



ADA Audio Conference Series May 21, 2019

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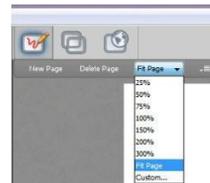
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Customize Your View

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ADA Great Lakes Q & A Session: Accommodating Students with Disabilities in Health Science Programs

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Speakers:

Lisa M. Meeks, PhD, Assistant Professor UMMS,
Family Medicine, Director MDisability Education

Mike McKee, MD, MPH, Associate Professor
UMMS, Family Medicine, Director MDisability
Research/Clinical

Jan Serrantino, EdD, President, Coalition for
Disability Access in Health Science Education and
Consultant with Meeks and Company Consulting

Q: Are there any accommodations specific for people with developmental disabilities? Specifically, someone with high-functioning autism?

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Top 5 Barriers ASD and Health Science Professions

1. Executive Function/ Lack of cognitive flexibility
2. Failure to seek or accept help
3. Perceived condescending attitude with supervisors/peers
4. Awkward interactions with patients
5. Need to be right/refusal to adhere to “unwritten rules”

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Technical Standards and Core Competencies

Communication

Students should be able to communicate with patients in order to elicit information, detect changes in mood, activity, and to establish a therapeutic relationship. Students should be able to communicate via English effectively and sensitively with patients and all members of the health care team both in person and in writing.

Professionalism

Students should maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students and the public. The student is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

Review the student code of conduct and the communication and professionalism domain of the technical standards with the student in advance of going into the ward

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ASD

- Assess self-awareness
- Review professionalism standards and competencies
- Review clinical skills exams as models of patient interaction (video modeling)
- Remediate clinical skills in sim lab or with SP's
- Work with vocal coach-sim director
- Near peer coaching

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Potential Accommodation/Intervention

- Pre-Orientation to electronic health records for each location
- Practice presenting rounds
- Badge with outline of reporting patients
- Reduced number of patients on ward—ramp up or preview
- Noise cancelling headphones for resident/student lounge and nursing station
- Coach on wards-in-vivo feedback
- Video modeling
- Minimize switching clerkship sites

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Accommodations continued:

- Assigned Mentor that meets with student once per week
- Address the “Hidden Curriculum” be direct about expectations for behavior and performance
- Provide scripts for addressing attendings, residents and peers
- Feedback weekly (on wards) in writing
 - Clear descriptions of clinical competencies and measures of where students fall on pass/fail
 - Very specific feedback regarding any deficits, with clear examples and pathways to remediate
- Release of time from wards to engage in wellness

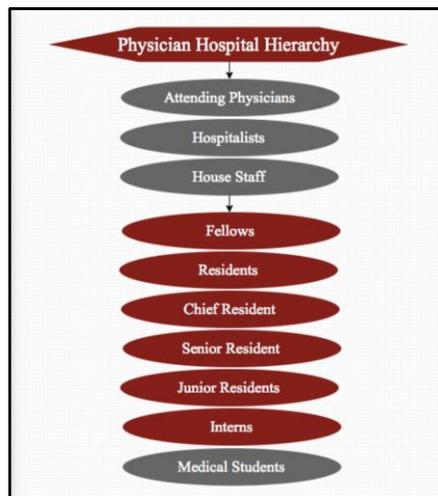
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Sample 'Badge'

- Key features of presentation:
- **Opening one liner:** Describe who the patient is, number of days in hospital, and their main clinical issue(s).
- **24-hour events:** Highlighting changes in clinical status, procedures, consults, etc.
- **Subjective sense** from the patient about how they're feeling, **vital signs** (ranges), and **key physical exam findings** (highlighting changes)
- Relevant **labs** (highlighting changes) and **imaging**
- **Assessment and Plan:** Presented by problem or organ systems(s), using as many or few as are relevant. Early on, it's helpful to go through the main categories in your head as a way of making sure that you're not missing any relevant areas. The broad organ system categories include (presented here head-to-toe): Neurological; Psychiatric; Cardiovascular; Pulmonary; Gastrointestinal; Renal/Genitourinary; Hematologic/Oncologic; Endocrine/Metabolic; Infectious; Tubes/lines/drains; Disposition.

