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Project STRIDE

Specialty-Training in Disability Equity



Boston Children's Hospital



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1 joined

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Select which slide to add

- Project STRIDE Specialty-Training in Disability Equity Boston Children's Hospital
- What is your professional role?
 - Administrative staff
 - Advanced practice provider
 - Nurse
 - Physician (MD/DO)
 - Student
 - Technician
 - Therapist
 - Other
- How long have you been in your role?

13	8	2	7
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1
QR or LINK → menti.com/al2tj9cy1fbx

Please help us get to know you better:

1. What is your professional role?
2. How many years have you been in your role?
3. Please share your email address.
4. What experience do you have with disability?
5. How many of your patients have disabilities?
6. How often do you observe ableism?
7. Confidence in identifying and responding to ableism?



Please pause...



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STRIDE TEAM

Office of Health Equity and Inclusion:

Nora Renthal, MD, PhD; Jen Arnold, MD, MSc, FAAP;
Julia Ainsworth, MPH

Amanda Grice, MS, RDMS, & Valerie Ward, MD, MPH,
FAAP

Medical Education Expertise:

Jennifer Arnold, MD, MSc, FAAP & Katleen Huth, MD,
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Lived-Experience / Content Experts:

Kristen Grip,

Katie McCarthy,

Gysai Burks-Abbott, and

Members of the Disability Alliance ELG CORE



*external partner³

Welcome to Project STRIDE

Project STRIDE is specialty-level, case-based, interactive training designed to advance anti-ableism and disability equity.



Cornerstone Learning Module



Ballal SA*, Newman LR*, Spencer DJ, Melvin P, Luff D, Gómez E, Leichtner AM, Irish J, Brown SD,** Ward VL**

From Bystander-to-Upstander: A Novel Intervention Framework to Address Microaggressions in a Pediatric Academic Medical Center.

*Co-first authors; **Co-senior authors.

By the end of the course today, we hope that you will be able to:

1. Define ableism and describe examples of explicit, implicit, structural, and interpersonal ableism.
2. Explain how ableism negatively impacts patients with disabilities.
3. Identify actionable steps to address ableism in your medical practice.

How do you define “disability”?



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How do you define "disability"?

Having a condition that makes it more challenging or difficult to live life and do certain things.

something that changes how one is able to do any thing or act

An immutable biological characteristic that interactions with larger social decisions to produce negative outcomes for individuals sharing that characteristic

something impacting someone's ability to engage with how the world is set up (mental, physical, emotional, etc)

A physical, mental, or cognitive impairment

Physical or mental impairment that limits a person from doing something

Any condition or experience that impacts your ability to participate in work, school, or leisure activities in ways that you would like to be able to or need to be able to.

Tough to do what most people can do easily

Person with one or more physical or mental limitations. Disability may not be visible.

Quality (congenital or acquired) that



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17 of 17 responded

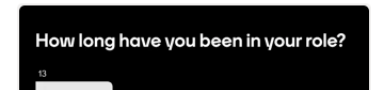
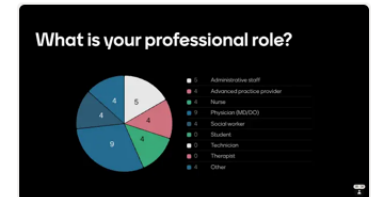


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There are many definitions, depending on context

ADA	Civil rights protection	A person has a disability if they (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) are perceived by others as having such an impairment.
Social Security	Eligibility for benefits	A minor may be considered “disabled” if they have a medically determinable physical or mental impairment, (including an emotional or learning problem) that: results in marked and severe functional limitations; and can be expected to result in death; or has lasted or can be expected to last for a continuous period of not less than 12 months.
WHO	Environmental/ societal barriers	Disability is the interaction between individuals with a health condition and personal and environmental factors.
UN		Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.



Boston Children's Hospital (2024) Disability Competent Care Committee

Disability refers to any physical, developmental, cognitive, psychological, emotional, and/or sensory condition that impacts a person's ability to participate in activities and interactions, with or without accommodations, as identified by the individual or primary caregiver.

**Note: The definition used in this training is the Disability Competency Care (DCC) definition; the BCH definition is the ADA definition.*



Sensory

Mental Health

Non-apparent & Undiagnosed

Neurodevelopmental

Physical

1:6

How do you define “ableism”?

What is ableism?

