

AAMC

Creating a Balance Professionalism, Communication, & Students with Disabilities 10.7.15

Presents a group on student affairs here at the AAMC. We are excited to have so many of you registered for this webinar today, titled "Creating a Balance: "Professionalism, Communication "and Students with Disabilities." We've seen many of your names before, and so we're excited you're sticking with us. Before we begin, I'd like to remind you that all the disabilities webinars, including this one, are recorded and available by visiting AAMC.org/gsa.

Additionally, if you have questions during the presentation, please ask them through the Q and A feature on the right-hand side of the panel, and we'll do our best to answer them at the end of the session. This webinar was made possible, in part, by our wonderful colleagues with the Coalition for Disability Access in Graduate Health Science and Medical Education. A special thank you, as always, to Dr. Lisa Meeks, who has shepherded this series. Today, our main speakers are Neera Jain from the University of California, San Francisco. Neera is a rehabilitation counselor by training, and a passionate advocate for equal access in higher education, with a specialization in working with graduate and professional students in the health sciences. She was the first dedicated staff member to serve students with disabilities at two major health science institutions in the United States, the Columbia University Medical Center campus in New York City, and the University of California, San Francisco.

Neera has presented on practices and approaches for crafting accommodations for clinical and other outside classroom settings at U.S. and international conferences. Lisa Meeks, from the University of California, San Francisco, as well. She is on staff there, where she is the director of Medical Student Disability Service and an assistant professor of medicine. She is also co-founder and president-elect of the Coalition for Disability Access in Health Science and Medical Education, and co-chair of the Association on Higher Education and Disability, otherwise known as AHEAD, Autism Spectrum Disorder special interest group. Lisa is a published author of multiple books on the Autism Spectrum Disorder, and is the co-editor and author of "The Guide to Assisting Students with Disabilities: "Equal Access in Health Science and Professional Education," which is now out and available. Dr. Maxine Papadakis is also from the University of California, San Francisco, School of Medicine.

She is a professor of medicine and a practicing internist at the San Francisco Veterans Administration Medical Center. She's the associate dean for students in the School of Medicine at UCSF, and is a leading investigator in the field of professionalism. Some of her current work addresses the role of remediation in professionalism lapses. She is catalyzing the educational community to identify best practices for remediation, and test them as interventions. She is also a member of the Ethics and Professionalism Committee at the American Board of Medical Specialties. Recently, Dr. Papadakis had turned her attention to studying the performance of medical students with protected disabilities, focusing on their abilities. We also have Miss Elisa Laird Metke, who will be moderating the session. Without further ado, I'll turn it over to you ladies.

Great, thank you so much for that introduction, Jamie. So before we get started, I just want to make sure that everybody knows that we'll be answering questions at the end of the webinar, but you can submit your questions at any time throughout using the chat box. Questions can be typed into the box. It's at the bottom right of your screen. That's what this image is showing. In particular, you should select All Presenters from the drop-down menu when you are submitting your questions. We're going to go ahead and get started, but first, we want to thank the AAMC for their generous support and for partnering with us on this series. Now I'm going to turn it over to Lisa.

Great, thanks so much, Elisa. So to begin, I'd just like to take a second and orient everyone to the webinar today. First, we're going to answer the question, what is professionalism? We're going to discuss why it is important in the medical school setting, and how it is a measure of one's professionalism. Next, we'll discuss the importance of professional communication, especially around matters relating to disability. We will then discuss the Communication Guide. For those of you who have not pulled that up yet, you might want to open up another tab and go ahead and have that on your screen so you can reference it. This is provided for you online and via email. We're going to use this guide to help you understand how to shape student and faculty communication, and how to support your faculty around disability-related communication. Then finally, we're going to offer up some guiding principles and make time for your questions. Max.

Hello, everybody. I think the very first question we have is, what is professionalism? Well, that's a very good question. When we looked at this, there were over 20 definitions, at least within the medical education community. In 2012, under an initiative by the American Board of Medical Specialties, there was a new working definition of professionalism, which reads that "medical professionalism "is a belief system about how best "to organize and deliver health care, "which calls on groups of members "to jointly declare or profess what the public "and individual patients can expect "regarding shared competencies and ethical practices, "and really trustworthy means to ensure "that all medical professionals "live up to these promises." I have to confess to you that I was a co-author on that definition, but yet I can't remember it. The definition of professionalism that I do remember is one that was either written by C.S. Lewis, or maybe it was Henry Ford, who said that "professionalism is doing the right thing, "even when no one is looking." That one I can carry with me. I think really for the discussion today, it's important to say why does professionalism and communication play such an important role in the work that our students do and in their environment.

