

MATCHING COMPETENCIES IN DISABILITY ADVOCACY & EDUCATION WITH THE CREATION OF A CROSS-INSTITUTIONAL SURVEY OF MEDICAL STUDENTS



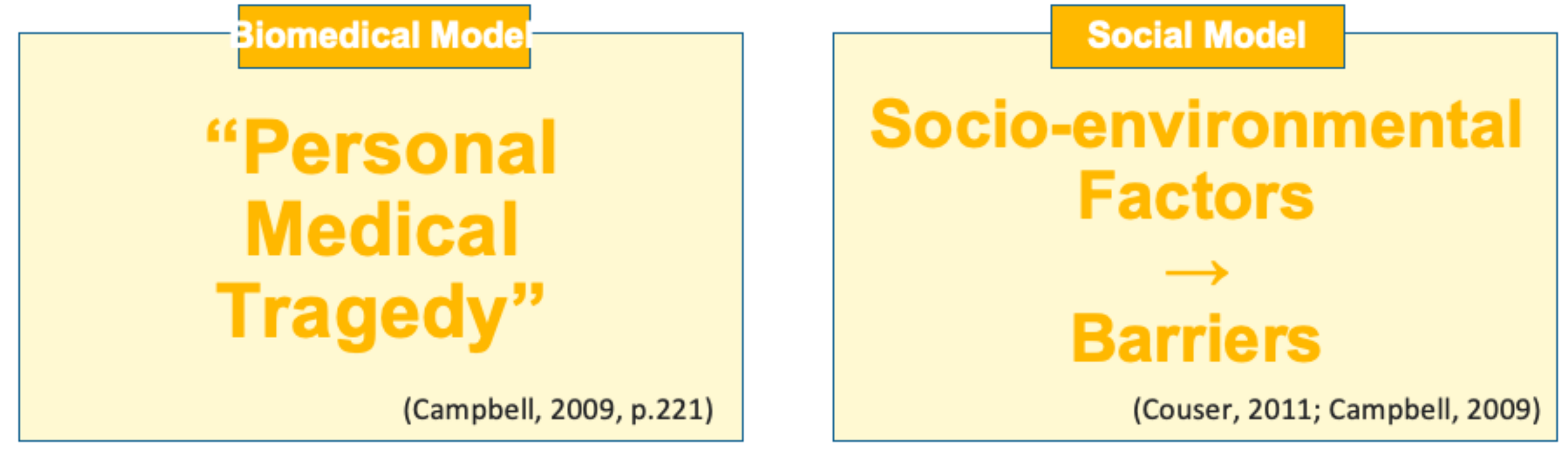
Scan for a powerpoint matching all disability health competencies

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Background

Current medical education is lacking a uniform curriculum around the teaching of disabilities. There is a large discrepancy between the teaching in the medical field and that in other fields.



Several papers have called for competencies in medical education related to disability education and advocacy. As medical schools work towards adjusting medical education teaching in this area, it is important to ensure that both the data collection on current gaps in teaching, and the subsequent curriculum modification, align with competencies to ensure adequacy and completeness.

Objectives & Aims

This project analyzed one multi-institutional survey tool developed for understanding the current level of disability education in medical schools, side-by-side with the most comprehensive competencies for medical education (Havercamp et al, 2021). This project aims to:

