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# Why Didn't You Ask about My Disability:

*Medical Students  
addressing Disability in a  
Standardized Patient Exercise*

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# Acknowledgements

## Project Colleagues

- Paula Minihan PhD, MPH, MSW
  - Tufts University School of Medicine
- Linda Long-Bellil PhD, JD
  - University of Massachusetts Medical Center

## Standardized Patient Educators (SPE's)

- Elizabeth (Betsy) Laitinen (1965-2007)

## Faculty Preceptors

## Medical students

## Research assistants

- Video recorders
- Transcribers, coders
  - Shannon Carroll
  - Matthew Morris
  - Sara Rattigan

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- Communications Dept Boston College

# The Focus

People with disabilities are at risk for receiving lower quality and less comprehensive primary care services. Healthcare providers report limited training in the care of people with disabilities.

The goal is to explore issues for medical students learning about disability.

# Communication Issues

# Background

## TUSM Disability Curriculum, started 2001

- Communication and Disability Exercise
  - Minihan, et al. *Disabilities Study Quarterly*, 2004, Teaching Disability: Involving Patients as Medical Educators

## Standardized Patient Exercises

- Newer educational / assessment method
- Trained standardized or simulated “patient”
  - Standardized Patient Educators (SPE’s)
  - Provides feedback to student

# Interaction Focus

Case designed to elicit disability questions  
SPE's role-play a shoulder pain complaint,  
plus their own disability

## Disability is visually apparent

- MS, JRA, traumatic spinal cord injury, neurodegenerative disorders, cerebral palsy, muscular dystrophy
- blindness, paraplegia, quadriparesis, respiratory failure

Student instructions – focused history-taking, negotiate treatment plan (no PE)

# Disability and Communication

4-week Family Medicine clerkship, final day

15-minute standardized patient exercise

15-minute feedback non-evaluative

✓ from SPE, peer observers, and faculty

## Surprise Element

**Medical Students do NOT know about the disability before the interaction**

# Chris Walker



# Potential Areas to Address Disability

## Opening Statement:

“I’m having shoulder pain, and I’m not going back to my previous doctor.”

## Case

Repetitive stress motions involved in job (ergonomics); project deadlines

Takes care of mother

Uses wheelchair, crutches, or assists dog (Concerns re pain interfering w/ intimacy)

# Chief Complaint



# LIPS- Learning in Practice with SPE's

- IRB, Informed consent
- Data collected July-June AY 2006-7
  - 140 participating students
    - Nutrition case, Disability case – own controls
    - Digital video recordings
    - Student receives DVD
- Feedback Project
  - 15-minute feedback portion transcribed
    - Reviewed by faculty, student coders
    - Preliminary results

# Wide Range of Disability-Related Communication Behavior

## Insightful effectiveness

- Exploration of “patient” agenda
- Skilled, matter-of-fact entry to disability issues
  - biomedical & (social) function questions
- Engagement w/ patient expertise of disability

“I see you are using crutches. Can you tell me about how the crutches are related to the shoulder pain?”

I see you are in a wheelchair. How is the shoulder pain related to your mobility?

# Range of Disability-Related Communication Behavior

## Partners

- Inquisitive explorer
  - Initiates, discovers, ?'s
  - Insightful effectiveness
  - comprehensive/ sensitive/ confident/ skillful
- Hesitant awkwardness
  - overcomes hesitations
- Uncertainty paralysis
  - self-conscious broaching

## Unconnected

- Technical Competence
  - pseudo competence
  - biomedical substitution
  - exclusive somatic focus
- Avoidance-Dodge It
  - brevity, “runaway” – time, pace
- Unprofessional behavior
  - rejects service dog
  - depersonalizes SPE
  - demeans SPE

