Report to Ageing Disability and Home Care

Renewal of Nursing and Medical Curricula

Building nursing and medical workforce capacity to meet the complex health care needs of people with an intellectual disability (ID)

Never Stand Still | Medicine | Department of Developmental Disability Neuropsychiatry

Beth Turner
Project Officer, Renewal of Nursing and Medical Intellectual Disability Curricula Project
Department of Developmental Disability Neuropsychiatry
School of Psychiatry, Faculty of Medicine
University of New South Wales, Sydney
IDhealth@unsw.edu.au

Professor Julian Trollor
Chair, Intellectual Disability Mental Health
Head, Department of Developmental Disability Neuropsychiatry
School of Psychiatry, Faculty of Medicine
University of New South Wales, Sydney
j.trollor@unsw.edu.au

Contents

Acknowledgements

We thank Ageing Disability and Home Care (ADHC), NSw Government Department of Family and Community Services, for the financial support of the project. We gratefully acknowledge the considerable time, knowledge and expertise of each of the Steering Group members in assisting with each phase of consultation. We express gratitude to the Deans, Heads of School and staff at participating universities who dedicated their time to helping with the audits.

Introduction

Work completed

The funding provided in November 2012 was allocated to conduct a national audit of nursing curriculum. In the time since, the project team have contributed beyond the scope of the funding and completed both a national audit of nursing curriculum and a national audit of medical curriculum. We have achieved this through maximising pre-existing relationships and networks and contributing in kind resources.

By extending our curriculum audits to include the training of two key groups within the health workforce, we have maximised our contribution to the sector. The findings from both projects are striking and relevant both independently and together. For the purpose of this report it is therefore important to describe the project in its entirety and present the key findings from both audits.

Project Background

People with intellectual disabilities are a significant minority group who experience a disproportionately high burden of disease, illness and poor health outcomes. Compared to the general population, people with intellectual disabilities have reduced life expectancy of up to 20 years, higher rates of multiple health conditions, and up to three times the prevalence of mental disorders.

Australia's higher education sector plays a key role in preparing nursing and medical graduates to enter into the health workforce and meet the diverse healthcare needs of our population. However, currently in Australia, there is a gap in nursing and medical curriculum content relating to the health needs of people with intellectual disabilities. Presently, most nursing and medical students will graduate with little or no understanding of the specific health care needs of people with intellectual disabilities. With little prospect of the development of targeted strategies to address this issue, the health inequalities experienced by this population are likely to continue.

Project aims

We aim to build capacity in the health workforce to meet the needs of people with intellectual disabilities through improving the knowledge, skills, attitudes and confidence of health professionals. This project aims to explore the amount and nature of intellectual disability content currently offered by nursing and medical schools in Australia.

Undergraduate strategy

While we acknowledge that the education and training of nursing and medical practitioners is lifelong, the quality of basic education is critical due to its ability to influence the knowledge, skills, confidence and attitudes of future health professionals. It is also important as the skills associated with providing care to people with an ID, for example advanced communication skills and an understanding and commitment to human rights, are transferable to other areas of both the students' future practice and civic responsibilities – both key aims of the higher education sector.

Personnel

This project, led by UNSW (consortium of UNSW Australia, The University of Queensland, Monash University, La Trobe, Southern Cross, NSW ADHC, NSW Health, London Southbank University and Sydney University) aimed to explore current intellectual disability content within nursing and medical curriculum nationally.

Professor Trollor, Chair Intellectual Disability Mental Health from the Department of Developmental Disability Neuropsychiatry (3DN), School of Psychiatry, UNSW Australia led the Renewal of Nursing and Medical Intellectual Disability Curriculum Project and supervised staff involved.

Beth Turner, was appointed Project Officer for the Renewal of Nursing and Medical Intellectual Disability Curriculum Project in April 2014. Previously work was carried out by Susie Thompson and Carmela Salomon. The project officers were responsible for co-ordinating aspects of the data collection, analysis and reporting. This included facilitating the engagement of relevant university staff, coordinating the completing of online surveys, conducting telephone interviews, managing and analysing data and drafting reports and publications.

National experts in intellectual disability and mental health were members of the Steering Group, who met on a bi-monthly basis to offer consultation, feedback and development of the project.

