Core Competencies on Disability for Health Care Education

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Alliance for **D**isability in Health Care Education

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About this Document

The Core Competencies on Disability for Health Care Education establish the baseline expertise required to provide quality care to patients with disabilities. The Alliance for Disability in Health Care Education partnered with Ohio Disability and Health Program at the Ohio State University Nisonger Center to establish a consensus on the core competencies through a Delphi process. The intent of this document is to provide broad disability standards for health care education. We anticipate that as these competencies are integrated into existing curricula, faculty will implement corresponding lectures, readings, and patient experiences to provide greater detail to students.

Competency Vision

We envision a society where disability does not limit access to quality health care. We believe that including disability in healthcare training programs is an essential step towards achieving this vision. Our goal is to incorporate disability competencies in accreditation and licensure standards for health care providers.

The Alliance for Disability in Health Care Education

The Alliance for Disability in Health Care Education, Inc., is a not-for-profit organization of health care educators representing medicine, nursing, and other disciplines who are working to integrate disability-related content and experiences into health care education and training programs. The Alliance for Disability in Health Care Education identified the need for a consensus around the skills and competencies needed to provide quality interprofessional health care to patients with disabilities and developed a core set of disability competencies to facilitate the integration of disability content into health care education and training programs.

Ohio Disability and Health Program

The Ohio Disability and Health Program is one of 19 State Disability and Health Programs funded by the Centers for Disease Control and Prevention to improve the health and quality of life among people with mobility limitations and/or intellectual disabilities (ID) through adaptation and implementation of evidence-based strategies in their communities.

Preface

Health education programs strive to prepare future health professionals to deliver safe, high-quality, accessible, person-centered care that improves population health outcomes and reduces the cost of health care. Although overall health care quality is improving in this country, health care disparities persist, reflecting a lower quality of health care and worse health outcomes for socially disadvantaged groups. Evidence suggests that bias, prejudice, and stereotypes on the part of healthcare providers contribute to differences in care. Health care training programs have responded by prioritizing the reduction of health disparities in their training. We now see meaningful curricula on cultural competency, health disparities, and patient-centered care and efforts to create a diverse health care workforce. These programs will prepare the next generation of health care providers to meet the needs of a culturally, racially, and socioeconomically diverse patient population. People with disabilities represent one socially disadvantaged population that has been overlooked in these efforts, however. Americans with disabilities still experience barriers to routine clinical and preventive services and public health and wellness initiatives. Inadequate knowledge and limited skills in diagnosing, treating, and providing ongoing care to people with disabilities play a role in perpetuating health care inequalities for this population. The Core Competencies on Disability for Health Care Education defines standards for disability training to improve health care for people with disabilities.

Many health care professionals underestimate the capabilities, health, and quality of life experienced by people with disabilities. They may hold erroneous assumptions about the current and future functional status of people with disabilities. Since health care professionals provide information about the functional status of patients that often determines their eligibility for essential social and health benefits, these erroneous assumptions can have a detrimental effect on access to services for people with disabilities. This type of judgment can also influence the health care professionals' view of the quality of life for people with disabilities, and therefore their proclivity to promote healthy behaviors and their approach to end-of-life issues and palliative care. These Core Competencies on Disability present standards on social, environmental, and physical aspects of disability that will inform future health professionals on how to provide effective, interprofessional team-based health care to patients with disabilities across the lifespan.

The importance of interprofessional collaborative practice has been recognized and embraced by the WHO, federal agencies (CDC, NIH, MCHB/LEND, Dept. of Veteran's Affairs, National Academies of Practice, AUCD), managed care organizations, and a broad range of professional associations. Adopting interprofessional collaborative practice competencies in health education programs will prepare students to work effectively as part of an interprofessional team and improve care. In addition to being interprofessional, the competencies are cross-disability, applicable to clinicians caring for patients with any type and severity of disability.

