**Table 3: Association between Survey Questions and Core Competencies**

**Core Competencies on Disability for Health Care Education, developed by the Alliance for Disability in Health Care Education1**

Competency 1: Contextual and Conceptual Frameworks on Disability

Competency 2: Professionalism and Patient-Centered Care

Competency 3: Legal Obligations and Responsibilities for Caring for Patients with Disabilities

Competency 4: Teams and Systems-Based Practice

Competency 5: Clinical Assessment

Competency 6: Clinical Care Over the Lifespan and During Transitions

*CC = subcategories of each Core Competency*

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| **CERA Survey Question**  | **Core Competency (CC)** |
| **1)** In standardized patient simulations, I have had practice encounters with an individual with a disability (Yes, physical disability, yes, cognitive disability, yes other form of disability such as sensory or behavioral, yes, multiple forms of disability, or None)  | **CC 1.1** Discuss the diversity and range of disabilities in terms of disability types (e.g., mobility, sensory, cognitive, and behavioral).**CC: 2.3** Demonstrate communication strategies to best meet the needs/abilities of the patient. **CC 4.4** Demonstrate skills in teamwork including flexibility, adaptability, open communication, assertiveness, conflict management, referral, use of evidence-based practice to support decision-making and mutual goal-setting with patients with disabilities and other team members. **CC 5.3** Integrate information on functional status of people with disabilities, including both functional strengths and limitations, in clinical decision making. **CC 5.6** Recognize that people with disabilities experience the same common health conditions as people without disabilities, and that a disability may impact the presenting signs and symptoms.**CC 5.7** Identify health issues that are often associated with primary disability diagnoses (e.g., congenital heart defect, urinary tract infections in patients with spinal cord injuries, etc.). **CC 5.10** Recognize that mental health conditions can be the primary disabling condition. People with disabilities are also at increased risk for co-occurring mental health conditions. Recognize the risk of misdiagnosing mental health concerns in patients with disabilities.  |
| **2)** In medical school, I learned how to make accommodations to complete a physical exam appropriately, including sensitive exams (i.e., pap smear, pelvic exam, rectal exam) for people with disabilities. | **CC 2.9** Understand that people with disabilities may consider their devices and equipment to be an extension of their person. Consult patients before interacting with such equipment (e.g., wheelchair, assistive communication device, crutches, service animal, etc.). **CC 3.2** Identify the physical access requirements (e.g., accessible exam table, mammography equipment, etc.) of the ADA, Rehabilitation Act, and related laws and policies that apply to health and the provision of health care.**CC 3.6** Ensure that healthcare providers and support staff members are trained to provide services that meet the needs of the patient with a disability (e.g., knowing how to appropriately transfer a patient with a mobility limitation to an exam table). **CC 5.5** Apply strategies or supports that could be used in a healthcare setting to accommodate patients with functional limitations (mobility, sensory, cognitive, behavioral) associated with disabilities. **CC 5.9** When applicable to the scope of practice of the learner’s profession, demonstrate skill in performing a history and physical exam (PE), modifying it as needed to provide equally effective care while accommodating for mobility, sensory, cognitive, and/or behavioral issues. **CC 6.3** Recognize that people with disabilities need access to age-appropriate preventative screenings, assessments, and health education including reproductive health, family planning, and sexuality.  |
| **3)** In medical school, I learned about cultural competency, including person centered communication skills for persons with disabilities and, when appropriate, their caregivers.  | **CC 1.6** Describe disability as an aspect of diversity/cultural identity and contrast this with historical views of disability as merely a negative health outcome. **CC: 2.3:** Demonstrate communication strategies to best meet the needs/abilities of the patient. **CC: 2.6** Recognize that some patients with disabilities may benefit from supported decision-making. Demonstrate skill in engaging the patient and caregivers in the supported decision-making process. **CC 2.7** People with disabilities have many cultural identities including race, ethnicity, primary language, sexual orientation, gender identity, geographic residence (urban versus rural), and values and beliefs about health, well-being, and function. Describe healthcare practices that demonstrate