Current and Classic Resources, September/October 2011

Current Resources


The article provides a rationale for using standardized patients (SP’s) to teach medical students about working with patients with physical and intellectual disabilities. It describes programs in several U.S. schools of medicine. The common goals include effective communication, debunking common misassumptions about people with disabilities and providing students opportunities to increase their level of comfort in working with patients with disabilities. Most of the training scenarios used patients with disabilities presenting with common medical complaints—for example flu, hypertension, or mild injuries. It further describes advantages and disadvantages of using standardized patients with and without disabilities. While using SP’s without disabilities decreases some of the operational challenges, SP’s with disabilities can more accurately portray barriers that patients with disabilities face and provide realistic feedback and suggestions to students. The article concludes with offering some suggestions on recruiting and training standardized patients.


People with disabilities frequently report problems with attaining appropriate primary care. While this includes issues of access, communication due to disabilities and difficulty with exam related positioning; it also requires primary care physicians to have a range of knowledge, attitudes and skills to assist patients with disabilities to attain optimal health and function including activities of daily living. This article describes specific knowledge, attitude and skills necessary in training primary care physicians (summarized in three lists). It also provides information on assessment and long term outcomes.

Classic Resources


A very thoughtful perspective on the need to train physicians to deliver patient-centered care to patients with disabilities. It gives several examples of how physician biases or preconceived ideas can be a threat to good communication and shared decision-making. It highlights the “Healthy People 2010” identification of Americans with disabilities as vulnerable to substandard care. Several examples of educational resources are given including print, online, and videos. It also briefly describes several medical school educational activities related to patients with disabilities. Examples using standardized patients, primary care modules, plenary sessions, disability simulations and community experiences are provided.

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