Steering Group member	Position	Organisation / Professional Association and Interest Group	Project contribution
Beth Turner	Project Officer, Renewal of Medical and Nursing ID Curriculum Project	**Department of Developmental Disability Neuropsychiatry, School of Psychiatry University of New South Wales**	Both audits
Prof Julian Trollor	Chair of Intellectual Disability Mental Health	**Chair Intellectual Disability Mental Health, School of Psychiatry University of New South Wales**	Both audits
Dr Linda Goddard	Principle Lecturer	**Department of Mental Health and Learning Disabilities, London South Bank University**	Nursing audit
Dr Jane Tracy	Director, CDDH Victoria	**Centre for Developmental Disability Health, School of Primary Health Care, Monash University**	Medical audit
Prof Nick Lennox	Director	**Centre for Intellectual and Developmental Disability, University of Queensland**	Both audits
Prof Teresa Iacono	Head	**Rural Health School, La Trobe University**	Both audits
Dr Seeta Durvasula	Lecturer	**Centre for Developmental Disability Studies, University of Sydney**	Medical audit
A/Prof Bob Davis	Director	**Centre for Developmental Disability Health, Monash University**	Medical audit
Dr Jennifer Torr	Chair, Special Interest Group in the Psychiatry of Intellectual and Developmental Disabilities	**Royal Australian and New Zealand College of Psychiatrists**	Medical audit
Dr Margo Lane	Course Co-ordinator	**School of Medicine, University of Queensland**	Medical audit
Prof Les White	Chief Paediatrician	**New South Wales Health**	Medical audit
Karen Alexanderson	Practice Leader, Nursing and Health Care	**Ageing Disability and Home Care (ADHC), NSW Government Department of Family and Community Services (FACS)**	Nursing audit
Prof Andrew Cashin	Professor of Nursing	**School of Health & Human Sciences, Southern Cross University**	Nursing audit

Endorsements

The project was endorsed by the Australian Association of Developmental Disability Medicine, Medical Deans Australia and New Zealand, The Royal Australian College of General Practitioners, and the Royal Australian and New Zealand College of Psychiatrists.

Methodology

Ethics

The projects were formally approved by the University of New South Wales Human Research Ethics Advisory Panel (Medical Audit: Approval No. 2013-7-03; Nursing Audit: 2013-7-04)

Measures

The measures were developed from a previous ID medical curriculum audit conducted by Lennox & Diggens (1999).

Table 1. Phase 1 interview question domains and categories

Domain	Question category
Course structure	Program type; total units; entry level; duration; number of students'; contact hours; number of compulsory units; number of elective units number of units containing intellectual disability specific content.
School staff profile	Total staff specialising in intellectual disability; total staff with a demonstrated interest in intellectual disability; total staff who teach intellectual disability content.

Table 2. Phase 2 survey question domains and categories

Domain	Question category
Unit details	Year of course; compulsory or elective enrolment; total number of students enrolled.
Intellectual disability content	Total intellectual disability teaching time; type of intellectual disability content; topics covered; direct clinical contact; subject area (medical audit only).
Teaching style	Teaching mode; inclusion of people with intellectual disability in the development or delivery of content; assessments; learning style.
Teaching staff profile (medical audit only)	Professional background; university staff, conjoint or external employment.

Recruitment

Figure 1 displays details of the snowball recruitment technique used.

Nursing curriculum audit:

The Dean/Head of school of the 34 national nursing schools that currently delivered ANMAC accredited registered nursing degrees were approached via email and invited to participate in the audit.

Once permission was granted, an invitation email for Phase 1 was sent to the course coordinator.

If intellectual disability content was identified in Phase 1, an invitation email for Phase 2 was sent to unit coordinators.

Medical curriculum audit:

: The Dean of the 20 national medical schools that currently delivered AMC accredited medical degrees were approached via email and invited to participate in the audit.

Once permission was granted, an invitation email for Phase 1 was sent to the Dean's delegate.

If intellectual disability content was identified in Phase 1, an invitation email for Phase 2 was sent to unit coordinators.

Reminder protocol

To increase participation, where necessary, a protocol of three email reminders and a telephone call at each stage of the audit was followed.

Data collection procedure

The data collection procedures for each audit are outlined below. More personalised contact with participants was incorporated into the Nursing curriculum audit because of slow recruitment into the Medical curriculum audit.

Nursing curriculum audit:

Phase 1: The interview was conducted by the undergraduate course coordinator over the telephone.