Communication is really a core competence. There's no question about it. Physicians have to form successful relationship with patients and members of the health care team. These relationships need to be based on, certainly, a mutual understanding, respect, integrity and responsiveness to each other's needs. This naturally occurs when people interact with each other, both through verbal and non-verbal means. It applies, of course, to having ethical standards. But professionalism, we think, is a very important measure in medical students. In some research a decade ago now, we found that students who demonstrated lapses in professionalism, as well as residents, these same individuals were associated with a higher chance of having disciplinary action by licensing boards decades later. These patterns persist. Students particularly who were deemed irresponsible in medical school were more likely to be disciplined subsequently as doctors. The goal, then, is to help remediate lapses that students might have while they are in training to help them, to give them the skills to navigate future challenges in professionalism, which come across all the time.

Certainly, schools include professionalism in many of their technical standards that students must meet in order to both enter a medical school and to complete the program. For some medical schools, that means that ongoing, or certainly egregious, breaches of professionalism can be the important reason that students are not allowed to get a degree or actually be dismissed. If we step back and look at how medical school, though, is unique to communication, and we think about comparison to undergraduates, there's an expectation which is different than in many of the undergraduate programs that students have to maintain a high level of self-direction and really self-advocacy in their behavior and learning. That language and communication are now being measured as part of their core professionalism competency.

The ability to transmit is extremely important. Communication itself, it's a critical component of patient care and patient safety. We all have heard about issues of miscommunication that result in patient error, or certainly lack of patient satisfaction. A simple example is that if a physician does not communicate the need for preventive services to a patient, she may not get a mammogram. Students, therefore, in medical school have to navigate unspoken rules and the hierarchies of the clinical environment. This is a very different environment than what students have experienced before, and not only is the environment different, but there are many different environments within the different environment among the different clinical settings. This is tough. Students and faculty have to soon become one seamless professional network, or that is the goal. Communication around a disability becomes even more critical. Faculty, many of whom are clinicians, can also have a role confusion. As medical provider who could also be a faculty member, we're often privy to information and review in a clinical manner. Yet when we're working with students with disabilities, it is imperative that we stay faculty or administrators, and not ask or become their provider. We have to respect boundaries.

At no time, absolutely no time, should faculty inquire about students' symptoms, treatments, disability status, if you will. Neera is going to discuss this later on. Lastly, the performance expectations for students in the clinical setting are really greater, in many cases, than in previous settings. Not only must students understand theoretical or, if you will, fund of knowledge, but they have to apply it and perform in real-world clinical settings. This clinical problem-solving ability is paramount to this higher level of

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functioning, and really separates a student from a near-doctor. It's also true for principles of professionalism and communication. Unlike undergraduate settings, expectations regarding communication and behavior are set much higher in the clinical setting. It's not just about me, the student. It's really about the patient and the ability to prioritize that.

Thanks, Max. That was really helpful. Now we understand a bit more about the concept of professionalism and its importance in medical education. For all students, their skills and abilities in the area of professionalism, and in particular, communication skills, we can understand are critical to successfully transitioning into medical school. We're all here to talk about students with disabilities. So what's unique about this process for students with disabilities? For students with disabilities, there's additional responsibilities, both for the students and for the university, that come into play that require careful communication. First, the university must make clear to students what, where, when and how to communicate their disability-related needs.

This is critical because if this process is not clear to students, it can affect both the perception of a student's professionalism and their actual professionalism rating that Max just explained is part of how students are assessed. If a student doesn't communicate their disability-related needs in a timely manner, and to the appropriate person, they might be perceived as unprofessional for making a late disclosure, regardless of the reason for that. As well, if it's unclear how much information to share, and to whom and when, a student could be perceived as unprofessional for inappropriate communication with clinical instructors. In this situation, students often believe they must disclose more information than they should about their disability, especially if this was the communications on the undergraduate campus. Also, if the school has not made the expected procedures clear, they put themselves at risk of an OCR or other complaint for non-compliance with disability law. Second, students must engage in the full process for accessing accommodations. They have to disclose their disability to the identified person responsible for determining and coordinating accommodations.

That's usually the Disability Services office. They have to make a request for accommodations, and then engage with DS providers and multiple stakeholders while the appropriate accommodations are determined. Once approved, they have to work with faculty and staff to access the approved accommodations. You can imagine that there's a lot of places where communication can break down, and where that style of communication is really critical. What are the pitfalls that students encounter in the process? What kinds of things go wrong with communication that can then reflect poorly on students' professionalism? Many of these things won't sound new to you. You've likely experienced them in your work already. The first that we'd like to highlight is late notification. We've talked about this a little bit already, but late notification to DS, so that's the initial registration, or, once approved, to their faculty about accessing their accommodation needs. This is problematic for obvious reasons. The result can be requiring everyone to scramble at the last minute to consider requests and make arrangements for approved accommodations. The second pitfall that we see is students sending overly brief or excessively lengthy and detailed communications.

