I would like to go ahead and get started now. I'm just going go through some small housekeeping items. The slide deck that we're going to be reviewing will be available online at www.aamc.org/gsa with the full recording including captioning within about two weeks of this presentation. We encourage you to share it with your peers once it's available online. And we also want to remind you that on the right-hand side of the screen there's a question and answer bulletin that you can feel free to ask questions throughout the presentation by typing in that area. And we will take and answer as many questions as we can after the presentation concludes.

We are excited that there are so many of you joining us. And, without further ado, the AAMC and the Group on Student Affairs are thrilled to have found and get to know an amazing cohort of speakers today. And so with us we have Dr. Lisa Meeks, Tim Montgomery, Elisa Laird-Metke, and they'll be running the presentation today. So, without further ado, I'd like to pass the baton on to Lisa Meeks.

Hi. Good morning. Welcome to the first in a series of webinars focused on understanding and assisting and supporting students with disabilities and medical education. Today's topic is "Helping Medical Schools Assist Students with Disabilities: An Introduction to the Coalition for Disability Access and Health Science and Medical Education." And today's we're going to provide you with an overview of the coalition, who we are, what we do, all while giving you a 20,000-foot view of some of the issues that will be covered in future webinars. And I'd like to start by thanking the AAMC for their generous support in developing this webinar series. We can't thank them enough.

So, "I would like to see the day when somebody would be appointed surgeon somewhere who had no hands, for the operative part is the least part of the work." This is a quote by Harvey Cushing, who, ironically, is from Cleveland, Ohio, my favorite city in the entire world. But the reason that we bring this quote to you today is that, from our point of view, the greatest tool a doctor has is their brain, their ability to assess the patient, to synthesize information, and develop a diagnosis and treatment plan. As we move through this webinar series we want to invite you to engage in this webinar and these topics, thinking outside the box when it comes to working with students with disabilities, and to consider that each of us could become disabled at any given time.

So, today, our goals are to introduce medical schools to the coalition, to provide an overview of the prevalence of students with disabilities in medical education, to discuss effective collaboration, and then to discuss the need for disability expertise in medical education. And I'm going to turn it over to Tim.

Thank you so much, Lisa. And welcome to everybody who's in attendance. We appreciate your taking the time out of your busy schedules to participate. And also, again, thank you to the AAMC for collaboration with our group in this project. Much appreciated, and we hope to collaborate with you on many other projects moving forward.

I want to begin this slide by describing what's on the screen. We have three squares at the top in our dark blue, and in the first square the words "University of Chicago" the second square, the letters "UCSF," and the third square, the word "Northwestern." Each square has a grey arrow pointing down towards the center of the paper at the bottom. And in that area there's a dark blue circle with the words "The Coalition."

So about two years ago Lisa contacted me, and we were discussing accommodating a medical student who used a wheelchair. We had a number of discussions on what accommodations were necessary and what accommodation we were able to provide for that student, so we were able to work through those. And then about two months later Lisa contacted me again, and we began to discuss the whole idea of a real void or absence on a national level, that we were aware of, for people to connect to and communicate with around accommodating and providing, facilitating access for students in health sciences and medical programs.

We all know people around the country, so there were little pockets around the country of people that we could all connect to, but there was nothing that we were aware of on a national level. So we reached out to our colleague, Dr. Greg Moorehead from the University of Chicago, and he's also the third cofounder of

the coalition, along with Lisa and myself. So we had a few more discussions with Dr. Moorehead and Lisa and me, and then decided to move forward with that.

We each contacted a few folks around the country and invited them to Chicago a year ago this month. And I'll talk a little bit more about that in a minute. But we were able to communicate and get together with them, collaborate and really begin to move this idea and this group forward. At that first symposium we were able to name ourselves. So we're the Coalition for Disability Access in Health Sciences and Medical Education. And we were also able to create our mission statement. Next slide, please.

So our mission statement that we created you see on the screen. And it really drives every single thing we do. And the main parts of this is we really wanted to be able to, with everything we do, highlight best practices for facilitating access, whatever those were, from around the country, from folks who have been doing this for a lot of years all the way down to disability service providers who are brand new, who may only be in this role for a short period of time or even interim.

So we wanted to have a place and a mission that we would be able to develop those and facilitate access. We also wanted to emphasize research and innovation and advance facilitating and best practices through those. We wanted to be as updated and current as possible with regards to research, what do our students look like, how do they come to us, what are they experiencing when they go through our programs, and the outcomes, what are they doing after they graduate, and really begin to follow our students in some of those area. And Lisa's going to talk about that a little bit more in a minute.

