

Innovations in Interprofessional Training

**Opportunities for collaboration with
self-advocates in disability medicine
education: The Interprofessional
Exercise in Disability**

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THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON

Sonoran Center for
Excellence in Disabilities

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The Mission

- **Persons with disabilities have the right to:**
 - **health care with the same range, quality, and standard of care as the general population,**
 - **services specific to their disabilities**
 - **services as close as possible to their own communities.**

- **(Article 25 of the 2006 UN Convention on the Rights of People with Disabilities).**

The Challenge

- **Health care settings are not accessible to people with intellectual/developmental disabilities.**
- **The majority of physicians have limited knowledge regarding the health and psychosocial needs of people with intellectual/developmental disabilities, primarily due from a lack of exposure and training.**

Our Goal

To increase knowledge of disability medicine *in general*, and developmental medicine *in particular*, in the University of Arizona Health Sciences Curriculum *in general*, and the Medical Curriculum *in particular*

To do so in partnership with self-advocates with disabilities *in general*, and with intellectual disabilities *in particular*.

How to get Developmental Medicine into the Medical School Curriculum

- ***Curriculum crowding* generally limits the addition of a required stand-alone course in developmental medicine to elective time.**
- **Electives are an important part of the strategy to enhance medical student education, but the addition of required developmental medicine topics is important to reach medical students more broadly.**

How to get Developmental Medicine into the Medical School Curriculum

- **Opportunities for topics in developmental medicine occur throughout the four-year medical curriculum.**
- **Integration of new curricular topics in an integrated fashion across the medical school curriculum has proven to be effective in nutrition education at the UA College of Medicine Tucson (Taren et al 2001) and elsewhere (Ball et al 2014).**

Self advocates have important contributions to make to medical education

- **In accordance with the principle of “nothing about us without us,” it is essential to include self-advocates with intellectual/developmental disabilities in educational efforts.**
- **Previous contact with people with disabilities, specifically close contact, along with prior knowledge about disabilities, impact the attitudes of medical students towards people with disabilities. (Sahin and Akyol, 2010).**

Self advocates have important contributions to make to medical education

- **Results of a survey of UA College of Medicine Tucson medical students suggested students were most interested in social issues surrounding disability in the medical context, and wanted to learn from people with disabilities and their families (Kennedy et al, 2017).**

An Opportunity

- **The UA Health Sciences Interprofessional Education and Practice (IPEP) Curriculum**
- **Four *required* Interprofessional Education activities annually**
- **Students from the UA Colleges of Medicine in Tucson, Nursing, Pharmacy, and Public Health participate**

An Opportunity

- **The activities may also include students from Law, Nutrition, Speech/Language/Hearing, Social Work and Recreational Therapy (Arizona State University) and Occupational Therapy (Northern Arizona University)**
- **The Interprofessional Education Exercise in Disability (IPE-D) occurs in the second year of the medical school curriculum**

The first IPE in Disability was in 2007

Leslie Cohen JD, our original Sonoran UCEDD director, was the committee chair for the IPE-D

Original Format

- **Brief Introduction**
- **Interprofessional small groups (6-8 students): Case discussion of a man with intellectual disability and type 2 diabetes mellitus.**
- **Each group reports back to the rest of the students in their classroom after completing the discussion**
- **Students report back to the auditorium for a Panel Discussion**

Panel: Community members with experience of disability

- Five panelists with experience of different disabilities**
- Self-introductions, and then question and answer with the students. (now through Poll Everywhere)**
- Panelists represented a range of acquired and developmental disabilities, but intellectual disability was represented by parents of children with ID, not by people with ID themselves**

- **Dr. Bassford became IPE-D event chair beginning with the 2017 event**
- **GOALS:**
- **Enhance the participation of self-advocates**
- **Improve the small group sessions to reflect patient-centered care and shared decision making**
- **Increase the representation of people with intellectual disability**

2017 The community member panel session was the most appreciated part of the event as judged by student comments every year, so we moved the panel to the beginning of the event (immediately after the introduction) to get the activity off to a strong start

We piloted people with disabilities (most) and family members (some) to participate in the small group case discussions as community facilitators.

We added a “Word Cloud” at the beginning and the end of the session. Students are asked to “submit a word or phrase that comes to mind when your hear the word disability” via Poll Everywhere.

2018 We continued to begin with the panel discussion, which was entirely people with disabilities (no family members) and 16 community facilitators participated, including 2 with intellectual disability and 1 with other developmental disability.

2019 We continued to begin with the panel discussion, which was entirely people with disabilities, and conducted a video-interview of each panel member before the event. 16 community facilitators participated, including 3 with intellectual disability and 2 with other developmental disability.

