Exploring the Barriers to Inclusion for Medical Trainees with Disabilities: A Webinar Series

Barriers and Belief Systems: Medical Education for Learners with Disabilities

June 7, 2022
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President
Josiah Macy Jr. Foundation
Preview of Webinar

- Macy background
- Conference recommendations
- Prevalence of students with disabilities in medical education
- Barriers to inclusion for students
- Elements needed for a successful learning environment
- Discussion
- Follow up
Conference Overview:

Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments

• Conference Recommendations: https://macyfoundation.org/publications/conference-summary-eliminating-bias-discrimination

• 44 leaders in health professions education, health care delivery, learners, and educational accreditors

• Four commissioned papers and three case studies

• Final product reviewed and approved by all conferees
Relevant Conference Recommendations

I. Develop, assess, and improve systems to mitigate harmful biases and to eliminate racism and all other forms of discrimination.
   I. Leaders of health professions schools should review their technical standards for learner performance, ensuring that they reflect a commitment to diversity, equity, and inclusion. These standards should seek equity in learning environments for health professions students who are living with disabilities. On academic health center campuses, this should be an interprofessional effort (i.e., it should engage all health professions schools in updating technical standards across the board).

II. Increase the numbers of health professions students, trainees, faculty, and institutional administrators and leaders from historically marginalized and excluded populations.
List of Webinars

Exploring the Barriers to Inclusion: A Three-Part Series

• Barriers and Belief Systems: Entering Medical Education for Learners with Disabilities

• Barriers and Belief Systems: Evaluating Trainees with Disabilities
  July 12, 2022 at 3:00 pm ET

• Barriers and Belief Systems: Physicians with Disabilities in Medicine
  July 26, 2022 at 3:00 pm ET
Learning Objectives:

L1. Describe the prevalence of students with disabilities in medicine and the benefits of training disabled physicians with disabilities.

L2. Identify the barriers for medical students with disabilities, particularly at points of transition including entry to medical school and residency.

L3. Characterize factors and elements needed to connect admissions-driven efforts to learning environment engagement for students with disabilities.
language

pairs.

speaking or writing by a group of people.
Physicians with Disabilities

- Increased Empathy
- Inform patient care
- Facilitate shared decision making
- Contribute to innovation
- Practice concordant medicine
- Enter primary care
People with Disabilities

8.3% Medical Training

7.5% Medical Training

3.1% Practice
Barriers To Inclusion AAMC Report (2018)

<table>
<thead>
<tr>
<th>Structural</th>
<th>Cultural</th>
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<tbody>
<tr>
<td>• Uninformed DRP</td>
<td>• Bias</td>
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<td>• Lack of transparency</td>
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<td>• Burdensome arduous processes</td>
<td>• Negative Peer Attitudes</td>
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<td>• Technical Standards</td>
<td>• Restricted Views of Disability</td>
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Ableist Beliefs

Structural

• Poor messaging | Lack of messaging
• Lack of transparency
• Uninformed decision-making | Structures of Disclosure | Conflicts of Interest
• Lack of Accommodations on Board Exams
• Burdensome arduous processes
• Threats of Professionalism Citations for Disclosing Disability
• Failure to connect Disability and Mental Health Supports | Defaulting to LOA’s | Fitness for Duty Evaluations

Cultural

• Bias
• Stigma
• Shame | Bullying | Misinformation
Ableism

“Discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. At its heart, ableism is rooted in the assumption that disabled people require ‘fixing’ and defines people by their disability. Like racism and sexism. Ableism classifies entire groups of people as less than, and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.”
“What if we don’t have the resources to support the student?”

“It’s really not fair of us to accept them and then have them not match”

“It’s really inspirational what they’ve accomplished, but medical school is just so hard”

“Can they even be a Doctor if they have a disability?”
Is this reasonable? How will we accommodate?
Examination of Medical College Admission Test Scores and US Medical Licensing Examination Step 1 and Step 2 Clinical Knowledge Scores Among Students With Disabilities

Joel Purkiss, PhD; Melissa Plegue, MA; Christina J. Grabowski, PhD; et al.


The Performance and Trajectory of Medical Students With Disabilities: Results From a Multisite, Multicohort Study


Affiliations + expand

PMID: 34817411  PMCID: PMC8855952  DOI: 10.1097/ACM.0000000000004510

Free PMC article
Welcome to your Anti-Ableist Training Module
No Discrimination
Table 1.

Manuscripts to date on the topic of technical standards in medical education.

