Implementing Social Model-Based Disability Training in Healthcare to Improve the Quality of Care Received by Children With Disabilities

Submitted by

Ashley Marie Waldecker

Health Sciences

To

The Honors College

Oakland University

In partial fulfillment of the

requirement to graduate from

The Honors College

Mentor: Brian Wigman, Professor

Department of Oakland University Honors College

Oakland University

December 2, 2022

Abstract

As the healthcare field continues to expand, the desire for workers that are well-trained to understand and meet the needs of their patients is growing. The inclusion of disability training in the healthcare provider curriculum has been shown to be beneficial in the treatment of individuals with disabilities. Current research points to the value of a shift in disability training that adopts and promotes a medical model perspective of disability to a more social model perspective. However, little is known about the impact of this shift on the healthcare of children with disabilities. The proposed study will explore the current literature to examine the basis of disability training used presently and how disability training that is based on the social model perspective can influence the quality of care provided. The results of the study are expected to generate a greater understanding of what should be included in disability training for healthcare workers and how it can aid in the treatment they provide. The study will discover how the use of the social model perspective in disability training can be advantageous to children with disabilities and highlight the need for further research on this topic. Healthcare professionals and patients with disabilities will benefit from the findings of this project and the studies initiated from it.

Keywords: disability training, models of disability, social model, children with disabilities

Current Research

According to the World Health Organization (2021), the prevalence of disability is estimated to be over one billion people, equating to roughly 15% of the world's population. Additionally, disability is experienced by almost every person at one point in their lives whether it is temporary or permanent (World Health Organization, 2021). Individuals with disabilities have historically experienced disparate treatment in various societal sectors including unequal access to quality health care. With the establishment of the Americans with Disabilities Act and other disability discrimination legislation and the rise of the disability rights movement, there has been a shift in the perception of disability and increasing efforts to support inclusion (Shakespeare et al., 2009). The high prevalence of disability along with the barriers, stigmatization, and discrimination that are often faced when accessing health-related services makes training to provide the utmost quality of care to these patients of great importance (World Health Organization, 2021).

A call for healthcare workers to receive disability training has been expressed throughout research but consensus on what should be taught has not been established (Havercamp et al., 2020). Part of the challenge in determining what should be included in disability training for healthcare workers is that disability can be described and viewed in a multitude of ways. A general definition of disability provided by the Centers for Disease Control and Prevention (2020), states that disability is "any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them". However, the concept of disability encompasses substantially more than this. Several models of disability have been constructed to define disability and different perspectives on it, and the three primary models used are the medical model, social model, and functional model (Griffen, 2016).

The goal of this review is to discuss the structure of current disability training in healthcare and findings on the impact of disability training that includes or promotes the social model of disability. Although research on the incorporation of disability training for healthcare workers has been conducted and there is support for training based on the social model, it is not understood what value social model-based disability training has for children with disabilities. Adequate disability training is needed to ensure health care providers are prepared to meet the needs of their patients and provide quality care (Boyd et al., 2019). With the advancement of knowledge in this area, there will be greater common consent on what is appropriate for inclusion in healthcare disability training. Congruent support for disability training and what should be taught can bring about systemic change to the education of healthcare providers that promotes beneficial experiences and outcomes for patients with disabilities (Phillips et al., 2021).

Methods

To initiate this study, a rigorous review of relevant literature in the subject area of disability training in healthcare was conducted. This step was done to examine the current structure of disability training received by individuals working or studying to work in the healthcare field. This allowed for further investigation of research done to support the inclusion of the social model of disability in training, the value of creating consensus in what is provided for disability training, and the importance of providing quality care to children with disabilities. Evidence was collected from these sources and compiled to report on the original findings and outcomes. The information provided was then used to draw new conclusions on the subject matter.

OU Libraries, a database that pulls studies from 210 databases, was used to search for recent studies relevant to the topic of interest. The following keywords were used individually or

in conjunction with each other to perform an exhaustive search: “disability”, “disability training”, “healthcare”, “disability model”, “social model”, “medical model”, and “children”. Search results were filtered to limit results to peer-reviewed studies and studies conducted within the last ten years. From these results, twenty-five journals and studies were selected and examined for eligibility of inclusion based on relevance to the intent of this project. The process of determining eligibility involved reviewing the title, abstract, and full text of the published documents. To be suitable for inclusion the following criteria were to be met: the study was published in English, the study was performed to evaluate disability in healthcare, and the study was conducted on the human population. No limitation was placed on the type of study used within the article for eligibility. Studies deemed eligible based on the criteria were then gathered to extract and analyze the data provided. Reviewing the information systemically, personal insights were provided and conclusions were made to enhance the findings and promote future research on this subject.

