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Recruiting for a Clinical Fellow in the Psychiatry of Developmental Disabilities.

The Developmental Disabilities Program in the Department of Psychiatry at Western University in London, Ontario, offers a one-year clinical fellowship in Developmental Disabilities for psychiatrists who have completed their residency. This position is partially funded and, with opportunities for clinical billing, it is expected that the income of fellows during their fellowship will be comparable to a PGY-6.

The prevalence of Developmental Disabilities (Intellectual Disability and/or Autism Spectrum Disorder) is almost 3% of the Canadian population. In addition to higher rates of all medical problems, people with Developmental Disabilities have increased rates of psychiatric disorders, with some studies suggesting rates up to eight times higher than the general population. Unfortunately, due to a lack of training and services, people with Developmental Disabilities tend to have lower rates of diagnosis and treatment of their mental health problems, leading to significant health care disparities and inequities.
The Psychiatry of Developmental Disabilities is a fascinating, intellectually stimulating, and highly rewarding field. The interplay of mental health, physical health, behaviour, and development is central to the field and necessitates the inclusion of elements of developmental pediatrics, neurology, psychiatry, and rehabilitation medicine.

The fellowship provides fellows with extensive clinical opportunities in psychiatry and related disciplines, allowing fellows to enhance their skills in this underserved area and prepares them for independent practice in the Psychiatry of Developmental Disabilities. Fellows will participate in Psychiatry, Genetics, Developmental Pediatrics, Neurology, and Rehabilitation Medicine Clinics. Rather than using a traditional approach with trainees learning in blocks of time within each specialty, this fellowship uses a novel, longitudinal approach in which fellows will work in the same child psychiatry and adult psychiatry clinics with the same supervisor over the course of the year. This approach, in which trainees see the same patients multiple times over the year, provides the opportunity to develop expertise in the ongoing management of mental health problems in people with Developmental Disabilities.

For more information about the Psychiatry of Developmental Disabilities Fellowship, please feel free to contact my office by email at sarah.oflanagan@lhsc.on.ca. I look forward to your inquiries and a chance to discuss our exciting fellowship program with you.

Rob Nicolson, MD, FRCP(C),
Associate Professor, Department of Psychiatry,
Chair, Developmental Disabilities Program,
Schulich School of Medicine and Dentistry,
Western University.

Annual Greta T. Swart Essay Competition

An annual essay award is available to an undergraduate medical student at the Schulich School of Medicine & Dentistry, Western University. The essay should describe an experience managing 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, including family medicine.

One of our exceptional submissions from the Spring 2022 competition came from Jenna Black, from the Medicine class of 2023. It is featured below.

Toolkits

Near the end of a long pediatric emergency room shift, I signed up to see the patient at the top of the list to be seen. Their presenting complaint was cough. A colleague standing beside me sighed and asked if he could see the coughing patient instead, because he “did not have the energy” to deal with the second patient on the list. With a quick glance I saw this second patient was a 7-year-old presenting with fever. It was a vague presentation, but I had been working on my differential for fever, so I accepted the trade with visions of impressing whichever physician I would eventually review with. My colleague had already left to find his cougher, who I could hear barking in the distance. I opened my new patient’s chart and came face to face with a wall of documentation from previous ER visits, consultations, clinic notes, and admissions. My visions of clinical prowess were replaced with visions of leaving an hour late.

Reading the notes, I discovered this boy (I will call him L) had Down Syndrome, was nonverbal, and had just been hospitalized for 10 days of IV antibiotics not even a month ago. He received those antibiotics to treat his third drug-resistant UTI in the last 4 months. Thinking of a differential, I figured it was possible his UTI had not fully resolved and was now recurring. Reading further, I saw L also had a history of recurrent ear infections and congenital heart disease, meaning there were many top contenders for the most likely source of infection. As I was getting ready to go see L, I realized I had not seen any patients with Down Syndrome yet after 6 months of clerkship. Then, one of the physicians ominously wished me “good luck”. I truly did not know what to expect. However, I thought of all the patient-centered training I had received during pre-clerkship and felt reassured that I knew a general approach to being sensitive and respectful to patients with developmental disabilities.

