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Re: NCD's Request for Information on Curriculum on Disability Clinical Care

Dear Attorney Soliman:

We at the American Association on Health and Disability (AAHD) are pleased to respond to the National Council on Disability's Request for Information (RFI) on education and curriculum for students in healthcare professional schools. AAHD a cross-disability national non-profit 501(c)(3) organization with the mission to advance health promotion and wellness initiatives for children and adults with disabilities. AAHD works to reduce health disparities between people with disabilities and the general population and supports full community inclusion and accessibility. AAHD accomplishes its mission through advocacy, education, public awareness, and research efforts at the federal, state, and community levels. As such, the review of the current state of disability competency training for healthcare professionals is of specific interest to us. The following are our responses to the questions posed in the RFI.

1. What are the challenges and obstacles for schools within the US to adopt and incorporate an appropriate disability clinical care curriculum over the course of their students' training?

While there may be many challenges and obstacles that medical schools may encounter, we assert that it does not change the overwhelming need for this area to be addressed. The adoption and integration of disability-focused clinical care curriculum in U.S. medical schools is critically important because people with disabilities represent one of the largest, most diverse, and most consistently underserved patient populations that all physicians will encounter across the country, as more than one quarter of US adults report having a disability.[1] However, "very few schools offer longitudinal, four-year disability education programs," and many report having to learn how to care for people with disabilities through

[1] Samuelson, K. (2025, Jan. 15). *Disability is often neglected in medical school curricula, new study finds*. (2025). Northwestern.edu; Northwestern Now. https://news.northwestern.edu/stories/2025/01/disability-often-neglected-in-medical-school-curricula-new-study-finds

field exposure.[2] This makes ensuring medical students receive the education they need to treat disabled patients more challenging. Medical students who do not receive disability-focused training will have a limited understanding of not only the lived experiences of those with disabilities, but they will also not know how to communicate with, examine, or properly diagnose and then treat those living with disabilities. Disability is also often seen in the medical field as an "individual" issue, not one that considers social and environmental contexts, reinforcing negative stereotypes of people with disabilities.[3] This also leaves students open to having any unconscious biases unchecked, which will negatively impact clinical decision-making and the health outcomes for the patients in their care. These biases often lead providers to mistakenly believe that the disability is the primary cause of a person needing medical care and "falsely assume their [the patient's] quality of life is inherently poor".[4] This leads to patients with disabilities not getting the care they need and physicians not having the training required to see the patient as a whole person, not a set of symptoms to try to cure or fix. This lack of disability-centered training also causes a lack of both ADA awareness and basic ADA compliance within medical practices.[5] All of these challenges, combined with life experience and personal stories from people with disabilities, can contribute to increasingly poor health outcomes for people living with disabilities.

Patients with disabilities are not the only ones who face challenges when it comes to inclusive education not being properly offered to those who seek it to help others. There are financial and resource barriers schools must consider when working to implement disability-focused education, as the technology and equipment to create inclusive learning spaces cause an increase in expenditures for schools already potentially facing budgetary strain. Added to that is a lack of qualified, disabled educators in the medical field. It is widely believed that students learn best from those with lived experience, and studies show that students reported learning from someone with a disability "improved their comfort and attitudes toward people with disabilities".[6] Without these champions of lived experience leading classroom discussions and hands-on educational experiences for students, a lot is lost in translation. Also, few medical schools involve disabled people as advisors, and ableism remains pervasive in medical training, hampering authentic disability-centered learning.[7] Another notable barrier is the tendency to make disability-centered education an elective, meaning students can skip it altogether if they wish. This allows students to believe disabled patients "not important enough to learn about". Students also have noted that disability being reduced to pathology as some "hidden

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[2] Hsu, M. (2025, May 13). *Bridging the Gap: Medical Disability Education*. The Cornell Healthcare Review. https://www.cornellhealthcarereview.org/post/bridging-the-gap-medical-disability-education

[3] Haywood, C., Lagu, T., Salinger, M. *et al.* "The Forgotten Minority": Perpetuation of Ableism in Medical Education. *J GEN INTERN MED* 40, 1378–1386 (2025). https://doi.org/10.1007/s11606-024-09308-2

[4] Hsu, M. (2025, May 13).

