DISABILITY CURRICULAR MAP

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PURPOSE: The aim of this project is to document where disability content currently exists in the curricula of the UCSF Schools of Nursing, Dentistry, Pharmacy, and Medicine, and to identify strengths, weaknesses, and opportunities for enhancement. The project also documents and draws attention to the importance and relevance of disability-related educational content to existing health professional education competencies.

BACKGROUND: People with disabilities represent a significant proportion of the U.S. population; approximately 1 in 5 people. However, many healthcare providers report feeling unprepared to care for this population. People with disabilities also experience health disparities, lower rates of indicated preventive screenings than the general population, and other barriers to accessing healthcare. Professional experiences working with people with disabilities have been shown to be a significant factor in providers’ both having favorable attitudes toward people with disabilities and perceiving a higher level of self-efficacy to be able to provide care to this population. Short curricula in a variety of different mediums including didactic teaching and standardized patient exercises have been utilized with health professions and medical residents and found to have a positive impact on providers’ attitudes and knowledge about patients with disabilities.

METHODS: Disability was defined using the social model of disability, as "the interaction between a person’s physical, sensory, cognitive, and mental health conditions and their physical, social, and attitudinal environment that interferes with complete and equitable participation in society including access to high quality health care services." A literature search was conducted with assistance from a health sciences librarian to identify relevant publications. Interviews and e-mail discussions with faculty and students were the primary source of data about the UCSF curricula, with supplementary information from web-based curricular maps, course listings, and desired learner competencies.

EVALUATION PLAN: This project is a map of current curricula rather than one to develop a curriculum; therefore success is less concrete and more longitudinal, including future curriculum maintenance and improvement. Engagement and action by faculty and administrators in each school is one more immediate outcome that will show success of this project.

DISSEMINATION: The findings of the project will be shared with the UCSF Office of Diversity and Outreach and the Chancellor’s Committee on Disability Issues. Findings will also be shared with relevant administrators, faculty, and committees identified in each discipline, and will be used to continue dialogue with faculty interviewed for the project. Dissemination may expand outside of UCSF via e-mail discussions with students and faculty working on similar issues at other schools, or possibly a Med Ed Day Abstract submission in a more developed phase of the project.

REFLECTIVE CRITIQUE: My advisors, both primary care providers experienced in providing care for people with developmental disabilities and teaching health professions students about disability issues and familiar with the landscape at UCSF, provided valuable feedback throughout this project. Curriculum ambassador project consultation sessions were another important source of feedback. Suggestions and questions raised by students and faculty engaged in thinking about curriculum, but not involved in this specific issue, contributed greatly to this project. One way in which the project has evolved in response to feedback is to include a heavier focus on strengths in the current curriculum, rather than just gaps.