We created a videotaped case study to replace the written case study.

Community Facilitators

- **Each classroom already had faculty facilitators who were responsible for 1-3 small groups**
- **Their role is to facilitate the small group case discussions. They are there to stimulate discussion, not be content experts.**

- **We built on this idea to add community facilitators with disabilities (most), or with a family member with a disability (some)**
- **The role of community facilitators was to**
 - **Be a participant in the group, not leader of group.**
 - **Provide input based on personal experience with disability.**
 - **In particular, provide a perspective on how health care and other providers of services to people with disabilities can better relate to/work with patients.**
 - **To help model patient centered care and shared decision making.**

Patient-Centered Care: Shared Decision Making

- **Adds the patient to the “Interprofessional team”**
 - **Individual Level: Patient/family input helps determine medical decisions.**
 - **Organizational/Policy Level: Patient/family representation on committees (safety, quality, resource).**
 - **Shared decision making leads to better treatment outcomes, higher patient satisfaction, more cost effective care.**
 - **Health professionals need more training to work with patients as partners in shared decision making.**

Community Facilitators

- **A one hour orientation for community facilitators was presented in 2017, 2018, 2019, about one month prior to the IPE-D**
- **Was required for all new facilitators**
- **Community facilitators were encouraged to invite any support people (family or non-family)**
- **In-person (Dr. Bassford) with a presentation and then discussion**
- **Linked to a classroom at the Phoenix COM**
- **Taped for later access by all facilitators**

Community Facilitator Orientation

- **Why do we have the event?**
- **Who will be at the event?**
- **What are people supposed to learn at the event?**
- **What will happen at the event?**
- **What is your role?**
- **“When and Where”.**

Community Facilitator Orientation

Why do we have the event?

This happens annually.

It teaches health students about important topics in the lives of people with disabilities.

It teaches health students from different professions how to work together as a team to take care of people.

Community Facilitator Orientation

Your role

You are there to remind people of Vicky's point of view (the patient perspective)

Think about the answers to the questions from your point of view as a person with a disability or as a support person for someone with a disability

We think the students learn more and take the exercise more seriously when you are there.

Community Facilitator Orientation

- **Questions are good: “why do you think a person with a disability?”**
- **You can share your experience: “if I was the person in this case, I wouldn’t want the doctor doing because.....”**
- **You can make something more clear: “I don’t think this person would”**
- **It is okay to be quiet: Let the students discuss, come to their own conclusions.**

Recruitment of community facilitators
was opportunistic

- **Panelists**
- **Family members of faculty facilitators**
- **Staff and faculty with disabilities (or parents of someone with a disability)**
- **Patients (or parents of patients) from the Children's Clinic**

Recruitment of community facilitators was opportunistic

- **Patients from our Model Coordinated Primary Care Program for Adults with Intellectual/Developmental Disabilities in Family Medicine**
 - **A number of these patients already have some experience co-teaching medical students and residents with me**
- **Artists from Artworks, the Sonoran UCEDD's program in the arts for adults with IDD. Many have had experiences in joint projects with some of our medical students through a COM service learning program**

We added information about our pilot to the faculty facilitator orientation

- **The concept of patient-centered care and shared decision making**
- **The role of the community facilitators**
- **The backgrounds of the community facilitators**

Original Case study

- **50 year old man with intellectual disability and type 2 diabetes mellitus**
- **He has moved to a group home after the death of his mother**
- **Case is read aloud in small interprofessional groups**
- **Case has three sections, with questions for discussion after each section**

Videotaped introductions in 2019

Introductions limited to 16 minutes total, leaving for 39 minutes for question and answer

We videotaped a total of about an hour with each panelist, in order to capture important information and ideas that could be used in other courses

How accessibility improves things for everyone.

- ***A (captioned) video case would:***
 - **Allow for visual learning as well as auditory learning**
 - **Move at a different pace**
 - **Allow for previewing by some of our facilitators without depending on someone to help them read it**
 - **Be more engaging**
- **The case was presented as a videotaped case in 2019**

Vicky Cross, a 35 year old woman with Down Syndrome and Type 2 Diabetes Mellitus



Considerations in the production

- **Originally written by Karen Spear-Ellinwood, based on the original case with edits by Drs. Bassford and Shirai**
- **Edits on the day of shooting by the actors**
- **We wanted it to reflect our AHSC community, more like a taped role play than a production**

Considerations in the production

- **The primary character was played by an Artworks artist (we had auditions at Artworks)**
- **The Nurse Practitioner was played by a medical student**
- **Family and group home staff were played by UCEDD/Artworks staff**
- **Total video time was 20 minutes, with 30 minutes for discussion (in three parts)**

