TIME FOR AUTISM

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Time for Autism

- Background: Time for Dementia
- Why autism
- What parents have told us?
- What final year students have told us?
- What we are planning to do
- How we will evaluate the programme
- More information
Wider recognition of need for increased and improved dementia teaching. Time for dementia as a novel educational programme for future health professionals to learn about dementia, ageing and living with multiple co-morbidities

- Introduced in 2015 at BSMS and University of Surrey – rolled out across KSS to 3000 healthcare students, from 8 professional groups

- Longitudinal contact between students, a person living with dementia and their carer with pairs of students visit 3 times per year for 2 years

- Positive impact on student knowledge and attitudes, communication skills and psychosocial understanding through ‘relational’ learning about the condition from those living with it

- Potential for the model to be used for another long-term condition
Why autism?

- Condition that will be encountered across many specialties
- Opportunity to learn more about younger patients, parent/carer concerns and education interface
- Current undergraduate medical and wider healthcare training related to autism is limited and in many cases, missing entirely
- Royal College of GPs recommend that core autism teaching should be included undergraduate medical curricula
- HEE have launched the Core Capabilities Framework for Supporting Autistic People (2019) as part of the national autism strategy. Will place a mandatory duty on health and social care organisations to ensure that the workforce are skilled to work with autistic people
- Lack of knowledge re most effective training method
What have students told us

- Reliance on personal experience

- Artificial exposure

  “One-off clinics are not hugely useful for kind of getting a lot... you know, because a) you’re seeing them in an artificial situation and b) you’re not seeing them for very long, so you don’t get to see what their usual behaviour is”.

- Teaching perceived as ad-hoc/opportunistic – TfA acceptability

  “It doesn’t feel like it’s, you know, a serious topic because ‘oh, we’ll pop it in the side here’”

- Variable confidence

  “I think I’ve got the transferable skills, communication skills to deal with that. But at the other end of the [autistic] spectrum, no, I am not well prepared at all. I wouldn’t be well prepared for that at all.”
What parents have told us

- Difficulties getting GPs to make referrals for autism diagnosis
- Not feeling listened to and feeling judged
- The system – inflexible appointment times, physical examinations, reality of treatment, not being aware that the child has autism
- Need for understanding what autism means in reality eg ‘my son has a restrictive diet’
- Being aware of masking in girls
- Being flexible and working as a doctor/parent team
- TfA acceptability
What are we planning to do?

- One year programme in year 4 starting September 2021
- Three home visits to a family with an autistic child
- Future educational visit planned
- Supporting teaching – understand the condition, diagnosis, working medically, understanding the lived experience, working with parents
- Development of a health passport for the child/family
- Aim to improve autism knowledge and empathy
- Lived experience group
- Working with HEE for learning across other training programmes
How we will evaluate

1. What is the impact of TfA on student outcomes?
2. What is the experience of undertaking TfA?

- Quantitative measures of student knowledge and empathy
- Comparison with medical students not doing the programme
- Qualitative interviews/focus groups with students
- Student and family satisfaction survey
- Family (QoL) measures
- Family qualitative interviews/focus
Thank you for listening

For more information, please contact me at

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Or visit bsms.ac.uk/timeforautism