Disability Competency for Healthcare Professionals

Henry Kendrick, UAB School of Dentistry; Matthew Hudson, Heersink School of Medicine; Collat School of Business

The Albert Schweitzer Fellowship Alabama

UAB Heersink School of Medicine — The University of Alabama at Birmingham

UAB School of Dentistry — The University of Alabama at Birmingham

UAB Collat School of Business — The University of Alabama at Birmingham

Introduction

Disability encompasses a substantial and often unrecognized portion of the population. People with disabilities have higher rates of chronic disease, yet these patients continue to experience poorer access to quality healthcare throughout their treatment in comparison to those without disabilities. The ***World Report on Disability*** specifies that people with disabilities are ***"twice as likely to find healthcare provider skill and equipment inadequate to meet their needs; three times as likely to be denied care; and four times as likely to be mistreated or misunderstood by healthcare providers"***. Healthcare education across the country often insufficiently prepares providers to properly communicate and holistically care for people with disabilities. Thus, we and others have proposed that dedicated disability training for healthcare providers is necessary to improve communication, medical access, and successful healthcare outcomes for those with disabilities. This type of training seeks to *remove* the premise that disability must be associated with a negative health outcome and further, seeks to remove the idea that low function and low quality of life are expected and acceptable in this population. Improved education of the next generations of healthcare providers will shift the concept of thinking of disability as a disease, instead seeing disability as functional limitation(s) that may or may not limit quality of life. ***A disability competent workforce will be able to provide improved care for all by ensuring greater access, more person-centered support, appropriate pre-emptive health screening, targeted follow-up care, and increased responsiveness and understanding of care needs for all patients.*** Unfortunately, attitudinal barriers can also hinder access to quality healthcare for those with disabilities, however, curriculum integrated interventions have shown improvements in attitude, primarily targeting the concept of ableism and understanding of disability. Addressing the gap in education that accompanies many American medical and dental schools through a targeted interactive educational module has shown improved perception, understanding, communication, and clinical skill in students participating in such programs, which was also the overarching focus of our e-Learning module.

Logic Model

Outcomes

- Integrate holistic disability competency education into current formal healthcare training
- Improve overall care for people with disabilities in the Birmingham community by targeting future healthcare providers across multiple disciplines at UAB

Outputs

- Students report increased confidence communicating with those with disabilities
- Students report positive attitudinal change toward care of those with disabilities
- Students demonstrate knowledge in the five core competencies specified by the Alliance for Disability in Healthcare Education (ADHE)

Activities

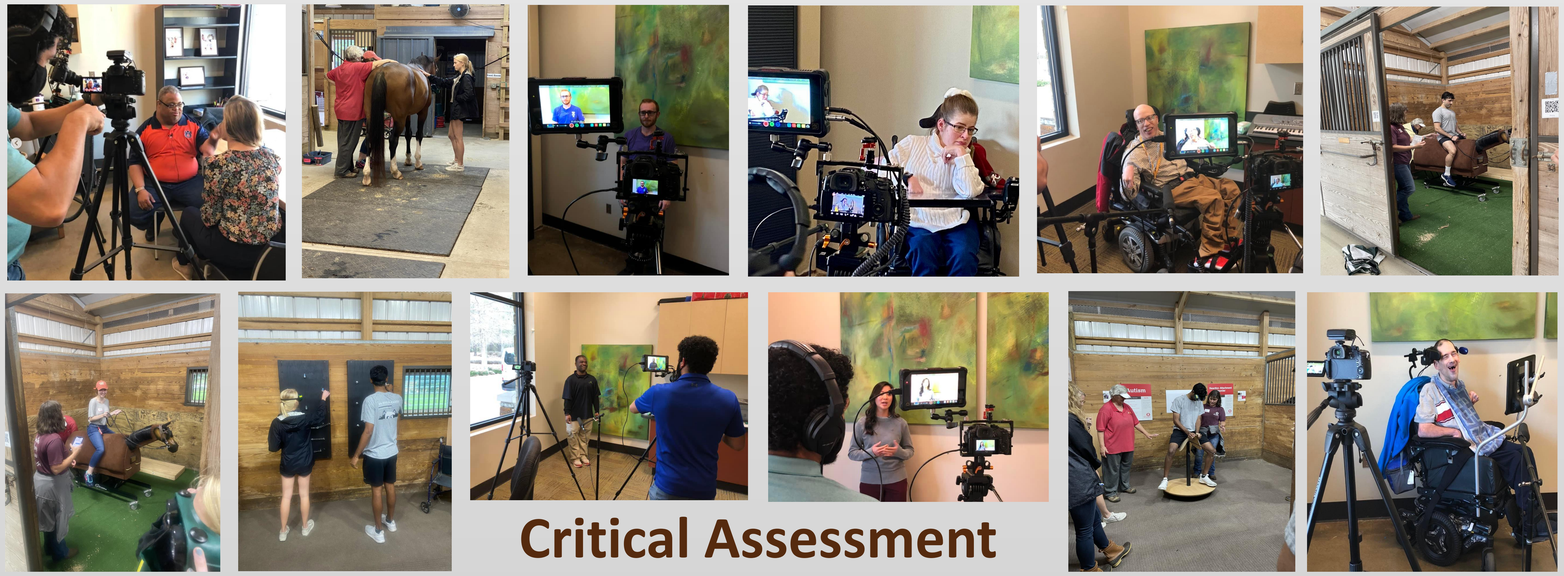
- Creation of E-Learning module addressing five core competencies specified by the ADHE
- Completion of pilot education model by all participants
- 3 learning experiences applying communication skills at The Red Barn

