



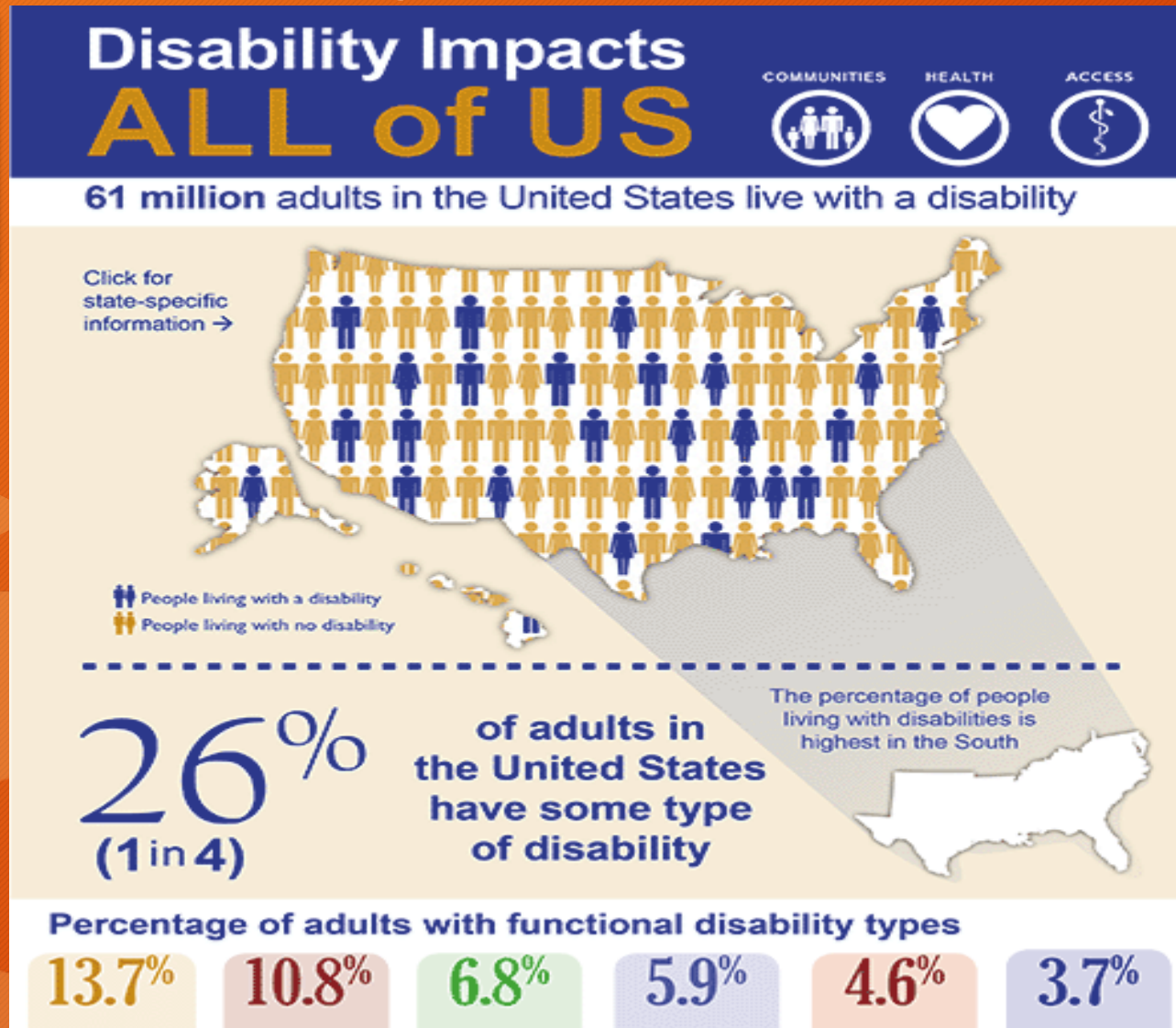
Imperative Undergraduate IPEducation: Nursing Care for People with Disabilities



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Percentage of US Population with a Disability



26% or 1 in 4
61 million

<https://www.cdc.gov/ncbddd/disabilityandhealth/images/disability-impacts-all1185px.png>

Vulnerable Population

PWD are a vulnerable population experiencing multiple barriers including

- inaccessible health care facilities
- communication issues
- lack of adequate medical information
- lack of health care provider's understanding of their disability.

Havercamp, 2015

Barriers to Health Care for People with Disabilities

Health Environment

Absence of disability standards in provider training
Insufficient data on the health of people with disabilities
Lack of inclusive health promotion programs

Health Care System

Scheduling constraints
Payment/Reimbursement issues
Lack of age appropriate services and supports

Clinical Practice

Inaccessible office and equipment
Lack of staff training
Communication barriers

Provider

Lack of disability training
Poor attitudes
Incomplete knowledge
of care coordination



Aggravating Factors to Barriers for PWD

Negative attitudes

Inaccurate and inadequate knowledge

Lack of educational preparation

Limited skills in diagnosing, treating, and providing care

Impact and contribute to negative healthcare outcomes, quality of services and disparities for PWD

RELEVANCE



Education
reverses
attitudes,
builds
confidence

Adequate health care professional education has been shown to positively impact both attitudes and confidence in terms of boosting health care provider's assurance in their abilities to adequately communicate and care for PWD

Symons et al 2012, Bu et al 2016, Smith et al 2016, Geckil et al, 2017, Brown, 2010, Levett-Jones et al, 2017.