Discrimination

the behaviors that reinforce the idea that everyone should be able to do things the same way

Discrimination or prejudice against disabilities or people with disabilities

Systems and individual actions that presume to know or prohibit the efficacy of a disabled individual's

Systemic barriers against people with disabilities. Discrimination and social prejudices against physical or mentally disabled people

Seeing the world through a lens that is not inclusive of those with a disability

Individual, structural, or systemic actions or words that impact a disabled person's ability to fully and meaningfully participate in day to day life.

Prioritizing "normal" or able-bodied, assuming this is the default

An insensitivity to the public decisions that construct the social fabric which creates disability

Discrimination against individuals with disability or treatment of individuals without disability as superior

Actions, systems, language and more

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Select which slide to add

- Project STRIDE
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Boston Children's Hospital
- What is your professional role?
A pie chart showing the distribution of professional roles. The legend includes: Administration staff, Advanced practice provider, Nurse, Physician (MD/DO), Social worker, Student, Therapist, and Other.
- How long have you been in your role?

**Ableism is bias,
discrimination, or
systemic barriers that
disadvantage people
with disabilities.**

Being nondisabled is
better → **ableism.**

Disability means living a worse
quality of life → **ableism.**

Attributing all new symptoms to
a person's disability → **ableism.**

When disability assumed to be a
problem to fix → **ableism.**



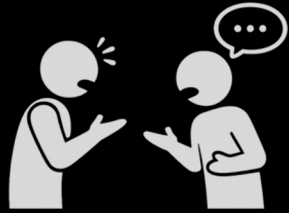
Explicit

- Overt exclusion
- Derogatory comments
- Policies that directly disadvantage people with disabilities.



Implicit

- Small print in handouts
- Loud clinic waiting rooms
- Complex instructions
- Limited time