But we really wanted to use research, current, updated research, and also the most current and updated innovative ideas. Who's doing the best practices out there? Who's doing some innovative things that some of us may not even be aware of? So we wanted to really be on the forefront of research and innovation to, again, try to facilitate access in our programs.

And then the third main thing we wanted to accomplish was the ability to share and disseminate those practices and that information, and share our experiences, our expertise, best practices, our legal updates, accommodations people are using, et cetera, et cetera. So our mission is there and it really just drives every single thing that our group does. So we're really kind of proud of it and looking forward to it. Next slide, please.

So I just spoke about the mission and some of the initiatives that we've been working on for this year. And, remember, we've only been in existence formally for one year. Lisa, at our first meeting, has created a listserv. And by the time we met the first time we had about 20 to 25 people on the listserv. Today we have over 120. So we've grown a lot, but we're also still small enough and manageable enough that folks can log on to the listserv and throw out a question about a specific health science and medical program and get some really pointed specific answers and specific guidance about accommodations and best practices and legal guidance and ideas and support. It really is nice that it's small enough that it's focused on only these programs in the health sciences and medicine. So that's grown a lot.

We were able to, Lisa, Greg, and I, were able to, through National Public Radio, NPR, they have a program called "StoryCorps," and there a Disability Visibility Project through that program. And we were able to put together a recording that came out in August of 2014, around accommodating students in health sciences and medical programs, so that's out there. We also – the Disability Compliance for Higher Education. And some of these are not on the screen there, so I'm kind of going through some other things.

Disability Compliance for Higher Education comes out once a month, for folks who don't know. It's a publication and it really just highlights best practices and current issues and struggles and challenges and successes that are going on in higher education in general, along with some legal cases and legal guidance and things like that. So we were able to put together an article for the December 2014 issue called "Network Provides Support for Students in Graduate Health Science and Medical Education." It's on the front page, so you cannot miss it. So I encourage all of you to go back and find that edition and go

ahead and read that. In that article there's information on how to join the listserv and how to join the coalition.

So, again, last April we met for our first symposium. In two weeks we're going -- actually next week we're going to meet again here in Chicago. Last year at the symposium we had about 12, 13, 14 people. This year we have just under 60 people attending. So we're really looking forward to that symposium, and we have some great presentations from OCR and some AT folks are coming in to present about working with assistive technology in health sciences and medicine. And, also, next year, for folks who are part of the coalition, our third annual symposium is going to be held out in San Francisco. So we think it's going to be next April, but we haven't finalized the date just yet. So that's going to be exciting as well. And we hope to grow a little bit more by the time we have our third symposium.

At our first symposium last year, Lisa proposed the whole idea and concept of creating a book or a manual to address, again, accommodating and facilitating access in these programs. So a lot of the folks at the meeting there and on the -- or members of the coalition got together and some authored and some edited and some did both. So we were able to partner with Springer Publishing and create and author and edit a book called "The Guide to Assisting Students with Disabilities: Equal Access in Health Sciences and Professional Education." So we're really excited about that. That's going to come out in August. And at the end of this slide presentation there's going to be a link for our website. You can get more information about buying that book from that link. So if you go to that link you'll see that information. I think right now there's a 20% discount on Amazon if you want to go ahead and purchase it.

I do want to give a shout out, though, to two folks on the webinar today, Lisa and Elisa, and also Neera Jain, our colleague who works at University of New Zealand, for their just countless, countless hours and endless energy in both writing, authoring, and editing our book. It was just unbelievable the amount of time they put in it, and much appreciated to all three of you. And they were able to just move things around and make sure everything was in its place and make sure everything looks great. So we're really proud of that.

This series here is another project we've been able to accomplish. Again, very pleased to work with AAMC on this webinar series. In June, we're also, Lisa and I, are also going to present at the AAMC National Conference in Miami. Lisa and Elisa and I just finished presenting at UPENN, Finding Balance: 14th Annual Disability Symposium last week in Philadelphia. And then I and somebody will be presenting at the AHEAD Conference in July up in Minneapolis. We've also been able to do some research that Lisa's going to talk about shortly.

Moving forward, we really want to being to focus on faculty training, so developing modules or training videos of some sort to help train faculty and educate faculty and medical professionals around disabilities, what they are, what they look like in the academic setting, how we go about our job in trying to accommodate them, and that relationship between our offices and the medical folks. So that's going to be a project we're working on.

