



BUILDING HEALTHY COMMUNITIES FOR EVERYONE

**2011 DISABILITY and
HEALTH PARTNERS MEETING**

June 14 - 16, 2011





BUILDING HEALTHY COMMUNITIES FOR EVERYONE

Provider Training and Ability to Work with Patients with Disabilities

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Provider Training and Ability to Work with Patients with Disabilities

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Agenda:

- Calls to train health care providers regarding disability
- What is happening in medical schools?
- Strategies / modalities
- Advocating for disability-related curricula
- Resources





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Provider Training and Ability to Work with Patients with Disabilities

Calls to Train Health Care Providers Regarding Disability





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Surgeon General Report Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation (2002)

- Goal 1: Integrate Health Promotion into Community Environments
- Goal 2: Increase Knowledge and Understanding
- Goal 3: Improve Quality of Health Care
- **Goal 4: Train Health Care Providers**
- Goal 5: Ensure Effective Health Care Financing
- Goal 6: Increase Sources of Health Care





Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities (2005)

- Goal 1: People nationwide understand that persons with disabilities can lead long productive lives
- **Goal 2: Health care providers have the knowledge and tools to screen, diagnose, and treat the whole person with a disability with dignity**
- Goal 3: Persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles
- Goal 4: Accessible health care and support services promote independence for persons with disabilities





Institute of Medicine

The Future of Disability in America (2007)

Calls for:

- Disability monitoring
- Disability research
- Access to health care and support services
- **Public and professional education**





Patient Protection and Affordable Care Act, Section 5307

Calls for “the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate by the Secretary.”





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What is happening in medical schools?





Are health care students being taught about disability?

2005 survey commissioned by Special Olympics regarding training on intellectual disability

- 2500 medical school deans, dental school deans, residency directors, medical students, and advocacy agencies





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52% of medical school deans,
53% of dental school deans,
56% of students,
32% of residency directors
said that graduates are not competent to serve
persons with intellectual disabilities.





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82% of medical school deans said that there is not adequate time in the curriculum to train students in a specialized way.





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81% of students said they are not getting any clinical training regarding intellectual disability
and

66% of students said they are not getting enough classroom time regarding intellectual disability.





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Strategies / Modalities





Strategies

- School-based
- Community-based
- Clinical experiences





School-based education

- Didactic teaching
- Standardized patient experiences





Standardized patients

- Orange Grove Center / University of Tennessee College of Medicine - Chattanooga
- University of Massachusetts Medical School
- Matheny Medical and Educational Center / UMDNJ-New Jersey Medical School
- Tufts University School of Medicine
- University of South Carolina School of Medicine
- Tulane University School of Medicine
- Medical College of Wisconsin





Community-based education

- Meetings with patients and families in their “natural settings”
- Visits to community agencies
- Providing daily living assistance





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Clinical experiences

- Precepted experiences in clinics and providers of integrated services





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Advocating for Disability-Related Curricula





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If health care students and professionals can develop comfort and confidence in interacting with the complex patient with disabilities, they will be more comfortable with almost any patient.





“Stealth curricula” as a way to gain a foothold in medical education

Disability-related experiences provide excellent context for:

- **Cultural competency / diversity training**
- Communication skills training
- Training on systems-based practice





Bates & Plog (1991) define a culture as:

a system of shared beliefs, values, customs, behaviors, and artifacts that the members of a society use to cope with their world and with one another, and that are transmitted from generation to generation through learning.





Gill (1995) writes of the “disability culture”:

The elements of our culture include, certainly, our longstanding social oppression, but also our emerging art and humor, our piecing together of our history, our evolving language and symbols, our remarkably unified worldview, beliefs and values, and our strategies for surviving and thriving.





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Culture – Bates & Plog	Disability Culture – Gill
Shared beliefs and values	Unified worldview, beliefs , values
Artifacts	Art, humor, language
Cope with the world and one another	Strategies for surviving and thriving
Transmitted generation to generation	Piecing together of our history





Flores (2000)

Key areas of cultural competency

- Language issues
- Patient beliefs
- Folk illness/ folk remedies
- Provider practices
- Normative cultural values





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Eddey, G.E. & Robey, K.L. (2005). Considering the culture of disability in cultural competence education. Academic Medicine, 80(7), 706-712.





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However . . .

The stealth approach:

1. might make the communication of clear learning objectives difficult
2. doesn't impress upon administrators (or faculty or students) the importance and legitimacy of disability-related curricula
3. doesn't clearly "connect the dots"





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We need champions in professional societies, accreditation agencies, examination and licensing boards, and, most importantly, in every health care training program.





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Resources





Organizations

- Alliance for Disability in Health Care Education (ADHCE)
- Society of Teachers of Family Medicine (STFM)
- American Academy of Developmental Medicine and Dentistry (AADMD)
- Project DOCC
- UCEDD's/LEND's





National Curriculum Initiative in Developmental Medicine

- AADMD, Mountain Area Health Education Center, and the Family Medicine Education Consortium.
- Current funding from Walmart





Fellowships in Developmental Medicine

- University of Colorado departments of Family Medicine and Pediatrics: post-doctoral fellowship in developmental medicine
- North Carolina MAHEC: mini-fellowship in Adult Developmental Medicine
- Underwood and Lee Clinic in Kentucky will offer one-year fellowships in developmental medicine beginning in 2013





Materials and Websites

- Family Medicine Digital Resources Library (STFM)
<http://fmdrl.org>
Use search term “disabilities”
- “Patient as Partner” CD-ROM (Windows)
Robey, Matheny Institute for Research in DD
- “Continuum of Quality Care” videos at
<http://www.aadmd.org>





Materials and Websites (cont.)

- Online CME presentation on access to healthcare for **persons with DD** by Susan Haverkamp, Ph.D.
<http://nisonger.osu.edu/disabilityconted.htm>
- Online CME presentation on access to healthcare for **persons with sensory/physical disabilities** by Susan Haverkamp, Ph.D. / Jamie Simpson
<https://ks.train.org>





Materials and Websites (cont.)

- Upcoming set of papers by ADHCE in September issue of *Academic Medicine*

