



# Transforming Care for People With Disabilities: Improving Quality and Reducing Barriers Through Clinical Education



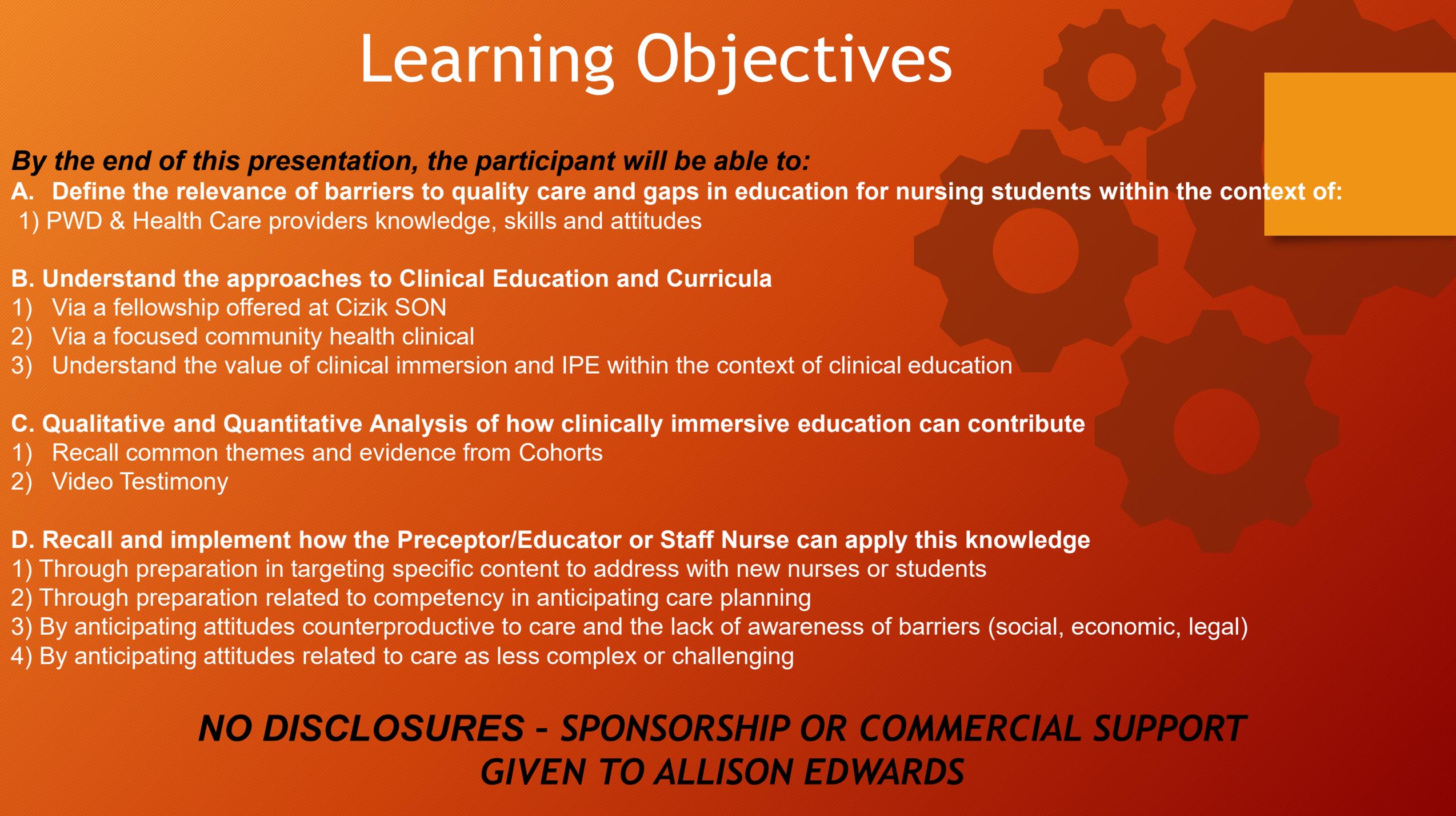
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*Sigma Theta Tau's 30th International Nursing Research Congress*