We really want to begin to focus in on benchmarking ourselves, to really begin, again, with research to evaluate outcomes for our students and make sure that we're on the most current -- following the most current research and trends so that we're able to facilitate access and support our students in the most current possible way. Again, innovation, the forefront, we want to be on the forefront of using technology of all different kinds, software and equipment, to increase access. And we also want to get to a point where we're both not only creating technology and innovation but also collaborating with other folks in tech companies and software to try to really facilitate access and improve that.

And then the final one on this slide is collaboration. We really, through our group, we want to begin to build a culture of collaboration and support between our disability service offices and faculty, administrators, staff, and students as far as really coming together to collaborate and really figuring out what are the best practices, what are the best ways we can go about accommodating our students and facilitating that stuff. So that's a little bit of some of our initiatives that we have accomplished and some of the things we are going to try to do in the upcoming year. Next slide.

So, again, what is the coalition? We're a group of disability service providers and administrators situated within health sciences and medical education and working towards the common goal. And our common goal, if you refer back to our mission, is really just facilitating access and really trying to figure out ways to get our students to be able to access those programs and participate just the same as everyone else. We also want to focus on facilitating communication between those programs and us. Again, one of the really nice things about the coalition and the listserv is we really have a range of folks, disability service providers, from very experienced, again, like I spoke about earlier, to, often, one person offices and very new or little experience. I think there's even one or two on the listserv that are part time, if you can believe that. So we want to communicate. That's a huge part of what we do, communicate with each other, but also collaborate and communicate with the health sciences and medical program.

Develop best practices, again, through research and benchmarking, making sure we are on the forefront of research and the most current data that we can get. We want to be able to use that data to make our decisions. And then just give support and share that and give support and reinforcement and knowledge and ideas to other disability service providers and, in turn, to medical professionals and health sciences professionals as well. Next slide.

So why is this important? As we all know, the health sciences and medical programs have such specialized, highly specialized, unique, skilled, and technical standards and expectations that are typically not in other areas or other programs. They're really unique to health sciences and medicine. The curriculum includes complex clinical and research components that our students need to really be able to access just the same as all other medical and health sciences students. There's sets of technical standards that students in those programs need to address. Some of them are very similar to one another, but there's often the case that they're very different with regards to whatever program that student might be in. So technical standards for nursing might be very different than tech standards for dental, might be very different than tech standards for pharmacy, et cetera. So our students need to really be able to address those, and we do, too, to find out what those tech standards and what they're requiring students with disabilities to do.

Medical equipment, equipment that's already there, and plus new and improved and evolving equipment, students with disabilities and all medical students need to be able to adjust and adapt to those changes, and that's not always an easy thing to do. So that's, again, another area that's highly specialized. Electronic medical records, depending on where you are, those may be very different from one another. Clinical hierarchy, it's something that's very unique or can be unique to health sciences and medicine in that a medical student might have a number of people that they report to. So there might be an older medical student, a fourth-year med student, there might be an attending, there might be a resident, there might be a doctor, there might be a supervisor. They have all kinds of folks that they might need to report to that they're not used to reporting to. They're used to maybe just reporting to a professor or a specific liaison in the program. So that can be very challenging for a lot of health sciences and medical students, not just our students.

Professional communication, I believe that's in the fourth or fifth webinar, so I hope you can attend that one. So I'm not going to talk too much about that. But I think we also sometimes take for granted that our students suddenly know how to communicate as professionals, they know how to write a professional e-mail or a professional letter, or speak and communicate professionally to other people, and that's not always the case. So I think we're lacking in that area in a lot of programs, and in our services as well. Assisted technology, again, what's new, what's been used, what's the old tried and true methods that still work, but what else is available? What else can we do to help facilitate access?

Another huge area that we need to begin to address or continue to address is the board and licensing exam requirements, and, in particular, with our documentation. We have, of course, the Department of Justice standards where we have to consider the primary, secondary, and tertiary documentation. And we need to consider all that when we determine eligibility and accommodations. The licensing agencies do not have to do that. So they can set their own documentation standards that may be in some real conflict with what we have to or at least we're required to consider. So that's a real challenge that we're, I

think, all experiencing. And then legal requirements, as you might imagine, confidentiality, privacy, HIPAA, all those kinds of things. And the next webinar, the second one, I believe it's in May, is going to address all things legal. So I'm not going to say too much more about that. Next slide. Okay, so I'll turn it back over to Lisa and she'll talk about some of her research.

Great. Thanks, Tim. So you guys can see from Tim's last slide the need for specialization and undergraduate medical education disability services and that, you know, disability providers, having experiences with disability provider alone is not enough. There's so much more to consider when you're talking about medical education. So I'm going to talk to you a little bit about some of the research that we have going on right now. And, together with Dr. Matthew Smith from Northwestern University Feinberg School of Medicine, we decided to get some baseline data. And I want to really quickly just thank the AAMC once again for their help in disseminating and communicating about getting the survey completed.