Individual



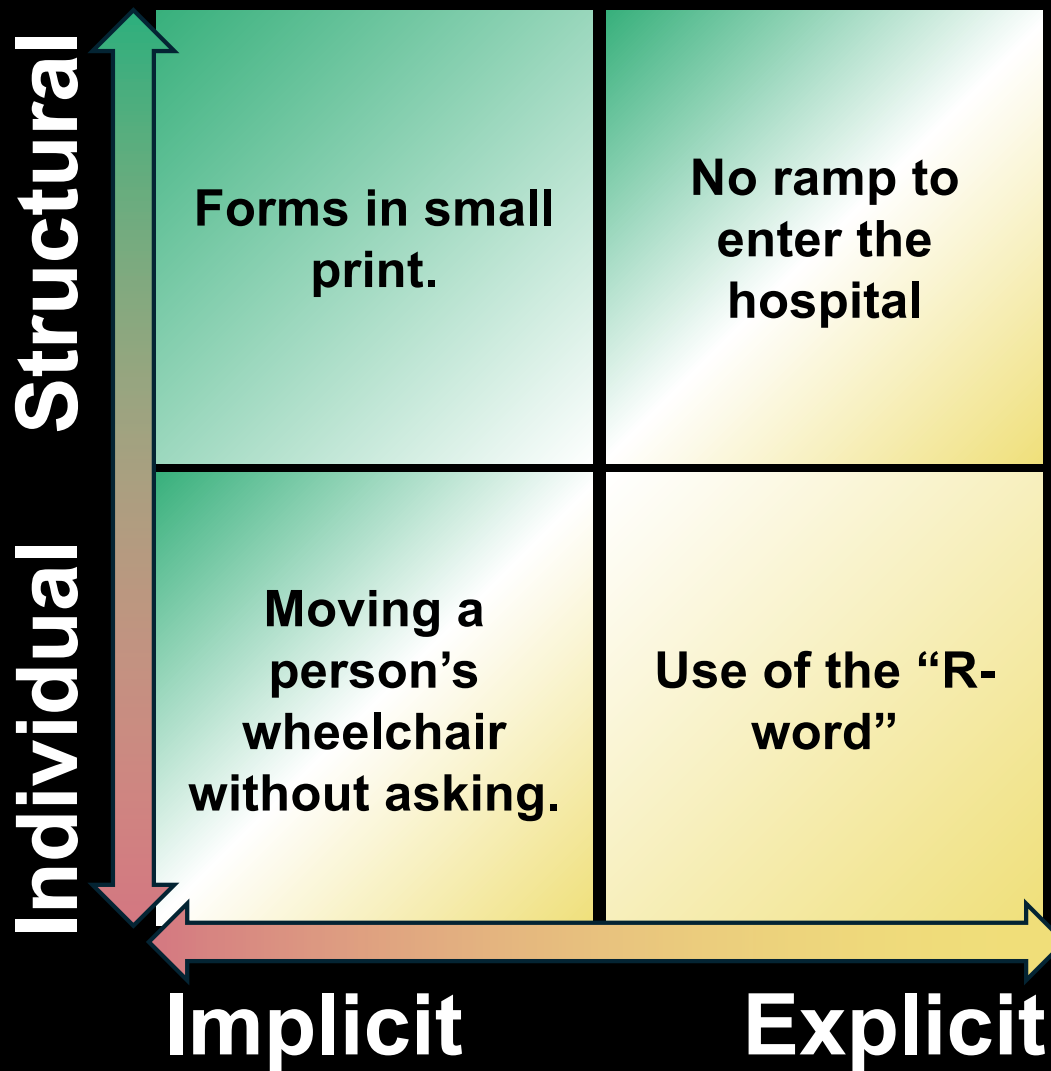
Structural



- Interpersonal interactions
- Microaggressions
- “That’s so lame.”
- “Oh my gosh, I’m so blind.”

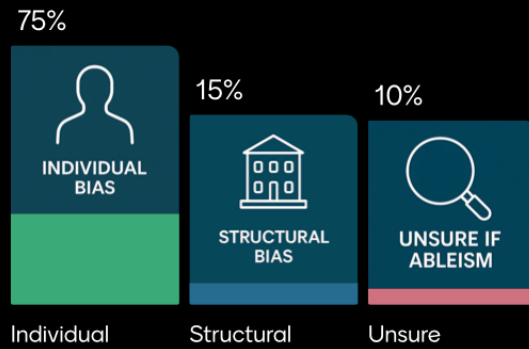
- Inaccessible exam tables
- Rigid scheduling templates
- Clinical processes that do not account for communication or support needs.





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Provider speaks to the parent instead of teen with autism.



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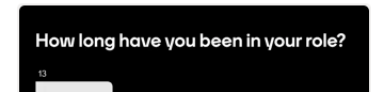
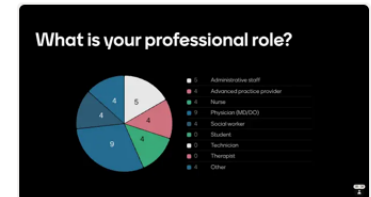


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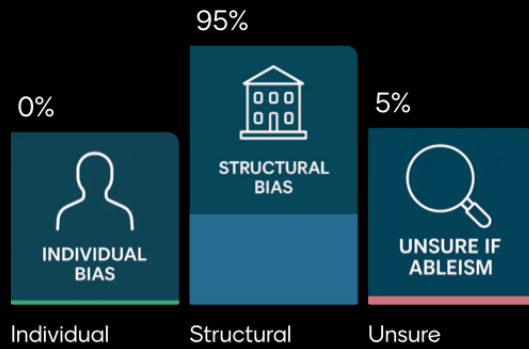


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Patient portal is not screen reader compatible.



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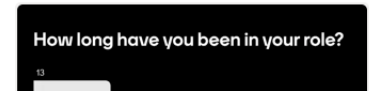


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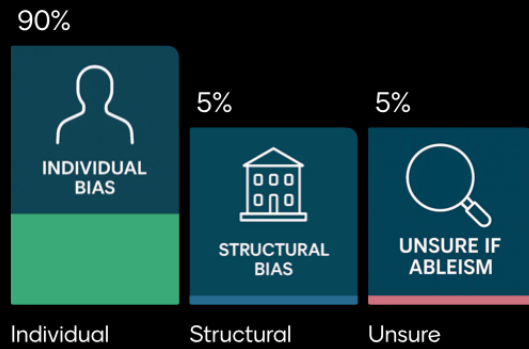


Select which slide to add



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Tech says to patient, "You don't look disabled!"



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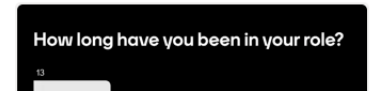


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1

Basic Assumption

We believe that everyone participating in STRIDE is well-intended, competent, cares for patient well-being, and wants to continuously improve.



