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.

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- 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.
Funding

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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

- **Learning Objective 1**: Illustrate the necessity of incorporating disability education into undergraduate medical curricula in the U.S.

- **Learning Objective 2**: Provide an example of medical school curriculum changes made possible by the National Curriculum Initiative in Developmental Medicine’s (NCIDM) Medical School Partners Grant.

- **Learning Objective 3**: 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
  - ⅔ of students report having some didactic training on disability; 81% report having no clinical training in disabilities

Holder, Waldman, & Hood, 2009; McNeal, Carrothers, & Premo, 2002
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

Prokup, Andridge, Havercamp, & Yang, 2017
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
Defining Disability

What is a developmental disability?

A. Developmental disability means a severe, chronic condition of an individual that:
   I. is attributable to a mental or physical impairment or combination of mental and physical impairments;
   II. is manifested before the individual attains age ____;
   III. is likely to continue indefinitely;
Community Health Education Project

● 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
Community Health Education Project

- Sites to be added for next year’s project:
  - Down Syndrome Association of Central Ohio
  - Goodwill
  - Special Olympics Ohio
  - Shopworks Theatre Company
Community Health Education Project

● **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
Community Health Education Project

Implications

● 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
3rd Year Simulated Patient Encounter

- 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
3rd Year Simulated Patient Encounter

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.)
3rd Year Simulated Patient Encounter

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
3rd Year Simulated Patient Encounter

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
3rd Year Simulated Patient Encounter

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 community 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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References


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, pachgyria 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.