Literature Review

Importance of Disability Training

To understand the criticality of developing consensus on disability training and further research to examine the impacts of social model-based disability training on pediatric patients, it is imperative to identify the value of having disability training in healthcare. Individuals with disabilities make up the largest minority population in the United States, with 10-15% of the world’s population consisting of people who identify as disabled (Bowen et al., 2020). The diverse group of people identifying as disabled typically experience a variation in one or more areas of functioning compared to individuals labeled as non-disabled. Areas of functioning include vision, movement, thinking, remembering, learning, communicating, hearing, mental

health, and social relationships (Havercamp et al., 2021). This large proportion of people have intersecting identities that influence their interaction with the world, but they all share a common identity of disability that impacts the way they experience health and health services.

Individuals with disabilities may experience specific conditions related to their disability that require medical assistance or be at higher risk for certain chronic health conditions. Additionally, with the continued advancement in science and medicine, the average lifespan has been extended, and individuals with chronic conditions are living longer. This has resulted in higher numbers of people living with a disability or at risk of disability as they age (Santoro et al., 2017). The increased need for health services among this population combined with the high prevalence of disability in our world results in the overrepresentation of people with disabilities in the healthcare system (Havercamp et al., 2021). It is therefore crucial that healthcare workers are prepared to meet the needs of these patients and interact with them in ways that promote quality care and comfort (Cecchetti et al., 2021).

Disparities in Healthcare

Despite the large presence of people with disabilities needing healthcare services, there are numerous barriers to access to care and disparities in the care experience. Disadvantages in receiving healthcare and poorer health outcomes have been reported among the population of individuals with disabilities (Cecchetti et al., 2021). Compared to individuals identifying as non-disabled, persons with disabilities are more likely to die younger and avoidably, regardless of increases in global life expectancy (Taggart et al., 2019). This has been noted by various studies as a systemic issue resulting from a multitude of factors. Factors that contribute to the inequality in access to quality care are stigmatization, discrimination, and barriers that are in place in our society (World Health Organization, 2021).

Barriers to healthcare include attitudinal barriers, physical barriers, communication barriers, and financial barriers. Attitudinal barriers involve an array of obstacles that commonly result from negative provider attitudes or providers having limited knowledge and understanding of the rights and needs of people with disabilities (World Health Organization, 2021). Physical barriers are the environmental factors in place that make accessing or using health services or facilities challenging. Examples of physical barriers are a lack of accessible parking spaces, manually-operated doors, furniture or equipment that is at a fixed height, and narrow hallways and door passages (Phillips et al., 2021). Communication barriers consist of limited availability of healthcare material in accessible formats, lack of access to sign language interpreters, and health information being presented in complicated or hard-to-follow ways. The cost associated with traveling to and receiving health services places a financial burden on many individuals with disabilities making it a barrier to care (World Health Organization, 2021). Challenges with employment and the recent COVID-19 pandemic only worsen the financial barriers experienced by some individuals with disabilities (Doebrich et al., 2020).

These barriers stand in the way of patients with disabilities receiving quality care which should be a fundamental human right. As stated by Havercamp et al. (2021), “the World Report on Disability reported that people with disabilities are twice as likely to find health care provider skills and equipment inadequate to meet their needs; three times as likely to be denied care; and four times as likely to be mistreated by healthcare providers”. Training on disability for health workers is recognized as important for overcoming these barriers and providing high standards of healthcare for people with disabilities (Rotenberg et al., 2022). It has been demonstrated that providers’ knowledge, outlook, and approach to treating people with disabilities can be positively influenced by disability training (Phillips et al., 2021).

The Disparity in the Care Received by Children

It is important to highlight here some of the specific challenges faced by children with disabilities in accessing and receiving quality care. Disability is experienced by more than one in seven children living in the United States and these children, similar to adults with disabilities, need comprehensive, quality health care (LaFleur et al., 2018). Children with disabilities have diverse health needs that should be met to support optimal growth and development (Brindis & Houtrow, 2018). However, barriers in place impacting the disability community at large also influence the experiences of children. The needs of children with disabilities are frequently unmet or poorly managed due to inadequate health care (Ong et al., 2017). Since the care of children is often controlled or influenced by guardians, children with disabilities are at particular risk of not having their healthcare needs sufficiently understood or met.

