

Health Profession Education to Provide Quality Care for Patients with Differing Abilities

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Abstract

People living with a disability, like all other individuals, have differing abilities that make them unique. However, at times, well-meaning health care professionals may lack the necessary training and experience needed to effectively care for these patients. Persons with differing abilities also face challenges in health care settings due to inaccessible equipment and services that may lead to inequitable health care. Lehigh Valley Health Network's Medical Home Project, a group of patient, family, community and health care advisors, that seeks to improve the care of persons with disabilities through health professional education, recognized this knowledge gap and created a 32-minute video, entitled "Patient Voices" which displays appropriate techniques for treating and communicating with patients with differing abilities. In this study, 7 Lehigh Valley Health Network primary care practices (with 112 employees) received training comprised of the "Patient Voices" video, a brief introduction to the concept of Person First Language, and comments from a Medical Home Project representative who lives with a disability. 81% of those trained completed a 7-item pre- and post-test (n=91) that assessed their knowledge on disability etiquette. Respondents had a mean pre-test score of 5.59 (s.d. = 1.265) and a mean post-test score of 6.71 (s.d. = .543). A dependent t-test between the two mean scores showed a significant difference in knowledge after participants watched the video ($t(90) = 8.46, p \leq .001$). These data show that this educational program measurably increased staff knowledge in techniques to effectively care for persons with differing abilities. Next steps include training more primary as well as specialty practice staff members in this fashion.

Keywords

Disability, Patients with Disabilities As Teachers, Health Professional Education

Background

People living with a disability face barriers and, at times, discrimination in their everyday lives. Like all individuals, people living with a disability have differing abilities (Morchen, 2013). In the United States, approximately 56.7 million individuals are living with a disability and, of those, about 38.3 million people have a severe disability (Brault, 2013). The Americans with Disability Act of 1990 prohibits discrimination of any individual with a disability in the health care system (The American with Disability Act, 2010). Despite this legislation, people with disabilities continue to face barriers when seeking health care services, including inaccessible facilities, equipment, and communication systems (U.S Department of Human Services, 2005). Health care organizations are required to ensure accessibility and provide

accommodations to provide equitable health care (Disability Rights Education & Defense Fund, 2009).

Effective communication and basic etiquette are essential in patient-doctor relationship (Jain, 2013). The lack of education or exposure to persons with disabilities among health professionals may cause a disconnect between patients and their clinicians (Nichols, 2008). Studies show that less than 20% of medical schools teach their students how to communicate and care for the needs of patients in this population (Wen, 2014).

First-hand experience with patients with a disability enhances the teaching effectiveness and creates credibility, creating a more receptive audience (Ende, 1983). Patients with differing abilities and their family members can provide a unique and personal perspective on their experiences. The inclusion of these individuals enables learners to connect with them in a personal way

and results in greater understanding about caring for persons with differing abilities.

Patients with Disabilities as Teachers

Lehigh Valley Health Network (LVHN) responded to the challenges that individuals with differing abilities face in the health care setting by establishing the Medical Home Project (MHP). Comprised of persons with disabilities, their family members, community representatives and health care professionals, the MHP seeks to improve the quality of health care for individuals with disabilities by educating medical professionals about patient-centered care, respectful communication and effective coordination of community-based resources. One of the MHP's achievements is the Patients with Disabilities as Teachers (P-DAT) program (Jain, 2013). This 3-hour educational intervention seeks to educate health care professionals about appropriate ways to interact with patients with differing abilities. The program features specially-trained individuals with disabilities (or family of an individual with disabilities) who serve as faculty, a 32-minute training video, and Person First Language tips (Person First Language emphasizes the person first not his or her disability). The training video, entitled "Patient Voices," uses vignettes to illustrate how to effectively interacting with persons with disabilities.

In this study, a modified (45-minute) P-DAT training program was designed that featured the "Patient Voices" video, brief instruction on Person First Language and audience discussion with a person living with a disability or a family member of a person living with a disability (P-DAT faculty member).

Previous study

A previous study conducted by LVHN/ University of South Florida medical students found that opportunities existed to enhance staff knowledge in care to patients with disabilities in 7 Lehigh Valley Physicians Group primary care practices.