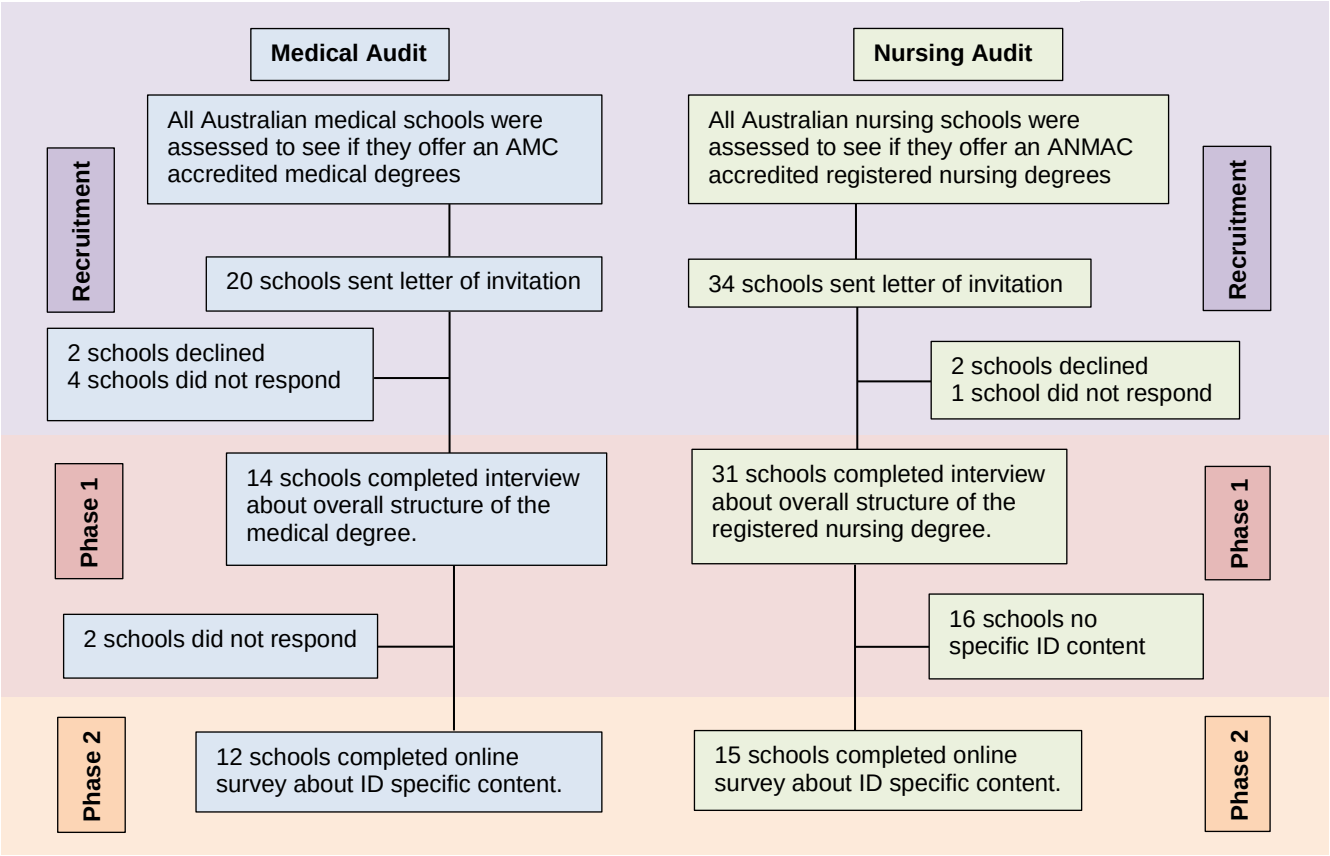
Phase 2: The survey was conducted by the unit coordinator or teaching staff over the telephone or online via a link which was emailed.

Medical curriculum audit:

Phase 1: The interview was conducted by the Deans delegate over the telephone or completed on a Word document and emailed back.

Phase 2: The survey was completed by the identified staff online via a link which was emailed to participants.

Figure 1. Recruitment and data collection procedure



Findings

Participation rates

Medical curriculum audit:

Phase 1: 14 (70% nationally) medical schools completed the interview in phase 1 of the audit.

Phase 2: 12 (60% nationally) medical schools completed the survey in phase 2 of the audit.

Nursing curriculum audit:

Phase 1: 31 (91% nationally) nursing schools completed the interview in phase 1 of the audit.

Phase 2: 15 (44% nationally) nursing schools completed the survey in phase 2 of the audit.

Detailed findings from the nursing curriculum audit

Structure of undergraduate registered nursing degrees offered

All schools offered a single degree that was the most common route into registered nursing. Table 1 summarises details relating to the structure of the single undergraduate registered nursing degrees offered.

Table 1. Structure of single undergraduate registered nursing degrees (e.g. Bachelor of Nursing and Bachelor of Science)

Program type	• 29 schools offered BN • 2 offered BSc
Duration	• 31 schools offered a 3 year course • 1 school offered a 3.5 year course
Number of students	• The total number of students varied across institutions (range = 60-700, mean = 267)
Total units	• The total number of units varied across institutions (range = 19-240, mode = 24)
Contact hours	• Total patient contact hours offered varied across institutions (range = 30-2112, mode = 840)
Number of compulsory and elective units	• All schools offered compulsory units within the single degree option. The total number of compulsory units varied across institutions (range = 17-240, mode = 24) • 13 schools offered elective units within the single degree option. The total number of elective units varied across institutions (range = 1-3, mean = 1)

The participating schools offered a number of alternate pathways in which a registered nursing degree was attainable. The details of the structure of these courses are summarised in the Table 2 below.

