



## ADA Audio Conference Series May 21, 2019

This session is scheduled to begin at  
2:00pm Eastern Time

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

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Please consider the environment before printing this PowerPoint

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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

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**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.

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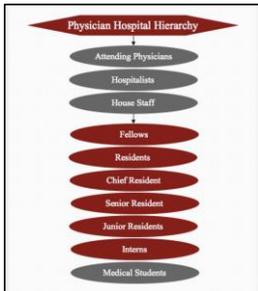
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### Visuals: Help Solidify Concepts like Hierarchy



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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.




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**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?




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**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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**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?

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

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### 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 *spea***k**, *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 *spee***ch** but reading and writing. The candidate must be able to communicate effectively and efficiently in *ora***l** 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 *elic***it 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 *wha***t**—not the *ho***w**
- 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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### 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)



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**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.

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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?

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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.



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]



**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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**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.**

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**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.*

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

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### 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.

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**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



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**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.)

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### Coalition for Disability Access in Health Science Education

HOME The Coalition Resources Symposium News CONTACT

#### Resources



Organizations



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Student Support



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Speakers Bureau and Training



Articles

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### #DocsWithDisabilities



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Thank you for participating in today's  
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**Next Session: June 25, 2019**  
**Effective Communication: What Does  
That Mean?**

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