

Care of Medically Complex Young Adults – a Local Needs Assessment

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Background: Internal Medicine physicians are encountering a growing number of young adults with complex medical needs due to increased pediatric survival of genetic and congenital conditions. We hypothesized that Internal Medicine (IM) resident knowledge of these conditions would lag behind Pediatrics (Peds) and Med-Peds (MP) colleagues, given the lack of a focused curriculum on this topic.

Methods: We surveyed IM, Peds, and MP residents at the University of Colorado (UCO). Our survey assessed prior experience treating patients with 6 specific conditions and a 5-point Likert scale assessing residents' confidence to independently perform a variety of clinical tasks for a hypothetical medically complex young adult patient.

Results: Of 57 resident respondents, 41% were IM (N=24), 41% Peds (N=24), and 14% Med-Peds (N=9) residents. Data was analyzed for all residents and also separately for Senior (Sr) residents (PGY3&4) to reflect clinical knowledge near the completion of training. Of the 6 listed diagnoses (trisomy 21, cerebral palsy, cystic fibrosis, progressive neuromuscular disorder, inherited metabolic disorder, and intellectual disability), Sr IM residents had cared for a mean of 1.5 conditions compared to 5.7 among Sr Peds residents ($p < 0.001$). A Likert scale from 1-5 ("Strongly disagree" to "Strongly Agree") was used to assess resident confidence to complete clinical tasks independently. Peds residents were significantly more confident in their ability to independently complete G tube feed reconciliation (4.17 vs. 2.27, $p < 0.001$), airway clearance reconciliation (3.88 vs. 2.13, $p < 0.001$), and assess the development and cognitive abilities of a young adult patient (3.46 vs. 2.13, $p < 0.001$). Confidence remained significantly different for Sr IM vs. Sr Peds residents on these tasks. MP residents responded similarly to Peds residents.

Discussion: There is a large disparity between the exposure and training provided to IM and Peds residents regarding clinical management of medically complex young adults. This training disparity puts a vulnerable patient population at risk of negative health outcomes during an important transition period. We plan to replicate this needs assessment on a national level and expect to find similar results. We are now implementing a novel IM resident curriculum at UCO taught by MP and Peds residents to address these gaps in training and better prepare IM physicians to care for medically complex young adults.