Often, we see students either sending emails with not enough information or sending too much information. It's important to note that this isn't an uncommon problem for all students. We see articles all the time about email etiquette issues that are pervasive on campuses. But for medical students with disabilities, the style of communication can cause all kinds of problems, as we've started to highlight, that can reflect negatively on their professionalism. Another issue that we see is students taking an overly defensive, emotional or aggressive stance in their communications. From time to time, we see students, and often they're also the ones who send those lengthy emails to their faculty or to us, who take a litigious or emotional approach to communication, oftentimes citing the ADA and discrimination, or threats that, are you discriminating against me, at an early stage, before anything has gone wrong. For obvious reasons, this is not only an approach that's generally unproductive, but can also be seen as unprofessional. The next one is failure to request assistance. There's students who, for a variety of reasons, may not request assistance when they're having difficulty, or may not request accommodations at all, often until they're facing dismissal. This can create a host of concerns, one of which is around professionalism.

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Although students have the right not to disclose, and there's many reasons why they choose not to, if they have a history of disability and of using accommodations, it's really their responsibility to engage in help-seeking behavior when, and if, needed. If accommodations are needed, students really should request and utilize them. Not using them and then claiming the disability after things go wrong is, generally, considered unprofessional. Another issue, and this can really be about policies in place at your institution, is lack of clarity on who to notify. If you listen to webinar five, we reviewed this in depth, but it's worthwhile to consider whether poor communication by students is actually a reflection of the policies you have in place, or a lack of policies. Are students unsure who to notify and what they need to inform them of? If policies aren't clear and directive, it can affect students' communication, and as a result, how they're viewed as professionals. Another systemic pitfall that students struggle with, and Max mentioned this earlier, students and faculty are getting ready to be part of one professional network.

Students sometimes struggle with disclosing their status as a student with a disability, even when they're not asked to disclose their diagnosis, to a faculty member who will then evaluate them. They need to make the disclosure in order to access accommodations, but students are often worried that this knowledge will affect how they're evaluated by their faculty. It's important to make students aware of the anti-discrimination policy that protect their disclosure. This is something that we always notify students of during their orientation. At the point of registration, we talk about the anti-discrimination policies and the protections for them around disclosure. It's important that DS providers attend to the campus climate to ensure students feel safe using their approved accommodations. It also means that DS providers need to work with students and faculty to ensure that they understand those parameters that we've been really hammering down today, what they need to share, how to share it and how information is managed to ensure confidentiality, without creating a culture of secrecy or shame around disability. It's really that delicate dance that we're always doing. We understand what kinds of things go wrong for students, but it's not just students who may have difficulty communicating about disability and disability-related needs.

So let's consider the common pitfalls in faculty and administration communication that can, in turn, result in problems for students. Before, Max referenced role confusion. This is a common issue, and it's actually been written up in the literature. In the health professions, in particular, where faculty and administrators, often health professionals themselves, slip into a dialogue with students as if they were their patients, and kind of a comfortable place, doing the history and physical. It's the same for students. I've seen it happen where students easily slip into a patient or practitioner role, providing full history and physical on themselves just because it's where their mind is at, they're a medical student, only to realize afterwards that, oh, my gosh, I've shared too much. It's really important that faculty and administrators understand the boundaries of their roles, and act, at all times, as an educator, and not a medical provider in their relationship with students, really keeping those boundaries quite clear.

So closely related to this is when faculty and administrators outside of DS actually engage in a dialogue with students, specifics about their disability. This can be directly soliciting information about a student's disability, or focusing their communication with a student around their diagnosis or treatment regimen, instead of their academic and clinical learning, and related performance. In some cases, this can be an effort to help themselves justify why a student requires accommodations. They can understand it better from a medical perspective or then perhaps then they can conceptualize it a bit better, why does a student need the accommodation, or it could be that they feel the information will assist them to better facilitate the student's learning. In either case, it's not appropriate. If a faculty member has questions about the appropriateness of an accommodation for their course, or any other such concerns, including about facilitating learning, they should be encouraged to first discuss them with Disability Services, which can then address any concerns without disclosing diagnosis or disability type. Minimizing a student's disclosure or failing to refer them to the DS office or actively dissuading students from registering with DS, this can be a really critical issue that faculty may deal with. From time to time, we encounter situations where a student has disclosed their disability to a faculty member first, even before they've registered, and it's been minimized or dismissed, leaving a student unsure how to proceed, or in the worst case, not seeking formal accommodations as a result of feeling that accessing accommodations is unacceptable or problematic. We reference a case here on the slide called North versus Widener, which solidified this principle.