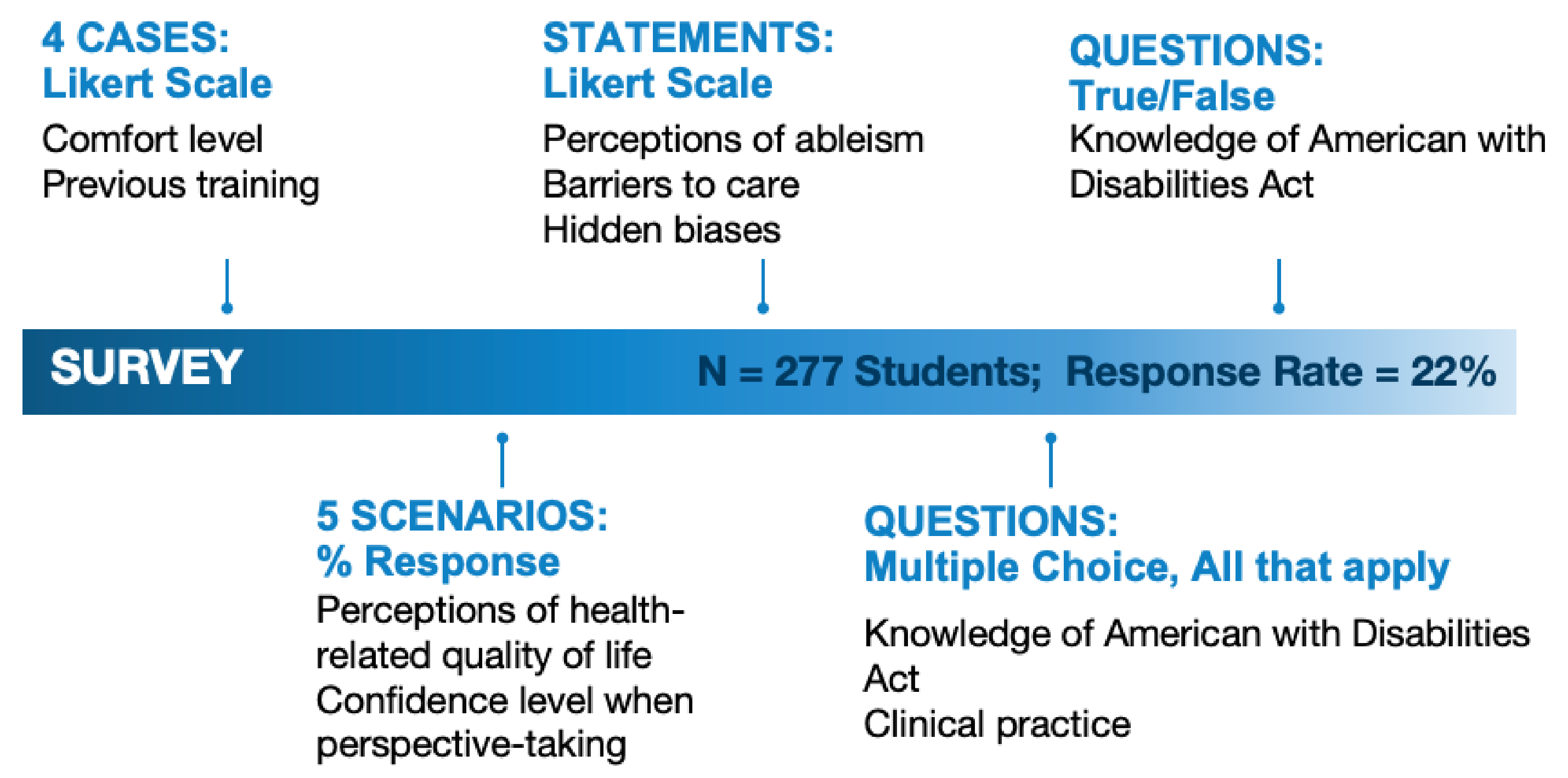
- 1) Ensure that the novel measurement tool can comprehensively investigate students' learning and biases in disability education
- 2) Develop a framework for future survey tools and curriculum development through the use of these competencies.

Methods

Faculty and doctoral-level researchers in public health, psychology, and medicine at two large U.S. medical schools collaboratively developed a robust measurement tool that would capture students' level of comfort, confidence, and perceived readiness for treating patients with disabilities. Items were developed based on evidence from the literature, anecdotal experiences, and clinical expertise. An iterative process involving the focus group of researchers, led by this author, investigated the extent to which our novel tool aligns with Havercamp et al.'s national consensus on medical competencies (2021).