sensitivity and respect for diverse cultural backgrounds. **3.3** Plan for accessible communication in all aspects of the healthcare encounter including scheduling, intake, responding to and asking questions, and follow-up care. Avoid technical jargon. **3.4** Provide documents in alternate formats to be accessible for patients with disabilities (e.g., large print, Braille, audio versioning, accessible color text). **CC 3.8** Recognize issues related to legal guardianship (e.g., consent to treatment, HIPAA, privacy) in the health care system. **CC 4.5** List systems of community-based services and supports that may be useful for patients with disabilities outside of the clinical care system. Be prepared to consider cultural factors and interact with these systems and make relevant referrals to ensure comprehensive care coordination, particularly during times of transition. **CC 5.1** Understand that the patient with disabilities should be the primary source of information regarding their care. **CC 5.2** Discuss situations where the caregiver(s) can be helpful to inform or enhance assessments and interventions and the importance of securing patient permission before engaging caregivers. **CC 5.4** The capacity to respond competently to a patient’s language, race, ethnicity, sexual orientation, gender, gender identify and expression, health literacy, and other cultural factors is essential to clinical assessment. Demonstrate awareness of the impact of intersecting marginalized social identities, such as race, ethnicity, and disability, in the context of healthcare. **5.12** Recognize that children and adults with disabilities are vulnerable to abuse. The nature of abuse may be verbal, financial, physical and/or sexual. Abuse often goes unreported because the person with a disability may depend on the abuser for activities of daily living or social support. **CC 6.4** Tailor recommended supports and interventions to the patient’s cultural beliefs and values, time, resources, and preferences. Be prepared to propose constructive solutions to possible conflicts between patient, caregivers, and other professionals about goals and treatments.  |
| **4)** In medical school, I learned about resources available for people with physical disabilities who want or need more physical activity.**5)** In medical school, I learned about other community resources to support people with disabilities (i.e., social services, financial resources, home care support, caregiver support).  | **CC 4.5** List systems of community-based services and supports that may be useful for patients with disabilities outside of the clinical care system. Be prepared to consider cultural factors and interact with these systems and make relevant referrals to ensure comprehensive care coordination, particularly during times of transition. **CC 5.5** Apply strategies or supports that could be used in a healthcare setting to accommodate patients with functional limitations (mobility, sensory, cognitive, behavioral) associated with disabilities. **CC 6.5** Demonstrate skill in identifying, coordinating, referring, and advocating for access to community and health care resources needed to support treatment plan objectives. **CC 6.7** Recognize the role of interprofessional healthcare providers in encouraging healthy behaviors (e.g., weight management, exercise, diet, smoking cessation, etc.) to promote the health and function of patients with disabilities.  |
| **6)** In medical school, the curriculum included interactive learning with people with disabilities (i.e., volunteer opportunities, family/home visits, small group sessions).  | **CC 1.3** Compare and contrast the Medical, Social, and World Health Organization International Classification of Functioning models and recognize their application to health care of people with disabilities. Compare and contrast disability and disease. **CC 1.4** Describe the civil rights and independent living history of people with disabilities and their access to services. Understand how such history has both informed current thinking and improved access to care and equal rights for people with disabilities. **CC 1.6** Describe disability as an aspect of diversity/cultural identity and contrast this with historical views of disability as merely a negative health outcome. **CC 2.1** Explore and mitigate one’s own implicit biases and avoid making assumptions about a person’s abilities or lack of abilities and lifestyle. **CC 2.2** Treat all patients, regardless of disability and functional status, with respect and humility. **CC 2.5** Discuss issues of trust, confidence, and confidentiality with patients who receive support with personal care during health care encounters related to their disability. **CC 2.9** Understand that people with disabilities may consider their devices and equipment to be an extension of their person. Consult patients before interacting with such equipment (e.g., wheelchair, assistive communication device, crutches, service animal, etc.). **CC 4.3** Describe challenges in creating a person-centered or family-centered system of care. Identify services and providers that could play a role in the health of the patient. Discuss strategies to build an effective healthcare team. **CC 5.1** Understand that the patient with disabilities should be the primary source of information regarding their care. **CC 5.6** Recognize that people with disabilities experience the same common health conditions as people without disabilities, and that a disability may impact the presenting signs and symptoms.