DISSED: DISABILITY AS A DIVERSITY ISSUE IN MEDICAL EDUCATION

Jeffrey Cain, MD
Alicia Wong, MD, MPH, MA

Academy of Medical Educators
Grand Rounds
Oct 20, 2020

"Do you have a longer straw?"
DIVERSITY IS A SOCIAL JUSTICE ISSUE

<table>
<thead>
<tr>
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</tr>
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<td>34%</td>
<td>76%</td>
</tr>
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US Census 2012
# Disability is a Social Justice Issue

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<th>w/o Disability</th>
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US Census 2012
Disability Impacts ALL of US

A Snapshot of Disability in the United States

Click for state-specific information →

22% of adults in the United States have some type of disability

The percentage of people living with disabilities in each state is highest in the Southeast.

Percentage of adults with select functional disability types

- **13.0%** MOBILITY
  - Serious difficulty walking or climbing stairs

- **10.6%** COGNITION
  - Serious difficulty concentrating, remembering, or making decisions

- **6.5%** INDEPENDENT LIVING
  - Difficulty doing errands alone such as visiting a doctor’s office or shopping

- **4.6%** VISION
  - Blind or serious difficulty seeing, even when wearing glasses

- **3.6%** SELF-CARE
  - Difficulty dressing or bathing
### Persons with Disability as Under-Represented in Medicine (URM)

#### Percent with Physical Disabilities

<table>
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<tr>
<th>Level</th>
<th>Percentage</th>
</tr>
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<tr>
<td>High School</td>
<td>10.9%</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>11.1%</td>
</tr>
<tr>
<td>Medical School</td>
<td>0.56%</td>
</tr>
</tbody>
</table>

2010 US Census
University of Colorado Family Medicine Resident Composite
2016-2017

PGY 3

Katelyn Arnett, MD
Lisa Assante, MD
Sara Foster Fabiano, MD
William Kim, MD
Rexie Maxwell, MD
Sandy Molina, MD
Samantha Nair, MD
Alexander Saks-Sachs, MD
Allison Schorringer, MD
Emily Spencer, MD

PGY 2

Scarlett Colangelo, MD
Troy Curtis, MD
Hannah Feld, MD
Harriet Hoang, MD
Seth Mathews, MD
Seth O’Connor, MD
Cheyenne Peggott, MD
Shane Peggott, MD
Sarah Reid-Scranton, MD

PGY 1

Lauren Bell, MD
Stephanie Geddes, MD
Lindsey Kline, MD
Kyle Leggett, MD
Emily Line, MD
Logan Max, MD
Melissa Neumann, MD
Brigette Utter, MD
Allyson Ward, MD
Jessica Zia, MD
UNIVERSITY OF COLORADO
FAMILY MED GME
2001-2019

179 R1 Residents

Women 60% (107)
UNIVERSITY OF COLORADO
FAMILY MED GME
2001-2019

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Persons of Color 22% (40)
179 R1 Residents

- Women: 60% (107)
- Persons of Color: 22% (40)
- Open LGBTQ: 4% (7)
179 R1 Residents

- Women: 60% (107)
- Persons of Color: 22% (40)
- Open LGBTQ: 4% (7)
- Open Disability: 0.56% (1)
DISABILITY AS DIVERSITY IN MEDICAL EDUCATION

1. Social Model of Disability
2. Disability as URM
3. Disparities for Trainees with Disabilities
4. Solutions for Disability Equity
DISABILITY HISTORY

http://dhss.alaska.gov/gcdse/Pages/history/pdf_guide.aspx
“Public Burden”

The Beggars by Pieter Bruegel, 1568.
"Of late we have recognized a higher type of defective, the moron, and have discovered that he is a burden; that he is responsible to a large degree for many if not all of our social problems."

– Dr. Henry Goddard, 1915
INSTITUTIONALIZATION

"Euthanasia through neglect."

– *Shame of the States*, 1948
The Only Disability in Life is a Bad Attitude.