# Learning Objectives



***By the end of this presentation, the participant will be able to:***

**A. Define the relevance of barriers to quality care and gaps in education for nursing students within the context of:**

- 1) PWD & Health Care providers knowledge, skills and attitudes

**B. Understand the approaches to Clinical Education and Curricula**

- 1) Via a fellowship offered at Cizik SON
- 2) Via a focused community health clinical
- 3) Understand the value of clinical immersion and IPE within the context of clinical education

**C. Qualitative and Quantitative Analysis of how clinically immersive education can contribute**

- 1) Recall common themes and evidence from Cohorts
- 2) Video Testimony

**D. Recall and implement how the Preceptor/Educator or Staff Nurse can apply this knowledge**

- 1) Through preparation in targeting specific content to address with new nurses or students
- 2) Through preparation related to competency in anticipating care planning
- 3) By anticipating attitudes counterproductive to care and the lack of awareness of barriers (social, economic, legal)
- 4) By anticipating attitudes related to care as less complex or challenging

***NO DISCLOSURES - SPONSORSHIP OR COMMERCIAL SUPPORT  
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# Reflection on your Nursing School Education

- Reflect for a moment on your nursing school education
- Was any aspect of the care of people with disabilities introduced to you?
- What diagnosis do you recall being emphasized or introduced?
- Now, estimate how many hours, days, weeks of disability content was included in the span of your undergraduate degree?

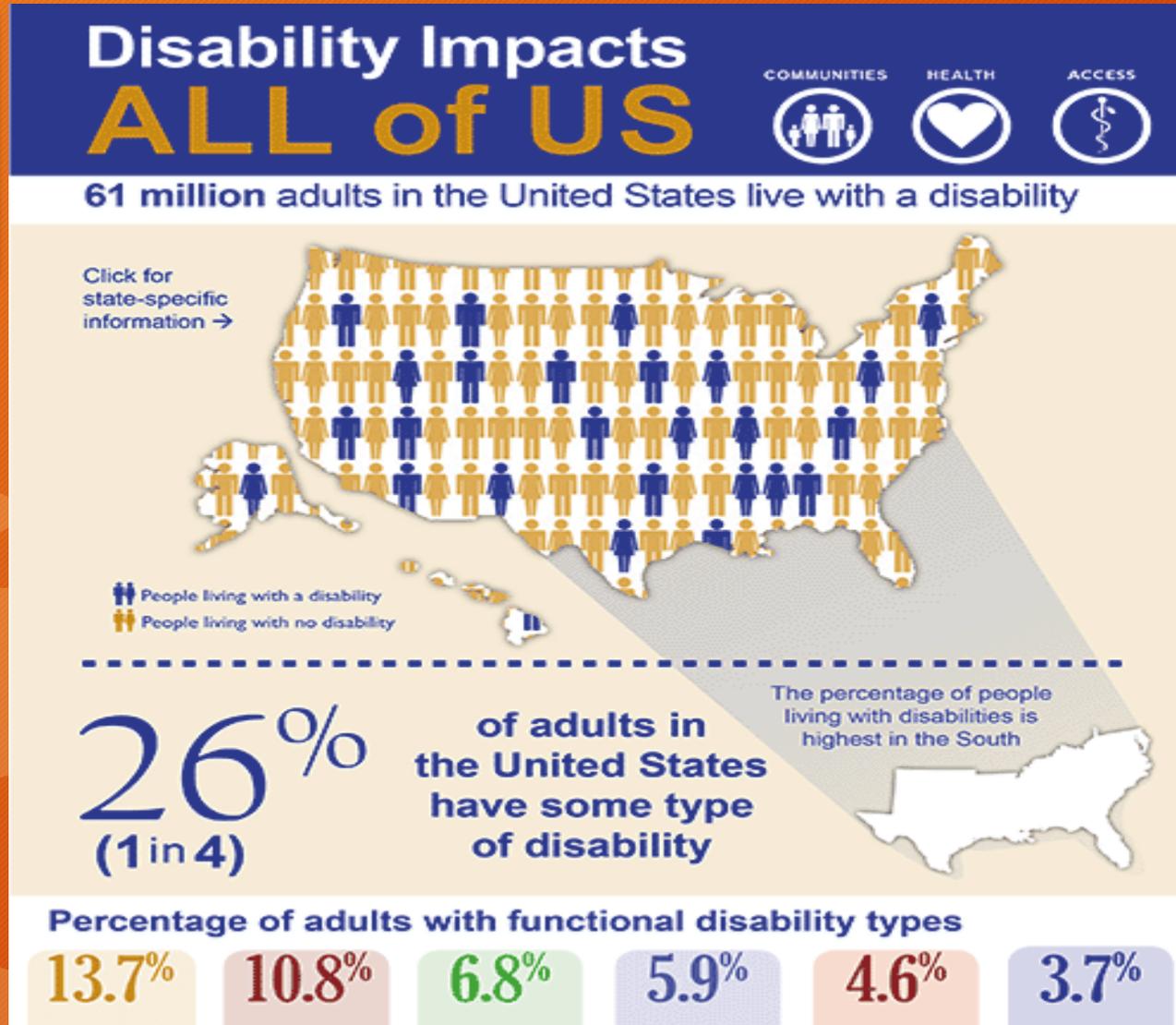
**Considering a 60 credit hour total for BSN- where 1 credit hour =45 contact hours**

