

## Patients With Disabilities as Teachers (P-DAT): Do Participants Retain What Is Taught and is it Relevant to Practice?

Susan E. Hansen MA  
*Lehigh Valley Health Network, Susan\_E.Hansen@lvhn.org*

Sweety Jain MD  
*Lehigh Valley Health Network, Sweety.Jain@lvhn.org*

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## Patients With Disabilities as Teachers (P-DAT): Do Participants Retain What Is Taught and is it Relevant to Practice?

Susan Hansen, MA and Sweetie Jain, MD  
Lehigh Valley Health Network, Allentown, PA

## Background

Within medical education, it is recognized that limited resources exist for training physicians to care for patients with disabilities.<sup>1</sup> A lack of awareness of “Disability Etiquette” might lead to inappropriate behaviors and poor communication between physicians and patients. This can interfere with establishing an effective patient-doctor relationship.

## What is P-DAT?

- 3-hour, interactive session created at Lehigh Valley Health Network
- Introduction to Disability Etiquette, “Person-First” language
- Stories from patients/family members about their experiences with health care providers
- Candid discussions between stakeholders and medical learners



## Purpose

Previous research<sup>2,3</sup> has shown that the medical learners who participate in the P-DAT sessions emerge with newly acquired knowledge. We wanted to know whether they retained what they learned and if they use it in clinical practice.

## Methodology

- Population: 33 medical students and residents who participated in P-DAT sessions in 2010
- Recruitment: E-mail and telephone requests for participation
- Data Collection: Telephone survey using open-ended questions
- Data Analysis: Responses analyzed with an inductive, thematic approach using Nvivo v.10 software by QSR International Inc.

## Results

- **Response rate: 45% (n=15)**
  - 9 agreed to participate
  - 4 declined
  - 2 initially agreed and then were deemed “Not Available” after multiple attempts to connect

## Emergent Themes

## 1 Recollections of P-DAT Sessions

- ❑ Patients/parents served as the teachers
- ❑ Learned about how to refer to persons with disabilities
- ❑ “Person-First” language

## 2 Relevance to Practice

- ❑ Comments about clinical encounters
- ❑ References to care needs (referrals/ transportation issues/equipment)
- ❑ Interactions with patients
- ❑ Some noted how they might have approached patients if they had not had the training:

*"I wouldn't have known what questions to ask at all."*

*“As terrible as it sounds I might not have talked to the patient before the P-DAT training.”*

### 3 Emotions Triggered

- ❑ Related to P-DAT Sessions
  - ❑ “Eye-opening”
  - ❑ Appreciation for new knowledge
  - ❑ Presentation “impacted me”
  - ❑ Disability Etiquette training “is needed”
- ❑ Related to Clinical Practice
  - ❑ Helped “allay some of the fear” of treating patients
  - ❑ Helped in “gaining more trust” from patients

*"It's helped me have a much better relationship with my patients. ... At the end of the visit they feel they received good care, and they want to return."*

#### 4 Verbiage used by speaker

- ❑ “Appropriate”
  - ❑ “Person with diabetes”/“person with paraplegia”
  - ❑ “Cognitive impairment”
  - ❑ Several participants noted importance of using appropriate language to speak with/about patients with disabilities
  - ❑ Some mentioned using appropriate language in documentation
- ❑ “Inappropriate”
  - ❑ Referred to patients with disabilities as “these people” (categorization)
  - ❑ “Significantly mentally retarded”
  - ❑ “Wheelchair bound”/“bed bound”
  - ❑ Spoke about having “dealt with” patients with disabilities

*\*Researchers determined these using standards of Disability Etiquette and Person-First language*



Word Cloud using "Recollections" and "Emotional Trigger" nodes  
(generated using Nvivo v. 10)

## Discussion

- Every participant expressed appreciation for P-DAT programming
  - ❑ Glad they got training early in career
  - ❑ Valuable for improving practice

*"The reason I wanted to participate in the study is that I feel that the more training we get will help us to interact with patients better."*

- Many participants made personal connection to information in P-DAT training
  - ❑ Patients with disabilities in their practice
  - ❑ Family members with disabilities
  - ❑ Reflection on self as physician
- Comments about P-DAT content often contained words indicating an “emotional trigger”
  - ❑ “Comfortable”
  - ❑ “Fortunate”
  - ❑ “Mindful”
  - ❑ “Respectful”
- A limitation of the study is that social norms might discourage individuals from providing negative feedback in a live interview

## Conclusions

- Results add validity to previous study and further demonstrate that “Person-First” Language was biggest take-away from P-DAT training
- Responses indicated that participants feel their clinical encounters have been improved as a result of P-DAT
- Many emphasized importance of providing opportunities for physicians to learn from patients at an early stage in their careers

## References:

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