

The Necessity, Basics and Significance of Bridging Medical Students to People with Disability: A Reader-Friendly Review

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ABSTRACT People with disabilities (PWD), physical or intellectual or both, are part of every society. Usually, their disability is permanent, requiring unceasing healthcare. There is a high prevalence of chronic illnesses coupled with a higher rate of morbidity and mortality in this population, yet they suffer from disparities in healthcare services. The aim of this study is to identify the core elements to produce a workforce of health workers who have competencies to provide quality services to PWD. The current review paper is based on literature review targeting studies linked to medical students, their disability sense, and training to deal with PWD. The researchers believe in putting a balanced emphasis on both theory and practical training to bridge medical staff to PWD. Furthermore, health care facilities and policies need to be developed considering the requirements of PWD. Improvements in all these areas will have a synergistic effect on uplifting standards of medical care.

INTRODUCTION

Almost every physician is going to come across patients who have some kind of disability (Ankam et al. 2019). The World Health Organisation (WHO) has described a disability as an “umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between the individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (World Health Organisation 2007).

Over 61 million people in the USA suffer from various forms of disabilities (Iezzoni et al. 2021). Disability is a very broad term. It encompasses not only physical functioning but is also linked with mental, developmental, or sensory parameters, which ultimately compromise the daily life and social interaction at any stage in a person’s life (Cieza et al. 2018; Jesus et al. 2020; Stucki et al. 2007).

Thus, like physical disability, intellectual disability (ID) is very important. There are few alternative terms for intellectual disability in literature such as developmental disabilities or learning disabilities or mental retardation (American Psychiatric Association 2013). About 3 percent of the world’s population suffers from some kind of ID (Maulik et al. 2011). Regardless of the type, disability can ultimately affect the overall functioning of such individuals as well as negatively affect their learning and skill development. This would impact on their

overall quality of life (Burge et al. 2008). Globally, there is a focus on enhancing empowerment of such individuals by engaging them in community (Morin et al. 2013).

There are educational and training gaps in medical education when the subject of disability arises (Chandan et al. 2025; Quon and Zhou 2025). The lack of “disability sense” in health care facilities and personnel has been evident during recent episodes of the pandemic. The overall global response was very intense, yet it failed to include disability in their policy in a significant way. A recent study has summarised ten primary effects on such individuals due to pandemic response (Jesus et al. 2021). The findings of study are summarised and presented in following three paragraphs.

Firstly, the access and movement restrictions had a significant effect. The health facilities were put on restricted access to the population in general, to minimise contact. This led to limited access for disabled people as well. They, in general, have more requirements for hospital/clinic consultations. This is explained later in the literature. The movement restriction impacted them. This has produced a negative impact on their physical activity level, which in turn affected their health. The effect on their social interaction put them in isolation. This was due to steps like social distancing and lockdowns, which reduced overall people to people

interaction. This had a significant effect on the already socially compromised population of disabled people. The family members of such individuals and other support people from society equally faced extra responsibility and workload. The violence against such individuals and even self-harm incidences increases. This can be linked with above-described factors like stress, routine change, lack of support and social interaction.

Secondly, the work, education and social environments changed suddenly. Due to precautionary measures for pandemic control, many work environments changed during that period. This deranged the support and community help they were able to access. For young children with disabilities, institutional closure has affected them more than people without disabilities. Furthermore, the financial burden increased as the job market was very badly affected. The disabled people in general are already at a financial disadvantage.

Finally, the psychological pressure that pandemic measures had on the human population in general. The disability group was even more impacted due to changes in the overall pattern of managing things and life routine. Overall, there was a huge disruption to the things linked with wellbeing, education, finance, social life, and social support services. Collectively it had a significant effect on their lives.

In addition to the above points, the study also mentioned two core issues that have central importance in understanding the issue. First, one could not produce a disability-inclusive medical and social response in measurements against pandemic. Additionally, the overall lack of facilities and management even before the pandemic impacted on the situation and made it worse (Jesus et al. 2021).

