

Abstract

Background: It has previously been demonstrated that both residents and attending physicians have deficiencies in knowledge and comfort in diagnosing and treating ADHD. One of the contributing etiologies of this deficit is the lack of behavioral health training/rotations in residency programs given their emphasis on inpatient and critical care training. **Objective:** To determine if this deficit is evident at the medical student level and if so, work to address the knowledge gap through the first PDSA cycle of a quality improvement project. **Methods:** Third year medical students in the University of Colorado School of Medicine Colorado Springs Branch were recruited and given pre-session surveys addressing both attitudes and knowledge of ADHD. They then participated in a didactic course consisting of both remote pre-session work and a live virtual didactic session followed by a post-session survey. **Results:** Initial survey results confirmed gaps in student knowledge of ADHD and low comfort level in diagnosing and treating ADHD. Following the intervention there was a small yet significant improvement in both perceived comfort and knowledge with ADHD as well as objective knowledge of ADHD measured with multiple choice and true/false questions at a $p < 0.05$. **Conclusions:** This study showed the need for increased training in pediatric mental health conditions including ADHD beginning at the medical school level. It showed that a flipped classroom style didactic session addressing this deficit was both well received by students and worked to improve student knowledge and comfort with treating and diagnosing ADHD.