Many of you may recall getting an invitation from me or an e-mail or several, or an e-mail from the AAMC requesting data on your students with disabilities. If you completed the survey I want to take this time to just thank you so much. And if you haven't yet had an opportunity to complete the survey, you can find information about the survey and a link to the survey on our website, and that will be displayed at the end of the talk.

The survey is the first of its type aimed at benchmarking the prevalence of students with disabilities and undergraduate medical education. And this data will be de-identified, analyzed, and shared with all of you, all of the participating schools. And the information will be updated on a regular basis. We want to try to really identify some trends, as well as inform future research initiatives.

So in this first path of the survey we explore disability type, year, approved accommodations, and ethnicity. And I'm just going to give you a quick overview of what we found. We currently have 71 schools reporting as of April 1st, and the total number of students with disabilities from those 71 schools is 1,253. These numbers reflect a response rate of 45% for MD programs and 13% for DO programs. I thought about starting a competition among the MD and DO programs to see who could fill the most surveys out, but that didn’t seem to take.

What we found was that the average number of students with disabilities in programs was around 3%, with a range of 1% to 12.64%. The average number of students with disabilities in undergraduate education, so the first four years, hovers at around 7% to 9%. And over the last four years we've seen the number of students with disabilities in undergraduate programs double. As these students persist and experience effective supports in their undergraduate education, they are more likely to apply to and be accepted into medical school. So, given this, we anticipate the numbers are going to continue to increase and project about a 5% to 6% mean within the next two years.

So right now I'm showing a slide, and it is a bar graph reporting percentage by category. And so, as you can see, the largest category of individuals with disabilities is psychological disabilities. And I think that for most of you on the call that probably resonates that that is exactly you're seeing in your programs as well. So by the numbers approximately 53% of those students with disabilities in undergraduate medical education we would put in the psychological category. About 19% we would put in the learning category, so learning disabilities. Approximately 5% have sensory disabilities, 6% with physical disabilities and 5% with chronic health. We did have a sprinkling of individual disabilities that didn’t nicely or neatly fit into one of these categories, and so those went into "Other" and that was about 3%.

So I want to talk to you for just a second about compliance and the spirit of the ADA. The goals of the ADA include to promote equal opportunity, full participation, independent living, and economic self-sufficiency. As well, the goal is to ensure a genuine and meaningful opportunity for individuals to live and fully participate in their communities and foster economic security, stability, and productivity. Let me go back for just a second and say this is the Americans with Disabilities Act, for those of you who are not familiar with the acronym.

In our program certainly we need to maintain compliance but we want to make sure that we not only meet the minimum requirement of compliance but that we also embrace the spirit of the law and our greater goal of a diverse workforce by ensuring that our students with disabilities are included in every facet of the planning and facilitating for our program.

So why should we support students with disabilities in medical school? Well, first and foremost, to increase the number of individuals with disabilities in the health sciences. And this is in line with the AMA's diversity goals, with disability as a form of diversity, and with three presidential executive orders that include promoting diversity and inclusion, employment of individuals with disabilities, and employment of veterans.

So we also want to facilitate informed and improved care for individuals with disabilities. So how do we improve care for our patients? Well, by including students with disabilities in our programs we gain valuable information about how to best serve individuals with specific disabilities. We can marry the medical education and the personal knowledge of a disability to allow for these innovative approaches to treating and addressing disability-related needs.

We also support reducing the physician shortage by promoting retention of existing students. And we can educate near peers through daily interaction with students with disabilities. So these relationships with individuals who are a year or two older offer a powerful combination of the benefits of their peers and kind of a mentor relationship as well. I often pair my first-year students with disabilities with second-, third-, or fourth-year students with disabilities that have similar disabilities or experience similar needs. And then the legal obligation under the ADA to make sure that we promote access and make sure that students with disabilities feel welcome and included and supported.

So this also serves the greater need by including students with disabilities. I want you to step back and look at it from the bigger picture. One of the tenants of the ADA in the academic setting is premised on developing human potential. And if we take that principle and overlap it with two critical pieces of information that are occurring right now, one is that the AMA predicts a shortage of more than 91,000 doctors by 2020, so we really can't afford to lose any of our students. Once we accept them, we really want to work on promoting and persistence and graduation. And then there are also 50-million Americans that have at least one disability. This is a population, if you can believe it, that is larger than the population of African Americans in the country, the population of Latino Americans in the country. This is a large group of individuals who are seeking to build their education and to become gainfully employed. And the AMA has taken great strides to diversity the field, so it's only fitting that disability be included in this focus on diversity. There's a wealth of intellect with an aptitude for medicine ready to engage in programs, and our job is to make these programs accessible for students with disabilities.

