in using research for evidence-based practice, as I advanced throughout my doctorate field and beyond. I had the opportunity to explore the documented implications of doctoral writing. This project allowed me to teach and provide valuable information on providing care for individuals with IDD. Presenting PowerPoint educational information was very rewarding, as it provided me the opportunity to impart knowledge for better business success and to improve patient satisfaction.

Summary

Providing health care to individuals with IDD can be challenging to medical providers with training and education; the task of delivering health care to this population can be less challenging. The staff has to exhibit a level of professionalism that requires intense education and self-discipline. Providing this training that demonstrates improvements in knowledge can impact performance to provide the patient with a sense

of individualism to be a part of their health visit. Providing staff education using pre and post-test questionnaires and PowerPoint presentations helps demonstrate ways to enhance learning and provides advantages for patient care. The project had a significant influence on me in a variety of roles as a leader, scholar, educator, and change agent in the healthcare setting.

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Appendix A: Pre-Visit Telephone Questionnaire

Pre-visit telephone questionnaire and script for a new adult patient with IDD

Introduction

Hello! My name is _____. I'm a nurse [or medical assistant] from [name of practice]. I understand that [name of patient] is coming to our office for an appointment on [date and time]. I am calling to prepare our healthcare team to make this first appointment successful for [name of patient] and you.

• How would [name of patient] prefer to be called?

• Who will be accompanying [name of patient] to the appointment? What parts of the appointment will that person remain for? Describe what to expect, what the patient or caregiver should bring to the appointment, and how long the appointment will last.

• What makes [name of patient] anxious or fearful so that we might avoid doing that? Should we avoid bringing up certain topics? Should we avoid performing any procedures that are customary during a first appointment?

• Does [name of patient] have sensitivities—to light, sound, touch, etc—that we should be aware of? Offer to have a room ready upon the patient's arrival if remaining in the waiting area would cause too much anxiety.

• What helps calm [name of patient]? Are there some topics that put [name of patient] at ease?

• How does [name of patient] best communicate?

• Is there anything else the health care team might do to prepare for the appointment?

• Does [name of patient] need personal protective equipment, a wheelchair, oxygen, or other medical equipment upon arrival?

• What would make for a successful first appointment?

• What strategies or techniques have [name of patient's] providers used in the past that have helped make healthcare visits successful?

• Is there anything else you want me to know that we haven't talked about?

• Would it be helpful if I talked with [name of patient] now about their upcoming appointment?

Note. (Tyler & McDermott, 2021). Available at: Transitioning patients with developmental disabilities to adult care | MDedge Family Medicine. https://www.mdedge.com/familymedicine/article/243139/diabetes/transitioning-patients-developmental-disabilities-adult-care

Appendix B: Content Expert Rating Evaluation Form

Instructions:

Please help me to evaluate this training for your clinic. Please review the educational activities and rate if you agree that these will be useful to your staff.

	1	2	3	4
Please rate the following	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Learning objectives				
1. describe the unique differences a person with IDD may have during a patient visit.				
2. describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit.				
3. list 3 areas to review when the appointment is made to help the patients with IDD effectively engage in their visits				
Education Materials				
PowerPoint Slides				
Video Presentation (link)				
My Knowledge Questions (Pretest)				
Review of Prescreening Questionnaire with Case Studies Worksheets				
How Much Did We Learn Questions (Posttest)				
Please share your overall comments about this educational activity below:				

Appendix C: Education Activity Packet

How to Improve the Services for the Patient with IDD

Learning Objectives:

After the education activity, the learner will be able to:

1. describe the unique differences a person with IDD may have during a patient visit.
2. describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit.
3. list 3 areas to review when the appointment is made to help the patients with IDD effectively engage in their visits.

Video

LINK: How to Speak With People With Intellectual Disabilities (specialolympics.org)

INTELLECTUAL DISABILITIES

How to Speak With People With Intellectual Disabilities

A Resource for Healthcare Professionals, Parents, and Anyone Communicating With Our Athletes

This video features Special Olympics Chairman Timothy Shriver and our athletes discussing why it's so important to include people with intellectual disabilities in all areas of life—especially healthcare access. The first step is learning how to communicate with respect, compassion, and care.

Whether you're in a professional environment or just having a personal conversation, consider these 10 basic rules for communicating with a person with an intellectual disability.

10 Tips for Working with People with Intellectual Disabilities

1. **Do not call them kids.** Our athletes range from ages 2 to 78+!

2. **Use clear, simplified language and try speaking slower, not louder.** Our athletes have an intellectual disability of varying degrees, but they are not all necessarily hard of hearing—speaking more loudly won't make them understand you better.

3. **Set expectations.** Many of our athletes need to know ahead of time what will happen. As you go through your procedures, describe what you will be doing now, and perhaps the next one or two steps that will follow as well.

4. **Treat them as you would your peers.** Do not speak down to them. They love a good joke, tease, or challenge just like we do.

5. **Draw boundaries.** Do not allow them to get away with bad behavior—just as you wouldn't allow someone without intellectual disabilities to behave badly.

6. **Ask them their thoughts and allow them to answer.** Don't put words in their mouths.

7. **Ask if you can help them** before acting and assuming they need help.

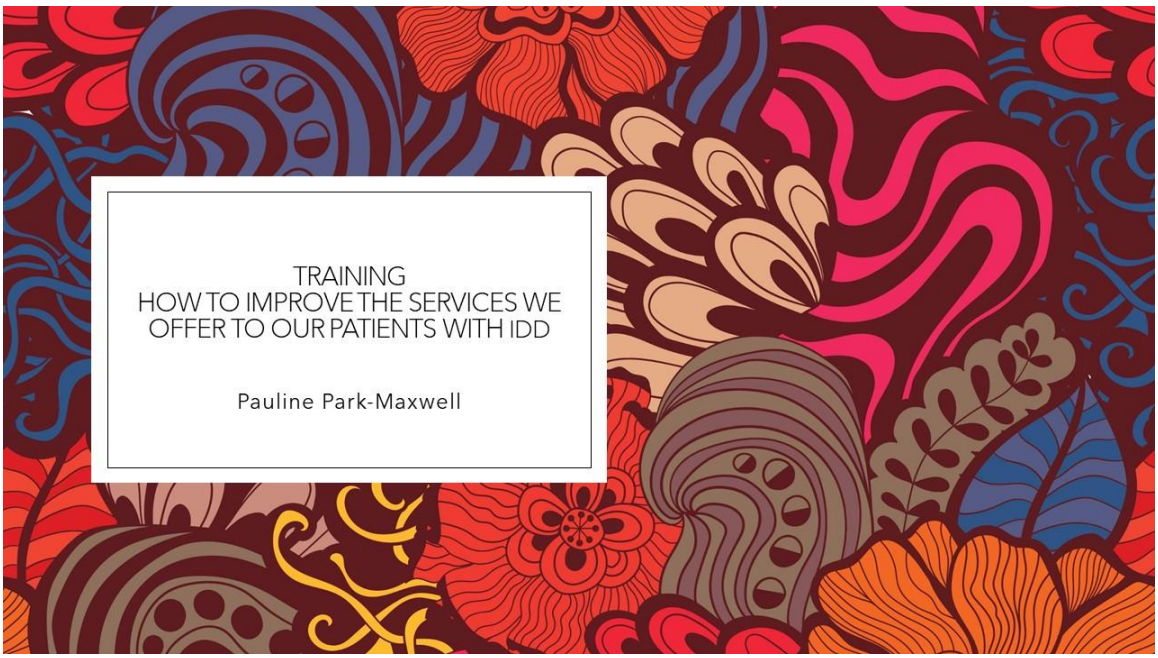
8. **Expect to get a lot of questions.** Many of our athletes are very curious about what you are doing and also just about you. If the questions get too invasive, it's okay to say, "I'm not comfortable with answering that."

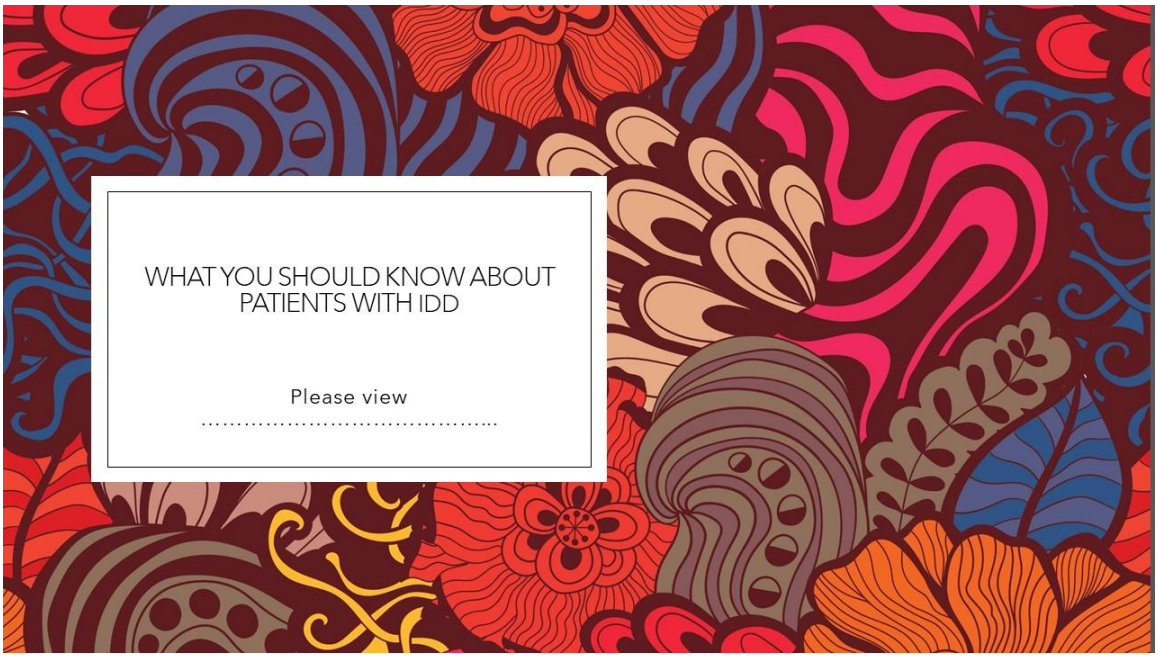
9. **Have fun and enjoy their candor!** Be prepared for their bluntness. Our athletes are very honest.

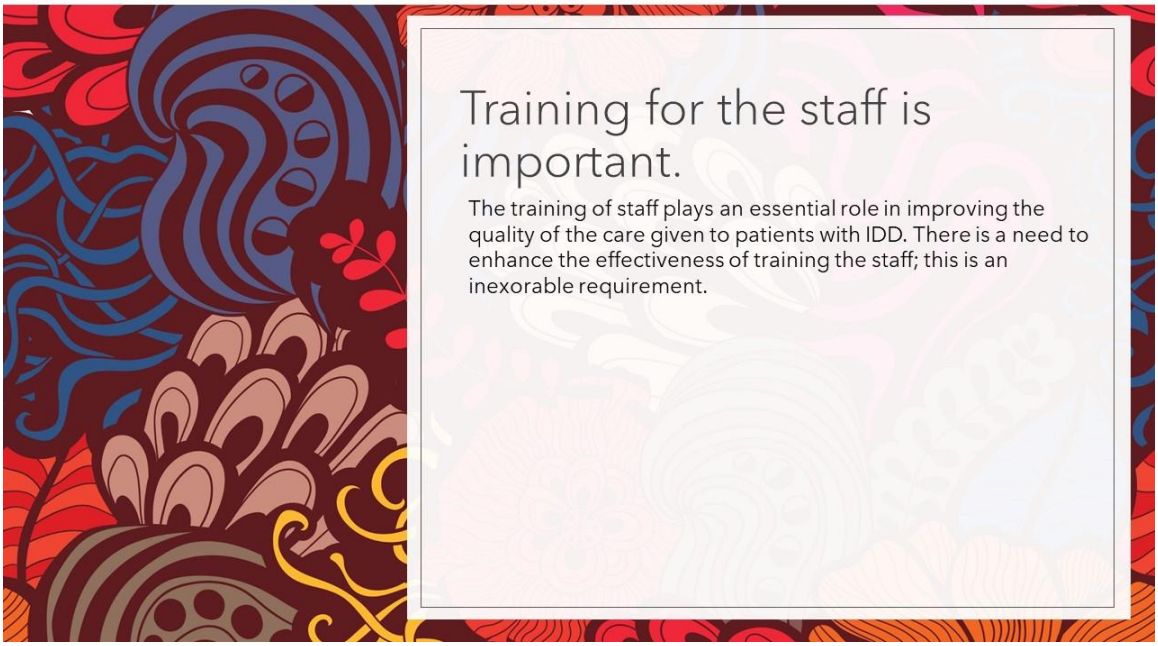
10. **Be enthusiastic, upbeat, and professional.** And if it's overwhelming, it's also okay to ask for a break to reset where your mind is.

