



Improving ADHD Education in Medical School

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Background

ADHD is the second most common pediatric diagnosis after asthma and the most common pediatric psychiatric diagnosis with an estimated prevalence between 8.7% to 15.5%. Due to the shortage of pediatric psychiatrists, primary care physicians are responsible for most of the diagnosis and treatment of children with ADHD. Despite this, adequate training in this topic is lacking. Many pediatric and family medicine residencies focus on inpatient rotations and receive less training in areas like developmental, behavioral, and mental health. Studies show that many primary care physicians continue to believe in common misconceptions about ADHD etiology, diagnosis, and treatment. Up to 2/3 of children who meet criteria for ADHD aren't diagnosed and therefore don't receive treatment or beneficial school services. This is important because untreated ADHD is associated with lower levels of end educational achievement, increased rates of depression and anxiety, divorce, and substance abuse while early and consistent treatment is associated with decreased risk of these comorbidities later in life. By improving education about ADHD we have the opportunity to improve the lives of many children and the adults they'll one day become.

Innovation Objectives

Improve medical student comfort with and understanding of the assessment, diagnosis, and treatment of ADHD with hopes to improve the care they are able to provide future patients with ADHD.

Program Description

Pre-test to assess beginning knowledge/attitudes
Pre session work: online ADHD curriculum with additional paper on treatment options
Zoom didactic session with ADHD overview, reflection discussion, and case studies
Post-test to assess changes in knowledge/attitudes