Table 2. Structure of 'other' registered nursing degrees

Program type	• 17 schools offered 'other' degree options (28 courses)
Duration	• The courses varied in duration (range = 1-5.5 yrs, mean = 3 yrs)
Number of students	• The total number of students varied across courses (range = 7-550, mean = 79)
Total units	• The total number of units varied across courses (range = 14-240, mean = 51)
Contact hours	• Total patient contact hours offered varied across courses (range = 222- 2112, mean = 871)
Number of compulsory and elective units	• All schools offered compulsory units within the 'other' course options. The total number of compulsory units varied across courses (range = 14-220, mean = 39) • 6 schools offered elective units within the 'other' course options. The total number of elective units varied across courses (range = 1-20, mean = 5)

Profile of intellectual disability champions within the nursing schools

Table 3 summarises details of intellectual disability 'champions'; staff within the school who specialised or had a demonstrated interest in intellectual disability.

Table 3. Profile of intellectual disability champions within the nursing schools

Specialising in intellectual disability	• 6 schools had at least 1 staff member who specialised in the area of intellectual disability
Demonstrated interest in intellectual disability	• 7 schools had at least 1 staff member who had a demonstrated interest in intellectual disability

Intellectual disability content offered within compulsory nursing units

Table 4 summarises details relating to intellectual disability content contained within compulsory nursing units.

Table 4. Data on intellectual disability content in compulsory nursing units

Unit structure	**Number of units**	• 33 compulsory units containing intellectual disability content were taught across the 14 schools (range = 1-7, mean = 2). • 3 schools offered the majority of these units (17 compulsory ID units).
	Year of course	• Compulsory intellectual disability content was offered in years 1-3 of study (year 1 N = 11, year 2 N =10, year 3 N = 10). • Data for 2 units (offered by 1 school) were missing.
	Total intellectual disability teaching time	• The total time dedicated to teaching intellectual disability content in compulsory units varied (range = 10 min-12 h, mean =4 h).
Content details	**Type of intellectual disability content**	• 11 schools provided compulsory intellectual disability content that covered both physical and mental health information. • 2 schools provided compulsory intellectual disability content that covered only physical health information. • 2 schools provided compulsory intellectual disability content that covered only mental health information.
	Topics covered	• The topic covered with most frequency was clinical assessment skills (19 units offered by 9 schools) • The topics covered with least frequency were preventative health (5 units, 5 schools) and human rights issues (7 units, 5 schools) • 14 schools offered compulsory intellectual disability content in more than one topic area. • Data from 1 school were missing.
Teaching and learning information	**Direct clinical contact**	• 5 schools offered compulsory units involving direct clinical contact with people with intellectual disabilities (9 units). • 2 schools offered direct contact in a clinical environment (3 units)
	Teaching mode	• 24 compulsory units (offered by 3 schools) were taught using a mixture of 2 or more teaching modes (lecture, tutorial, workshop, other) • 5 compulsory units (offered by 2 schools) were taught in lectures • 2 compulsory units (offered by 2 schools) were taught in tutorials • 1 compulsory unit was taught in a workshop

		• 1 compulsory unit was taught using other modes (online learning).
	Inclusive teaching	• 1 schools offered a compulsory unit that included people with intellectual disabilities in the development or delivery of the intellectual disability content
	Assessments	• 10 compulsory units (offered by 7 schools) examined students' knowledge of intellectual disability content
	Learning style	• 3 schools offered compulsory units (3 units) taught using problem-based learning (PBL) • 4 schools offered compulsory units (8 units) taught using enquiry-based learning (EBL) • 4 schools offered compulsory units (14 units) taught using both PBL and EBL • 4 schools offered compulsory units()taught using neither PBL or EBL

Intellectual disability content offered within elective nursing units

One nursing school offered an elective unit containing intellectual disability content, in which just 1 student was enrolled in 2014. Total time spent teaching intellectual disability content in this unit was 9 hours.

Detailed findings from the medical curriculum audit

Structure of medical degrees offered

Table 5 summarises details relating to the structure of the medical degrees.

Table 5. Structure of medical degrees

Program type	• 11 schools offered the MBBS program. • 2 schools offered the MD program. • 1 school offered the MD-JMP
Entry pathways	• 6 schools offered undergraduate entry. • 6 schools offered graduate entry. • 2 schools offered both entry pathways.
Duration	• 7 schools offered a 4-year course. • 3 schools offered a 5-year course. • 4 schools offered a 6-year course.
Number of students	• The total number of units varied across institutions (range = 4-400, mean = 63)
Total units	• Percentage of patient contact hours offered varied across institutions (range = 15%-63%)
Number of compulsory and elective units	• All schools offered compulsory units. The total number of compulsory units varied across institutions (range = 4-390, mean = 58)

	• 9 schools offered elective units as part of the degree. The total number of elective units varied across institutions (range = 0-36, mean = 8)

Profile of intellectual disability champions within the medical schools

Table 6 summarises details of intellectual disability 'champions'; staff within the school who specialised or had a demonstrated interest in intellectual disability.