1

Basic Assumption

We believe that everyone participating in STRIDE is well-intended, competent, cares for patient well-being, and wants to continuously improve.

2

Intent \neq Impact

Even when intent is good, the impact of a comment, action, or system design can still be harmful.

1

Basic Assumption

We believe that everyone participating in STRIDE is well-intended, competent, cares for patient well-being, and wants to continuously improve.

2

Intent \neq Impact

Even when intent is good, the impact of a comment, action, or system design can still be harmful.

3

Mistakes

Mistakes are puzzles to be solved, not crimes to be punished.





Awareness

Response

Transformation

Awareness

1

Objective Observations

What are the facts?

A trashcan is in the way.

Our scale is broken.

The interpreter is late.

What do I notice?

What are the facts?

Awareness

1

Objective Observations

What are the facts?

A box is in the way.

Our scale is broken.

The interpreter is late.

2

Interpretation:

Begin to make sense of your objective observations...

Could ableism be at play?



Awareness

1

Objective Observations

What are the facts?

A box is in the way.

Our scale is broken.

The interpreter is late.

2

Interpretation:

Begin to make sense of your objective observations...

Could ableism be at play?

Ask:

Are there any red flags of ableism?



Is the observation related to a disability identity or status?



Is an individual or group being treated differently?



Is the observation likely to lead to health inequity?



Awareness

Continue refine your observations & interpretation



Individual



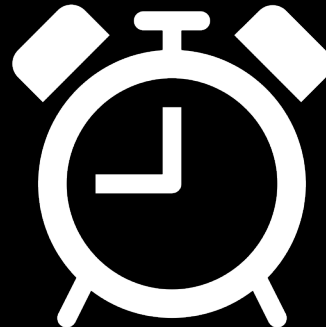
Structural



Response



Individual



WHEN?

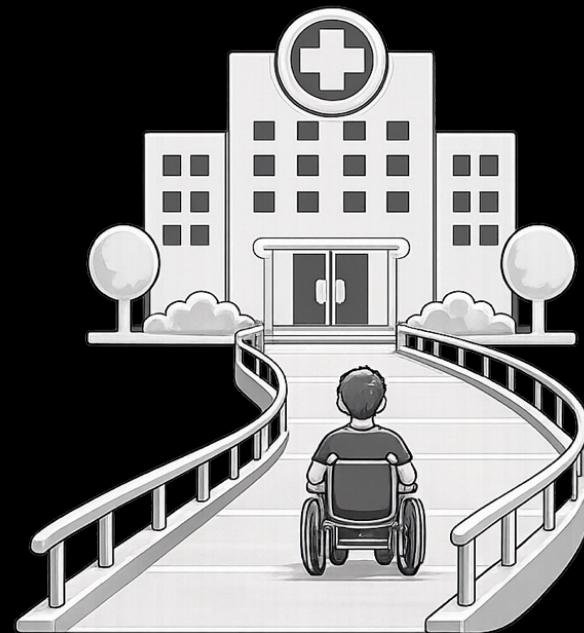


Structural



Transformation

- Stay engaged after the moment has passed
- Identify system-level contributors
- Use your role to promote inclusion



Awareness

Response

Transformation



CASE:

During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions.

The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner,

“Our next patient is already here. I’m really sorry, but this is taking too long—let’s just skip this part and ask mom later.”



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During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions. The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner, "Our next patient is already here. I'm really sorry, but this is taking too long—let's just skip this part and ask mom later."

AWARENESS: What are you observing?

impatience

Patient is not able to participate in visit.

Patient is not able to fully communicate due to time barriers.

The fellow is interrupting the visit and shutting down the patient's communication

Structural Inequity- likely same visit duration for all patients when someone with specific communication needs would benefit from more time
Individual- treating patient as an inconvenience

They're lacking patience

Cutting off essential subjective information!

16 / 16



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Boston Children's Hospital

What is your professional role?


- Administrative staff
- Advanced practice provider
- Attending
- Physician (MD/DO)
- Social worker
- Student
- Technician
- Therapist
- Other

How long have you been in your role?

13



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During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions. The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner, "Our next patient is already here. I'm really sorry, but this is taking too long—let's just skip this part and ask mom later."

RED FLAG #1: Is this observation related to a disability identity or status?

