# Overall DIT Logic Model Outcomes [PRE/IM-POST/LONG-POST]

Outcomes	Evaluation Question(s)	Response Options
↑% of MS who recognize they will be responsible for caring for patients with disability. (AW)	I will be responsible for caring for patients with disability.	Strongly Disagree – Strongly Agree
↑ % of MS who recognize disability- specific information might be necessary when caring for patients with disability. (AW)	It might be necessary for me to learn disability-specific information to effectively care for patients with disability.	Strongly Disagree – Strongly Agree
个 % of MS who understand the definition of disability based on function. (K)	<ul> <li>Which of the following is a definition of disability based on function: <ul> <li>a. An attribute of individuals that is a function of meeting the medical diagnostic criteria for a specific condition (e.g., multiple sclerosis).</li> <li>b. A social construction that is based on the functional dynamic between the built environment and cultural prejudice.</li> <li>c. A long-term impairment, activity limitation, or participation restriction (i.e., functional limitation) resulting from the interaction between a person's condition/health problem and environment.*</li> <li>d. A deviation from what is considered the normal or average based on classifications of ICD-10 codes (i.e., functional classification).</li> </ul> </li> </ul>	[Multiple Choice]
个% of MS who can work with other members of the interprofessional health care team in caring for patients with disability. (SE)	I can work with other members of an interprofessional care team to meet the needs of people with disability.	Cannot Do at All – Highly Certain Can Do
个% of MS who can explain the importance of considering functional limitations when caring for all patients. (K)	<ul> <li>Why is it important to take functional limitations into consideration when caring for all patients?</li> <li>a. The ability of patients to follow a treatment plan is directly related to the accommodations they may need to complete it.*</li> <li>b. Identifying patients with an undiagnosed disability provides a more accurate assessment of the prevalence of disability.</li> <li>c. Public and private insurance providers require long-term documentation of the progression of disability.</li> <li>d. Recognizing key functional limitations can help clinicians limit the scope of their health history interviews.</li> </ul>	[Multiple Choice]
↑ % of MS who support caring for people with disability as a health care priority. (SE)	I can effectively advocate for disability as a healthcare priority.	Cannot Do at All – Highly Certain Can Do
个% of MS who feel confident caring for patients with disability. (SE)	Interaction: Please rate how certain you are that you can do the following when interacting with a patient with a disability:  1. Communicate respectfully.  2. Take a history.	Cannot Do at All – Highly Certain Can Do

	<ul> <li>3. Conduct a physical examination.</li> <li>4. Feel comfortable during the interaction.</li> <li>Medical Care: Please rate how certain you are that you can do the following when caring for a patient with a disability:</li> </ul>	
	<ol> <li>Address medical issues that are unrelated to the patient's disability.</li> <li>Address medical issues that are associated with to the patient's disability.</li> <li>Develop a treatment plan that meets the patient's medical needs.</li> </ol>	
个 % of MS who are confident incorporating considerations related to functional limitation in their clinical decision making process. (SE)	<ul> <li>4. Assess the patient's functional limitations.</li> <li>5. Ensure the treatment plan takes into consideration the patient's functional limitations.</li> </ul>	Cannot Do at All – Highly Certain Can Do
↑ % of MS who are confident recognizing instances where disability-specific knowledge is potentially necessary for effective clinical decision making. (SE)	<ol> <li>Recognize instances when disability-specific knowledge may be necessary for effective clinical decision making.</li> <li>Recognize gaps in your knowledge related to the patient's disability.</li> <li>Find the information needed to address gaps in your knowledge related to the patient's disability.</li> </ol>	Cannot Do at All – Highly Certain Can Do