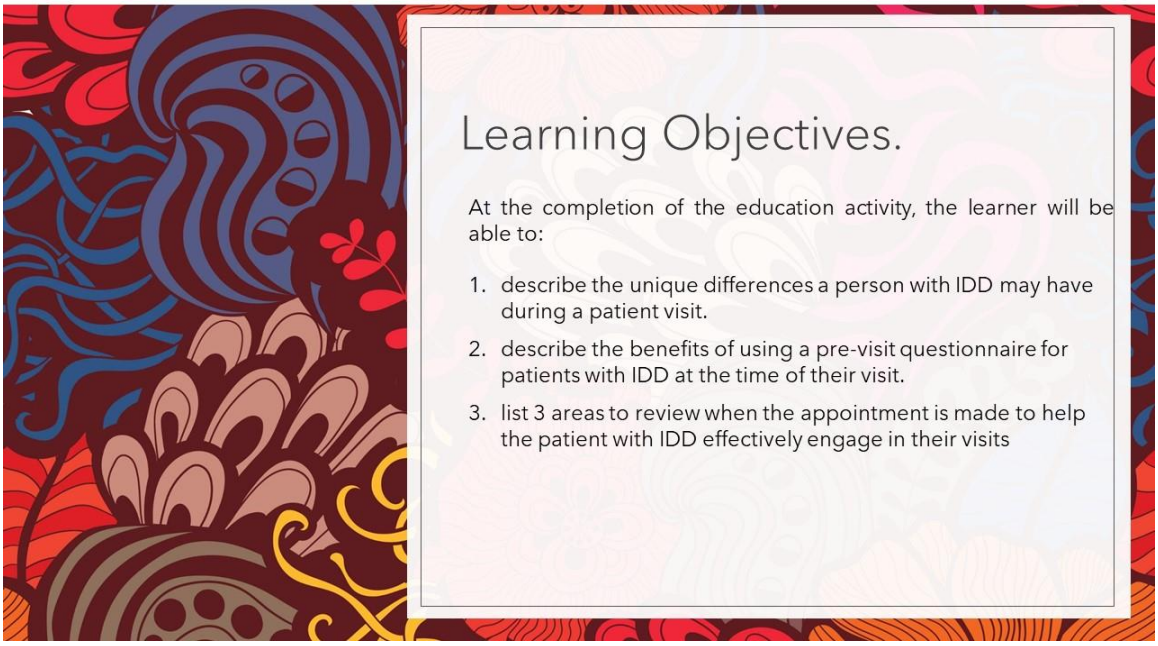
Source. https://www.specialolympics.org/about/intellectual-disabilities/how-to-speak

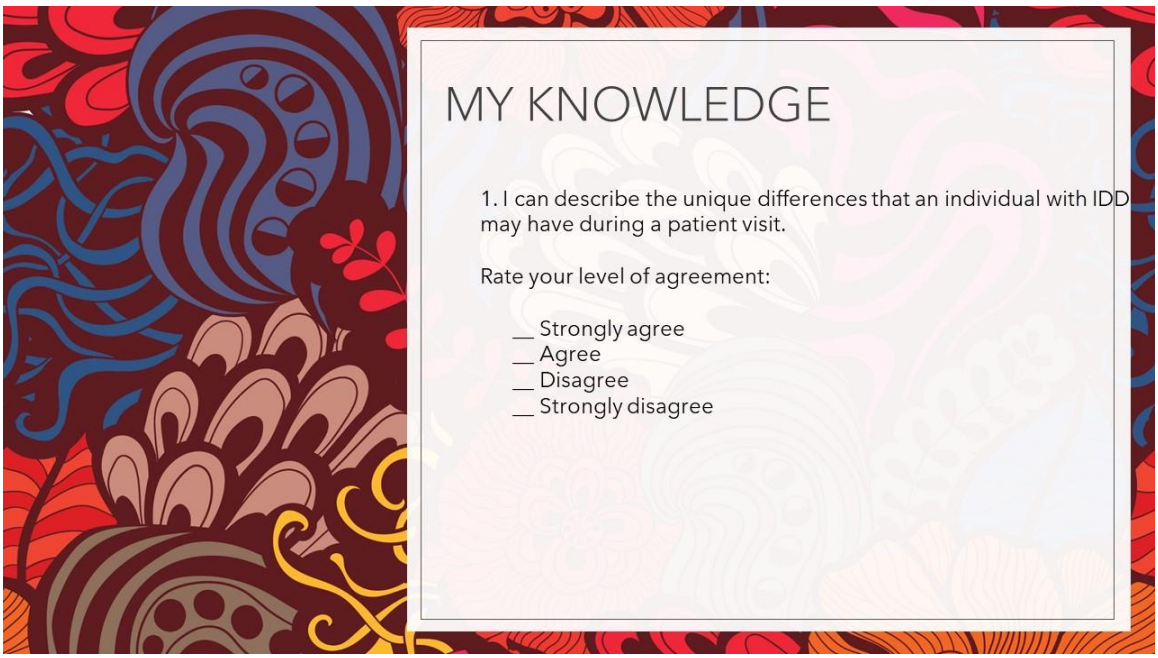
PowerPoint with Pretest and Posttest and Summary Evaluation

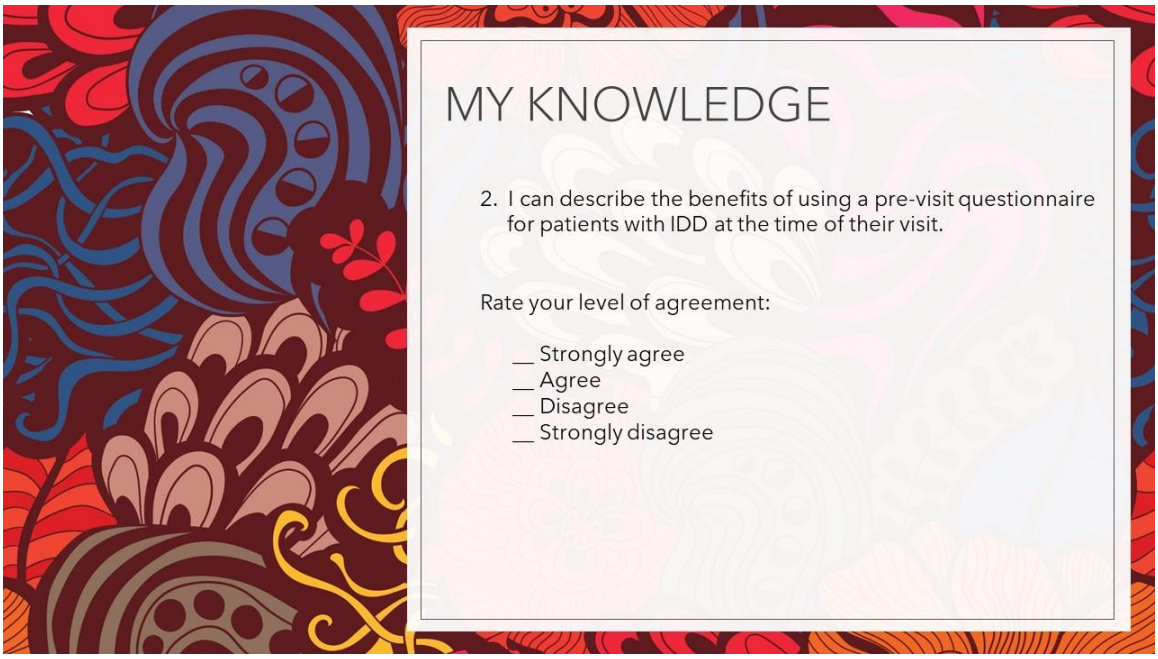


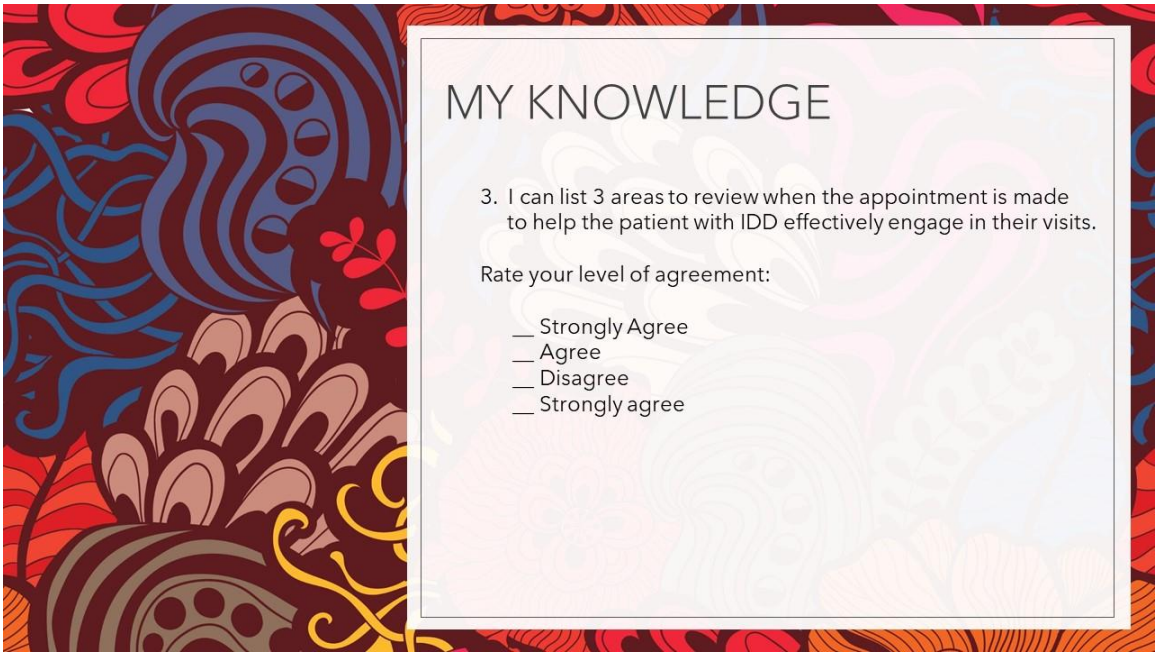


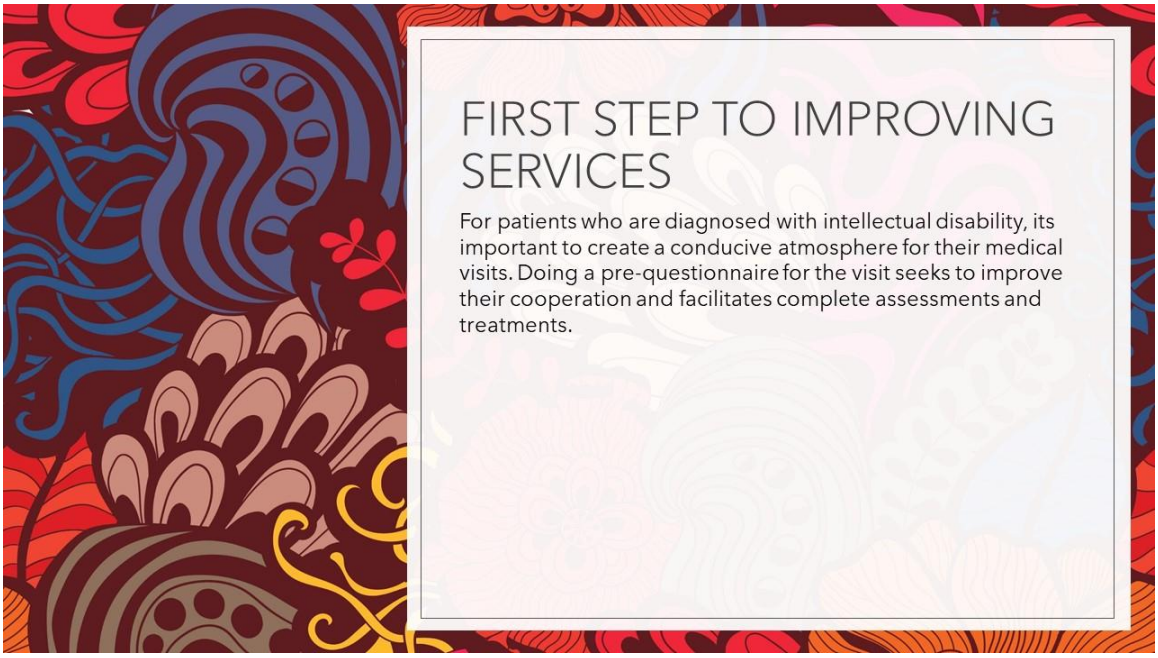

Training for the staff is important.
The training of staff plays an essential role in improving the quality of the care given to patients with IDD. There is a need to enhance the effectiveness of training the staff; this is an inexorable requirement.

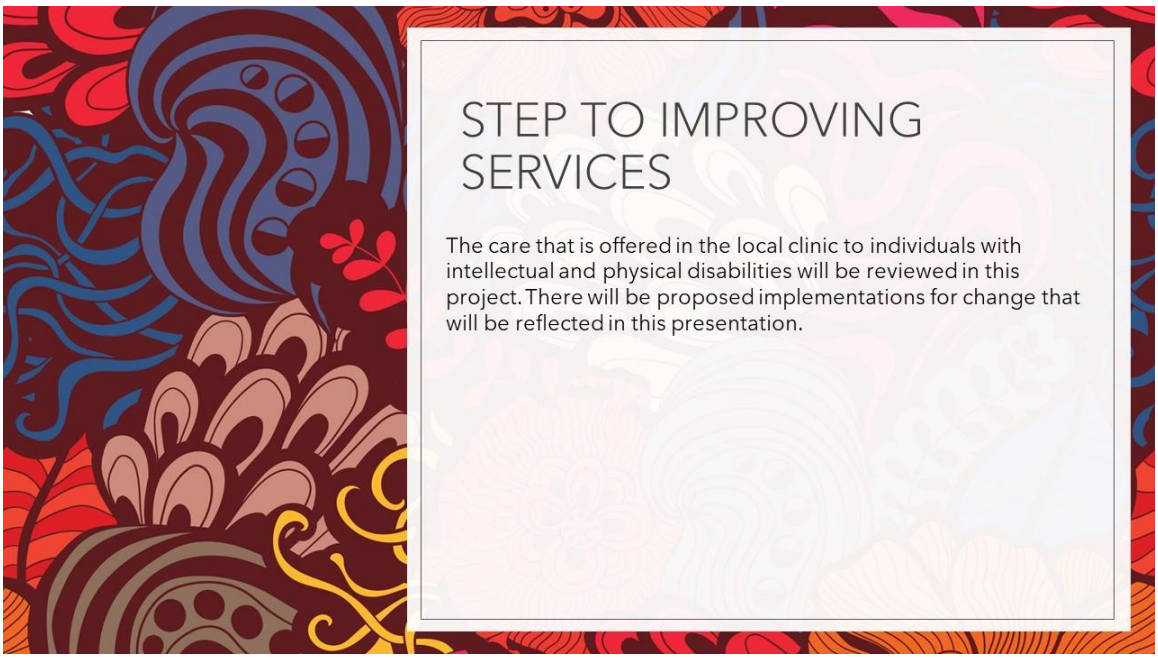

Learning Objectives.
At the completion of the education activity, the learner will be able to:
1. describe the unique differences a person with IDD may have during a patient visit.
2. describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit.
3. list 3 areas to review when the appointment is made to help the patient with IDD effectively engage in their visits

