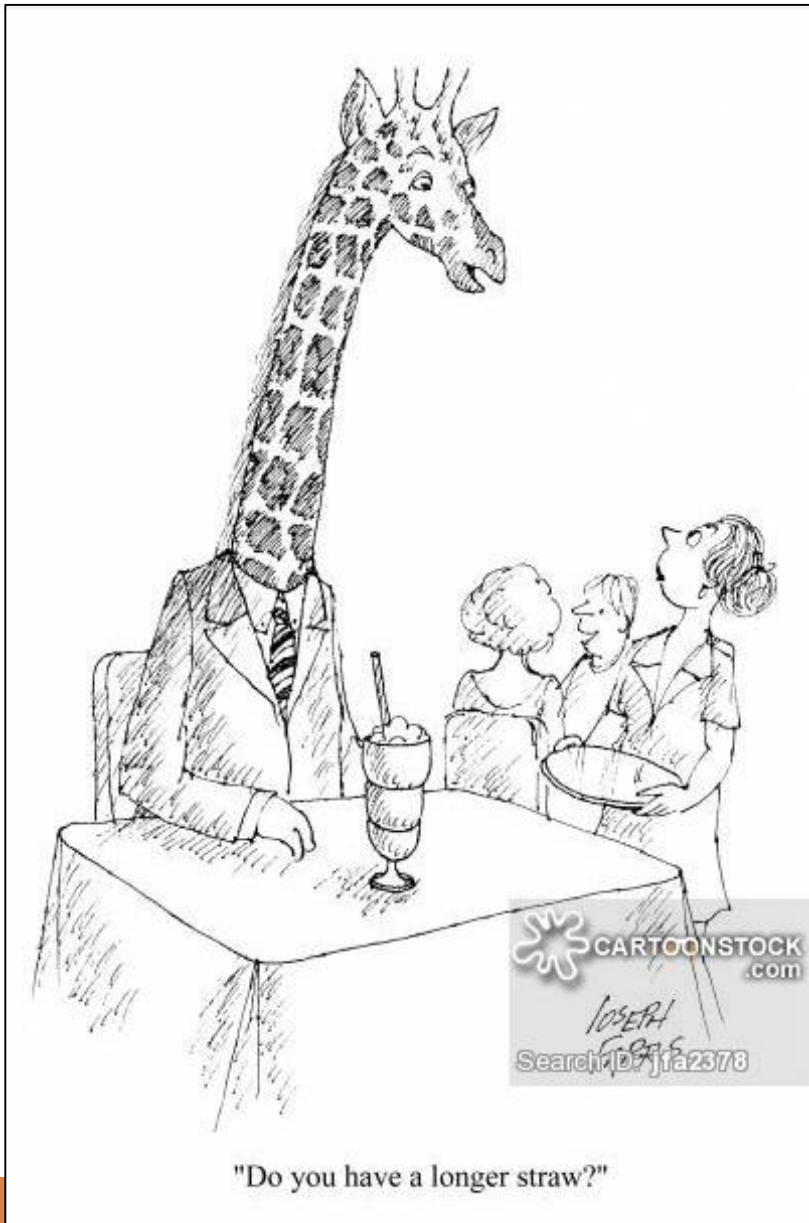


DISSED: DISABILITY AS A DIVERSITY ISSUE IN MEDICAL EDUCATION

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

Poverty	28%	12%
Employed	34%	76%
HS graduation	63%	83%
Tobacco	25%	17%

US Census 2012

DISABILITY IS A SOCIAL JUSTICE ISSUE

	<u>With Disability</u>	<u>w/o Disability</u>
Poverty	28%	12%
Employed	34%	76%
HS graduation	63%	83%
Tobacco	25%	17%

US Census 2012

Disability Impacts ALL of US

COMMUNITIES



LIVELIHOOD



HEALTH



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.