Methodology

After IRB approval, the 45-minute modified P-DAT educational sessions were offered to the 7 previously assessed primary care practices. Practice staff participating in the education included physicians,

advanced practice clinicians, nurses, ancillary staff and administrative personnel. The educational sessions included the "Patient Voices" video, conversation with P-DAT faculty, and Person First Language. A P-DAT faculty assisted in facilitating the training by sharing their personal health care experiences and answering any questions. Pre- and post-tests were distributed at the beginning of the training. The pre- and post-test consisted of the same 7 questions, which measured disability etiquette knowledge. The health care professionals were given the pre-test questions, shown the "Patient Voices" video, and then asked to complete the post-test questions. Paired-samples two-tailed t-tests were performed to analyze pre- and post-test scores.

Results

A modified P-DAT training program was presented to 112 medical professionals (90% of the staff members in the 7 practices). Of these 112, 91 staff members returned completed pre- and post-tests, for an 81% response rate.

Pre- and post-test scores for all completed surveys (n=91) were analyzed using descriptive and inferential statistics. Pre- and post-tests were scored based on the number of correct responses with a maximum score of 7. Respondents had a mean score of 5.59 (s.d. = 1.265) on the pre-test and a mean score of 6.71 (s.d. = .543) on the post-test. A dependent t-test of pre- and post-test scores showed a significant difference after participants watched the video ($t(90) = 8.46, p \leq .001$).

Results are consistent when analyzing the average results from each individual practice. For practice 1 (n = 19), respondents averaged a 5.79 (s.d. = 1.084) on the pre-test and a 6.74 (s.d. = .562) on the post-test. Practice 2 (n = 13), respondents averaged a 5.54 (s.d. = 1.391) on the pre-test and a 6.54 (s.d. = .660) on the post-test. Practice 3 (n = 9), respondents averaged a 6.22 (s.d. = .833) on the pre-test and a 6.78 (s.d. = .441) on the post-test. Practice 4 (n = 16), respondents averaged a 5.50 (s.d. = 1.461) on the pre-test and a 6.88 (s.d. = .342) on the post-test. Practice 5 (n = 15), respondents averaged a 5.40 (s.d. = 1.352) on the pre-test and a 6.60 (s.d. = .632) on the post-test. Practice 6 (n = 12), respondents averaged a 5.33 (s.d. = 1.497) on the pre-test and a 6.83 (s.d. = .389) on the post-test. Practice 7 (n = 7), respondents averaged a 5.43 (s.d. =

.976) on the pre-test and a 6.57 (s.d. = .787) on the post-test.

The post-test scores also showed less variability when compared to pre-test scores. Respondent scores ranged from a low of 2 correct answers to a high of 7 on the pre-test; the lowest score on the post-test was a 5, with a high of 7.

Anecdotally, the participating health care professionals welcomed this education and appreciated feedback and recommendations from P-DAT faculty.

Limitations

This study faced many challenging limitations that had potential impact on this study's results.

- *Time limitation*

It was difficult scheduling the modified P-DAT training program with each practice. Finding a 45-minute time slot for the educational session was challenging given the practice's appointment schedules. Offering refreshments (breakfast or lunch) and scheduling the sessions during these periods aided staff participation.

- *Space limitations*

The primary care practices also had limited space within their locations for interactive trainings. In most cases, the training had to be scheduled in work rooms, waiting rooms, and even kitchen areas. These tight locations made it difficult for some P-DAT faculty members, especially those using wheelchairs, to easily access the training room.

- *Survey response rate*

There was difficulty in having each participant complete both pre- and post-test. Some participants would come late or leave early due to patient needs and not complete both assessments. These pre- and post-test scores were excluded from the analysis.

Discussion

These results suggest that staff knowledge about caring for persons with disabilities increased among the 112 participants following the modified P-DAT training program.

Given these findings, it is recommended that more health care professionals in primary care and specialty practices be trained using the modified P-DAT program.

In the future, it is suggested that CMU/CEU credits or other incentives be offered to increase staff participation. Disseminating the results of the modified P-DAT program for replication by other health organizations is also recommended.

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