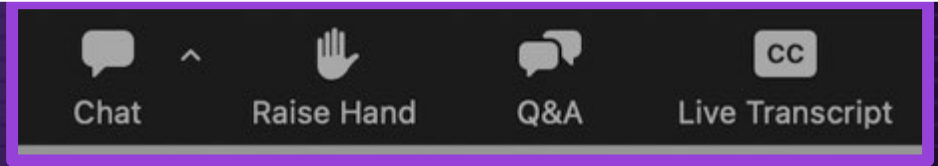
AMA Innovations in Medical Education Webinar Series

Removing Barriers and Facilitating Access: Supporting trainees With Disabilities Across the Medical Education Continuum

Justin Bullock, MD, MPH
Sharad Jain, MD
Lisa Meeks, PhD
Samantha Schroth

To turn on closed captioning, please click on Live Transcript on your menu



Today's Host

@Maya_Michigan

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Objectives

Discuss best practices for structuring disability disclosure and accommodation decision-making in UME and GME.

Describe the differences between technical standards and essential functions and how they can and *cannot* be used to evaluate trainees with a disability.

Discuss the need to enhance connections between well-being, mental health and disability supports.

Outline actionable steps for improving access in training programs.

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Presenter

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AMA | Physicians' powerful ally in patient care

Presenter

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What is your primary responsibility in education?

- UME
- GME
- CME
- Medical Student
- Resident
- Allied health profession
- Not for profit organization
- For profit company
- Other

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Physicians' powerful ally in patient care

Housekeeping Items

- **Trainees:** Medical Students and Residents
- **Disability Category:**
  - Psychological
  - ADHD
  - Learning
  - Chronic Health
  - Mobility
  - Sensory
  - Multiple
- **Disability Language:**
  - Disabled
  - Person with a disability

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Best practices for structuring disability disclosure and accommodation decision-making in UME and GME

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Commitment to Disability as Diversity

- **AAMC (2018, multiple years)**
  - Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities
  - Webinar Series on Disability
- **AMA (2021)**
  - A Study to Evaluate Barriers to Medical Education For Trainees with Disabilities

- **ACGME (2019, 2020, 2022)**
  - Institutional requirement (policy)
  - Program requirement (accommodations)
  - Equity Matters Resources (2-modules)

https://store.aamc.org/accessibility-inclusion-and-action-in-medical-education-lived-experiences-of-learners-and-physicians-with-disabilities.html
https://www.aamc.org/professional-development/affinity-groups/gsa/webinars
https://dl.acgme.org/learning-paths/equity-matters-video-library
https://www.ama-assn.org/education/medical-school-diversity/ama-seeks-more-help-medical-students-residents-disabilities

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Non-Disclosure of Trainees

MD Students

7.5% → **4.6%**

Residents

7.5% → **2.5 %**

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Disincentivizing Disclosure

- **Fear of:**
  - Bias
  - Stigma
  - Shame
- **Structural barriers including:**
  - Poor messaging
  - Lack of transparency
  - Uninformed decision-making
  - Burdensome arduous processes

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Barriers

Messaging

Rush University is committed to diversity and to attracting and educating students who will make the population of health care professionals' representative of the national population.

Our core values - ICARE - Innovation, Collaboration, Accountability, Respect and Excellence translate into our work with all students, including those with disabilities. Rush actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful accountable culture through our confidential and specialized disability support. Rush is committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

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Barriers- Lack of Transparency