- People living with a disability
- People living with no disability

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

⊗ High School	10.9%
⊗ Undergraduate	11.1%
⊗ Medical School	0.56%

2010 US Census



DIVERSITY

UNIVERSITY OF COLORADO

FAMILY MED GME
2001-2019

University of Colorado Family Medicine Resident Composite
2016-2017

PGY 3



Kelly Arant, MD Lisa Avramis, MD Sara Foster Fulkson, MD William Kim, MD Katelyn Marcus, MD Rebecca Muller, MD Roseanne Rank, MD Alexander Soble-Sankh, MD Alison Stamerling, MD Emily Spencer, MD

PGY 2



Bruce Caloggett, MD Troy Carlin, MD Hannah Fields, MD Harriet Hoang, MD Seth Mathers, MD Nelsie O'Connell, MD Cleveland Piggott, MD Leah Piggott, MD Sarah Ruth Swanson, MD

PGY 1



Lauren Bell, MD Stephanie Elved, MD Lindsey Koker, MD Rob Leggett, MD Emily Lison, MD Logan Mison, MD Mylena Newman, MD Brighton Utter, MD Alysia Wooding, MD Jessica Zhu, MD



UNIVERSITY OF COLORADO FAMILY MED GME 2001-2019

179 R1 Residents

Women

60% (107)



UNIVERSITY OF COLORADO FAMILY MED GME 2001-2019

179 R1 Residents

Women

60% (107)

Persons of Color

22% (40)



UNIVERSITY OF COLORADO FAMILY MED GME 2001-2019

179 R1 Residents

Women	60% (107)
Persons of Color	22% (40)
Open LGBTQ	4% (7)



UNIVERSITY OF COLORADO FAMILY MED GME 2001-2019

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

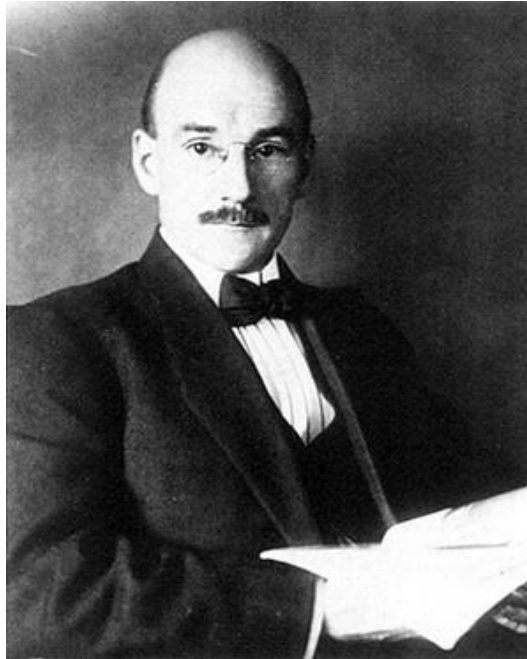


“PUBLIC BURDEN”



The Beggars by Pieter Bruegel, 1568.