Results

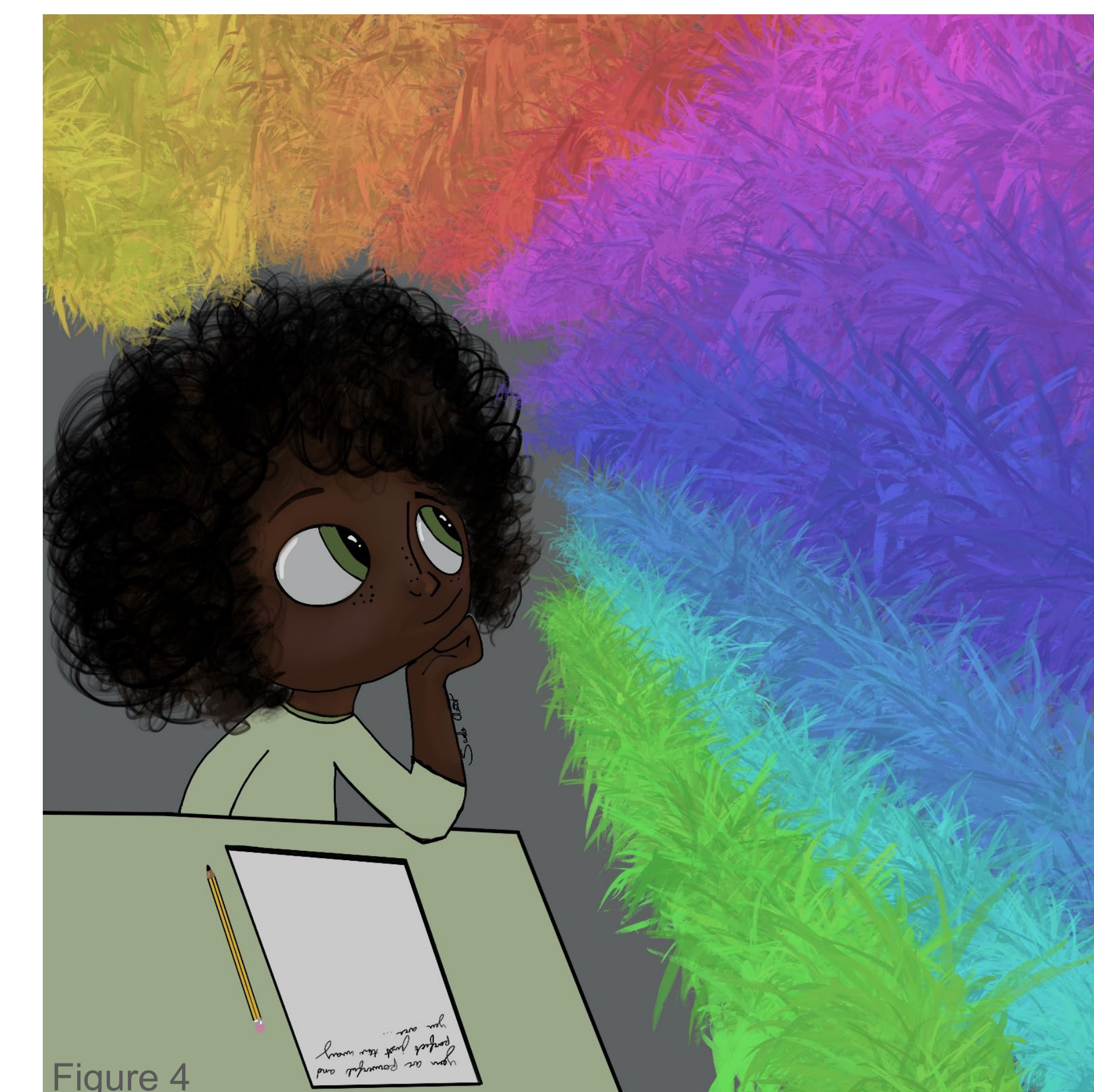
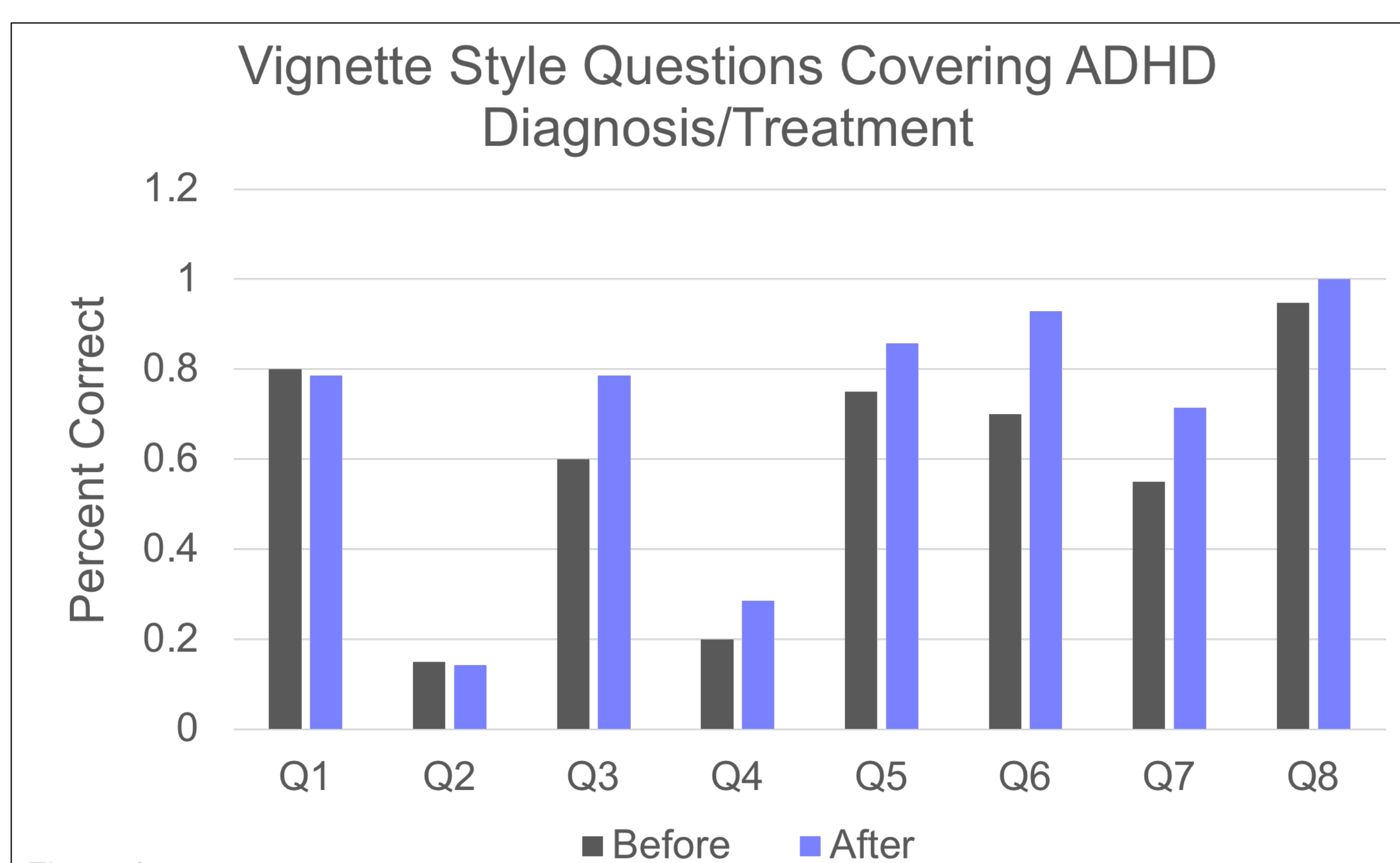