Communication is a large barrier for children with disabilities since communication must be effective between caregivers, children, and healthcare providers for the most advantageous results. Articulating needs and fully comprehending processes and decisions related to healthcare is challenging for most children, but can be particularly hard for some children with disabilities. All children with disabilities should be informed about their care and decisions that affect them under the UN Convention on the Rights of the Child and the Rights of Persons with Disabilities. Yet negative experiences related to communication in healthcare settings and how children and their families were involved in decisions are reported as occurring often (Sharkey et al., 2016). The intersectionality of the identities of disability and young age creates unique circumstances for children with disabilities. This along with the barriers in place impacting healthcare point to the value of research on how disability training can generate better outcomes for children with disabilities and what should be included in said training.

Conceptualizing Disability

Disability is defined in basic terms by the Centers for Disease Control and Prevention (2020) as an impairment that creates activity limitation and participation restriction. Impairment is considered differences in a person's body structure or function such as a loss of vision or memory. Activity limitation is described as challenges in performing certain activities like walking, seeing, or hearing. Lastly, participation restrictions are seen as the difficulties in engaging in normal daily activities (Centers for Disease Control and Prevention, 2020). This outline of disability while beneficial for categorizing disability is severely limited in describing the lived experience of disability. The diversity in people identifying as disabled and how they incorporate disability into their identity creates variability in how disability is viewed.

Several different perspectives on disability have been categorized into models to assist in defining disability. These models encompass ideas on perceived causes of disability, appropriate responses, and deeper meanings (Olkin, 2022). While other models exist, three main models commonly used are the medical model, social model, and functional model. Disability models often serve as a reference for society in the creation of programs and services, laws, regulations, and structures for the disability community (Griffen, 2016). When disability models are taught, including in disability training for healthcare workers, it influences peoples' perspectives of disability (Cecchetti et al., 2021). In these ways, disability models impact the lives of people living with disability (Griffen, 2016). The medical model, social model, and functional model are defined and described concerning use in healthcare disability training in the subsequent paragraphs.

Medical Model

The medical model conceptualizes disability in terms of a consequence resulting from a health condition, disease, or trauma. The disability is seen as a disruption in the normal functioning of a person physiologically or psychologically (Griffen, 2016). It is perceived as something that is an impairment and inherently pathological (Olkin, 2022). The focus of this model is placed on viewing disability as a condition that requires prevention, treatment, or curing (Griffen, 2016). The medical model gives power to professionals with specialized medical training by regarding them as experts in disability. Use of language that is clinical and medical is used to describe disability. The medical model perspective of disability is used at times within the health, mental health, and education fields (Olkin, 2022).

It is common for healthcare providers to have a view of disability that is grounded in the medical model perspective (Phillips et al., 2021). It is important to recognize that individuals with disabilities do experience health conditions that can benefit from medical care and services. The issue with the medical model lies in relying solely on the medical model or over-medicalizing disability (Shakespeare et al., 2009). The medical model's view of disability as the result of a physical condition that is intrinsic to the individual ignores the larger structural issues that contribute to health status (Phillips et al., 2021). Structural issues contributing to disability include poverty, environmental barriers, and social exclusion. Individuals with disabilities should also be entitled to make decisions on how to view their disability related to health and what health services, if any, they utilize (Shakespeare et al., 2009).

Social Model

The social model of disability takes the emphasis off the impairments of the individual and concentrates instead on the barriers in place for people with disabilities. This view of disability promotes that a person's impairment or condition is not what limits activities. It is the

environment and barriers existing as a result of the lack of social organization that limits individuals with disabilities (Griffen, 2016). Change to the environment and society, rather than individuals with disabilities is critical to address disability from the perspective of the social model. Additionally, within this model disability is seen as just one aspect of a person's identity that contributes to them as a whole (Olkin, 2022). This notion allows room for recognizing the intersectionality of all identities of a person and how they combine to form a unique experience.

The social model has been researched for the advantages of inclusion in disability training and education provided to healthcare workers. A multitude of studies supports shifting healthcare disability training from focusing on the medical model of disability to the social model. The social model of disability identifies the barriers and prejudice that exclude disabled individuals. Viewing individuals in a way that does not only look at physical disadvantages but recognizes the social factors involved could shift providers' mindsets and improve patient-provider relationships (Havercamp et al., 2020). It is reported that "many physicians focus on the patient's disability and often view it as the patient's defining characteristic" (Santoro et al., 2017). Training on disability that fosters the social model could promote change in healthcare providers' perspectives of disability leading to enhancement in patient-centered, quality care (Havercamp et al., 2020).

