

Investigation of medical students' exposure to patients with disabilities at Western University of Health Sciences



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ABSTRACT

People living with a disability face larger disparities in their healthcare experience (1,2,3) and there are no standards in the Commission on Osteopathic College Accreditation curricula for treating those with disabilities (4). A survey was sent to all 3rd- and 4th- year osteopathic medical students at Western University of Health Sciences to investigate attitudes and quantify the exposure students get caring for patients with disabilities. We hypothesized students would receive minimal exposure to this patient population, and not feel comfortable caring for patients with any type of disability. We also hypothesized students would be in favor of formal disability training implementation into the pre-clinical curriculum. Of the 600 surveys distributed, 40 were completed. 51% of respondents reported exposure to caring for people with disabilities prior to medical school. 30% reported being exposed to greater than 20 patients with disabilities on rotations. Exposure rates to caring for patients with disabilities differed by core rotation: internal medicine (86%), psychiatry (84%), family medicine (79%), pediatrics (77%), osteopathic manipulative medicine (76%), surgery (53%), and obstetrics and gynecology (36%). Students reported the most comfort caring for patients with physical/ambulatory disabilities (85%). Using the Likert-scale, 68% reported feeling probably (4/5) or definitely (5/5) prepared to care for patients with disabilities. However, 68% also felt the current curriculum probably or definitely did not fully prepare them and thought formal disability training should be added to pre-clinical curriculum. Experience with caring for individuals with disabilities was observed on all core medical rotations but rates varied by specialty. Majority of students were in support of implementing formal disability training and felt the current curriculum did not prepare them to care for these patients.

OBJECTIVE

Investigate the attitudes of osteopathic medical students towards formal disability training and quantify the exposure students receive caring for patients with disabilities while on clinical rotations.

INTRODUCTION

Approximately 1 in 6 adults in the US are disabled according to the 2014 US Census (1). Previous studies found that to live with a disability also means to live with a higher prevalence and frequency of associated disease and illness, thus people with disabilities seek healthcare at significantly higher rates than those who are not disabled (2). Those with disabilities also self-report higher rates of dissatisfaction regarding unmet needs in their healthcare experience (3). Numerous articles promote an overwhelming call to action on part of medical institutions to help address the health disparities people with disabilities face. They suggest implementation of early education in medical school and residency programs concerning the care of this population (3). The Commission on Osteopathic College Accreditation (COCA) accreditation standards do not include competencies for treating patients with disabilities (4). Therefore, it is unclear whether osteopathic medical schools are providing formal disability training to future physicians. Further, based on inquiries to administration involved in the design and implementation of curriculum at Western University of Health Sciences, we could not find any formal disability training or education being provided in the first and second year of pre-clinical education focused on proper care for this large patient population.

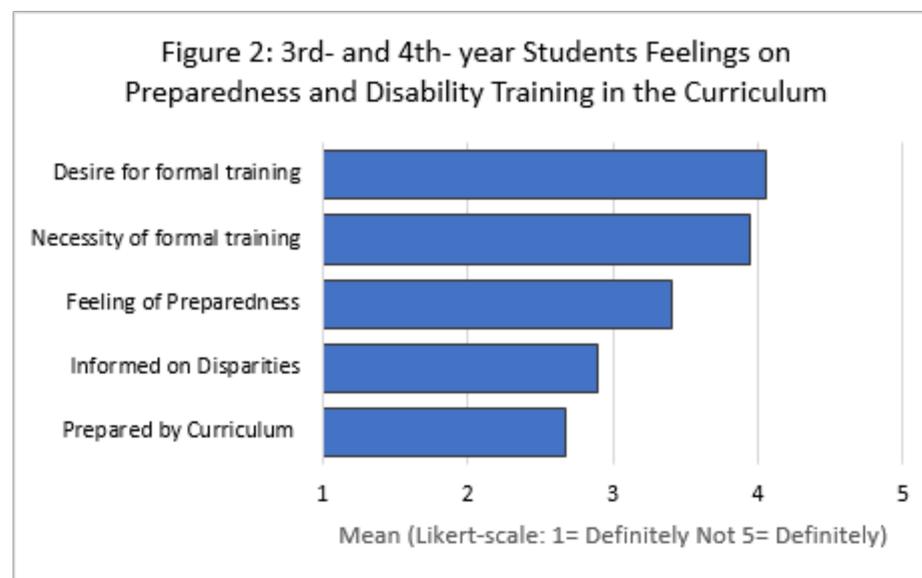
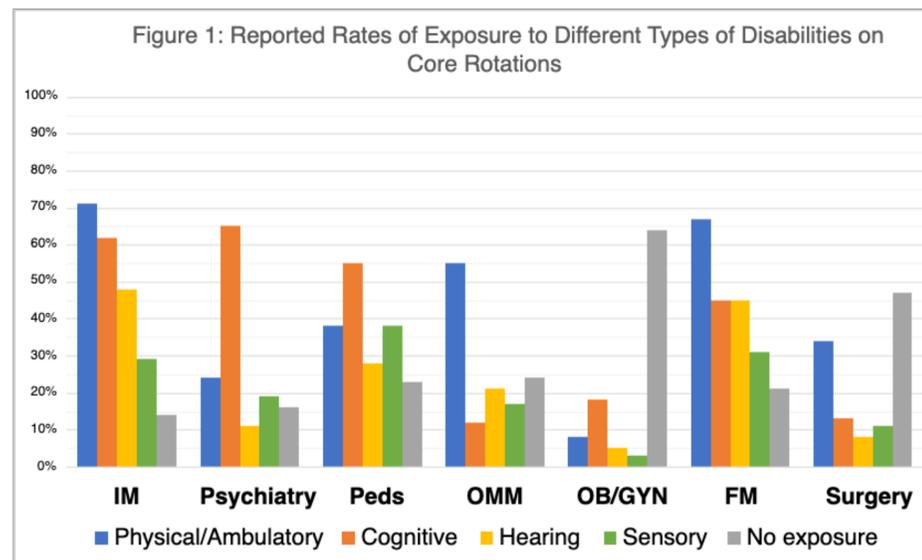
STUDY DESIGN

