Equity and Inclusion in Medical Education: Enhancing Understanding, Communication, and Access for Medical Students with Disabilities

College of Medicine Faculty Development Session

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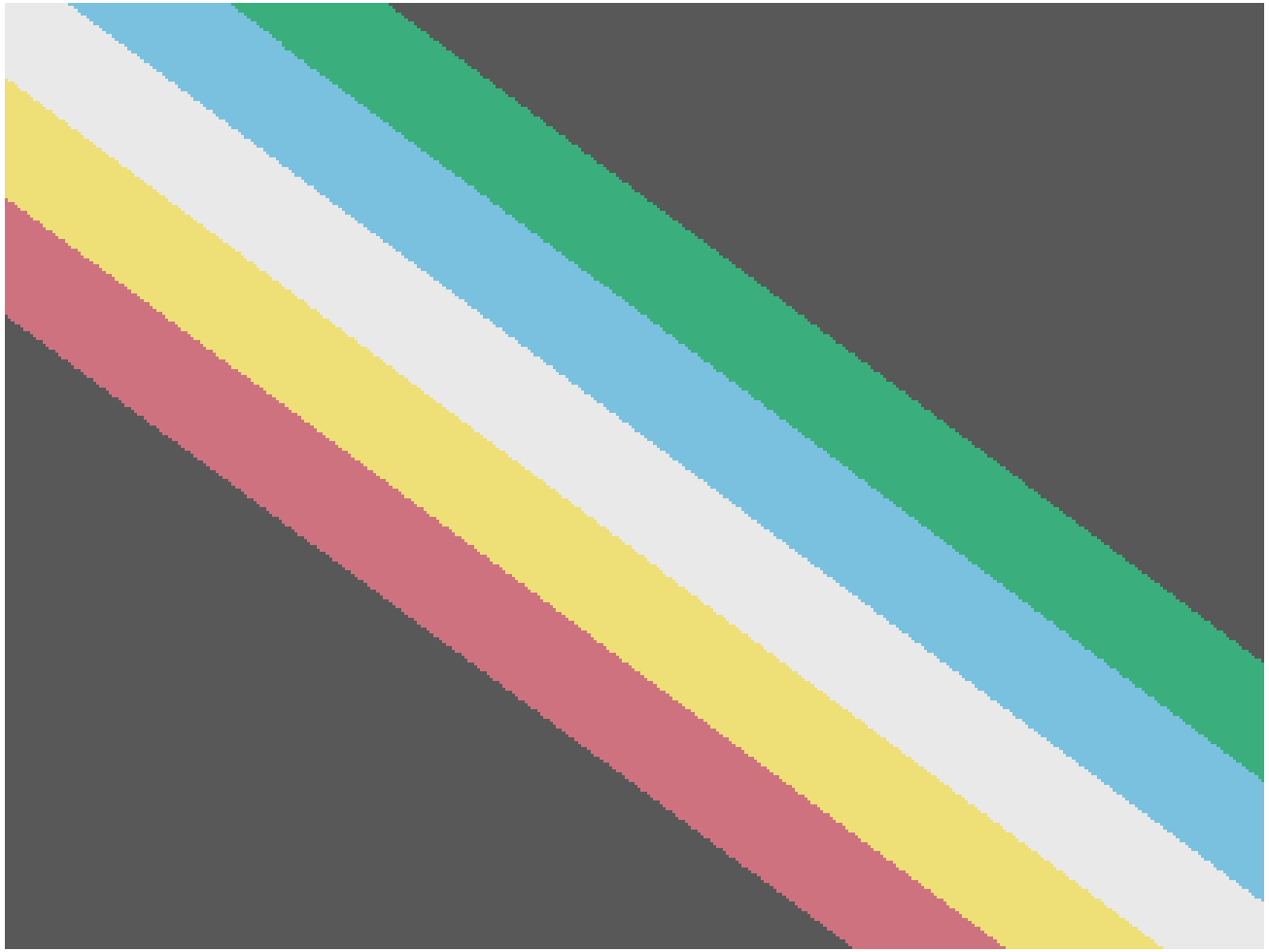
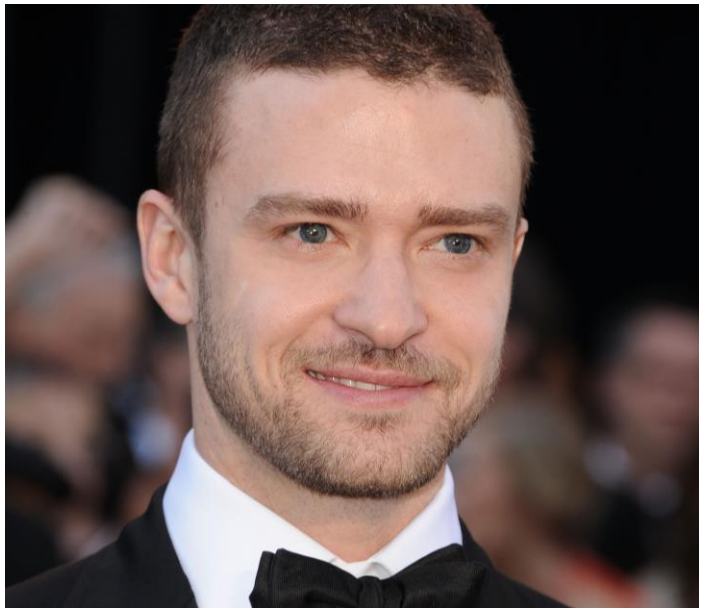
Topics for Today