Functional Model

The functional model is highly similar to the medical model in its view of disability. Disability is conceptualized as an impairment or deficit of the individual by the functional model. Physical, medical, or cognitive deficits are the cause of disability, and limitation of functioning or ability to participate in functional activities is a result of the disability itself (Griffen, 2016). No specific mention of the functional model was included in the studies relevant

to disability training in healthcare procured for this project. Nevertheless, a description of the functional model was provided due to it being a primary model of disability and its closeness to the medical model (Griffen, 2016). Likely, the beliefs held by some healthcare workers or included in disability training are also encompassed by the functional model since it shares viewpoints with the medical model.

Current Disability Training in Healthcare

Insufficient Disability Training

While disability training for healthcare workers is essential due to the prevalence of individuals living with disabilities and the increased need for medical services in the disability community, standard or consistent training is not currently provided (Havercamp et al., 2021). The use of health services is imperative to many individuals with disabilities, yet the U.S. healthcare system does not meet the needs of these patients sufficiently (Bowen et al., 2020). Many healthcare workers are not given adequate training to assist in effectively communicating with and treating patients with disabilities (Santoro et al., 2017). Research findings that health professionals have discomfort when treating patients with disabilities, have negative attitudes towards those patients, and lack knowledge of disability testify to the need for disability training (Smith et al., 2021). One study found that only 40.7% of physicians were confident in providing care to patients with disabilities and 82.4% felt that people with significant disabilities have worse quality of life (Rotenberg et al., 2022). In addition, researchers have identified gaps in training in interprofessional health education that are shown to further enhance healthcare disparities experienced (Havercamp et al., 2021). Difficulty in including consistent disability training for healthcare workers is a result of a vast number of small and large-scale factors. An example is the lack of agreement on what to teach about disability (Havercamp et al., 2021).

Lack of Consensus

Despite a call for disability training in the healthcare field, a consensus on what should be included in training has not been reached (Havercamp et al., 2020). Without a common understanding of what should be provided in disability training, needed change will not transpire. Recommendations for implementing disability-based education in healthcare from the US Institute of Medicine, the Surgeon General of the United States, the Association of American Medical Colleges, and other policymaking institutions have prompted some increase in the development of disability education and training. However, there is wide variability in what is taught in these educational programs and in how they are delivered (Santoro et al., 2017). The diversity of the disability population in the type of disability and other identities of the individuals makes it difficult to establish what disability competencies ought to be taught (Bowen et al., 2020). Along with a lack of accord on set learning objectives, or competencies that should result from disability training there is no complete determination of what model or models of disability training should be based on. Concurrence on the information included in disability training and the model or models of basis is needed to establish consistent, quality training. This will allow for systematic change to the approach to training healthcare professionals, ensuring all workers are provided with information that will best support them in their care of patients with disabilities (Phillips et al., 2021).

Use of the Medical Model

Most disability trainings originated with teaching disability from a medical model viewpoint. With the advancement in disability rights and the passage of various legislation, perceptions of disability have been changed and there has been a shift to promote the social model in disability training (Shakespeare et al., 2009). However, the medical model of disability

is still used currently for providing disability training and teaching in many medical schools (Phillips et al., 2021). The medical model of disability limits perceptions of disability to individual deficits that require medical assistance to improve the quality of life experienced by that person (Shakespeare et al., 2009). Training based on the medical model sustains this thought process. This has been mentioned in research as likely to result in healthcare workers holding low expectations for the quality of life and function of people with disabilities (Bowen et al., 2020). Thinking in this way makes assumptions about the experiences and feelings of people with disabilities and puts the medical provider in a position of being an expert on a person's disability. The over-medicalization of disability and the lack of recognition of other barriers contributing to the limitation of disability are downfalls of the medical model (Shakespeare et al., 2009). It is for these reasons that the inclusion of training based solely on the medical model is not recommended.

Shift to the Social Model

As stated previously, increasing support to move to disability training that views and teaches disability based on the social model is being documented. The inclusion of the social model was promoted in several of the studies evaluated in this analysis, whether directly stating the social model or indirectly discussing social model concepts of disability. The social model's perspective of disability as a mismatch between the individual and the environment, with the environment and structures in place resulting in limitations, could enhance healthcare workers' view of people with disabilities (Olkin, 2022). This is due to taking the emphasis off individual deficits and examining the individual as a whole with various identities and needs. A shift in conceptualizations of disability amongst healthcare providers from a medical model view to a

social model view could provide various benefits to the patients and healthcare providers (Phillips et al., 2021).

