Purpose:

Individuals with intellectual and developmental disabilities (IDD) or people with disabilities (PWD) encounter various barriers in obtaining health care including inaccessible facilities, inadequate equipment, or knowledge and skill deficits of healthcare providers, coupled with negative attitudes (Trollor, Salomon, Curtis, & Watkins, 2016; Kritsotakis et al., 2017). These barriers contribute to the disparities in health among PWD, specifically in the realm of health promotion and disease prevention. In order to positively impact the health of this vulnerable population, health promotion activities must be understood and accommodated by health care professionals. In order to improve health for individuals with disabilities, there is a call for increasing the cultural and communication competence of health care providers who partner in care of persons with disabilities.

Literature Review:

There are barriers contributing to disparities in type, quantity, and quality of healthcare received by PWD. Negative attitudes, inaccurate and inadequate knowledge coupled with lack of educational preparation, and limited skills in diagnosing, treating, and providing care impact and contribute to negative healthcare outcomes, quality of services and disparities (Cleary & Doody, 2017; Galli et al., 2016; Velonaki et al., 2015). One barrier addressed in the effort described is inadequate educational preparation of nursing students. Adequate health care professional education has been shown to positively impact both attitudes and confidence in terms of boosting health care providers’ assurance in their abilities to adequately communicate and care for PWD (Symons et al., 2012; Bu, Veloski, & Ankam, 2016; Smith et al., 2016; Geckil, Kaleci, Cingil, & Hisar, 2017; Levett-Jones et al., 2017). Positive attitudes toward the care of PWD have been shown in numerous literature reviews and studies to impact ability to care and desire for work with this population. Several factors contribute to those attitudes and include previous exposure to or care of PWD, education, and clinical experiences specific to care of this vulnerable population (Kritsotakis et al., 2017; Smith & Escude, 2015).

Frequent and repeated clinical exposure to the care needs of PWD has been studied and noted as successful in building confidence and improving attitudes of health care providers (Karl et al., 2013). In Bu et al.’s (2016) PWD curricular intervention with medical students, students voiced a desire for more time spent on disability content.

Healthy People 2020 identified inclusion of disability education as a priority for professional healthcare degree programs. When students are exposed and offered the opportunity to learn about disabilities, research has revealed that perceptions and attitudes are changed when they are made aware that the field of disabilities necessitates both advanced technology and complex care and skill, and students are then more inclined to explore educational opportunities centered on caring for PWD

Aim:
Our presentation describes the effort to immerse nursing students into clinical experiences involving people with disabilities which enhances learning, skills, confidence and attitudes as they deliver care to an underserved population.

Methods:

Opportunities for collaboration were sought by faculty members with expertise in the area of care of persons with disabilities, and agencies in the local medical center serving these individuals. Clinical assignments were arranged and placed within the existing community care clinical course for pre-licensure nursing students, but more depth and discussion of the experience was felt needed. Grant funding was sought, and an independent study- fellowship opportunity was developed, with a stipend available for students seeking this exposure to the needs of those with disabilities. Two groups of students complete this fellowship experience each year, each over a single semester, and their reflection on the experience has been recorded in videotaped interviews, to aid recruitment of future cohorts of students.

Design:

To enhance the dissemination of this experience, IRB approval was sought, to hold focus groups that include students who have completed this fellowship, along with students whose community clinical included experiences in care of persons with disabilities.

Field notes obtained during faculty visits to each site, along with notes from individual and group conferences, case studies and debriefing describe the impact of this immersion experience and facilitate triangulation of data collected.

Results:

Community, primary, tertiary and outpatient clinical immersion in the care of people with disabilities of all ages prepares pre-licensure students with enhanced competence and confidence as measured by knowledge, skills and attitudes thereby reducing the barriers associated with this population improving advocacy and enhancing care. Themes of our qualitative study will be shared, to enable other academic programs to consider the need for this type of clinical experience.

Evaluation:

Future evaluation of the fellowship will include IRB-approved research surveys, obtained pre and post experience, for third year students of all types, whether placed in these clinical settings with disability care experience, in the fellowship, or in a standard community placement. Interviews revealed that experiences with care of persons with disability challenges students’ attitudes, improves advocacy and clinical competencies, which ultimately is speculated to reduce barriers and impact the quality of care for this marginalized population.

Conclusion:

Establishing a fellowship in disabilities for pre-licensure nursing students has proven that attitudes toward the care of people with disabilities are positively impacted following exposure to acquired, progressive and static disabilities of all age groups in primary care, community, and tertiary and outpatient settings. Confidence, as measured by the knowledge and skills acquired through the fellowship, is improved and enhanced by this program, preparing students to provide culturally competent care for a vulnerable population of patients with multiple co-morbidities, disabilities and chronic health issues. Nursing curricula nationwide should consider incorporating required disability education, across the life span and in a
variety of settings, to improve clinical reasoning and skills in advocacy of the next generation of health care providers.

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

Keywords:
Attitudes, Nursing students and People with disabilities

References:


**Abstract Summary:**
Inclusion of disability education in nursing curricula is limited. The literature reveals that frequent and repeated clinical exposure of students to people with disabilities (PWD) impacts attitudes, knowledge and skills. A disability fellowship for nursing students was established to diminish barriers which improve PWD's health outcomes and decrease disparities.

**Content Outline:**
I. Prevalence and rationale for disability education in the United States

1. Barriers to quality care and impact: Attitudes and confidence of health care professionals and nurses
2. Inadequate education regarding disabilities in health care and nursing curriculum
3. Educational approaches to reducing negative attitudes and improving confidence
4. Instruments that measure attitudes toward people with disabilities
5. Established competencies in disability health care education

II. Establishing the Fellowship

1. Grant funding
2. Criteria, eligibility and application for fellowship
3. Fellowship requirements
4. Fellowship recruitment and advertising
5. Academic and community partnerships and affiliation agreements

III. Conducting the Fellowship

1. Orientation and Skills lab
2. Reflective writing
3. Comprehensive clinical rotations: primary care, community care, tertiary care and outpatient settings inclusive of all age groups in progressive, static and acquired disabilities
4. Debriefing, Field notes and Case Studies and Clinical logs

IV. Evaluating the Fellowship

1. Recruitment for focus groups post fellowship
2. Themes identified and methods utilized
3. Impact on attitudes, knowledge and skills
4. Evaluation of clinical sites

V. Conclusion

1. Ongoing evaluation through field notes, individual and group conferences
2. Focus group/qualitative work
3. Quantitative work, surveying confidence and competence aligned with the fellowship for pre and post survey evaluation

**First Primary Presenting Author**

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