- Disability identity and culture
- Disability and medicine: barriers and biases
- Modern challenges to health education
- Faculty and program role in disability inclusion



Disability Identity



What Disability Looks Like

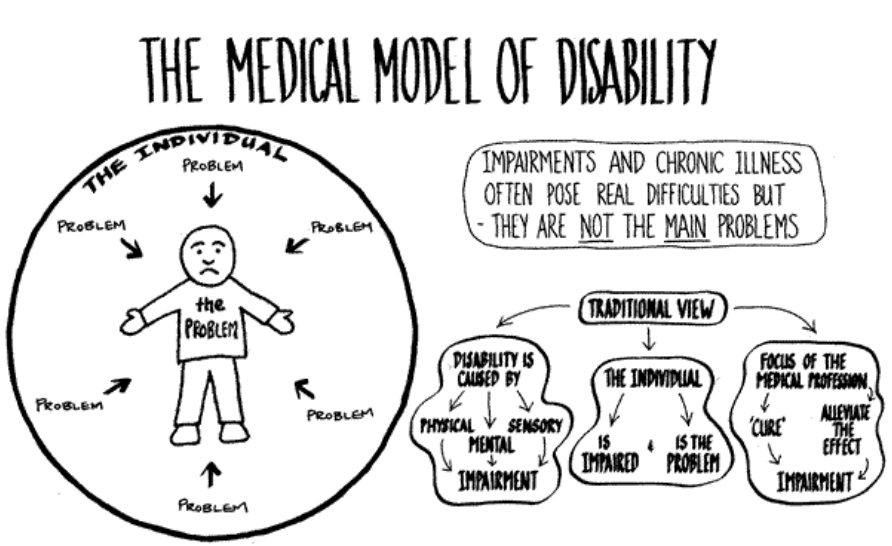
- Largest cultural minority (around 1 in 5 people has a disability)
- Can touch or effect anyone, at anytime, for any length of time
- Can be invisible or visible/disclosed or undisclosed
- Some are socially more acceptable, while others are not