17

Visuals: Help Solidify Concepts like Hierarchy



18

References:

- Meeks LM, Brown JT, Warczak J. Accommodate learners with ASD in a clinical setting. *Disability Compliance for Higher Education*, 2017;23(4):1-5.

19

Q: Are medical licensing boards held to the same standards? Specifically, some medical schools accommodate disabilities under the ADA only to have the medical boards deny them. How is this possible?

20

Top Issues:

- Failure to follow directions
- Failure to make timely request
- Failure to address exam-specific barrier
- Failure to provide evidence of functional limitation when compared to Average Person standard
- Poorly constructed personal statements that work against student
- Failure of school to provide adequate assistance

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Building the argument

Student has a disability

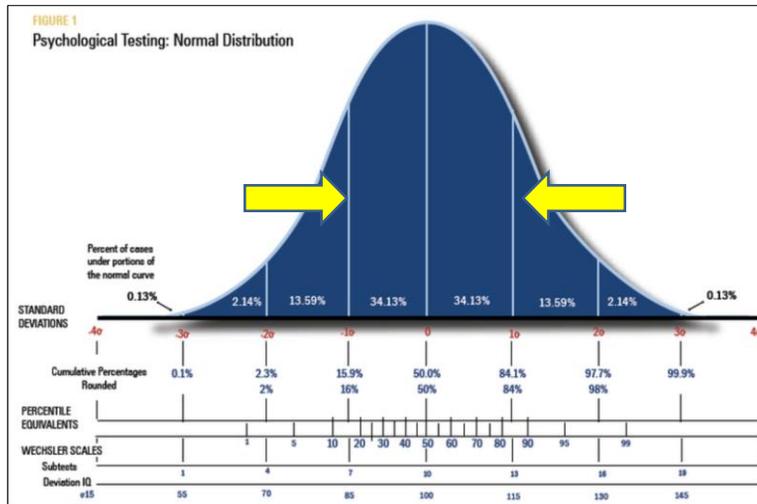
There is a disability-related barrier to accessing the exam

Accommodations will allow for an accurate assessment of student's knowledge

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Average Person Standard



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References:

- Jain N, Lewis C, Meeks LM, Tucker T. The process of requesting accommodations on certification, licensing, and board exams: Assisting students through the application. In N. Jain & L. Meeks (Eds.), *The guide to Assisting Students with Disabilities: Equal Access in Health Science and Professional Education* New York, NY: Springer. 2015.
- Jain, N. R. (2016). Support students requesting accommodations on USMLE. *Disability Compliance for Higher Education*, 22(1), 7-7.
- Jain N, Meeks L. (2016, May 12th). Supporting your students' requests for accommodations on high stakes exams. [Webinar]. *Association of American Medical Colleges Webinar Series on working with students with disabilities*.
[\[https://www.aamc.org/members/gsa/pdopportunities/455170/supporting-studentaccommodations.html\]](https://www.aamc.org/members/gsa/pdopportunities/455170/supporting-studentaccommodations.html)

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Q: When examining documentation of disabilities and/or accommodations, should there be a time limit on that documentation? For example, some schools have no limit while others won't accept documentation older than 3 years.

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A: **It depends*.**

For some ***episodic or fluctuating*** disabilities (mental health, health condition) it may be necessary to have the most recent documentation to support functional impairment.

For ***static or life-long disabilities*** (DHoH, low vision or mobility) documentation is not necessary to provide “proof” of functional limitation.

*Board exams will require documentation within 3 years.

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Q: What are some accommodations for color blindness?

27

CVD Accommodations

Awareness and screening

1. Provide CVD statement to incoming medical students to build awareness.

“Colorblindness or Color Vision Deficiency (CVD) is a common condition that can affect your ability to detect certain clinical indicators. If you believe you have CVD, please alert your instructor. Instructors and students can work to craft appropriate strategies for the didactic and clinical settings. Students who suspect they have CVD, but are uncertain, can undergo CVD screening with student health.”