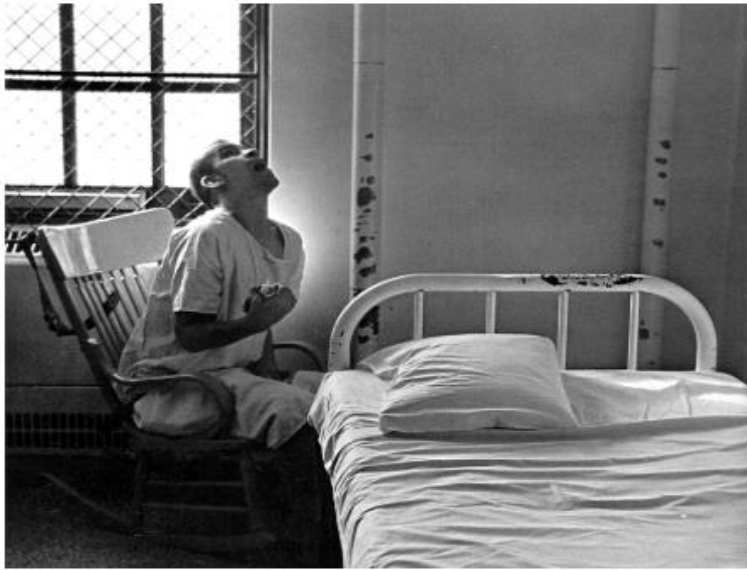
THE FEEBLEMINDED



"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

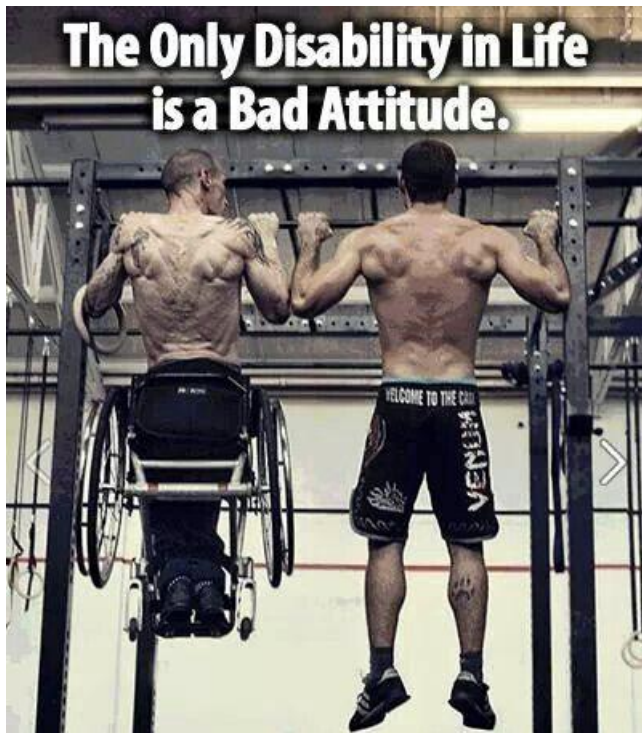
INSTITUTIONALIZATION



"Euthanasia through neglect."