Process

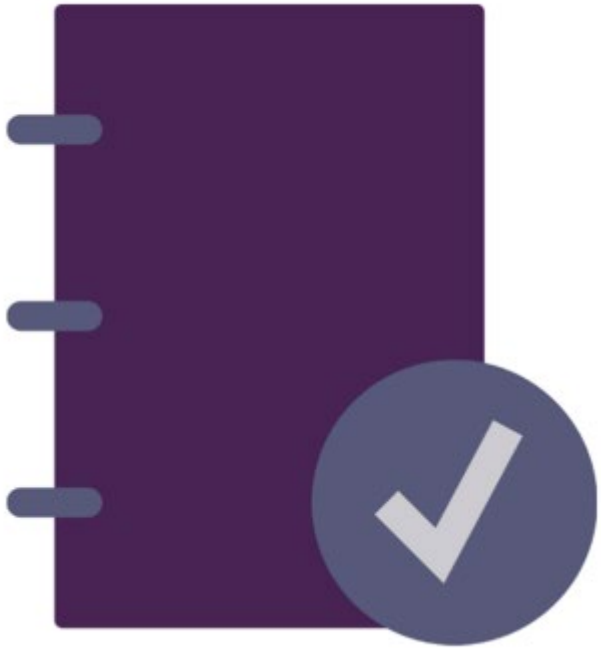
What do trainees need to do to request accommodation?

Decision

Who will make the decision and how will it be communicated?

Appeal

What is the process for filing an appeal or grievance?



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GME Disability Disclosure Concerns

Table 2. Elements of disability policy (out of 32)

Element	n (%)
Statement of confidentiality of documents regarding disability and accommodations	17 (34)
Inclusion of encouraging language	12 (24)
Clear procedures for disclosing disabilities and requesting accommodations	19 (59)

Table 3: GME programs' main contact for disclosing disability

Contact reported by respondents	n (%)
Program director (PD)	9 (28)
Multiple parties (e.g., PD and DIO or PD and ADA office)	8 (25)
Equal Opportunity Office, Equal Opportunity Coordinator, or equivalent	4 (13)
Disability office	3 (9)
Human resources	2 (6)
Designated institutional official (DIO)	1(3)
Occupational health	1(3)
Not listed (no direction on where to disclose)	4 (13)
Total	32 (100)

Lisa M. Meeks, Nichole Taylor, Ben Case, Erene Stergiopoulos, Philip Zazove, Lisa Graves, Michael McKee, Bonnielin K. Swenor, Anah Salgat, Caroline Cerilli, Heidi Joshi, Christopher J. Moreland; The Unexamined Diversity: Disability Policies and Practices in US Graduate Medical Education Programs. *J Grad Med Educ* 1 October 2020; 12 (5): 615–619. doi: https://doi.org/10.4300/JGME-D-19-00940.1

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Exercise #1

Search “disability accommodation”

- Is there an absence of any messaging, which in and of itself is a form of messaging?
- Would it be easy for a trainee in your program to understand exactly how to disclose a disability or request accommodations?
- Would the messaging support disclosure and request, or is the language or tone one that might disincentivize disclosure?

Barrier: Uninformed Decision-Making

Decision-Making Absent:

- Knowledge of medical education curriculum and assessment requirements

- Best and emerging accommodation practices across multiple settings and assessment styles

- Relevant disability law and case law involving medical training
  - Americans with disabilities Act Title 1 (education)
  - Americans with disabilities Act Title 2 (employment)

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Barrier: Conflicts of Interest

- Evaluative Role
- Reviewing Confidential Documents
- Committee Review
- Writing MSPE or residency letter

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Resident/Student

DRP

Faculty/Program Director

INFORMED

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UME Disability Disclosure Concerns

Table 2. Structure for disability determination alignment and non-alignment.

STRUCTURE OF DISABILITY DETERMINATION	N	%
The School of Medicine employs a disability resource professional who reviews requests for accommodation	9	9
The School of Medicine utilizes a disability resource professional who works for the health science campus broadly	16	16
The School of Medicine utilizes the assistance of our undergraduate disability services office, with a specific liaison for medicine	39	40
The School of Medicine utilizes an internal committee of faculty and administrators to make determinations about disability status and accommodations	4	4
The School of Medicine utilizes the assistance of our undergraduate disability services office without a liaison	18	19
The School of Medicine's dean of students makes determinations about disability status and accommodations	12	12
Non-responders	43	30 (of 141 schools)
Total responses	98	70 (of 141 schools)
Total Schools (156)–(15) 14 not fully accredited, 1 not obligated under the law	141	
Not fully accredited/not obligated under law	15	
ALIGNMENT/NON-ALIGNMENT WITH AAMC RECOMMENDATIONS	**N**	**PERCENTAGE**
Aligned	64	65
Not aligned	34	35
Non-responders	43	30 (of 141 schools)