Inclusion of Social Model-Based Disability Training

Data from multiple studies show the need for improved disability education and training and what purpose disability training serves (Santoro et al., 2017). The provision of disability training to healthcare workers is a step in influencing their knowledge, attitudes, skills, and confidence and changing clinical practice. Despite it being only part of the framework necessary to provide quality care and services to individuals with disabilities, it is of high importance considering the inequalities in care currently experienced by this population (Taggart et al., 2019). However, due to the large variability in the content and delivery methods of disability training throughout healthcare, it is difficult to determine similarities in outcome measures and establish consensus on what is most beneficial to include in disability training (Rotenberg et al., 2022). Various studies have been conducted recently to assist in filling this gap in knowledge and to promote working towards improved disability training that is consistent.

Several studies selected for this review report on training interventions that have been successful in improving health workers' knowledge, self-efficacy, confidence, and competence when working with patients with disabilities. They research or discuss how different content, methods of delivery, and perspectives of disability included in disability training impact healthcare providers' perceptions of disability and the quality of care they provide. Amongst these studies, different components of disability training were reviewed for their worthiness of inclusion in the disability curriculum. Examples of categories of content for disability training discussed within the studies included general information on what disability is, the physical and mental health of people with disabilities, health inequalities experienced by this population,

stigma, communication, legal issues, ethical standards, and many more (Taggart et al., 2019). Numerous methods of delivery were also looked at concerning disability education and training such as lectures or didactic methods, using people with disabilities as teachers, case studies, experimental and community-based learning, simulations, clinical encounters, and a multipronged approach (Rotenberg et al., 2022). Regardless of the specific content or method of delivery being evaluated in these studies, there was a shared understanding of promoting patient-centered care that adopts concepts of the social model of disability within training.

Benefits of Social Model-Based Disability Training

The benefits of incorporating content within healthcare workers' disability training that is based on the social model of disability or encourages practitioners to view disability using the social model are discussed in multiple studies reviewed. Bowen et al. (2020), mention that many healthcare workers' beliefs about disability are rooted in the medical model and that without explicit disability training these thoughts will impact the care provided to patients with disabilities. If healthcare providers are operating with perceptions of disability based solely on the medical model they may be more likely to consider disability as a negative health outcome in need of medical assistance or treatment (Phillips et al., 2021). Additionally, they may have low expectations for the function and quality of life of individuals in the disability community. Disability training encompassing more social model beliefs can help in changing healthcare workers' views on disability from it being an illness needing treatment to functional limitations created by social structures that may or may not be affecting a person's health and quality of life (Bowen et al., 2020).

Changes to the way healthcare workers view disability directly affect their attitudes and empathy levels towards the patients with disabilities they are working with. In turn attitudes and

empathy impact the decisions and behaviors of these workers (Cecchetti et al., 2021). Research demonstrates that transitioning healthcare workers' focus from just one aspect of a person to emphasizing the whole person has positive outcomes. Instead of reducing individuals with disabilities to their disability, a condition, or a diagnosis, putting a value on all the components of a person's identity has been shown to strengthen health workers' ability to adequately involve patients in their care (Phillips et al., 2021). When healthcare workers create a relationship with their patients where the patient is actively included, better communication is typically generated (Sharkey et al., 2016). Quality communication between providers and patients with disabilities can improve individuals' health outcomes, perceptions of the care received, and willingness to seek health services or continue using them (Phillips et al., 2021).

When the attitudes and approaches of healthcare workers are shifted to include social components of disability it helps create a more accessible and inclusive environment (Rotenberg et al., 2022). This is of significant importance since health workers providing inclusive approaches and environments assist in "dismantling extant barriers to care, and maximizing the health and participation of their patients with disabilities" (Phillips et al., 2021). Due to the benefits of incorporating a more social model approach to disability in the training curriculum researchers have been currently backing this change. Findings amongst the studies reviewed supported that training on disability is highly important for healthcare workers as a result of the reported benefits and that significant adjustments need to be made to the disability training currently provided. This is to ensure that disability training values more inclusive and social views of disability and creates disability competence for all healthcare workers. However, much more research is needed to further investigate these notions and come to a consensus on the content and structure of disability training provided in healthcare.

Effect of Social Model Disability Training on Pediatric Patients

With research on evaluating social model perspectives in disability training being relatively new, there is limited discussion on the specific benefits for children with disabilities. While children with disabilities can benefit in the same general ways as other individuals with disabilities from a social model-based disability training there may be differences in the effectiveness of this training and unique benefits. The intersectionality in the identity of being a child and having a disability creates particular circumstances that influence that person's experiences especially related to healthcare (LaFleur et al., 2018). Using the information on the distinct challenges faced by children with disabilities in healthcare along with the benefits of including social model perspectives in disability training, the relevance of this type of training for children will be discussed. Additionally, conclusions will be drawn on how disability training including the social model could benefit children with disabilities.

