AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 8
(I-25)

Introduced by: Anthony Sean de Leon, MD

Subject: Stronger Recognition and Promotion of Accommodations for Neurodivergent Learners

Referred to: Reference Committee

Whereas, neurodivergency refers to the idea that some people have differences in their brains that manifest as a different profile of strengths and needs for processing, learning, and behaving – neurodivergent people usually identify as having autism, attention-deficit hyperactivity disorder (ADHD), dyslexia, dyscalculia, and/or dyspraxia[1,2]; and

Whereas, accommodation refers to ways that accept the differences or challenges in a person's neurocognitive processing and give them tools to succeed – accommodation offices at institutions provide individualized adjustments and resources for neurodivergent medical students, residents, and fellows to achieve the essential functions of their role; and

Whereas, there is no explicit standard or consensus across ACGME and LCME programs that direct how programs should assist neurodivergent learners; and

Whereas, increasing representation of physicians with disabilities is associated with improved patient care, especially for patients with disabilities who report worse quality of life versus patients without disabilities[3]; and

Whereas, team diversity is associated with improved patient and financial outcomes[4]; and

Whereas, the Association of American Medical Colleges (AAMC) published a 2018 report that noted at least 30% of interviewed medical students, residents, and physicians with disabilities self-reported ADHD, autism, and/or a learning disability[5]; and

Whereas, the AAMC 2019 National Sample Survey of Physicians found that among the 3.1% of practicing physicians with disabilities, 10.4% [95% CI, 5.9-14.9%] self-reported adult ADHD and 2.6% [95% CI, 0.2-4.9%] reported a learning disability[6]; and

Whereas, in the 2021-2022 University of Michigan Intern Health Study, 11.8% of first-year resident physicians self-reported at least 1 disability, and among the 48.0% respondents with disability who reported needing accommodations, 50.6% did not request accommodations because of stigma or bias (50.6%), lack of a clear institutional process (23.8%), and lack of documentation (11.9%)[7,8]; and

Whereas, approximately 0.9 to 24% of medical students have ADHD and approximately 0.06-4% of resident physicians have ADHD[9]; and

Whereas, of residents and fellows referred for remediation at the University of Virginia, 20% have ADHD, with 26% being diagnosed during or after medical school, and the most common

challenges included professionalism (69%), organization/efficiency (63%), and medical knowledge (46%)[10]; and

Whereas, the Intern Health Study, a multispecialty prospective cohort initiated in 2020 with 2,472 first-year residents, found that 7.5% of participants had a self-reported disability and, of those with "program access needs" not met, had a significant increase in PHQ-9 scores compared with residents not self-reporting a disability[11]; and

Whereas, there are case reports of neurodivergent learners struggling to get appropriate accommodations for day-to-day work and standardized testing;[12-14] and

Whereas, program directors recognize that the stigma associated with neurodivergency impedes learners from seeking accommodations and, by extension, impedes the achievement of a diverse and inclusive physician workforce[15]; and

Whereas, there are groups that represent, advocate for, and support neurodivergent physicians, including the Autistic Doctors International, Docs with Disability Initiative, Society for Physicians with Disabilities, the Stanford Medicine Alliance Disability Inclusion Equity (SMADIE), and the AAMC (who has an article titled "Disability and Accessibility in Academic Medicine");[16] and

Whereas, although AMA policy H-90.062 addresses support for "research toward the evaluation and the development of interventions and programs for autistic individuals[,]" current AMA language does not mention neurodivergence in physician learners (medical students, residents, and fellows), who are major stakeholders that counter the stigma associated with neurodivergence especially from the discredited assertion that "vaccines cause autism"; and therefore be it

RESOLVED, that our AMA recognizes and promotes more explicitly transparent and learner-centered processes for neurodivergent learners seeking accommodations including but not limited to: (1) emphasizing that each learner has unique strengths and needs that require shared decision-making to ensure the most appropriate accommodations; (2) providing or directing AMA members to education and resources on how to teach, work with, and/or evaluate neurodivergent learners, and (3) advocating for programs, in cooperation with their institution's accommodation offices, to proactively identify and incorporate resources that facilitate support for neurodivergent learners (e.g., neuropsychologists, occupational therapists (OT), speech and language pathology (SLP) therapists, Disability Resource Professionals (DRPs).