MDA Telethon
Helping Jerry’s Kids
DISABILITY CIVIL RIGHTS

https://youtu.be/SXqXieHAE2Q
The Rehabilitation Act of 1973, Section 504
Education for All Handicapped Children Act, 1975
Individuals with Disabilities Education Act, 1990
Americans with Disabilities Act, 1990
ADA Amendment Act, 2008
We created the Medical Model

http://ddsg.org.uk/taxi/medical-model.html
We Must Adopt the Social Model

http://ddsg.org.uk/taxi/social-model.html
Disability as Diversity in Medical Education

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We often omit disability from our definition of diversity.
Unjustified Barriers for Medical School Applicants with Physical Disabilities
Stanley F. Wainapel, MD, MPH

Compared to the percentage of the population that has disabilities, the prevalence of physical disabilities among American medical students is low [1]. This may reflect the difficulties faced by applicants to medical programs resulting from technical standards for admission that place those with physical disabilities at a disadvantage compared to other applicants. These standards have persisted despite antidiscrimination legislation over the past 40 years, including Section 504 of the Rehabilitation Act of 1973 and the more recent Americans with Disabilities Act (ADA) [2, 3]. College students with physical disability who seek admission to American medical schools encounter policy as well as physical barriers to entry. The disconnect between the empowering language of the ADA and the technical standards for medical school admission and graduation compromises the civil rights of this particular group, which have yet to be protected the way the rights of other groups defined by gender, race, or ethnicity have been.
North American Medical Schools’ Experience With and Approaches to the Needs of Students With Physical and Sensory Disabilities
Sarah M. Eickmeyer, MD, Kim D. Do, MD, Kristi L. Kirschner, MD, and Raymond H. Curry, MD

Abstract

**Purpose**
To determine the nature and frequency of impairments and related underlying conditions of medical students with physical and sensory disabilities (PSDs), and to assess medical schools’ use of relevant publications in setting admission criteria and developing appropriate accommodations.

**Method**
A 25-item survey addressed schools’ experiences with students known to have PSDs and their related policies and practices. The survey instrument was directed to student affairs deans at all 163 accredited American and Canadian medical schools. The authors limited the survey to consideration of PSDs, excluding psychiatric, cognitive, and learning disabilities.

**Results**
Eighty-six schools (52.8%) responded, representing an estimated 83,327 students enrolled between 2001 and 2010. Of these students, 0.56% had PSDs at matriculation and 0.42% at graduation. Although 81% of respondents were familiar with published guidelines for technical standards, 71% used locally derived institutional guidelines for the admission of disabled applicants. The most commonly reported accommodations for students with PSDs included extra time to complete tasks/exams (n = 62), ramps, lifts, or accessible entrances (n = 43), and dictated/audio-recorded lectures (n = 40). All responding schools required students’ demonstration of physical examination skills; requirements for other technical skills, with or without accommodations, varied considerably.

**Conclusions**
The matriculation and graduation rates of medical students with PSDs remain low. The most frequent accommodations reported were among those required of any academic or clinical setting by the Americans with Disabilities Act. There is a lack of consensus regarding technical standards for admission, suggesting a need to reexamine this critical issue.
Our Technical Standards Can Be Unclear, Inconsistent, and Exclude Qualified Trainees

Of 161 medical schools surveyed by U-M researchers in 2016:

- Half were vague about how candidates with disabilities are evaluated
- Only one-third of technical standards say outright they would accommodate a qualified student with a disability
- Information for prospective students with disabilities was absent or hard to find on more than half of medical school websites

Source: Academic Medicine
WE MUST SHIFT THE FOCUS OF OUR TECHNICAL STANDARDS

- Focus on “what” (competency)
  - Not “how” the skill must be completed

- Move from Organic Technical Standards
  To Functional Technical Standards

  - Instead of specific physical, cognitive, behavioral, and sensory abilities
  - Focus on outcomes and clarify that such abilities may be demonstrated with or without accommodations
Accessibility, Inclusion, and Action in Medical Education
Lived Experiences of Learners and Physicians With Disabilities

March 2018
1. Social Model of Disability
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ABLEISM AND MICROAGGRESSIONS

“If I were a patient, I wouldn’t want you to be my doctor.”