Relevance of Social Model-Based Disability Training for Children

There is a large number of children with disabilities and these individuals often require more health services than other children (Sharkey et al., 2016). The needs of children with disabilities are currently poorly met due to a variety of factors (Ong et al., 2017). Barriers to care for children with disabilities include barriers experienced by adults but children can experience these barriers in unique ways. The care of children with disabilities is often regulated by guardians and therefore the quality of care received is influenced not only by the interaction between the patient and provider but also by the guardian of the patient (Brindis & Houtrow, 2018). Communication is a significant barrier for children with disabilities accessing and receiving quality care since properly articulating needs and emotions is difficult for many children. Children who use augmentative and alternative communication may struggle with

expressing needs and feelings towards care even more. For these reasons, adequate communication between healthcare professionals and their pediatric patients with disabilities and their guardians is essential for providing quality health services (Sharkey et al., 2016). Since training that incorporates the social model of disability has been shown to improve health providers' knowledge about disability and outlook and approach to providing care for these patients, social model-based disability training could be highly beneficial to pediatric patients (Phillips et al., 2021).

Benefits of Social Model-Based Disability Training for Children

Support for disability training and training that includes the social model perspective of disability is recognized as valuable for achieving high standards of health for individuals with disability in general (Rotenberg et al., 2022). However, little is known about the specific benefits this provides for children with disabilities. Children with disabilities experience the same barriers to care as others within the disability community such as attitudinal, physical, communication, and financial barriers (World Health Organization, 2021). Benefits of healthcare providers being trained to incorporate the social model into their views and care include better knowledge and outlook on disability and improved approach and competence when treating patients with disabilities. Since these outcomes work to create more inclusive and patient-centered care and help dismantle barriers to care this will likely aid children in similar ways to adults with disabilities (Phillips et al., 2021).

As communication is a barrier to care that is particularly salient for children with disabilities, improvements in communication in health settings could be immensely beneficial. Poor communication between healthcare providers, pediatric patients with disabilities, and their guardians, means choices related to the care may not be fully understood and adequate

opportunity to participate in decision-making might not be provided (Sharkey et al., 2016). Training for healthcare workers that teaches and promotes the social model of disability has been shown to impact health providers' approach to care including their communication with patients with disabilities (Phillips et al., 2021). When healthcare workers communicate with patients their attitudes, opinions, and emotions all influence the interaction. Disability training that adopts social model views has been demonstrated to enhance attitudes and empathy levels of health workers towards individuals with disabilities (Cecchetti et al., 2021). By influencing the attitudes, empathy, and approach of healthcare workers to treating patients with disabilities, social model-based disability training could improve healthcare experiences and outcomes of pediatric patients with disabilities.

Discussion

There is an established need for disability training and improvements to the current structure of training expressed across the literature. The healthcare workforce is not adequately prepared to meet the needs of patients with disabilities and there are large gaps in disability training and variability in the quality of training received by workers (Bowen et al., 2020). While consensus hasn't yet been reached on what is appropriate for a standardized disability training curriculum in healthcare, the framework is being laid by recently conducted research (Havercamp et al., 2020). The goal of this review was to synthesize findings on the current structure of disability training in healthcare and examine the changes to training being proposed and researched. This was done to highlight the deficiencies in quality health care and services being provided to individuals with disabilities and how disability training can help bridge the gap in care.

Findings support that incorporating the social model into the disability training interventions influences health providers' knowledge and outlook on disability thereby changing their approach to care. Positive outcomes were reported including creating a more inclusive, patient-centered environment. Using data provided on the benefits of social model-based disability training, conclusions were made on how this could be particularly valuable for children with disabilities. This work allows for a greater understanding of the current status of disability training in healthcare and promotes a need for further research on disability training that includes the social model of disability. Specifically, research on the benefits of social model-based disability for children with disabilities is called for. Advancements in knowledge on this topic will help to establish consensus on disability training curriculum which could create systemic change to the experience of healthcare for individuals with disabilities.