The research data shows that people with disabilities do not receive adequate facilitation and attention, which results in substandard medical care (Bowen et al. 2026). The cost of their consultations is also usually high (Ankam et al. 2019). The disabled individuals usually seek more medical help both for their main disability and for comorbidities linked to it (Reichard et al. 2011). But people with disabilities receive a poor level of health services compared to others (Havercamp and Scott 2015; Reichard et al. 2011; Bowen et al. 2026). Even reports by the National Health System (NHS) have reported that ID people receive unsatisfactory treatment and care in medical facilities (Dobson

and Gulland 2008). 14 other studies have highlighted the same problem that disabled people suffer from care disparities in health facilities

(Iezzoni et al. 2021; Trollor et al. 2016; Bowen et al. 2026). It is reported that ID people have shorter lifespans compared to their counterparts. The main determinant for this is their wellbeing, which is compromised due to inequalities they face accessing healthcare as reported by Royal College of General Practitioners (2013) and Disability Rights Commission (2006).

Chronic diseases are more prevalent in people with disability compared to people with no disabilities (Havercamp and Scott 2015; Reichard et al. 2011; Shrivastava and Shrivastava 2021). The attitude towards them and perception of such individuals is an additional problem (Shrivastava and Shrivastava 2021). Furthermore, the financial restraints also put such patients at healthcare disadvantages (Shrivastava et al. 2016). Overall, they suffer from poor health outcomes and early deaths from diseases, which can be prevented or cured (Heslop et al. 2014; Tyrer and McGrother 2009). There are multiple factors that would ultimately affect this. For instance, a study that examined 36 previous studies has reported factors like availability of care facilities, acceptance by patients, geography, and ability of patients to pay for available treatment/management services (Dassah et al. 2018).

In general, the physicians are often not very well experienced in dealing with disability patients, resulting in a low level of patient satisfaction (Baylor et al. 2019; Wilkinson et al. 2012; Bowen et al. 2026). Although there are many factors that can affect the experience of disabled patients during a medical consultation, the confidence, experience and skills of physicians are of pivotal importance (Iezzoni et al. 2021). One recent research targeting medical students has reported low comfort level amongst them when clinically assessing people with disability (Chardavoyne et al. 2022). Likewise, one of the main factors behind poor care of people with disabilities by medical students is their lack of training to deal with such patients (Ankam et al. 2019; Quon and Zhou 2025).

Studies have reported negative attitudes of medical staff towards such patients as well as being uncomfortable in dealing with them (Bu et al. 2016; Jarus et al. 2023; Tervo and Palmer 2004). Likewise, other studies identify the deficiency in exposure and experience with such patients as the

main factor for lack of quality care for ID patients (Beange et al. 1999; Trumble 2002).

People with disabilities have equal rights to benefit from health facilities like other individuals and it is not appropriate to deprive them from accessing any of such facilities (Pelleboer Gunnink et al. 2017). The way health professionals deal with such people determines the quality of their experience with health facilities and they usually are unequally treated (Ditchman et al. 2013; Emerson et al. 2010).

It is crucial to note that all disabilities are not the same, thus the patients have a huge variety of experiences and effects on their life (Ankam et al. 2019). The first step towards achieving the above-mentioned goal is to properly educate medical students. There should be a focus on enriching the study materials with contents related to disability (Ankam et al. 2019). A survey-based study on 44 medical students has reported a very high percentage (80%) of the participants being unsatisfied with information and knowledge they received related to disability (Chardavoyne et al. 2022).

The lack of proper and sufficient content of teaching materials in medical schools ultimately put them at a low level of confidence to deal with disability patients (Clarke and Tabor 2023; Olkin and Carlos 2026). In another study, more than 90 percent of the subjects suggested improving the quality and quantity of information in the medical curriculum. They also felt that direct contact with such patients for the purpose of learning is extremely important (Burge et al. 2008). Thus, focusing on curriculum improvement is important in improving the quality of interaction between doctors and disabled persons (Chardavoyne et al. 2022). There is also a need to enhance clinical facilities for such individuals. Although this can assist in improving the situation, teaching undergraduates about disability is extremely important (Trollor et al. 2016; Olkin and Carlos 2026).

