

Student Awards

The Annual Dr. Greta T. Swart Essay Competition

An annual essay award is available to both undergraduate medical students and postgraduate medical residents at the Schulich School of Medicine & Dentistry, Western University. The essay should describe an experience involving a patient at any stage in the lifespan with a developmental disability. This includes management of physical health, mental health or both, either in the hospital system or in the community. In 2019, there were four applicants. In this issue, we are featuring the essay by Herman Bani.

By Herman Bani

One of the first frameworks we are taught to examine disease states is through the bio-psycho-social model. A contribution of the late George Engel, it emphasized the need for clinicians to attend simultaneously to the biological, psychological and social dimensions of illness. In many ways, it's a reflection of a shift in the culture of medicine to expand upon its increasingly narrow focus and include those aspects of care that patients themselves value most. It is a method by which one can begin to analyze the various components that can contribute to one's overall health. However, its name suggests a far more equal distribution than is often the case in medicine. Indeed, the biopsychosocial model is quickly forsaken in favor of highlighting the biological process and pathophysiology of disease. That's not to say that we completely abandon it. More than enough of my preceptors in my clinical teaching thus far have reminded me of the

importance of this framework - in some shape or form – that I understand its relevance in practice. Nor do I really fail to understand the reason for this relegation. Medicine is voluminous in nature and it's simply infeasible to teach on all three subjects equally. Rather, my reason for this digression is to re-enforce the importance of viewing cases in totality, especially as I discuss a patient I had the opportunity to engage with during two weeks of my in-patient pediatrics rotation.

AB is a ten-year old boy who had initially presented to the hospital with a three-day history of non-bilious, non-bloody vomiting in the context of a medical background that was initially described to be severe cerebral palsy (CP). The patient had been fed through a feeding tube in his nose for the two years prior to his admission and was subsequently admitted for dehydration secondary to feed intolerance. On further discussion with the patient's parents, it was noted that AB's motor development had actually progressed normally until around 2 years of age at which time his parents started to notice a decline. This is by in large inconsistent with CP and, in addition to other physical exam findings, prompted a further work-up of his neurologic and orthopedic conditions. I met AB early on in his hospital stay and was responsible for helping to coordinate the various care teams involved including pediatric neurology, genetics, pediatric surgery, orthopedic surgery and pediatric dentistry, as well as ensure that the necessary investigations and imaging studies were conducted. Following an extensive work-up – the results of which were still pending prior to his discharge – that included multiple various X-rays, a sedated MRI, and full genetics work-up, AB was diagnosed with a rare genetic disorder characterized by a gradual deterioration of motor and intellectual abilities. While treatment is supportive in nature, AB was discharged with extensive community support to follow his complex care needs and follow-up for the specialists he had seen while in hospital. This required concerted effort from multiple various care providers, and as a medical student even peripherally involved, it was encouraging to see the diligence through which AB's case was worked up and his care needs were established. In my mind, this was the medical system acting at full capacity to ensure that a child had access to the specialists they required in a prompt and timely manner. We were able to do this despite significant impediments in the form of communication and cultural differences.

One significant detail I omitted from the above was that AB's family recently came to Canada as refugees. As a result, a significant language and cultural barrier existed. This complicated care because not only was a translator required for all interactions, but it also required repetition of investigations that had already been

conducted. This required an imaging modality – specifically an MRI – that necessitated sedation to ensure adequate visualization of AB’s brain to aid in the diagnostic process. Furthermore, due to the patient’s previously mentioned issues with feeding, it was arranged for him to have a gastric tube put in – a feeding tube inserted directly into the stomach with a port for feeding on the patient’s abdomen - while AB was in hospital. In addition to arranging the procedure itself, this meant ensuring that the patient’s family was adequately educated on what and how to go about feeding him in this novel way. This in turn required further coordination with allied health professionals to provide this instruction. Once again though, I was struck by the relative ease with which we were able to address these issues and ensure that AB received the coordinated care that his medical situation required. The benefits of being in a tertiary care hospital were quite apparent in this case, as AB would undoubtedly have required referral to access these specialized resources should he have lived in a more rural community. Indeed, we were even able to establish a referral to a community pediatrician whose cultural background allowed him to address the language barriers at play, which I believe would enhance the level of care this patient receives.

