



Students' experiences and preferences regarding intellectual disability health education: Summary of findings

Background

There is limited research on how university students are taught about intellectual disability, and their preferences around education in this area. It is important that we know how students would like to learn about intellectual disability health so that we can make resources that meet their learning needs.

Current research suggests that lectures, case studies, and role plays can help to improve students' confidence to provide health care to people with intellectual disability. Research also suggests the importance of co-education (which involves people with intellectual disability developing and delivering education) and interacting with people with intellectual disability during clinical placements (also referred to as work integrated learning). E-learning has been found to be as effective as face-to-face methods, and some students have said that they prefer some introductory lectures on intellectual disability content before starting learner-directed education so they feel confident that they are learning core content that they can build on.

The current research project aimed to expand our understanding of students' education and resource preferences to learn about intellectual disability health.

Methodology

Students studying a pre-registration health education degree (e.g. medicine, dentistry, nursing, allied health, and other health-related disciplines) were invited to take part in this consultation which involved an online survey and/or interview. The consultation asked students:

- if they had learnt about intellectual disability in their program, and if so, how;
- · their preferences for learning about intellectual disability; and
- what types of resources would help them learn about intellectual disability.

A set of open questions was used during the interviews. We summarised what students told us.

Findings

Fifty-three students took part in this consultation. Students studying Allied health disciplines (n=23; 43%), Nursing and Midwifery (n=13; 25%), Dentistry and Oral Health (n=5; 9%), Medicine (n=5; 9%), and Paramedicine (n=5; 9%) were represented.

These were the main points that students told us.

- Half of the students reported that they had learnt about intellectual disability during
 their degree or program, but the majority said that time spent learning about this area
 was brief. Students mostly learnt basic information about intellectual disability (e.g.,
 its definition and causes). Some did learn about taking a non-discriminatory approach
 and the importance of working with people's support networks.
- Students reported learning about intellectual disability most frequently via lectures, tutorials, and clinical or community placements.

- Only five students reported receiving co-education (delivery of education) from a
 person with lived experience of intellectual disability or their support networks (this
 was within dentistry, occupational therapy, and paramedicine programs). Eleven
 students said that they have had contact with people with intellectual disability during
 clinical placements (within nursing and midwifery, occupational therapy,
 paramedicine and speech pathology programs).
- Students noted a preference for introductory lectures and skills tutorials on intellectual disability before starting clinical or community placements where they could then practise and develop these skills.
- Topics students wanted to learn about included making reasonable adjustments, assessment techniques, ways to reduce stigma, and the relevance of intellectual disability to their field of study.
- Almost all students were in favour of people with intellectual disability and their families/carers being involved in co-education (the inclusion of people with intellectual disability and their unpaid carers/family members in the design and delivery of education). They believed co-education would be helpful as it provides contact with people with intellectual disability, which can reduce their anxiety about working with people from diverse populations, provides a realistic view of what receiving health care is like for people with intellectual disability, and can help lead to reduced stigma and stereotypes.
- Students' top three preferred resources for learning about intellectual disability were case studies, videos, and online learning. Other suggested resources included lecture recordings and an interdisciplinary workshop.
- Important considerations for developing resources noted by students included codesign (the inclusion of people with intellectual disability and their families/carers in the design of resources), reference to real/realistic cases, and providing practical skills.

Next steps

We are using what students, as well as educators and people with lived experience told us to create resources such as case studies, videos, and lecture and tutorial plans. In addition, we are creating a 'toolkit' containing guidance for educators on how to best include people with lived experience in education about intellectual disability health.

These resources will help to support the new Intellectual Disability Health Capability
Framework that covers what health students should learn about intellectual disability. In future, we will look at creating other resources, such as online modules, lecture recordings and interdisciplinary workshops.

For more information

If you would like further information about this study or the results, please contact Claire Eagleson, Project Manager at c.eagleson@unsw.edu.au or 02 9065 9516.