[5] Wynter, OTD, OTR/L, J. (2023, August 3). *ADA, Disability, and Medical School Curriculum.* Southeast ADA Center. https://adasoutheast.org/resources/ada-disability-and-medical-school-curriculum/

[6] Wynter, OTD, OTR/L, J. (2023, August 3).

[7] Borowsky, H., Morinis, L., & Garg, M. (2021). Disability and Ableism in Medicine: A Curriculum for Medical Students. MedEdPORTAL, 17(1), 11073. https://doi.org/10.15766/mep_2374-8265.11073

curriculum" in medical education teaches that disabled people do not belong in society, negatively impacting both students with disabilities and their patients. [8] Perhaps the biggest potential obstacle currently is the lack of standardized disability competency training. Despite calls for disability competency in medical education, many schools lack formal curricula or accreditation standards requiring this training.[9]

By including disability-focused training in their overall curriculum practices, U.S. medical schools will promote equitable patient-centered care, improving the accuracy of care and diagnoses, enhancing patient trust, and ensuring care that is compliant with the ADA. By hiring more disabled faculty and bringing on disabled community members to speak to their students, students can learn from the individuals with lived experience for greater understanding and empathy. This also allows for cross-team and cross-organization collaboration for future physicians to learn both from and with each other how to best treat, communicate with, and advocate for their patients with disabilities within their own practices and across learning cohorts, school-wide.

2. **What is the connection between clinical confidence and changes in behavior and attitudes among healthcare providers?**

Appropriate levels of clinical confidence are critical for ensuring competent medical care. Health care providers have indicated low levels of confidence and knowledge for providing adequate care to people with disabilities. In a study of physicians, only 40% expressed high levels of confidence in their ability to provide equitable levels of care to disabled patients.[10] Medical education rarely provides the adequate training and curriculum to give providers the needed knowledge base for understanding the unique needs of people with a variety of disabilities. Often, providers also lack the experiential knowledge of working with patients with disabilities that might support their confidence in providing appropriate care. A conceptual review of the literature indicates that confidence and competence are linked in medical and health professions education, and are experienced individually, or relationally on a team.[11] Confident assessments immediately lead to acts which determine the course of care, so appropriate action is dependent on decisions and attitudes held by a provider.

Research on the link between confidence and provider attitudes and behaviors shows a correlation that impacts care provision. Research has shown that healthcare providers often lack confidence in offering sexual and reproductive care for people with disabilities,

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[8] Haywood, C., Lagu, T., *et al.* (2025).

[9] Lee, D., Pollack, S. W., Mroz, T., Frogner, B. K., & Skillman, S. M. (2023). Disability competency training in medical education. Medical Education Online, 28(1). https://doi.org/10.1080/10872981.2023.2207773

[10] Iezzoni, L. I., Rao, S. R., Ressalam, J., Bolcic-Jankovic, D., Agaronnik, N. D., Donelan, K., Lagu, T., & Campbell, E. G. (2021). Physicians' perceptions of people with disability and their health care: Study reports the results of a survey of physicians' perceptions of people with disability. *Health Affairs*, *40*(2), 297–306. https://doi.org/10.1377/hlthaff.2020.01452

[11] Gottlieb, M., Chan, T. M., Zaver, F., & Ellaway, R. (2021). Confidence-competence alignment and the role of self-confidence in medical education: A conceptual review. *Medical Education*, *56*(1), 37–47. https://doi.org/10.1111/medu.14592

contributing to disparities in relevant healthcare access.[12] For psychiatrists supporting epilepsy care for people with intellectual disabilities, competent treatment and diagnosis is critical for helping to prevent premature death.[13] Without experienced specialization in these compounded disability experiences, 50% of clinicians in a study were not completing lower levels of risk assessment and counseling, which could have dire consequences for patients. A systematic review of health provider education related to care for people with autism and intellectual disabilities showed that effectiveness of care improved with adequate education and improved confidence.[14] While attitude shifts related to disability-related care have been linked to provider education, follow-up research to establish the impact on practice is still needed.[15] Provider education on the social model of disability has been shown to positively change healthcare provider attitudes and capacity to articulate a course of accessible care for their patients as well.[16] By integrating a whole person health perspective and accessible practices in health systems, providers are better equipped to offer health care that responds precisely and intentionally to a person's needs.

