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Assessing Physicians' Erroneous Assumptions About Adults with Intellectual Disability: Development and Validation of the Beliefs About Adults with Intellectual Disability Scale

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Background: Physicians' erroneous assumptions about individuals with intellectual disability (ID) negatively impact the quality of care provided, but no instruments are available to measure this construct. This contribution presents the development and validation of the Beliefs About Adults With ID Scale, a new measure of physicians' erroneous assumptions towards adults with ID.

Method: The authors first wrote a list of 100 possible physicians' erroneous assumptions about ID and refined them through two field tests. Then, 133 American ID stakeholders rated each assumption on two 5-point Likert scales, one evaluating the perceived prevalence of the assumption in physicians and the other assessing its damage for the healthcare of adults with ID. An assumption was considered prevalent in physicians if rated as held by 'a lot' or 'most' physicians and damaging for the healthcare of adults with ID if rated as 'significantly damaging' or 'very damaging'. Thus, the most prevalent and damaging erroneous assumptions were selected ($n = 27$). These 27 erroneous assumptions comprised the Beliefs About Adults With ID Scale. A validation study was conducted using the classical test theory and item response theory methods on data collected on 292 American physicians who had to express their level of disagreement/agreement (5-point Likert scale) for each item.

Results: The scale was found to be unidimensional, reliable and precise in assessing high levels of erroneous assumptions. It showed convergent/divergent validity with a measure of attitudes towards ID. Its items were discriminant, non-redundant, unambiguous and invariant across gender and presence of previous ID training. The item response scale was found to be appropriate for measuring erroneous assumptions towards adults with ID.

Conclusions: The Beliefs About Adults With ID Scale is useful in medical education to identify physicians' erroneous beliefs that need to be changed to provide high-quality care to patients with ID.