The final component of this framework that I have yet to address is arguably the hardest to realize and assist in, especially as it relates to this particular child. The illness experience is subjective by definition. Pediatrics is inherently difficult as young children are often unable to express the manifestations of disease states. Compounded with a language barrier and the added complexity of an intellectual disability, AB’s case required more nuanced care. How does one even start adequately address this child’s psychological state? This is not a question that I believe has a readily available answer. Over the course of his hospital stay, AB encountered a barrage of new care providers, a number of relatively invasive interventions, and countless, likely unwanted interactions, all while being unable to actively voice or communicate his emotions. These experiences are daunting enough for any child, let alone who had experienced what he had over the course of both his illness and as a newcomer to the country and the continent. I rounded on and met with this patient, either with or without his family in the room, every day for two weeks. While I did my best to examine AB without disturbing his comfort, I have no way of knowing, other using variations in his facial expression and occasional reassurance from his family, that this was tolerable to him. Even my communication with the patient’s family was limited to the few words of English that they were able to communicate through. I cannot even begin to imagine how difficult this hospital admission would be for AB. But I want to. I want to be a care provider who is able to deliver culturally and developmentally

appropriate care, while keeping in mind the psychosocial elements of a disease process. As I am at the most junior stage in my medical education, it's difficult for me to appreciate the level of training required to develop proficiency in caring for such varied patient populations. Fortunately though, it's easier for me to learn. In the context of developmental disability, consideration of one's psychological health is critical, as this may arguably represent the most significant impact on patients themselves.

The medical system is best built to address the complex biomedical processes that can result in developmental disability. It has systems in place to address social inequalities and other barriers to care. But as I continue on in my clinical training, I am somewhat struck by the limitations faced when seeking options for psychological care and mental health resources. While this is not isolated to my experiences in my pediatrics rotation, this case in particular is one whereby multiple factors limited the extent to which we may have been able to support this aspect of patient care. Granted the multifaceted limitations were more extensive here than in other cases, psychological and mental well-being should carry equal weight when considering overall disease burden. Developmental disability is akin to other chronic health disorders that benefit from multiple care teams working together. As is evident in this case, there are numerous healthcare providers working to a common goal. Perhaps somewhere in this process, there was a slight gap in addressing the impact of the experiences that this young boy underwent. In no way do I criticize these dedicated providers, but as I transition from being a passive observer to an active participant in patient care, I hope to be able to apply this experience in future interactions, allowing it to guide how I practice. The biopsychosocial model represents a clinical practice guideline with less traditional evidence than most that are currently produced, yet comparable if not more momentous in impact. But medicine is hard, and we grasp onto the aspects that we can change, using terms like evidence-based medicine and even patient-centered care without consideration for the subjective experience that we hope to improve on the way. Repeatedly what we are taught to do in a classroom is a fraction of the care and empathy provided in the overburdened and at times chaotic wards and clinics where medicine is practiced. Having the benefit of still occasionally being in the classroom, this disparity is more stark but not remotely insurmountable.

Dr. Benjamin Goldberg Research Grant Competition

The Western University Developmental Disabilities Program is pleased to announce the 2020 Dr. Benjamin Goldberg Research Grant Competition. The competition is meant to facilitate research specific to **Intellectual Disabilities**. Proposals may involve investigations of causes, diagnosis, and/or treatment of Intellectual Disabilities. Proposals may also involve conditions that are comorbid with Intellectual Disability (such as Autism Spectrum Disorder or Epilepsy), but the project must ultimately be directly about Intellectual Disability. That is, for example, a proposal about Autism Spectrum Disorder will only be accepted if it is about Autism Spectrum Disorder in people with Intellectual Disability. Relevance statements and project descriptions **must** clearly outline how the proposed research relates to this population. Relevance to the field of Intellectual Disabilities is one of the most important criteria in reviewing proposals.