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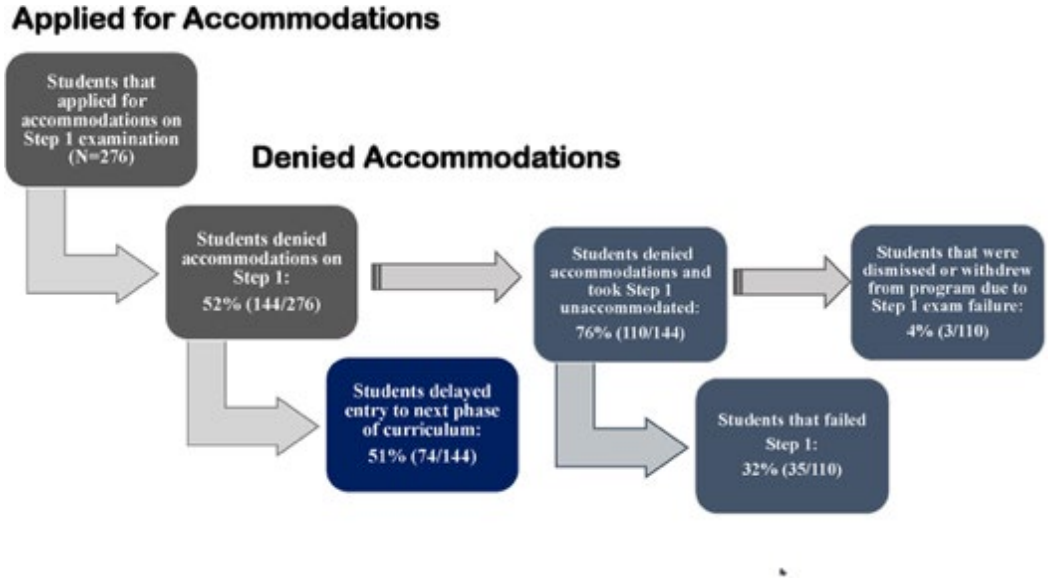
NBME Step 1 Accommodation Process



- 52% Rejected
- Delays in progression/LOA
- Financial implications
- Significant financial and human resource costs for the schools.
- High levels of frustration with the process
- Process was not transparent, highly uncertain outcomes

Petersen KH, Jain NR, Case B, Jain S, Meeks LM (2022) Impact of USMLE Step-1 accommodation denial on US medical schools: A national survey. PLOS ONE 17(4): e0266685. https://doi.org/10.1371/journal.pone.0266685
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0266685

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Barriers: Burdensome Process

- Limiting hours for seeking assistance,
- Requiring multiple meetings; or
- Taking more than 2 weeks to adjudicate disability decisions.

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Exercise #2

Go through the process

- How long does it take to get a response?
- Is the person you are meeting with highly qualified to make disability decisions in medical education?
- How many appointments are required, are they available during “off hours.”
- What are the documentation requirements?
- Is it easy to navigate the process and is it transparent (i.e., you know exactly what to expect)?

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Removing Barriers

- Hire a Confidential and Disability Resource Provider (DRP)
- Increase Transparency in Policies and Process
- Reduce Burdensome Processes
- Understand Program and Institutional Obligations
- Enhance Knowledge of the Benefits of Inclusion to Patients and Residents
- Employ Anti-Ableist Training

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Describe the differences between technical standards and essential functions and how they can and *cannot* be used to evaluate trainees with a disability.

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What are Technical Standards?

- The term `**technical standards'** refers to all nonacademic admission criteria that are essential to participation in the program in question.
- **Liaison Committee on Medical Education**
  - **10.5 Technical Standards:**
- *A medical school develops and publishes technical standards for the admission, retention, and graduation of medical students, in accordance with legal requirements.*

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Organic vs. Functional Standards

- ***Organic Technical Standards*** focus on ***how*** a student goes about completing a task, over the skill-based competency.