And then, finally, we want to diversify the medical profession. So we can do that by appropriately accommodating students with disabilities. This is in keeping with the efforts to increase diversity in the medical profession. This also provides the best model of health provision when there is an interactive process between the physician and the patient. So practitioners with disabilities may be better positioned to facilitate effective communication with their patients with disabilities or understand their patient's needs. We can also diversity the medical profession by enabling practitioners to more effectively facilitate informed and improved health care of individuals with disabilities.

Individuals with disabilities who have struggled in one way or another, oftentimes make the best providers, for those experiences that they have had serves to inform them in a way that ultimately benefits the patients that they serve. And then we can diversity the medical profession by encouraging this near peer education. Older students -- or younger students, rather, benefiting from older students' experiences. This is akin to many of your pipeline programs that you have going on, so it's sort of a pipeline program for disabilities, whereby the institution can identify institutional agents to assist students with disabilities in the transition, and we can increase retention, again, going back to pairing them with their near peers. And so I'll go ahead and turn this back over to Tim.

Thank you. So what are some of the central considerations for disability service providers in schools of medicine and health sciences? The first one and probably the most important one is to establish open communication. It's so important for us as disability service providers to communicate, and quite honestly it's so important of the health sciences and medical faculty and staff to really open up lines of communication with the disability service folks. It just facilitates access, and it also just addresses so many struggles and challenges before they get too big and too overwhelming. And, quite honestly, you'll hear in the next webinar, the second one, you know, if OCR comes in and someone files a complaint and OCR comes in, one of the first things they're going to ask is how did you come to this decision, how did you communicate with each other, and how did you communicate with the student? What process was in place to do that? And the more you can say that we have open communication, the so much better off everyone's going to be.

Another good offshoot of open communication is it gives the opportunity for us to maybe schedule periodic meetings to be able to discuss disability services, specific students confidentially, alternatives and options that other schools and programs might be using that the medical and health sciences folks may not know about. And then they can share things with us that they're required to do or have to do that we may not know about. So it really just does facilitate communication, facilitate information, and access. In doing that, it builds trust between them and disability service providers, and it really begins to reinforce that we're not trying to alter academic or technical standards. Our students have to meet the same academic and technical standards as everyone else. So that's not what our goal is. Our goal is to figure out how we can provide accommodations so our students can access that program.

It also helps disability service providers that determine what training might be helpful. So they might need end service in a particular disabling area or disabling condition, some ADA legal training, what technology is available out there, what best practices are out there that other schools and universities are doing. And, again, health sciences and medical staff and professionals may not know what's out there or what others are doing, and, in turn, we learn some things they're doing that we may not know as well. So it really facilitates access.

I think it's very important for disability service providers to review the academic and technical standards for each program thoroughly. It's so important for us to know what those are. And I really do encourage disability service providers to ask clarifying questions and really try to focus on the what. What standard or skill or behavior is the student being asked to do, not so much how they're being asked to do it, but really focus on the what. That communication and those discussions begin to define what an essential learning experience is, and why is it essential or why not. And, really, don’t be afraid to ask that. You're not asking that in a confrontational way or in any way trying to be argumentative. You just want clarification, and, quite honestly, we need that so that we can have a better understanding of what accommodations are going to be acceptable and possible and which ones aren't.

And it also begins to focus on the discussion on, again, what accommodations are available, what can be altered, and why or why not. There are moments and times that things might be able to be waived or a student is released from this particular activity but allowed to participate in another activity that may be a substitute for that. So it really just does facilitate communication. And then two other areas that are not on the slide is it really does begin to identify for all people involved what is reasonable, what does that mean. What makes this reasonable accommodation, what makes this an unreasonable accommodation, as well as a fundamental alteration? Why is accommodating this particular activity going to fundamentally alter the program or the course or the clerkship or rotation clinical experience? It really helps us to understand it, but it also helps the medical and health sciences folks to really begin to articulate to us why that is a fundamental alteration, why is it unreasonable or not. Next slide, please.

So, again, some other considerations. Some of the concerns we get back from -- we as disability service providers get back from medical professionals are around patient safety. And I think we all have one word in response to that, and that is "absolutely." No one wants a patient to be unsafe. And our accommodations cannot ever compromise patient safety. However, I think we really need to reframe this whole discussion on patient safety and reframe it away from our student with a disability and really begin to focus on what processes and procedures and safety measures are in place to address safety of all

patients with all medical professionals, because that is where patient safety is addressed, not with our student. And I humbly submit to you if you're addressing patient safety because our student or a student with a disability is standing there, you've got a bigger patient safety issue than a student with a disability. It should not be a new thing to address patient safety or what procedures are in place just because a student with a disability is there.