– *Shame of the States*, 1948

DISABILITY STIGMA



Helping Jerry's Kids



DISABILITY CIVIL RIGHTS

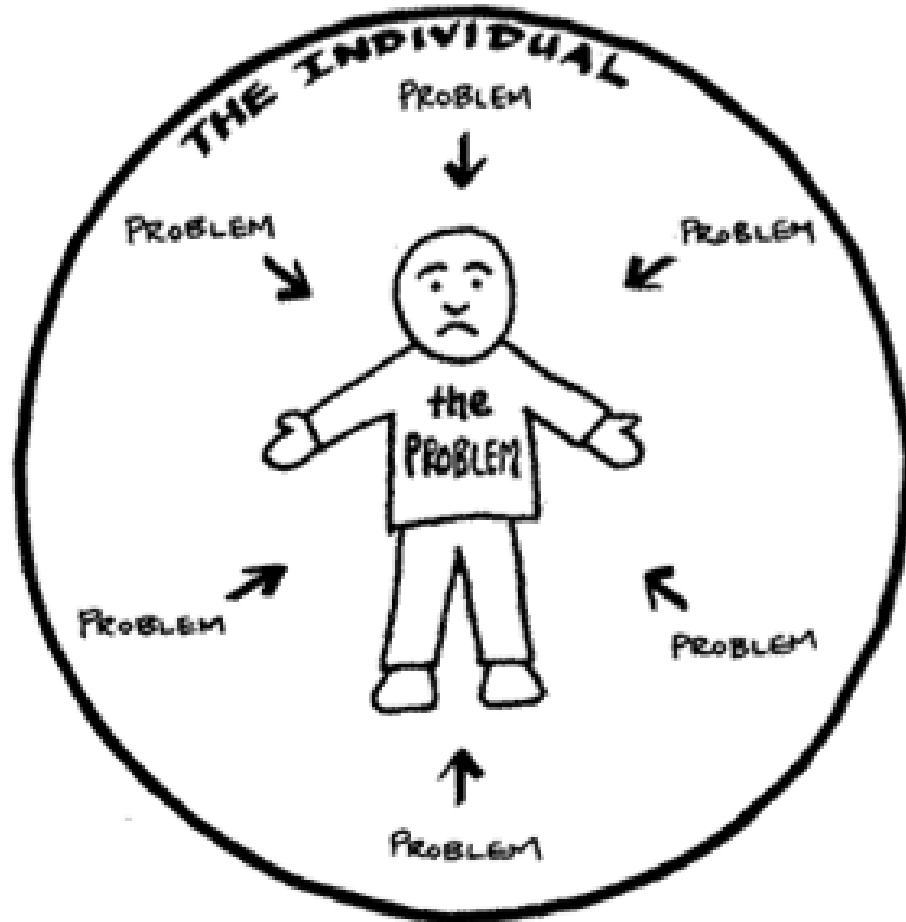


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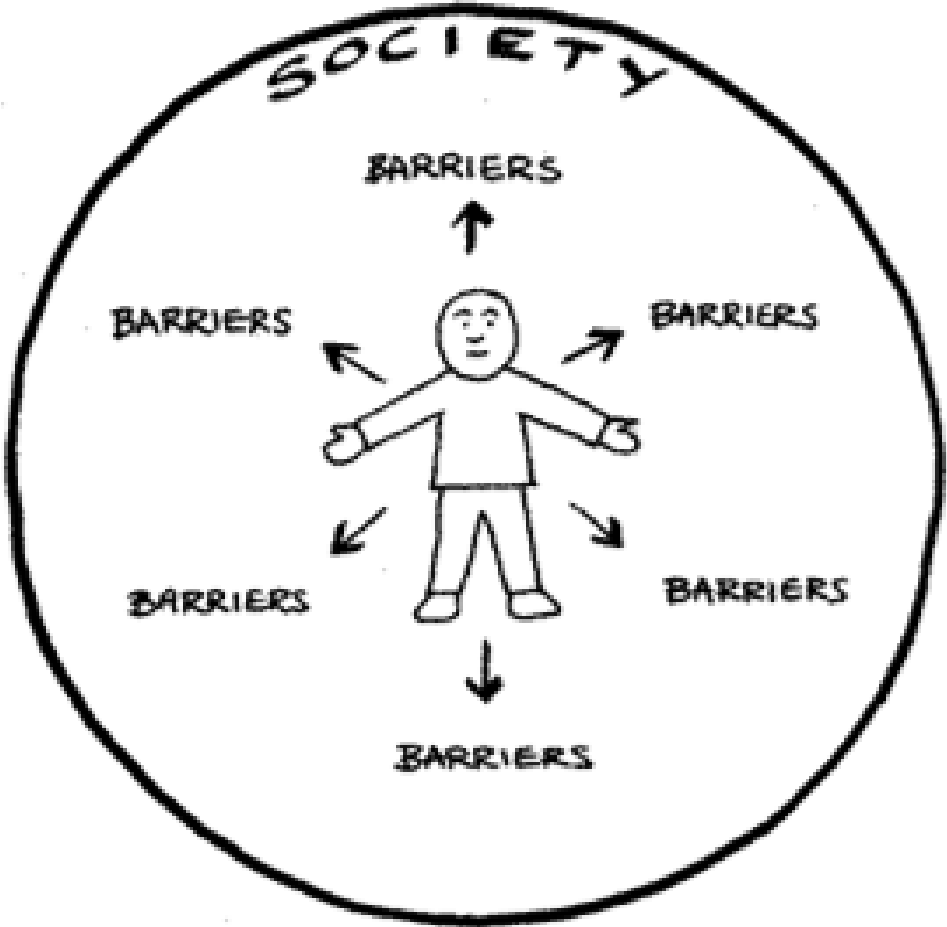
MAJOR POLICIES

- ✘ 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



WE MUST ADOPT THE SOCIAL MODEL



DISABILITY AS DIVERSITY IN MEDICAL EDUCATION



1. Social Model of Disability
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4. Solutions for Disability Equity

WE OFTEN OMIT DISABILITY FROM OUR DEFINITION OF DIVERSITY



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[Contact Us](#) | [Maps and Parking](#)

[PEOPLE](#) [CURRICULUM](#) [TRACKS](#) [OPPORTUNITIES](#) [COMMUNITY](#) [APPLY](#)

[Home](#) > [Education](#) > [Residency Programs](#) > [University of CO Residency](#) > [Community](#) > **[Diversity](#)**

Diversity

Our Commitment to Diversity

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, and religion.