### Adult Education Theory Outcomes [PRE/IM-POST]

Outcomes	Evaluation Question	Response Options
Demonstrate Necessity of Content: Students believe the activity provides them with knowledge/skills they need as a physician.	PRE: This activity will likely focus on content that is necessary for me to use as a physician.  POST: The activity focused on content that is necessary for me to use as a physician.	Strongly Disagree – Strongly Agree
Facilitate Self-Directed Learning: Students believe they have control over their learning.	POST: I had opportunities to learn more about content in which I was interested.	Strongly Disagree – Strongly Agree
Connect to Prior Experiences: Students believe the activity made connections to their prior experiences.	<b>POST:</b> The activity helped me to integrate its content with other aspects of my medical education.	Strongly Disagree – Strongly Agree
Meet Current Needs: Students believe the activity is relevant to their current educational needs.	PRE: The content of the activity will likely be relevant for me at this point in my medical education.  POST: The content of the activity is relevant to me at this point in my medical education.	Strongly Disagree – Strongly Agree
Focus on Content Application: Students believe the activity teaches them how to apply the lessons learned to their practice as a physician.	<b>POST:</b> The activity taught me how to apply the content to my practice as a physician.	Strongly Disagree – Strongly Agree
Make Content Self-Relevant: Students believe the lessons learned from the activity will make it easier for them to do their jobs as physicians.	PRE: The content I learn from this activity will likely make it easier for me to do my job as a physician.  POST: The content I learned from this activity will make it easier for me to do my job as a physician.  PRE: The content I learn from this activity will likely improve my ability to	Strongly Disagree – Strongly Agree
	provide quality care for my patients.  POST: The content I learned from this activity will improve my ability to provide quality care for my patients.	

# $\textbf{Attitude Outcomes} \; {\tiny [PRE/IM-POST/LONG-POST]}^1$

Outcomes	Evaluation Question	Response Options
↑ % of MS who have positive attitudes	I would be comfortable being around a person who uses a	Strongly Disagree – Strongly
towards people with disability	wheelchair.	Agree
	2. If I were visited by a person who is blind, I would be comfortable	
	helping him or her navigate the environment.	
	3. I would feel comfortable living next door to a person with an	
	intellectual disability that lives by himself.	
	4. I would be comfortable around a person who is deaf.	
	5. I would be comfortable living in a neighborhood where there is a	
	group home for people with various developmental disabilities (e.g.	
	autism, Down Syndrome, Cerebral Palsy, etc.)	
	6. I am comfortable being around a person who has an intellectual	
	disability (i.e., cognitive impairment, fetal alcohol syndrome)	
	7. I would be comfortable interacting with a person with an intellectual	
	disability who was in the community on his or her own (i.e., without	
	staff members or caretakers).	
	8. I would be comfortable working with a person with an intellectual	
	disability who had someone assigned to supervise and train her.	

### Negative Assumption Outcomes [PRE/IM-POST/LONG-POST]

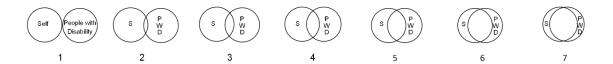
Outcomes	Evaluation Question	Response Options
↑% of MS who do not have negative	1. People with disability do not have a good quality of life.	Strongly Disagree – Strongly
assumptions about people with disability.	2. People with disability are a burden to family.	Agree
	3. People with disability are a burden to society.	
	4. People with disability are compromised in their ability to contribute	
	to health care decision making.	
	5. People with disability are less able to follow complex care plans.	

#### Student Satisfaction Outcomes [IM-POST]

Outcomes	Evaluation Question	Response Options
Students believe completing the activity is	Completing this activity was a good use of my time.	Strongly Disagree – Strongly
a good use of their time.		Agree
Students would recommend this activity to	I would recommend this activity to my classmates.	Strongly Disagree – Strongly
their classmates.		Agree
Students would complete similar activities	I would be interested in completing activities similar to this one in the future.	Strongly Disagree – Strongly
in the future.		Agree

#### **Additional Items**

1. Please select the number for the pair of circles that best represents your relationship with people with disability. [S = Self. PWD = People with Disability]<sup>2</sup>



- 2. What percentage of the patient population you interact with as a physician do you expect to be people with disability?
- 3. What was your biggest takeaway from this learning activity?
- 4. Please provide any additional comments

<sup>1</sup> These items are from a validated tool. Symons AB, Fish R, McGuigan D, Fox J, Akl EA. Development of an instrument to measure medical students' attitudes toward people with disabilities. Intellect Dev Disabil. 2012;50(3):251e260

<sup>&</sup>lt;sup>2</sup> This item has been previously empirically evaluated. Ioerger, M. (2018). Is self-other overlap a malleable predictor of willingness to work with people with disability? (Order No. 10792541). Available from Dissertations & Theses @ Syracuse University; ProQuest Dissertations & Theses Global. (2067315911). Retrieved from https://search-proquest-com.libezproxy2.syr.edu/docview/2067315911?accountid=14214