Frequent and repeated clinical exposure of the care of PWD has been successful in building confidence and improving attitudes of health care providers.

Karl et al, 2013

Factions Encouraging Incorporation of Disability Education

HP2020

- Emerging Issues in Disability and Health
- Ensuring that professional degree programs offer coursework in disability and health.

WHO

*“Poor coordination of services, inadequate staffing, and weak staff competencies can affect the quality, *accessibility, and adequacy of services for persons with disabilities*”*

IOM
(NAM)

“Recommends strengthening education in chronic illness and disability management in curricula for health care professionals, including education on the specific topics of secondary conditions and aging with disabilities”

Surgeon
General

“Enhance and broaden the content and expand the use of educational and training materials for health care providers that focus on the health care and wellness needs of persons with disabilities, including secondary condition”

National
Council
on
Disability

“The absence of professional training on disability competency issues for health care practitioners is one of the most significant barriers that prevent people with disabilities from receiving appropriate and effective health care”

111th US
Congress

“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”

- *Section 5307 amends Title VII, Sec. 741 and Title VIII, Sec. 807 of the Public Health Services Act*

Endowment Proposal-Fellowship Development

- Since 2008, only faculty coordinating community clinical (required curriculum) at clinical sites focused on disabilities; approximately 5 clinical affiliations
- Dean and Development team approached me with a benefactor who wanted to give \$\$ to school
- Overarching goal- to educate students in disabilities-no other specifications
- Initially pondered graduate certificate course after interviewing all graduate track directors
- Epiphany-how students reacted in undergraduate community clinical
- Developed curriculum as clinical immersion to expose undergraduate students; increased clinical affiliations to 15 to incorporate interprofessional experiences and primary, secondary, tertiary-community care.
- Framed as independent study so no minimum required student participation (as opposed to an elective) and attached a \$2k stipend to offset 2-hour credit; covers 2/3rd of senior 1 semester.
- Applications open for a period of 2 weeks, fellowship offered only in Fall/Spring; eligibility requirements, and an interview
- Advertised through email, tutors and through a 2nd semester required course using former fellows to discuss program

Concept	Time Allocation	Content	Teaching Method
Introduction to Disabilities	8	Communication Etiquette, ADA, Prevalent disabilities and co-morbidities; Kahoot Autism Quiz	Lecture, Videos, Discussion Didactic
Facility specific onboarding ie: HIPPA	2		Online modules
Disability Experience	1.5	Video clips (9): Bullet Proof Trailer; Zack Anner Comedian with Cerebral Palsy; Mozzarella Pizza; Life in the Shadows (9.55 minutes); Morgan's Waterpark; A & E's Born this Way trailer; Independent Living; Lex Frieden-author of the ADA; Jared Dunten-mouth artist; college students with Down Syndrome.	Recognition-introspection of bias or stigma, movies, phenomenological approach Reflection paper
Sensory Deficits	2	CDC online modules: link https://nrsonger.osu.edu/education-training/ohio-disability-health-program/disability-healthcare-training/ (Links to an external site.) PART 1: people with physical and sensory disabilities and PART 2: people with developmental disabilities	Online self-paced module-asynchronous
Fatal Five	8	https://adnh.academy/relaxlearning.com/fatal-five-advanced-admit-hrs-advl-up/	Online self-paced module-asynchronous
Clinical practicum	64	<ul style="list-style-type: none"> • Primary Care • Secondary/Tertiary Care Rehab/Spinal Care/Outpatient/Urology • Orthopedic/amputee care Clinic • Children's developmental disabilities hospital • Pre-Kindergarten school for children with disabilities • Primary private school for children with disabilities • Community site serving PWD, day and residential services 	Skill demonstration, practice and application, experiential learning
Case Study Presentation	3	Preparation and presentation of specific client	Discussion of clinical cases
Weekly Debriefing	1.5	Response to weekly prompts	Discussion board, reflection, self-evaluation
Total Fellowship Hours	90	2 hour curricula credit	



Approaches to Clinical Education

IPE experience= ✨

- Via Fellowship-Independent Study 2-hour credit/90 hour clinical
- Via Community Clinical (required curriculum) 3-hour credit/135 hour clinical

Clinical Experiences include:

- ✨ • **Primary Care** (Transition Medicine Clinic) exclusively cares for PWD
LMSW, MD, RN
- ✨ • **Specialty Outpatient Clinics and Tertiary Care**
 - 1) The Institute for Research and Rehabilitation (Urology, Baclofen lab and Outpatient)
OT, PT, MD, RN
 - 2) Texas Children's Developmental Meyer Clinic (Autism)
MD, RN, LMSW, Speech Therapist
 - 3) University of Texas Orthopedic Clinic-Amputations
MD, RN, PT
- ✨ • **Secondary Care**-Shriner's Hospital for children
- ✨ • **Community Care**-3 schools serving children with disabilities (Arbor, Rise and Monarch) *PT/OT/Speech/RN*
- ✨ • **Community Care**-3 residential/dayhab facilities (The Center for Pursuit, Brookwood, Jewish Family)
- ✨ • **Camp for children with Disabilities** (Camp for All) *PT/RN/MD*
- ✨ • **Post HS Graduate School for Adults with Down Syndrome** (Friends of Down Syndrome)