Eligibility requirements

This competition is open to any student (graduate or undergraduate) registered at Western University or any other University or College in southwestern Ontario. In all cases, a member of the Western University faculty (who is eligible to hold research funds) must be listed as a Supervisor. Applications from all academic departments will be accepted, without preference to any department, school, or faculty. Value of an award may range up to \$3,000, with the actual value of each award being determined by the number of funded proposals and the quality of each proposal. The awards are not limited in scope – rather they are for any and all research projects which are of relevance to the understanding of the causes, diagnosis, and treatment of intellectual disabilities.

The following rating criteria will be used to evaluate each submission:

1. Applicant (marked out of 5 points; experience, ability, resources, supervision, etc.)
2. Project and Methodology (marked out of 5 points)
3. Relevance to Intellectual Disabilities (marked out of 5 points)

Proposals were originally due by March 31, 2020, however, due to the rapidly changing situation surrounding COVID-19, we have extended this deadline to **April 30, 2020**. Applicants who meet the eligibility criteria and whose work is judged to be relevant to the mission of the DDP will be considered for funding support. Recipients will be notified after the review process, and projects will be

funded in the same academic year, beginning in January, or sooner if possible. Project completion dates will depend on the project description.

Research grant recipients will be required to submit a summary of their research for publication in the *Clinical Bulletin of the Developmental Disabilities Program* and will be requested to present their work at the monthly Developmental Disabilities Clinical and Research Rounds. They will also be encouraged to present their research at the annual Developmental Disabilities Research Day.

Further information and the application form can be found at
https://uwo.eu.qualtrics.com/jfe/form/SV_4TqhBY6ey29MNAp

18th Annual Developmental Disabilities Spring Continuing Professional Development Day

Due to COVID-19, this event has been postponed. No new date has been set as of yet.

This event is likely to be run in the near future as an online CPD. Registrants can participate in this event from their home or office, on their computer, smart phone, or other mobile device.

If you have already registered, you will remain registered for this upcoming event. All registrants should have received an email from the program notifying them of the postponement of this event. If you did not, please email Sarah O'Flanagan at sarah.oflanagan@lhsc.on.ca.

If you have not registered, but would like to once the new date is announced, the registration form is still available on our website:

https://www.schulich.uwo.ca/ddp/education/continuing_professional_development.html

This year we are pleased to welcome the following speakers:

Dr. Pam Frid, MD.

Dr. Frid will present on the **Developmental Assessment of Children.**

Dr. Frid completed her MD degree at Queen's University in 1982. She then undertook paediatric residency training at the Children's Hospital within the McMaster system, completing residency training in paediatrics in 1986.

Commencing in 1986, she undertook fellowship training in developmental paediatrics, remaining within the McMaster system. In 1988, Dr. Frid was appointed to the Department of Paediatrics within Queen's University at the rank of Lecturer at Queen's University in Kingston. Two years later she was promoted to the rank of Assistant Professor.

In 1999, Dr. Frid became an Assistant Professor in the Department of Paediatrics at Western University. She was also the Professional Discipline leader and Coordinator of Pediatric Residency Training at CPRI. In July 2003, she moved from CPRI to a new position as Medical Director of the Thames Valley Children's Center.