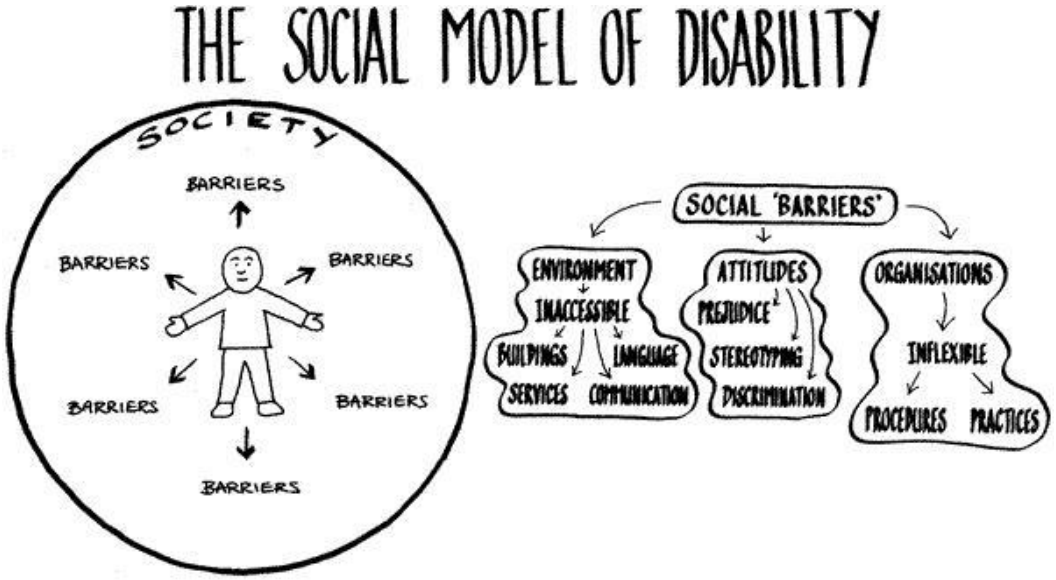
Language: Dos and Don’ts

- **DO** learn the difference between identity first and person first language
  - Identity first: Deaf person, disabled person, Autistic person
  - Person first: Person with ADHD, person who is hard of hearing
- **DO** respect how others want you to refer to their disability
- **DO** know that you will get it wrong!

- **DON’T** use outdated terms or terms that avoid disability (i.e., handicapped, special needs, differently-abled)
- **DON’T** refer to a person’s disability if it is not relevant
- **DON’T** get defensive if you are asked to use different language or terminology

Medical Model vs. Social Model





- Disability is caused by an individual impairment
- The individual is impaired and is the problem
- Focus is to cure, alleviate or hide the impairment

- People are disabled by the world around them
- The problem is barriers – environmental, social, cultural
- Focus is on eliminating barriers

