

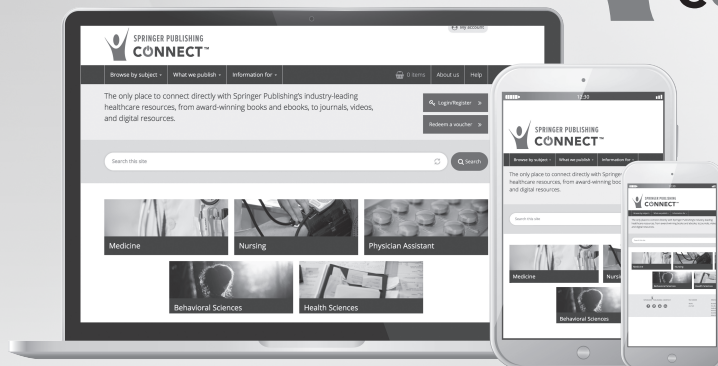
SECOND EDITION

EQUAL ACCESS FOR STUDENTS WITH DISABILITIES

The Guide for Health Science
and Professional Education

Lisa M. Meeks
Neera R. Jain
Elisa P. Laird
EDITORS

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Professional Education

SECOND EDITION

Lisa M. Meeks, PhD, MA

Neera R. Jain, PhD, MS, CRC

Elisa P. Laird, JD



SPRINGER PUBLISHING

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First Springer Publishing edition 2015

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Springer Publishing Company, LLC
11 West 42nd Street, New York, NY 10036
www.springerpub.com
connect.springerpub.com/

Acquisitions Editor: Rhonda Dearborn
Compositor: diacriTech

ISBN: 978-0-8261-8222-7
ebook ISBN: 978-0-8261-8223-4
DOI: 10.1891/9780826182227

21 22 23 24 / 5 4 3 2 1

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Library of Congress Control Number: 2020945663

Contact sales@springerpub.com to receive discount rates on bulk purchases.

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Printed in the United States of America.

*To students and health science practitioners with disabilities, who continue to
fight for full inclusion and equity.*

*To health science program administrators and faculty, thank you for translating
this work into practice and fostering a diverse healthcare workforce.*

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FOREWORD

A few years ago, in Mumbai, I was invited by a premier medical institution to speak at their conference. A student volunteer was escorting me toward the venue in the hospital. As we approached the elevator, a security guard stopped me saying, “This lift is not for patients, it is only for doctors.” My escort immediately intervened, “He is our main speaker and is a doctor, too.” My physical disability is apparent and perhaps that is why the guard mistook me for a “patient” and not a “professional.” This systemic ableism in medicine is universal. Indeed, Alice Wong challenges the hegemony of normalcy in the introduction to *The Guide*, underscoring that people with disabilities are often viewed as “objects of care” and not as “professionals with expertise.”

The first United States case that focused on technical standards to enter a health professions program denied a deaf student the opportunity to complete a nursing program.¹ Following the Americans with Disabilities Act (ADA),² a similarly deaf student was granted admission following a successful lawsuit.³ History repeated itself in India, in 2018, when two students, one with visual disabilities and another who was deaf, were denied admission to medical school. As the country adopted new legislation based on the Convention on the Rights of Persons with Disabilities, it was the court here, too, that granted relief (Singh, 2019). The decision opened the doors to Indian medical schools for students with visual and hearing disabilities for the first time.

In India, the valuable insights of doctors with disabilities led to the development of 27 core disability-related competencies that we believe all medical students should know; eight of these are in the new curriculum. As well, the decision about whether or not to admit students with disability is no longer subject to the interpretation of the disability; instead, these decisions are grounded in a student’s functional abilities. This criteria were used by an Indian candidate with disability, in court, to successfully challenge his rescindment in residency. Later, the Medical Council of India amended the controversial criteria for admission of learners with severe

¹ *Southeastern Community College v. Davis* (1979)

² ADA Amendments Act of 2008, 42 USC § 2302 note (2011).

³ *Argenji v. Creighton University*, 703 F3d 441 (8th Cir 2013).

mobility impairments and recommended that the focus should not be on their disability but on their functional competence. The same principle has been highlighted in *The Guide*, which differentiates between organic and functional technical standards. For this change to percolate into institutions and create a ripple effect, we need to bring in a culture of change. For that to happen, disability needs to be integrated into institutional diversity and inclusion frameworks, as suggested in the recent Association of American Medical Colleges (AAMC) report (Meeks & Jain, 2018) and by our research (Singh et al., 2020) in line with the principle of "*Nothing about us, without us.*"

One of the key issues in closing the inequality gap to achieve social justice is disability identity. Paulo Freire, Brazilian educator and proponent of critical pedagogy, once said,

The teacher is of course an artist, but being an artist does not mean that [they] can make the profile, can shape the students. What the educator does in teaching is to make it possible for the students to become themselves (Freire & Horton, 1990, p. 181).

