NOT YOUR STANDARD PATIENT: PILOT

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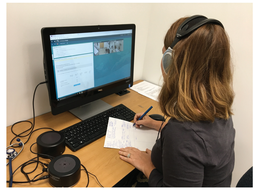


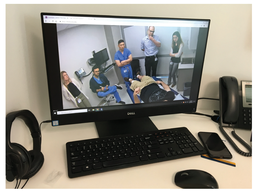


BACKGROUND

- Etiquette training within the health professional curricula typically occurs through clinical rotations later in their training and is limited.
  - This is important because individuals with disabilities report having etiquette based reasons as to why they avoid seeking medical care.
  - Students may feel that they do not have the skill or feel comfortable knowing the best way to interact with an individual with a disability in these early clinical experiences.
  - There is limited exposure to individuals with disabilities in these patient situations, particularly in rural settings.
  - People with disabilities were more than 2x as likely to report finding health care provider skills inadequate to meet their needs; 4x more likely to report being treated badly; and 3x more likely to report being denied care.[2]
  - In a survey of Connecticut physicians, 91% of primary care physicians revealed that they had received no training in intellectual and developmental disabilities; 71% felt they would benefit from such training.[1]
    - Many respondents thought that providing care for people with intellectual and developmental disabilities was likely to be more difficult than those without a disability.
- Disability etiquette includes skills that are necessary for the inclusion of individuals with disabilities in all settings.
  - This can include things like asking before you help, being sensitive to physical contact, using People First Language and consulting with the person for their individual needs.
- Increasing training may increase first impressions, satisfaction with care and increase continued services.

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OBJECTIVES

The learner will be able to discuss the importance of, and demonstrate the following skills with a patient who has a disability to obtain a successful medical history for the patient:

- Establish effective rapport
- Use People First Language
- Establish and maintain appropriate eye contact
- Open conversation effectively
- Put patient at ease with visit
- Avoid limited side conversation not involving patient
- Use appropriate conversational touch with patient when needed and announce prior to touching patient
- Avoid stigmatizing patient or being distracted by disability
- Discussing any transport needs directly with patient if applicable
- Speak directly to patient seeking appropriate communication as needed (e.g., sign language, devices)
- Ask patient for any questions or concerns prior to leaving room

METHODS OR DESCRIPTION OF THE PROGRAM

Subjects

This simulation exercise was piloted and completed by 51 third year medical students in two separate sessions as a mid-block elective at WVU. These students receive this simulation training through the WVU STEPS Center.

Simulation Exercises

Clinic Scenarios Segment

- Three different clinic scenarios (each 20 minutes).
- Representing three conditions with comorbid presenting symptoms that may create common challenges for health providers.

Detailed Case Descriptions

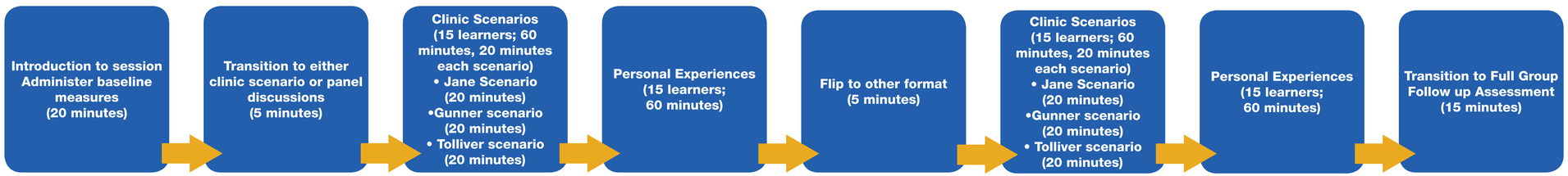
- Jane Harper is a 22-year-old female with Level 1 Autism Spectrum Disorder who presents at a hospital emergency department with abdominal pain. She also has a diagnosis of generalized anxiety disorder. Negative pregnancy test. No report of drug or alcohol use. Has a very restricted diet. Along with demonstrating knowledge of disability etiquette, medical students are asked to respond to a complex history with a general knowledge of ASD. Many persons with Autism have gastrointestinal issues and a very restricted diet due to sensory issues. These factors should be considered when developing a treatment plan.
- Joe Gunner is a 22-year-old male coming to the hospital emergency department after an ATV accident for left-side chest pain, left leg pain and a concussion. Hospital staff report the smell of alcohol on his breath and a delay in motor skills. Gunner reports daily/weekly alcohol use. Along with demonstrating knowledge of disability etiquette, medical students are asked to provide appropriate treatment for a concussion and likely Traumatic Brain Injury. The question of alcohol abuse also should be addressed.
- Sophia Tolliver is a 47-year-old female coming to the hospital emergency department with a complaint of not being able to use her right hand. Patient denies drug or alcohol use. For the past two weeks she has had severe cramping in her lower legs and shoulders. Friend bringing her to the ED notes Tolliver's speech was hard to understand on the phone before today's visit. Along with demonstrating knowledge of disability etiquette, medical students should screen for possible stroke and take action to treat symptoms.

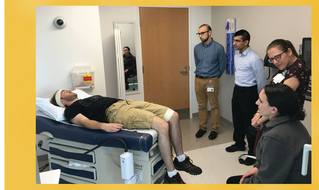
Personal Experiences Segment.

- Four individuals with disabilities described their own first impressions of a medical visit and provide examples of common etiquette themes important to them as patients.
  - Learners are encouraged to ask questions for the panel members.

Procedures

- All learners received an introduction to the session and then completed baseline measures. Students were randomized into one of two groups. Group 1 begins with three clinical scenarios while the second group heard the personal experiences panel from four members. After 60 minutes, the groups switch and experience the other format. After another 60 minutes, the full group returned for a recap of the purpose, take home points, and closing messages. They are also asked to complete a short follow up assessment before leaving the simulation.





NEXT STEPS

After completing the pilot stages, we would like to integrate more explicit disability etiquette education prior to panel or simulation in order to be comfortable serving patients with disabilities. Collecting data on the expected behaviors per individual verses as a group may yield different results.

REFERENCES

1. Krahn, G. and Drumm, C. (2007). "Translating Policy Principles into Practice to Improve Health Care Access for Adults with Intellectual Disabilities: A Research Review of the Past Decade," Mental Retardation and Developmental Disabilities Research Reviews 13, pp. 160–168.
2. World Health Organization. (2018, January 16). Disability and health. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/disability-and-health