Dr. Clare Mitchell

Dr. Mitchell will speak about **Fetal Alcohol Syndrome**

Dr. Clare Mitchell is an Associate Professor at the Schulich School of Medicine and Dentistry, Western University in London, Ontario. She is the Head of the Division of Developmental and Behavioural Paediatrics. Her main clinical duties are at the Child and Parent Resource Institute (CPRI). At CPRI she does consultation and assessments of children and adolescents with developmental delays and/or mental health problems as part of a multidisciplinary team. She has a particular interest in Tourette Syndrome, Fetal Alcohol Spectrum Disorder, assessment of children with social deficits and global health. Dr. Mitchell was part of the London Region Fetal Alcohol Spectrum Disorder Diagnostic Clinic since its inception in 2012.

Dr. Mitchell is actively involved in medical education at both the Undergraduate and Postgraduate level at the Schulich School of Medicine and Dentistry at Western University. She is the Director of Undergraduate Education within the Department of Paediatrics, has completed a term as Associate Program Director of the Paediatric Residency Training Program and Interim Curriculum Committee Chair. Dr. Mitchell is the Medical Director of Canada Guyana Outreach (CanGO) She has joined this interdisciplinary team on medical missions to Guyana annually since September 2014.

Dr. Ana Suller-Marti

Dr. Suller-Marti will present on the **Assessment and Treatment of Epilepsy**

Dr. Ana Suller Marti earned her medical degree at the Universidad de Valencia in Spain in 2010. Subsequently, Dr. Suller Marti completed her neurology residency at Hospital Lozano Blesa in Spain. She then completed a one-year fellowship specializing in headaches at Hospital Clínico de Valencia in Spain. Dr. Suller Marti acquired her Master's degree in Medical Research at the Universidad de Zaragoza and continued to complete a PhD program.

Dr. Suller Marti has been at Western University since 2018 when she completed a two-year clinical fellowship and a one-year research fellowship specializing in Epilepsy. She is a member of the newly developed Transition Epilepsy Clinic team that helps to better organize the transition of the pediatric epileptic population to the adult world. Dr. Suller Marti is a member of the London and District Academy of Medicine, the Clinical Teachers Association, the Canadian League Against Epilepsy, Young Epilepsy Society-International League Against Epilepsy, American Epilepsy Society, Spanish Group of Epilepsy (Spanish Neurological Society) and American Academy of Neurology.

1st Annual London and Region Fetal Alcohol Spectrum Disorder Conference

The First Annual London and Region Fetal Alcohol Spectrum Disorder Conference will be held on Wednesday October 28, 2020 at the Lamplighter Inn in London, Ontario. The planning committee for the conference is pleased to invite you to attend and submit a research abstract for poster presentation.

Trainees and junior faculty members will be given priority for presentations and an award of \$250 will be given to the best presentation by a trainee. The deadline for abstract submission is September 30, 2020. Further information and the abstract submission page can be found at :

https://www.schulich.uwo.ca/ddp/research/london_and_region_fetal_alcohol_spectrum_disorder_conference/index.html.

Registration for this event will open later in the year.

Canadian Disability Studies Association Conference

The Canadian Disability Studies Association had planned to host their 17th annual conference from May 30th-June 1st at Western University in London, Ontario. Disability Studies is an interdisciplinary field that distinguishes embodied experiences with impairment from the disabling effects of unaccommodating, marginalizing and oppressive societal structures and cultural practices. Disability Studies explores a wide range of disability-related topics, engaging creatively with diverse knowledges to imagine possibilities and enact change towards a more just and inclusive world. Our conference will feature national and international keynote presentations. Sessions including panels, workshops, and art will focus on the Congress 2020 theme of “Bridging Divides: Confronting Colonialism and Anti-Black Racism”. Work presented will probe historical “divides” between Disability Studies, activism and environmental justice; decolonial and anti-racist work; health and medical sciences; and non-academic communities.

Unfortunately, the CDSA, along with the Congress of Humanities and Social Sciences, has cancelled their conference.

More information, including the greater Congress and refund information for conference registrants can be found on their website:

<https://cdsa-aceh.ca/conference/>

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Submissions welcome. Articles published or abstracted in this Bulletin do not necessarily reflect the opinions of Western University or the Developmental Disabilities Program.