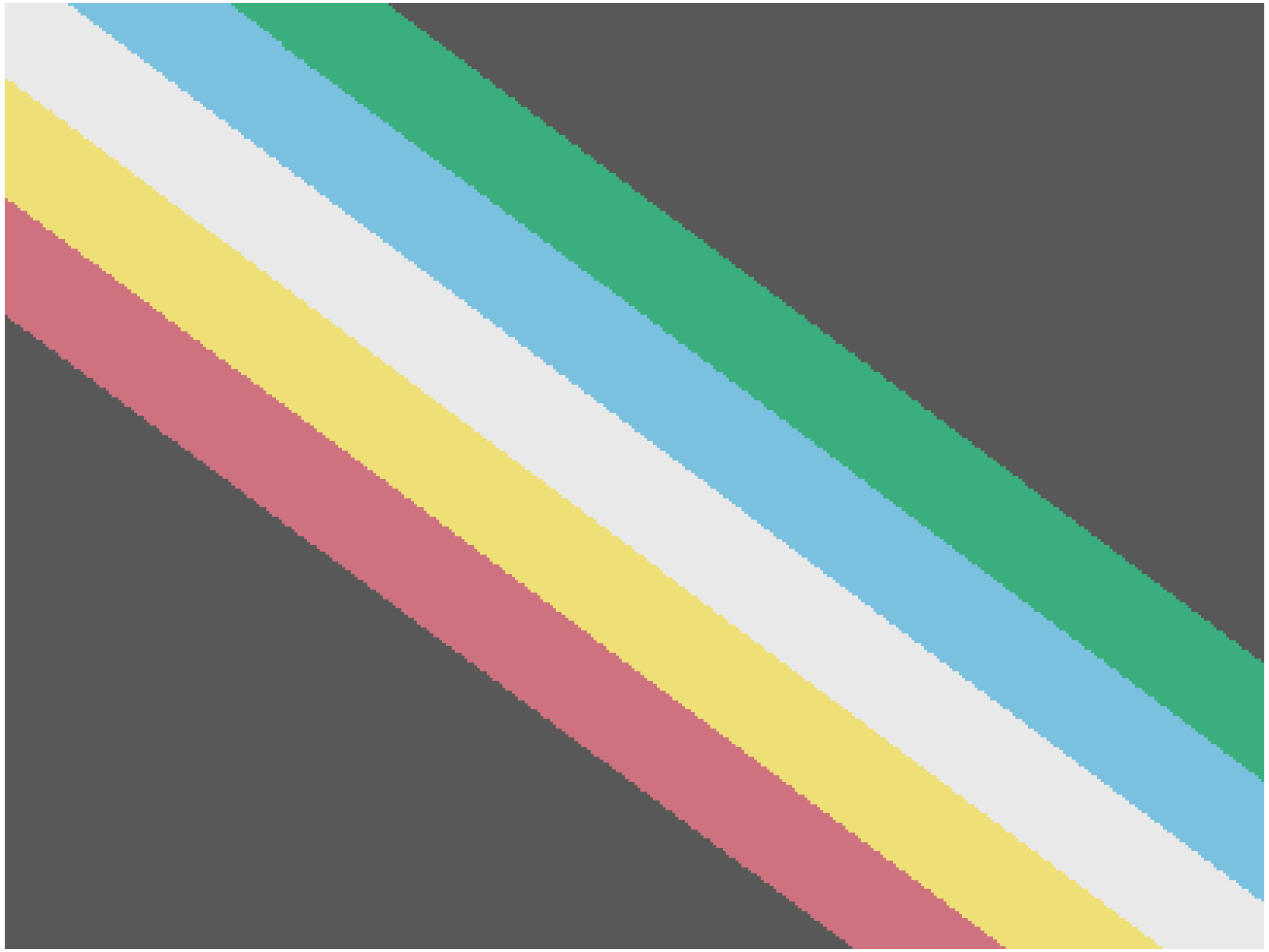
Charitable Model

- Sees disabled people as helpless and needing support
- Centers non-disabled people as do-gooders or heroes
- Perpetuates ableism