    - **Example:** must be able to *hear, see, speak clearly*, and
    - be able to *stand* for long periods of time and move in tight spaces.

- ***Functional T*echnical Standards** focus on the students' ***abilities*,** with or without the use of accommodations or assistive technologies.

Kezar, Laura B. MD; Kirschner, Kristi L. MD; Clinchot, Daniel M. MD; Laird-Metke, Elisa JD; Zazove, Philip MD; Curry, Raymond H. MD Leading Practices and Future Directions for Technical Standards in Medical Education, Academic Medicine: April 2019 - Volume 94 - Issue 4 - p 520-527
doi: 10.1097/ACM.0000000000002517

A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities . CME Report 4-A-20. Council on Medical Education of the American Medical Association; 2020.

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My Experience

- Lived experience driver of deciding to enter medicine
- Reviewing TS was important consideration

Technical Standards in MedEd

- 84% of TS were posted on schools' websites
  - only about half (58%) were easy to locate.
- 49% **did not** clearly state accommodation policies
- 40% allowed auxiliary aids
  - (e.g., motorized scooter)
- < 10% allowed intermediaries
  - (e.g., sign language interpreter)

Zazove P, Case B, Moreland C, et al. U.S. medical schools' compliance with the Americans with Disabilities Act: Findings from a national study. Acad Med. 2016;91:979–986.

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Technical Standards Not Improving

- 73% of technical standards from newly established fifteen MD and DO granting medical schools remained elusive online.
- Only 13% included language that supported disability accommodations
- 73% used technical standards language that were coded as ‘restrictive’ for students with physical or sensory disabilities.

Stauffer C, Case B, Moreland CJ, Meeks LM. Technical Standards from Newly Established Medical Schools: A Review of Disability Inclusive Practices. J Med Educ Curric Dev. 2022 Jan 10;9:23821205211072763. doi: 10.1177/23821205211072763. PMID: 35036566; PMCID: PMC8753067.

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Guidance

- **AMA (2022):** That our American Medical Association (AMA) urge that all medical schools and graduate medical education (GME) institutions and programs create, review, and revise technical standards, ***concentrating on replacing "organic" standards with "functional" standards that emphasize abilities rather than limitations***, and that those institutions also disseminate these standards and information on how to request accommodations for disabilities in a prominent and easily found location on their websites.
- **AAMC (2018):** Review and revise technical standards in light of current promising practices. Follow LCME Element 10.5, which states that medical schools should develop and publish technical standards for the admission, retention, and graduation of applicants or medical students with disabilities in accordance with legal requirements. Follow Office of Civil Rights (OCR) recommendations on making technical standards available to applicants and students. Ensure that technical standards rely on current technology and medical standards. Give careful consideration to what is truly essential.

A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities . CME Report 4-A-20. Council on Medical Education of the American Medical Association; 2020.

Meeks, LM, Jain, NR. Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities. Association of American Medical Colleges; 2018. https://store.aamc.org/accessibility-inclusion-and-action-in-medical-education-lived-experiences-of-learners-and-physicians-with-disabilities.html

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Technical Skills vs. Core Competencies

- Technical Skills are the skills you need BEFORE entering medicine, and the skills presumed to be needed to learn and develop the skills in medicine.
- Core Competencies are the measurable skills you learn AFTER you matriculate that you need to master to persist and graduate from medical school.

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Inclusion, not Exclusion

- **Eligibility criteria.**

(a) General.

(b) A public accommodation shall not impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any goods, services, facilities, privileges, advantages, or accommodations, unless such criteria can be shown to be necessary for the provision of the goods, services, facilities, privileges, advantages, or accommodations being offered.