Considerations in the Case

The videotaping allowed us to better emphasize:

- **Communication**
- **Change in environment and its impact on health**
- **Competence and decision making**
- **Integration of the patient in their care**
- **Different professions approaches to health goals**
- **Community resources**

Vicky's Big Move

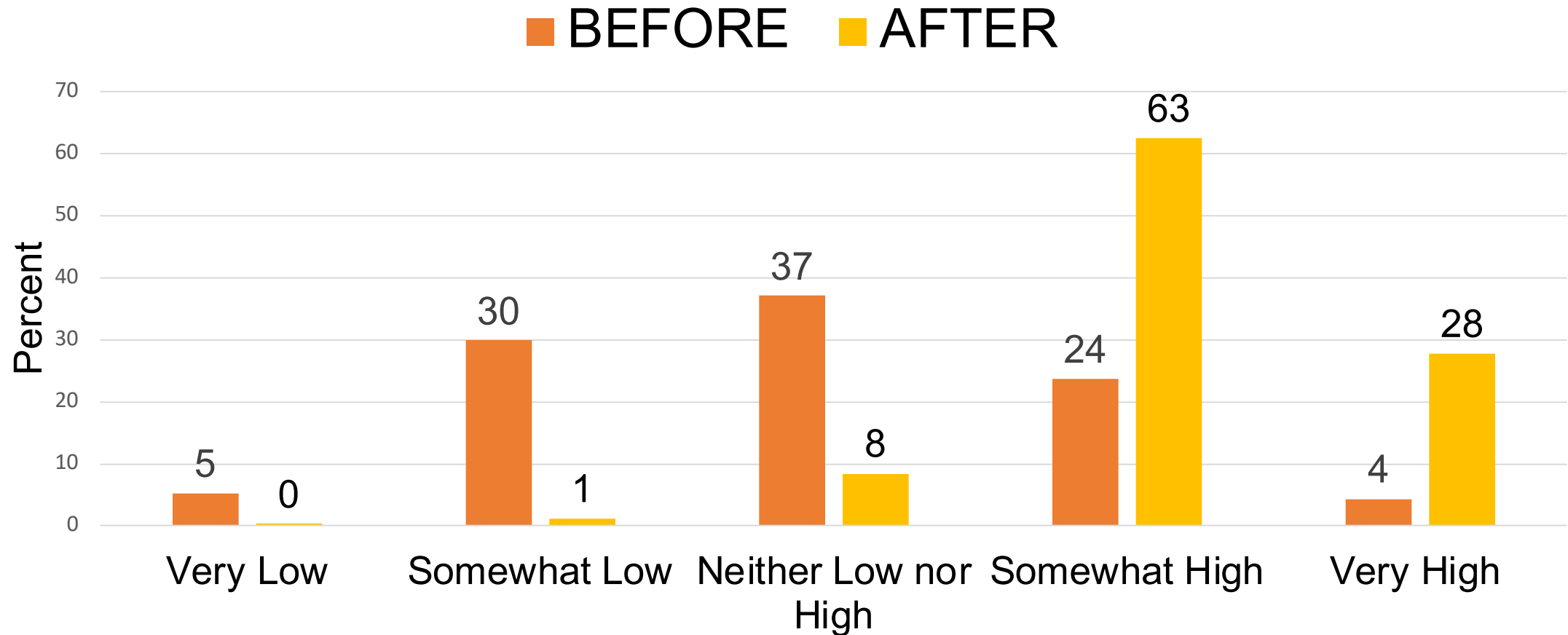


Vicky's Big Move: Challenges for Interprofessional Healthcare Teams 2

- **Student Attendance 492**
 - **College of Medicine = 80**
 - **College of Nursing 156**
 - **College of Pharmacy = 113**
 - **College of Public Health = 31**
 - **UA Nutrition = 58**
 - **ASU: 11**
 - **NAU Doctorate Occupational Therapy = 43**