18



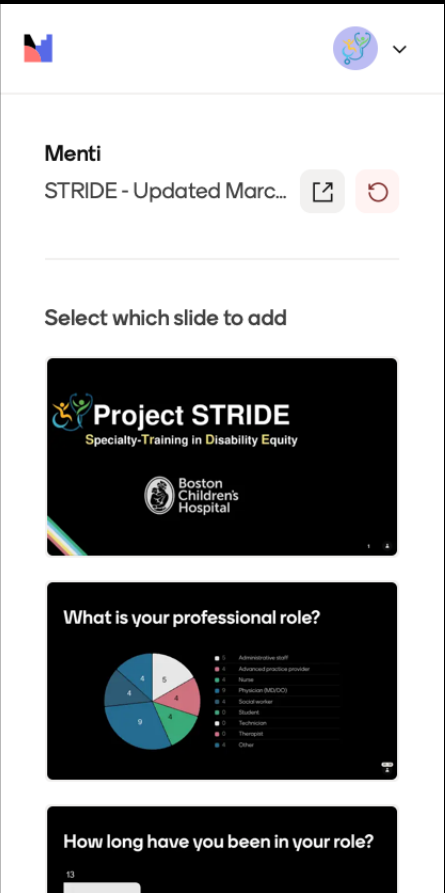
YES

0

NO

0

UNSURE



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Select which slide to add

- Project STRIDE
Specialty-Training in Disability Equity
Boston Children's Hospital
- What is your professional role?
Pie chart showing: Administrative staff (4), Advanced practice provider (5), Nurse (4), Physician (M.D./D.O.) (9), Social worker (4), Student (4), Therapist (4), Other (4)
- How long have you been in your role?

18 / 18



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During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions. The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner, "Our next patient is already here. I'm really sorry, but this is taking too long—let's just skip this part and ask mom later."

RED FLAG #2: Is an individual or group being treated differently?

17



YES

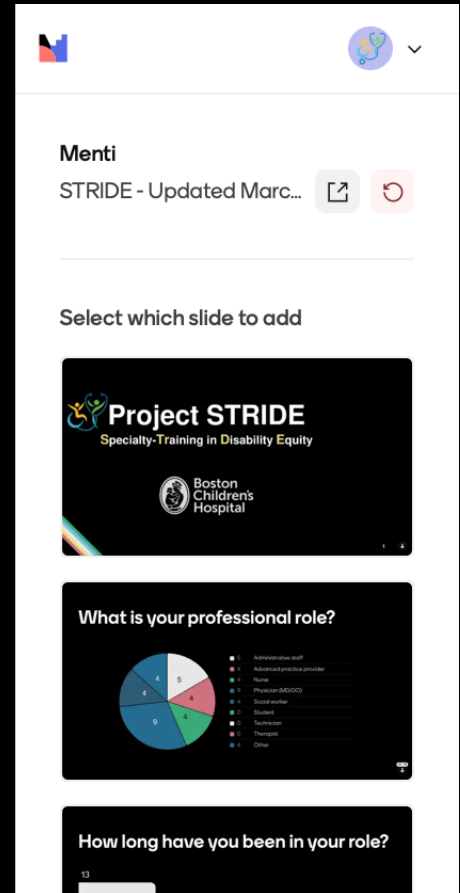
0

NO

1

UNSURE

18 / 18



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Select which slide to add

- Project STRIDE
Specialty-Training in Disability Equity
Boston Children's Hospital
- What is your professional role?
Pie chart showing: Administrative staff (4), Advanced practice provider (5), Nurse (4), Physician (M.D./D.O.) (9), Social worker (4), Student (4), Therapist (4), Other (4)
- How long have you been in your role?
13

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During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions. The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner, "Our next patient is already here. I'm really sorry, but this is taking too long—let's just skip this part and ask mom later."

RED FLAG #3: Is the observation likely to lead to a health inequity?