2. Provide free and confidential screening for CVD

Classroom and lab

1. Use black font for all classroom presentations; denote special items with arrows or number/letter identifiers versus color.
2. Use green laser pointers (in place of red)
3. Provide high quality grayscale prints of slides
4. Make assistive technology available for students with CVD:
 - a) Colored Overlays
 - b) Specialized glasses (e.g., Enchroma)
 - c) Color converting software programs (e.g., Daltonizing algorithm)
5. Use alternative color staining (not red or green)

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Clinical Strategies for students with CVD

1. Use a reflectance meter when reading test strips
2. Cross-checking with colleagues for color dependent diagnosis
3. Focus on shade versus color
4. Focus on patient history and report of symptoms as a cross-checking mechanism for clinical exam observations
5. Utilize apps that allow for low/high B/W contrast in conjunction with devices (cell-scope) (pan-optic)

29

References:

- Meeks LM, Jain NR, Herzer KR. Universal design: Supporting students with color vision deficiency (CVD) in medical education. *J Postsecond Educ Disabil*, 2016;3(29):303-6.
- Serrantino J, Meeks LM, Jain N, Clifford G, Thierfeld-Brown J. Accommodations in the didactic and clinical setting. In N. Jain & L. Meeks (Eds.), *The Guide to Assisting Students with Disabilities: Equal Access in Health Science and Professional Education* New York, NY: Springer. 2015.
- Spalding, J. A. (1999). Colour vision deficiency in the medical profession. *Br J Gen Pract*, 49(443), 469-475.

30

Q: Is an example of technical standards that could be considered for nursing programs?

31

Define “Technical Standards”?

“All nonacademic admissions criteria that are essential to participation in the program in question”

(Southeastern CC v. Davis)

*Abilities present **PRIOR** to matriculation*

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Developing Technical Standards

Schools “shall not impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities...unless such criteria can be shown to be necessary for the provision of the service, program, or activity being offered.”

28 C.F.R. 35.130(b)(8); 28 C.F.R. 36.301(a).

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Discriminatory TS

- **Communication:** A candidate should be able to *speak, to hear*, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only *speech* but reading and writing. The candidate must be able to communicate effectively and efficiently in *oral* and written form with all members of the health care team.

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Well-Written Technical Standard

- **Communication:** Students should be able to communicate with patients in order to ***elicit information, detect changes in mood, activity, and to establish a therapeutic relationship***. Students should be able to communicate via English effectively and sensitively with patients and all members of the health care team both in person and in writing.

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Best Practices for Technical Standards

- Readily available at all points
- On website—easy to locate
- Focus on the *what*—not the *how*
- Include clear directions on how to request accommodations
- Include welcoming statement about disability inclusion
- Remember: all TS met with or without accommodation
- Students sign attestation each year

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Example:

Our System: Chicago, Oak Park, Aurora

 RUSH UNIVERSITY

 Find Faculty  Search

For Current Students
For Residents and Fellows
For Faculty and Staff
For Alumni

EDUCATION AND TRAINING ADMISSIONS THE RUSH EXPERIENCE RESEARCH NEWS AND EVENTS ABOUT SUPPORT RUSH

Home > College of Nursing > Nursing Programs & Admissions > Technical Standards for College of Nursing Students

Technical Standards for College of Nursing Students

Rush University is committed to diversity and to attracting and educating students who will make the population of health care professionals representative of the national population. Our core values — ICARE — Innovation, Collaboration, Accountability, Respect and Excellence translate into our work with all students, including those with disabilities. Rush actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful accountable culture through our confidential and specialized disability support. Rush is committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

Rush University College of Nursing provides the following sample description/examples of technical standards to inform incoming and enrolled students of the performance abilities and characteristics that are necessary to successfully complete the requirements of the nursing curriculum and provide effective and safe health care. To matriculate (enroll) the student must meet technical standards with or without reasonable accommodations and maintain related satisfactory demonstration of these standards for progression through the program.