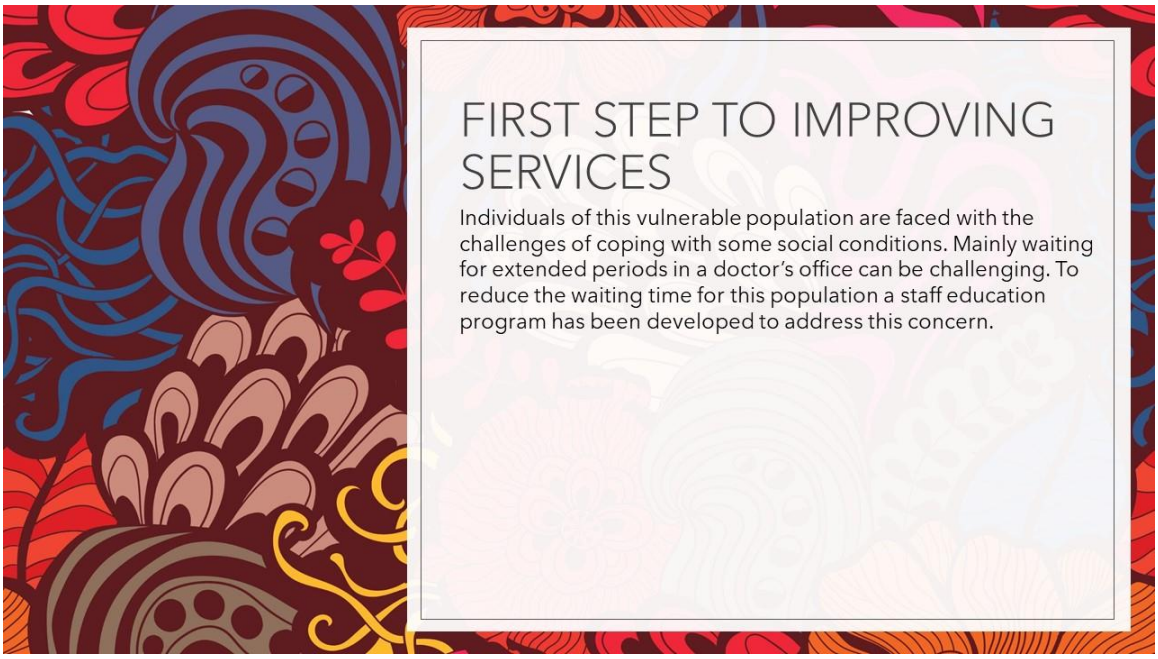

MY KNOWLEDGE
1. I can describe the unique differences that an individual with IDD may have during a patient visit.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree

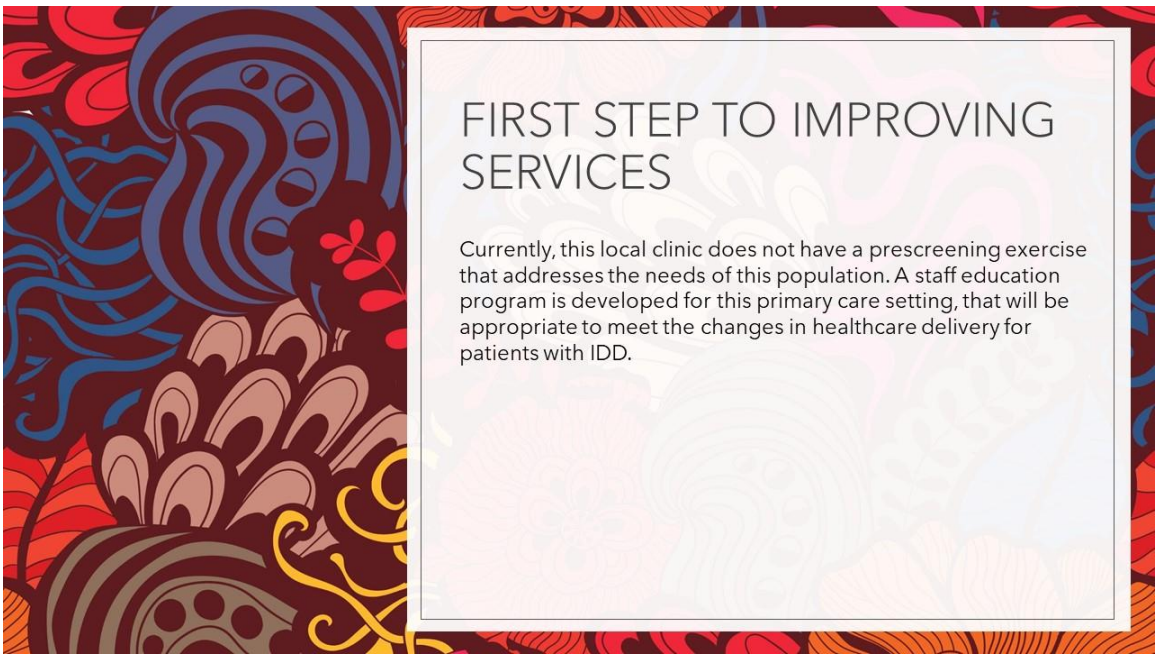

MY KNOWLEDGE
2. I can describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree

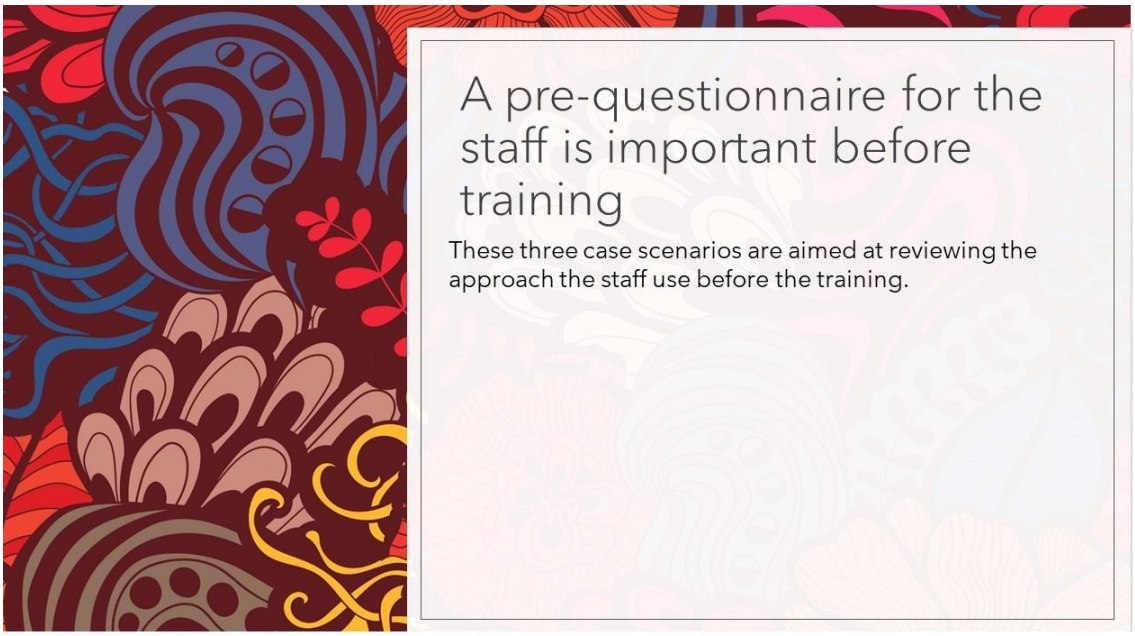

MY KNOWLEDGE
3. I can list 3 areas to review when the appointment is made to help the patient with IDD effectively engage in their visits.
Rate your level of agreement:
__ Strongly Agree
__ Agree
__ Disagree
__ Strongly agree

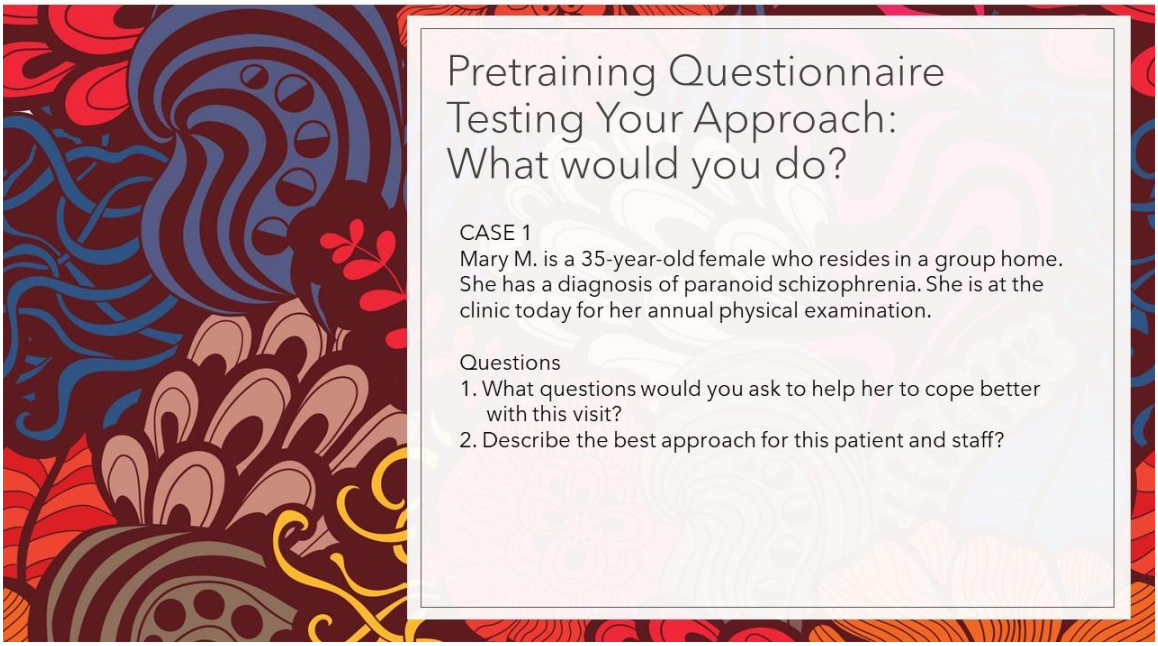

FIRST STEP TO IMPROVING SERVICES
For patients who are diagnosed with intellectual disability, its important to create a conducive atmosphere for their medical visits. Doing a pre-questionnaire for the visit seeks to improve their cooperation and facilitates complete assessments and treatments.

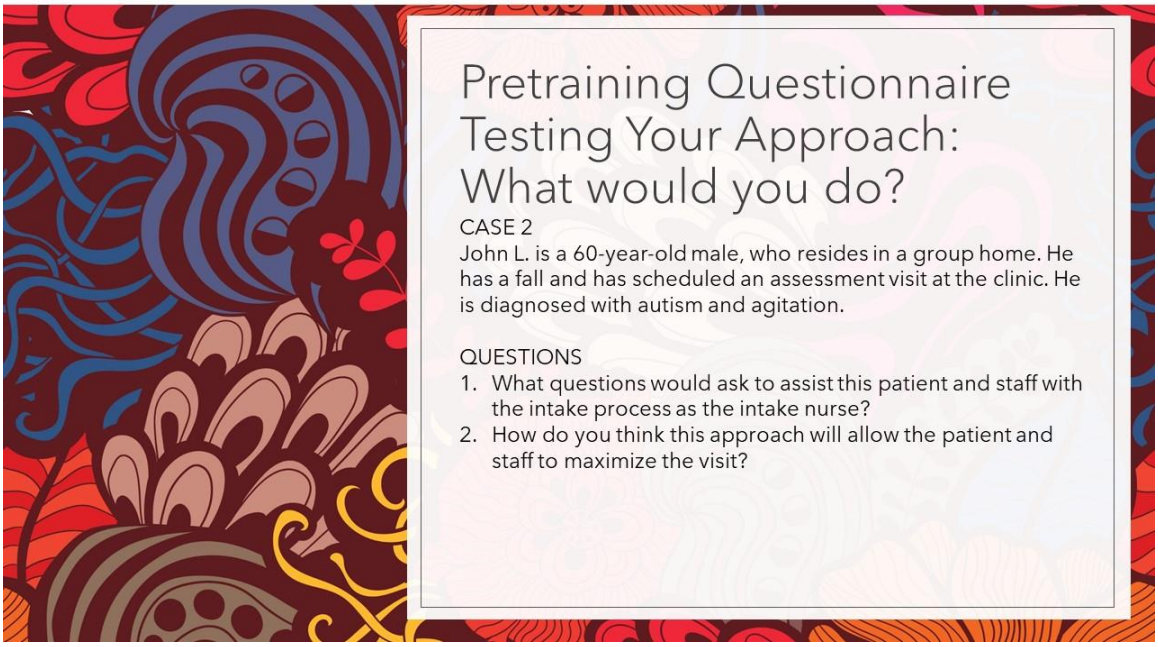

STEP TO IMPROVING SERVICES
The care that is offered in the local clinic to individuals with intellectual and physical disabilities will be reviewed in this project. There will be proposed implementations for change that will be reflected in this presentation.

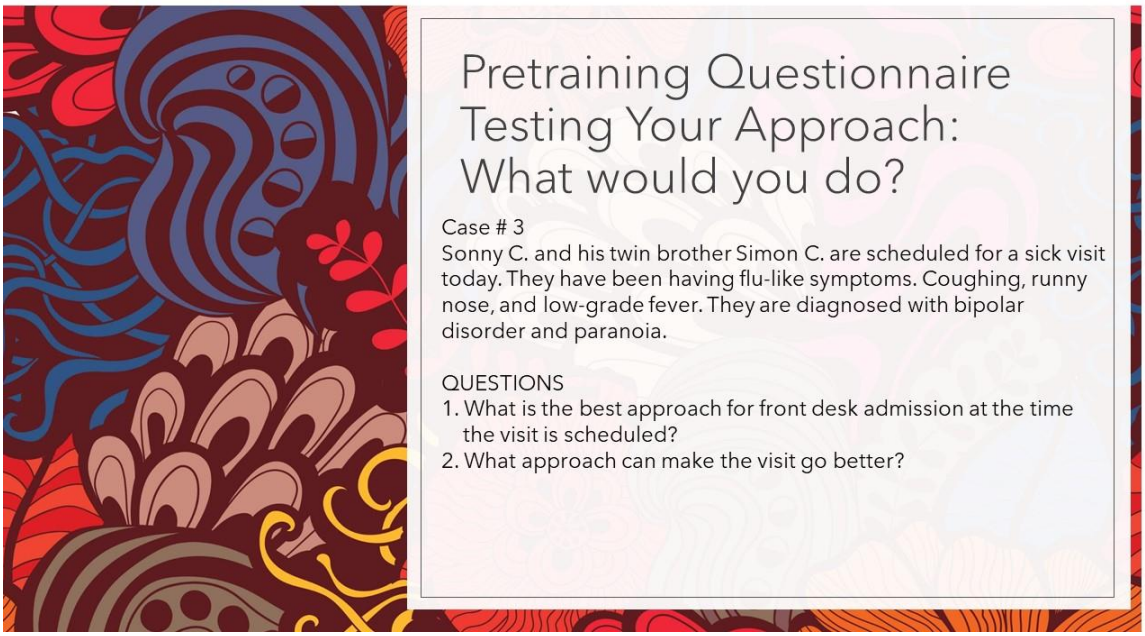

FIRST STEP TO IMPROVING SERVICES
Individuals of this vulnerable population are faced with the challenges of coping with some social conditions. Mainly waiting for extended periods in a doctor's office can be challenging. To reduce the waiting time for this population a staff education program has been developed to address this concern.