A quick example, a student with a seizure, what processes and procedures would be in place for anybody in medical and health sciences who might have a seizure, who might pass out, or who might suddenly, for some reason, become incapacitated, because whatever those processes and procedures are apply to our student, apply to that student with a disability, and, quite honestly, apply to all medical and health sciences students. So, again, the patient safety has to be back on those procedures and not on a student who's standing there who might have a disability. And we're going to talk a lot more about that in webinar three, so I hope you can join us for that one as well. And there will be lots of scenarios and lots of discussion around that area.

The other concern we get back is that students -- well, one other -- is students will not be able to use accommodations in the real world. Well, they may and they may not. And I think we really need to keep in mind that we are an educational and academic program. We are an academic institution, so what we can accommodate in our program we have to accommodate. And there are very few programs that -- I shouldn't say that. There are some programs that may be out there that that might be a little bit more rigid and strict than other programs.

And a great example or a good example comes to mind might be dentistry. What you do out in the dental field is very specific and similar to what you do in the dental school. So being able to accommodate in the dental school because you may not be able to do it out in the real world might be very similar. So I don’t know that there's a lot you can do in the dental field that doesn't involve working with teeth. So what you do in the dental school might be very relevant, and they might not be able to accommodate and say, "Well, you can't do that in the real world, so you're not going to be able to do it here."

Another example is radiation oncology. So, you know, when you're dealing with radiation, that's what they do. What they do in that program is what they do in the real world. So those are just two programs, I'm sure there are others, that that accommodating may not be so possible. It's going to be a lot more rigid to maybe accommodate in those because they won't be able to use those in the real world.

So, again, but that discussion has to be had. It has to be held. And I encourage everyone to, please, as much as possible, include the students in those discussions. I think it's really difficult for us to not define -- or the challenge is difficult to not define that student by their disability and not define what that student can do because of that disability. You know, "A student with ADD, well, they might be distracted, they're all distracted." No, they're not. A student with ADD might be able to come in and say, "Wait a minute, I can do that just fine. I can do that just fine. I'm going to need some support with this." So we really do need to include the students in those accommodations within the programs. Next slide.

And then to kind of flip that around, some of the challenges that our students with disabilities face in their medical and health sciences program, and most of those challenges are around or in the clerkship settings or the clinical settings or the rotations that they participate in. So much of their academic work is accommodated very similarly to what they have been used to in undergrad and in other programs they were in. So I think a lot of their challenges come in those areas of the performance-based in the clinical settings. And, you know, our students, the most successful students we work with plan in advance, and they work with us, and sometimes with our support and help, but they work with their faculty, they are able to express themselves very clearly about, again, what they can do and what they're going to need some help with. So I think encouraging our students to always be open about that with us and then with their faculty is key.

That being said, I think there's a very real concern for our students out in those clerkships, and there's a real concern about just how much do I disclose. There also is, in dealing with accommodations, I think a lot of schools and programs are still using that medical model, and by that I mean, you know, that

students or people who may have a disabling condition can be fixed or can be healed and don't need support. So when our student comes in and says, "Wait a minute, I want to be in this field, but I need support to be in this field," there's kind of a conflict there for a lot of folks. And it's interesting that we have -- I think we all have students come back and tell us stories and situations when they have really felt uncomfortable because they've needed support and it's been put in place for them, and people are questioning that around them. So it really does make it difficult for them and uncomfortable for them sometimes to figure out just how much do I disclose and how much should I keep private? I'm being told I'm talking too much, so I'm going to move along real quick.

And then, again, it's really important for our students, and maybe we can help them to really become knowledgeable about themselves and their disabling condition, what that looks like, and really be able to articulate that and be able to tell everyone "This is what I can do that important and this is also what I need support with." But also being able to tell people what they can do is very, very key. And I think that's – next slide. Okay, I'm going to send that back to Lisa.

Thanks so much, Tim. It's all really valuable information. And as Tim said, you'll be able to find more -- I'm sure, you know, again, this conversation, this particular webinar was really aimed at giving you a 20,000-foot view of why we exist, why there was a need for this group, and the types of challenges that we're facing, and balance that with the need for increasing diversity in the medical field and supporting our students for both the letter of the law but also the spirit of the law.

