UNDERSTANDING AND USING PERSON-CENTERED COMMUNICATION: DEVELOPMENT OF A LEARNING MODULE

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BACKGROUND

✓ People with disabilities are a diverse group of patients with a perceived lack of health care access, acceptance and quality of care.
✓ By improving health care providers’ ability to effectively communicate with people with disabilities, the quality of care for this population will be improved.
✓ Most medical schools lack a formal curriculum on disability concepts and the teaching methods, when taught, are nearly always a passive format.
✓ This interactive, small group learning module on person-centered communication addresses these concerns.
✓ Ultimately, modules such as these will improve competence in relation to care of diverse populations.

METHODS

A module utilizing a combination of existing and innovative active learning activities that allows learners to understand and utilize person-centered language.

Target Audience: pre-clinical medical students
Group Size: <12 students and 1 facilitator
Time Commitment: 120 minutes

✓ Pre-work: Background articles on persons with disabilities and person-centered language
✓ Learning Activity 1: Respectful Communication
  A group discussion regarding background concepts of people-first” language. Created by the Disability Health and Research Team at SUNY Upstate
✓ Learning Activity 2: Oral Case Presentation
✓ Learning Activity 3: Documentation
  Group activities to review, observe and critique an oral case presentation (in the future will be done by video) and a written note making recommendations to modify the content to reflect person-centered language

RESULTS

This module was piloted with a group of PM&R residents from PGY-2 to PGY-4 years.

Data Collection:
✓ Satisfaction Survey
✓ Disability Attitudes in Health Care Instrument

Communicating With and About People with Disabilities

About 50 million Americans report having a disability. Most Americans will experience a disability some time during the course of their lives. Disabilities can affect people in different ways, even when one person has the same type of disability as another person. Some disabilities may be hidden or not easy to see.

People First Language
People first language is used to speak appropriately and respectfully about an individual with a disability. People first language emphasizes the person first and not the disability. For example, use "person with a disability" rather than "disabled person" or "person who uses a wheelchair." Avoid terms such as "infirm" or "handicapped" or by using phrases such as "a person who..." or "a person with..." or "a person who has..."

Here are suggestions on how to communicate with and about people with disabilities.

<table>
<thead>
<tr>
<th>People First Language</th>
<th>Language to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with a disability</td>
<td>The disabled, handicapped</td>
</tr>
<tr>
<td>Person without a disability</td>
<td>Normal person, healthy person</td>
</tr>
<tr>
<td>Person with an intellectual, cognitive, developmental disability</td>
<td>Insane, crazy, psycho, manic, nuts</td>
</tr>
<tr>
<td>Person with an emotional or behavioral disability, person with a mental health</td>
<td>Insane, crazy, psycho, manic, nuts</td>
</tr>
</tbody>
</table>

CONCLUSIONS

✓ A multi-faceted approach toward understanding person-centered language including learning background concepts and demonstrating communication skills
✓ An active, portable method to help learners become more well-rounded and competent in the care of diverse populations
✓ Well-received by a pilot group, all of who felt the exercises were beneficial and effective

MY ENTREPRENEURIAL MINDSET

CURIOUSITY

✓ What are the knowledge gaps in disability education?
✓ What are the current teaching methods used in disability education?
✓ How can existing activities be expanded and applied across medical schools?
✓ What is the carryover of learning modules beyond attitudes and knowledge?
✓ Can learners translate the skills gained into patient encounters?

CONNECTIONS

Stakeholders:
✓ PM&R faculty and residents
✓ Partners in pre-clinical medical education
✓ Medical students
✓ Curricular deans and course directors

Next steps:
✓ Present the module to student groups and implement a larger cohort sample
✓ Connect with other health care professionals to apply the module to professions such as nursing and physical therapy
✓ Evaluate residents from various specialties and level of training for cross sectional analysis.

CREATING VALUE

✓ Apply formal, focused integration of disability concepts
✓ Help medical schools meet required medical student competencies of care for diverse populations
✓ Develop empathetic learners who are able to connect to and care for diverse and underserved patient populations
✓ Create a portable module that minimizes redundant work