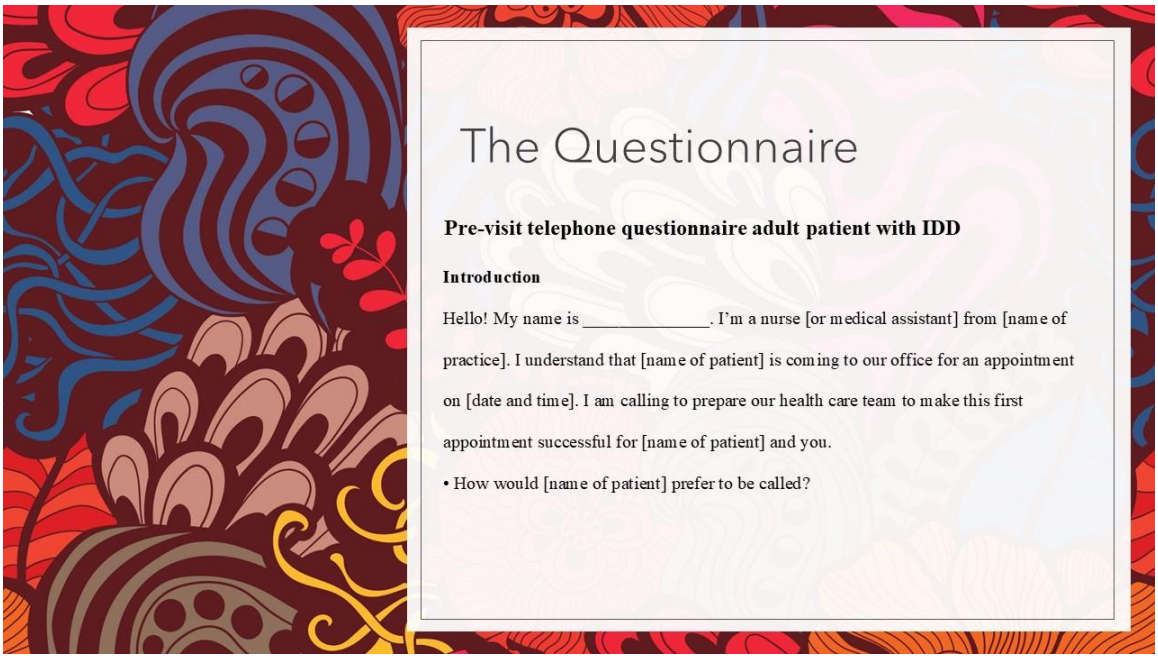

FIRST STEP TO IMPROVING SERVICES
Currently, this local clinic does not have a prescreening exercise that addresses the needs of this population. A staff education program is developed for this primary care setting, that will be appropriate to meet the changes in healthcare delivery for patients with IDD.

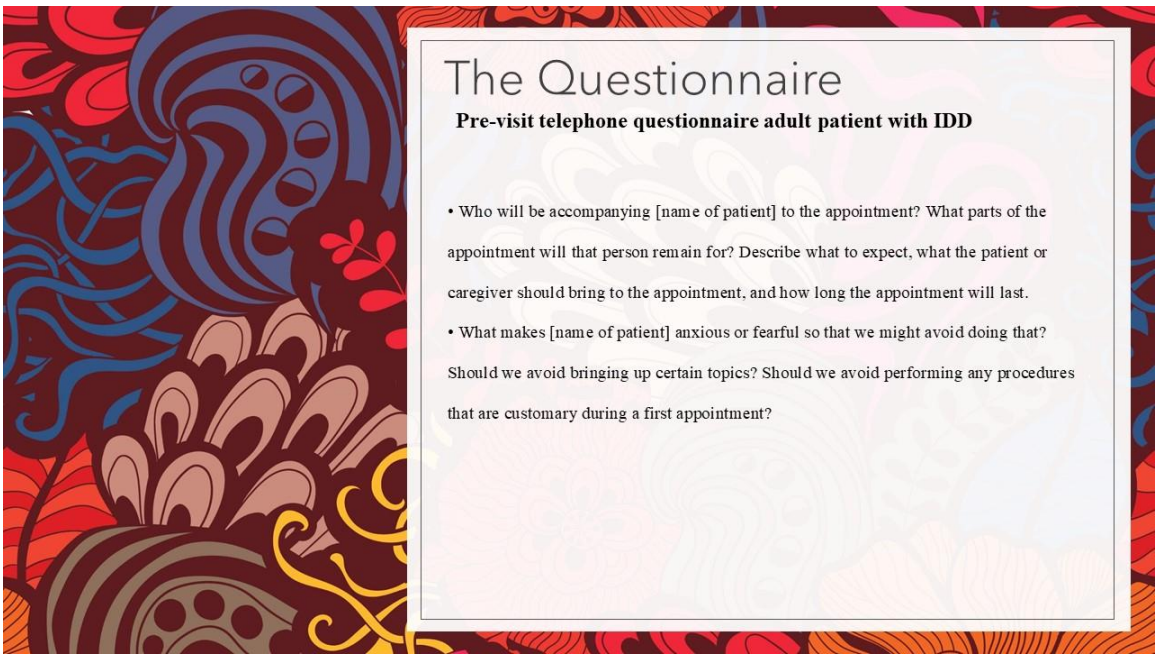

A pre-questionnaire for the staff is important before training
These three case scenarios are aimed at reviewing the approach the staff use before the training.

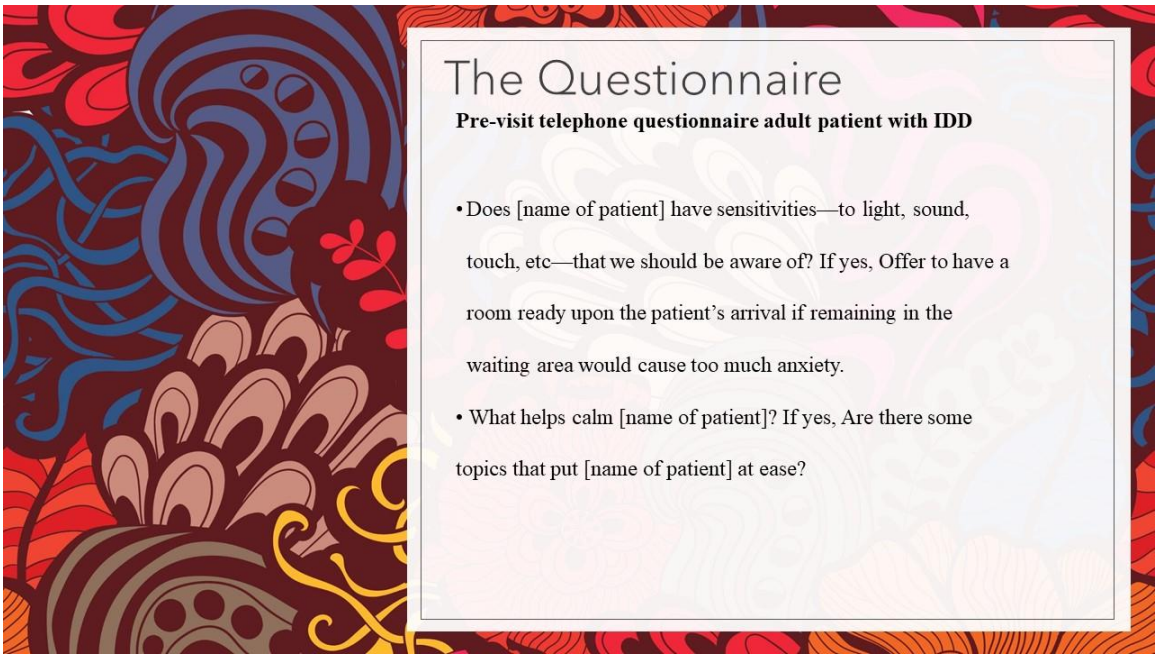

Pretraining Questionnaire
Testing Your Approach:
What would you do?
CASE 1
Mary M. is a 35-year-old female who resides in a group home. She has a diagnosis of paranoid schizophrenia. She is at the clinic today for her annual physical examination.
Questions
1. What questions would you ask to help her to cope better with this visit?
2. Describe the best approach for this patient and staff?

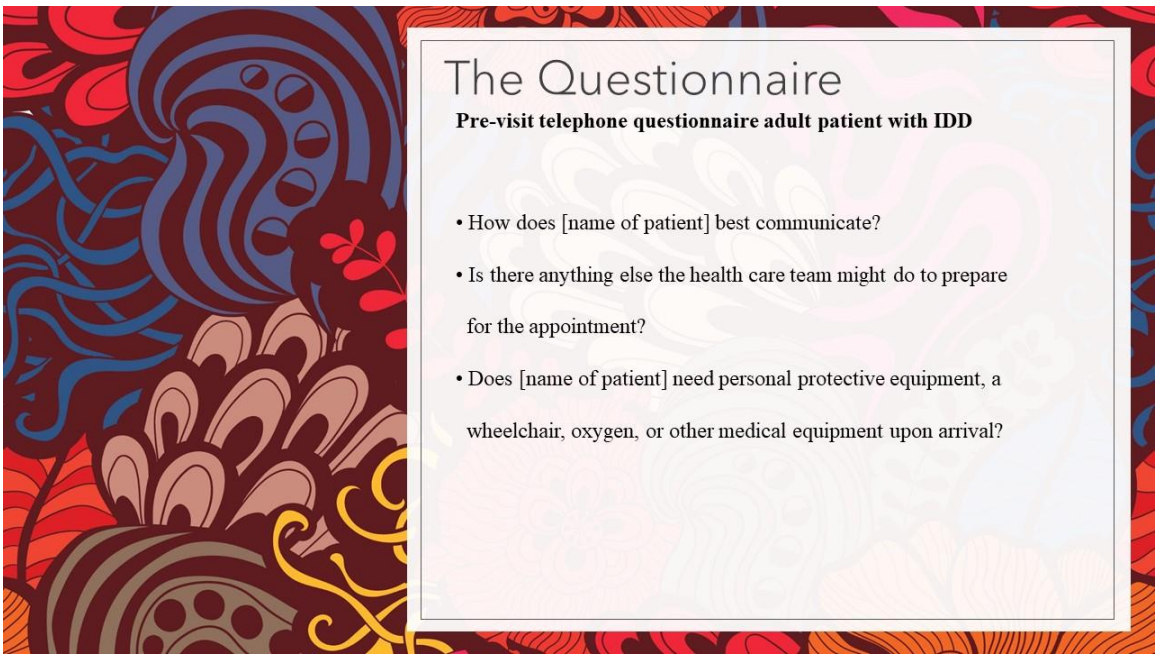

Pretraining Questionnaire
Testing Your Approach:
What would you do?
CASE 2
John L. is a 60-year-old male, who resides in a group home. He has a fall and has scheduled an assessment visit at the clinic. He is diagnosed with autism and agitation.
QUESTIONS
1. What questions would ask to assist this patient and staff with the intake process as the intake nurse?
2. How do you think this approach will allow the patient and staff to maximize the visit?

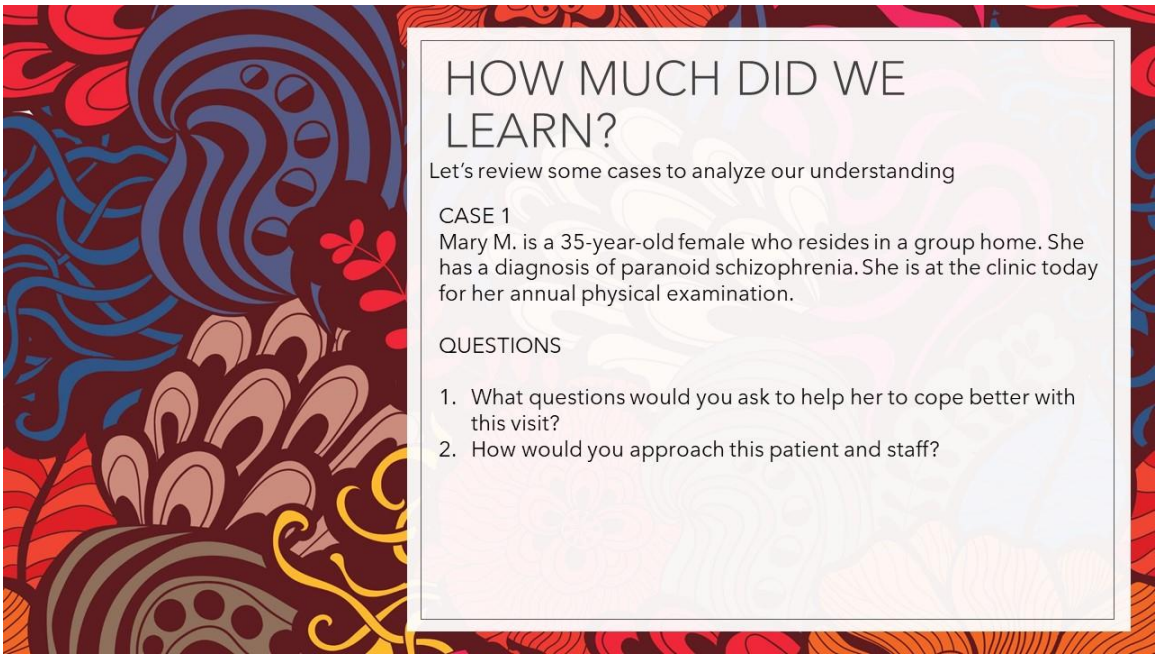

Pretraining Questionnaire Testing Your Approach: What would you do?
Case # 3
Sonny C. and his twin brother Simon C. are scheduled for a sick visit today. They have been having flu-like symptoms. Coughing, runny nose, and low-grade fever. They are diagnosed with bipolar disorder and paranoia.
QUESTIONS
1. What is the best approach for front desk admission at the time the visit is scheduled?
2. What approach can make the visit go better?