- 1-5 hours of disability curricula=< 10% of total curricula
- 6-10 hours of disability curricula=<20% of total curricula
- 11-20 hours of disability curricula=<35% of total curricula

# What percentage of the US population do you think has a disability?

- 5%
- 10%
- 15%
- 20%
- 25%
- 30%

# 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

*Which impact and contribute to negative healthcare outcomes, quality of services and disparities for PWD*

*Cleary & Doody, 2017, Galli et al, 2016, Velonaki, 2015*

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

*Karl et al, 2013*

# RELEVANCE

- PWD reported that negative attitudes from health care workers are one of the largest barriers to accessing health care services

*U.S. Surgeon General-Office of Disability, 2014*

- 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*



# Factions Encouraging Incorporation of Disability Education

## World Health Organization (WHO)

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

## Institute of Medicine (IOM)

“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”

## Office of the 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 United States Congress Section 5307 amends Title VII, Sec. 741 and Title VIII, Sec. 807 of the Public Health Services Act

“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”

# Approaches to Clinical Education

- *Via a fellowship- Independent Study*

*2 hour- 90 clinical contact hours*

- *Via a focused required community health clinical*

*3 hour credit- 135 clinical contact hours*

## *Clinical Rotation includes:*

Primary care clinic (exclusively serving PWD)

Tertiary care Rehabilitation hospital (outpatient/Inpatient)

Children's Hospital (medically underserved population)

Clinics serving patient's w/amputations and Autism

2 schools serving children with disabilities

1 school serving adults with Down Syndrome

3 residential and dayhab facilities

\*on the horizon ALS clinic and Camp for children with Disabilities

# Testimony from Spring 2018 Inaugural Fellows

## The Joan and Stanford Alexander Fellowship in Intellectual and Developmental Disabilities



### About the Fellowship

*Pacesetter BSN students are invited to apply in their J2 semester for participation in a one-semester, two credit hour fellowship in their S1 semester. Thanks to support from Joan and Stanford Alexander, five positions will be awarded \$2,500 each. The fellowship includes:*

- Ninety (90) hours of clinical and enrichment activities fulfilled as independent study.
- Fellows rotate through various primary, acute and community care sites while working with interdisciplinary professionals.
- Fellows will participate in multidisciplinary rounds and weekly conference activities.
- Fellows will present clinical case studies during debriefing conferences.

