Clinician's Commentary on Vermeltfoort et al.¹

By examining occupational therapy (OT) and physical therapy (PT) students' attitudes toward intellectual disability (ID), Vermeltfoort and colleagues draw our attention to the importance of training and educating health professionals to meet the rehabilitation needs of diverse populations.¹ The authors used an online questionnaire to examine 225 Ontario MScOT and MScPT students' attitudes toward, experience with, and willingness and preparedness to work with the ID population. They found that while the majority of students were willing to work with adults living with ID, more than half did not feel adequately prepared to interact with this population in the rehabilitation setting. Furthermore, 75.4% of students reported inadequate knowledge as the main contributor to their feelings of unpreparedness. Vermeltfoort and colleagues conclude that further research is needed to address potential curriculum gaps in Ontario MScOT/PT programs.¹

Intellectual disabilities are not uncommon; in fact, about 1% of the global population lives with an ID.² ID is frequently associated with health complications such as epilepsy and other seizure disorders, abnormalities in motor function, impairments in hearing and vision, and psychopathology.³ Thanks to significant increases in life expectancy for people with ID, there is a need to better train and prepare health professionals to meet the health care needs of adults with ID.⁴ Rehabilitation practitioners will play an essential role in meeting these needs, and it is therefore troubling that OT and PT students do not feel adequately prepared to work with this population. Also, although it may seem encouraging that students report a "neutral" attitude toward people with ID, this finding warrants further explication. As both of these issues have significant implications for rehabilitation training and curriculum reform, I will further explore the concept of attitudes and knowledge (in relation to skills and competency) in this commentary.

People with ID experience many health conditions that are either under-recognized or inadequately managed.⁵ Research has established that health care workers' knowledge and attitudes have a significant impact on the health care experiences of people with ID.⁶ The study by Vermeltfoort and colleagues is particularly helpful because it identifies the major barrier that hinders OT/PT students in working with this population: they feel unprepared because they lack an adequate knowledge base.¹ Other health disciplines have addressed similar knowledge-base issues by conducting surveys that identify the clinical skills used within their practice area; for example, the clinical skills needed for nurses working with the ID population include assessment, communication and consent, and violence prevention and management, as well as broader skills such as those required for managing epilepsy and mental health issues.⁷ Identifying core competencies for OT/PT may be the first step toward developing ID-specific rehabilitation curriculum content. Enhancing students' skill sets may improve their self-efficacy and competence, thus helping to decrease health care disparities between people with ID and the general population.

However, skills alone are not enough to ensure a positively impact on the care provided to people with ID; we must also recognize the correlation between attitudes and emotional responses to working with these clients. Because a less than positive attitude may evoke negative emotional responses from

health professionals, ultimately affecting the quality of care they provide,⁸ it may not be sufficient for OT and PT students to express "neutral" attitudes toward working with the ID population; curricula may need to integrate purposeful, positive experiences. Face-to-face experience with people with ID is one way of generating more positive attitudes and increasing students' confidence in treating this population.⁹ Although Vermeltfoort and colleagues note that the majority of the students they surveyed reported prior exposure to people with ID neither the quality nor the type (positive or negative) of that exposure was reported. Nonetheless, evidence supports the inclusion of experiences for both students and clinicians to promote positive contact and to help to reduce any fear associated with working with people living with ID.^{10,11} This goal can be achieved through various means, including fieldwork experience, clinical placements, and interactive guest speakers. OT and PT curricula must incorporate a thoughtful range of varied experiences to enhance students' exposure to and familiarity with this population.

Vermeltfoort and colleagues draw our attention to the importance of establishing curricula that better prepare OT and PT students to work with the ID population.¹ This is an important contribution to the literature because it raises awareness of the need to strengthen and enhance current curricula and training. If teaching is to be pedagogically and clinically valid in generating adequate knowledge to address the health care needs of the ID population, curricula must not only address the clinical skills required to work with people with ID but also create opportunities to develop positive attitudes toward this population. Clearly, OT and PT students need to be adequately prepared to work with diverse populations, including people living with ID, regardless of the clinical setting. Therefore, we must be diligent in keeping abreast of changing demographic needs and the evolving demands of the health care system, to ensure that OT and PT curricula are adequately preparing students for current and future practice.

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