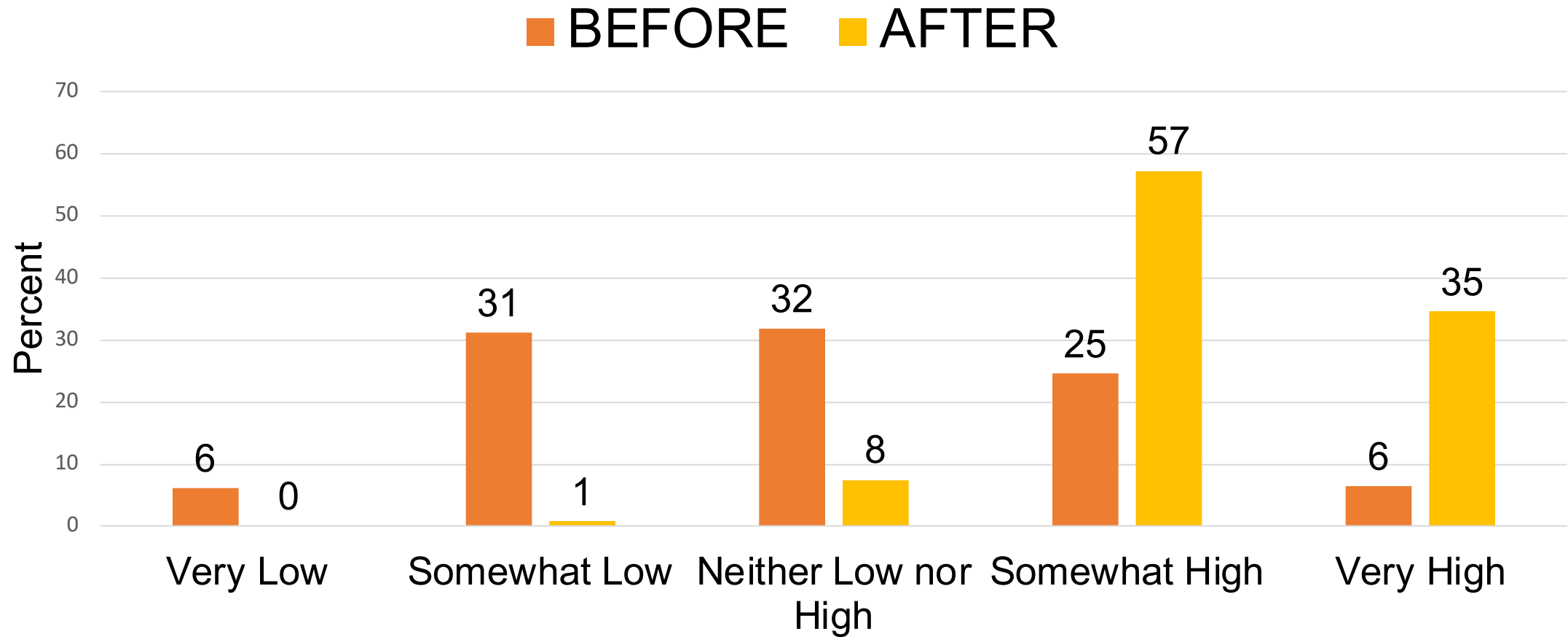
- **The following slide shows students rating their understanding of the delivery of accessible health care from the perspective of persons with a disability, both before and after the IPE-D.**
- **In 2019, the percent of students who rated their understanding as somewhat high or very high, increased from 28% pre-event to 91% post-event.**
- **This is an improvement from 2018, when the numbers were 18% pre event to 53% post event.**

My understanding of the delivery of accessible health care from the perspective of persons with a disability N = 440.



