

IMPLEMENTATION GUIDE

Introduction

In its September 2009 report to the President, the National Council on Disability found that “People with disabilities experience significant health disparities and barriers to health care, as compared with people who do not have disabilities.” One of the council’s recommendations identified professional training and education as a critical need:

“The absence of professional training on disability competency issues is one of the most significant barriers that prevent people with disabilities from receiving appropriate and effective health care.”

Inclusive Health Care responds to that need. This online training is designed for all hospital staff who interact with patients. It includes a 30-minute video, a comprehension assessment, and downloadable fact sheets on various disabilities. When hospital employees participate in this training, they will be empowered to provide high quality care to patients with disabilities—whether in an examining room, in the waiting room, or in the hospital cafeteria.

This guide will show you three ways to implement the training program at your hospital. You may choose to have staff take the training independently through your learning management system. You might also decide to incorporate small-group discussion, or to create a panel discussion around disability issues. Taking the time to discuss and think creatively with others about how to best serve patients with disabilities will add enormously to the training program.

One in five Americans has a disability, whether apparent or invisible. This reality, together with increased competition among hospitals and a growing focus on patient-centered care and patient satisfaction, underline the importance of training your employees how to work most effectively with patients with disabilities.

Training Goals

The overall goals for this training program are to improve the patient experience and to provide hospital staff with awareness, information, and tools for interacting most effectively with patients with disabilities.

Training Components

30-minute self-paced video addressing the following topics:

- ▶ Overcoming attitudinal barriers
- ▶ Communicating effectively
- ▶ Offering reasonable accommodations
- ▶ Providing high-quality care

Post-training competency assessment (administered through hospital learning platform)

Downloadable fact sheets on the following topics:

- ▮ Autism spectrum disorders
- ▮ Hearing loss and deafness
- ▮ Intellectual/cognitive disabilities
- ▮ Low vision and blindness
- ▮ Mental health disabilities
- ▮ Mobility challenges
- ▮ Attitudinal barriers
- ▮ Effective communication
- ▮ Person-first language
- ▮ Quality care

We will continue to add and update resources over time, such as case scenarios and patient stories. Please check inclusivehealthcare.org regularly for the latest materials.

Implementing The Training

There are a variety of ways you can put Inclusive Health Care to use at your health care facility. When deciding on your approach, you will need to ask a range of questions:

- ▮ How many employees, in what roles, will be trained? Are they all clinical staff who have a certain level of training or experience? Will the training be used with all staff?
- ▮ How is training typically done at your hospital?
- ▮ How much training time can be devoted to the topic?
- ▮ Is a facilitator available to guide discussions?
- ▮ Will follow-up and enhanced discussion be done?
- ▮ Does the hospital want to expand learning beyond the topics addressed in the training video?

In the following sections, we present several implementation approaches, from the basic to the more extensive. Inclusive Health Care is a flexible training program. You may choose to use a more basic approach with some departments and employees, and to devote more training time to the topic for others. Regardless of which approach is used, employees will obtain a greatly enhanced understanding of how to work effectively with patients with disabilities from viewing the video and completing the competency assessment.

We strongly suggest that all those who view the video complete the competency assessment. This is especially important when a hospital is not able to implement a more intensive training. The assessment reviews the key ideas of the training video and provides feedback to reinforce learning.

Basic Implementation

Description

Employees watch the training video and have access to the Inclusive Health Care customer website. On the website, they can download fact sheets for easy reference. They will also find links to other websites about disability, accommodations, and the Americans with Disabilities Act. Employees make their own choices about whether to explore topics further.

The training content will be greatly enhanced by embedding hospital-specific information for trainees:

- ▮ Contacts within the hospital for disability-related equipment, accommodations, information, and other resources (e.g., Hoyer lifts, adjustable height exam tables, hearing amplification equipment, American Sign Language interpreters). Employees should also know what staff in the health care setting can respond to questions they have on any of these topics.
- ▮ Hospitals should consider adding a video section before the training begins, where the CEO or other administrative head introduces the video. This is an opportunity for hospital management to reinforce the importance of the training. It shows that providing quality care and equal treatment to patients with disabilities is a priority for the hospital. The hospital can also add its own title page with logo. Staff from Inclusive Health Care can work with hospitals on this level of customization.

Training Process

Department in charge of employee training announces the training.