AMA Journal of Ethics

February 2015, Volume 17, Number 2: 157-159

POLICY FORUM

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

Learn

Serve

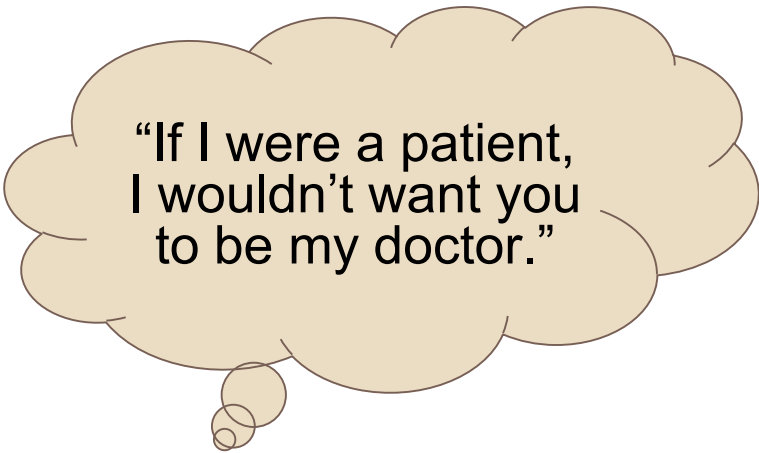
Lead

DISABILITY AS DIVERSITY IN MEDICAL EDUCATION

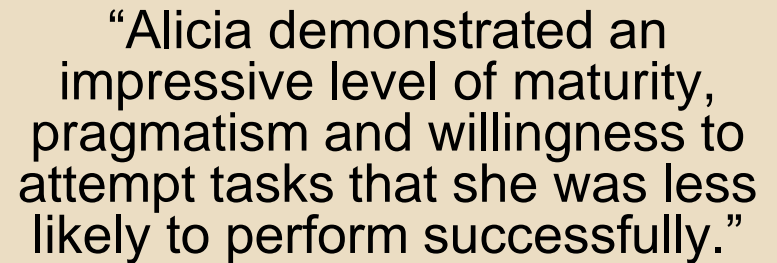


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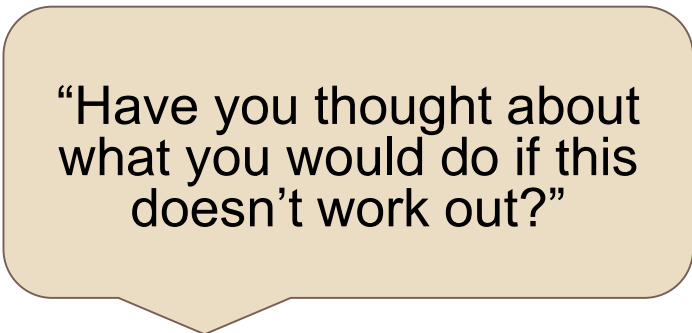
ABLEISM AND MICROAGGRESSIONS




“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.”

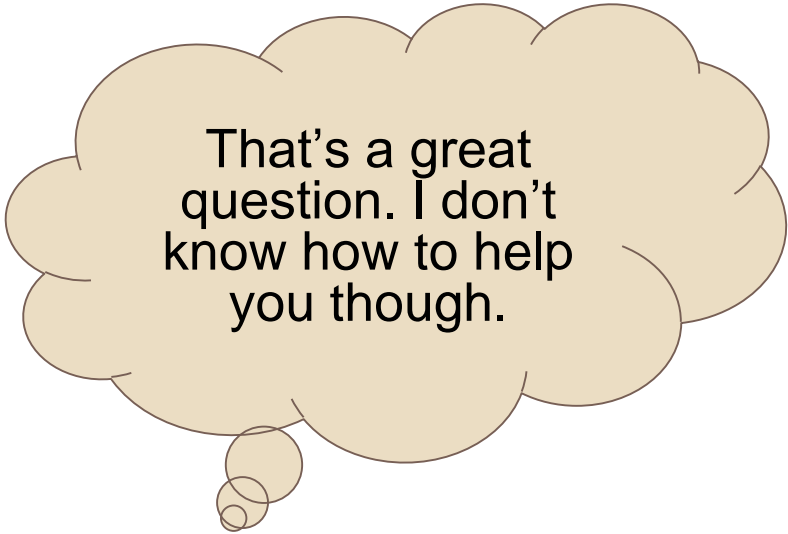


“Have you thought about what you would do if this doesn’t work out?”