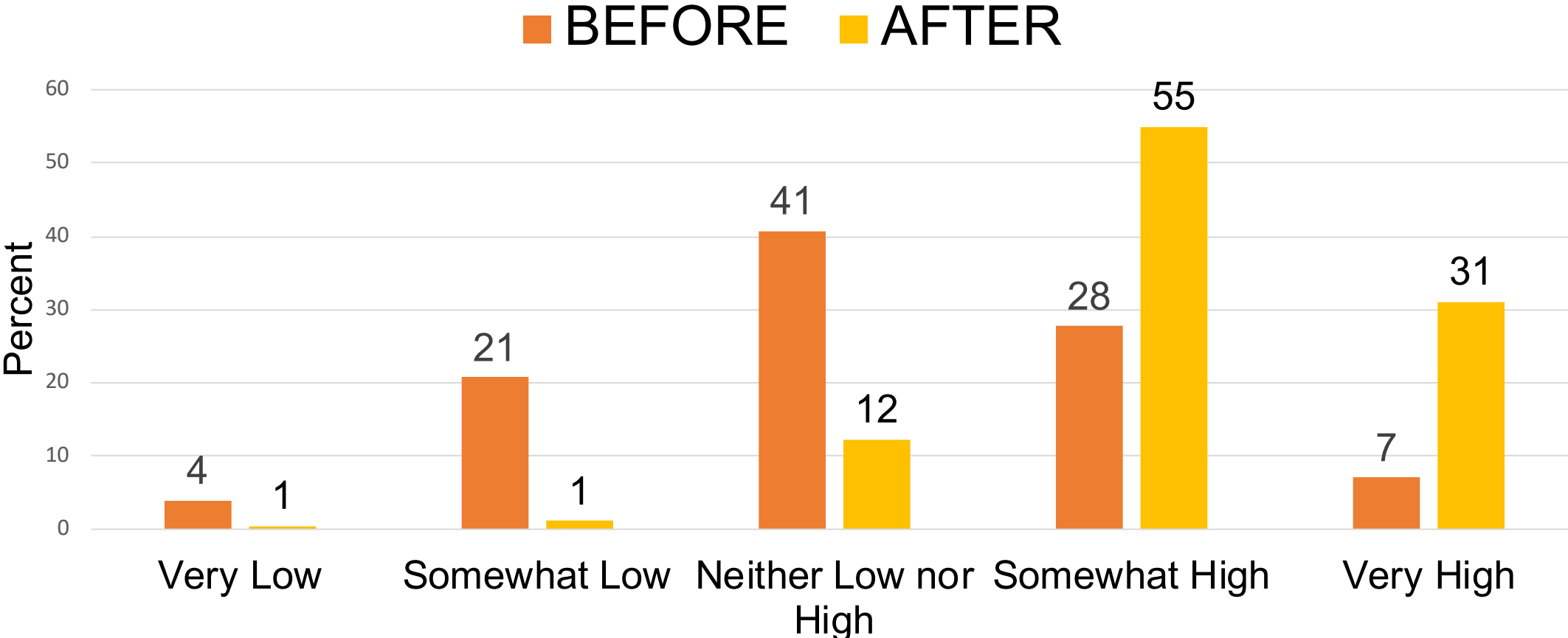
- **The following slide shows students rating their understanding of the impact of a disability on a person's interactions with the healthcare system, both before and after the IPE-D.**
- **In 2019, the percent of students who rated their understanding as somewhat high or very high, increased from 31% pre-event to 92% post-event.**
- **This is an improvement from 2018, when the numbers were 26% pre event to 70% post event.**

My understanding of the impact of a disability on a person's interactions with the healthcare system N=440



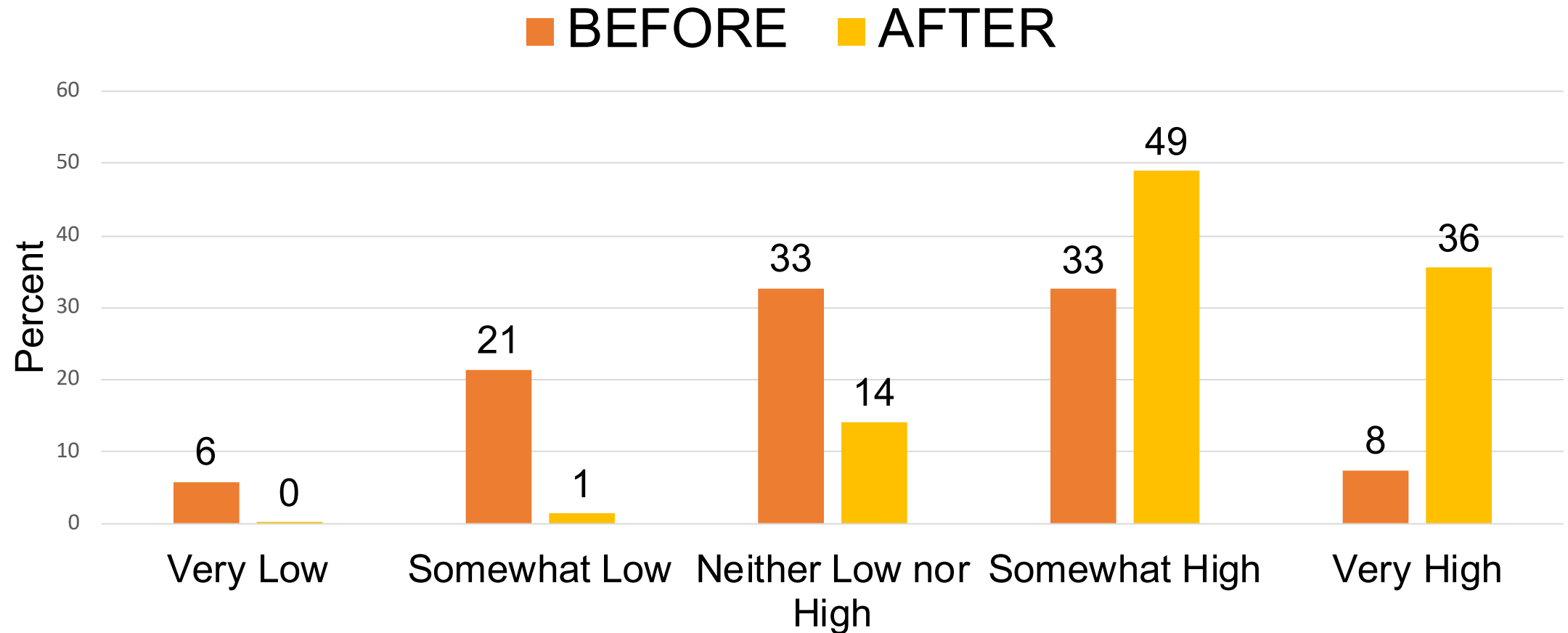
- **The following slide shows students rating their understanding of the roles and functions of the members of an IP team in the delivery of patient-centered care for persons with disabilities, both before and after the IPE-D.**
- **In 2019, the percent of students who rated their understanding as somewhat high or very high, increased from 35% pre-event to 86% post-event.**
- **This is an improvement from 2018, when the numbers were 23% pre event to 65% post event.**

