Training Medical Students to Care for Patients with Disabilities

A Disability Curriculum Initiative at The Ohio State University College of Medicine

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Conflicts of Interest Statement

- Neither I, nor members of my immediate family have any financial relationship with commercial entities that may be relevant to this presentation.
 - -Jessica Prokup, RN, BSN, MS4
- Neither I, nor members of my immediate family have any financial relationship with commercial entities that may be relevant to this presentation.
 - -Jill Crane, BA



Disclaimers

- The opinions expressed in this presentation are those of the speakers and not necessarily those of the AADMD.
- The opinions expressed in this presentation should not be construed as advice to care for specific patients.



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- The views expressed herein are those of the authors and do not necessarily reflect the views of our sponsors.



Presentation Objectives

- <u>Learning Objective 1</u>: Illustrate the necessity of incorporating disability education into undergraduate medical curricula in the U.S.
- <u>Learning Objective 2</u>: Provide an example of medical school curriculum changes made possible by the National Curriculum Initiative in Developmental Medicine's (NCIDM) Medical School Partners Grant.
- <u>Learning Objective 3</u>: Exchange ideas regarding curriculum improvements as well as the most effective teaching modalities to improve medical student competency in caring for patients with disabilities.



Background

- Research demonstrates that knowledge about caring for patients with developmental disabilities is subpar
 - While pediatric residencies require a one-month block of training in developmental-behavioral pediatrics, no other residency program has an ACGME requirement
 - ¾ of students report having some didactic training on disability; 81% report having no clinical training in disabilities

Background

- Individuals with developmental disabilities experience significant healthcare disparities throughout their lifetime
 - health status
 - healthcare quality
 - healthcare utilization
 - access to healthcare
 - unmet healthcare needs

 Incorporating disability education into the undergraduate medical curriculum may help address some of these disparities

The Ohio State University COM

- OSUCOM curriculum lacked sufficient disability curriculum
- Lead.Serve.Inspire (LSI) Disability Curriculum
 Initiative formed
 - Partnership between LEND + COM
- Medical School Partners Grant (National Curriculum Initiative in Developmental Medicine)
 - Awarded Jan 2018



The New LSI Disability Curriculum

- Part 1 = M1 & M2
 - Introductory lecture on IDD for M1's
 - Community health education project
 - Disability coursework in longitudinal groups
 - Instructional video modules
- **Part 2**= M3
 - 3rd year Simulated Patient Encounter
 - Autism Spectrum Disorder Patient Panel
- Part 3= M4
 - 4th year Developmental Disabilities advanced competency



Introductory Developmental Disability Lecture

- ~55 minute lecture
- Will be inserted into 1st year curriculum
- Objectives:
 - Cover basic information about IDD
 - Counter common stereotypes about people with IDD
 - Encourage critical thinking about the ethics of working with an individual who may not be able to provide consent



Introductory Developmental Disability Lecture

Defining Disability

- What is a developmental disability?
 - A. Developmental disability means a severe, chronic condition of an individual that:
 - is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - is manifested before the individual attains age ____;
 - III. is likely to continue indefinitely;





- Year long service learning project
 - (Jan M1- Jan M2)
- Small groups of ~6-8 students
- Goals of project:
 - More than basic community service
 - Involves completion of needs assessment,
 program implementation, and program evaluation
- Projects should align with needs and goals of specific community sites



- Sites to be added for next year's project:
 - Down Syndrome Association of Central Ohio
 - Goodwill
 - Special Olympics Ohio
 - Shopworks Theatre Company



Example Project Ideas:

- Developing diet and exercise presentation at the appropriate comprehension level
- Assessing caregiver burnout among parents
- Completing needs assessment for siblings of PWD
- Evaluating specific access barriers faced by community members with disabilities
- Assessing transportation methods and needs



<u>Implications</u>

- Year-long exposure to PWD in everyday life
- "Hidden curriculum" to break stereotypes and increase comfort
- Not every student will receive experience
 - Anticipate ~6-24 students/class



Video Modules

- ~15-20 minutes in length
- To be inserted into the musculoskeletal curriculum or foundational blocks during first year
 - Video 1: Safe patient handling and transfers,
 alternative procedures for physical exams
 - Video 2: Doctoring etiquette with PWD



Disability Content in Longitudinal Groups

- Doctoring Classes
 - Pre-readings related to healthcare disparities and implicit bias
 - Implicit bias test
 - Short documentary
 - Small group discussion during session



Disability Content in Longitudinal Groups

- Documentary
 - Primary Objective: Shatter assumptions about people with disabilities and their lifestyles
 - Intend to show PWD:
 - Working
 - Spending time with family and friends
 - With significant others



- During "ground school" in our clinical skills center
- Purpose of encounter:
 - Gain comfort interviewing a patient with a disability
 - Learn to gather a thorough and appropriate social history
- Each 3rd year medical student participates in this encounter by the conclusion of M3 year



Before the Encounter

- Preparatory readings
 - Special considerations for the social history (i.e. transitions, community supports, employment, finances, barriers to accessing care, depression, relationships, etc.)



Structure of Encounter

- 1 pair of students matched with 1 pair of patients
- Student #1 interviews patient #1 while student #2 acts as a peer observer
- Students instructions:
 - Conduct a 15-minute interview with main goal of obtaining social history
 - Optional: collect past medical history, including medications, surgeries, and hospitalizations



Structure of Encounter cont.