“Alicia demonstrated an impressive level of maturity, pragmatism and willingness to attempt tasks that she was less likely to perform successfully.”

“Have you thought about what you would do if this doesn’t work out?”

“Did you think about your disability before you applied?”
IT'S HARD TO FIND SUPPORT.
WE NEED LEADERSHIP AND OWNERSHIP

That's a great question. I don't know how to help you though.

Have you talked to [xyz]? They can probably help you.

[SILENCE]
NAVIGATING THE APPLICATION PROCESS IS COMPLICATED FOR TRAINEES

“I’m very sorry to inform you that our committee determined that we would be unable to provide the accommodations you would need in our program.”
**Why the Disparity?**

- Lack of knowledge and experience by faculty
- Disability services separate from medical school, program, and hospital
- Stigma of accommodations in a competitive environment
- Medical training is rigid
- Power differential
I sat down at the large conference room table surrounded by the other medical students, some of whom I recognized from earlier stops on the residency interview trail. As they continued their conversations, I looked around, realizing I was once again the only interviewee who is black. I kept gazing around the room, only to find more faces staring back that did not look like me. Hanging grandly from the walls were faces, painted in watercolor, framed in bronze, and undoubtedly of really important men ... really important white men.
MEDICAL EDUCATION AND THE MINORITY TAX

- Pre-planning
- Steps/Distance
- Accommodation
- Unfair Advantage
INTEGRATING DISABILITY INTO MEDICAL EDUCATION

- Increased Patient Satisfaction and Compliance
- Equal-Status Relationships change Attitudes
- Include Disability in Curriculum
- Legislation and Case Law

-- AAMC March 2018
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Successful Advocacy

• Tell your story
• Define the Issue
• Make an Ask
Disability as Diversity in Medical Education

Ask

1. Diversity Statement
2. Technical Standards
3. Support for Trainees
We are committed to training the next generation of family physicians whose varied backgrounds empower them to provide more equitable health care for their patients.

We strive to provide an inclusive environment for all residents, especially those who come from communities traditionally underrepresented in medicine with regard to race, ethnicity, socioeconomic status, sexual orientation, gender identity, disability, and religion.

As one of the nation’s top institutions for Family Medicine training, our program is proud to attract competitive applicants from across the country with unique paths to family medicine.

Our residents are privileged to serve a diverse patient population that includes refugees, undocumented immigrants, public school teachers, LGBTQIA+ youth and adults, and even other healthcare providers.

We believe diverse perspectives strengthen the collective educational experience for our entire program, and we support residents and faculty who use their unique personal experiences to contribute to a thoughtful and welcoming community.

We believe that our diversity in thought, people, and experiences will make us better able to meet the health needs of future generations.

Learn more about the CU Department of Family Medicine’s mission commitment to diversity and health equity.
Update Your Technical Standards

Featured Advocacy

The University of Michigan Medical School and the Department of Family Medicine release a joint statement on disability inclusion in medical education.
SUPPORT YOUR TRAINEES WITH DISABILITIES

THE GUIDE TO ASSISTING STUDENTS WITH DISABILITIES
Equal Access in Health Science and Professional Education

Lisa M. Meeks · Neera R. Jain
EDITORS
DISABILITY AS DIVERSITY IN MEDICAL EDUCATION

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**Disability as an Under-Represented Minority**


**RESOURCES**

**Supporting Students with Disabilities**


AAMC Webinar “Helping Medical Schools Assist Students With Disabilities.” Available at: https://www.aamc.org/professional-development/affinity-groups/gsa/webinars/assist-students-with-disabilities

#DocsWithDisabilities Podcast. Available at: https://podcasts.apple.com/us/podcast/docswithdisabilities/id1474844514


**Building Cultural Competency**


Disability Rights Education and Defense Fund. Available at: www.dredf.org

Young, Stella. (2014). "I am not your inspiration, thank you very much." *TED Talk*. Sydney, Australia. Available at: https://youtu.be/8K9Gg164Bsw
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