My understanding of the roles and functions of the members of an IP team in the delivery of patient-centered care for persons with disabilities N = 440



- **The following slide shows students rating their understanding of how disability is socially constructed, both before and after the IPE-D.**
- **In 2019, the percent of students who rated their understanding as somewhat high or very high, increased from 41% pre-event to 85% post-event.**
- **This is an improvement from 2018, when the numbers were 18% pre event to 53% post event.**

My understanding of how disability is socially constructed N = 440

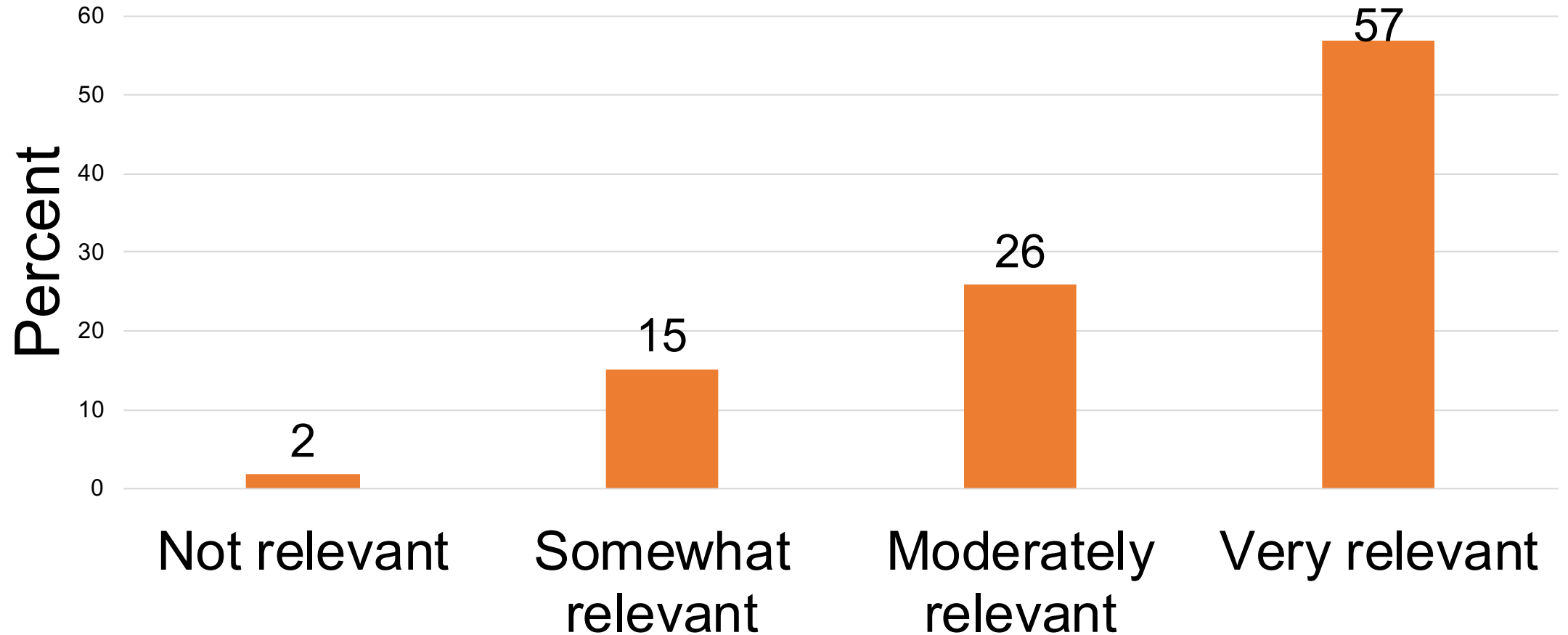


- **Students also rated their understanding of the delivery of accessible health care from the perspective of persons with a disability, both before and after the IPE-D.**
- **In 2019, the percent of students who rated their understanding as somewhat high or very high, increased from 28% pre-event to 91% post-event.**
- **This is an improvement from 2018, when the numbers were 32% pre event to 52% post event.**

- **The following slide shows students responses to the question**
- **How relevant was *Disabilities: An Interprofessional Exercise* to your current professional education?**
- **In 2019, 83% of the students thought it was moderately or very relevant.**

How relevant was *Disabilities: An Interprofessional Exercise* to your current professional education?