Testimony for Cohorts 1.0-4.0

- <https://nursing.uth.edu/currstudent/cocurricular/index.htm>
- Currently now on our 7th Cohort
- 47 Fellows to date have participated



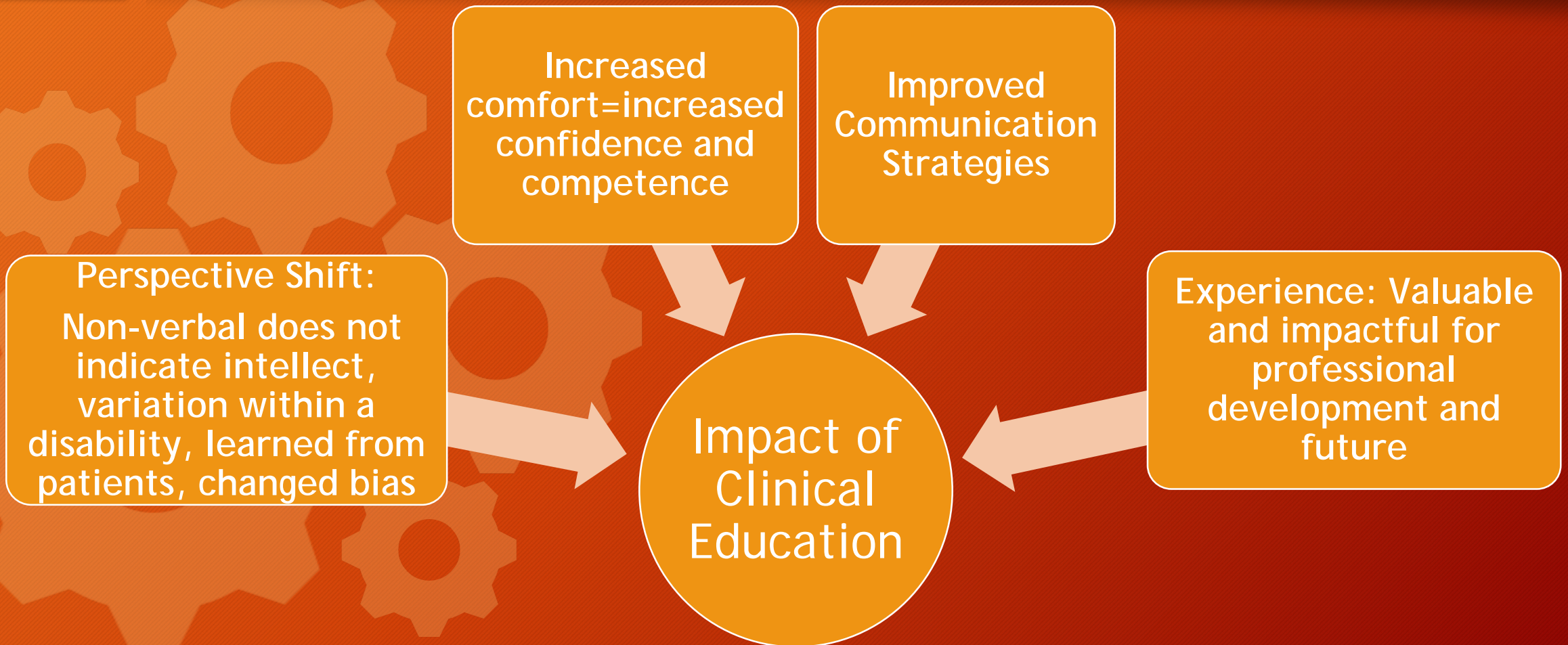
Research Questions & Limitations

Does participation in clinical education for care of people with disabilities

→ impact attitudes and confidence
→ skills and knowledge

Limitations: Lack of randomization, selection bias and generalizability, confounding variables such as prior degree, peer influence and in the fellowship GPA, lack of objectivity secondary to profession and reluctance to provide insensitive responses

Qualitative Analysis Themes



Selected Focus Group Quotes

Cohort 1-Attitudes:

Cohort 2-Knowledge:

Cohort 3-Confidence/Competence:

SIGNIFICANCE of InterProfessional Education

Address health needs among disciplines with PWD as navigating team member

Teamwork dynamics improve flexibility, adaptability, referrals, use of evidence based practice and supportive decision making promoting 'mutual goal setting' among members and PWD

Efficiency in identification of challenges with services and providers and facilitates determining strategies

Established IPE competencies from Alliance for Disability in Health Care Education

Established IPE competencies and Curricula from AADMD- American Academy of Developmental Medicine and Dentistry: (Primary Physicians, Dentist, Psychiatry

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