“Did you think about your disability before you applied?”

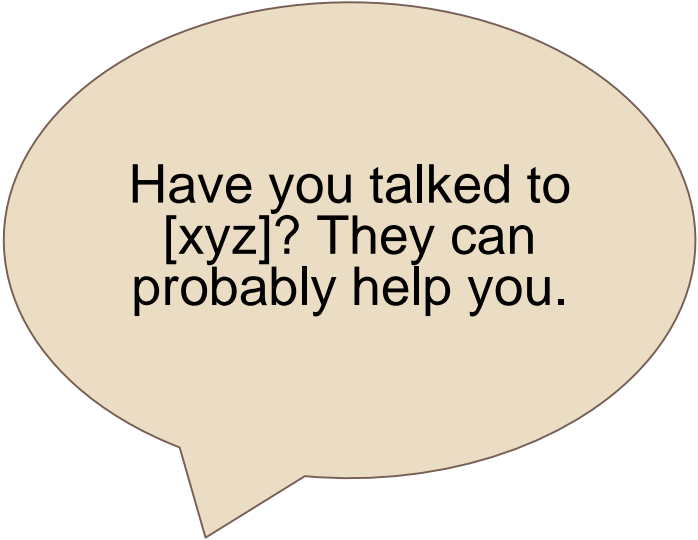
IT'S HARD TO FIND SUPPORT. WE NEED LEADERSHIP AND OWNERSHIP

A light beige thought bubble with a black outline and three small circles leading to the main bubble. It contains the text: "That's a great question. I don't know how to help you though."

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

A light beige rectangular box with a black outline and a pointed bottom edge. It contains the text: "[SILENCE]".

[SILENCE]

A light beige speech bubble with a black outline and a tail pointing towards the bottom left. It contains the text: "Have you talked to [xyz]? They can probably help you."

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

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

A Piece of My Mind

May 9, 2017

Medical Education and the Minority Tax

Kali D. Cyrus, MD, MPH¹

» [Author Affiliations](#)

JAMA. 2017;317(18):1833-1834. doi:10.1001/jama.2017.0196

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

DISABILITY AS DIVERSITY IN MEDICAL EDUCATION



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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

ADD DISABILITY TO YOUR DIVERSITY STATEMENT

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.](#)