Some female students have been shown to have lower self-confidence when caring for people with disabilities, linked to negative self-perceptions about their ability to offer adequate care. In an analysis of medical students' attitudes towards people with disabilities, researchers recommended participatory methods like "simulations, patient interactions, and reflective exercises" to build empathy and address biases, leading to improvements in care.[17]

3. What are the transferable skills that clinicians can learn from "disability competency training" to apply to all other patient populations (for instance people who are elderly, those with complex and chronic co-existing conditions, etc.)?

Skills learned by clinicians in disability competency and etiquette trainings can result in transferable skills when working with other populations. Disability competencies often lead to increased acceptance of diversity in all forms, viewing interdependency and support as a more typical outlook, improving planning for multiple outcomes and adapting

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[12] Craig, L.E., Chen, Z.E., & Barrie, J. (2022). Disability, sexual and reproductive health: a scoping review of healthcare professionals' views on their confidence and competence in care provision. *BMJ Sexual & Reproductive Health*, 48(1), 7-15. https://doi.org/10.1136/bmjsrh-2020-200967

[13] Lines, G., Henley, W., Winterhalder, R., & Shankar, R. (2018). Awareness, attitudes, skills and training needs of psychiatrists working with adults with intellectual disability in managing epilepsy. *Seizure*, *63*, 105–112. https://doi.org/10.1016/j.seizure.2018.11.001

[14] Franklin, C., Green, S., Brooker, K., de Greef, R., Meurk, C., & Heffernan, E. (2025). Health professional education in autism and intellectual disability: systematic review. *BJPsych Open*, *11*(6), e238. doi:10.1192/bjo.2025.10842

[15] Hay, G., Wilson, N. J., Ong, N., Benson, P., & Gallego, G. (2024). Educating the educated: The impact of educational interventions on knowledge, attitudes and confidence of healthcare professionals in caring for patients with intellectual disability: A systematic review. *Journal of Intellectual & Developmental Disability*, *49*(2), 134–145. https://doi.org/10.3109/13668250.2023.2243771

[16] Phillips, K. G., England, E., & Wishengrad, J. S. (2021). Disability-competence training influences health care providers' conceptualizations of disability: An evaluation study. *Disability and Health Journal*, *14*(4), 101124. https://doi.org/10.1016/j.dhjo.2021.101124

[17] Yazbeck Karam, V.G., Bou Malhab, S., Aoun Bahous, S., Salameh, P., El Khoury-Malhame, M., & Asmar, N. (2025). The Mediating Role of Self-Confidence in Medical Students' Attitudes and Clinical Performance Toward People with Disability. Advances in Medical Education and Practice, 16, 1169-1179. https://doi.org/10.2147/AMEP.S522243

to address new needs by patients, and being able to better read patients under a variety of circumstances. Additionally, professional competencies as a result of disability training can improve communication with patients and encourage self-advocacy among patients and their families.[18]

4. What are the existing curriculum resources that can be adopted and incorporated into current provider training?

Havercamp and colleagues published their findings of the Delphi study which aimed to create cohesion for disability competencies in health care education in order to address concerns surrounding disability competencies in a training developed by the Alliance for Disability in Health Care Education. The study surveyed people with disabilities, advocates, family members, and health professionals and educators. Final consensus indicated six competencies to improve disability etiquette and provider competencies. [19]

Competency 1: Contextual and Conceptual Frameworks on Disability
This competency involves presenting disability as a demographic characteristic rather than a negative health outcome and is a conceptual framework that is rooted in human diversity, the lifespan, and environments.

Competency 2: Professionalism and Patient-Centered Care
This competency involves the mitigation of implicit bias, principles of professionalism, communication, respect, and patient-centered care approaches when interacting with persons with disabilities.