18



YES

0

NO

0

UNSURE

18 / 18

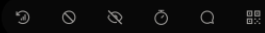
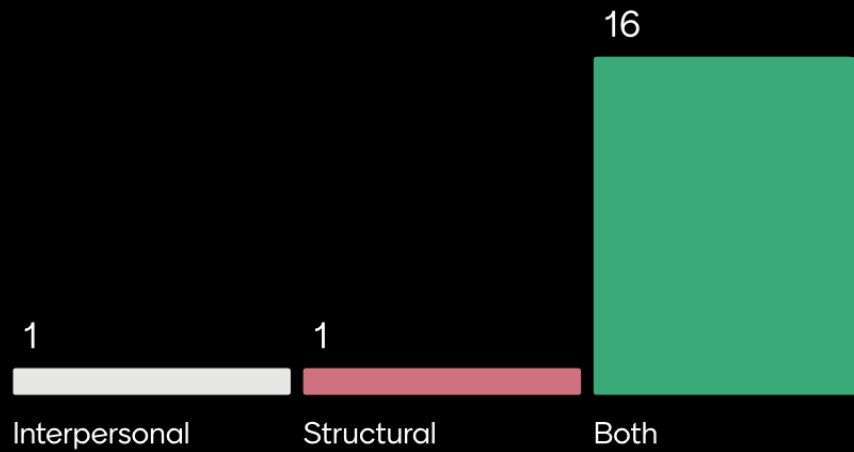
A screenshot of a Menti poll interface. At the top, it says 'Menti STRIDE - Updated Marc...' with a share icon and a refresh icon. Below that, it says 'Select which slide to add'. There are three slide thumbnails: 1. 'Project STRIDE Specialty-Training in Disability Equity' with the Boston Children's Hospital logo. 2. 'What is your professional role?' with a pie chart showing 4 votes for 'Administrative staff', 5 for 'Advanced practice provider', 4 for 'Nurse', 4 for 'Physician (MD/DO)', 9 for 'Social worker', 4 for 'Student', 4 for 'Technician', 0 for 'Therapist', and 1 for 'Other'. 3. 'How long have you been in your role?' with a progress bar showing 13 votes.

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During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions. The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner, "Our next patient is already here. I'm really sorry, but this is taking too long—let's just skip this part and ask mom later."

AWARENESS: Are you observing ableism that is interpersonal, structural, or both?



18 / 18

A screenshot of a Menti poll interface. At the top, it says 'Menti STRIDE - Updated Marc...' with a share icon and a refresh icon. Below that, it says 'Select which slide to add'. There are three slide thumbnails: 1. 'Project STRIDE Specialty-Training in Disability Equity' with the Boston Children's Hospital logo. 2. 'What is your professional role?' with a pie chart and a legend. 3. 'How long have you been in your role?' with a progress bar. At the bottom right, there is a '18 / 18' indicator and a person icon.



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During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions. The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner, "Our next patient is already here. I'm really sorry, but this is taking too long—let's just skip this part and ask mom later."

RESPONSE: How might you respond? (what needs to happen now vs later?)

I think it would be worth addressing as a team afterwards

Hello can see the next pt! Let this visit unfold

In the moment say, "why don't I let the next patient know that we will be with them shortly while [teen] finishes letting you know about this." After, speak with the fellow about your concerns.

regeoup with patient so they feel heard, work on changing the system later

Attending or preceptor providing feedback about engaging with patients with communication needs
Onaoina advocacy about flexible

I think I would say something quickly to the fellow outside the room and review with more details later

12 / 12

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Project STRIDE
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Boston Children's Hospital

What is your professional role?

How long have you been in your role?



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During a clinic visit, a teen with cerebral palsy is using their communication device to answer questions. The process takes time, and the patient is midway through responding when the senior learner glances at the clock and says to the novice learner, "Our next patient is already here. I'm really sorry, but this is taking too long—let's just skip this part and ask mom later."

TRANSFORMATION: How can we transform our systems for inclusion?

More time for interpreter visits, special circumstances, or schedule at the end of a clinic so extending the time works better for family

Its hard - I think some of these are 0 sum issues.

acknowledge that billing set up X min per encounter but that does not account for real world differences

team huddle discussion about how to solve this, can we make certain appts longer? what sort of notes are we adding in chart to keep different needs in mind?

Options for longer appt times and using automatically if someone is flagged in our system as having a disability.

Being more accommodating

14 / 14

A screenshot of a Menti poll interface. At the top, it says "Menti" and "STRIDE - Updated Marc...". Below that, it says "Select which slide to add". There are three slide thumbnails visible. The first is "Project STRIDE Specialty-Training in Disability Equity" with the Boston Children's Hospital logo. The second is "What is your professional role?" with a pie chart and a legend. The third is "How long have you been in your role?".