*Fellowship recipients will be able to demonstrate delivery of competent care for People with Disabilities – across the life span.*

### Eligibility

- Full-time student
- 3.5 GPA
- J2 in good standing at time of application
- No withdrawals
- Participation in a panel interview

To apply online today, see: [go.uth.edu/cocurr](http://go.uth.edu/cocurr)

Or, contact the program coordinator:

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[https://www.youtube.com/watch?time\\_continue=105&v=mvrH80lfwls](https://www.youtube.com/watch?time_continue=105&v=mvrH80lfwls)

- Cohort 1= 4 Fellows Spring 2018
- Cohort 2= 5 Fellows Fall 2018
- Cohort 3 = 7 Fellows Spring 2019



# Research Questions & Limitations

- 1) How does participation in clinical education for care of people with disabilities impact attitudes and confidence as measured by knowledge and skills of nursing students in either the fellowship or self-selected community clinical?
- 2) How were attitudes and confidence as evaluated by knowledge and skills changed as a result of students participating in a fellowship or clinical course pertaining to care of people with physical or intellectual disabilities?

*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

*N=16      3 separate cohorts*

*Analysis of coded transcriptions, field notes and debriefing*

## COMMONLY OCCURRING THEMES

- experience as impactful and valuable for their professional development
- improvement of communication strategies, skills, knowledge and comfort working with PWD

## PERSPECTIVES SHIFTED

- 1) Variation of disabilities within same diagnostic group
- 2) Positive outlook and quality of life of PWD
- 3) Awareness, knowledge and importance of communication increased: Non-verbal does not indicate intellect
- 4) Ability to learn from patients and families as integral to care
- 5) Those not considering work in the field, indicated the exposure was essential and valuable to their future professional practice

# Selected Focus Group Quotes

## Knowledge: C2

“Knowledge is power and I already feel more confident in my understanding of the resources available to PWD and how I can connect them.”

## Skills: C3

“People don’t choose this type of work because they are not comfortable or do not know how to approach and communicate with PWD.”

## Attitudes: C1

“I had such a bad misperception of disabilities, this really broke that bias for me.”

## Confidence/Competence: C3

“The best way to overcome feelings of anxiety is to get experience with this population-the fellowship has made me a lot more confident in my abilities to care for PWD.”

*C1=Cohort 1 C2=Cohort 2 C3= Cohort 3*

# Quantitative Analysis: Pre-Post Survey

## *Self reported knowledge, skills and attitudes*

### Pilot Survey:

- Symons et al (2012) 'attitudes' instrument modified for nursing student relevancy
- Added knowledge and skills categories/questions from 'Core Competencies for Disability Health Education'
- Instrument utilized demonstrated reliability and validity
- One cohort evaluated pre/post *N=16 (5 fellowship/ 11 control group)*
- Median changes **increased** in each construct of the intervention group demonstrating improvement: *attitudes (+9)*, knowledge (+5) and skills (+4.5).
- Mann-Whitney U test comparing the *change in scale scores between the groups* demonstrated the intervention group (*p=.042*) increased in the construct of *attitudes* while the *control group* (*p=.039*) decreased.

# SIGNIFICANCE of InterProfessional Education

## ***Value of clinical immersion and IPE***

- Address health needs among disciplines with patient as navigating team member
- Efficiency in identification of challenges with services and providers and facilitates determining strategies
- Teamwork dynamics improve-flexibility, adaptability, referrals, use of evidence based practice and supportive decision making promoting 'mutual goal setting' among members and PWD

## ***Established competencies from Alliance for Disability in Health Care Education***

- <http://www.adhce.org>
- Panel of 30 experts with national consensus
- **6 Domains:** Contextual and Conceptual Frameworks; Professionalism and Pt. Centered Care; Legal Obligations and Responsibilities for Caring for Patients with Disabilities; Teams and Systems Based Practice; Clinical Assessment; Clinical Care over Lifespan and During Transitions

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

<http://aadmd.org/page/interactive-report>

# How can Nurses Apply this Information

## Preparation targeting specific content to address with new nurses or students

- *They are anxious but crave skill practice and new experiences*

## Preparation related to competency in anticipating care planning

- *Enhancing advocacy means assuring they are knowledgeable about the PWD experience*
- *Purpose of OT/PT, ADA guidelines, communication*

## By anticipating attitudes counterproductive to care

- *Lack of awareness of barriers (social, economic, legal) inability to obtain supplies, equipment, obtain meaningful employment or academic opportunities*

## By anticipating attitudes related to care as less complex or challenging

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