I'll explain more about it in a future slide. We'll actually go through and sample a communication around this specific issue. Another issue that we see faculty doing is engaging in microaggressions around disability. Microaggressions are called micro for a reason. Faculty may not even realize they're doing that, but it can have a macro effect for students. The climate around disability in their school, in clinics, will affect how safe students feel using accommodations and disclosing their disability status.

Microaggressions, if you're not familiar, are intentional or unintentional everyday behaviors or actions that can have the effect of creating a hostile environment for students. Some examples could be outing students with disabilities, their disability status to peers, referring to special accommodations or indicating that accommodations are a burden to organize or unfair. Even a brief pause when a student shares the need for a single room for testing can make a student reconsider a potentially important accommodation in an effort to please their faculty member, and not cause any issues. Another issue that comes up is brief and non-specific responses to students. Similar to brief communication by students, this could be a situation where, for example, a faculty member responds to a student's disclosure of their approved accommodations with an email saying "okay," without any future, further details. This leaves students kind of spinning in the wind, without any clarity on how to proceed, and can result in students feeling unsure or unsafe about approaching the faculty member again to seek clarity without seeming to be a burden.

Another issue is not putting discussions in writing. If I learned one thing in graduate school, it was if you don't put it in writing, it didn't happen. It's essential that faculty and administrators document their discussions with students about accommodations and about disability in writing, ideally in a follow-up email that's sent to students to ensure mutual comprehension of any plan or to clarify any referral. We'll talk about this again in the example that we're going to share in a moment. This is especially important when referring a student to seek disability services. As agents of the university, faculty and administrators are required to notify students of the appropriate place to make a formal request for accommodations. If you put that referral in writing, it helps to create a paper trail about the referrals and also provides clear information that a student can refer back to afterward. We understand what the issues are and the importance of it. What is our role as DS providers in addressing these pitfalls and difficulty with communication that are common amongst students and also faculty and administration? If we take a step back, it's really important to remember that students are immersed in a process of learning and growing. They are students. They may be developing this professional identity and expertise, but they're students. Part of our role as DS providers is to support the formation of a student's professional identity as a health professional with a disability.

Some students may be brand new to accessing accommodations. They may have acquired a disability since they were last in school, or it may be that a student's previously developed compensatory skills are no longer enough for the unique medical school and requirements, creating the need for accommodations for the first time. They may have had their disability for a long time. They may just be brand new to this whole process and may need some shepherding. For other students, depending on their past experiences of communicating disability, or lack thereof, the process of discussing disability or accommodations can be triggering for them, or it can bring up fear of stigma or shame about their disability. This can often result in that overly defensive, emotional or aggressive emails from students that we talked about before, as they aim to preempt their worst fears about treatment from faculty and administration. This is particularly a concern in a medical school environment, where physicians are traditionally thought of as well, even perfect, people who impart wellness onto others.

Disabled health professionals really challenge this stereotype, and as a result, can create situations where and uncomfortable conversations may arise for students with faculty and patients. Some students simply don't know what to say, how to say it, how much to share. Given the critical function of communication and professionalism that we've discussed so far, you can understand this skill is an important aspect of their education. Given the high-stakes nature of medical schools, appropriate and effective communication is critical in order to ensure that disability-related needs are addressed early, preventing unnecessary problems down the road. DS providers, we have multiple roles, from providing guidance, coaching and information to students. We really believe, and this is really the crux of our presentation today, that it's the DS providers' role to help students to navigate the professional communication requirements by helping students develop strong communication skills around their

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disability that will serve them well into their professional life. Let's get to the nuts and bolts, some methods of doing this. Lisa.

Thanks, Neera. In the next slide, you'll see we're going to cover tools to improve communication. That is the Communication Guide. The link that you were sent will take you to the Communication Guide on the Springer website. This was written by DS providers for use with health science students and faculty, exactly the population that you're serving. What the guide does is discusses professionalism and the importance of good communication around disability, and it also illustrates good and bad communication, but it goes a step beyond that. It explains why the communication is either deemed good or bad. This really helps students understand and build their own communication style in a professional way. It provides scripts for written and spoken communication for common scenarios that students might face. If you have a student that's having difficulty communicating with a faculty member and doesn't necessarily know how to start the conversation, they can look to these scripts to help build their email communication or to help guide their oral communication with the faculty member. This tool is really pragmatic. It demystifies the process for students, but it doesn't require a lot of face time. It's something that you can hand the student and provide to them as a tool that they can use independently.