N = 440



- **The answer to this question was somewhat lower for medical students, with 72% answering moderately or very relevant.**
- **This has been typical for medical students across all interprofessional events.**

- **We asked the students how much NEW information they learned about eight topics. These are the percent of students that answered “a great deal” , “a lot”, or a “moderate amount”.**
- **Disability as a medical construct, Disability as a social construct, The importance of knowing the person instead of a disability. Things I can do to facilitate communication with persons with disabilities, Ways to make the healthcare environment accessible for persons with disabilities, People first language, The role of self-advocacy for person with disabilities, Community resources to support people with disabilities,**
- **The average of all the responses was 84%, higher than the average in 2018, which was 68%.**

We asked the students “To what degree did *Disabilities: An Interprofessional Exercise* make you reflect on your own behaviors when interacting with persons with disabilities?”

- 90% answered “a moderate amount, a lot, or a great deal.”**
- We asked the students “Overall, how would you rate *Disabilities: An Interprofessional Exercise*?”**
- 90% answered good, very good, or excellent.”**
- This percentage was lower for medical students, at 79%.**

Qualitative student feedback 2019

- **Over 300 comments**
- **Overwhelmingly positive**
- **Mentioned the panelists and the presence of community members**
- **Mentioned the video**
- **Many more comments on the interprofessional nature of the working groups**
- **Many comments on the personal impact of the session**

Qualitative student feedback 2019

“I liked how I was able to gain different perspectives on healthcare fields as well as the perspectives of life among the panelists with disabilities. It was very insightful to learn about their experiences and their thoughts on the topic and I feel enlightened in many different ways. Thank you for this experience!”

Qualitative student feedback 2019

“I really liked the video story, with interludes allowed to discuss what we could do as HCP's to improve the patient's quality of life and independence. I was extremely grateful that we also had an experienced professional at the table with us to validate and improve our suggestions. The panel discussion prior to the classroom activities was also incredibly enlightening. I left the event feeling refreshed and invigorated. It was very rewarding.”

Qualitative student feedback 2019

“I really enjoyed the community members’ and panel members’ participation in discussion.”

“I enjoyed the insight from those with disabilities.”

“I enjoyed working with other professions and coming up with ideas to help people together rather than on our own. People are better together and working in a healthcare team could do a great deal of good for our society. I enjoyed hearing from the panel and I walked away feeling like I wanted to make an impact in the lives of people with disabilities. “

- **Faculty Facilitator Feedback 2019**
- **90% of faculty believed that their students were actively engaged in the discussion, and 10% felt their students were moderately engaged.**
- **100% of faculty rated the exercise as “good, very good, or excellent” , with 61% rating it as excellent.**
- **100% of faculty were satisfied or very satisfied with the event.**
- **79% reported that they would like to integrate more disability-related topics into their professional curriculum for students.**

Faculty Qualitative Feedback 2018

- **“The community members and panel were awesome.”**
- **“...Having them (*community members*) in the room made students more empathetic and I think also helped them take the exercise more seriously...”**
- **“The feedback for the community participant greatly impacted the students”**
- **“...The participation of the community member set a deeper stage of engagement for the students.”**
- **“The most engaged I have seen in about six years of participating...”**

Faculty Qualitative Feedback 2019

“This (community facilitator) was a very good thing to have, the students really appreciated having the community participants in the room and their comments. I heard several people stating that this was an amazing exercise!”

“I think students really appreciated having (community facilitator) in the room. He went around to each table and spoke with different groups. he listened to what they had to say and shared his ideas from patient perspective. I thought the students appreciated his presence. many thanked him as they left the room.”

