AMA Innovations in Medical Education Webinar Series

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

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Sharad Jain, MD
Lisa Meeks, PhD
Samantha Schroth

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Today’s Host

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American Medical Association

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Obstetrics and Gynecology
University of Michigan Medical School

@Maya_Michigan
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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University of Michigan Medical School
Director, Docs With Disabilities Initiative
Sharad Jain, MD
Associate Dean for Students
Professor of medicine
UC Davis School of Medicine
Presenter

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MD/PhD candidate, G3
Northwestern University Feinberg School of Medicine
Presenter

Justin Bullock, MD, MPH

Resident Physician, Internal Medicine
University of California, San Francisco
What is your primary responsibility in education?

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

• **Trainees:** Medical Students and Residents

• **Disability Category:**
  • Psychological
  • ADHD
  • Learning
  • Chronic Health
  • Mobility
  • Sensory
  • Multiple

• **Disability Language:**
  • Disabled
  • Person with a disability
Best practices for structuring disability disclosure and accommodation decision-making in UME and GME
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://www.aamc.org/professional-development/affinity-groups/gsa/webinars
https://dl.acgme.org/learning-paths/equity-matters-video-library
Non-Disclosure of Trainees

MD Students
7.5% → 4.6%

Residents
7.5% → 2.5%
Disincentivizing Disclosure

• Fear of:
  • Bias
  • Stigma
  • Shame

• Structural barriers including:
  • Poor messaging
  • Lack of transparency
  • Uninformed decision-making
  • Burdensome arduous processes
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.
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?
## Table 2. Elements of disability policy (out of 32)

<table>
<thead>
<tr>
<th>Element</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of confidentiality of documents regarding disability and accommodations</td>
<td>17 (34)</td>
</tr>
<tr>
<td>Inclusion of encouraging language</td>
<td>12 (24)</td>
</tr>
<tr>
<td>Clear procedures for disclosing disabilities and requesting accommodations</td>
<td>19 (59)</td>
</tr>
</tbody>
</table>

## Table 3: GME programs’ main contact for disclosing disability

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

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)
Barrier: Conflicts of Interest

- Evaluative Role
- Reviewing Confidential Documents
- Committee Review
- Writing MSPE or residency letter
Resident/Student  →  DRP  →  Faculty/Program Director

INFORMED
UME Disability Disclosure Concerns

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

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0266685
Barriers: Burdensome Process

• Limiting hours for seeking assistance,
• Requiring multiple meetings; or
• Taking more than 2 weeks to adjudicate disability decisions.
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)?
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
Describe the differences between technical standards and essential functions and how they can and cannot be used to evaluate trainees with a disability.
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.
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 Technical 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

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)

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.

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.


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.
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
Resources for Improving Technical Standards

Discuss the need to enhance connections between well-being, mental health and disability supports.
Rates of Depression/Depressive Symptoms

Medical Students*  27.2%

Residents**  20-43%


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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Students, No.</th>
<th></th>
<th>Students with disability % (95% CI) (n = 2189)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall psychological disability</td>
<td>675</td>
<td></td>
<td>30.8 (28.9-32.8)</td>
</tr>
<tr>
<td>Adjustment disorder</td>
<td>14</td>
<td></td>
<td>0.6 (0.4-1.1)</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>379</td>
<td></td>
<td>17.3 (15.8-19.0)</td>
</tr>
<tr>
<td>OCD</td>
<td>35</td>
<td></td>
<td>1.6 (1.1-2.2)</td>
</tr>
<tr>
<td>PTSD</td>
<td>44</td>
<td></td>
<td>2.0 (1.5-2.7)</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>36</td>
<td></td>
<td>1.6 (1.2-2.3)</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>128</td>
<td></td>
<td>5.8 (4.9-6.9)</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>13</td>
<td></td>
<td>0.6 (0.3-1.0)</td>
</tr>
<tr>
<td>Cognitive disorder</td>
<td>21</td>
<td></td>
<td>1.0 (0.6-1.5)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>3</td>
<td></td>
<td>0.1 (0.04-0.4)</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td></td>
<td>0.8 (0.5-1.3)</td>
</tr>
</tbody>
</table>
### Disability-related characteristics

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>65 (67.7)</td>
</tr>
<tr>
<td>Chronic health conditions</td>
<td>14 (14.6)</td>
</tr>
<tr>
<td>Deaf or hard of hearing</td>
<td>5 (5.2)</td>
</tr>
<tr>
<td>Learning disability</td>
<td>4 (4.2)</td>
</tr>
<tr>
<td>Mobility disability</td>
<td>1 (1.0)</td>
</tr>
<tr>
<td>Psychological disability$^f$</td>
<td>4 (4.2)</td>
</tr>
<tr>
<td>Visual disability</td>
<td>3 (3.1)</td>
</tr>
</tbody>
</table>

### Accommodation status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency provided accommodation</td>
<td>31 (32.3)</td>
</tr>
<tr>
<td>I have not requested because I do not need accommodation</td>
<td>51 (53.1)</td>
</tr>
<tr>
<td>My request for accommodations was denied</td>
<td>1 (1.0)</td>
</tr>
<tr>
<td>My request for accommodation is under review</td>
<td>0</td>
</tr>
<tr>
<td>I have not requested accommodation for other reasons</td>
<td>13 (13.5)</td>
</tr>
</tbody>
</table>
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.
Lack of Access to (and fear of) Documentation
Access Needs Not Met

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
Outline actionable steps for improving access in training programs.
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
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

Resources: UME and GME Books/Reports
Resources-GME (JUNE 1st)

Resources: DocsWithDisabilities Initiative

https://www.docswithdisabilities.org/digme
Training: Coalition for Disability Access in Health Science Education

Symposium Registration OPEN

The Coalition Symposium will be in person this year - and co-located with the AHEAD Conference in July in Cleveland, Ohio! But in a reduced manner as we re-enter life post pandemic.

DATE: JULY 18TH-19TH

This year brings exciting new sessions, with advanced session options.

Given the smaller event, we can only register 100 participants.

REGISTER NOW
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Questions