This is also able to be individualized for students in specific programs or specific situations. For example, if you're a nursing program and you see this, but would like more nursing-centric examples, you and your faculty could build examples to share with the students that would help facilitate communication between the faculty, students and staff. You should be able to locate the Communication Guide. That is the link that we provided to Springer. UCSF is building an interactive video module that will be coming out soon. We will make this available to the public for another teaching tool. Let's take a look at student and faculty examples from the guide. You can see in this first one, it's a student example. The student is writing to their faculty member. It says, "Professor Garcia, "I'm so sorry I was late to small group today. "My symptoms are terrible and I had to take medication "in the middle of the night, which made me "sleep in late. "It was really hard to get up on time. "I hope no one is mad at me. "Can you let my leader know so she "doesn't think I'm just lazy? "

Sorry again. "Thanks, Student." Let's deconstruct why this is a poor example. We've all conceded this is a poor example of communication, but I think sometimes we have to remind ourselves that our students could be 21, 22, 23 years old, and not have a lot of experience in this professional communication. So we do need to provide some guidance. But let's talk about why this is a poor example, and how we can use this example to teach students about communicating their disability needs in a more appropriate and professional manner. This example, and several others that are in the Communication Guide. Please, we encourage you, there was one question about sharing this with students. Yes, yes and yes, we encourage you to share this with the students. These examples give explicit feedback about why something is a poor or good example of communication, so it's really helpful in that way. In the example listed here, the student begins the email with an apology, saying, "I'm sorry." However, it's not necessary to apologize for a disability-related need. Students that come to us go through a vetting process, and their accommodations are approved.

One of the things we tell our students is you should never have to apologize for them, or feel the need to apologize for these accommodations. These are accommodations that are approved. Next in this example, the student begins to offer details about why they were late to small group that tend to go beyond the necessary information needed. Students, as Neera stated before, do not need to provide details of their disability or the nature of their symptoms to the faculty. When the student writes, "I hope no one is mad at me. "Can you let my leader know so he or she "doesn't just think I'm lazy," this is a reflection of the student's fear of stigma and judgment due to their disability-related needs, rather than talking about the approved accommodations, which is what the student should be focused on.

Also, the student is clearly not communicating well. If a small group leader needs to be notified of the student's tardiness, as suggested by this email, then it's the student's responsibility to do so, and they should copy them on the email they send. Finally, suggesting that someone might think the student is lazy

is one of those emotionally loaded statements that Neera was talking about. These are definitely not considered professional. Now we've deconstructed an example of a poor email to faculty. Let's turn this around and see how the student could communicate the same thing in a professional manner. In this next slide, you'll see the professional email. It reads, "Dear Professor Garcia, "I woke up today with a significant flare "of symptoms related to my disability. "Per our previous discussion, I'm writing "to let you know I'll be late for my small group today. "I've copied my small group leader for the day "to ensure that she is aware. "I am working out how to best manage my symptoms "so I'm able to be on time moving forward. "Please let me know if you have any questions. "Best, Student."

In this email, the student communicates quite professionally. They reference the sudden onset of a flare. They acknowledge that it's related to their disability, and they reference the pre-existing communication style that was a product of a conversation by the faculty and the student about how to communicate when they're going to be late. In this scenario, it's most likely that accommodation of flexibility of attendance was approved, and again, this previous communication was discussed with the student about how to communicate with the faculty member when the need arises. The student also copied any other parties who should be aware of the circumstances, instead of in the previous suggestion to have the faculty member do that. How do you provide support to faculty around their communication? We've gone over how to do this with a student, and there are several more examples in your Communication Guide handout, but how do you support the faculty?

Well, the same way. You provide examples to faculty similar to the Communication Guide. You can use the Communication Guide, for example, in part or whole to show communication strategies for all of the parties. You could just show the communication strategies for faculty, to faculty, or you could show faculty all of them. I think this is helpful because it helps faculty develop a set of expectations on how students should be communicating with them. Training, video training is coming, like I mentioned before, but you could host talks. You could, in fact, replay the recorded version of this webinar for your group.

Boundaries are especially important. I think it's critical that you make sure faculty understand what not to say. Transparency about the process, and again, referencing webinar five and the policies and procedures, it is critical that everyone knows the process and procedure for registration and for getting those accommodations so that when we're communicating, everyone has a general understanding of how things are supposed to work. You should be providing support to your faculty. If faculty are looking at a communication from a student that may be tricky or they may feel that the communication thus far has been defensive, it's important to support them in knowing how to respond. You also might want to advise them on how to provide support while helping them maintain those boundaries. That can be really tricky for a faculty member who really wants to mentor and help their student, but also wants to make sure that they don't unintentionally say something that shouldn't be said about a disability-related issue. Again, policies and procedures, seeing webinar number five, and making sure that these are in place. Centralized service is another essential component.