Faculty Qualitative Feedback 2019

“students really engaged and were discussing how to meet the clients needs utilizing all the service lines being represented”

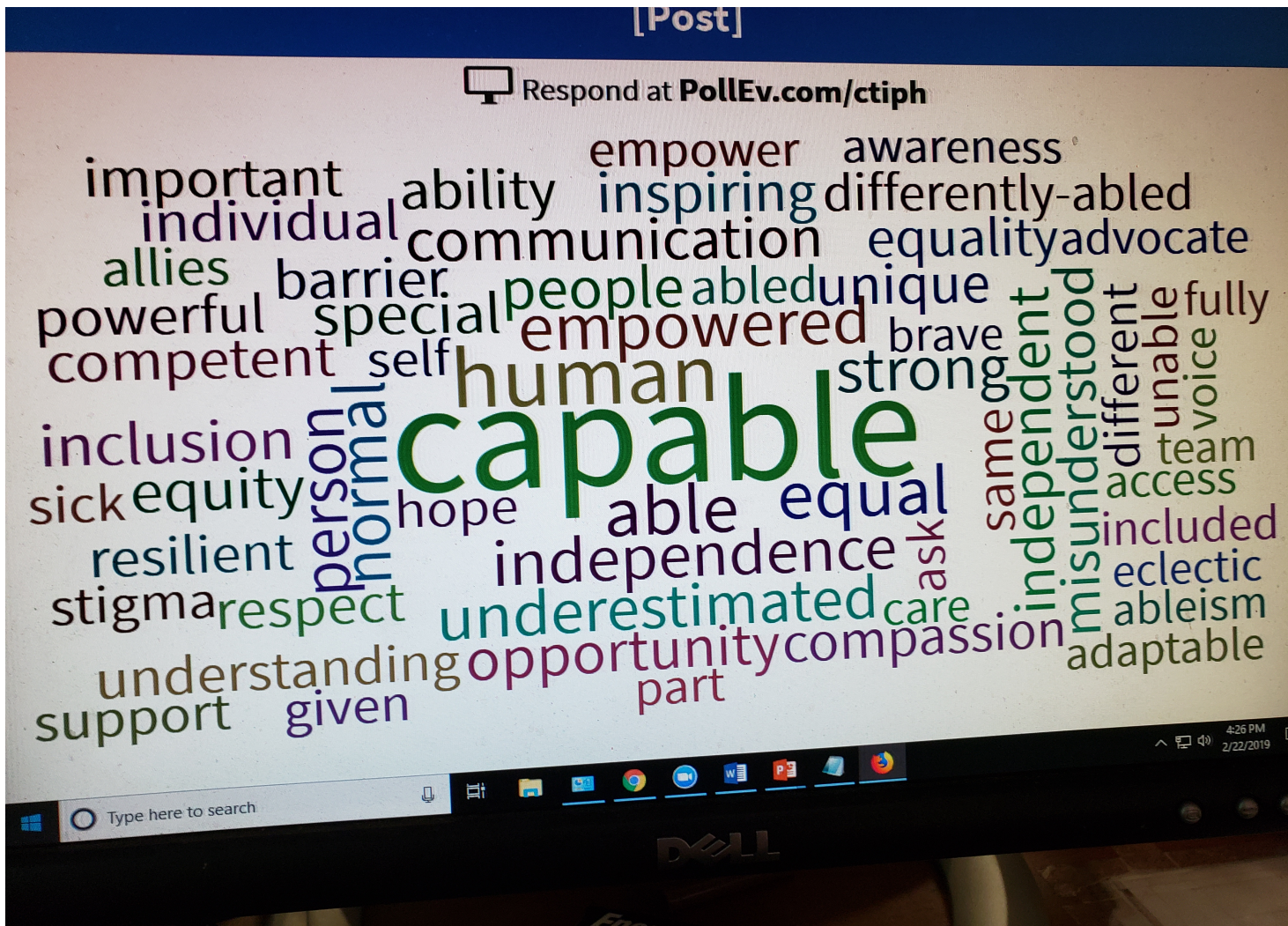
“The students were all engaged that I didn't have to do much”

“The students were much more engaged this time with the video clips.”

“Students seemed really interested!”

- **The next slide shows the word cloud we created at the end of the event. “Capable” is the largest word, indicating this was the most common response.**

Please submit 1 word or phrase that comes to mind when you hear the term "disabilities" or "disabled" [please hyphenate phrases]



- **An IPE on disability had a positive impact on health students' knowledge and attitudes.**
- **Teaching by self-advocates was highly valued by students and faculty.**
- **Collaboration with self-advocates also improved pedagogic methods, as the videotaped case study, while improving accessibility for self-advocates, also increased engagement for students.**

Next Steps

- **Increase number of community facilitators so all small groups will have them**
- **Increase the percentage of community facilitators with ID by partnering with Special Olympics Arizona and their athlete leaders**
- **Involve community facilitators in course planning committee**
- **Improve community facilitator training by working with Universal Design@ the University of Arizona**