Project Name: Disability Integration Toolkit (DIT)

Problem Statement: In 2019, 1 in 4 American adults are living with a disability, but many physicians are not meeting the needs of their patients with disabilities**.**

Project Goal: To increase the cadre of physicians who provide effective care for patients with disability.

Resources	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long Term Outcomes
-Association of Academic Physiatrists -Dr. Turk -Disability & Health Research Team -Other Physician Collaborators -AAMC Group on Diversity and Inclusion -SUNY Upstate PM&R Website -NYSDOH Modules	-Journal Club Activities -Clinical/Educational Modules -Small Group Activities	# of Journal Club Activities Developed # of Journal Club Activities Reviewed # of Journal Club Activities Evaluated by Medical Students # of Clinical/Ed. Modules Developed # of Clinical/Ed. Modules Reviewed # of Clinical/Ed. Modules Evaluated by Medical Students # of Small Group Activities Developed # of Small Group Activities Reviewed # of Small Group Activities Evaluated by Medical Students	↑ % of MS who recognize they will be responsible for caring for patients with disability. (AW) ↑ % of MS who recognize disability-specific information might be necessary when caring for patients with disability. (AW) ↑ % of MS who understand the functional definition of disability. (K) ↑ % of MS who can explain the role of other members of the interdisciplinary health care team in caring for patients with disability. (K) ↑ % of MS who can explain the importance of considering functional limitations when caring for all patients. (K) ↑ % of MS who support caring for people with disability as a health care priority. (AT) ↑ % of MS who feel confident caring for patients with disability. (AT) ↑ % of MS who are confident incorporating considerations related to functional limitation in their clinical decision making process. (S) ↑ % of MS who are confident recognizing instances where disability-specific knowledge is potentially necessary for effective clinical decision making. (S)	↑ % of MS who provide disability-sensitive care when caring for patients with disability. ↑ % of MS who consider relevant disability-specific knowledge when caring for patients with disability. ↑ % of MS who incorporate considerations related to functional limitations into their clinical decision making when caring for all patients. ↑ % of MS who have engaged in scholarly discussions related to the health needs of people with disability. ↑ % of MS who advocate for improving the standards of care for people with disability.	↑ % of people with a disability who have access to physicians who are sensitive to their needs. ↑ % of people with a disability who receive high quality health care. ↑ % of people who have clinical recommendations tailored to accommodate their functional limitations when receiving medical care. ↑ % of people with disability who feel that their physicians effectively meet their health care needs. (Interpersonal) ↑ % of people with a disability who have access to a health care system that effectively meets their health care needs. (Organizational) ↑ % of people with a disability who have access to resources that enable them to be healthy. (Community) ↑ % of medical schools who integrate disability-related content into their training curriculum. (Policy)

Rationale

-Portray realistic examples of disability to help medical students develop an accurate understanding of what they will see in clinical practice.
-Providing common, non-extreme examples helps medical students recognize that people with disability are a large, diverse group of individuals with a wide range of skills, abilities, interests, and goals just like the rest of their patients.

-Utilize best-practice educational approaches to achieve long-term changes in decision making and problem solving.
-Evidence-based content presentation and testing techniques are utilized to increase retention and facilitate the integration of the content into medical students' thinking.

-Employ adult learning principles to engage medical students with disability-related content and promote life-long learning.
-Given the time constraints and vastness of disability-related content, adult learning principles are employed to ↑ interest, make the content self-relevant, & facilitate self-directed learning.

-Focus on enhancing knowledge and skill outcomes instead of attitude change outcomes.
-Enduring attitude change is difficult to achieve with brief educational interventions, and it in-and-of-itself will not give medical student the knowledge and skills they need to better meet the needs of people with disability.

-Leverage AAMC, LCME, and USMLE priorities to ensure each educational activity meets broader educational objectives.
-Explicitly connecting disability-related educational activities to AAMC, LCME, & USMLE priorities highlights the ability of these activities to be integrated into multiple parts of the medical school curriculum.

Assumptions

-Medical student are expected to function as adult learners.
-Medical students typically know very little about disability.
-Medical students do not consider disability and functional limitation as part of their clinical decision making process without being taught to do so.
-Medical students typically do not understand the diversity among people with disability.
-Medical students typically do not recognize the large proportion of patients who experience limitation or are people with disability.
-Medical students often misinterpret the relevance of a person's disability to their overall health and/or specific primary complaint.
-Medical students assume they may not care for patients with disability if they pursue certain medical specialties.
-An online forum will facilitate the dissemination of educational tools.