Inputs

- Total Fellow hours: 460.5
- Participant direct contact hours: 108
- Over 40 stakeholder persons/organizations involved in module development
- UAB e-Learning provided educational design, content recording, A/V support and graphics development

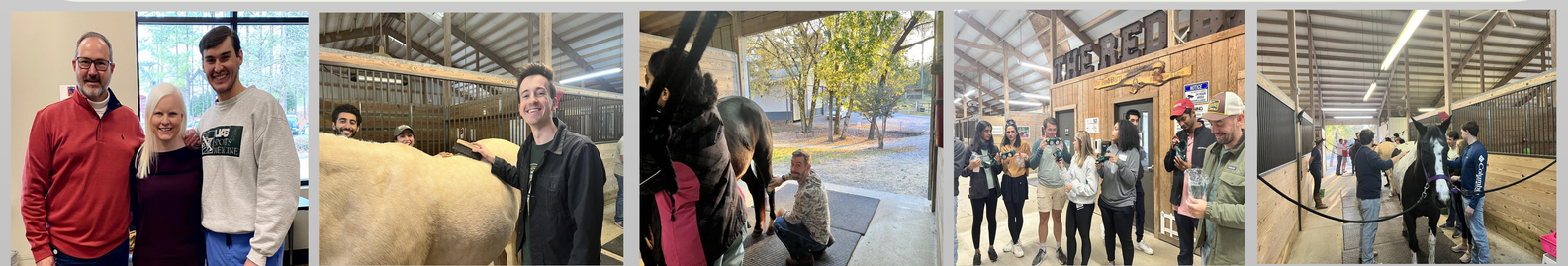
Impact

Eighteen student participants demonstrated significant positive attitudinal change toward working with patients with disabilities in their future healthcare professions, as measured by ATDP Form B (Yuker, Harold E.)



Critical Assessment

In the beginning, we honestly did not expect to encounter the same sorts of challenges with our project that many of our peers had faced before us. Now, whether that was out of optimism or naivety… we can certainly say now that this was naivety. We were forced to make major changes and required much more flexibility from ourselves than we ever could have anticipated, but this was largely due to us gaining more support than we ever could have imagined. As Henry wrote, ***" The very individuals who have had negative experiences in our care were willing to share their stories, offer advice, and approach the future of healthcare with optimism. Their selflessness, vulnerability, and passion for change is what truly drove this project to success."*** We were forced to be adaptable, and because of that, I think that Henry and I both grew more from this last year than we realized while it was happening. Kristin mentioned to me a quote from Brene Brown a few months ago, and I think it's become more poignant for me each time I revisit it: "***When you judge yourself for needing help, you judge those you are helping. When you attach value to giving help, you attach value to needing help. The danger of tying your self-worth to being a helper is feeling shame when you have to ask for help. Offering help is courageous and compassionate, but so is asking for help."*** I think that Henry and I, if nothing else, can now say that we feel confident in asking for help. Just check our acknowledgements and know that we'd have to print another poster to mention each person who touched our project!



Acknowledgements

The Red Barn Faith, Hope & Love · Mitchell's Place Unlocking Potential · United Ability · Special Equestrians · UAB eLearning and Professional Studies, The University of Alabama at Birmingham · UAB Disability Support Services, The University of Alabama at Birmingham

Special thanks to: Dr. Will Brooks, Dr. Caroline Harada, Valerie Dubose, Catherine Buttrey, and Dr. Danielle Powell for serving as mentors; the Provost Office for their support; and to Dean Vickers and Dean Taichman for their leadership.