Table 6. Profile of intellectual disability champions within the medical schools

Specialising in intellectual disability	• 8 schools had at least 1 staff member who specialised in the area of intellectual disability
Demonstrated interest in intellectual disability	• 9 schools had at least 1 staff member who had a demonstrated interest in intellectual disability

Intellectual disability content offered within compulsory medical units

Table 7 summarises details relating to intellectual disability content contained within compulsory medical units.

Table 7. Data on intellectual disability content in compulsory units

Unit structure	**Number of units**	• 42 compulsory units containing intellectual disability content were taught across the 12 schools (range = 1-12, mean = 4). • 3 schools offered the majority of these units (27 compulsory ID units).
	Total number of students enrolled	• The number of students enrolled in compulsory ID units varied (range=74-500, mean= 236)
	Year of course	• Compulsory intellectual disability content was offered in years 1-5 of study • Most compulsory intellectual disability units were offered in the third year • No compulsory intellectual disability units were offered in the 6th year at those medical schools that had a 6 year course (50% of schools).
	Total intellectual disability teaching time	• The total time dedicated to teaching ID content in compulsory units varied (range = 30 min-18 h, mean =4 h).
Content details	**Type of intellectual disability content**	• 9 schools provided compulsory intellectual disability content that covered both physical and mental health information (27 units, range= 1-8, mean=3). • 2 schools provided compulsory intellectual disability content that covered only physical health information (3 units). • 1 school provided compulsory intellectual disability content that covered only mental health information.

	Topics covered	• 9 schools offered compulsory intellectual disability content in clinical management and assessment skills (range= 1-6, mean= 3). • The topics covered with least frequency (6 participating schools, 50%) were human rights issues and disability and health care systems (range= 1-7, mean= 3). • 10 (83%) schools offered compulsory intellectual disability content in more than one topic area (range= 1-9, mean= 3). • Data from 1 school were missing (8 ID units).
Teaching and learning information	**Direct clinical contact**	• 5 schools offered compulsory units involving direct clinical contact with people with intellectual disabilities (range =1-3, mean= 1). • 4 schools offered compulsory units involving direct clinical contact in inpatient facilities (range= 1-3, mean= 2), specialist clinics (range= 1-2, mean=1), and community settings (range= 1-2, mean= 1). • 4 schools offered compulsory units involving direct5 clinical contact in two or more clinical environments (range = 1-2, Mean = 1%).
	Area of medicine	• 9 medical schools offered compulsory intellectual disability content in the area of paediatrics (range= 1-3, mean= 1). • Emergency medicine and sexual health were included with least frequency (1 participating school). • 4 schools offered compulsory intellectual disability content in the area of general practice (range= 1-4, mean= 2). • 3 schools offered compulsory intellectual disability content psychiatry (range= 1-2, mean= 2). • 6 units taught in 4 schools offered intellectual disability content that covered two or more discipline areas. • Data from one school were missing (8 compulsory ID units).
	Teaching mode	• 19 compulsory intellectual disability units (offered by 8 schools) were taught in lectures • 2 compulsory units (offered by 2 schools) were taught in tutorials • • 3 compulsory units (offered by 3 schools) were taught in workshops • 2 compulsory units (offered by 1 school) were taught using other modes (cased based learning, clinical

		assessment). • 9 compulsory units (offered by 3 schools) were taught using a mixture of 2 or more teaching modes (lecture, tutorial, workshop, other)
	Inclusive teaching	• 7 schools offered compulsory units that included people with intellectual disabilities in the development or delivery of the ID content
	Assessments	• 33 compulsory units (offered by 10 schools) examined students' knowledge of ID content
	Learning style	• 16 compulsory units (offered by 5 schools) were taught using problem-based learning (PBL) • 8 compulsory units (offered by 5 schools) were taught using enquiry-based learning (EBL) • 2 compulsory units (offered by 2 schools) were taught using both PBL and EBL • 16 compulsory units (offered by 7 schools) were taught using neither PBL or EBL

Intellectual disability content offered within elective medical units

Table 8 summarises details relating to intellectual disability content contained within elective medical units.