- ▮ Include basic information about its purpose and overview of the content.
- ▮ Give instructions about how to access the training on the hospital's learning platform. Clarify whether training can be accessed remotely.
- ▮ Explain whether or not the training is a requirement, and state any deadline for completion.
- ▮ Employees who will take the training should be informed of the customer website, what it offers, and how to access it (e.g., password).
- ▮ Highlight the competency assessment, and state the grade that trainees must achieve. (Identify instructions for re-taking the assessment if necessary.)
- ▮ Explain how grades will be monitored, and who will be responsible for tracking the completion of the training and the competency assessment. If employees are allowed to take the training and assessment again, specify how this will be handled.

Here is sample wording for an announcement of the training. Please modify this as needed for your health care facility.

We're pleased to announce that all staff at our hospital will be taking an online disability-awareness training over the next six weeks. The purpose of the training is to make sure we all have the information and resources we need to provide high-quality care to our patients with a range of disabilities.

The training will be available in the hospital's learning management system beginning on March 1. To access it, please go to [URL], login as [login info], and use the password [password].

The training is a requirement for all staff, and must be completed by April 15. It includes a 30-minute video that you can watch all at once, or in segments, whatever is more convenient. It concludes with a competency assessment to test your retention of the concepts presented. ***All staff must score at least 85% in order to pass the assessment.*** Grades will be monitored and participation will be tracked by [Person X] in the [name of] department.

We know you have a demanding schedule, and we appreciate your making the time to participate in this training. Your involvement is key as we continue to improve our entire staff's comfort level and proficiency in working with patients with disabilities.

Please contact [Person Y] with any questions. Thank you.

Enhanced Implementation

Description

This training approach combines the features of Basic Implementation with a limited amount of smaller group discussion. A facilitator must be designated, and decisions related to the logistics of smaller group breakouts must be made.

Training Process

See the description of Basic Implementation above. Enhanced Implementation also requires these additional steps:

- ▶ Decide which employees will participate in group discussions. Consider which people have the most direct interaction with patients with disabilities. Do not forget those who provide support services (e.g., transport, reception, parking, food services).

Note: The video features clinical interactions between providers and patients with disabilities, and does not contain any scenarios with support staff. However, a well-guided discussion will offer ample opportunity to discuss how attitudinal barriers, communication, accommodations, and quality care are handled in non-clinical settings.

- Group discussions can be organized by department, clinical team, or floors, and across provider types. This will ensure an interdisciplinary discussion and model best practices in developing team-based solutions to issues around disability.
 - » The need for patient coverage on the floor and in the department will probably mean that any one department, floor, or team would have to hold several different discussion groups, staging them in a way that ensures coverage.
 - » Allocate 90 minutes for the complete session. This will include 30 minutes for viewing the video together, and another 60 minutes for group discussion.
 - » An alternative arrangement would be for the participants to view the video on their own time, no more than three days before the discussion group will be held. In this case, the time allotted for discussion will be one hour.
- ▶ Designate one facilitator or more, depending on how many breakout discussion groups there will be. Facilitators may be drawn from the hospital's training department, or other professionals, such as social workers or psychologists, may be appropriate.
 - Leading discussion about disability topics requires a positive attitude towards disability and experience with disability, preferably with a variety of disabilities. Facilitators should be sensitive to the broad range of social, medical, and personal issues that patients with disabilities face.
 - Hospitals should consider a facilitator or a co-facilitator who has a disability, including disabilities that are non-apparent.
 - Additional sources for co-facilitators include those who have direct personal experience with disability, such as a parent, sibling, spouse, partner, or caregiver of a person with a disability.
- ▶ Primary responsibilities of the facilitator include:
 - Becoming familiar and comfortable with the training video and website content, including the downloadable materials.
 - Arranging the time and location of the group discussions.
 - Making arrangements with department heads or supervisors to allow designated employees to attend the meetings.

► Format for the small group discussion:

- There are two basic ways to organize these breakout group discussions. In the first, all discussion is conducted after participants have viewed the entire training video. In the second, the facilitator stops the video after each of the four scenarios presented, to discuss what they have watched.