The second important pillar is clinical exposure (Cwirynka³o et al. 2025). A study targeting medical staff has reported that the physicians who participated in the study have identified a huge room for improvement in training and educating health care providers during their career (Wilkinson et al. 2012; Quon and Zhou 2025). The rights of PWDs to quality healthcare should be advocated and taught in medical schools (Cwirynka³o et al. 2025). Even reports from the WHO have identified the training insufficiency and have encouraged improvement

in this area (Burge et al. 2008). Practical training can improve the outcomes of consultations of physicians with patients with intellectual disabilities (Wilkinson et al. 2012).

To gain higher outcomes, there should be additional focus on clinical training as well as exposure of students to the community to deal with people with disabilities along with improved curriculum with disability related contents (Ankam et al. 2019; Cwirynka³o et al. 2025; Quon and Zhou 2025). Thus, for the purpose of covering the gap between medical staff and such patients, certain measures like direct interaction with such patients, educating and coaching to deal with them in person, improving the information taught and enhancing their practice or training quality is essential (Burge et al. 2008). Overall, both teaching and practical training are of critical importance in improving care for ID people by medical personnel (Burge et al. 2008; Sinai et al. 2013).

Communication skills are very important in such clinical scenarios. This is very important to train medical students to get skilled in communication with people with deficient communication skills and other disabilities (Baylor et al. 2019). Individuals with such disabilities can have issues with their understanding and interpretation of the information provided. For example, if a health care provider is dealing with a person who might be suffering from speech or hearing disability, then this could affect the overall dynamics of the consultation. It not only reduces the satisfaction of patients but can also cause an increased chance of medical error (Baylor et al. 2019).

Practically speaking, there is a need for a longitudinal focus on learning about disability. This means that working physicians and medical staff should be offered more training and refresher courses (Bowen et al. 2026). 34 research studies have reported clinical improvements through such programs for medical students and healthcare workers (Case et al. 2021; Clarke and Tabor 2023; Thomas et al. 2014; Tracy and Iacono 2008). The goal targeted should be the clinical improvement in terms of clinical outcomes for patients with disabilities by producing doctors with better skills and management of such patients (Ankam et al. 2019).

Objectives of Study

The current study is based on literature search to explore various aspects of medical care of PWD

and attitudes of healthcare professionals towards such individuals. There is an immediate need to tackle the issue of the attitude of medical students and staff towards such people. The suggested solution lies in preparing these students very well, starting at the level of their medical studies and providing them with appropriate training to deal with such patients effectively and positively as health professionals. Overall, the article provides an insight into different factors, their effects, and suggestions to enhance standards of medical care for PWD.

RESEARCH METHODOLOGY

The paper is based on literature searched using various research engines such as PubMed and Google Scholar. More than 200 research and review articles have been retrieved and around 50 related articles were finally reviewed in detail to extract information for the paper. Additionally, organisational websites such as World Health Organisation, American Psychiatric Association and British Medical Association have also been accessed to retrieve related information. No AI tools have been used to write, review or modify the contents of this paper.

DISCUSSION

The term disability is linked with a huge number of conditions where the person will be having a compromised function of single or a combination of functioning linked with visual defects, movement disorders, communication disorders, auditory defects, mental and social problems. Such individuals need the attention and support of medical staff. Even people with intellectual disability need guidance and support to receive proper medical care (Cwirynkalo et al. 2025).

Disability focused teaching techniques also need to be researched and incorporated in curriculum and teaching (Olkin and Carlos 2026). Importantly, the level of physician training could vary in different healthcare systems (Cwirynkalo et al. 2025). Thus, the researchers' suggest developing some universal protocols and their propagation for implementation globally. Another recent study has shown that majority of the literature and guidance is coming from countries like Australia, Canada, United Kingdom, and USA. This study draws

attention to the fact that such guidelines might not be possible to be implemented as such in other areas and cultures (Jain and Alwazzan 2025). So, variations and modifications in such recommendations should be developed as per demographic, social and ethnic needs. Education strategies with a focus on disability should target providing access, participation and benefits to PWDs on equal basis as their fellow students. This could include differentiated instruction and teaching, flexible and differentiated assessments, reducing learning barriers, easily accessible materials, and personal support as per specific needs of each individual according to the disability.