Limitations

It is important to note that this review is limited in several ways. First, only a handful of studies were selected to be included based on certain criteria that were established. Literature found on other databases or that did not meet the inclusion criteria could consist of different insights into this topic. Additionally, the focus of this paper was on the inclusion of the social model into disability training over the medical model and did not examine the potential for including multiple models in training. Cecchetti et al. (2021) mention the use of a biopsychosocial model of disability in healthcare that encompasses the biological, psychological, and social aspects of disability. It is stated this model would shift the sole focus of the medical components of disability to create a more holistic approach to care (Cecchetti et al., 2021). The use of this model along with similar avenues should be explored when determining what is best to incorporate into disability training.

Further limitations of this study include that personal conclusions were drawn on how social model-based disability training would benefit children with disabilities. While existing research was used to discuss ways this training could specifically benefit children with disabilities there could be other factors particular to children affecting the advantageousness of this type of training. Emphasis was placed on how communication is a large barrier for children with disabilities and how social model-based interventions would improve communication. However, other unique experiences of children with disabilities within healthcare could be examined to determine the value of social model-based disability training for this population. Lastly, this review is not comprehensive of all the components of disability training that need to be addressed to make changes to the structure of training. Discussion in this paper is meant to aid understanding of how different models of disability being included in disability training can impact health providers' and patients' experiences.

Conclusion

The population of individuals living with disabilities is expansive and continues to grow with increases in life expectancy (Santoro et al., 2017). Despite people with disabilities making up the largest minority population in the United States, the healthcare system and the workers within it are not set up to adequately meet the needs of these individuals. This population reports that their healthcare needs are unmet, they experience barriers to accessing care, and are dissatisfied with the care they receive at higher rates than individuals without disabilities (Bowen et al., 2020). Training for healthcare providers that teach competencies on treating patients with disabilities is highly valuable for improving health outcomes for people with disabilities (Rotenberg et al., 2022). However, there are significant gaps in the provision of training and large diversity in the training provided currently (Bowen et al., 2020). While there is an

agreement on the need for disability training in healthcare, consensus on the content and structure of training has not been reached (Havercamp et al., 2020).

The medical model and social model of disability are two of several models created to conceptualize disability (Griffen, 2016). Often healthcare providers operate with beliefs centered on the medical model and some disability training solely focuses on disability from a medical model perspective. Having a strictly medical model view of disability can prevent health workers from understanding or accommodating aspects of disability that are more social or environmental. Shifts in disability training to base training on the social model of disability have been researched and included in some interventions to create improvements in patient-centered care and more inclusive environments (Phillips et al., 2021). The benefits of including the social model in disability training consist of enhanced attitudes and empathy levels of health workers that influence their behaviors and decision-making when working with patients that have disabilities (Cecchetti et al., 2021).

While the benefits of social model-based disability training have been demonstrated for the disability community in general there is little mention of how this specifically benefits children with disabilities. Children are likely to benefit from disability training in similar ways to adults since they share the same barriers to care and challenges in healthcare because of having a disability. However, children with disabilities have unique experiences when accessing health services that need to be addressed (Brindis & Houtrow, 2018). Communication is a large barrier to accessing and receiving quality care for children and therefore social model-based training could improve health providers' communication, enhancing care (Sharkey et al., 2016). Research is needed on this topic to recognize the distinct needs and experiences of children with disabilities and to study the benefits children could receive from disability training that includes

social model perspectives. Findings from studies conducted previously and in the future are essential for working towards a comprehensive disability training curriculum that is standard for all healthcare workers (Rotenberg et al., 2022). Ensuring all healthcare providers are prepared to meet the needs of their patients with disabilities will help in breaking down barriers to care experienced by this population and creating systemic change in our healthcare system (Santoro et al., 2017).

Acknowledgments

This thesis was made possible by the support of my mentor, Brian Wigman. I am highly appreciative of his assistance and the knowledge he has provided. His teachings are what inspired my interest in researching and advocating for this topic. I would also like to thank Oakland University's Honors College for its guidance in the completion of this project.

References

Bowen, C. N., Havercamp, S. M., Karpiak Bowen, S., & Nye, G. (2020). A call to action: Preparing a disability-competent health care workforce. *Disability and Health Journal; Disabil Health J, 13*(4), 100941. https://doi.org/10.1016/j.dhjo.2020.100941

Boyd, K., Bridge, E., Mcconnell, M., Kates, N., & Stobbe, K. (2019). A Curriculum of Caring for People With Developmental Disabilities in Medical Education. *Journal on Developmental Disabilities, 24*(2), 10-18.