If you had sufficient education would you be able to perform the following technical standards:

Acquire information:

37

References:

- Kezar, L. B., Kirschner, K. L., Clinchot, D. M., Laird-Metke, E., Zazove, P., & Curry, R. H. (2019). Leading Practices and Future Directions for Technical Standards in Medical Education. *Academic Medicine*, *94*(4), 520-527.
- Ailey, S. H., & Marks, B. (2016). Technical standards for nursing education programs in the 21st century. *Rehabilitation Nursing*.
- Zazove, P., Case, B., Moreland, C., Plegue, M. A., Hoekstra, A., Ouellette, A., ... & Feters, M. D. (2016). US Medical Schools' Compliance With the Americans with Disabilities Act: Findings From a National Study. *Academic medicine: journal of the Association of American Medical Colleges*.

Q: Are Essential Functions the same as Technical Standards?

39

Define “Essential Requirement”?

Knowledge, skills and abilities that a student must demonstrate in order to continue to be qualified once they are enrolled, also known as Core Competencies

Abilities learned **AFTER** matriculation

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Essential Requirements/Core Competencies

- These should communicate the “what” of a educational experience.
- **What** must the student
 - Know
 - Translate to practice
 - Perform (Procedures)
 - Observe
- Should be:
 - Clear, concise, and measurable
 - Behavioral expectations should be part of competency and should be measurable
 - able to “map” on to actual practice (example: reading a radiograph)

41

Q: What other professional resources are available to help identify software, hardware, special tools or techniques and strategies that may be considered for reasonable accommodations?

A: Job Accommodation Network, Coalition List-serv. “The Guide” Occupational Therapists, AT specialists

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Q: In private or for-profit medical schools, do they only consider the operating budget of the school itself? Such as endowments or projected income.

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A: Any school receiving any federal dollars is subject to the ADA. While there are minor differences in private/public it is mostly centered on preference for type of accommodation (if all give equal access) not cost of or funding.

We defer to your legal counsel on the budget considered for accommodation requests, however, note that **Creighton University** is a **private**, Jesuit **university and could not argue undue burden in the Argenyi case (upwards of 250K/year).**

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Q: Are there examples of recommended language to include in notes to students or preceptors about their responsibilities?

45

UCSF maintains language for both on their SDS website. sds.ucsf.edu

The screenshot shows the UCSF Student Disability Services website. The header includes the UCSF logo, "Student Disability Services", and "Student Academic Affairs". Navigation links for "How to Register" and "Students" are visible. The breadcrumb trail is "Home > Faculty > Guidelines". The main heading is "Guidelines", followed by a list of links: "Confidentiality", "Working with Students w/Disabilities", "Appeals & Grievances", and "Audio Recordings". Below this is a section titled "Suggested Syllabus Statement:" with a paragraph of text.

UCSF Student Disability Services
Student Academic Affairs

How to Register Students ▾

Home > Faculty > Guidelines

Guidelines

- Confidentiality
- Working with Students w/Disabilities
- Appeals & Grievances
- Audio Recordings

Suggested Syllabus Statement:

UCSF is committed to providing equal access to students with documented disabilities. To ensure your access to this course and to the program, students with disabilities may contact Student Disability Services (SDS). There you can engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively. Students are encouraged to register with SDS as soon as they begin the program. More information can be found online at sds.ucsf.edu or by contacting SDS at 415-502-6595, studentdisability@ucsf.edu.

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Q: Was the interpreter required at John Hopkins for disability (like hearing) or for language barrier?

A: *Hearing.* Searls is a deaf 2012 graduate of the Johns Hopkins School of Nursing

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Q: Are there any accommodations or assistive equipment for severe stuttering?

A: YES!

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Article by N. Jain in Coalition Corner

COALITION CORNER

Working with students who stutter: Considering oral exams, clinical settings

By Neera R. Jain, C.R.C., M.S.

Health science programs frequently list "effective communication" as a core competency or technical standard. Therefore, concerns may arise about how students who stutter will meet associated program requirements. Remembering that strong communication entails much more than fluency in oral speech is key to approaching these concerns. Students who stutter can be excellent communicators.

Common barriers for students who stutter include oral exams and oral communication in the clinical setting. Engaging in an in-depth conversation with the student is the best place to start. This will help to identify how the student navigates oral communication and what tools and strategies she already uses to aid effective communication.

Jain, N. R. (2019). Working with students who stutter: Considering oral exams, clinical settings. *Disability Compliance for Higher Education*, 24(7), 1-7.