Competency 3: Legal Obligations and Responsibilities for Caring for Patients with Disabilities
This competency involves learning about accommodations as a civil right, legal requirements for providing care, and covers key legislation such as the Americans with Disabilities Act, Rehabilitation Act, and Social Security Act. Understanding the legal framework of anti-discrimination legislation.

Competency 4: Teams and Systems-Based Practice
The fourth competency involves engaging and working with professionals from different disciplines and learning about the roles of other health care professionals. Interprofessional team-based health care is essential to quality health care for people with disabilities who may receive services from more than one health care provider.

[18] https://www.ncbi.nlm.nih.gov/books/NBK361117/
[19] Havercamp, S., et.al. (2021). What should we teach about disability? National consensus on disability competencies for health care education. *Disability and Health Journal*. https://doi.org/10.1016/j.dhjo.2020.100989.

Competency 5: Clinical Assessment
The fifth competency involves learning about functional status in clinical decision making, coordination in care, and engaging people with disabilities in creating health care plans.

Competency 6: Clinical Care Over the Lifespan and During Transitions
The final competency ensures that providers are exposed to education about disability across the life span and transitions. Engaging people with disabilities in creating a plan of services and supported decision making related to life course transitions.

5. What are examples of existing curriculum or standards of learning inclusive of disability clinical care/competency training that could be consulted for development of new required standards of learning across medical schools; and/or adopted wholesale as part of a program's education of medical professionals?

There has been research done on the effectiveness of disability training for students in medical school and providers. Unfortunately, many times this involves one lecture about disability etiquette and accessibility and while those are important topics, these types of approaches are generally not going to produce long-term competency on caring for people with disabilities and effectively interacting with them. Rather, interacting with real-world patients who have disabilities in the clinical space has shown to be much more effective.[20,21] This was especially demonstrated in a study done at the Stanford School of Medicine where 2 different modalities were compared – a 2-hour curriculum which included lectures, pound discussion and case studies and a 9-week elective course. Only the 9-week elective course resulted in the medical students feeling more at ease with providing care for the disability population.[22]

Some other promising projects attempting to address this issue include the National Inclusive Curriculum for Healthcare Education (NICHE) which is a project initiated by the American Academy of Developmental Medicine and Dentistry (AADMD). NICHE is specifically aimed at helping medical and dental schools expand their access to curriculum focusing on providing care for those with intellectual development disabilities (IDD). One of their current initiatives provides grants to medical schools to help them implement curriculum focused on the IDD population.[23] Another new initiative focused on improving care for people with IDD is from the Golisano Institute for Developmental Disability Nursing at St. John Fisher University. This curriculum is aimed at acute care nurses and provides continuing education to better care for patients with IDD.[24]

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[20] Shakespeare, T., & Kleine, I. (2013). Educating Health Professionals about Disability: A Review of Interventions. *Health and Social Care Education*, *2*(2), 20–37. https://doi.org/10.11120/hsce.2013.00026.
[21] Crane, J, et al. (2021). Getting comfortable with disability: The short- and long-term effects of a clinical encounter. *Disability and Health Journal*. https://doi.org/10.1016/j.dhjo.2020.100993.
[22] Sapp, R., et al. (2024). Disability health in medical education: development, implementation, and evaluation of a pilot curriculum at Stanford School of Medicine. *Front. Med*. 11:1355473. https://doi.org/10.3389/fmed.2024.1355473.
[23] https://www.nichecurriculum.org/niche-med.
[24] https://www.sjf.edu/news-and-events/news-archive/fall-2025/ce-curriculum-for-acute-care-nurses/.

We thank you for the opportunity to provide comment on this important topic. We look forward to see the results of this request and any recommendations that may come about due to this work.

References and Additional Resources or Curriculums consulted:

1. https://doi.org/10.34293/sijash.v11is1-nov.6864
2. https://wid.org/wp-content/uploads/2023/05/CDCF-Workbook-1-Disability-Competency_accessible.pdf
3. https://pmc.ncbi.nlm.nih.gov/articles/PMC10167870/
4. https://www.oregon.gov/odhs/providers-partners/idd/pages/training.aspx
5. https://journalofethics.ama-assn.org/article/aspiring-disability-consciousness-health-professions-training/2024-01

Sincerely,

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