Brindis, C. D., & Houtrow, A. (2018). Opportunities for Improving Programs and Services for Children With Disabilities. *Journal of Adolescent Health; J Adolesc Health, 63*(5), 529-530. https://doi.org/10.1016/j.jadohealth.2018.08.004

Cecchetti, M., Last, J., Lynch, J., & Linehan, C. (2021). Evaluating the longitudinal impact of a disability education intervention on medical students' attitudes towards persons with a disability. *Disability and Health Journal; Disabil Health J, 14*(3), 101092. https://doi.org/10.1016/j.dhjo.2021.101092

Centers for Disease Control and Prevention. (2020, September 16). *Disability and health overview*. Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html

Doebrich, A., Quirici, M., & Lunsford, C. (2020). COVID-19 and the need for disability conscious medical education, training, and practice. *Journal of Pediatric Rehabilitation Medicine; J Pediatr Rehabil Med, 13*(3), 393-404. https://doi.org/10.3233/PRM-200763

Griffen , A. (2016, June 15). *1.1 Compare and Contrast Different Models of Disability*. Including People with Disabilities: Public Health Workforce Competencies. https://disabilityinpublichealth.org/1-1/

Havercamp, S. M., Barnhart, W. R., Robinson, A. C., & Whalen Smith, C. N. (2021). What should we teach about disability? National consensus on disability competencies for health care education. *Disability and Health Journal; Disabil Health J, 14*(2), 100989. https://doi.org/10.1016/j.dhjo.2020.100989

LaFleur, R. C., Truscott, S., Graybill, E., Crenshaw, M., & Crimmins, D. (2018). Improving Culturally Congruent Health Care for Children With Disabilities: Stakeholder Perspectives of Cultural Competence Training in an Interdisciplinary Leadership Training Program. *Journal of Transcultural Nursing; J Transcult Nurs, 29*(1), 101-111. https://doi.org/10.1177/1043659617699065

Olkin , R. (2022, March 28). *Conceptualizing disability: Three models of disability*. American Psychological Association. https://www.apa.org/ed/precollege/psychology-teacher-network/introductory-psychology/disability-models

Ong, N., McCleod, E., Nicholls, L. E., Fairbairn, N., Tomsic, G., Lord, B., & Eapen, V. (2017). Attitudes of healthcare staff in the treatment of children and adolescents with intellectual disability: A brief report. *Journal of Intellectual & Developmental Disability, 42*(3), 295-300. https://doi.org/10.3109/13668250.2016.1236368

Phillips, K. G., England, E., & Wishengrad, J. S. (2021). Disability-competence training influences health care providers' conceptualizations of disability: An evaluation study. *Disability and Health Journal, 14*(4), 101124. https://doi.org/10.1016/j.dhjo.2021.101124

Rotenberg, S., Rodríguez Gatta, D., Wahedi, A., Loo, R., McFadden, E., & Ryan, S. (2022). Disability training for health workers: A global evidence synthesis. *Disability and Health Journal; Disabil Health J, 15*(2), 101260. https://doi.org/10.1016/j.dhjo.2021.101260

Santoro, J. D., Yedla, M., Lazzareschi, D. V., & Whitgob, E. E. (2017). Disability in US medical education: Disparities, programmes and future directions. *Health Education Journal, 76*(6), 753-759. https://doi.org/10.1177/0017896917712299

Shakespeare, T., Iezzoni, L. I., & Groce, N. E. (2009). The art of medicine: Disability and the training of health professionals. *The Lancet (British Edition), 374*(9704), 1815.

Sharkey, S., Lloyd, C., Tomlinson, R., Thomas, E., Martin, A., Logan, S., & Morris, C. (2016). Communicating with disabled children when inpatients: barriers and facilitators identified by parents and professionals in a qualitative study. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy; Health Expect, 19*(3), 738-750. https://doi.org/10.1111/hex.12254

Smith, S. E., McCann, H. P., Urbano, R. C., Dykens, E. M., & Hodapp, R. M. (2021). Training Healthcare Professionals to Work With People With Intellectual and Developmental Disabilities. *Intellectual and Developmental Disabilities; Intellect Dev Disabil, 59*(6), 446-458. https://doi.org/10.1352/1934-9556-59.6.446

Taggart, L., Marriott, A., Cooper, M., Atkinson, D., Griffiths, L., Ward, C., & Mullhall, P. (2022). Developing curricular‐content and systems‐related impact indicators for intellectual disability awareness training for acute hospital settings: A modified International Delphi Survey. *Journal of Advanced Nursing, 78*(7), 2055-2074. https://doi.org/10.1111/jan.15123

World Health Organization. (2021, November 24). *Disability and health*. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/disability-and-health