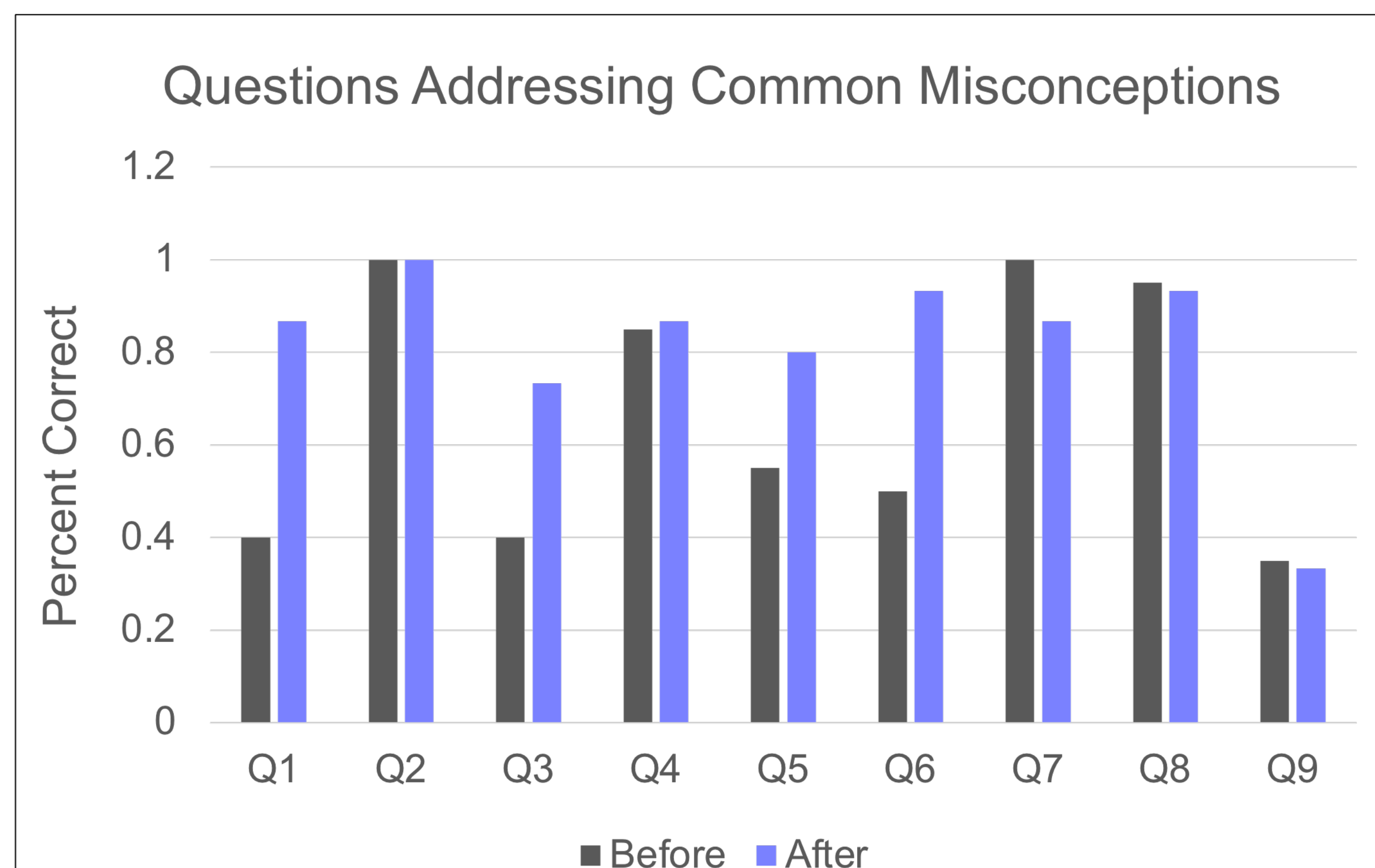
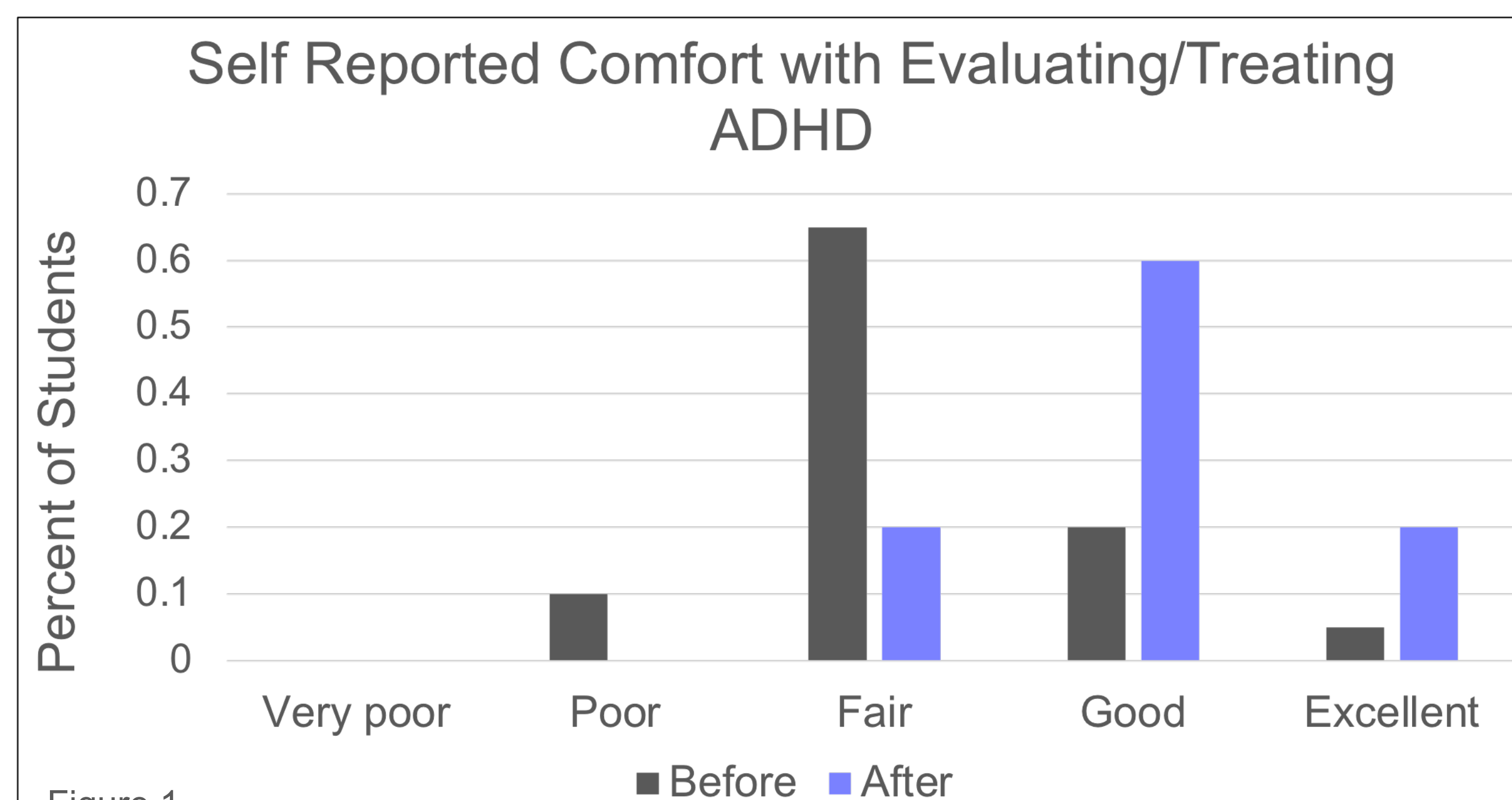