The training of medical students is extremely important if healthcare for people with disabilities is desired to be enhanced (Bowen et al. 2026). The core recommendation from the study's analysis is to enhance course contents along with training of students to effectively interact with disabled people. In the researchers' opinion, there should be a balanced emphasis on both theoretical and practical knowledge. The learning process related to disability should not stop with their basic medical qualifications. There should be continuous professional development (CPD) focused on disability learning and updating the experience and knowledge of young doctors. In this way, they will keep on getting regular updates and practical experience as they progress in their career. Such trainings should focus on knowledge, skills, and behavior enhancement techniques which would ultimately create an environment of disability patient-centered care.

Curriculum improvement is important but to practically improve the competency of physicians, it needs to focus on additional parameters like communication skills, physical examination skills, ethical and legal aspects of disabilities, interaction with such patients, and improvement in available disability support at level of community (Long-Bellil et al. 2011; Ouellette-Kuntz et al. 2012; Seidel and Crowe 2017; Bowen et al. 2026). The educational part must focus on teaching human rights especially linked to PWD, accessibility needs, communication skills, specific health and social requirements and parameters linked with such individuals. Based on the literature understanding as well as personal experiences in various teaching as well as healthcare staff experiences, the researchers are providing a list of various aspects of knowledge

and skills, which can help to link physicians effectively to higher standards of care for people with disabilities. Table 1 enlists this.

The last point the researchers need to emphasise is that most of the literature they came across is centred on the responsibility of medical students and staff towards people with disabilities. The recommendations mainly focus on improving the attitude, knowledge and understanding of medical staff about disability. This is of critical importance, but the researchers believe that there should be a focus on medical personnel as well. The medical students undergo more pressure, due to the demanding field, compared to other disciplines (Adams 2004; British Medical Association 2011). A very recent study involving over 350 students from Czech Republic, Serbia, and Poland also emphasized on educating and training medical students to effectively providing healthcare services to PWDs. The study also reported a positive influence of prior exposure to deal with PWDs. The study reports presence of discriminatory behaviors against PWDs and suggest developing mechanisms to prevent this (Cwirynkalo et al. 2025). Better knowledge and training of healthcare professionals to assist PWDs equals a better care and higher satisfaction for them (Quon and Zhou 2025). Thus, there is also a need to develop support mechanisms for medical students and health workers to learn about disability and to manage such patients clinically. There is another important scenario where there are disabled medical students. This aspect is beyond scope of this paper but is very important (Jarus et al. 2023). Lastly, another important aspect related to structural facilities which can impact accessibility of PWDs to health facilities has been mentioned in a recent study suggesting braille signs, auto-opening doors, and wheelchair ramps for facilitating such individuals. This perspective

becomes extremely important in underdeveloped regions worldwide (Quon and Zhou 2025). By meaningful connection of medical students to PWDs with required knowledge, trainings, empathy, and direct interactions would not only reduce unconscious biases and stereotyping but will also enhance quality of health care for such individuals in a respectful, compassionate, equitable and professional way.

CONCLUSION

In conclusion, there is a need to focus on developing “disability sense” amongst the medical community. The goal can be achieved if one starts educating, training and practically teaching them from the very beginning of their medical studies. The process needs to continue in a longitudinal fashion, so that one can produce senior physicians with sound knowledge and experience. Then one can expect a tilt down effect on future physicians. Today’s experienced physician with disability management competence can be a mentor for many future doctors.

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Table 1: List of knowledge and awareness requirements for physicians to interact with PWD

▪ Basic education about disability ▪ Knowledge related to medical aspects of people with disability ▪ Physical examination skills ▪ Communication skills with a focus on disabilities ▪ Real patient interactions ▪ Understanding related to follow-up issues and medicinal compliance challenges in such patients ▪ Inter-professional interaction perception to involve multidisciplinary team where required	▪ Extracurricular activities to gain experience such as community level interaction with organizations dealing with people with disability ▪ Available community support awareness ▪ Government or state support awareness ▪ Rights of disabled people ▪ Knowledge of legal aspects linked with disability ▪ Recognition of financial aspects of disabled people ▪ Realization of need for support for family members of such patients
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