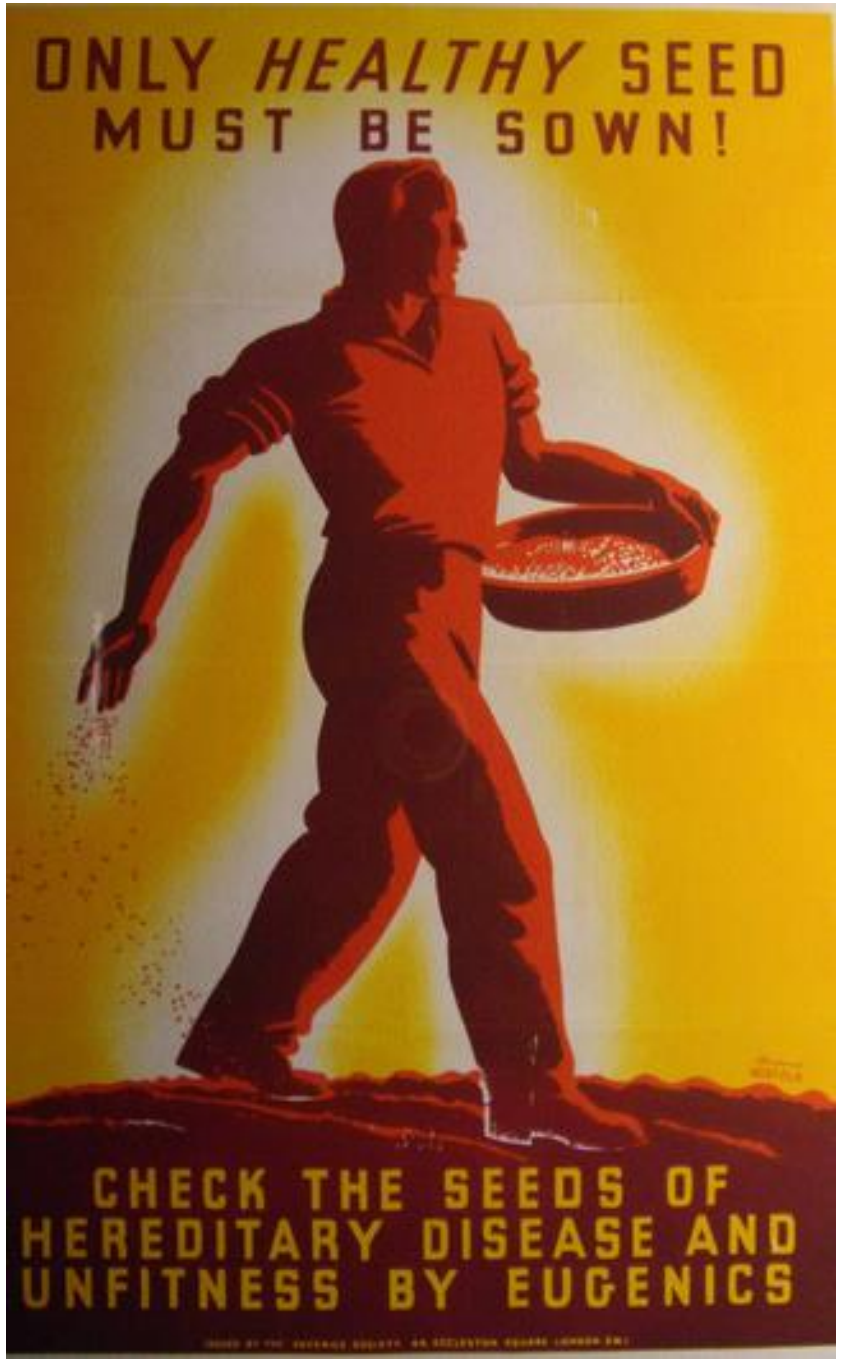
Humans Rights Model

- Acknowledges the impact of impairment in the lives of disabled people and requires more than just the removal of barriers
- Centers disabled people and demand equal rights
- Focuses on pride, community and identity

TED Talk: Stella Young: I'm not your inspiration, thank you very much



Disability and Medicine



Historical and Modern Bias

- Ineffectual Bias- assuming that patients with disabilities possess lower levels of agency and competence and thus treat them paternalistically
- Fragility Bias - perceptions that patients with disabilities suffer more than non-disabled patients who present with the same medical facts, which can lead to more conservative treatment
- Catastrophe Bias- projecting more suffering onto patients with disabilities, based on the clinicians' assumptions that patients' disabilities diminish their quality of life, inducing clinicians to “give up” sooner

https://hpod.law.harvard.edu/news/entry/disability-bias-in-health-care

Disability Representation Today

- 9% of 18 – 24-year-olds have a disability
- >1 % of medical students have disabilities known to school administrators

[Reducing Barriers to Medical School Admissions for Students with Disabilities]

Barriers in Medical Education

- Technical standards
- “The Undifferentiated Physician”
- Exclusionary academic traditions

Dr. Cheri Blauwet, MD

What are technical standards?

"A public accommodation 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 from fully and equally enjoying any goods, services, facilities, privileges, advantages, or accommodations, unless such criteria can be shown to be necessary for the provision of the goods, services, facilities, privileges, advantages, or accommodations being offered."

