

5 barriers faced by medical students, residents with disabilities

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More than one-quarter of Americans have some type of disability, but you'd never know it by the makeup of today's medical students, residents and fellows, as only about one in 20 has a disability. The number of medical students and residents who report their disabilities to get the accommodations they need and deserve during training is even smaller.

An AMA Innovations in Medical Education webinar featured a presentation about how to support medical students, residents and fellows with disabilities, particularly through best practices for structuring disability disclosure and accommodation decision-making.

The webinar was produced by the AMA Accelerating Change in Medical Education Consortium, which brings medical schools and residency programs together to transform physician training.

Lack of guidance a problem

"You may be asking yourself, 'Haven't we fixed inclusion for trainees with disabilities?' Well, unfortunately the answer is no. Multiple barriers still exist," said Sharad Jain, MD, associate dean for students at the University of California, Davis, School of Medicine.

"Many training programs lack a policy or any guidance on how a trainee could disclose disability and request accommodation," Dr. Jain said. "If a system or policy does exist, it is often riddled with issues. These issues commonly lead to nondisclosure of disability."

For example, In 2020, 7.6% of medical students anonymously self-reported a disability on the Association of American Medical Colleges' Graduation Questionnaire, while in 2019 only 4.6% formally reported a disability and requested accommodation from their medical schools, Dr. Jain noted. And the gap was even wider among residents. About 7.5% anonymously disclosed a disability in 2020, but only 2.5% requested accommodation.

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What's getting in the way

The presenters noted these five key structural barriers to better counting—and better accommodation of—trainees with disabilities.

Poor messaging. Medical schools and residency programs should signal that they are safe places to disclose a disability and request accommodation, said Lisa Meeks, PhD, assistant professor of family medicine at University of Michigan Medical School. She has published research in *JAMA Network*[™] journals on the prevalence of disabilities among American physicians and in U.S. medical schools, among other topics.

“Poor messaging—or the lack of any messaging on the topic—is a huge barrier to disability inclusion for disabled trainees,” Meeks said. “We find that many trainees will forgo requesting accommodations altogether because they tell us that they feel like disability is a taboo subject.”

Lack of transparency. “Programs should ensure that trainees understand the process for requesting accommodations,” Dr. Jain said, citing 2020 research showing that only 38% of the top 50 GME program handbooks included a specific disability policy and language that encouraged disclosure.

Uninformed decision-making. “An uninformed system is one where the arbiter of decision-making, aka your disability people, are absent any knowledge of medical education or med ed curriculum,” as well as the assessment requirements for medical education, and relevant disability and case law, Meeks said.

Conflicts of interest. “For medical students specifically, there's heightened concern when the dean of students serves as the arbiter of accommodation determination,” Dr. Jain said. “In these cases, students frequently tell us that they often elect nondisclosure of disabilities status, knowing that the dean is involved with evaluations critical to the student's future, including the medical school performance evaluation.”

Burdensome processes. These include creating unwarranted complexities for trainees, such as limiting the hours available for seeking assistance and taking a long time to adjudicate a disability decision.

“Many of these burdens are directly related to having a disability resource office that is outsourced to the main undergraduate campus,” Meeks said. “In these structures, the campus is physically and academically disconnected from medicine.”



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More to think about

Disability presents in many forms, only some of which are physically apparent. The webinar also featured presentations by Samantha Schroth, an MD-PhD student at Northwestern University Feinberg School of Medicine, who sustained a spinal cord injury in 2013 and is a wheelchair user, and Justin Bullock, MD, MPH, an internal medicine resident with bipolar disorder. Each outlined several recommendations for residency programs to be more responsive to the needs of learners with disabilities.