# Disability Diagnosis?



# Why Didn't You Ask About My Disability?

**Mostly, students DID ASK (something)**

➤ **Responses included**

- **Overall - wanted affirmation, had questions**
- **Major concern over offending**
- **What is proper? –**
  - **both relationally, and in new role as physician**
- **Considered expanding on disability issues, social function, lacked confidence for natural conversation, integration**

# Observing Student Feedback

- OS: those are my things... the only other thing I thought was the occupation, like asking what she did for work.
- MS: yeah
- OS: And also maybe finding something out about her living situation, and if it's decreasing her function, and there's stuff at home. You know, is there someone there who can help her, who can reach things...?
- MS: yeah, that is one question that crossed my mind that I didn't ask, "Is it keeping you from doing things?"

# Why Didn't You Ask About My Disability?

## If DIDN'T ASK

- Didn't want to **offend**
- Was too **uncertain**
  - How to ask with non-offending language
  - About what the disability was
  - Whether part of exercise
- Didn't think it was **necessary**
  - Didn't think patient would want to be asked
  - Not related to chief complaint

# Feedback: Asking About Disability

How did it go for you?

- successful responses are TEAM effort
- include multiple approaches
  - Student - self-reflective explorations
    - Including, and not including, disability
  - Student - primarily focuses on disability
  - SPE - addresses disability; directly, in response
  - Observer - addresses disability; initially, later
  - Collaborative efforts SPE, faculty, observer

# Feedback: How did it go for you? Initial Student Reflection



# How Did it Go for You?

## Responses Reveal Needs

- What is student response
  - Recognizes their own strengths
  - Specifies their “deltas”, room for improvement
- What is student’s relationship to their own self assessment?
- Where is the point of gravity?
  - Skills – interviewing – rapport, eliciting
  - Knowledge – disease entity, disability, specific disabilities
  - Attitudes – towards disability, to people w/ disabilities, to learning new info & attitudes

# Student Responses

- Immediate insights //self-disclosing reflection
  - MS: Oh, my goodness. I didn't know what was going on! (laughs).... In terms of treatment for tendonitis, I really don't know what the recommended treatment is. And yeah, there were other social issues I should've addressed. But I didn't really know where to go with it, so I kept asking you for your feedback.
  - OS: I thought that you were very thorough. I thought it was good you asked for her opinion, and what she wanted out of it. You asked her what her limitations were, and addressed the fact she didn't want a steroid injection.

# Student Responses

- Self-criticism// immediate recognition
  - I think in general, I'm still uncomfortable around people with disabilities and getting that out and talking about it and understanding all of the issues around it... Because I wasn't even thinking that you use your shoulder to walk. That didn't even register.
  - I think I made some assumptions that I probably shouldn't have made- like I assumed that you were living with your mother because [she was there for visits with other doctor]. I don't know if I was being patronizing or not. I get the video and see.

# Student Responses

- Compliments self// discounts, minimizes difficulty

- I sort of guessed ...there might be a patient who had a disability of some kind, so I was a little surprised but not completely shocked. I felt pretty comfortable talking to you.
- Yeah, I thought about asking that question.

# Student Responses

- Immediate insights //self-disclosing reflection
- Self-criticism// immediate recognition
- Compliments self// discounts, minimizes difficulty
- Questioning//tentative//eager to learn/cautious
- Unaware// “blind”//closed off//protected
- Defended// doesn't address difficulty
- Offensive//subtle rejecting//disrespect//denial

# Conclusions

## Prior experiences helps

- Students best able to integrate biomedical, social implications of disability had previous experience

## Significant opportunity

- Students learn about disability and communication in safe, appropriate setting
- Better able to describe disability as natural part of human condition

# Future Directions

- Analyze nonverbal communication through global perceptions of kinesic and vocalic behaviors
- Examine discrete communication behaviors (SPE, MS) that encourage or inhibit disclosures about disability
- Analyze how SPE, student observer, and faculty collaborate to foster trust, learning
- Examine student learning behaviors in interaction with SPE's

**Thank You**