- Following interview, Student #1 receives feedback (5 min) from both patient (+/- caregivers) and Student #2
- Students switch rooms and roles
 - Student #2 interviews the next patient while
 Student #1 acts as the peer observer
- Feedback process repeats
- 30-min debriefing session with a faculty member



Results

- Both overwhelmingly positive feedback and results
- Thoughtful student-guided discussions
- Students are appreciative for the experience
- Many curriculum changes have been guided from student feedback



^{*}Statistical outcomes to be presented during the poster session of the conference

4th Year Advanced Competency

Interdisciplinary Perspectives on Developmental Disabilities, 150-hour year-long advanced competency

- 45 clinical hours
- Online lecture modules
- Community service (20 hours working directly with PWD)
- Longitudinal patient experience (4 hours with patient in the <u>community</u> setting, not medical)
- Self-reflection and critical appraisal papers



4th Year Advanced Competency

Clinical Experiences

- Interdisciplinary Developmental Clinic
- School-Aged Autism and Developmental Clinic
- Transition Age Clinic
- Center for Autism Services and Transition (CAST)
- Comprehensive Adolescent/Adult Transitional Care
 Home (CATCH) Program



4th Year Advanced Competency

Online Lecture Modules

- Carmen lecture modules
- PEDD Webinar Courses (Physician Education in Developmental Disabilities)
 - Available on AADMD's website
- AADMD Virtual Grand Round Webinars
 - Available on AADMD's YouTube channel



How Do I Get Started?

- Most critical = stakeholders within COM
 - Navigating curriculum and "loopholes"
 - Presenting to curriculum committee
- Proving necessity of content
- At OSUCOM, had to work backwards
 - Added M3 (clinical year) content first
 - Showed necessity for M1/M2 content
- Identify existing learning objectives > creating new learning objectives
- "If we add something, we have to remove something"



How Do I Get Started?

Interprofessional Team

- COM faculty
- Faculty trained in working with PWD
- LEND (faculty and trainees)
- Community partners (Special Olympics, Goodwill, etc.)
- Clinical skills center
- Medical students
- Specialties Involved:
 - Developmental Medicine
 - Family Medicine
 - Pediatrics
 - Med-Peds
 - Physical Medicine & Rehabilitation



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Questions?

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Learning Objectives- MSK Block (M1)

Students will describe the impact of disability on a patient's life, barriers encountered by patients with disabilities in accessing medical care, and list examples of principles and skills to improve the care provided to these patients.

- Identify at least four skills to improve communication and rapport with individuals with disabilities.
- List the barriers to accessing medical care by individuals with disabilities.
- Discuss general principles and etiquette for interacting, examining, and communicating with people with disabilities
- Discuss the impact of the patient's disability on their presenting MSK health issues.
- Discuss the impact of a disability on a patient's life, including: a) Mobility; b)
 Livelihood; c) Risk for abuse; d) Relationships



Learning Objectives- MSK Block (M1)

Students will appreciate that every patient, regardless of the nature or severity of disability, and regardless of the origin of his/her disabilities, has the greatest stake in the outcome of the healthcare encounter, can contribute to the healthcare encounter, and should be considered a partner in the health care process Students will appreciate that every patient, regardless of the nature or severity of disability, and regardless of the origin of his/her disabilities, has the greatest stake in the outcome of the healthcare encounter, can contribute to the healthcare encounter, and should be considered a partner in the health care process

- Identify a conceptual framework of disability in the context of human diversity, illness, life span, and the social and cultural environments.
- Integrate concepts of patient functioning, environment, and disability



Learning Objectives- Neuro Block (M2)

Describe the consequences resulting from abnormal developmental processes in the CNS

- Identify disorders that arise if embryonic neural development is disrupted.
- Define malformation and appreciate the incidence of CNS malformations.
- Understand the concept of timing in the pathogenesis of CNS malformations.
- Define and recognize Chiari Type II malformation.
- Describe the classification, anatomic sites affected, and major pathology of neural tube defects.
- Define and recognize microcephaly and macroencephaly and their etiologies.
- Define and recognize agyria, pachygyria and polymicrogyria.
- Understand the pathogenesis, and recognize the neuropathology of germinal matrix hemorrhage, intraventricular hemorrhage and periventricular leukomalacia.
 Appreciate the significance of these acquired lesions on premature infants.
- Appreciate the incidence and prevalence of premature birth and its associated risk factors.



Learning Objectives- PWP (Fam Med/Peds)

- Exhibit successful caregiver/patient interactions with patients of all ages.
- Apply appropriate strategies to address chronic disease management.
- Demonstrate professional and effective communication with patients and with individuals who impact the patient's psychologic and physical health.
- Demonstrate awareness of Culturally and Linguistically Appropriate Services in the interaction with a patient who is part of a racial, ethnic, religious, sexual, or social minority group.
- Identify the roles of various healthcare resources in patient care.
- Discuss ways to improve healthcare outside the arena of direct patient care.
- Identify methods to advocate for patients in the office and in the community.
- Identify leadership roles to improve the lives of all involved in healthcare.
- Effectively communicate with patients of any age or presentation
- Identify groups of patients who are vulnerable to bias, barriers, or disadvantages which may impact the quality of their health and medical care.