Table 8. Data on elective units containing intellectual disability *content*

Number of units	• 8 elective units containing intellectual disability content were taught across 6 schools (range= 1-3, mean=1)
Total number of students enrolled	• The number of students enrolled in elective units varied from 3-180 (mean= 40)
Year of course	• Elective intellectual disability content was offered in years 2-5 of study • 2 elective intellectual disability units were offered in each year • No elective intellectual disability units were offered in the 1st year or 6th year at those medical schools that had a 6 year course (50% of schools).
Total intellectual disability teaching time	• The total time dedicated to teaching intellectual disability content in elective units varied (range = 1-222 h, mean =30 h). • 1 unit had 222 h of intellectual disability content, and 2% of the student population at that school enrolled in the unit
Type of intellectual disability content	• 2 schools provided content in both physical and mental health (range=1-3, mean=2). • 2 schools provided content in physical health only • 2 schools provided content in mental health only.
Topics covered	• 6 schools taught interdisciplinary team work in intellectual disability units (range=1-3, mean=1). • The least frequently included topics (4 schools, 33%) were clinical

	management skills, disability and health care systems and human rights issues (range=1-3, mean= 2)
Direct clinical contact	• 2 schools offered elective intellectual disability content involving direct clinical contact with people with an ID (range= 1-3, mean= 2). • Both schools offered direct contact in a general practice environment. • None of the participating schools offered direct clinical contact in a school environment.
Area of medicine	• 2 schools offered elective intellectual disability content in the areas of psychiatry, paediatrics and professional development. • No schools offered intellectual disability content in the areas of emergency medicine, women's health or specialist medicine.
Teaching mode	• 2 elective units (offered by 2 schools) were taught in lectures • 2 elective units (offered by 2 schools) were taught in workshops • 2 elective units (offered by 2 schools) were taught using other modes (self-directed, clinical placement) • 2 elective units (offered by 1 school) were taught using a mixture of 2 or more teaching modes (lecture, tutorial, workshop, other)
Inclusive teaching	• 3 schools offered elective units that included people with an intellectual disability in the development or delivery of the intellectual disability content
Assessments	• 5 elective units (offered by 3 schools) examined students' knowledge of intellectual disability content
Learning style	• 4 elective units (offered by 3 schools) were taught using enquiry-based learning (EBL)

Profile of staff who teach intellectual disability specific medical content

Table 9 summarises details relating to the staff who taught intellectual disability specific content within medical degrees.

Table 9. Profile of staff teaching intellectual disability specific medical content

Professional background	• 5 units (offered by 3 schools) were taught by psychiatrists • 18 units (offered by 7 schools) were taught by doctor's (non-psychiatrist) • 1 unit was taught by a psychologist • 1 units was taught by an allied health professional • 1 units was taught by a professional from another background (social scientist) • 16 units (offered by 8 schools) were taught by staff from a mixture of 2 or more backgrounds (psychiatrist, doctor, psychologist, allied health, registered nurse, other) • 8 units (offered by 1 school) had this information missing
Appointment at the university	• 14 units (offered by 7 schools) were taught by university employed staff

	• 4 units (offered by 3 schools) were taught by externally employed staff • 4 units (offered by 4 schools) were taught by conjoint • 20 units (offered by 8 schools) were taught by staff from a mixture of 2 or more backgrounds (university, externally, conjoint) • 8 units (offered by 1 school) had this information missing

Summary of key findings

Overall, we found:

1. a high variability in whether universities offered intellectual disability specific content or not;
2. inconsistencies in the amount of intellectual disability specific content offered;
3. gaps in teaching on key areas of particular significance to working with this population;
4. minimal opportunities for direct clinical contact with people with intellectual disabilities;
5. limited inclusion of people with intellectual disabilities in developing or delivering content.

A visual summary of the key findings from both audits can be found in Appendix 1.

Implications and translations

One way to improve the health outcomes for people with intellectual disabilities in Australia is by ensuring the health workforce is equipped to provide health care for this population. Our audit has highlighted the lack of comprehensive and consistent intellectual disability content within nursing and medical curriculum. This means that currently, nursing and medical students graduating from Australian universities will have limited knowledge, skills and experience of working with this population. Without adequate training it is unlikely that the health workforce will be prepared to improve the health outcomes of people with intellectual disabilities.

As such, sustainable changes to nursing and medical curriculum are essential if Australia is going to meet both its national and international commitments to delivering equitable health care to people with intellectual disabilities.

Developing and implementing a renewed curriculum around intellectual disability in nursing and medical undergraduate training will build capacity in the workforce to improve the provision of care for people with intellectual disabilities, and have an economic impact by decreasing the burden on the health system.

Recommendations:

We recommend that a national intellectual disability educational framework and toolkit is developed that will provide nursing and medical schools with a consistent and comprehensive approach to teaching in this area, and better prepare graduates to meet the health needs of this population. To do this funding is required for:

the development of an intellectual disability educational framework and toolkit for nursing and medical curriculum;

the pilot implementation and evaluation of an intellectual disability educational framework and toolkit for nursing and medical curriculum;

the national roll-out of an intellectual disability educational framework and toolkit for nursing and medical curriculum.

Further details are given in the 'Future directions' section of this report.

Dissemination

Key findings from the nursing adult were presented at PANDDA 25th Annual Conference & AGM held in Sydney in October 2014.