L was reclined in bed with an iPad against his ear, watching a video intently. His dad sat in a chair beside him. I quietly said hello to L, hoping not to disrupt him too much. His dad responded that L would not be able to understand me. I knew this, of course, but I still felt embarrassed, and addressed the dad instead. I started with open-ended questions as I had been taught time and time again. L’s dad humored me for one or two questions before putting us all out of our misery by explaining the history. He had impressive medical knowledge and told me about all the relevant signs and symptoms as well as a detailed timeline of events. He clearly had a lot of experience with his son’s health concerns. When it was time for the physical exam, I lifted my stethoscope from my neck. L’s dad had already started rolling him over so I could listen to his back. I had initially planned on asking how L would be most comfortable, if he was sensitive to touch, and if there was any way I could make the physical exam less distressing. Instead, here was his bare back presented to me, ready to auscultate. When it came time to look in his ears, I started to gently tell L about how it would not be painful but maybe a bit ticklish, but L’s dad handed me the scope before I could finish. He was confused when I told him not to hold L’s head down and I suggested he instead hold the iPad to the side so L would turn his head on his own. I was encouraging L to look at the screen and told him how cool the video was. His dad laughed and said we should go back to the old-fashioned technique. I felt embarrassed again. My idea eventually worked, and I got a good look in L’s ears with only a little protest from him.

I feared L’s dad was annoyed, or even worse, offended by the way I was treating L. I second guessed myself – was I infantilizing him? Was I making L more stressed by trying to talk to him? Was I drawing out an already painful experience? After leaving the room, I applied some logic to my fears and found they were largely irrational. I would say the same things to other 7-year-olds, just maybe a little louder. I had been watching L’s face during the exam because I knew he would not be able to tell me if he was uncomfortable, and I was fairly certain he had been unphased aside from the ear incident. Nonetheless, when I reviewed the case with Dr. M, I warned her that I may or may not have annoyed the dad. I also presented a less than impressive differential to her – so much for the vision.

Dr. M and I entered L’s “room” (if you count curtains as walls) and it was clear by her friendly greeting that she had met L’s dad many times before. She then loudly said hello to L, patted him on the shoulder, and played with one of his toys. L kept watching his video but he seemed to smile and make happy movements. Dr. M needed to examine L’s ears and lungs to confirm my findings. She told his dad to hold his head, and L yelled while she looked in his ears. Once Dr. M was finished, L’s dad said something to her that surprised me. “The medical student did very well with L. He usually screams like that during the exam, but he was very quiet with her.” I smiled and blubbered something about being thankful. L’s dad explained that he tries to help get the exams done as fast as possible so that L does not cry for as long. My insecurity appreciated the explanation.

We decided to admit L for more IV antibiotics. Before leaving him to his inpatient team, Dr. M and I checked in one more time. We had been hearing L become more and more agitated in his room, and when we got there, I watched Dr. M play with him like she had before. Her demeanor while interacting with him was in sharp contrast to mine, as I had been wary of being too loud, too sudden, or too rough. L stopped yelling and made more of his happy movements. We gave some final updates and then said goodbye. Dr. M filled out my evaluation. After my comment about potentially annoying L's dad, she must have known I was having mixed feelings about how I handled the case. She asked what I felt I had done well, and what I thought I could improve on. I told her I felt I had used effective techniques to made L feel comfortable during the physical exam. I told her I was impressed by how she engaged with L, and that I wished I had been able to do the same.

