Ensuring Access and Inclusion of Health Professional Learners with Disabilities in Clinical Learning Environments
Learning Objectives:

Participants will be able to:

• To identify accessibility barriers in health professions education and clinical learning environments

• To identify effective mechanisms for improving disability access in clinical education

• To evaluate and address individual training programs to improve access and inclusion of all learners.
Our Time Together

- Introduction of Trainees
- Review of Research Findings, and Ableism
- Head to Breakout Room of Choice
- 20 Minutes in Breakout Room (Barriers/Facilitators/Belief Systems)
- Discuss 2021 AMA Report Recommendations
- How will you be a change agent for DEI and A * Access?
Our Day Together

12:00
- Introduction of Speakers

12:10
- Keynote Address: Dr. Jennifer Arnold

12:15
- Introduction of topic, goals, and objectives

12:10 PM - 1:20 PM
- Hospital policies for “learners.”

1:00 PM
- Personal account of the accommodation process at BCH

1:05 PM
- Welcome back, Breakout Groups

1:10 PM - 1:20 PM
- Break

1:45 PM
- Q/A

2:30 PM
- Keynote Address 2: Dr. Lisa M Meeks
Our Trainees

- Noa/LD
- Michael/Psych
- Molly/Physical
- Zola/Chronic Health
Noa

Noa is a learner in your program with a learning disability. Noa comes from an Asian background/culture, identify as gender queer, and use they/them/their pronouns. They are getting ready to enter the clinical portion of your training program. What concerns do you have about Noa and potential barriers they may face in the clinical setting.
Michael has a psychological disability, identifies as Black and first generation to college. Michael had to take a leave of absence in his first year after failing a course and having a flare of symptoms. He’s struggled but passed all his courses. Michael meets with his mental health counselor 1x week and uses he/him/his pronouns. He is getting ready to enter the clinical portion of your department’s training program. What are the potential barriers or concerns you have about Michael in the clinical setting.
Zola

Zola (she, her, hers) is a fellow in your department and has epilepsy brought on by stress and exhaustion. She is getting ready to start her first clinical service next week. What concerns do you have about Zola and potential barriers she may face on service?
Molly

Molly is a learner with a physical disability who uses a wheelchair. She has been disabled since childhood and is a paraplegic. Molly comes from a socio-economically disadvantaged background and uses she/her/hers pronouns. Molly is a candidate/applicant for your program and as clinical supervisor you are asked to “weigh in” on potential barriers or concerns in the clinical setting.
Breakout Rooms

- 15 minutes in Breakout Room to Discuss the potential/perceived barriers

- Come back together as a group
Welcome Back!

• Each facilitator will present their barrier list.
Person First or Identity First?
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 portion of your barriers are grounded in ableist belief systems?
Barriers

**Lack of Program Access**
- Lack of Program Access (Meeks, *JAMA open*, 2021)
- Admissions (Meeks and Moreland, *AMA Journ of Ethics*, 2021)
- USMLE Step Exam Process (Meeks, et al., 2022, Acad Med; Petersen et al, 2021, PLOS 1; Jain et al, in process)

**Poor Infrastructure/Policies**
- Failure to properly evaluate failing learners (Patwari et al. *Acad Med*, 2021)
- Fitness for Duty/Trauma (Bullock et al., *Journal of Hospital Med*, 2021)
Culture/Climate

Cultural Barriers to Disclosure (Stergiopoulos et al., *JAMA IM* 2021)

Burnout (Meeks et al., in press)

Learning Environment (Moreland et al, in press)

Belonging (Jain et al., in press)

Mistreatment (Meeks et al, *Health Affairs*, 2022)
In their words
Structural Barriers

ABELISM

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

• Bias
• Stigma
• Shame | Bullying |
• Clinicalized Culture
• Negative Peer Attitudes
• Restricted Views of Disability
• Familial Belief Systems
• Program Access

ABELISM
Failure to Engage in the Interactive Process

• To determine whether an element of the program is essential.
• Must review and deliberate about appropriate reasonable alternatives.
• Must include relevant faculty.

OCR*
Chamberlin School of Nursing (2021) Complaint #04-21-2120
American University of Health Sciences (Nursing) (2020) Compliant # 09-20-2413.
Failure to Accommodate

Failing to make reasonable accommodations (often includes retaliation)

• American University of Health Sciences (Nursing) (2020) Compliant # 09-20-2413.

• University of Colorado Anschutz Medical Campus (Medicine) Complaint #08-21-2156
## Facilitators of Disability Inclusion

**ANTI-ABELISM**

### Structural
- Informed DRP
- Positive messaging | Encouraging Disclosure
- Transparency of Process
- Neutral party to adjudicate decisions
- Timely Process
- Functional Technical Standards

### Cultural
- Welcoming Culture
- Understanding of the value and ability of disabled people
- Affiliation | Support Groups
Develop a Robust Disability Policy

Encourages Disclosure
Speaks to Privacy of Information/Documentation
Identifies ADA representative
Lists documentation requirements
Lists steps in the process for disclosing disability and requesting accommodations
Lists a projected timeline for accommodation review
Encourages early disclosure and states that accommodations are not retroactive
Tells the trainee how to appeal a decision
Follow the Interactive Process

8 Step Process

Step 1: Trainee contacts ADA designee for confidential consult

Step 2: ADA designee reaches out to the program director

Step 3: Documentation to ADA designee confidentially stored

Step 4: PD shares essential functions and potential accommodation

Step 5: PD and ADA designee seek outside consultation if needed

Step 6: ADA designee returns to resident with potential accommodation

Step 7: Program implements approved accommodations respecting resident privacy

Step 8: Re-engage process with ADA designee as needed.
Post Policy Widely

- **Post**
  - Post to website

- **Place in**
  - Place in house staff handbook

- **Review**
  - Review during orientation

- **Place**
  - Place link to policy in match information/invitation
## Include Disability in DEI/JEDI affiliation groups

<table>
<thead>
<tr>
<th>Ensure</th>
<th>Ensure disability is part of your DEI/JEDI language</th>
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<tbody>
<tr>
<td>Highlight</td>
<td>Highlight stories of disabled health professionals</td>
</tr>
<tr>
<td>Invite</td>
<td>Invite disabled scholars and providers to present grand rounds</td>
</tr>
<tr>
<td>Plan</td>
<td>Plan for disability programming across DEI (intersectional identities) and access needs.</td>
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Access is CRITICAL, but so is BELONGING and TRUST
Resources
The DIGME community of practice aims to provide relevant, accessible, educational resources on Disability Inclusion to GME stakeholders and trainees.

https://www.docswithdisabilities.org/digme
Webinar 1: **Barriers and Belief Systems: Medical Education for Learners with Disabilities**

Webinar 2: **Barriers and Belief Systems: Evaluating Trainees with Disabilities**

Webinar 3: **Barriers and Belief Systems: Physicians with Disabilities in Medicine**

AMA Disability Webinar

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

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

Aligning Technical Standards with 21st Century Medical Education

Webinar, October 28th, 2020
Dan Wilkerson, JD
Rahul Palwai, MD
Steven Gay, MD, MS
Lisa M. Meeks, PhD, MA

Docs With Disabilities Initiative

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PODCAST

https://www.docswithdisabilities.org/podcast
Questions