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Modifications

- Text-to-speech features on iphone or ipad
- Extended time
- Short rehearsed statement disclosing their stutter
- Pre-notification to preceptors
- Rehearse common oral clinical interactions with standardized patients in the simulation lab
- Rehearse for OSCE format exams
- Badge with outline of patient presentation
- Education

*Note: **Dr. Wen. Dr. Leana Wen** Harvard-trained E.R. doctor, Rhodes Scholar, professor, and best-selling author and president of planned parenthood was a stutterer.
[<https://www.youtube.com/watch?v=W6z18y2IP6k>]

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Q: Is it the responsibility of the school or the individual to purchase these modifications?

For example, if the student did not have an iPhone, would the school need to purchase one to use with the cellscope? Or is the onus on the student to purchase modification items for their accommodations requests?

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Two Answers

Hospital Equipment

If equipment is being used in the hospital or clinic, you should purchase/own the equipment and encrypt it. Develop a protocol for lock up to protect HIPPA

Student personal devices

- Student purchases personal devices.
- If device is needed for access than program should purchase.
- Stethoscopes (example)
- Mobility device (example)

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Q: Are there mechanisms of compliance or enforcement available to students?

A: *Grievance, OCR*, Formal Litigation*

*How to File a Discrimination Complaint with the Office for Civil Rights
<https://www2.ed.gov/about/offices/list/ocr/docs/howto.html>

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Q: What is the best response to a professor concerned about future requirements? Particularly in situations where they may use these concerns as a reason to deny accommodations in their current program?

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A: The ‘real-world’ is far more flexible than the educational world yet these programs often have an undifferentiated focus. All students **MUST** meet the competencies outlined by the program only. While future employment may or may not present new barriers, the focus from the degree program is educational.

- **Exceptions:**

- **If your program states that students must pass a licensing exam to graduate (then licensing items may be considered).**
- **If the accrediting agency for a program dictates specific clinical hours/procedures, etc. then these can be competencies in a program and students must complete them.**

55

Q: What is the best way to accommodate a student for 1 clerkship where they have to make up the clerkship at a later date without it feeling like a “punishment”? For example, during their study break, summer break, research opportunities, etc.

A: *This will be highly program dependent. While not a punishment, there may or may not be an easy mechanism for the make up and the parties should work together to identify the best option for all.*

56

Q: Is there guidance or suggested resources available for accommodation requests for students with mental health problems, like depression and anxiety?

57

Considerations for Students with Psychological Disabilities

- Technical Standards of Behavior/Communication/Professionalism
- Situational Stress
- Managing patient load-work load
- Attending appointments
- Managing Triggers
- Flexibility in Program/Course Load/Order of Clinical Rotations
- Title IX overlap

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Standard Accommodations

Programmatic

- Decompressing clinical rotation alternative to LOA (decompress for a limited period)
- Remediate skills without notice on transcript
- Housing/alternatives
- Allowing them to stay in program and in housing
- Financial Aid –deferring loans, 6-min

Didactic

- Time away for treatment or to attend appointments
- Flexibility in deadlines
- Copy of notes
- Extended test taking
- Breaks (mental time-out)
- Priority registration (placement at sites)
- Priority seating (placement in room) -seated by the door

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Clinical Accommodations:

- Placement site
- Move or rearrange schedule to allow to withdraw from current site
- Chart review the night before to prepare
- Having female or male preceptor
- Briefly step away to care for their medical needs
- May miss day for significant flare (how many clinical hours they need to engage in overall)
- Regular feedback sessions
- Preview site ahead of time
- Rotation order
- Sleep hygiene—not doing nights (or night floats)
- (Trauma center) to get clinical competency

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Accommodation or Leave of Absence

Accommodation

- If, with the presence of accommodations, student would be functional in clinic
- If student can maintain emotions and good judgment
- If student is not a threat to him/herself or others (patients)

Leave of Absence

- If the student is unable to maintain professional decorum
- If the student needs immediate, inpatient care
- If the student requests LOA

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Unintended consequences of LOA