- ARE: all nonacademic admission criteria that are essential to participation in the program in question
- ARE NOT: ways to screen out students with disabilities (on purpose or not)

Technical Standards

8 Recommendations from Academic Medicine, Journal of the AAMC, Leading Practices and Future Directions for Technical Standards in Medical Education regarding Technical Standards:

- Critically review and update their TS, taking into account the substantial evolution of the role of the physician in clinical care, the potential for new technologies to provide reasonable accommodation for an increasingly broad range of disabling conditions, and recent changes in legal and regulatory expectations for schools to be more accommodating.
- Use a functional rather than organic approach to writing TS.
- Ensure that the process of making decisions about accommodations is interactive and actively includes the student with the disability and an individual with expertise in disability accommodations and ADA requirements who is not in a position to evaluate the student. This process should be ongoing to address evolving needs throughout the student's education.

Organic versus Functional

- Organic Technical Standards: Focus on how a student goes about completing a task, over the skill-based competency.
- Functional Technical Standards: Focus on the students' abilities, with or without the use of accommodations, assistive technologies, and/or adaptive equipment.

Example of Organic v. Functional

- **Organic**: Student must be able to hear, see, speak clearly
- Functional: Students should be able to **communicate** with clients and all members of the health care team, to establish **effective** professional relationships in order to **elicit and provide information**. Students should be able to **communicate effectively and sensitively**, both in person and in writing.

- **Organic**: Student must be able to stand for long periods of time
- **Functional**: Student must be able to maintain physical presence to deliver effective physician support for the duration of a relevant and required procedure in an operating room

“The Undifferentiated Physician”

“Twenty-first century medicine employs far fewer solo practitioners and places greater emphasis on team-based care, interprofessional practice, information and health care systems, and quality and safety practices.

Physician assistants and nurse practitioners are increasingly partnering with physicians to gather and interpret data.[34]

A wide range of technological advances have armed clinicians with new tools for diagnosis and treatment; some, like telehealth applications, may obviate the need for the physical presence of a clinician.

Specialties and subspecialties are becoming more clearly divided between those that are “cognitive” and those that are “procedural”; many physicians’ routine work involves little or no need to perform procedures or even physical examinations.”

Feranmi Okanlami, now a doctor, became partially paralyzed after an accident in 2013.

Academic Traditions and Mental Health

We Have No Choice but to Transform: The Future of Medical Education After the COVID-19 Pandemic

"The national increase in awareness of social justice gaps in our country pointed out significant gaps in health care, medicine, and our medical education ecosystem. Crises in all industries often present leaders with no choice but to transform—or to fail. . . Medical education is at such an inflection point . . . Broad themes include adopting a national vision; enhancing medicine's role in social justice through broadened curricula and a focus on communities; establishing equity in learning and processes related to learning, including wellness in learners, as a baseline; and realizing the promise of competency-based, time-variable training. "

Our Collective Challenge: How do we….

- Find placement sites that want to be inclusive to students with disabilities?
- Help placement sites understand the changing nature of our students and their accommodation needs?
- Convince students to request accommodations?
- Acknowledge and confront our own bias?
- Help build resilience in students with mental health disabilities?
- Not allow students to be negatively impacted?
- Manage all of this on top of everything else?

Resources

- Docs with Disabilities : The Docs with Disabilities initiative uses research, education, and sharing of stories to drive change in perceptions, disability policy, and procedures in health professions, biomedical and science education
- Call to Action: Eliminate Barriers Faced by Medical Students With Disabilities (National Library of Medicine/Annals of Family Medicine Article)
- We Have No Choice but to Transform (National Library of Medicine)
- Leading Practices and Future Directions for Technical Standards in Medical Education (Journal of Academic Medicine)
- Learning from Physicians with Disabilities and Their Patients (AMA Journal of Ethics)
- Disability Cultural/History Resources:
  - TED Talk: Stella Young: I'm not your inspiration, thank you very much
  - Critical documentary on the disability rights movement: Crip Camp Documentary
  - Disability Pride information: What is disability pride?