

The Effects of Autism Continuing Medical Education Courses in Maryland Doctors' Offices

Background

- The prevalence of autism in America is at an all-time high with 1 in 36 children having the diagnosis according to a study done in 2023, increasing from 1 in 44 in only two years (1).
- Physician training in autism is quite minimal and this has led to healthcare disparities for autistic patients (2,3).
- One option for additional education is continuing medical education (CME) courses. Physicians can choose from many courses on autism including ones that focus on appointment strategies and office modifications for autistic patients. However, there is no requirement for physicians to take CME courses on autism (4).

PARENTS' OPINIONS ON WHETHER THEIR CHILD'S PRIMARY CARE PROVIDER IS KNOWLEDGEABLE ABOUT AUTISM

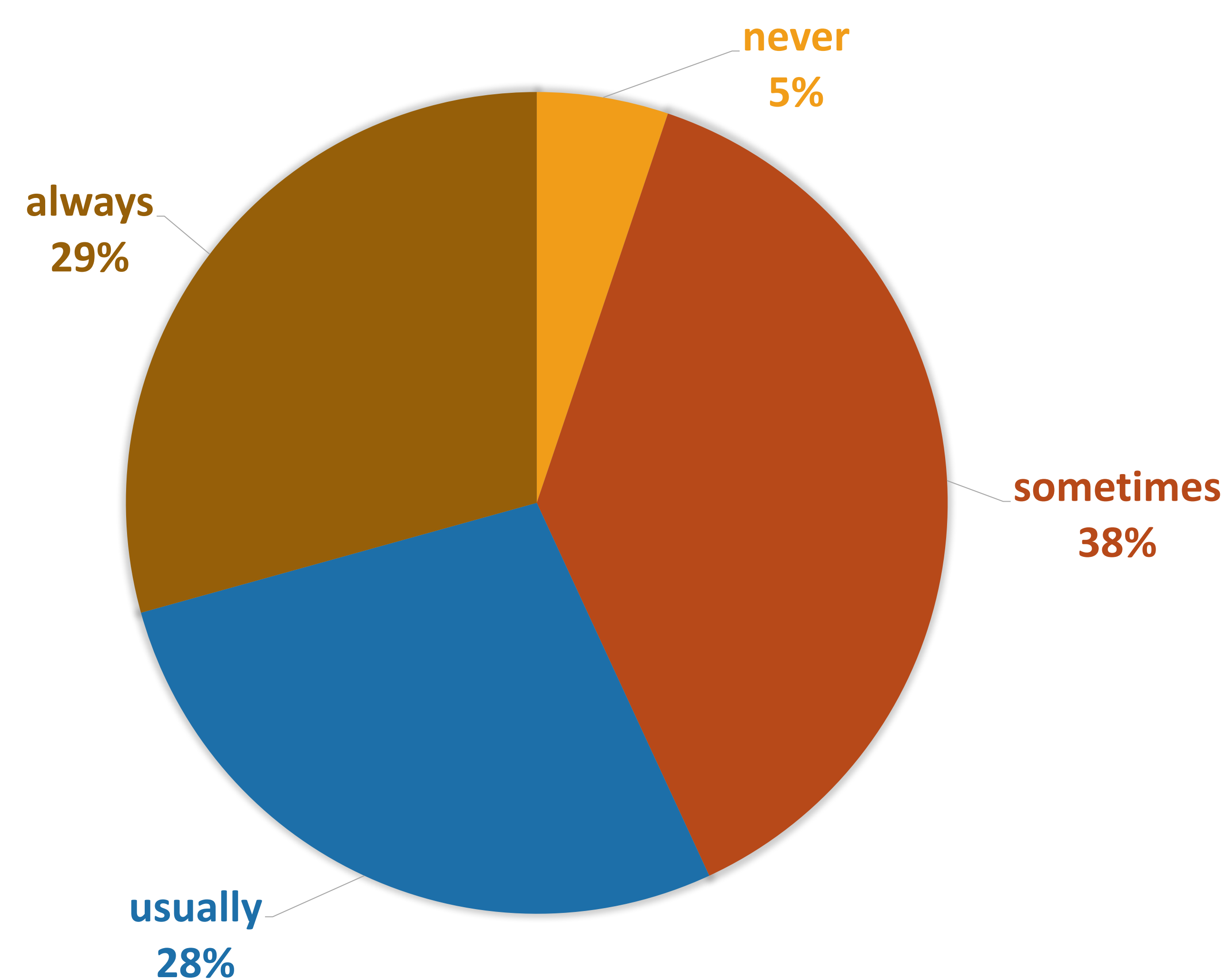


Figure 1: This pie chart contains data from a parent survey conducted previously by this lab. The survey focuses on parent satisfaction towards their autistic child's healthcare.

Aims

The primary aim of this study is to see if there is a correlation between physicians who have participated in CME courses on autism and physicians who have modified their offices for autistic patients. We will also be investigating the types of modifications being made and any barriers preventing modifications.

Methods

This study will be conducted using a 32 question survey that focuses on physicians' comfort caring for patients on the autism spectrum. The survey is electronic and will be sent out via email to medical providers across Maryland, including members of professional organizations and department heads at major hospital systems. The survey is voluntary and there is a monetary incentive. For this particular study, we will be focusing on the following questions (multiple choice answers not included here):

16 A. Have you ever participated in any continuing education (CME/CE) activities related to autism?

16 B. If YES, how was the CME/CE course administered?

16 C. If YES, how much did this training influence your practice?

17 A. Does your practice make specific accommodations for patients with developmental behavioral concerns (e.g., autism, ADHD, intellectual disabilities) such as open scheduling, longer visits or different options for communication between patients, their personal physician, and practice staff that differ from those for your typical patients?

17 B. IF YES, what particular accommodations does your practice make?

17 C. Are you satisfied with the accommodations your practice currently provides?

17 D. What are the barriers preventing you from making accommodations?

Our main quantitative outcome will be determined by using a chi squared test to analyze the difference in "yes" responses to making accommodations in practice between those who participated in CME vs. those who did not. If we obtain enough varied responses, we will evaluate this further based on type of CME attended.

Potential Results and Conclusions

- 1. Result:** A significant amount of responders have not taken a CME course on autism and little to no accommodations are being made for autistic patients.
Conclusion: This would further solidify that more efforts need to be put into educating physicians on autism and encouraging them to take CME courses on autism.
- 2. Results:** Physicians who took any style of CME course on autism made more accommodations compared to physicians who hadn't taken a course.
Conclusion: The CME courses are effective and all physicians should be encouraged to take them.
- 3. Results:** Physicians who took any style of CME course on autism made similar or less accommodations compared to physicians who did not take any CME courses on autism.
Conclusion: The CME courses currently available need to be reevaluated and reconstructed to make more of an impact on physicians.

References

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