- Lack of focus, “nothing to get up for”
- Exacerbation of symptoms/conditions
- Loss of housing, revenue and health insurance
- Increased desire to act on suicidal thoughts feeling that all is lost.
- DISINCENTIVE TO SEEK HELP
- Removal from support system (especially critical for URM, FG, Socioeconomically disadvantaged students)
- Removal from friends
- Increased shame, feelings of worthlessness

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Best Practice for LOA Policies

- Conduct an individualized assessment
- Defer to treating physician guidance
- Do not require multiple signatures, letters, fees, or other prohibitive and burdensome steps to take a LOA
- Do not require these items on re-entry
- Remember that this may be the students only support system and source of income/insurance
- Consider all possible accommodations and modifications before mandatory leave or regular LOA
- Create a culture where students feel safe disclosing disability related to mental health
- Ensure that you assign an advocate for SWPD in the DS office
- Be transparent about the fact that accommodations for psychological disabilities are available

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Q: Is there any guidance or resources to develop technical standards for applied healthcare fields (e.g., **OT**, **PT**, **SLP**), whose technical standards might look a bit different than medical education?

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Q: Occupational therapy educational programs are required to facilitate and track student development of professional behaviors. Is there any guidance or resources for revising technical standards to better address the convergence and divergence of technical standards and professional behavior development?

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Technical Standards

- **BEHAVIORAL AND SOCIAL ATTRIBUTES:** Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly complete all responsibilities attendant to their curriculum and to the diagnosis and care of patients. Candidates must display characteristics of integrity, honesty, attendance and conscientiousness, empathy, a sense of altruism, and a spirit of cooperation and teamwork. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients and their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact in a courteous, professional, and respectful manner. The candidate for the MD degree must accept responsibility for learning, and exercise good judgment. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Candidates must have the physical and emotional stamina and resilience to tolerate physically taxing workloads and function in a competent and professional manner under highly stressful situations, adapt to changing environments, display flexibility, and manage the uncertainty inherent in the care of patients and the health care system.

----Taken from UCSF SOM

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Q: What are some strategies to address the faculty and health sciences programs (Nursing, OTA/PTA/Sonography/Medical Lab Tech) using the accreditation bodies as defense of technical standards requiring vision, hearing, lifting, etc. Does documentation from the accrediting bodies showing that those technical standards are required exist?

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Q: Many health sciences programs (Nursing, PTA/OTA/Sonography/Medical Lab Tech) are focused on (or pressured to) only admitting students who will be successful. Other than educating the department that having a disability doesn't necessarily mean the student will fail; what are some suggestions do to help the departments look more holistically at their programs and accreditation requirements but maintain inclusion and non-discrimination based on disability?

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Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology Introduction

Approved February 2016 | Last Updated April 2019

4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

Requirement for Review:

- The program must provide evidence that its curriculum and program policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural, linguistic, and individual diversity.
- The program must have a policy regarding proficiency in spoken and written English and other languages of instruction and service delivery and all other performance expectations.
- The program must demonstrate that its language proficiency policy is applied consistently.
- The program must have a policy regarding the use of accommodations for students with reported disabilities.

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Non discrimination guidance

1.8 The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

Requirement for Review:

- The institution and program must comply with all applicable federal, state, and local laws, regulations, and executive orders prohibiting discrimination, including laws that prohibit discrimination based on age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.
- The program must adhere to its institutional policies and procedures—including non-harassment policies, internal complaint procedures, and appropriate educational programs—to ensure that the program complies with all applicable nondiscrimination

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Q: Is it feasible to create Memorandum of Understanding for colleges with facilities who take students for interns, clinicals, etc.? This may address what appears to be fear that if a college asks for ADA compliance for a student, then the facility will not allow students thus the program will have to be eliminated b/c no one will allow a student with a disability to gain experience at their facility.

A: **YES.** All affiliation agreements should include an understanding that accommodations will be put into place according to program approval. Remember that YOU, as the program, are required to cover the expenses of accommodation (minus physical space) and are responsible for ensuring equal access.

71

Q: Would it be effective to allow students with disabilities to have assistants available to help during difficult requirements in Lab? Is it valid to be concerned about whether or not an assistant would be allowed in a real life situation?

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A: Qualified students with disabilities who require an intermediary or assistant in order to reduce the barriers to the lab would qualify for a reasonable accommodation. That assistant would be considered potentially reasonable in a workplace setting as well.