So a lot of these questions, I'm sure you have more questions now than you had before we started. A lot of these questions are going to be covered in future webinars. The next webinar will be specific to the law. And so I know that there will probably be many people sitting in on that. The one after that, "Separating Fact from Fiction: Debunking Disability Myths and Addressing Legitimate Concerns," amazing chapter in the book. It really brings to light a lot of -- a lot of the scenarios are informed by our actual work and it really brings to light that a lot of times there are these legitimate concerns. You're asking questions and they're good questions, but we need to help you reframe those questions and figure out how to make sure that you're addressing concerns that are legitimate and not just based on fear. And then clinical accommodations, and I'll be doing that with Neera Jain, and how do you uphold your technical standards and create equal access? So it's all about balance. Putting in writing, the value of having clear and effective policies for students with disabilities, and this is really important.

And then, finally, we end the series with a note on professionalism, communication, and how that intersects with students with disabilities, and that's my work and Dr. Maxine Papadakis. It's such an important thing for students to be able to communicate professionally and communicate with their peers and their superiors, but also when you have that extra layer to communicate about, i.e. disability, then it becomes a little bit more complicated and nuanced. So we'll address how to fix those needs. And I know we want to leave time for questions.

I want to go ahead and put on the screen really quickly, if you would like to engage in this discussion we say we invite you to join the discussion. You can join the listserv by contacting our listserv coordinator, and that is Leigh Culley at lculley@pitt.edu. As well, you can find lots and lots of information, I think you can find the article that Tim referenced, you can find links to the book, most important, and I'm sure you'll all agree, you can find a link to my survey so that we can get those numbers of 45% and 13% up, and that will make me so happy. And all of that can be found at sds.ucsf.edu/coalition. I want to thank the AAMC again. And we also want to thank UCSF who's just such an amazing supporter of our goals and our mission with the coalition. And now we're going to have some time for some questions, so I'll open it up to Elisa Laird-Metke who is moderating the talk.

Thanks, Lisa. So the first question that I saw several times has to do with the slides, and I'll go ahead and address that one first, which is, "Are these PowerPoint slides available?" And the answer is, yes, they are. They are available currently on the AAMC website. And this entire presentation, if you have any colleagues who weren't able to join today, will also be archived there, as well as on the coalition's own website on the UCSF website. So both the slides themselves and this entire presentation will be available later.

So the first question that I see has to do with the data. And it is probably best addressed to Lisa. And the question is "In the psychological disability category, which was the largest there, what disabilities were included?"

Great. Great question. I actually have that data. We're starting to compile it. And right now what it looks like, and, again, it will change after all of you go on and fill out the survey, but right now what we're seeing within the psych category -- first, I'll give you the variables that people can choose from and then I'll tell you kind of how that's breaking down. There's ADHD, anxiety, depression, and that's major depressive disorder, and PTSD, schizophrenia, OCD, bipolar, eating disorder, and autism spectrum disorders. And so right now 61% of those reporting a psychological disability reported ADHD, with 20% reporting anxiety, and about 10% reporting depression. And then there's a scattering of smaller percentages within the other categories.

I will say that while ADHD was the most highly reported, I don’t know that that's the most accurate snapshot of what we're actually seeing in our clinics. I think that ADHD is the least, if you will, stigmatized disability and people feel more comfortable disclosing ADHD when compared with something like bipolar disorder or schizophrenia. But I do think that from what we're seeing and what I hear from my colleagues across the country, and, again maybe this will change when we get more responses, is that anxiety is the prevailing disability. So that will be interesting. But great question. Thank you.

Yes, so a related question is whether your data included other health science programs like allied health, basic science education or were they only medical school data? And also whether the students with disabilities who were included in the survey, was there any distinction made between whether they were declared or diagnosed before or after medical school?

That is a great question about being declared when they're in medical school, and I do not have that data and that was not a question that we asked. What I can say is that this particular survey only targeted undergraduate medical education programs, including DO and MD programs. But we are going to separate them between programs to see if there is any difference. Our goal is to survey all health science programs, with nursing being the next in line once we have gotten all of the data from the undergraduate medical education programs. So be on the lookout for that if you are in another program, specifically nursing. But, yes, this was geared specifically towards medical education.

Thanks. So, Tim, the next question is for you, and it has to do with an article that you mentioned at the beginning. You mentioned a December 2014 article, and could you give a little more information about that for someone who'd like to go back and find it?

I’m not sure what information folks are looking for. I know it's in the December 2014 edition.

Of what journal?

Oh, I'm sorry, "Disability Compliance for Higher Education."

I think that addresses the question.

Okay.