- **28 CFR 36.301**

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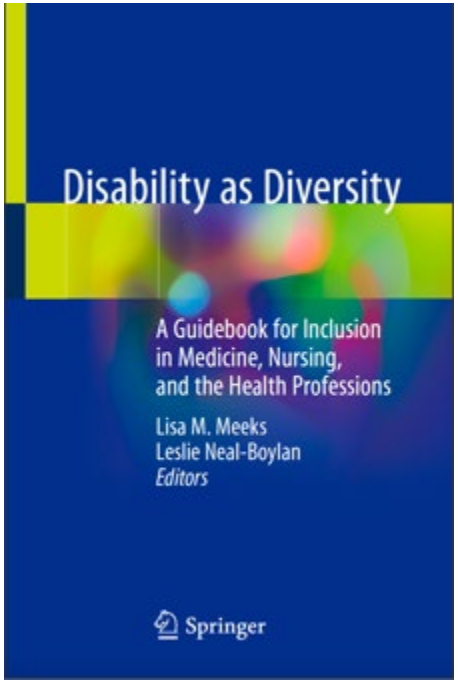
Resources for Improving Technical Standards



https://bit.ly/AAMCTechStandards

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Discuss the need to enhance connections between well-being, mental health and disability supports.

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Rates of Depression/Depressive Symptoms

Medical Students*	Residents**
27.2%	20-43%

*Rotenstein LS, Ramos MA, Torre M, et al. Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis. *JAMA.* 2016;316(21):2214–2236. doi:10.1001/jama.2016.17324

**Mata DA, Ramos MA, Bansal N, et al. Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis. *JAMA.* 2015;314(22):2373–2383. doi:10.1001/jama.2015.15845

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JAMA Network™

From: **Assessment of Disclosure of Psychological Disability Among US Medical Students**

JAMA Netw Open. 2020;3(7):e2011165. doi:10.1001/jamanetworkopen.2020.11165

Table 2. Frequency of Students Registered With Psychological Disability, 2019 | Medical Schools

Characteristic	Students, No.[a]	Students with disabilite % (95% CI) (n = 2189)[b]
Overall psychological disability	675	30.8 (28.9-32.8)
Adjustment disorder	14	0.6 (0.4-1.1)
Anxiety disorder	379	17.3 (15.8-19.0)
OCD	35	1.6 (1.1-2.2)
PTSD	44	2.0 (1.5-2.7)
Bipolar disorder	36	1.6 (1.2-2.3)
Depressive disorder	128	5.8 (4.9-6.9)
Eating disorder	13	0.6 (0.3-1.0)
Cognitive disorder	21	1.0 (0.6-1.5)
Schizophrenia	3	0.1 (0.04-0.4)
Other	18	0.8 (0.5-1.3)

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JAMA Network™

From: **Program Access, Depressive Symptoms, and Medical Errors Among Resident Physicians With Disability**

JAMA Netw Open. 2021;4(12):e2141511. doi:10.1001/jamanetworkopen.2021.41511

Table 1. Demographic, Academic, and Disability Characteristics of Study Participants

Disability-related characteristics	
Type of disability	
ADHD	65 (67.7)
Chronic health conditions	14 (14.6)
Deaf or hard of hearing	5 (5.2)
Learning disability	4 (4.2)
Mobility disability	1 (1.0)
Psychological disability[f]	4 (4.2)
Visual disability	3 (3.1)
Accommodation status	
Residency provided accommodation	31 (32.3)
I have not requested because I feel I do not need accommodation	51 (53.1)
My request for accommodations was denied	1 (1.0)
My request for accommodation is under review	0
I have not requested accommodation for other reasons	13 (13.5)

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Defaulting to a Leave of Absence (Privilege)

- **Exacerbate mental health symptoms and begin a downward spiral that includes:**
  - Loss of health insurance (and losing their ability to see their current mental health team),
  - Isolation from their peer group who serve a source of support, loss of schedule/structure
  - Amplified feelings of shame
  - Disconnect from engagement with meaningful work.
  - Loss of financial aid or salary income.

Default to LOA reinforces stigma signaling that someone with depression is incapable of engaging in medical training and must leave the program, only to return when they are well.