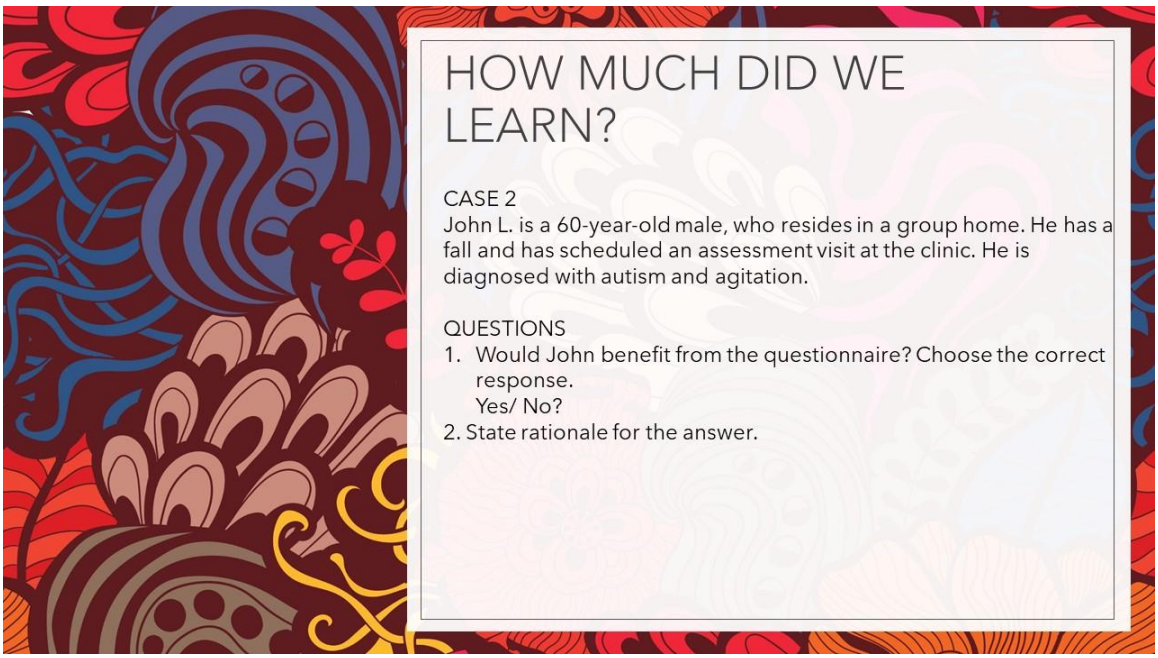

The Questionnaire
Pre-visit telephone questionnaire adult patient with IDD
Introduction
Hello! My name is _____. I'm a nurse [or medical assistant] from [name of practice]. I understand that [name of patient] is coming to our office for an appointment on [date and time]. I am calling to prepare our health care team to make this first appointment successful for [name of patient] and you.
• How would [name of patient] prefer to be called?

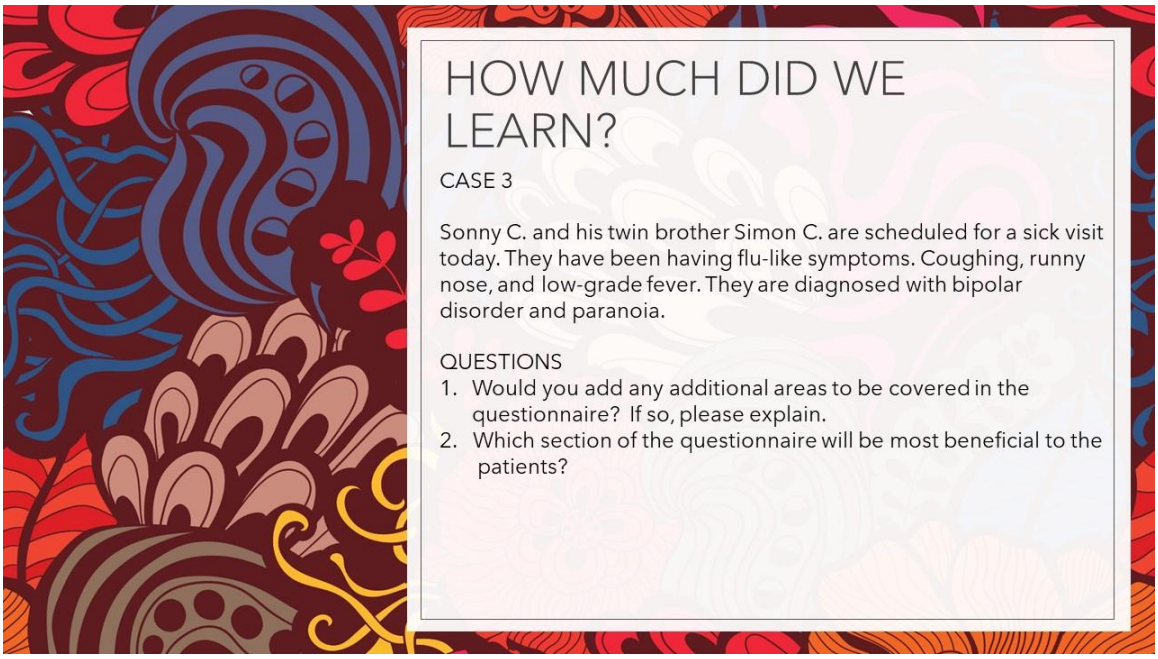

The Questionnaire
Pre-visit telephone questionnaire adult patient with IDD
• Who will be accompanying [name of patient] to the appointment? What parts of the appointment will that person remain for? Describe what to expect, what the patient or caregiver should bring to the appointment, and how long the appointment will last.
• What makes [name of patient] anxious or fearful so that we might avoid doing that? Should we avoid bringing up certain topics? Should we avoid performing any procedures that are customary during a first appointment?

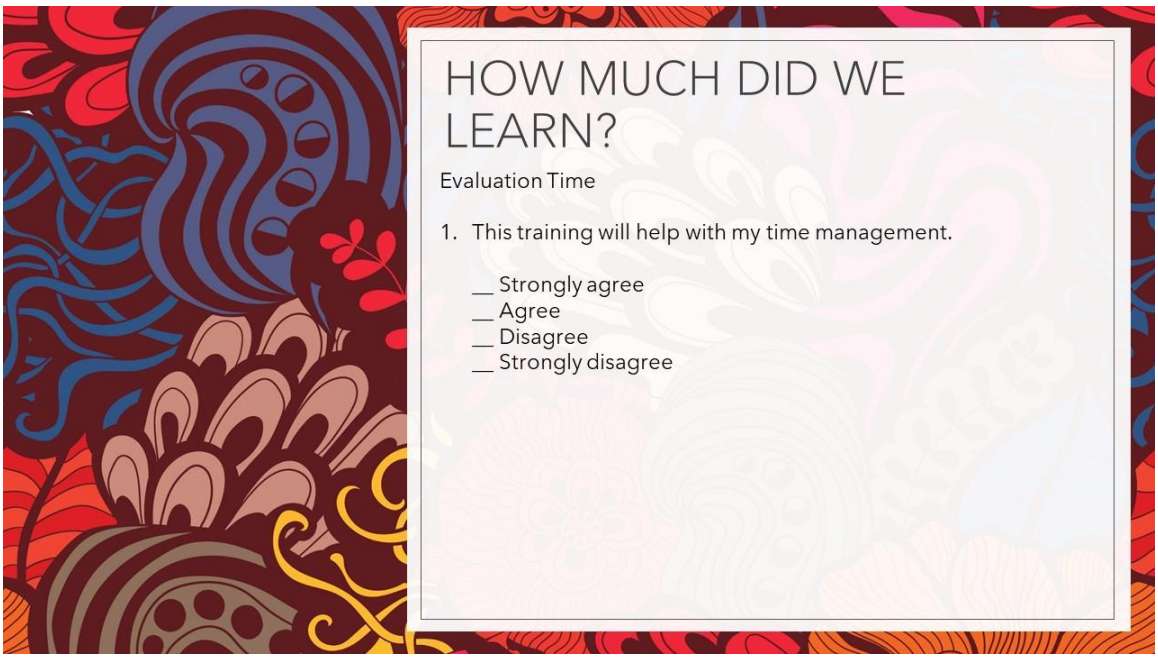

The Questionnaire
Pre-visit telephone questionnaire adult patient with IDD
• Does [name of patient] have sensitivities—to light, sound, touch, etc—that we should be aware of? If yes, Offer to have a room ready upon the patient's arrival if remaining in the waiting area would cause too much anxiety.
• What helps calm [name of patient]? If yes, Are there some topics that put [name of patient] at ease?

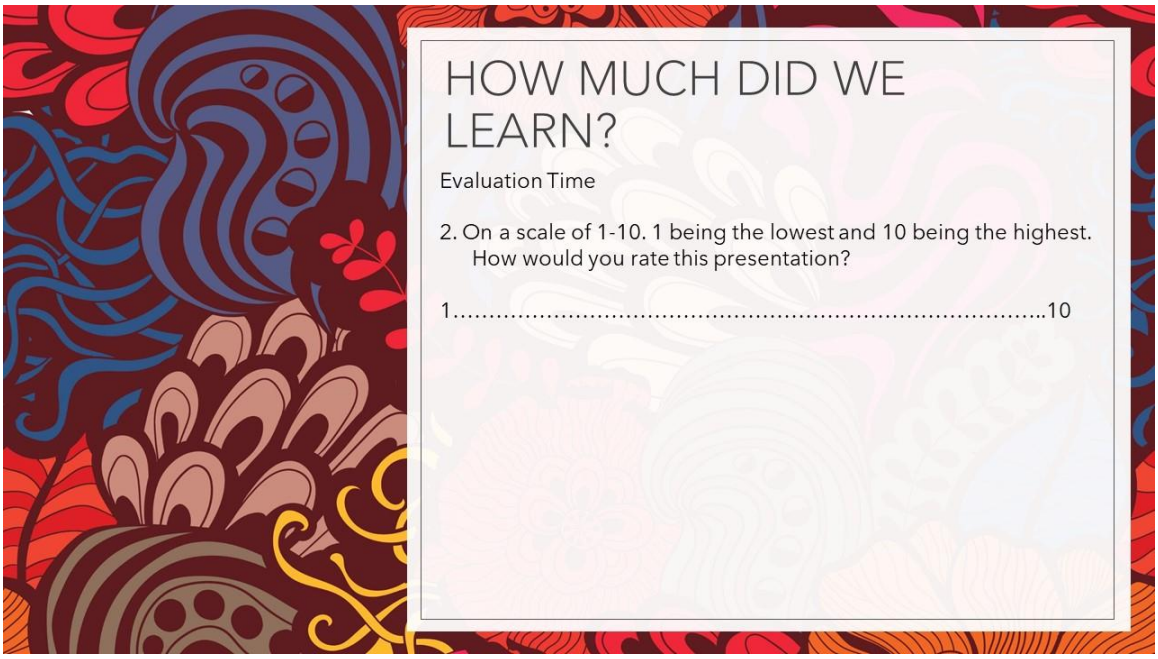

The Questionnaire
Pre-visit telephone questionnaire adult patient with IDD
• How does [name of patient] best communicate?
• Is there anything else the health care team might do to prepare for the appointment?
• Does [name of patient] need personal protective equipment, a wheelchair, oxygen, or other medical equipment upon arrival?

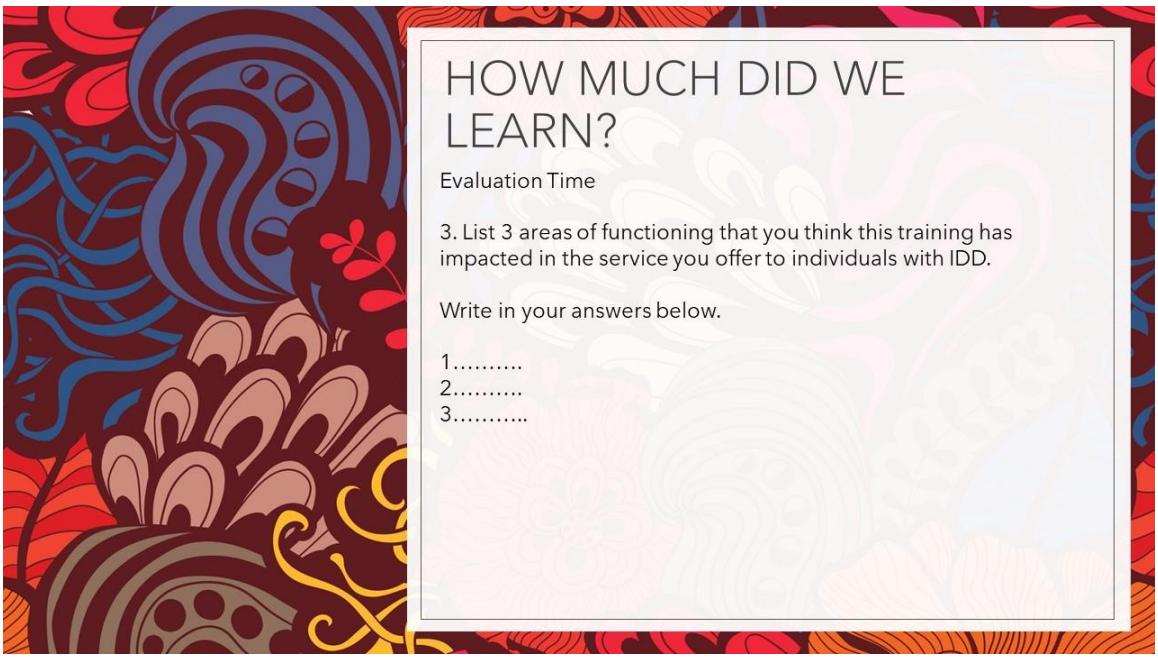

HOW MUCH DID WE LEARN?
Let's review some cases to analyze our understanding
CASE 1
Mary M. is a 35-year-old female who resides in a group home. She has a diagnosis of paranoid schizophrenia. She is at the clinic today for her annual physical examination.
QUESTIONS
1. What questions would you ask to help her to cope better with this visit?
2. How would you approach this patient and staff?

