Webinar #8 Continuing the Conversation: Supporting Students with Psychological Disabilities in Medical School

Slide 1:

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Slide 2:

The Coalition and the UCSF School of Medicine wish to thank the AAMC for their generous support in developing this webinar series.

Slide 3: **Learning Outcomes:**

Working through a case study participants will come to understand:

The current state of psychological well-being in medical students

Disability accommodations for psychological disabilities

Best practice in policies, procedures and appropriate accommodations

The need to support student well-being

# Slide 4: Suffering in Silence

Medical students are more likely to attempt suicide and have more depression and anxiety than their same aged non- medicine peers.(1)

 Depression may be considered a sign of personal weakness and a threat to to students future competitiveness for residency, licensure.(2)

Students endorse stigma associated with personal weakness, social/professional discrimination and devaluation.(3)

System wide approach (curricular, clinical/treatment, and

wellness programs) reduce anxiety and depression.(4)

Slide 5: **Research and Support**

Students who disclose earlier and receive support may perform better than peers (research is needed)

Outcome measures might include: Improved retention, build resiliency and self-advocacy skills, building empathy for patients with psychological disabilities.

Current research suggests SWD perform on par with their peers in clinic, on measures of professionalism and and knowledge (5)

 Decisions about appropriate accommodations need to be grounded in empirical data about their effectiveness and validity. (6)

Slide 6: Scenario

A 3rd year student is having difficulty in the wards. He disclosed a psychological disability (bipolar) that is well managed, but states that the long days and overnights on OBGYN are causing disruptions to his sleep. He no longer has the flexibility to attend his appointments. Inability to keep appointments and lack of sleep are exacerbating his condition.

Slide 7: Background on Student

He was hospitalized in your psychiatric ward through an ER admission 5 years before beginning medical school.

His academic record suggests he’s performed well since entering medical school.

His mental health has been stable since his hospitalization

He is compliant with medication and treatment.

His triggers include lack of sleep, and high stress.

The student has maintained the same treatment team for 5 years.

Slide 8: **Facts**

Stable with medication regimen Strong treatment and support team Strong performance in medical school The student requests:

Alternative site for ER/Psych clerkship

No overnight call for any clerkships

Weekly release for appointments

# Slide 9: What would your institution do?

# Slide: 10 Question 1

**Do the requested accommodations challenge the Technical Standards/Learning Outcomes of the clerkship(s)?**

No - Why not?

Accommodations such as flexible schedules and release from overnight call do not change the learning objectives.

Student can meet same objective (i.e., working with skeleton crew), during off-hours, over a weekend day.

Student can potentially meet same clerkship requirement in alternative setting.

Slide 11: **Question 2**

# What assistance might be helpful for students with psychological disabilities?

Medical Student Well-Being Student Health and Counseling Disability Services

*Simulation labs as a method of practicing accommodations and assisting students/trainees with displaying clinical skills (anxiety reducing)*

*Accommodations Support*

*Planning: Potential for Leave of Absence, Traditional vs. Longitudinal 3rd year.*

Slide 12: **Question 3**

What should be the policy and process for taking a leave of absence? How can you support the students’ privacy?

Ask only limited information on request for LOA. Physician’s attestation stating *Need* not *Giving Diagnosis*. ERAS application question-accounting for leave

*Guidance*

*Disclosure of consequence*

*Long term licensing consequences/privileges*

What is DS’s role? Dean’s office role?

*Confidential conduit for need. Education*

Slide 13: **Question 4**

**Who makes the decision about the accommodation request? DS Provider? Case manager? Dean of Students? Committee? Clerkship Director?**

DS provider should collect and determine accommodations in consultation with SOM without sharing documentation.

Students’ disability is confidential-only accommodations are shared.

Questions about learning outcomes or technical standards can be discussed with SOM administrators in a de-identified manner.

Potential litigation with committee model.

Micro-aggression encouraging students not to disclosure.

 Individuals who evaluate students or write MSPE’s have a conflict of interest.

 Protecting individuals confidential information makes students feel supported and safe around their disability needs.

Slide 14: **Question 5**

What is best practice around communicating accommodation needs

Need to know basis only.

Formal letter of accommodation.

Through a liaison.

How do you help students communicate their accommodation needs?

• *Communication Guide* [*http://www.springerpub.com/media/*](http://www.springerpub.com/media/) *springer-downloads/9780826123749\_Student-Resource.pdf*

Slide 15: **Questions?**

# Slide 16: Next Webinar:

Disclosure at all points:

UME, GME, and Employment

April 7, 2016

3pm Eastern Standard Time

Register at: https://aamc1.webex.com/mw3000/mywebex/ default.do?siteurl=aamc1

Slide 17: **Resources**

The Coalition for Health Science and Medical Education at

<http://meded.ucsf.edu/msds/about-coalition>

Book: The Guide to Assisting Students

With Disabilities: Equal Access in Health

Science and Professional Education

Springer Coupon Code: PROMO CODE: AF1604

20% off and Free Shipping [www.springerpub.com](http://www.springerpub.com/)

Slide 19: **References**

1. Dyrbye LN, Thomas MR, Massie FS, et al. Burnout and suicidal ideation among U.S. medical students. Ann Intern Med. 2008; 149 (5): 334–341. <http://dx.doi.org/>

10.7326/0003-4819-149-5-200809020- 00008

1. Givens, J. L., & Tjia, J. (2002). Depressed medical students' use of mental health services and barriers to use. *Academic medicine*, *77*(9), 918-921.
2. Wimsatt, L. A., Schwenk, T. L., & Sen, A. (2015). Predictors of depression stigma in medical students: potential targets for prevention and education. *American journal of preventive medicine*, *49*(5), 703-714.
3. Slavin, S. J., Schindler, D. L., & Chibnall, J. T. (2014). Medical student mental health 3.0: improving student wellness through curricular changes. *Academic Medicine*, *89*(4),

573-577.

1. Teherani, A., & Papadakis, M. A. (2013). Clinical performance of medical students with protected disabilities. *JAMA*, *310*(21), 2309-2311.

Meeks, L. M., Bisagno, J., Jain, N., & Herzer, K. (2015). Support students with disabilities in medicine and health care programs. *Disability Compliance for Higher Education*, *21*(3),(6)