Guiding Principles and Values

Rationale: As a demographic group, people with disabilities are likely to be very-well represented in primary and specialty healthcare settings. The World Health Organization defines disability as an umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. People may experience one or more disability that impacts physical, mental and/or behavioral health. High quality healthcare for people with disabilities depends, in part, on the values held by healthcare providers. These guiding principles and shared values, deemed essential to providing quality care to people with disabilities, establish the basis of these core competencies on disability.

1. People with disabilities should have equitable access to appropriate, accessible, and high-quality health care.

2. People with disabilities face barriers in accessing to effective health care that may or may not be associated with their disabilities.

3. Training should be provided to all health care providers so that they are able to provide high-quality care to patients with disabilities.

4. Healthcare providers can maximize the quality of life of their patients with disabilities by preventing and treating health conditions.

5. People with disabilities are experts in their own condition, and this expertise should be respected and used to improve healthcare decisions and care.

6. Quality of life and treatment goals can only be fully understood from the patient's point of view.

7. Healthcare providers should communicate directly with patients with disabilities, presuming their competence and including them in the decision-making process.

 8. Healthcare providers should know under what circumstances caregivers should be included in healthcare encounter and decision-making.

9. Provide the optimal patient experience by creating a respectful, accessible, and welcoming office environment using universal design principles

10. Appropriately accommodating patients with disabilities is essential for all healthcare providers. Failing to provide equal access to care and accessible diagnostic/screening equipment for people with disabilities should be grounds for disciplinary action.

Competency 1: Contextual and Conceptual Frameworks on Disability

Rationale: Disability can be considered in multiple contexts beyond the medical cause and its implications, and these contexts may be relevant to patients with disabilities. Learners should recognize multiple conceptual frameworks of disability and understand that disability exists within a socio-historical context.

The learner acquires a conceptual framework of disability in the context of human diversity, the lifespan, wellness, injury and social and cultural environments.

1.1   Define disability as a functional limitation and identify disability prevalence. Discuss the diversity and range of disability in terms of disability types (e.g. mobility, sensory, cognitive, and behavioral).

1.2   Describe the conceptual and contextual framework of disability.

1.3   Compare and contrast the Medical, Social, and World Health Organization International Classification of Functioning models and recognize their application to health care for people with disabilities. Compare and contrast disability and disease.

1.4   Describe the civil rights and independent living history of people with disabilities and their access to services. Understand how such history has both informed current thinking and improved access to care and equal rights for people with disabilities.

1.4   Describe how social determinants of health directly impact people with disabilities (e.g., discrimination, employment, education, transportation, housing, poverty, access to healthcare).

1.5   Describe disability as an aspect of diversity/cultural identity and contrast with historical views of disability as a failure of public health.

Competency 2: Professionalism and Patient-Centered Care

Rationale: Adherence to principles of professionalism, communication, and respect during interactions with people with disabilities, as well as building an understanding of the patient's perspective, is essential for effective health care for patients with disabilities.

The learner demonstrates mastery of general principles of professionalism, communication, respect for patients, and recognizes optimal health and quality of life from the patient's perspective.

2.1   Explore and mitigate one's own implicit biases, and avoid making assumptions about a person's abilities or lack of abilities and lifestyle.

2.2   Treat all patients, regardless of disability and functional status, with respect and humility.

2.3   Demonstrate communication strategies to best meet the needs/abilities of the patient. Seek out and implement appropriate resources, including interpreter services, to communicate effectively using understandable language. Adjust schedule to allow extra time as needed.

2.4   Demonstrate patient-centered care in terms of building a trusting partnership between patient and health care providers.

2.5   Discuss issues of trust, confidence, and confidentiality with patients with disabilities who receive caregiving support.

2.6   Recognize that some patients with disabilities may benefit from supported decision-making. Demonstrate skill in engaging the patient and caregivers in the supported decision-making process.

2.7   People with disabilities have many cultural identities including race, ethnicity, primary language, sexual orientation, gender identity, geographic residence (urban versus rural), and values and beliefs about health, well-being, and function. Describe healthcare practices that demonstrate sensitivity and respect for diverse cultural backgrounds.