Results

The survey consisted of:



Each question was matched to its best corresponding competency:

COMPETENCY 1: Contextual and Conceptual Frameworks on Disability

Please indicate the extent to which you agree/disagree with the following statements.

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Nursing homes are more appropriate than home and community-based services for people who need assistance performing all of their activities of daily living.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with disabilities are often treated unfairly in the healthcare system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonadherence is an issue with patients with disabilities because they lack adequate support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scenario 4: An individual sits at a food court in the mall and their caregiver feeds them pizza.

Health-related quality of life (as a percentage)

0 10 20 30 40 50 60 70 80 90 100

- 1.4: Describe the civil rights and independent living history of people with disabilities and their access to services
- 1.2: Describe the conceptual and contextual framework of disability
- 1.3: Compare and contrast disability and disease

COMPETENCY 5: Clinical Assessment

Case 1: A patient has a spinal cord injury and uses a wheelchair for mobility. They are visiting your clinic for the first time and are hoping to establish routine care. You will need to take a history and perform a physical exam.

Please indicate the extent to which you agree/disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have received sufficient training and education to navigate a clinical encounter with this patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be comfortable negotiating a clinical encounter with this patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A particular exam technique is best performed with a patient lying flat. You think the information gained from this part of the exam will be helpful in making a diagnosis. It seems that it will be difficult for the patient to independently transfer onto the exam table from their wheelchair.

I will examine the patient in a room with a height-adjustable table.

I ask the patient if they would like to use a lift device available in the clinic.

I ask the patient to bring their caregiver from the waiting room to assist.

I will perform the entire exam with the patient seated in their wheelchair.

I will skip this portion of the exam.

- 5.5: Apply strategies or supports that could be used in a healthcare setting to accommodate patients with functional limitations
- 5.6: Recognize that people with disabilities experience the same common health conditions as people without disabilities
- 5.9: Demonstrate skill in performing a history and physical exam, modifying it as needed to provide equally effective care

COMPETENCY 6:

Clinical Care over the Lifespan and during Transitions

6.3: Recognize that people with disabilities need access to age-appropriate preventative screenings, assessments, and health-education including reproductive health, family planning, and sexuality

6.5: Demonstrate skill in identifying, coordinating, referring, and advocating for access to community and health care resources needed to support treatment plan objectives

It is less relevant to take a disabled patient's sexual history than an able-bodied patient's sexual history.

Strongly Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Case 4: A patient with low vision is coming in for a visit before heading off to college. Throughout their schooling, they received vision aids through their education system. This visit is to discuss transitioning to a college academic setting and potentially adding more accommodations to meet their needs.

Please indicate the extent to which you agree/disagree with the following statements.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

I have received sufficient training and education to navigate a clinical encounter with this patient.

Conclusions

Through a diversity of question modalities, the developed tool was able to cover the disability education competencies at a level that is appropriate for medical students.

In developing the survey tool, several of the devised cases, scenarios, perception statements, and factual questions addressed multiple overlapping topics within the disability competencies. On first pass, there was a relative dearth of addressing team-based care and care coordination, which were edited on future iterations. The competencies as currently written do include 2 sub-competencies to address the intersectionality of race and ethnicity as they relate to the identity and care of patients with disability; however, this is not a major theme in this work; this theme can also continue to be addressed in our needs assessments and innovations.

Next Steps

Next steps include individual interviews with autistic self-advocates, with the goal of better understanding their experiences directly interacting with medical trainees, and direct feedback on the survey questions and content. Additionally, content validation for the survey will be conducted through focus groups with the target audience. In the presentation of the data received by the survey at our medical schools, there has been broad interest in the dissemination of this survey to other medical school environments. This generalization and increased data collection will help inform the current gap in curricula, and can help guide future medical education innovations in the field of disability studies.

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