The National institutes of health (NIH) provides supplements supplements to support diversity and **students with disabilities** assist programs by offsetting costs for accommodations.

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Q: Nursing programs have concern about students who cannot perform 100% of tasks that might be assigned to any nurse. But there are MANY jobs nurses can hold, most of which would not require the range of tasks that would present a barrier. Has there been any action to address the reasonableness of this barrier to training and licensing?

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A: • As with medicine, most nursing programs are
• graduating undifferentiated nurses (those who can enter the field and perform any task).

As assistive and adaptive technologies emerge there will be multiple mechanisms for reducing or removing barriers that prevent a student from being “qualified.”

Importantly, programs should assure that any entry (technical standards) or advancement (essential standards) requirements be uniformly applied to all students, regardless of disability status.

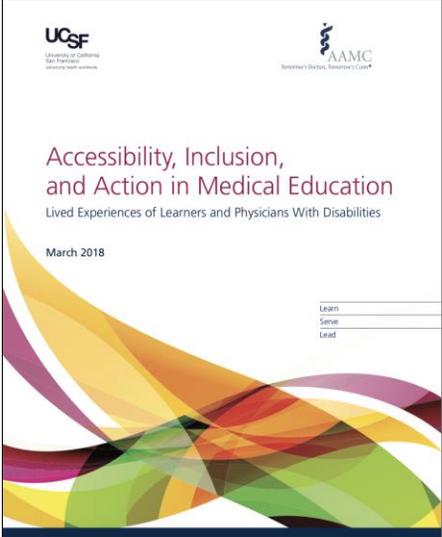
Example: CPR

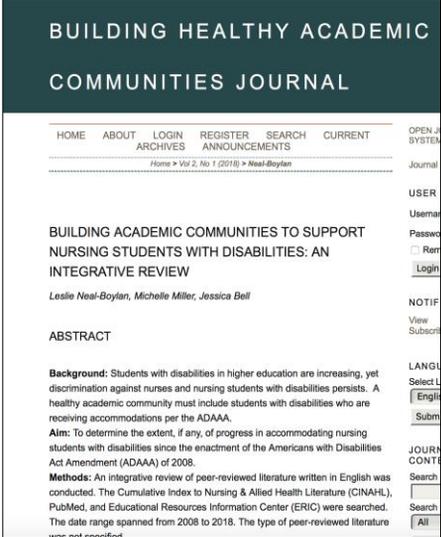
75

Q: • Is there any published research on the extent of barriers to participation in or discrimination against students in health/medical programs?

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References:





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Q: Is there a centralized “toolbox” that might describe accommodations for health/medical students? (Some students may not be sure exactly what to ask for, what supports are available.)

Coalition for Disability Access in Health Science Education

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Lisa Meeks @MeeksLisa - Apr 23

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That's right! Thanks for creating a health system where we can make that possible. #GoBlue! @umfamilymed #DocsWithDisabilities #UM_AdaptiveSports #MDisability_UM #DisabusingDisability

Michigan Medicine @umichmedicine

Physicians, patients, and students throughout Michigan Medicine are breaking down barriers and showing the world just how capable they are, from the OR to the basketball court. #docswithdisabilities

MDisability @disability_UM - Mar 27

Our Twitter account is just waking up...subscribe here for updates as #MDisability grows bit.ly/m-disability-s... and make sure you're following our department @umfamilymed

Resources

- AAMC Report
- #DocsWithDisabilities Campaign (Twitter)
- @UMFamilymed, @meekslisa
- 20 min trainings for faculty: UCSF
<https://sds.ucsf.edu/working-students-disabilities>
- AAMC Webinars on Disability
<https://www.hsmcoalition.org/webinars>
- Coalition for Disability Access In Health Science
- www.hsmcoalition.org
- Coming Soon! MDisability website

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QUESTION AND ANSWER SESSION: ON ACCOMMODATING STUDENTS WITH DISABILITIES ENROLLED IN MEDICAL AND HEALTH SCIENCE PROGRAMS

Lisa Meeks, Assistant Professor, University of Michigan Medical School Department of Family Medicine



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