2.8   Consider and discuss social determinants of health (including socioeconomic factors, cultural background, finances, insurance coverage, availability/access to personal support systems) in clinical decision making and the provision of care.

2.9   Understand that people with disabilities may consider the devices and equipment they use to be an extension of their person. Consult patients before interacting with such equipment (e.g., wheelchair, assistive communication device, crutches, service animal, etc.).

Competency 3: Legal Obligations and Responsibilities for Caring for Patients with Disabilities

Rationale: Federal laws are in place to protect the civil rights of patients with disabilities and prevent discrimination in health care settings. Health care professionals must meet the physical, communication, and programmatic access requirements of the Americans with Disabilities Act, Rehabilitation Act, and related laws and policies by using the best practices associated with universal design.

Learners will understand and identify legal requirements for providing health care in a manner that is, at minimum, consistent with federal laws such as the Americans with Disabilities Act (ADA), Rehabilitation Act, and Social Security Act to meet the individual needs of people with disabilities.

3.1 Describe the benefits of universal design in a health care system.

3.2 Identify the physical access requirements (e.g., accessible exam table, mammography equipment, etc.) of the ADA, Rehabilitation Act, and related laws and policies that apply to health and the provision of health care.

3.3 Plan for accessible communication in all aspects of the healthcare encounter including scheduling, intake, responding to and asking questions, and follow-up care. Avoid technical jargon.

3.4 Provide documents in alternate formats to be accessible for patients with disabilities. Discuss strategies for meeting access requirements (e.g., needed accommodations) of the ADA, Rehabilitation Act, and related laws and policies.

3.5 Discuss strategies for meeting access requirements (e.g., needed accommodations) of the ADA, Rehabilitation Act, and related laws and policies.

3.6 Ensure that healthcare providers and support staff members are trained to provide services in a disability competent manner (e.g., knowing how to appropriately transfer a patient with a mobility limitation to an exam table).

3.7 Providers recognize their own need for further training and/or skill development in caring for patients with disabilities and take action to address those needs based on current best practices.

3.8 Recognize issues related to legal guardianship (e.g., consent to treatment, HIPPA, privacy) in the health care system.

Competency 4: Teams and Systems-based Practice

Rationale: The input of professionals from multiple disciplines is often required to address the complex health needs of patients with disabilities who have an array of physical and mental health and community support needs in various systems that provide health and other services.

Learners will engage and collaborate with team members within and outside their own discipline to provide high-quality, interprofessional team-based health care to people with disabilities.

4.1   Describe various models of team approaches when supporting people with disabilities in health care systems (e.g., interdisciplinary, multidisciplinary, inter-professional).

4.2   Describe impact of teams and the unique and the discipline-specific responsibilities of team members in addressing health needs of patients with disabilities, in partnership with the patient as a central member of the team.

4.3   Describe challenges in creating a person-centered or family-centered system of care. Identify services and providers that could play a role in the health of the patient. Discuss strategies to build an effective healthcare team.

4.4   Demonstrate skills in teamwork including flexibility, adaptability, assertiveness, conflict management, referral, use of evidence-based practice to support decision-making and promote mutual goal-setting among team members and patients with disabilities.

4.5   List systems of community-based services and supports that may be useful for patients with disabilities outside of the clinical care system. Be prepared to interact with these systems and make relevant referrals to ensure comprehensive care coordination, particularly during times of transition.

Competency 5: Clinical Assessment

Rationale: Accurate and relevant information about the health and function of patients with disabilities – viewed in the context of the person's life activities, goals, and interests – is essential to good clinical management.

Learners collect and interpret relevant information about the health and function of patients with disabilities to engage patients in creating a plan of care that includes essential and optimal services and supports.

5.1   Understand that the patient with disabilities should be the primary source of information regarding their care.

5.2   Discuss situations where the caregiver(s) can be helpful to inform or enhance assessments and interventions and the importance of securing patient permission before engaging caregivers.

5.3   Integrate information on functional status of people with disabilities, including both functional strengths and limitations, in clinical decision making.