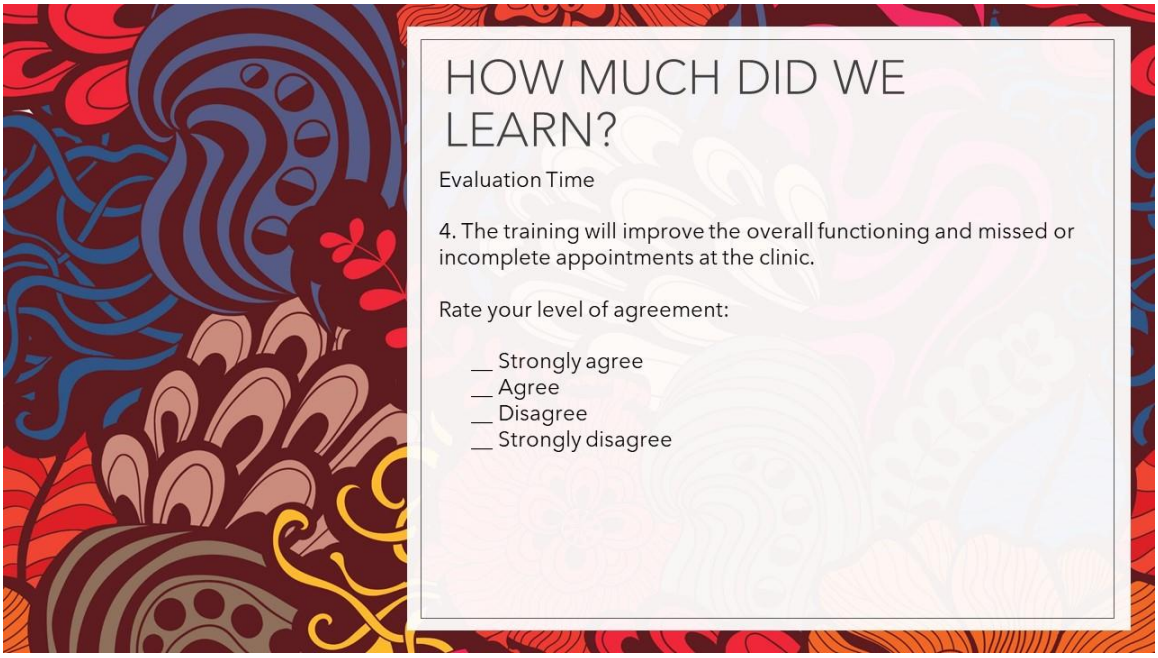

HOW MUCH DID WE LEARN?
CASE 2
John L. is a 60-year-old male, who resides in a group home. He has a fall and has scheduled an assessment visit at the clinic. He is diagnosed with autism and agitation.
QUESTIONS
1. Would John benefit from the questionnaire? Choose the correct response.
Yes/ No?
2. State rationale for the answer.

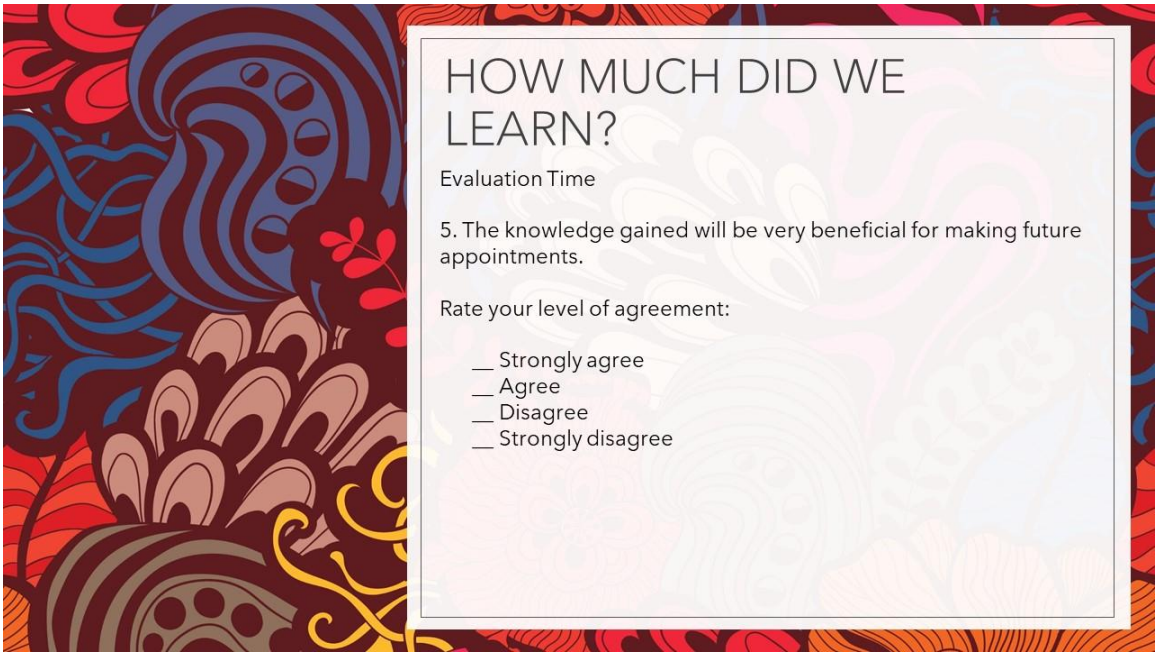

HOW MUCH DID WE LEARN?
CASE 3
Sonny C. and his twin brother Simon C. are scheduled for a sick visit today. They have been having flu-like symptoms. Coughing, runny nose, and low-grade fever. They are diagnosed with bipolar disorder and paranoia.
QUESTIONS
1. Would you add any additional areas to be covered in the questionnaire? If so, please explain.
2. Which section of the questionnaire will be most beneficial to the patients?

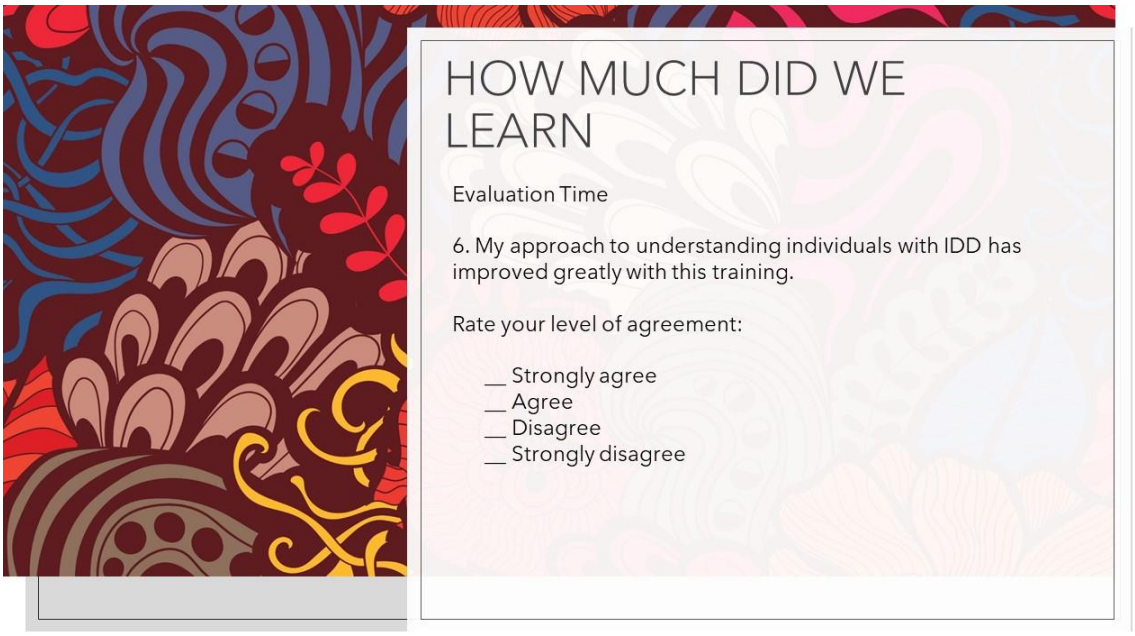

HOW MUCH DID WE LEARN?
Evaluation Time
1. This training will help with my time management.
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree

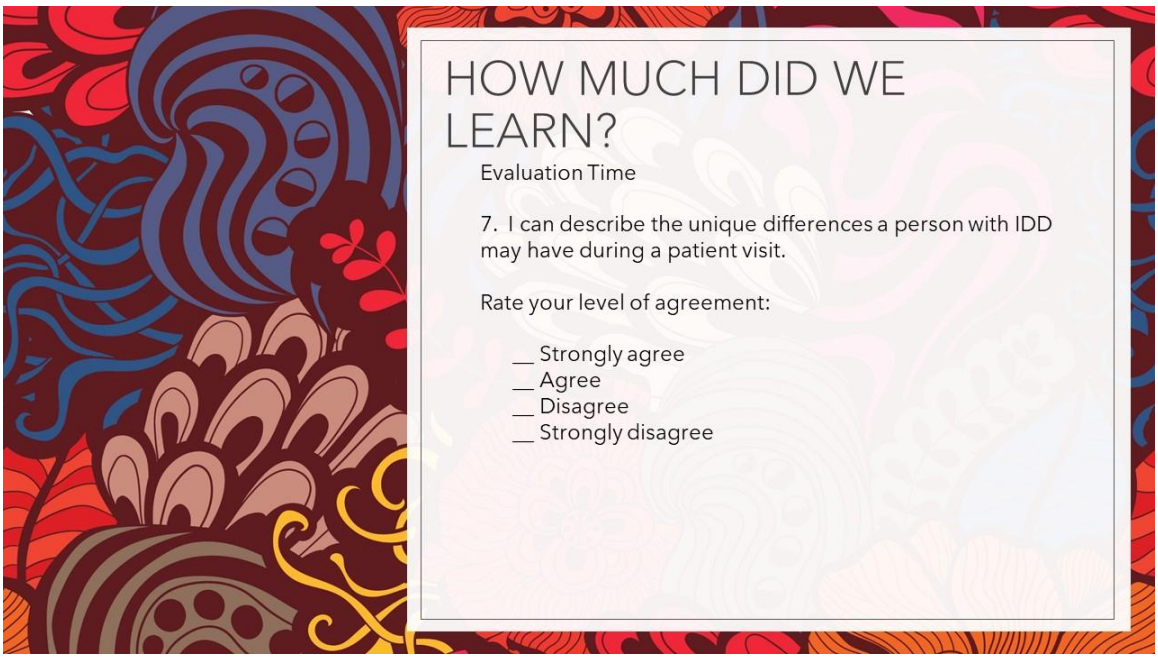

HOW MUCH DID WE LEARN?
Evaluation Time
2. On a scale of 1-10. 1 being the lowest and 10 being the highest. How would you rate this presentation?
1……..10

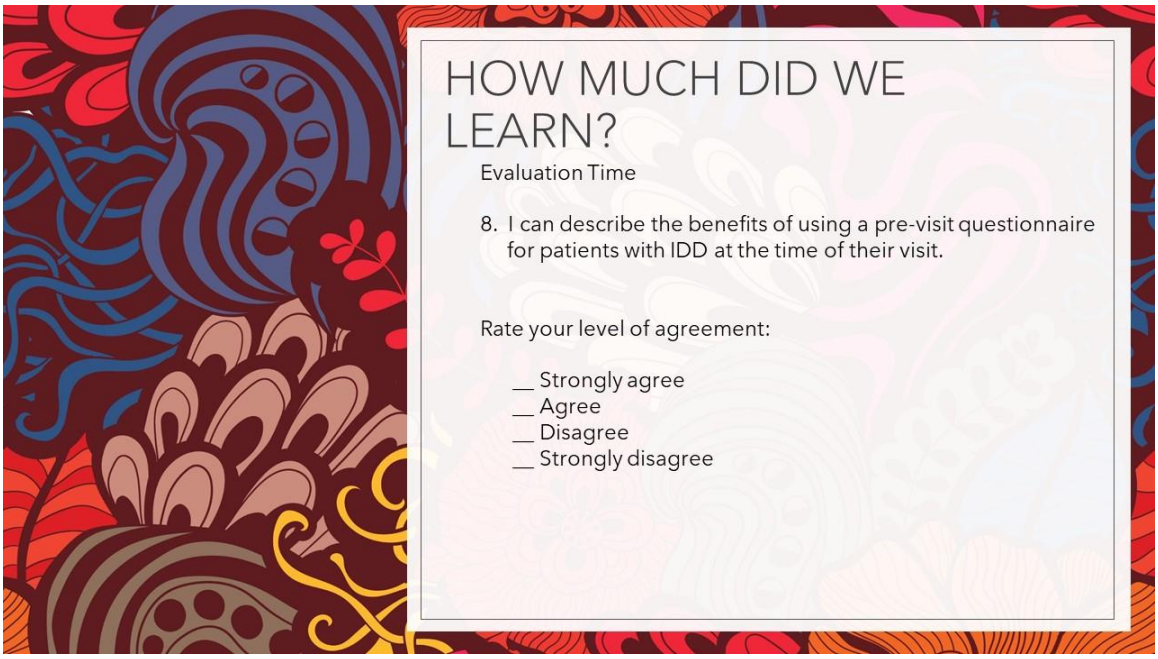

HOW MUCH DID WE LEARN?
Evaluation Time
3. List 3 areas of functioning that you think this training has impacted in the service you offer to individuals with IDD.
Write in your answers below.
1…….
2…….
3……..