Do not decentralize the accommodations process. In other words, having one person or one office that makes sure that everything goes right, and that identifies early issues and handles them in a consistent manner, is really important. If at all possible on your campus, it's important to make sure that you have one centralized office that works with students with disabilities. Expertise. You can refer back to webinar one where we talk about the need for disability providers at health sciences to have an expertise on clinical education. This will really smooth over some of these communication issues and help the DS provider be able to provide that support for the student. One effective method that I have found at UCSF is to educate the clerkship coordinators. They seem to be the point people on our campus for all logistical, scheduling and testing information for any particular clerkship or core course. They're usually the front line folks. These people have monthly meetings. Go in and train them. They really could help the faculty reinforce this good practice. All right, Neera, so we've seen the number one thing in supporting faculty is providing examples. Can you help us understand and show us some examples from the guide around faculty communication?

Sure, thanks, Lisa. I just want to make a quick point before I go into the example. That's that when Lisa and I were developing the guide, I have to admit that initially, I said, "Really, Lisa? "Do we really need to

provide these examples? "Don't people know what good "and bad communication is? "Is this kind of infantilizing?" To be honest, every time we share this guide with people, especially students, sometimes faculty, they say, "Wow. "This is the resource we need." It seems silly, but providing examples and really breaking down why they are good or bad examples really, really helps to demystify the process. Moving onto our example. In this slide, we have an example of a faculty follow-up communication that demonstrates poor communication. In this scenario, a student has communicated to their faculty member that they have a disability, and inquired how they might access accommodations in the course. This is the response Professor Smith sent to the student. "Dear Student, "thank you for coming in today. "After our discussion, it sounds like "you will be just fine in the course "without any accommodations. "If you need them, the office is always there, "but hopefully, you keep working hard "and will not need them. "Best, Professor Smith." Let's deconstruct why this is poor communication.

The email, first of all, minimizes the student's request by implying that if the student works hard enough, they should not need accommodations. It vaguely refers to the DS office, "the office," but does not give the student any specific information about next steps or contact information. In my opinion, the tone is too casual, and really dismisses the student's stated needs. This is an example of one of those brief emails that includes microaggression, as we discussed earlier. If you work hard enough, you won't need those accommodations that you asked about. The email also raises issues highlighted in the North v. Widener case. That was the one we referenced earlier. In this case, a graduate student disclosed to a faculty member that he had ADHD. The faculty member advised the student not to disclose this to other faculty because it could make him appear ill suited for the program. The student followed this advice, but was ultimately dismissed because he failed his qualifying exams by one point. The student sued for discrimination, alleging that he had a disability and the school knew. He never applied for or received accommodations, due to having been dissuaded by the faculty. Not only is this poor communication, but also potentially puts the university at risk for not meeting its obligations to students. When a faculty member receives communication, whether it's in person or in writing from a student about their disability, it's their responsibility to send them to the appropriate office.

Let's see what might have been a better email Professor Smith could have sent. Here's our good communication example. "Dear Student, thank you for meeting with me today. "Because you self-identified as having used "disability-related accommodations in the past, "I wanted to follow up with information "about the Office of Disability Services "here at the university. "Information about applying for services "can be found on the school website." It provides a link to the website. "I've also copied the Director "of Disability Services on this email, "as you expressed interest in speaking "with a DS staff member. "I encourage you to make an appointment "to explore the possibility of using accommodations. "I hope you find this resource helpful. "Best, Professor Smith." Let's review and deconstruct why this is a better response. First, Professor Smith has followed up with specific contact information, providing the student with a clear and easy way to get information about accommodations and follow up with the appropriate office. She copies in the Director of Disability Services, so they have a heads up that the student has been referred, and can follow up with them directly as well. The tone is different, it's warm and welcoming, encouraging the student to use the service, and doesn't suggest that it's shameful or unusual for a student to use the service. It's kind of matter of course. It's here, people use it. As we've discussed before, putting conversations into writing leaves that paper trail that you want, should there be any question later about whether the student was given appropriate information at that registration. I'm going to hand it over to Max.