5.4   Apply strategies or supports that could be used in a healthcare setting to accommodate patients with functional limitations (mobility, sensory, cognitive, behavioral) associated with disabilities.

5.5   Recognize that people with disabilities experience the same common health conditions as people without disabilities, and that a disability may impact the presenting signs and symptoms.

5.6   Identify health issues that are often associated with primary disability diagnoses (e.g., congenital heart defect, urinary tract infections in patients with spinal cord injuries, etc.).

5.7   Describe the nature and etiology of different types of disabilities and determine if they are static, progressive, or variable in course.

5.8   Demonstrate skill in performing a history and physical exam (PE), modifying it as needed to provide equally effective care while accommodating for mobility, sensory, cognitive, and/or behavioral issues.

5.9   Recognize that mental health conditions can be the primary disabling condition. People with disabilities are also at increased risk for co-occurring mental health conditions. Recognize the risk of misdiagnosing mental health concerns in patients with disabilities.

5.10   Assess the social environment of patients with disabilities to understand the impact of significant relationships and social networks on health outcomes.

5.11   Recognize that children and adults with disabilities are vulnerable to abuse. The nature of abuse may be verbal, financial, physical and/or sexual. Abuse often goes unreported because the person with a disability may depend on the abuser for activities of daily living or social support.

5.12   Assess the physical environment of people with disabilities, recognizing that the patient's socioeconomic status is a determinant of his/her functioning and independence and also affects health and safety.

Competency 6: Clinical Care over the Lifespan and during Transitions

Rationale: Patients with disabilities may require supports and accommodations to benefit fully from clinical intervention. Transitions across the lifespan may be similar yet differ in terms of opportunities, needed supports, or services for people with disabilities. Providers should be sensitive to support needed during milestones across the lifespan of patients with disabilities with consideration of unique and/or specific challenges that patients with disabilities may face, especially during transitional periods. Particularly relevant transitions in the life of people with disabilities include transitioning from preschool or early intervention to kindergarten, graduating from high school, transitioning from pediatric to adult care system, moving from parents' home, marriage, birth of a child, changing job, home, or housemate, coping with the death of parent, retirement, health in aging, and end of life. Health care providers must plan adequate time to address related care issues during the clinical visit.

Learners will be knowledgeable of effective strategies to engage patients with disabilities in creating a coordinated plan of care with needed services and supports.

6.3   Demonstrate sensitivity and support for the health care needs of the patients with disabilities during transitions.

6.1   Integrate assessment information from individuals with disabilities, multiple disciplines, and ancillary informants in order to develop a collaborative health care plan that includes health promotion strategies and preventive care.

6.2   Recognize that people with disabilities need access to age-appropriate preventative screenings, assessments, and health education including reproductive health, family planning, and sexuality.

6.4   Tailor recommended supports and interventions to the patient's cultural beliefs and values, time, resources, and preferences. Be prepared to propose constructive solutions to possible conflicts between patient, caregivers, and other professionals about goals and treatments.

6.5   Demonstrate skill in identifying, coordinating, referring, and advocating for access to community and health care resources needed to support treatment plan objectives.

6.6   Identify policy, practice, and systems changes essential to provide optimal health supports and services for people with disabilities.

6.7   Recognize the role of interprofessional healthcare providers in encouraging healthy behaviors (e.g., weight management, exercise, diet, smoking cessation, etc.) to promote the health and function of patients with disabilities.

6.8   Recognize that disability should not limit self-determination in end-of-life care for people with disabilities, regardless of disability type and severity. Offer treatment options in the same way options would be presented to similar-aged peers without disabilities.

The Alliance for Disability in Health Care Education is made up of interprofessional health educators committed to improving health care for people with disabilities. The Alliance recognized the need for disability standards in health care education and drafted core disability competencies. The Alliance then partnered with Ohio Disability and Health Program at the Ohio State University Nisonger Center to establish a national consensus on these core competencies. Ohio Disability and Health Program enlisted people with disabilities and health professionals to form the Core Competencies Development Committee. National consensus on the core competencies was achieved through an iterative Delphi process.

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