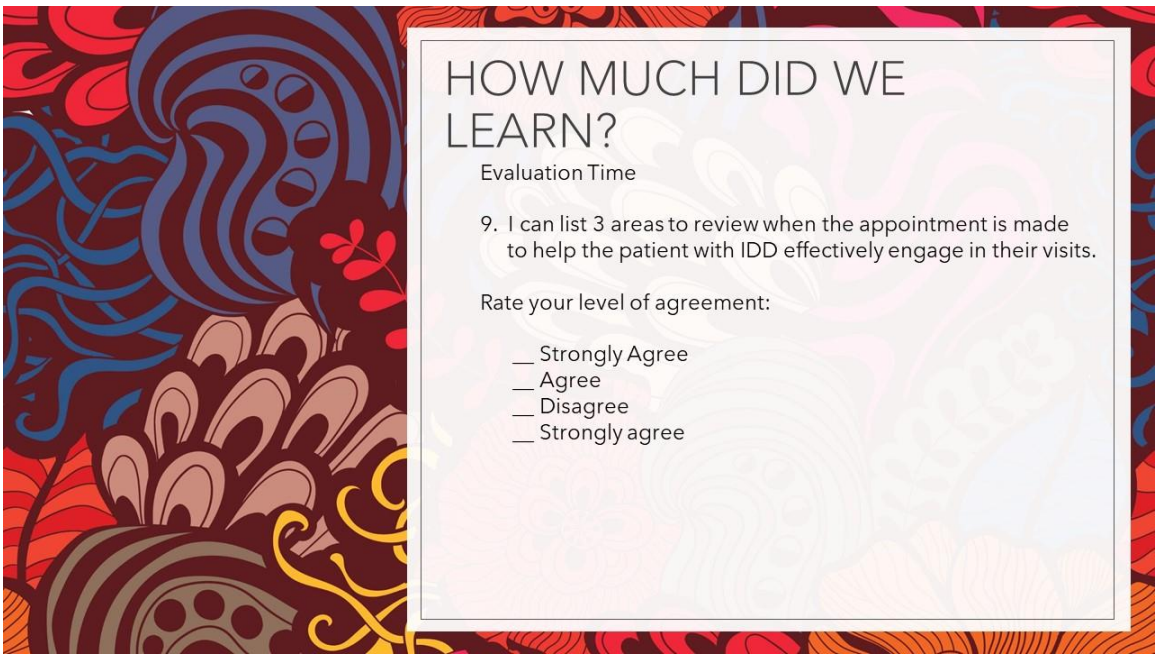

HOW MUCH DID WE LEARN?
Evaluation Time
4. The training will improve the overall functioning and missed or incomplete appointments at the clinic.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree

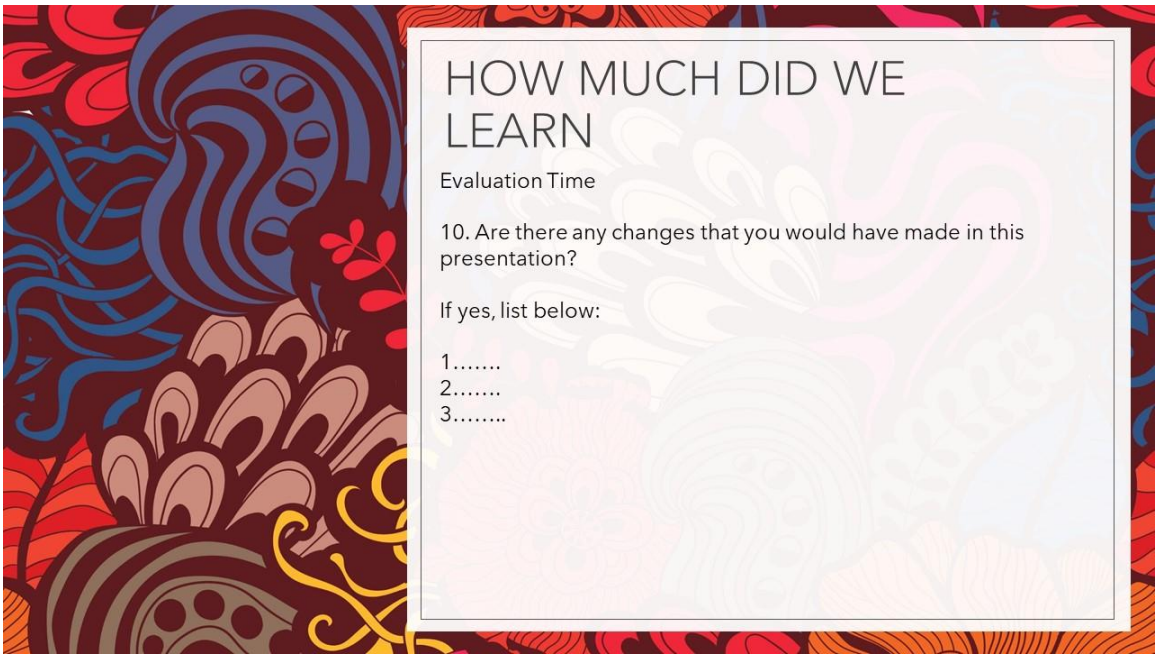

HOW MUCH DID WE LEARN?
Evaluation Time
5. The knowledge gained will be very beneficial for making future appointments.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN
Evaluation Time
6. My approach to understanding individuals with IDD has improved greatly with this training.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN?
Evaluation Time
7. I can describe the unique differences a person with IDD may have during a patient visit.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN?
Evaluation Time
8. I can describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN?
Evaluation Time
9. I can list 3 areas to review when the appointment is made to help the patient with IDD effectively engage in their visits.
Rate your level of agreement:
__ Strongly Agree
__ Agree
__ Disagree
__ Strongly agree


HOW MUCH DID WE LEARN
Evaluation Time
10. Are there any changes that you would have made in this presentation?
If yes, list below:
1…….
2…….
3……..

Resources for Clinic Staff

PATH/PWIDD at https://path-pwidd.org/.

The IDD Healthcare E-Toolkit at https://iddtoolkit.vkcsites.org/

Primary care of the Adult with Intellectual and Developmental Disabilities. *UpToDate*. at https://www.uptodate.com/contents/primary-care-of-the-adult-with-intellectual-and-developmental-disabilities

Worksheet

Testing Your Approach
Before training - What would you do?

CASE 1
Mary M. is a 35-year-old female who resides in a group home. She has a diagnosis of paranoid schizophrenia. She is at the clinic today for her annual physical examination.

Questions

1. What questions would you ask to help her to cope better with this visit?

2. Describe the best approach for this patient and staff?

CASE 2
John L. s a 60-year-old male, who resides in a group home. He has a fall and has scheduled an assessment visit at the clinic. He is diagnosed with autism and agitation.

Questions

1. What questions would you ask to assist this patient and staff with the intake process as the intake nurse?

2. How do you think the approach will allow the patient and staff to maximize the visit?

CASE 3

Sonny C. and his twin brother Simon C. are scheduled for a sick visit today. They have been having flu-like symptoms. Coughing, runny nose, and low-grade fever. They are diagnosed with bipolar disorder and paranoia.

Questions

1. What is the best approach for front desk admission at the time the visit is scheduled?

2. What approach can make the visit go better?

Worksheet

Testing Your Approach
After Training - What would you do now?

CASE 1
Mary M. is a 35-year-old female who resides in a group home. She has a diagnosis of paranoid schizophrenia. She is at the clinic today for her annual physical examination.

Questions

1. What information would be useful to help this patient participate in this visit?

2. Describe the best approach for this patient and staff.

CASE 2

John L. s a 60-year-old male, who resides in a group home. He has a fall and has scheduled an assessment visit at the clinic. He is diagnosed with autism and agitation.

Questions

1. Would John benefit from the questionnaire? Choose the correct response

   Yes/No

2. State rationale for the answer

CASE 3

Sonny C. and his twin brother Simon C. are scheduled for a sick visit today. They have been having flu-like symptoms. Coughing, runny nose, and low-grade fever. They are diagnosed with bipolar disorder and paranoia.

Questions

1. Would you add any additional areas to be covered in the questionnaire? If so, please explain.

2. Which section of the questionnaire will be most beneficial to the patients?

Worksheet
Questionnaire Checklist

For each item check off if you included any of the following in your Pre or Post Questionnaire worksheet

PREQUESTIONNAIRE

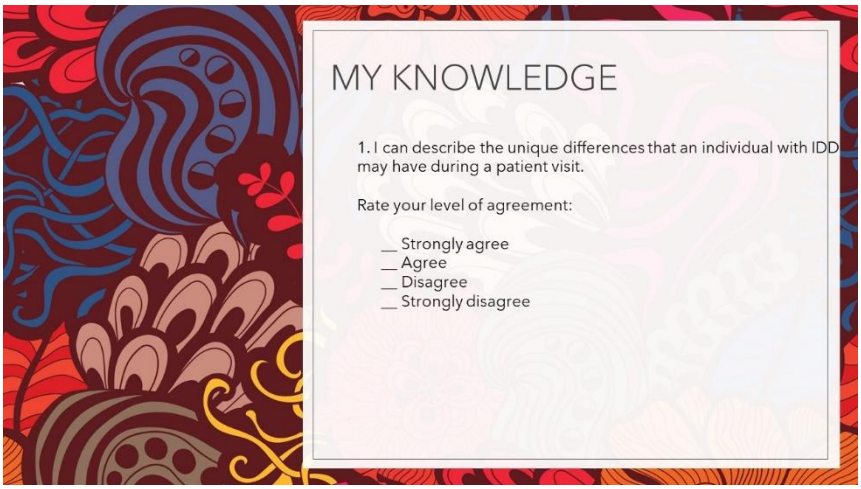
__ 1. preferred name that patient would like to be called.
__ 2. persons accompanying the patient
__ 3. if person accompanying the patient will participate in the visit
__ 4. what to expect in the appointment
__ 5. what to bring to the appointment
__ 6. how long the appointment will be
__ 7. anything that makes the patient fearful or anxious
__ 8. topics that should be avoided
__ 9. procedures to avoid on the first visit
__ 10. any sensitivity to light, sound, or touch
__ 11. if a quiet room while waiting is needed
__ 12. what calms the patient (topics that put patient at ease)
__ 13. best ways to communicate
__ 14. anything else we need to know to prepare for the appointment
__ 15. any needed personal protective equipment, wheelchair, oxygen, or other medical equipment

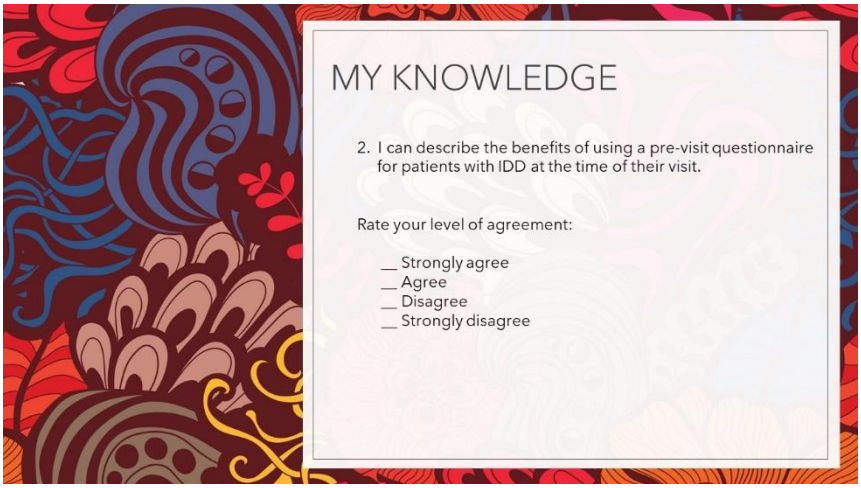
POSTQUESTIONNAIRE

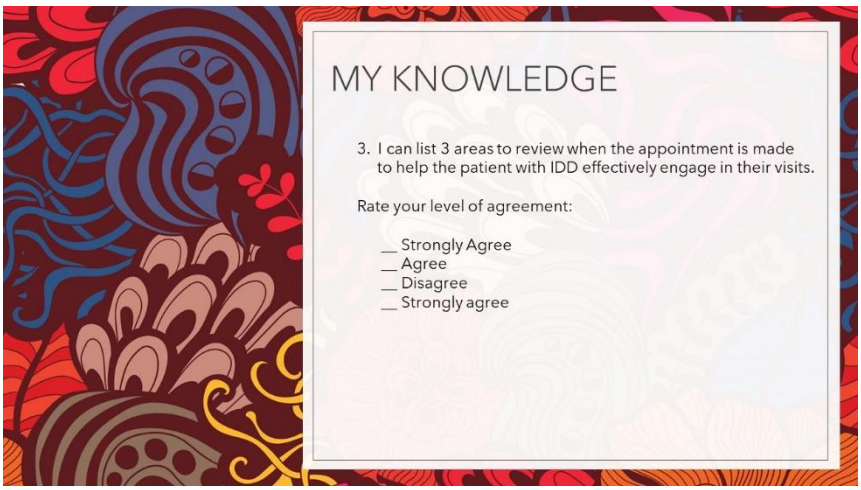
__ 1. preferred name that patient would like to be called.
__ 2. persons accompanying the patient
__ 3. if person accompanying the patient will participate in the visit
__ 4. what to expect in the appointment
__ 5. what to bring to the appointment
__ 6. how long the appointment will be
__ 7. anything that makes the patient fearful or anxious
__ 8. topics that should be avoided
__ 9. procedures to avoid on the first visit
__ 10. any sensitivity to light, sound, or touch
__ 11. if a quiet room while waiting is needed
__ 12. what calms the patient (topics that put patient at ease)
__ 13. best ways to communicate
__ 14. anything else we need to know to prepare for the appointment
__ 15. any needed personal protective equipment, wheelchair, oxygen, or other medical equipment

PRETEST – My Knowledge

Instructions: Please rate the following.