An IRB- approved, anonymous Qualtrics Survey was distributed to all current 3rd- and 4th- year students who had been on clinical rotations in May 2021 at Western University of Health Sciences. Clarifying definitions of the 10 types of disabilities as outline by the US Census Bureau were included in the email invite to participate. The survey consisted of 22 questions in total: 15 multiple choice, 5 Likert-scale, and 2 open-ended questions. Those excluded from participation were any student who had not yet started clinical rotations. Two reminder emails were sent out past the initial invite date, and the survey closed at the end of June 2021. Descriptive statistics were calculated for each question based on the denominator of individuals who responded to the specific question.

RESULTS

Category	Percentage
Calculated number of 3rd- year OMS	61%
Calculated number 4th- year OMS	39%
Greater than 7 months of clinical exposure	97%
Previous personal experience	20%
Previous professional experience	19%
Previous personal and professional experience	32%

Type of Disability	Percentage
Physical/Ambulatory	85%
Hearing	65%
Independent	63%
Cognitive	60%
Employment	60%
Mental	60%
Vision	55%
Self-care	53%
Sensory	50%
All	33%
None	10%



DISCUSSION

Exposure to individuals with disabilities can be seen across all specialties investigated (Figure 1) and 30.2% students who responded to the survey claimed that they had seen over 20 individuals with disabilities while on rotations. However, not all 3rd and 4th year students were exposed to learning how to care for those with disabilities while on certain rotations, and not all specialties were equal in their exposure to caring for those with disabilities. For example, during medical students' OB/GYN rotation, a vast majority of students reported no exposure at all to caring for patients with disabilities. The most exposure to the different types of disabilities was reported on the IM, FM, psychiatry, and pediatrics rotations which are all primary care specialties, where the physician-patient relationship extends over longer periods of time. This allows for greater discussion on issues such as disabilities and further sharing of struggles and experiences a patient might face due to their disability and could explain the contrasting exposure rates across the core rotations.

The disability that students felt the most comfortable caring for was physical/ambulatory disabilities (Table 2). Perhaps why students feel most comfortable caring for those with physical/ambulatory disabilities is due to the learning of osteopathic manipulative treatments, clinical skills and reasoning, and personal experiences that involve the musculoskeletal system. People may find musculoskeletal disabilities more relatable and easier to empathize with compared to those with cognitive, mental, sensory, or self-care disabilities. Communication barriers often arise when caring for patients with cognitive, mental, or sensory disabilities, which could explain greater discomfort among those types. Also, it may not be a coincidence that the disability with the most reported exposure and highest reported regarding comfortability are the same.

Most students answered that formal disability training was not only something they wanted but also something they felt was necessary in the pre-clinical curriculum (Figure 2). There is already boundless evidence in the literature pointing to the need for increased awareness and training in caring for those with disabilities. Interestingly, previous studies have shown that lack of advocacy within medical schools is one of the barriers to formal disability training implementation (5). These results infer advocacy and support for such implementation, so the real question now is: how can we incorporate training in pre-clinical and clinical curriculum in a feasible, efficient and beneficial way so that we can provide better care for our patients and help mend the disparity gap for patients with disabilities?

CONCLUSION

Students at Western University of Health Sciences did not feel adequately prepared to care for those with disabilities and felt that the current curriculum did not prepare them in caring for those with disabilities. There is a great need for teaching students how to care for those with various disabilities in pre-clinical years because they may not get adequate exposure to these patients during their clinical rotations. Any established institutional training on caring for those with disabilities should focus on those disabilities in which students feel the least comfortable. In other words, disabilities such as sensory, self-care, vision, and mental disabilities should be at the forefront of any disabilities training programs. Based on the results of this pilot study, we propose incorporation of caring for those with disabilities within the current medical school curriculum so that students can better be equipped to care for and treat patients that have disabilities, mending the disparity gap. This pilot study reinforces the already well documented need, and student desire, for disability training in the osteopathic medical education curriculum as previously; described in a survey study of allopathic medical schools showing majority of respondents desired implementation and half of those respondents needed only to raise the awareness of desire for curriculum to be implemented in their medical schools (5). Ultimately, it's what majority of students from this study want.

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