

Slide 1:

The AAMC Group on Student Affairs is pleased to introduce our speakers today:

Joan Bisagno, PhD
Stanford University

Barbara Hammer, MEd
University of Missouri

Neera R. Jain, MS, CRC
University of California, San Francisco
Auckland Disability Law Centre

Tim Montgomery, MA
Northwestern University

Slide 2:

Please use the Q&A panel located on the right hand side of your screen to submit your questions. Send to All Panelists.

Image description: Describe how to ask questions, explain that questions should be sent to all panelists

Slide 3:

The Coalition wishes to thank the AAMC and for their generous support in developing this webinar series.

Slide 4:

Separating Fact from Fiction:
Debunking Disability Myths and Addressing Legitimate Concerns

Slide 5:

“Possibility is ultimately defined by an individual; whereas, limitations are often defined by society.”

- Christopher Read, Former Assistive Technology Specialist

Slide 6:

Overview

Introduce 4 prevailing myths about students with disabilities studying medicine

Dispel each myth by discussing the reality of the experiences of students with disabilities

Discuss the legitimate concerns that underlie each myth

Explain best practices to provide access without diminishing outcomes for students and patients

Questions

Slide 7:

Myth #1:

Students with disabilities cannot fulfill the rigorous requirements of medical programs.

Slide 8:

Myth #1: Dispelling The Myth

All students must meet the same academic and technical requirements and standards as their non-disabled peers - with or without accommodations

Academic and technical standards provide a clear guide for “what is deemed essential”

“How” students will meet those standards begins the discussion about accommodations

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Myth #1: Addressing Legitimate Concerns

When accommodations conflict with standards ñ start a discussion

“Reasoned deliberations” must take place to determine if the requested accommodations would fundamentally alter the program

Discuss the “unique qualities” of the requested accommodation

Consider alternative accommodations

Essentialness must be more than tradition

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Myth #1: Scenario

Student with a well-documented history of severe chronic health condition that results in frequent, extended hospitalizations

Student qualified for, and frequently used, accommodations through undergraduate career

Prior to starting medical school, student requests the following accommodations:

Leniency in absence policies

Make up exams and homework for time missed

Extra tutoring to cover missed material

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Myth #2:

Providing accommodations to students with disabilities compromises patient safety.

Slide 12:

Myth #2: Dispelling The Myth

Patient safety is one of the most fundamental aspects of health care: accommodations should never compromise safety.

Patient safety concerns must be reasonable, legitimate and well informed.

Clinical setting safety policies, procedures and checks should be in place for all medical professionals

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Myth #2: Addressing Legitimate Concerns

Each clinical setting should have specific safety requirements that must be evaluated individually

Clinical settings that have 'direct impact' on the body may have much more stringent levels of safety required

Open communication and a team approach is essential to evaluate any proposed threat to safety

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Myth #2: Scenario

Student enters medical school with no identified disability

Midway through M2 develops disability

Accommodations include: 50% extended time on exams; 15-minute rest breaks off the clock for every 1.5 hours of testing

Student now entering 3rd year clerkships

Medication side effects and functional limitations:

Mild headache

Hand tremor (side effect of medication)

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Myth #3:

Accommodations in the clinical setting do not prepare students for the real world.

Slide 16:

Myth #3: Dispelling The Myth

Universities are educational institutions not employers

Accommodations are available in the work place

Reasonableness of accommodations can differ between academic and clinical settings

In most cases, we cannot deny an accommodation simply because it may not be available in the workplace, licensing exams, etc.

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Myth #3: Addressing Legitimate Concerns

Technical standards grounded in the current world of work should be upheld

Essential skills should relate directly to the reality of the workplace

Workplace opportunities would be extremely limited if these skills were eliminated

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Myth #3 Scenario

Student requests accommodation of extended time for OSCE

School initially says no citing: patient load management, licensing exam expectations, scheduling barriers

Explore exam objectives: What is being measured?

Discrete portions of exam: preparation, patient encounter, charting

Accommodations available on USMLE Step 2

Human variation in medical practice

Reality of 1.5 ext time = 3 minutes, not 1 hour

Outcome:

Requests reviewed case by case

Pre-book additional day for exams with accommodations

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Myth #4:

Students with disabilities cannot handle the intensity of health science programs.

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Myth #4: Dispelling The Myth

Same successes and challenges as their non-disabled peers

Inherent stressors of medical school

Divorce/relationship difficulties

Financial struggles

Family/personal acute/chronic health challenges

Academic difficulties; some for the first time

Students with disabilities have no more or less ability to handle the intensity of the programs, but need to feel supported by the school so they:

Can develop resiliency and coping strategies to use in the future

Don't hesitate to disclose and forgo support and assistance.

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Myth #4: Addressing Legitimate Concerns

Avoid making stereotyped assumption about a particular disability

Base concerns on actual student performance, not assumptions about students' ability re: disability

Coordinate campus resources to address the challenges of all students

Proactively address academic support, mental and physical health, self-care, and work life balance

Slide 22:

Myth #4 Scenario

Student enters medical school.

Family lives with the student, parents, spouse (could not work for temporary health reasons), and 2 young children

All household responsibilities falling on the student shoulders.

Limited time to study and prepare academically.

Begins to struggle academically; student's academic success has been a significant part of the student identity

Financial limitations and restrictions; while the student is seen as the primary provider

Student feels immensely overwhelmed and begins to contemplate suicide.

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Questions?

Slide 24

Resources

To join the List-Serv contact:

Leigh Culley at lculley@pitt.edu

For more information on the Coalition go to:

sds.ucsf.edu/coalition

To order the book visit:

Save 20%

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Slide 25:

Be sure to register for the next

webinar

Clinical Accommodations:

Upholding Standards While

Creating Equal Access

(7/9/15)

Details and Registration can be found

www.aamc.org/gsa