A number of publications are planned:

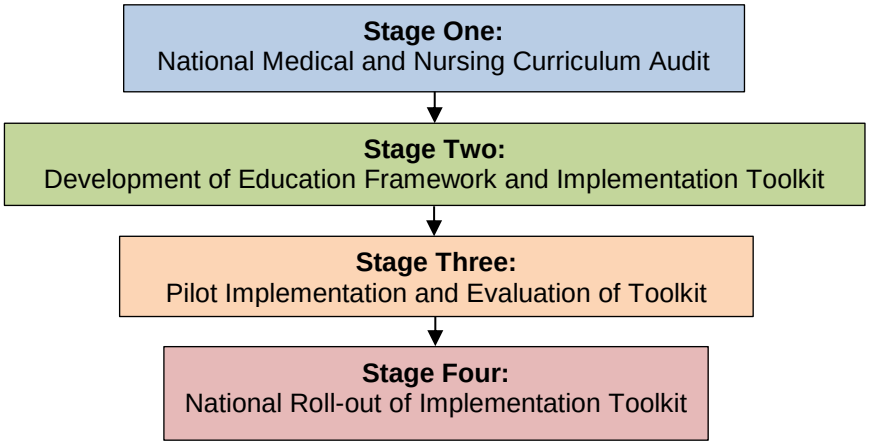
1. A paper exploring the nature and amount of intellectual disability specific content taught within nursing curriculum
2. A paper exploring the nature and amount of intellectual disability specific content taught within medical curriculum
3. A paper exploring how intellectual disability specific content is taught within nursing curriculum
4. A paper exploring how intellectual disability specific content is taught and who teaches it within medical curriculum
5. A paper comparing intellectual disability specific content within medical curriculum today with 15 years ago

Future Directions

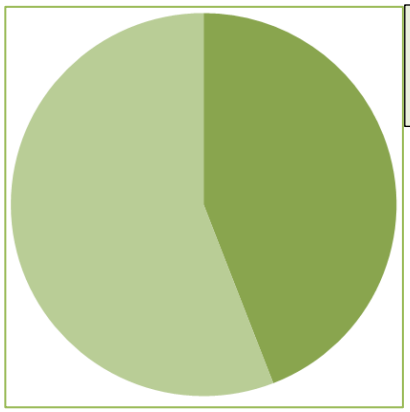
Figure 2 outlines our four staged project that aims to develop and implement a national tertiary educational framework in the area of intellectual disability physical and mental health. This project will assist educators across the higher education sector to implement curriculum in this complex area and support students to obtain adequate knowledge, skills and attitudes.

We are currently seeking funding to develop, evaluate and implement a national education framework and implementation Toolkit for nursing and medical schools, which will provide up to date, evidence-based teaching materials and resources to be incorporated into existing curricula (Stage Two to Stage Four).

Figure 2. Four staged project to build capacity to better prepare nursing and medical graduates to meet the complex health care needs of people with an intellectual disability

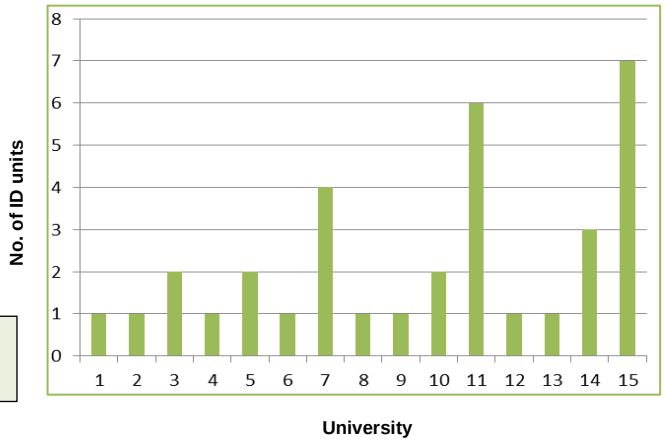


Appendix 1: Summary of key findings from the nursing curriculum audit



15 out of 34 (44%) nursing schools nationally offer *some* ID specific content within the curriculum

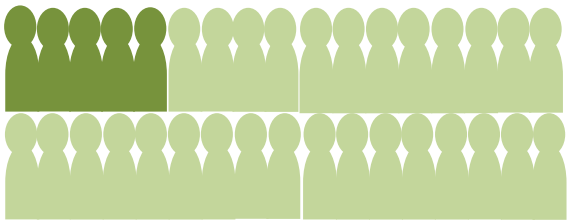
Time dedicated to teaching ID content ranges from **30 minutes** to 18 hours (mean time = 4 hrs/school)



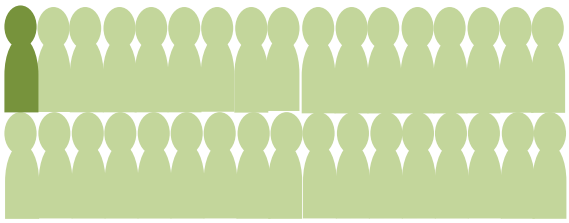
50% of ID units are taught by **9%** nursing schools nationally