This is specifically relevant for students with disabilities who are considering disclosure of their disability. To access accommodations, learners with disabilities first need to be aware of their rights. When we were framing disability competencies for Indian medical graduates, we observed that while the disability rights activists were knowledgeable and vocal about human rights, many of the doctors with disabilities—despite having the lived experience and having faced discrimination—were not aware of their rights (Singh et al., 2020). One of the reasons might be that the medical model of disability is still the dominant theme in the traditional medical curriculum. Shifting the way disability is taught in curriculum, alongside justice-oriented practices for inclusion, is necessary to support students with disabilities to *become themselves*, health professionals *with* disabilities.

2020 launches a new decade that coincides with the 30th anniversary of the ADA. As the hashtags #DocsWithDisabilities, #NursesWithDisabilities, and #AbleMedics stir the discussion globally, and new legislation safeguards the rights of learners with disabilities, it is also the responsibility of educators and institutions to be proactive and join the global efforts toward disability inclusion. The second edition is timely in that sense. This edition includes changes in language and approach that move us toward a social justice approach. The practice recommendations offer a shift from a service delivery model to one focused on disability inclusion. New elements help to round out the knowledge required for inclusion, including a chapter on technical standards and enhanced discussions of communication and accommodations. This volume offers many practical recommendations to assist disability resource professionals in developing inclusive policies that support student disclosure, especially for those with non-apparent disabilities. Ethical dilemmas (professionalism, patient safety, maintaining boundaries), especially in complex scenarios, are also addressed in the revised chapters. At the conclusion of the

book, readers will find thought-provoking discussion questions and scenarios to exercise the skills developed through reading the text.

Barriers to disability inclusion in health sciences and the underrepresentation of clinicians with disabilities is a global issue, which is further highlighted in a recent *Lancet* comment (Meeks et al., 2020). This edition of *The Guide* will assist in the realization of global commitments to the inclusion of learners with disabilities. Practical guidance on providing equal access in health professions education, and debunking myths surrounding the capabilities of students with disabilities, will go a long way to help programs create an accessible environment.

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PREFACE

This year marks the 30th anniversary of the Americans with Disabilities Act, legislation designed to ensure equivalent opportunities for individuals with disabilities. There is no better time to celebrate the changing landscape in health professions education. Since the first edition of this book was published, disability resource professionals, faculty, and administrators have continued to address systemic barriers to equal access and debunk the myth that individuals with disabilities cannot become healthcare providers. We are now at a critical juncture. We need to shift our thinking from a medical-service framework toward a social justice model, from a compliance mindset—meeting the minimum requirements of the law—to one that enacts the spirit of the law, to achieve equal access and meaningful inclusion.

The challenge before us is to understand and embrace the value of healthcare providers with disabilities, who may, as a result of their lived experience, inform patient care in a uniquely qualified manner. As an increasing number of students with disabilities enter health professions programs, there is an urgent need to build upon promising practices. We invite the reader to join us in meeting this challenge head-on and help to build a healthcare workforce that truly represents the patient population.

GOALS OF THIS BOOK

This text offers an up-to-date, comprehensive overview of promising practices that work toward the full inclusion of students with disabilities in academic health science settings while meeting legal compliance obligations. This guide has been a proven favorite among health science faculty and disability resource personnel, and the second edition is enhanced by a turn toward a social-justice approach to disability inclusion that aims for the spirit of disability rights legislation. At the same time, this book remains grounded in the fundamentals of equal access. The information contained in this edition will assist programs with accommodation decisions, helping them avoid potential pitfalls. It will also assist leadership in navigating complex scenarios. This text is written by leading researchers and disability professionals, with content

that remains in an easy-to-read, engaging manner that makes disability, and disability law, accessible to all. The second edition honors our continued commitment to improving access in the health sciences for students with disabilities. As such, 100% of proceeds from this book will go directly to the Coalition for Disability Access in Health Science Education.