Fiscal Note: Moderate

References:

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RELEVANT RFS POSITION STATEMENTS

60.002R A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities That our AMA-RFS support working with relevant stakeholders to study available data on medical trainees with disabilities and consider revision of technical standards for medical education programs. (Resolution 11, A-18)

260.008R Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education
That our AMA-RFS support: (1) the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care – without regard to their gender, sexual orientation, race, religion, disability, ethnic origin, national origin or age...(Resolution 5, A-05) (Reaffirmed Report E, A-16) (Reaffirmed Report D, I-16)

294.014R Americans with Disabilities Act and Resident Training Files
That our AMA-RFS support working with appropriate entities to ensure that all residency program directors and department chairs are advised of the Americans with Disabilities Act (ADA) and its legal ramifications pursuant to disclosure of training files. (Resolution 7, A-95) (Reaffirmed Report C, I-05) (Reaffirmed Report E, A-16)

RELEVANT AMA POLICY

Amendment to E-9.3.2, Physician Responsibilities to Colleagues with Illness, Disability or Impairment H-140.825
[…]While some conditions may render it impossible for a physician to provide care safely, with appropriate accommodations or treatment many can responsibly continue to practice, or resume practice once those needs have been met. In carrying out their responsibilities to colleagues, patients, and the public, physicians should strive to employ a process that distinguishes conditions that are permanently incompatible with the safe practice of medicine from those that are not and respond accordingly.[…]
j. Advocating for supportive services, including physician health programs, and accommodations to enable physicians and physicians-in-training who require assistance to provide safe, effective care. [CEJA Rep. 3, A-22]

Caring for Neurodivergent Patients H-90.962
1. Our American Medical Association supports research toward the evaluation and the development of interventions and programs for autistic individuals. 2. Our AMA will work with relevant stakeholders to advocate for a comprehensive spectrum of primary and specialty care that recognizes the diversity and personhood of individuals who are neurodivergent, including people with autism. [Res. 706, A-23]

Advocacy for Physicians with Disabilities D-90.991
1. Our American Medical Association will identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable physicians with disabilities to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration. 2. Our AMA supports physicians and physicians-in-training education programs about legal rights related to

accommodation and freedom from discrimination for physicians, patients, and employees with disabilities. [Res. 617, A-19; Reaffirmed: CME Rep. 2, I-21; Modified: BOT Rep. 19, I-21]

Evaluate Barriers to Medical Education for Trainees with Disabilities D-90.990
1. Our American Medical Association urges 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.
2. Our AMA urges all medical schools and GME institutions to:
a. Make available to students and trainees a designated, qualified person or committee trained in the application of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and available support services. b. Encourage students and trainees to avail themselves of any needed support services. c. Foster a supportive and inclusive environment where students and trainees with disabilities feel comfortable accessing support services[…]. [CME Rep. 2, I-21; Appended - BOT Action in response to referred for decision: Res. 314, A-21; Appended: Res. 302, I-23]

Advocacy for Physicians and Medical Students with Disabilities D-615.977
Our AMA will: (1) establish an advisory group composed of AMA members who themselves have a disability to ensure additional opportunities for including physicians and medical students with disabilities in all AMA activities; (2) promote and foster educational and training opportunities for AMA members and the medical community at large to better understand the role disabilities can play in the healthcare work environment, including cultivating a rich understanding of so-called invisible disabilities for which accommodations may not be immediately apparent; (3) develop and promote tools for physicians with disabilities to advocate for themselves in their own workplaces, including a deeper understanding of the legal options available to physicians and medical students to manage their own disability-related needs in the workplace; and (4) communicate to employers and medical staff leaders the importance of including within personnel policies and medical staff bylaws protections and reasonable accommodations for physicians and medical students with visible and invisible disabilities. [BOT Rep. 19, I-21]