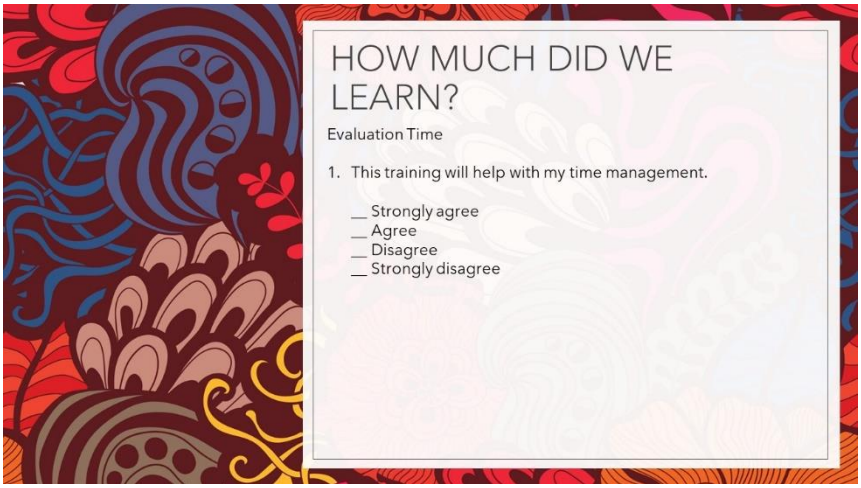


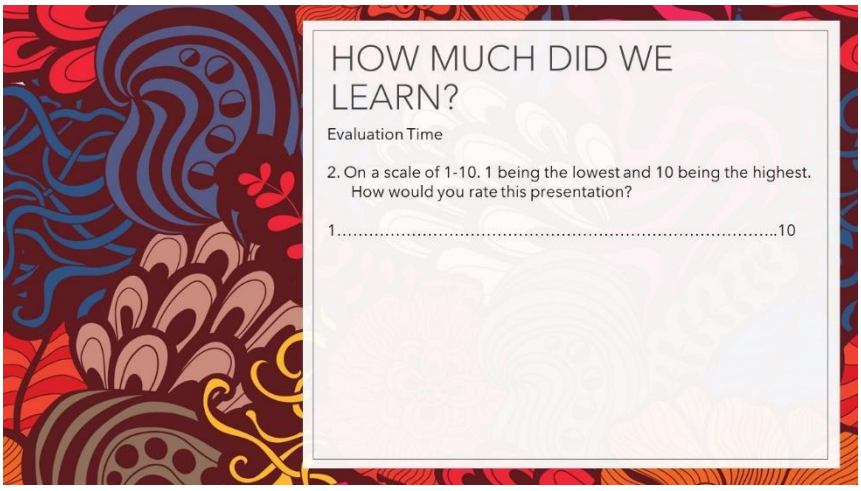


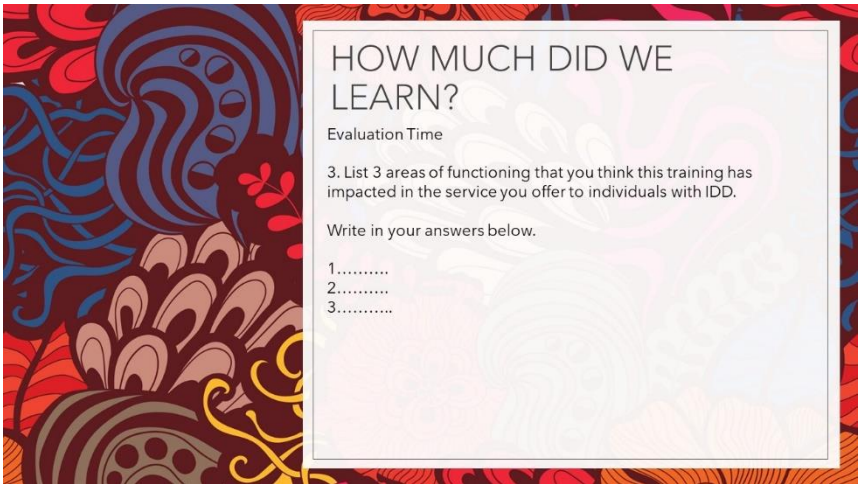


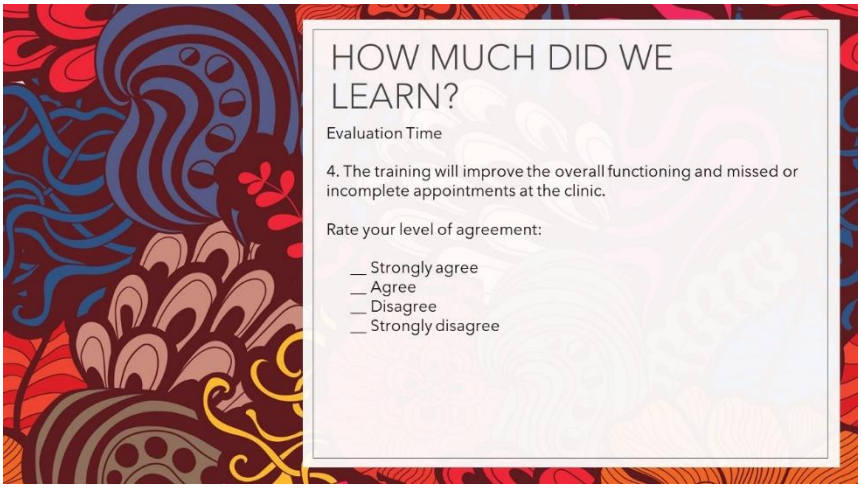
POSTTEST – How Much Did We Learn?

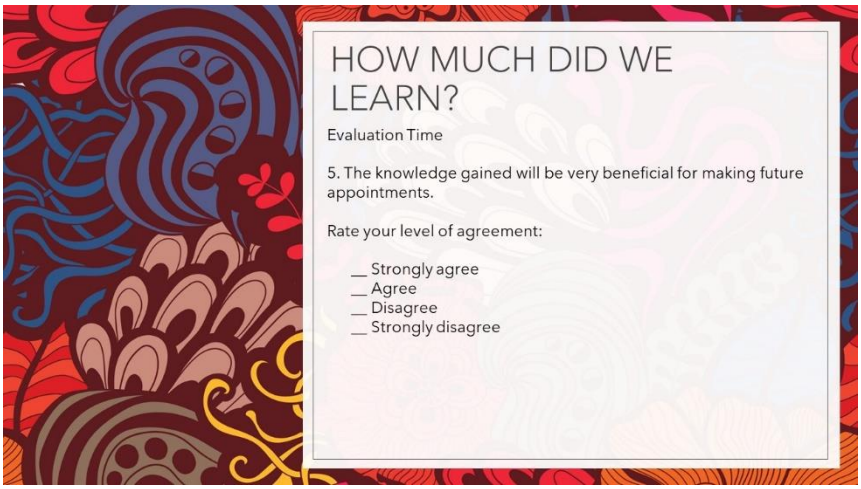
Please complete the following questions.

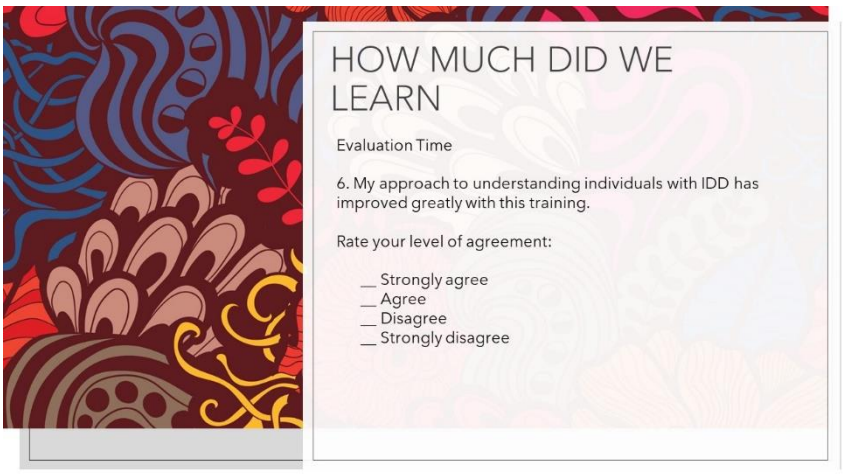


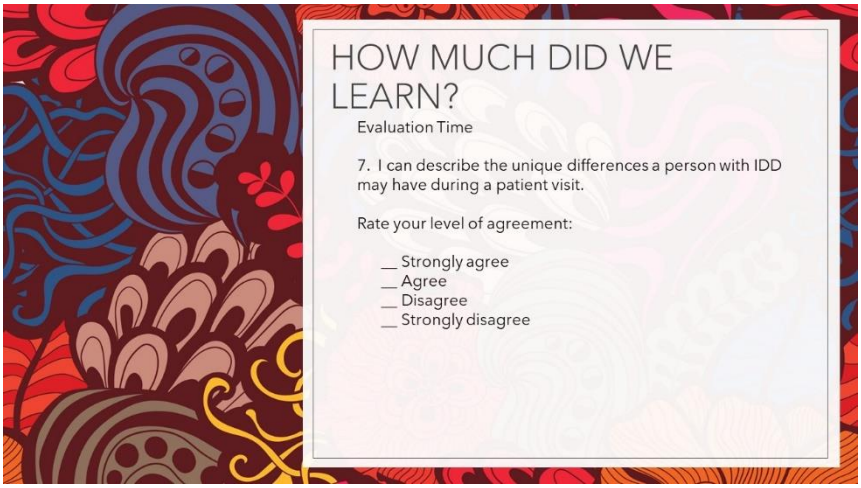


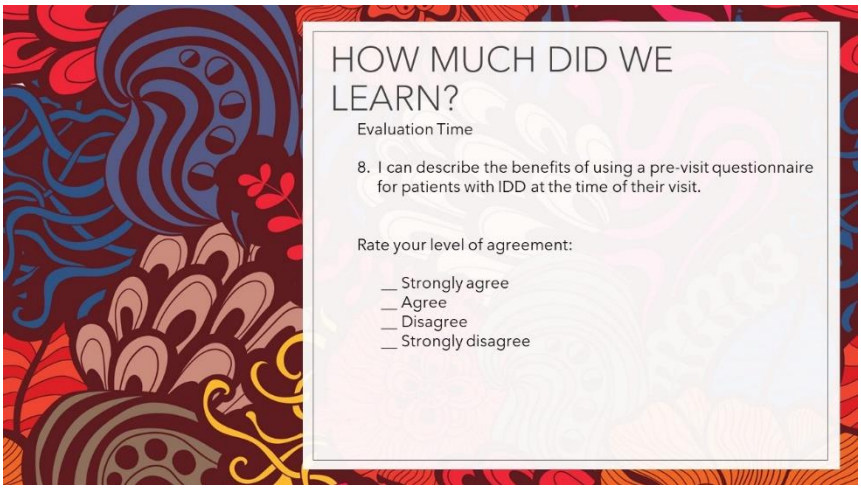

HOW MUCH DID WE LEARN?
Evaluation Time
3. List 3 areas of functioning that you think this training has impacted in the service you offer to individuals with IDD.
Write in your answers below.
1.....
2.....
3.....

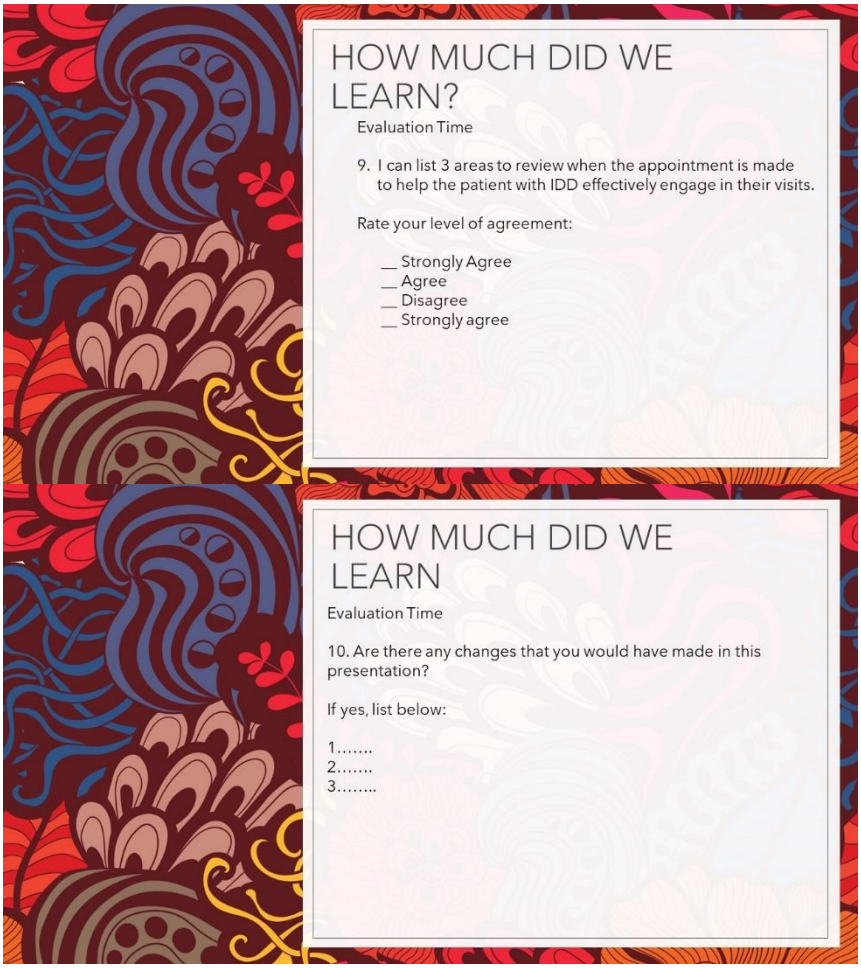

HOW MUCH DID WE LEARN?
Evaluation Time
4. The training will improve the overall functioning and missed or incomplete appointments at the clinic.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN?
Evaluation Time
5. The knowledge gained will be very beneficial for making future appointments.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN
Evaluation Time
6. My approach to understanding individuals with IDD has improved greatly with this training.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN?
Evaluation Time
7. I can describe the unique differences a person with IDD may have during a patient visit.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree


HOW MUCH DID WE LEARN?
Evaluation Time
8. I can describe the benefits of using a pre-visit questionnaire for patients with IDD at the time of their visit.
Rate your level of agreement:
__ Strongly agree
__ Agree
__ Disagree
__ Strongly disagree



COMMENTS:
Please add any comments.