Figure 4

Discussion

Overall, the students perceived knowledge and comfort with the diagnosis and treatment of ADHD increased after the session. The percent of students answering both types of questions rose on average with a larger increase in score on the misconception questions than the vignette questions. Students identified the cases and Q&A session as the most valuable parts of the session and identified medication options as an area for improvement. This is reflected in the two lowest scoring vignette questions which both addressed medication choice. During the reflection piece of the session, one student spoke about an interaction with a patient whose pediatrician discontinued their medication when they began college. The patient struggled during the first years of college both academically and with self image, feeling guilty for needing medication. During a follow up visit after her medication was re-started, she "came in gleaming", "for the first time in years got a 95% and felt like herself". This student's reflection highlighted how physicians lack of knowledge of ADHD negatively impacts patients today and why sessions such as this are truly important.

References

1. American Academy of Pediatrics (2019) *SYSTEMIC BARRIERS TO THE CARE OF CHILDREN AND ADOLESCENTS WITH ADHD*. Pediatrics Vol. 144
2. Tatlow-Golden, Mimi, et al. "What do general practitioners know about ADHD? Attitudes and knowledge among first-contact gatekeepers: systematic narrative review." *BMC family practice* 17.1 (2016): 1-15.
3. Figure 4. Quist, S. (Artist). (2021). *Wondering*