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Undergraduate Training in Developmental Disabilities of Malaysian Medical Practitioners

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Why study undergraduate training in Malaysia?

- Malaysia and other Asian countries experience different cultural and traditional environments compared to Western countries
- Developmental disabilities historically viewed according to traditional beliefs
- History of low priority in health system
- Access to Resources and Services are poor compared to those in Western countries

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Previous Research

- Primary Medical Practitioners lack knowledge of and experience with DDs
- Links – health status and access to quality primary medical care
- Caring for people with DDs is complex
- Recommendations made for improved training

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Previous Research

- Few studies of DD content in undergraduate training
- Content on DDs minimal and inconsistent.
- Lack knowledge of how DD is taught in developing countries

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This Study

- Content on DDs in undergraduate curricula in Malaysia
- Perceptions new graduates in Malaysia had of role in the diagnosis and treatment of DDs

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Participants

- newly graduated Housemen in hospitals throughout Peninsula Malaysia.

Method

- 107 Item questionnaire
- 7 Major gov't hospitals

Response

- 230 House Officers

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Results

Content on Developmental Disabilities

Lecture Hours		
%		
nil hrs	< 5 hrs	>5hrs
7.1	64.7	28.3

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Content in Different Disciplines

Medical Disciplines	Lecture Hours		
	None	Some	Detailed
Public Health	36.9	53.5	9.7
Family Medicine	16.8	67.3	14.6
Paediatrics	0.9	39.3	58.9
Psychiatry	14.2	49.8	36.1

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Information Received on Commonly Occurring DDs

Disability Type	Amount Reported		Amount Reported	
	None/Some	Detailed	None/Some	Detailed
	%		%	
Down Syndrome	5.8	94.2	Fragile X	70.7 29.3
Cerebral Palsy	8.4	91.6	Tourette Synd	79.1 20.9
Turner Syndrome	19.1	81.0	Asperger Synd	89.3 10.7
Spina Bifida	20.0	80.0	Rett Syndrome	92.8 7.1
Hydrocephaly	20.4	79.6		
Hypothyroid	46.6	53.3		
ADHD	35.1	64.9		
Autism	40.5	59.6		
Anencephaly	41.6	58.4		
Tuberous Scler	52.9	47.1		
Foetal Alc Synd	64.0	36.0		

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Face-to-Face Exposure to People with DDs

Discipline	%
Paediatrics	98.2
Psychiatry	63.8
Medicine	47.3
Family Medicine	47.8
Public Health	34.4
Orthopedics	29.8
Surgery	17.0

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Clinical Activities with People With a DD

Activity	Observe	Practice
	%	
Assess child against NDMs	89.0	88.0
Assessment for Diagnosis	59.0	41.0
Giving Management Advice	71.2	28.8
Medical Treatment	79.9	20.1
Consultation for Illness	80.2	19.8

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Perceptions of Role in Diagnosis of DD

Factor		%
Responsible to diagnose	Agreed	86.6
Clarify prior	Agree	86.3
Disclose diagnosis	Unsure	51.6
	Disagreed	44.7
When to explore	Unsure	75.5
Expect negative response	Disagreed	53.2
	Unsure	40.4

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Perceptions of Role in Management of DD

Factor		%
Access to resources about DD	Unsure	64.5
	Agree	34.1
Early Intervention	Unsure	64.5
	Disagree	26.2
Provide after-diagnosis care	Agreed	71.9
Sensitive to impact on family	Unsure	51.6
	Agreed	48.4
Traditional beliefs about cause	Disagree	90.2

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Summary: Supports findings from Western studies.

- lack knowledge and experience with DDs
- Will be unsure about where to find resources about DDs
- Will lack knowledge of issues of adults with DD
- uncertain about role in identification and management of DDs
- reluctant to commit to diagnostic decisions

Additional Finding

- lack knowledge of importance of early intervention

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Conclusions

- Content on DDs in undergraduate training will influence the ability of medical practitioners in Malaysia to provide effective primary care to PWDDs, particularly to adults with DDs.

Implications

- Unless deficits in undergraduate training are addressed, PWDDs world-wide will continue to experience poorer primary health care than people who do not have disabilities.

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Thank You for Your Interest

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