UCSF School of Medicine

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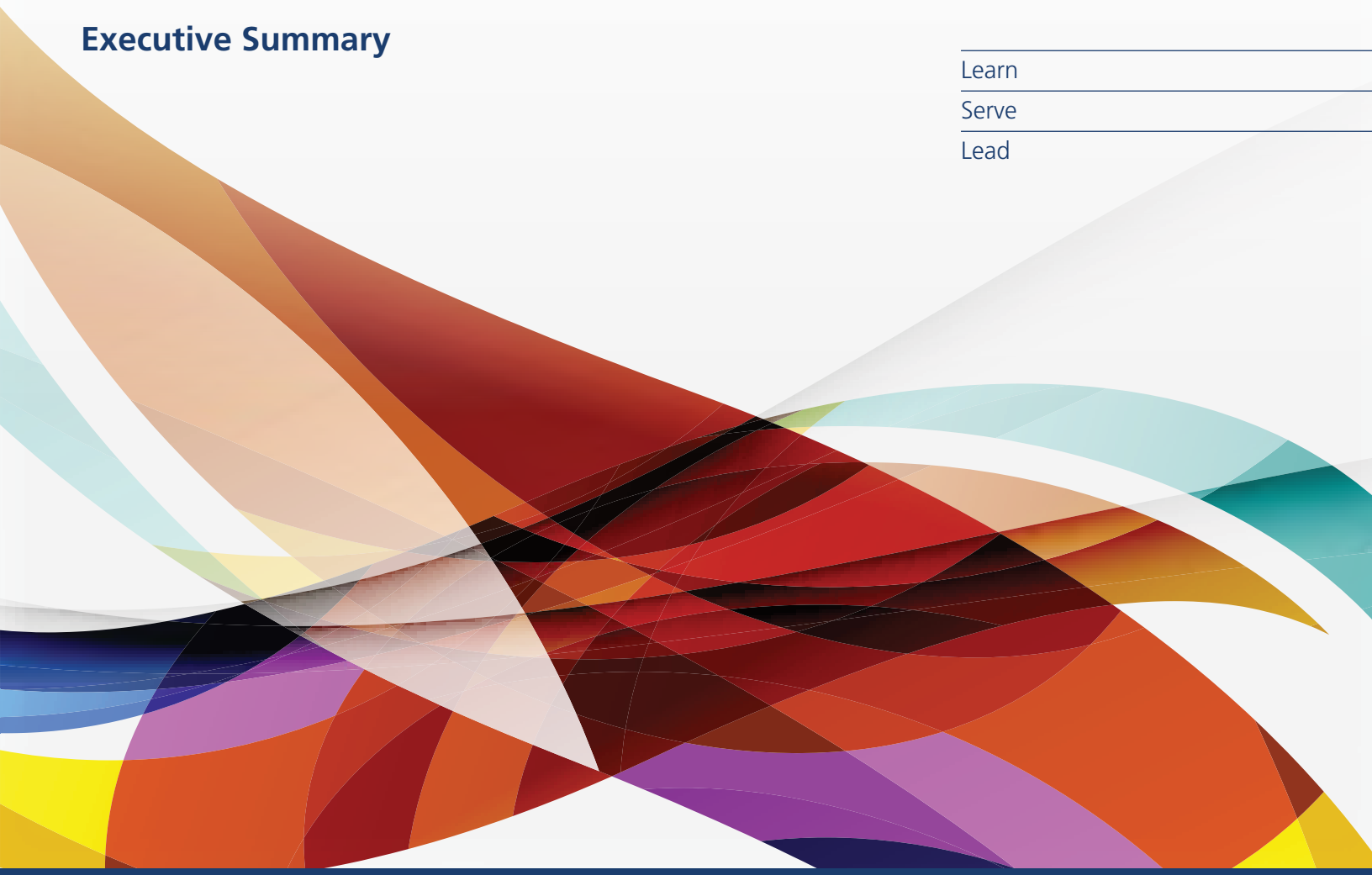
Learners and Physicians with Disabilities

Accessibility, Action, and Inclusion in Medical Education

Executive Summary

Learn
Serve
Lead



Association of
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DISCLOSURES

Lisa Meeks was on the faculty at the University of California, San Francisco, School of Medicine (UCSF-SOM) during the development, data collection, and writing of this report. She was also the president-elect of the Coalition for Disability Access in Health Science and Medical Education at the time of the study.

Neera Jain is the policy advisor for the Coalition for Disability Access in Health Science and Medical Education.

Students from UCSF-SOM were not included in the study to avoid any conflicts of interest. However, UCSF policy and practices were highlighted in this report as examples of leading practices.

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Executive Summary

"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." — Harvey Cushing, MD, the father of neurosurgery, in a letter to Henry Christian, MD, November 20, 1911

The waters of medical education are inherently turbulent and difficult to navigate. This is especially true for learners with disabilities, who experience unique barriers in the course of their training. Medical educators have sought guidance in their efforts to support these learners as they enter and graduate from medical school. What was once relatively unusual has become much more common in medical education: About 1,500 medical students with disabilities in the United States currently receive accommodations. While there has certainly been growth in the number of students who disclose a disability, the proportion of those students who seek accommodations remains small, at 2.7%.[1]

The Association of American Medical Colleges (AAMC) and the University of California, San Francisco, School of Medicine (UCSF-SOM) sought to understand the lived experiences of learners with disabilities navigating medical education by gathering the perspectives of students, residents, and physicians with disabilities. This report weaves together the major themes shared by these individuals with current research in order to capture the current state of medical education for qualified learners with disabilities. The intended audience includes medical students, residents, faculty, institutional leaders and administrators, and aspiring applicants and their advisors. The report is designed to help the reader understand the lived experiences of learners with disabilities and to catalyze movement toward practices that ensure that all qualified learners, regardless of disability, have equal access to medical education and the profession of medicine.