**CC 5.7** Identify health issues that are often associated with primary disability diagnoses (e.g., congenital heart defect, urinary tract infections in patients with spinal cord injuries, etc.). **CC 5.8** Describe the nature and etiology of different types of disabilities and determine if they are static, progressive, or variable in course. **CC 6.1** Demonstrate sensitivity and support for the health care needs of the patients with disabilities across the lifespan and during transitions.  |
| **7)** In medical school, the curriculum included information about how social determinants of health (e.g., access to healthcare, discrimination, employment, education, transportation, housing, poverty) directly impact people with disabilities. | **CC 1.5** Describe how social determinants of health directly impact people with disabilities (e.g., discrimination, employment, education, transportation, housing, poverty, access to healthcare). **CC 2.7** People with disabilities have many cultural identities including race, ethnicity, primary language, sexual orientation, gender identity, geographic residence (urban versus rural), and values and beliefs about health, well-being, and function. Describe healthcare practices that demonstrate sensitivity and respect for diverse cultural backgrounds. **CC 2.8** Consider and discuss social determinants of health (including socioeconomic factors, cultural background, finances, insurance coverage, availability/access to personal support systems) in clinical decision making and the provision of care. **CC 5.4** The capacity to respond competently to a patient’s language, race, ethnicity, sexual orientation, gender, gender identify and expression, health literacy, and other cultural factors is essential to clinical assessment. Demonstrate awareness of the impact of intersecting marginalized social identities, such as race, ethnicity, and disability, in the context of healthcare. **CC 5.13** Assess the physical environment of people with disabilities, recognizing that the patient’s socioeconomic status is a determinant of his/her functioning and independence and also affects health and safety.  |
| **8)** My medical school training has provided me with the knowledge necessary to provide high quality, comprehensive health care for people with disabilities in my future practice.  | **CC 3.7** Providers recognize their own need for further training and/or skill development in caring for patients with disabilities and take action to address those needs based on current best practices.  |
| **9)** I need to learn more about how to provide high quality, comprehensive health care for people with disabilities in my future practice.  | **CC 3.7** Providers recognize their own need for further training and/or skill development in caring for patients with disabilities and take action to address those needs based on current best practices. **CC 6.6** Identify policy, practice, and systems changes essential to providing optimal health supports and services for people with disabilities. |
| **10)** During medical school, I learned from a faculty member with a disability. | **CC 2.1** Explore and mitigate one’s own implicit biases and avoid making assumptions about a person’s abilities or lack of abilities and lifestyle. **CC 2.2** Treat all patients, regardless of disability and functional status, with respect and humility. **CC 2.7** People with disabilities have many cultural identities including race, ethnicity, primary language, sexual orientation, gender identity, geographic residence (urban versus rural), and values and beliefs about health, well-being, and function. Describe healthcare practices that demonstrate sensitivity and respect for diverse cultural backgrounds. **CC 2.9** Understand that people with disabilities may consider their devices and equipment to be an extension of their person. Consult patients before interacting with such equipment (e.g., wheelchair, assistive communication device, crutches, service animal, etc.). **CC 5.1** Understand that the patient with disabilities should be the primary source of information regarding their care.  |

1. Alliance for Disability in Health Care Education. (2019). *Core Competencies on Disability for Health CareEducation*. Peapack, NJ: Alliance for Disability in Health Care Education. http://www.adhce.org/