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Lack of Access to (and fear of) Documentation

Research Letter

FREE

May 18, 2021

Consistency Between State Medical License Applications and Recommendations Regarding Physician Mental Health

Daniel Saddawi-Konefka, MD, MBA[1]; Ariel Brown, PhD[2]; Isabella Eisenhart, BS[2]; Katharine Hicks, BA[2]; Eileen Barrett, MD, MPH[3]; Jessica A. Gold, MD, MS[4]

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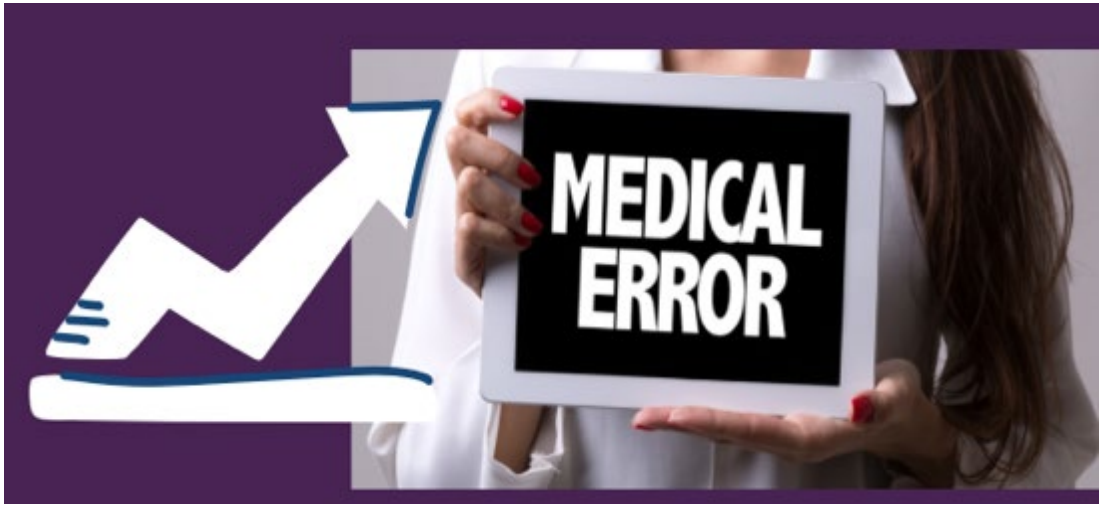
Access Needs Not Met



Meeks LM, Pereira-Lima K, Frank E, Stergiopoulos E, Ross KE, Sen S. Program Access, Depressive Symptoms, and Medical Errors Among Resident Physicians With Disability. *JAMA Netw Open.* 2021;4(12):e2141511. doi:10.1001/jamanetworkopen.2021.41511

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Improving the Connection to Disability Supports

- Hire a qualified, skilled, disability resource professional
- Train mental health support personnel about disability-related supports and accommodations
  - Including:
    - That mental health diagnosis may be eligible for accommodation under the Americans with Disabilities Act
    - An understanding of appropriate and reasonable accommodations at the UME and GME levels
- Develop a well-integrated and seamless referral system
- Do not default to a LOA

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Outline actionable steps for improving access in training programs.

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Next Steps:

- Engage in Exercise 1 and 2
- Review Structural Barriers
    - Including Messaging
- Review Technical Standards
- Review Connection between Mental Health and Disability Teams
- Engage with Resources

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Resources UME-AAMC Webinars

Disabilities Webinar Series

- Supporting Your Students' Request for Accommodations on High Stakes Exams
- Accommodating Students with Psychological Disabilities
- Disclosure at All Points, UME and GME: Guidance on Disability Disclosure for Learners
- Q & A Disabilities Webinar
- Creating a Balance: Professionalism, Communication, and Students with Disabilities
- Putting it in Writing: The Value of Creating Clear and Effective Policies for Students with Disabilities
- Clinical Accommodations: Upholding Standards While Creating Equal Access
- Separating Fact from Fiction: Debunking Disability Myths and Addressing Legitimate Concerns
- Disability Law 101: What Faculty Need to Know About Student Accommodations
- Helping Medical Schools Assist Students with Disabilities: An Introduction to The Coalition for Disability Access in Health Science and Medical Education