Participants in the Lived Experience Project were recruited through announcements on relevant email lists and to medical school disability service providers, as well as through direct email to known residents and physicians with disabilities and advertisements in materials produced by relevant professional groups. The lead researchers developed a short online questionnaire and a semistructured interview guide. A total of 47 interviews were conducted, each exploring the factors that create barriers to medical education. The interviews also focused on mechanisms that support learners with disabilities and solicited recommendations for improving medical education for those with disabilities. The report shares major themes across the experiences of those interviewed, a small proportion of the overall population of learners and physicians with disabilities. Findings in this study may not generalize to the experiences of all medical learners and physicians with disabilities.

The report lays out the ways structures, culture,[2] and climate[3]—both in institutions and academic medicine writ large—generate barriers and supports to education. Barriers that follow from certain structural arrangements include:

- Uninformed disability service providers
- Lack of clear policies and procedures
- Lack of access to knowledge about nuanced clinical accommodations and assistive technology
- Lack of access to other meaningful accommodations
- Failure to publicize technical standards and to provide information on accessing accommodations
- Technical standards that do not reflect current technology and other developments in medical practice
- Lack of access to health care and wellness supports

Structural arrangements that are more conducive to supporting learners with disabilities include:

- Access to appropriate accommodations
- Ease in accessing accommodations
- Knowledge of clinical accommodations and medical education among disability service providers
- Personal networks and student organizations

Although changes in structural barriers and supports are relatively easy to identify and measure, changes in culture and climate that affect learners with disabilities are not. In this report, the culture and climate of schools affected learners greatly, imposing barriers such as:

- Stereotypes and stigma
- A "clinicalized" culture
- Negative peer attitudes
- Restricted views of disability leading to learners being counseled out of specialties

Culture and climate elements that tend to support students include:

- Openness to disability in admissions
- Peer support networks and physician mentors
- A top-down commitment to diversity

Throughout this report and summarized in an appendix, the authors make recommendations to help guide stakeholders in academic medicine as they work to improve the climate for learners with disabilities. The recommendations align with the supportive factors identified earlier in this summary. As with the findings, the recommendations are organized by structure and culture and include both institutional and individual role-based guidance. Structural recommendations focus primarily on how to increase meaningful access for learners with disabilities. They include:

- Designating and providing resources for disability service providers who are knowledgeable about medical education
- Publicizing clear, accessible policies and processes
- Providing access to appropriate accommodations
- Reviewing and revising technical standards in light of current promising practices
- Normalizing help-seeking behaviors and facilitating access to wellness services

The recommendations for fostering a culture that is welcoming and inclusive of learners with disabilities emphasize professional development, awareness, and openness. Specific recommendations include:

- Regularly assessing institutional polices, processes, services, and physical space
- Providing ongoing professional development for faculty and staff
- Integrating best practices in disability, as well as accessible and respectful language, into curricula and pedagogy
- Infusing disability into all diversity and inclusion initiatives
- Making information about disability services and accommodations easily accessible
- Reviewing recruitment and hiring practices
- Taking a universal design approach to both physical space and learner activities and experiences

Today 19% of the U.S. population identifies as being a person with a disability.[4,5] With that in mind, we can predict that a large percentage of our patient population will have disabilities. Increased physician diversity has resulted in positive effects on patient care and access for other marginalized groups, such as low-income people, racial and ethnic minorities, and non-native English speakers. Our belief is that similar benefits can result from educating and employing physicians with disabilities.

We hope that you embrace the spirit and findings of the report, especially where we discuss the mechanisms by which medical educators can reduce barriers. We hope that this report sparks discussions, the sharing of experiences, the adoption and enhancement of promising practices, and the continued exploration into how best to provide meaningful access and support to learners and physicians with disabilities.

In the process of conducting interviews, the research team heard stories of resilience, persistence, struggle, and success. The impact of medical educators and administrators on learner success was indisputable, the need for change undeniable. This report represents only the beginning of the work needed in this area. We hope the findings and recommendations will prompt leaders in academic medicine to augment their efforts to improve the state of disability in medical education.

Notes

1. Meeks LM, Herzer KR. Prevalence of self-disclosed disability among medical students in U.S. allopathic medical schools. *JAMA.* 2016;316(21):2271-2272.

2. *Culture* is a pattern of shared basic assumptions members have learned as the organization solved its problems of external adaptation and internal integration. The pattern of shared basic assumptions has worked well enough to be considered valid and, therefore, to be taught, either deliberately or tacitly, to new members as the correct way to perceive, think, and feel in relation to those problems.

3. *Climate* is the meaning organizations attach to policies, practices, and procedures they experience and the behaviors they observe getting rewarded, supported, and expected in the organization.

4. U.S. Census Bureau. *25th Anniversary of Americans with Disabilities Act: July 26* (Report No. CB15-FF.10); 2015. http://www.census.gov/newsroom/facts-for-features/2015/cb15-ff10.html.

5. The current conception of disability supported by the ADA Amendments Act of 2008 comprises a broad range of disabilities: physical, sensory, learning, psychological, and chronic health conditions.

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