Thank you. You've heard a lot about how communication is central to professionalism, both from the student's perspective and the faculty's perspective, why it is critical for students with disabilities to communicate effectively and in a timely manner, and how faculty can support students by following some of the communication guidelines. Overall, we see that there are some themes or guiding principles for all parties, including being clear and concise in your communication. Then communicating and following up in a timely manner. Ensuring that faculty are aware of the processes for accessing and providing accommodations. Then when difficulties, or if difficulties, arise, that faculty and students should involve DS immediately to avoid any delay or disruption to services. The students must take responsibility for following up about their disability-related needs. The student must take this responsibility, but the students are not obligated to disclose personal information, nor should they, nor should we urge them to

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do that, unrelated to arranging accommodations to faculty or administrators, and faculty should not ask. The DS providers need to provide guidance to students around communication in a professional school setting, giving students the tools they need to communicate effectively. Schools must provide effective faculty development so that faculty know what to do and what not to do. Give the faculty the tools. No one is asking faculty to change performance standards, just to level the playing field. Now we turn it over to our moderator, Elisa, for questions. Elisa.

Hi, thank you so much, Maxine. We are ready to take questions now. There have already been a few submitted in the box. You all should feel free to continue to submit your own questions. There have been several questions that I want to start with that deal with the materials and the handout and this guide that you all have been referring to and using as part of the presentation. Several folks have been interested in getting copies of the guide, and also knowing whether it was okay to share the guide with their students. Could one of you address that particular question?

Hi, it's Neera. I'm happy to address that. The guide has actually been published in our book and in a slide in a moment, there will be some details about that book. If you're interested, have a look at the book. We think it's a great, really practical resource, but also, there's a link that's been provided to you for the actual guide that's been published by Springer as an extra resource that's actually free to the public. It's in PDF format, and it's available on their website. It's available through the AAMC site, where the other materials for this webinar are provided. We've put it a few times in the Q and A box. I'm not sure if people have seen that or not. If people haven't, please put a little question in the box, and we can send that link to you again.

Wonderful, thank you so much, Neera. The first question that we have is regarding the tension between in-person conversations versus emailed conversations. The question is, in general, emails are fraught with interpretation problems. In the situation of accommodations, would an actual conversation alleviate the problems of electronic communication, when possible?

Lisa, so you want to take that one?

Sure. I have some definite thoughts on that. I think there's good and bad to everything. One of the great things about in-person communication is that it certainly does make a student feel supported, and you can communicate more emotion. You can look the student in the eye, and that personal connection is really hard to replicate in an email, as the question suggests. However, I think that the upside to communicating, especially the specifics of a disability-related need or an accommodation, in writing is that it provides a paper trail. It provides a reference point for students and faculty to go back and confirm, should something go wrong. The great thing about email is also that it's date/time stamped, so should there be any litigious activity down the road, you're able to follow the conversation and the agreement that was put into place between the faculty, the DS provider and the student. Sometimes email can be a positive, but I understand it takes away from that face time and those nice mentorship-type conversations with the student. The problem with the face-time communication with the student, especially on things like this, is that if the conversation happened to be very emotional for the student, they might remember things incorrectly. As well, it can always turn into a he said-she said situation.

We've seen those, certainly, throughout our work across all schools, where a faculty member believes that one agreement was made, and the student states that another agreement was made, and there's no documentation of that conversation. If you're going to have a conversation in person with a student, if you really like that face time, that's great. What I would recommend is that you follow up with an email. That is how I work all of my intake appointments. I meet with a student, we have a conversation about their needs, and then, essentially, my notes about the appointment are written up in an email format to the student, saying, "It was really nice to meet you today. It was great to talk about the situation. Here's what we talked about, here's what we decided, here's the follow-up from me, and here's the follow-up for you. Let's meet again on such and such a date to make sure this is working." I really encourage people to be very specific about their communication, and at some point, have a in-writing, on-paper point of contact to reference about the specifics. I'd love to know if Max, as a faculty member, do you have a different perspective, maybe?

The only thing I might do differently as a faculty member is actually ask the student to write back to me after a meeting, summarizing the points that we discussed. I find that by doing so, it's sort of almost a teach back, if you will. It gets to some points that may not be clear. I think there is something very nice about face to face, particularly in an area as sensitive as this, so the student feels that the school is an ally, we're in it together, we're in it for the student's success, but then absolutely follow up with some formal documentation. I think documentation from the student to the school or vice-versa is the best, but if for some reason that can't happen or didn't happen, then the faculty member should always make notes to self or notes to some file, if you will, to document that the meeting occurred.

Those are really good points. I especially love, it gives you an opportunity to see how the student perceived the conversation, if you're asking them to summarize it. That's great.

But the one thing I would always do is send an email to the student having a link, for example, to Disability Services or to any other services. That is a paper trail.