Project STRIDE
Specialty-Training in Disability Equity
Boston Children's Hospital

What is your professional role?

4	5
1	2
3	6

- Administrative staff
- Administrative provider
- None
- Physician (MD/DO)
- Resident
- Student
- Healthcare
- Therapist
- Other

How long have you been in your role?

13



CASE:

During a multidisciplinary team meeting, the team is discussing a 17-year-old patient with intellectual and physical disabilities. The patient has expressed interest in going to college.

Two learners are overheard whispering:

“Why are they even talking about college for this patient? Don’t we need to figure out his cardiac care?”





CASE:

During a multidisciplinary team meeting, the team is discussing a 17-year-old patient with intellectual and physical disabilities. The patient has expressed interest in going to college.

Two learners are overheard whispering: *“Why are they even talking about college for this patient? Don’t we need to figure out his cardiac care?”*

STRIDE’s Ableism Response Checklist

Awareness

- Related to disability identity or status?
- Someone being treated differently?
- Potential health inequity?
- Structural or interpersonal ableism?**



Response

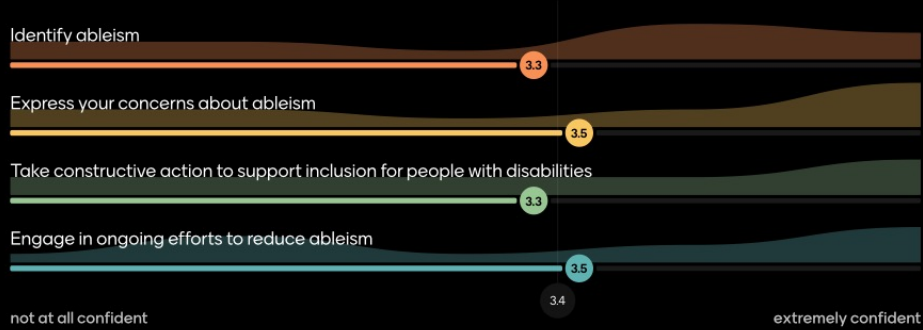
- What needs to happen now vs circling back later?
- Do we need action or words?

Transformation

- Identify system-level contributors
- Stay engaged after the moment
- Use your role to promote inclusion**

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Following STRIDE Training... In your clinical work, how confident are you in your ability to:



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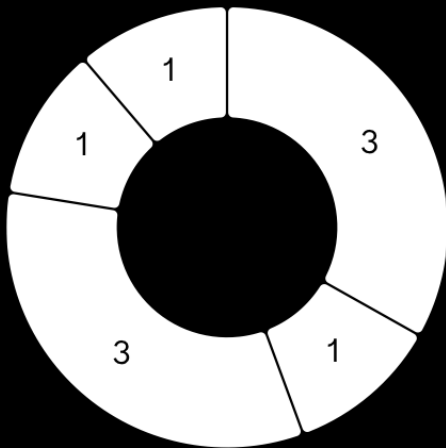
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Boston Children's Hospital
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- How long have you been in your role?
13



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Please choose a Disability Health Equity Goal for the next 8-weeks:



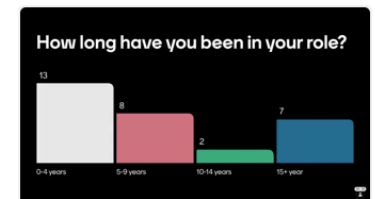
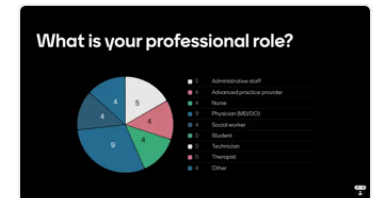
- 3 Speak directly to the patient - not only to the caregiver - in a clinical encounter.
- 1 Avoid ableist language ('blind to,' 'lame,' 'deaf to') in everyday speech.
- 3 Ask at least one patient or family member about a barrier they face in accessing or receiving care.
- 1 Identify a structural accessibility barrier and take action to report or solve.
- 1 I will set my own goal.



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9/9



Now let's reflect in 15-min breakout rooms: As an educator...

- What **prior experience** have you had with anti-ableism training? How does today's training compare?
- What **prior experience** have you had teaching learners about ableism in patient care?
- How do you imagine teaching **future learners** about ableism in patient care? What part might feel **easiest** vs. **hardest**?