So, let's see some other questions. One individual wanted to know whether or how individuals with disabilities are being incorporated into involved in the mission of the coalition? Lisa, do you want to take that one? Or, Tim, go ahead.

Either one. We can both probably answer that. I think, you know, overall they are what we do and they are why we do what we do. So how are they involved? Everything that we do, all the research that we do, all the accommodations we discuss, all of the legal issues that we discuss and try to implement are all around providing access for them. They don’t currently have an active role in our coalition, in that there's

no committee of students that's part of our coalition yet. Again, we've only been a formal organization for a year. But that certainly is a great idea and we can certainly consider that moving forward. But, you know, everything we do is based on providing access for them. And a lot of the things we write about, talk about, and put on the listserv is to really facilitate accommodating whatever student we're particularly working with at that time.

And I do want to say, for the book, you know, there are situations, and of course there's no one situation that is, quote, unquote, pure, because confidentiality, but most of the cases in the book are kind of hybrid experiences that we've had. And I know that, for me, a lot of our students really serve to inform our practice here at UCSF. We have several opportunities for students to provide feedback not only on the service but on their experiences in the clinic and how we can improve our services. And those have been -- some of the biggest changes we have made and some of the biggest policies that we've put into place have been the direct result of students informing us of their wishes and their needs.

And we do that as well at Northwestern, but more on an informal basis.

Thank you to both of you. So we have another question here. Someone is interested in himself or his institution becoming a member of the coalition and wants to know how he could go about that.

Well I have to laugh, I just got an e-mail from our listserv coordinator who said, "Let the games begin. I'm getting multiple requests in my email box to join the listserv." So I want to thank you all for those inquiries. So, as far as joining the coalition right now, the act of joining is essentially joining the listserv and then giving permission for your school to be listed. And you can find the list of schools at sds.ucsf.edu/coalition. We have no formal process right now for membership, but that is something that our board is going to be discussing, actually in eight days at our second annual symposium. So we will certainly keep you abreast of that. But the way to get started and to join the conversation right away is to, as you can see on your screen, to e-mail Leigh Culley, tell her that we said hello, and at lculley@pitt.edu.

Thank you. So I see there's just a couple minutes left. Are there any closing remarks, Lisa and Tim, that you wanted to add? And I want to add that there are a number of other questions we couldn’t get to here, including folks offering up their own research as resources and questions about the high-stakes testing that are all going to be -- that are all perfect things to add to the listserv. So if you had a question that you didn't get answered, please join the listserv and ask it there, and there will be a lot of folks who will be able to respond. And if you have resources that you think the rest of us can benefit from, bring it on. We love it. So we want to see those for sure. So I'm going to turn it over to Lisa and Tim for last remarks.

I would say, again, the benefits of the listserv. We're also building a legal database of cases that are very specific to health science and medical education. That's really exciting for us. And we have archived discussions. So one of the things that I encourage everyone to do, when you join the listserv you'll be prompted to introduce yourself and talk about your position and, you know, basically just a small introduction to everyone in the listserv. But there's also a box, I believe it's a drop box, of archived discussions. And so what I would encourage you to do is if you have a specific question, to review the drop box, looking for answers. And then if you can't find it there, to pose it to the listserv.

I would say that the book that's coming out in August is a must-have for anyone, and information for that is on the website as well. Next year's symposium will be here at UCSF in San Francisco. And we're a very collaborative group led by Tim Montgomery as our president. And we're excited, we're young and we're excited to really make an impact and make a difference in the lives of not only students with disabilities but in really informing and supporting and helping medical schools build programs and policies and procedures that make their programs accessible and increase students with disabilities in the medical workforce.

Tim?

Yeah, just echo what Lisa just said and really encourage folks to join the listserv. I think more perspectives on the listserv is going to just benefit everybody. And that conversation will become more

enriched with all different kinds of perspectives around accommodation and providing access for our students.

So, finally, I want to talk about the next webinar in the series, if we could advance to that slide. That is the legal one. I know that's probably going to be the favorite among everyone. Can you advance the slide? And so, actually, Elisa Laird-Metke, who is the legal advisor for the coalition and has been moderating this talk, she and John McGough from the University of Washington, will be doing that webinar. And that one is on "Disability Law 101: What Faculty Need to Know About Student Accommodations." If we can advance the slides a little bit more, there's information on how to – yeah, right there. Details and registration can be found at www.aamc.org/gsa.

And I just want to say, again, thank you so much to Jayme and everyone over at the AAMC. They've been amazing and supportive. And we're really excited about this series and excited to open up the conversation and looking forward to meeting with you all again. Thank you so much.