<table>
<thead>
<tr>
<th>ARTICLES</th>
<th>AUTHORS</th>
<th>YEAR PUBLISHED</th>
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<tr>
<td>Beyond Technical Standards: A Competency-Based Framework for Access and Inclusion in Medical Education</td>
<td>Curry, Meeks, and Iezzoni</td>
<td>2020</td>
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<td>Leading Practices and Future Directions for Technical Standards in Medical Education</td>
<td>Kezar et al</td>
<td>2019</td>
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<tr>
<td>The Americans With Disabilities Act, Reasonable Accommodations, and Medical Education</td>
<td>Pavlik et al</td>
<td>2019</td>
</tr>
<tr>
<td>Removing Barriers and Facilitating Access: Increasing the Number of Physicians With Disabilities</td>
<td>Meeks, Herzer, and Jain</td>
<td>2018</td>
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<tr>
<td>U.S. Medical Schools’ Compliance With the Americans With Disabilities Act: Findings From a National Study</td>
<td>Zwire et al</td>
<td>2016</td>
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<td>Medical schools’ wiUing! less to accommodate medical students with sensory and physical disabilities: Ethical foundations of a functional challenge to “organic” technical standards</td>
<td>McKee et al</td>
<td>2016</td>
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<td>Technical Standards and Lawsuits Involving Accommodations for Health Professions Students</td>
<td>Samuel R. Bagenstos, JD</td>
<td>2016</td>
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<tr>
<td>Technical Standards and Deaf and Hard of Hearing Medical School Applicants and Students: Interrogating Sensory Capacity and Practice Capacity</td>
<td>Michael Argenyi, MD</td>
<td>2016</td>
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<td>Learning from Physicians with Disabilities and Their Patients</td>
<td>DeLisa and Lindenthal</td>
<td>2016</td>
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<tr>
<td>Unjustified Barriers for Medical School Applicants with Physical Disabilities</td>
<td>Stanley F. Wainapel, MD, MPH</td>
<td>2015</td>
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<tr>
<td>Technical requirements to become an osteopathic physician</td>
<td>Mark Sandhouse</td>
<td>2014</td>
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<tr>
<td>Reflections on Diversity and Inclusion in Medical Education</td>
<td>DeLisa and Lindenthal</td>
<td>2012</td>
</tr>
<tr>
<td>North American Medical Schools’ Experience With and Approaches to the Needs of Students With Physical and Sensory Disabilities</td>
<td>Eickmeyer, Do, Kirschner, and Curry</td>
<td>2012</td>
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<tr>
<td>Technical Standards for Admission to Medical School: Deaf Candidates Don’t Get No Respect</td>
<td>Michael Schwartz</td>
<td>2009</td>
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<tr>
<td>Physicians with Disabilities and the Physician Workforce: A need to Reassess Our Policies</td>
<td>DeLisa and Thomas</td>
<td>2005</td>
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<tr>
<td>Technical standards for the education of physicians with physical disabilities: perspectives of</td>
<td>Van Matre, Nampiaparampil, Curry, and Kirschner</td>
<td>2004</td>
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BARRIER TO ENTRY
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.
My Experience

• Lived experience driver of deciding to enter medicine

• Reviewing TS was important consideration
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.
No Improvement

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.
“Students must be able to communicate effectively and sensitively with patients and their families, as well as with all members of the health care team in a variety of different settings. Communication includes speaking, reading, writing, and perceiving nonverbal communication and interpretation of patient monitoring devices. Students must communicate effectively and efficiently in both oral and written English. They must be able to accurately elicit, comprehend, interpret, transmit and record information regarding all features of a patient’s physical and emotional status. As members of the health care team, students must be able to provide audible and intelligible verbal information in urgent and semi-urgent situations, and respond immediately and appropriately to verbal communication, even in unpredictable and chaotic clinical settings.”
But then...

Students must have the ability to **respond without assistance to alarms and other warning signals** in patient care areas.

Ableist informed

> 30 years of DHOH Physicians
“Students must exhibit interpersonal skills that enable effective patient care; this requires accurate evaluation of patients’ history, medical conditions, and the context of their care. Students must be able to record information clearly and accurately and interpret patients’ verbal and nonverbal communication. Students must demonstrate effective communication, participation, and collaboration with all members of a multidisciplinary health care team, patients, and those supporting patients, in person and in the written record.”
Aligning Technical Standards with 21st Century Medical Education - October 28

Technical Standards

technical standards are online technical standards. The term "technical standards" refers to a set of technical standards that are essential to the education and training of medical students. These standards are designed to ensure that medical students receive a comprehensive education in all aspects of medical practice. The standards cover a wide range of topics, including patient care, medical ethics, and research methods.

Learning Objectives:

At the end of this webinar, participants will be able to:

- Understand the intended use of technical standards, legal and accreditation requirements for technical standards, and critical elements of inclusive technical standards.
- Apply the information and resources to the review of programs' technical standards.
- Engage relevant institutional stakeholders to revise an updated set of technical standards that reflect recent advancements and inclusive language.

Please use Google Chrome, Firefox, Edge or Safari on this registration site. Internet Explorer will not function properly as it is too old to be compatible with the registration system.
Experiences, Perceptions and Belief Systems Drive Policy and Practice
Recommendations

- Conduct a self evaluation using the AAMC considerations appendix in the back of the report.

- Join the Coalition for Disability Access in Health Professions Education to be part of a community of DRP’s and faculty focused on this topic.

- Join the newly established DIGME listserv, a community of GME stakeholders seeking information and support to make informed decisions in the training space.

- Avail yourself of the resources, all of which are free, and a click (or two) away.

- Avoid the “front of the house/back of the house issue” by training your academic leaders at all tiers so they can set the expectations for their division.

- Know and publish the process for disclosing disability and requesting accommodation. Make it easy for learners to find.

- Embrace that you don’t know what you don’t know and ask.
Please use the Q & A function to ask questions

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