https://bit.ly/AAMCDisabilityWebinars

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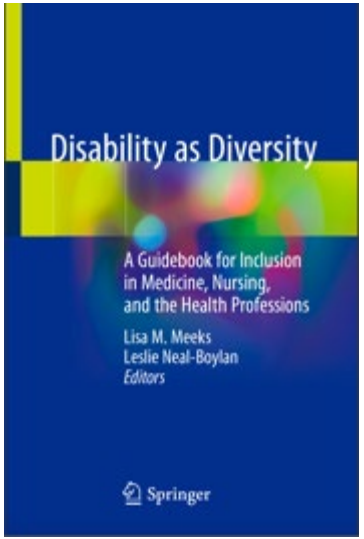
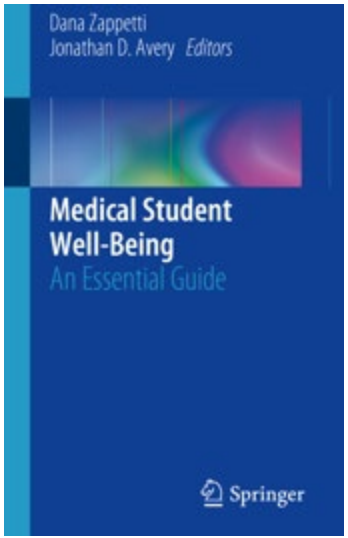
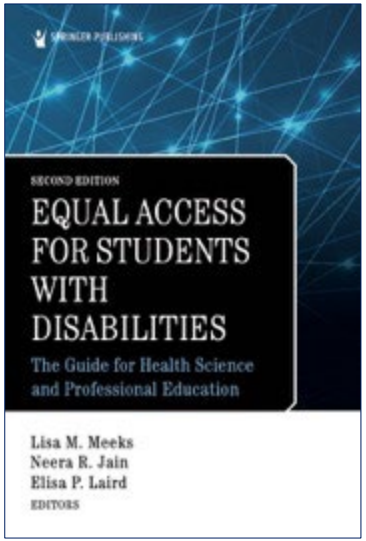
Resources: UME and GME Books/Reports







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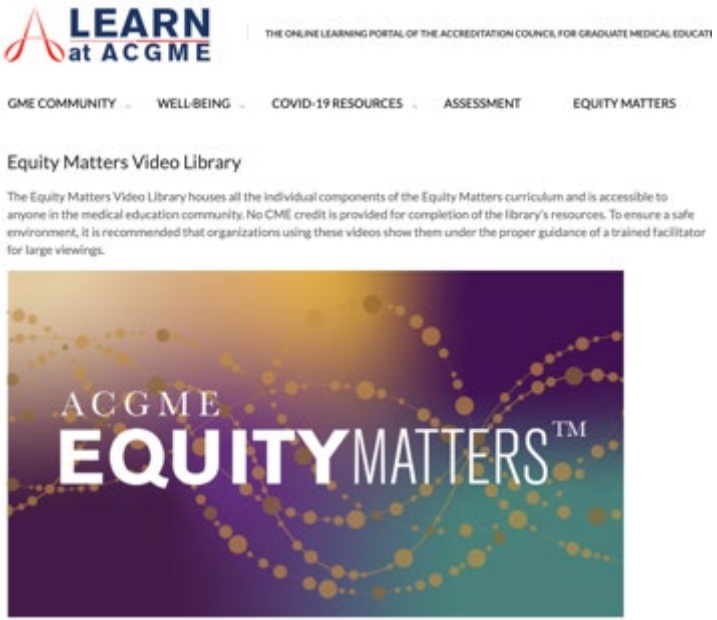
Resources-GME (JUNE 1st)



https://bit.ly/ACGMEDisability

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Resources: DocsWithDisabilities Initiative

https://www.docswithdisabilities.org/digme

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Training: Coalition for Disability Access in Health Science Education

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Questions