My "sensitive and respectful" approach had succeeded in some ways but failed me in others. Some of the skills I used were highly effective and I am proud that I was able to help L have a more pleasant hospital stay, but I had missed out on having a more meaningful interaction with him. My time with L demonstrated to me how a generalized approach to people with developmental disabilities will not always be the best in every case. An approach is not one-size-fits all – it simply gives us tools and helps us recognize when to use them. As we grow as medical professionals, we gather more tools and become better at choosing the right ones depending on the patient in front of us. When it comes to patients with developmental disabilities, we are handed a cookie cutter in pre-clerkship and told it is the best tool for the job. Through this encounter with L, I learned that it is certainly helpful to reach for the cookie cutter and polish it off before you go see a patient with a developmental disability, but you need to bring the rest of your toolkit as well. With L, I really could have used my "how to entertain a 7-year-old" tool, but I had left it behind. I think I only brought one tool into that encounter because of the uncertainty I felt. The stigma that surrounds developmental disabilities contributes to uncertainty and makes us more likely to rely on a generalized approach. In reality, the diversity within this group of patients calls for us to pack extra in our kits and to learn from others about their tools so we can add more. It is important to remember that this lesson also works the other way around – the cookie cutter will likely come in handy in interactions with patients outside of the group it was created for. I am glad my colleague did not have the energy to take this case, and I am grateful to L, his dad, and Dr. M for being part of my learning.

Annual C. Kingsley Allison Research Grant Competition

The Developmental Disabilities Program is pleased to announce the Annual C. Kingsley Allison Research Grant Competition for 2022.

Competition History

During the 2009-2010 academic year, the Developmental Disabilities of the Department of Psychiatry established an annual research award to encourage and fund new research specific to Developmental Disabilities (DD). It is named the “C. Kingsley Allison Award”, named after the donor of the endowment, who was an executive of the “O Pee Chee Corporation” of London.

Competition Description

The C. Kingsley Allison Research Grant is meant to facilitate research specific to **Intellectual Disabilities** (as defined by DSM 5). 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. The review committee looks to applicants to help us understand why their particular project warrants support when resources are limited. Although the relevance may seem obvious to the applicant, the review committee still looks for an explicit statement about relevance – it is up to the candidate to convince the reviewers of the project’s relevance.

Eligibility requirements

This competition is open to any student (undergraduate or graduate), faculty member, or employee of the Western University Community. Applications are also invited from non-Western University persons working with agencies in the London region providing services to people with intellectual and developmental disabilities and their families.

In all cases, a member of the Western University faculty (who is eligible to hold research funds) must be listed as an Investigator or Supervisor. Applications from all departments of the University will be accepted, without preference to any department, school, or faculty.

Value of an award may range up to $9,000, 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.

*Projects will only be funded once.

*Applicants will only be funded once in a 3-year period.

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

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

Proposals must be received by October 31 of each year. 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.

Funding for successful projects will be released to the PI **after ethics approval has been received.**

Research grant recipients will be required to provide proof of publication of their findings in a peer-reviewed journal, OR to submit a summary of their research for publication in the *Clinical Bulletin of the Developmental Disabilities Program.* They will also be encouraged to present their research at the annual Developmental Disabilities Research Day.

The application portal will open soon on our website here:
https://www.schulich.uwo.ca/ddp/research/research_grants.html

If you have any questions about the application process, please contact Sarah O'Flanagan at sarah.oflanagan@lhsc.on.ca

Developmental Disabilities Clinical and Research Rounds

The Developmental Disabilities Clinical and Research Rounds will begin again on October 12, 2022.

Our first talk will be given by Dr. Clare Mitchell and Dr. Farah Abdulsatar from the Developmental Paediatrics Division in the Department of Paediatrics, Schulich School of Medicine & Dentistry.

The Schedule for the upcoming Academic year will be updated as we book our speakers on our website here:
https://www.schulich.uwo.ca/ddp/education/continuing_professional_development.html

Zoom links to join each talk will also be available at the link above.

Upcoming Conferences and Educational Opportunities in Developmental Disabilities.

Hold the date for the upcoming 3rd Annual London & Region Fetal Alcohol Spectrum Disorder Conference. This event will be held online on October 26, 2022. The theme this year is: *Neurodiversity, Inclusivity, and Health Equity: Uncovering and Rediscovering Fetal Alcohol Spectrum Disorder.*

A poster with details about keynote speakers and registration information is available on our website here: https://www.schulich.uwo.ca/ddp/docs/LFASDC22%20Registration.pdf

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Editor: Sarah O'Flanagan, Coordinator. Developmental Disabilities Program,
Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University.
Parkwood Institute, Mental Health Care Building.
550 Wellington Road, London ON. N6C 0A7.
www.ddp.uwo.ca
sarah.oflanagan@lhsc.on.ca