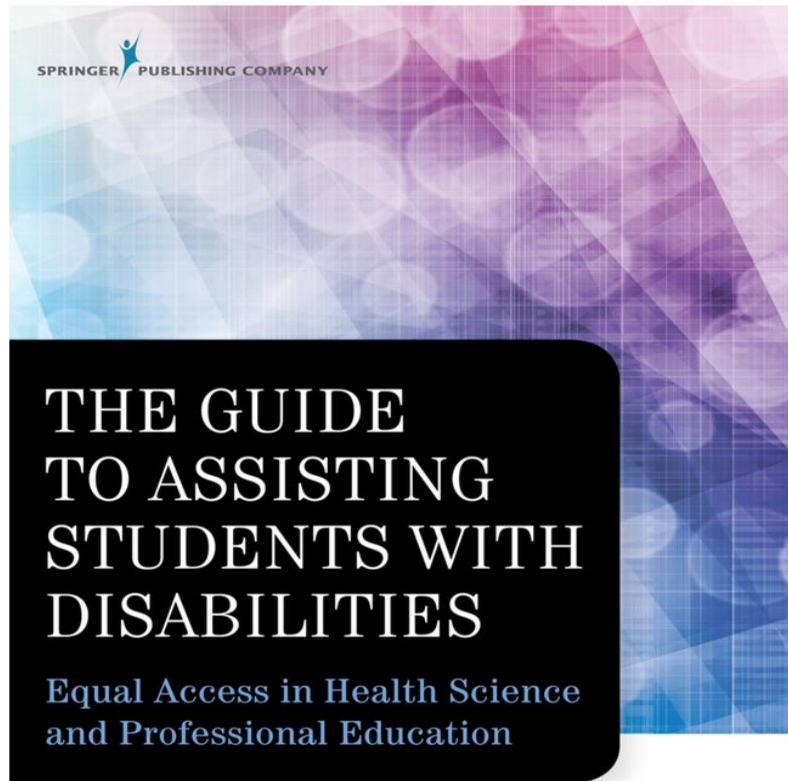
UPDATE YOUR TECHNICAL STANDARDS

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



Lisa M. Meeks · Neera R. Jain
EDITORS

DISABILITY AS DIVERSITY IN MEDICAL EDUCATION



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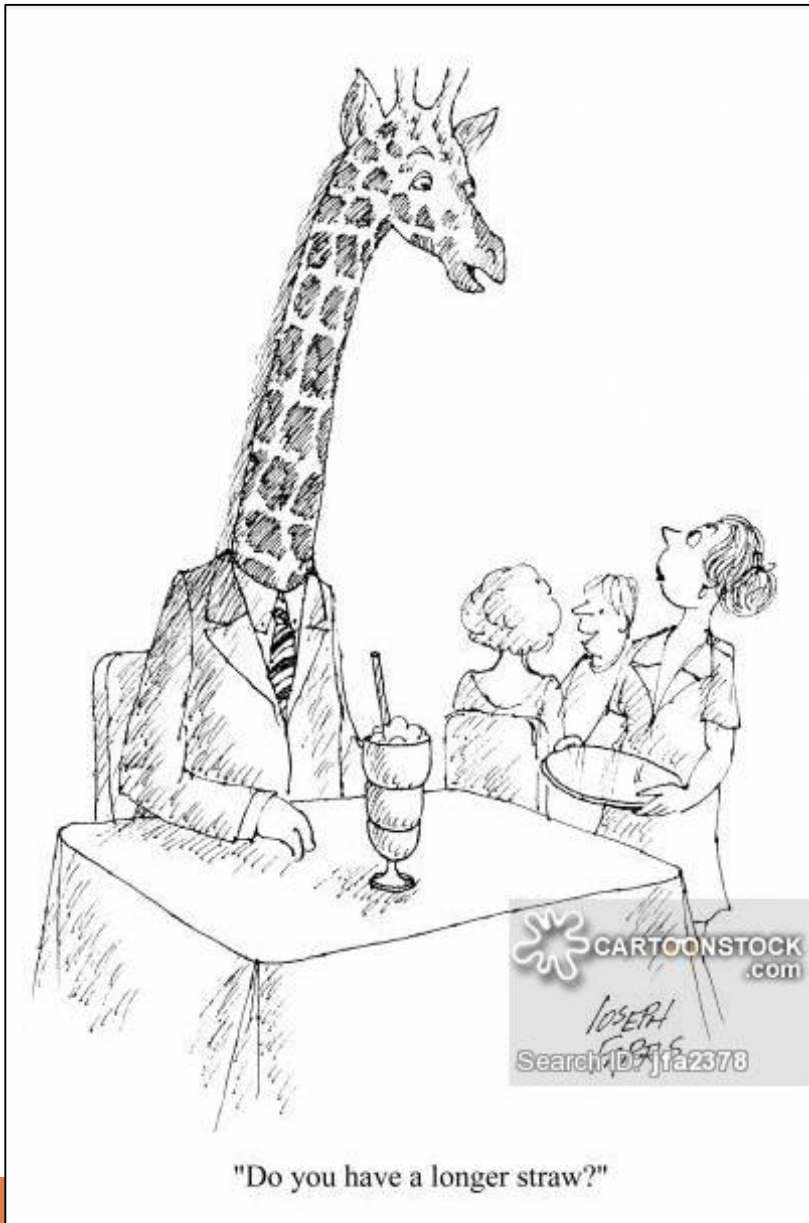
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