Yes, definitely. Thank you so much for those answers. The next question that we have is about students who may be oversharing with faculty. The question is, how should a faculty member handle a student who chooses to share specific diagnosis about their disability or details about their disability? Neera, is this something that you want to address? Then we can hear from Maxine and Lisa as well.

Sure. I'm happy to start this one off. What I was thinking when I saw this question is it depends a bit on the context of that situation. Depending on really what is the situation in which the student's sharing it, what is the manner in which they're sharing it, would dictate a little bit about how I would recommend a faculty member respond to it. But generally, I would say that a faculty member should say, be open and be supportive and say, "Thank you for sharing that with me, "but it's not necessary for you to tell me "that information. "There's a formal process for "requesting accommodations "and requesting support "related to your disability," and refer them to the Disability Service office right away. Not to kind of engage the student in details about it, but just to say, "You don't need to share that information with me. "What you really need to do is share that "with Disability Services because they "hold that information, and they're responsible "for making the right determination "about accommodations. "They'll work with me if they have "any questions about how that's appropriate "for this class." Really trying to not cut someone off and say, "Don't share that with me. "What are you doing?" but really to say, "That's helpful for you to let me know that, "but you really need to let "Disability Services know that." Max, do you have thoughts about that cause I'm sure you've been in that situation before.

Yes, I would be, I think, a bit more direct. I'd say the things that you said, and then I would add, "I must "respect the boundaries." I'd say, I'd use the word boundaries. "I must respect the boundaries "of being your faculty or your administrator "or your whatever." Articulate the concept of boundaries. "I have to respect those boundaries, "so this is information that needs to go "to Disability Services, and not to me."

That's a really great point, Max. I think absolutely articulating that is really, really important. Being really, really direct with students, I think, is helpful.

So can I ask a follow-up question to this, you guys, which is, suppose a student has documentation that they're handing a faculty member. "Here's a note from my doctor saying "that I have a disability," for example. How should faculty members handle that kind of situation, where it's a different sort of overdisclosure by a student?

I'll be happy to take that. I would not accept it. I think any faculty member should be instructed not to accept that. At that point, you're already being put on notice in an uncomfortable way. I think that having the student hand deliver the information to Disability Services is important. I really did like Max's explanation around using it as a teaching moment to talk about boundaries, and in a really non-punitive way. Whenever we talk about boundaries with students, it usually is a result, it comes in a punitive almost way because they've done something wrong, but this is something where they wouldn't know. I was just at this amazing conference at Rush. The keynote speaker said, "People don't know "what they don't

know. "Our students might not know this. "They may have "used this technique before, in undergrad, "and that was how things were done."

But I love the way Max said. It opens up a door to talk about boundaries in a way that's still really supportive. I would add onto that that the faculty member should follow up Again, me with the paper trail and the follow up, but should follow up with an email to that student saying, "It was great seeing you today. "I know you tried to give me "some documentation around your "disability-related needs. "However, as discussed, "that should go directly to this office," and then provide that contact information. Like Max said, either the link or the person's name. I always think it's best if you can give a direct name. I think using those two things together would be a great way to respond to a student who, perhaps, was giving their disability documentation. Again, I want to acknowledge that students may not know what they're supposed to do with that information. It may be very innocent, them trying to share that information with the faculty member. That's just one more reason why faculty need to be trained on how to respond to a situation like that. That was a great question. Elisa.

All right, well, we're low on time, so there's a few more things here. One more question about where participants in today's webinar might find some of the research articles that were referenced. I know some of that was Maxine's work. Maxine, is there some place you want to refer folks to, to find some of those articles that were discussed today?

If you just go on PubMed and type in Papadakis, A, and the search word of professionalism, some things should pop up.

Great, perfect. Thank you for that. Just a couple more things before we leave everybody. One is that if you are interested in joining the List-Serv, here's the contact for that. If you are interested in ordering the book that's been referred to today, which has a lot more of the Communication Guide kind of information in it, here's a promo code for that. Then we have one more webinar in this series coming up in a couple of weeks. That webinar is a much more robust Q and A. We've collected some of the questions that we've gotten at the end of webinars that were too detailed to go into in the short amount of time left at the end of a webinar. We'll be putting all of those together into one webinar. Questions will include things like how to work with clinical sites that refuse to implement approved disability accommodations, specific strategies for working with students who are applying for accommodations on licensure exams, best practices for keeping office documentation to help avoid litigation, what to do when a student is disclosing to the wrong place and how to refer them to the correct one, which we talked about some today as well. There will be a lot more topics, too. We hope you'll be able to join us then. In the meantime, thank you for joining us today. We hope everybody has a great afternoon.

Thanks, everybody.

Thank you. Bye bye.

Bye.