21% of nursing schools have at least one 'ID champion'

21% of nursing schools examine students' knowledge of compulsory ID content



15% of nursing schools offer compulsory units involving direct clinical contact with people with ID



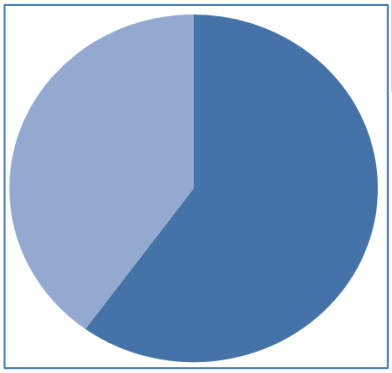
3% of nursing schools offer compulsory ID content developed or delivered by people with ID

27% of nursing schools offer compulsory ID content that covered both ID physical health & ID mental health information

27% of nursing schools offered compulsory ID content that covered clinical assessment skills, ethics and legal issues and chronic and complex health issues. The least covered topics were preventative health and human rights issues.

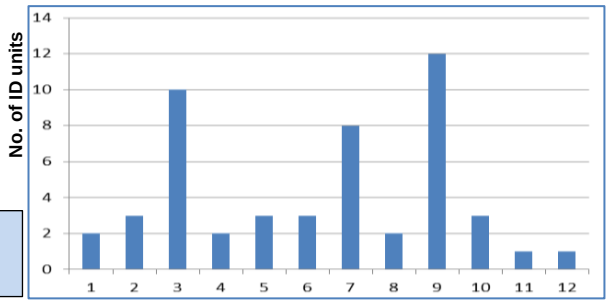
Nursing students' in **1 out of 34** nursing schools are offered an elective unit with Specific ID content. 9 hours is dedicated to ID and 1 nursing student was enrolled in 2014

Appendix 2: Summary of key findings from the medical curriculum audit



12 out of 20 (60%) medical schools nationally offer *some* ID specific content within the curriculum

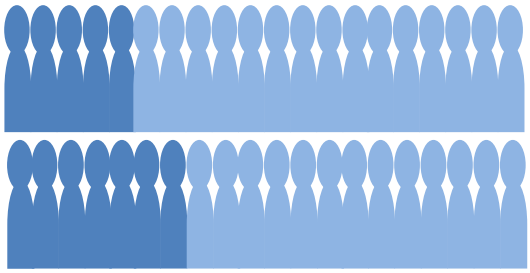
Time dedicated to teaching compulsory ID content ranges from **30 minutes** to 18 hours (mean time = 4 hrs/school)



60% of ID units are taught by **15%** medical schools nationally

45% of medical schools have at least one 'ID champion'

50% of medical schools examine students' knowledge of compulsory ID content



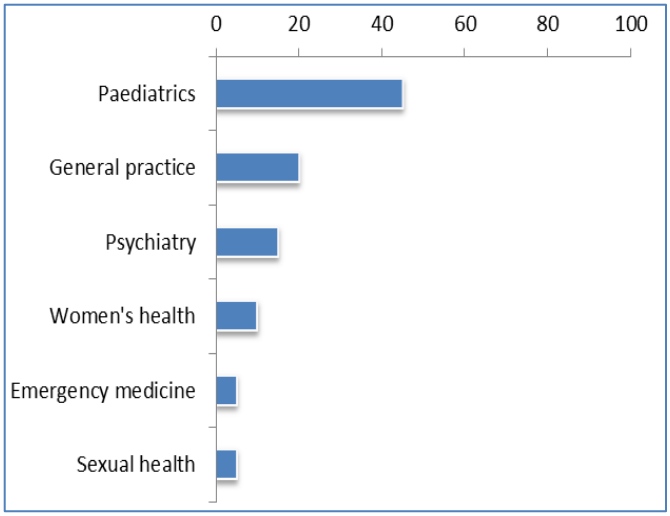
25% of medical schools offer compulsory ID content involving direct clinical contact with people with ID

35% of medical schools offer compulsory ID content developed or delivered by people with ID

The most common discipline area for teaching ID content is paediatrics, the least common are emergency medicine and sexual health

45% of medical schools offer compulsory ID content that covered both ID physical health & ID mental health information

45% of medical schools offer compulsory ID content that covers clinical management skills and clinical assessment skills. The least covered topics are human rights issues and disability and health care systems (30% of schools)



6 out of 20 medical schools teach elective ID units for an average of 30 hours (mean, range= 1-222hrs) to an average of 40 students (mean, range= 3-180)

40% of medical schools employ ID teaching staff with a mixture of professional backgrounds (psychiatrist, doctor, RN, psychologist, allied health) and a mixture of appointments (university staff, external staff, conjoint) to teach compulsory ID content