» **Approach 1:** Watch entire video before discussion and then use the following questions to guide discussion:

- ◊ Did the scenarios you just watched remind you of any situations you have encountered in working with patients with disabilities? Describe the situation and how it was handled.
- ◊ Did this situation exemplify any of the topics addressed in the video (attitudinal barriers; communication; accommodations; quality care)? How was it handled, and how might it have been handled differently to provide a better patient experience?
- ◊ What were the key lessons you learned from this training video? How should they be applied in your work with patients with disabilities?
- ◊ Are there issues you have encountered in working with patients with disabilities that were not addressed in the video? Describe the issues, and discuss how the situation might have been handled differently.
- ◊ What strategies can your department/floor/team use to enhance the experience of patients with disabilities?

» **Approach 2:** Watch the introduction and Scenario 1 (Attitudinal Barriers). Then stop and discuss the patient experience represented and the different ways that the health care providers responded.

- ◊ It's easy to make assumptions about a person who has a disability. What are some of these assumptions, and why should we take a closer look at them? How do assumptions differ depending on the nature of the disability? How can these assumptions interfere with patient care?
- ◊ Can you think of any examples of times where an assumption might have been incorrect? What could have been said or done differently to improve the patient experience?

» Watch Scenario 2 (Communication). Then stop and discuss these questions:

- ◊ Can you think of reasons why person-first language is not used and should be?
- ◊ What strategies can be used on your floor to remind staff to always use person-first language?
- ◊ Think about a time when you were communicating with a patient who was difficult to understand--because of unusual speech, a mental health issue, or another reason. How could this situation have been handled differently and provided a better patient experience?

» Watch Scenario 3 (Accommodations). Then stop and discuss these questions:

- ◊ "Accommodations" covers everything from equipment to the way appointments are scheduled. What are some examples of accommodations that you have used with patients with disabilities? Try to think of examples of accommodations for different types of disabilities (sensory, mobility, mental health, etc.).
- ◊ What resources or strategies could your department use to make sure that patients are offered and receive needed accommodations?

» Watch Scenario 4 (Quality Care). Then stop and discuss these questions:

- ◇ Delivering quality care to patients with disabilities involves many different aspects of care. What is the one thing that you will take away from this training and start to use in your work?
- ◇ Are there any steps your department/team/floor can take to improve the way care is delivered to patients with disabilities? Are there any ideas you would like to share with other departments, hospital administration, or the training department?

» General discussion:

- ◇ Are there situations you have encountered in working with patients with disabilities that raise issues that were not addressed in the video? Describe the issues, and discuss how the situation might have been handled differently.

As time allows, introduce and discuss downloadable content from the website as a group.

Expanded Implementation

Description

This approach combines the activities described above with a panel presentation. At the presentation, staff hear first-hand from people with disabilities about their experiences receiving medical care, and about other relevant life experiences.

Training Process

- ▶ Preparing and holding a panel presentation requires an experienced facilitator. This could be a social worker, psychologist, or training staff member, but should be someone who is experienced in interacting with patients with disabilities.
- ▶ Choose panel members who represent a variety of disabilities and age groups. Think about the range of patients who are seen at the hospital, including those with acquired disabilities (e.g., from aging) and non-apparent disabilities.
 - To identify speakers, networking among staff will be helpful. You may also contact an area Independent Living Center.
- ▶ Arrange to pay a speaker's fee or other stipend to presenters.
- ▶ Provide guidance to presenters about the questions and topics they should address, consistent with the themes in the video training. Ask panel members to prepare a five- to ten-minute presentation, and offer assistance to those who are not experienced in delivering presentations. Support and practice runs will help increase presenters' comfort levels.
- ▶ Ask presenters to use positive messaging in their presentations, highlighting the approaches and practices that have been most effective in their medical care. Encourage presenters to develop "Top 10 Tips" or similar. (Note: This does not mean that presenters should not share negative experiences. However, in sharing these experiences, the goal should be to illustrate how care could have been better delivered.)
- ▶ A panel presentation lends itself to a large audience, and should be coordinated with multiple departments/teams/floors within the hospital.

Please visit our website, inclusivehealthcare.org, and login to your account to access the resources related to the training.

If you have difficulties with the website, please contact us at ihc@umb.edu

Thank you!

Implementation Guide

Inclusive Health Care was developed by the Institute for Community Inclusion at the University of Massachusetts Boston and Boston Children's Hospital. We have decades of experience in workforce training and specialized consultation related to disability inclusion.



www.inclusivehealthcare.org