DISTINGUISHING FEATURES

Equal Access for Students With Disabilities: The Guide for Health Science and Professional Education, Second Edition, strives to incorporate the latest legal interpretations, research findings, and promising practice guidance for disability inclusion in health science and professional education. To that end, it includes several unique features that the reader will find useful in their everyday practice. Throughout the book, summaries of case law and Office for Civil Rights (OCR) letters are provided that illustrate formal interpretation of legislation. This edition deconstructs newer legal cases and OCR letters, released since the publication of the first edition, to aid the reader's understanding of how these decisions inform everyday practice. Furthermore, the reader will find highlighted practice recommendations that exemplify ways to work with students and sample language to use in policy and communications. Several new features are available in this edition, including a chapter on technical standards and an appendix to support faculty communication about disability. As in the last edition, we provide sample forms, policies, and checklists, now updated to reflect practices in the field. The addition of new hypothetical scenarios, plus a wider review of accommodations and assistive technology, keep the reader aligned with current accommodation practices in medical and health science programs around the country.

INSTRUCTOR AND SELF-STUDY RESOURCES

New to this edition is a chapter designed to guide reader reflection on the content or for use with a book club or faculty training. This chapter includes discussion questions for each chapter and scenarios for thinking through how to apply the principles learned in this text.

INTENDED AUDIENCE

This book is intended for a broad audience of stakeholders who are involved in disability inclusion in health science and professional education. Educators who train students in postsecondary disability services, rehabilitation counseling, social work, and higher education administration will appreciate the practical approach, grounded in disability law, that is essential for burgeoning professionals who may work with students with disabilities. The book

also serves as a how-to manual for new disability resource professionals, faculty, and administration. The text can be used as a resource to help address a specific question, a tool to guide decision-making, and as a training tool for faculty, administrators, and disability professionals. Students with disabilities may also find the information in this book helpful to understand their respective roles, to educate their institutions, to explore accommodation possibilities, and for support with specific tasks such as applications for licensing exams.

CONTENTS

The Introduction to The Guide, written by leading disability rights activist, researcher, and thinker Alice Wong of the Disability Visibility Project, serves as a call to action. Alice highlights the barriers that disabled people encounter when accessing healthcare and the value that disabled people bring as health professionals to anchor the importance of disability inclusion in health science and professional education.

Chapter 1, *Know Your Campus Resources*, discusses the role of the disability resource professional and their respective partnerships across campus. The second edition offers an expanded discussion of complaint and grievance procedures and addresses disability as a form of diversity.

Chapter 2, *Disability Law and the Process for Determining Whether a Student Has a Disability*, addresses how to determine whether someone meets the legal definition of being a person with a disability and the applicable laws that govern equal access.

Chapter 3, *Technical Standards*, is brand new to the second edition. The chapter explains the origins of technical standards and their purpose, provides guidance for identifying potentially discriminatory technical standards, and offers resources for creating or updating technical standards, including two appendices with models for technical standards.

Chapter 4, *The Process for Determining Disability Accommodations*, outlines the interactive process to determine accommodations in the varied academic environments of health science and professional education. It describes the role of third-party written documentation, the preservation of learning outcomes and technical standards, and procedures for implementation of accommodations.

Chapter 5, *Accommodations in Didactic, Lab, and Clinical Settings*, provides the reader with a general overview of accommodations across the health science curriculum, including specific academic and assessment domains (e.g., laboratories, small groups, clinical skills exams).

Chapter 6, *The Process of Requesting Accommodations on Certification, Licensing, and Board Exams*, discusses testing agency approaches to decision-making and provides guidance for administrators to support students through the application process. Key practical resources include a guide for

writing support letters, timeline checklists, and a new guide with prompts for student personal statements.

Chapter 7, *Learning in the Digital Age: Assistive Technology and Electronic Access*, provides an overview of technology designed to provide or enhance accessibility, with specific guidance to ensure that all forms of education, including those delivered electronically, remain accessible.

Chapter 8, *Professionalism and Communication About Disabilities and Accommodations*, provides valuable guidance regarding disability professionals' communications with students, but also provides specific instruction for students and faculty through respective appendices that can be used as a take-away resource for these stakeholders.

Chapter 9, *Working Through Complex Scenarios*, brings the advice offered in previous chapters to bear in the context of complex situations. This chapter provides guidance in the form of steps disability resource professionals and administrators can take to unravel complex situations and determine the best way forward, with a focus on both student success and institutional liability.

Chapter 10, *Debunking Myths and Addressing Legitimate Concerns*, discusses prevailing myths regarding students with disabilities in health science programs and some legitimate concerns that underlie these beliefs. The chapter provides simple advice to create disability accommodations that provide equal access without diminishing academic outcomes or patient safety.

Chapter 11, *Dos and Don'ts for Working with Students with Disabilities*, distills the main principles for disability access in health science and professional education settings. This chapter offers concrete steps for steering students toward effective campus supports and flags potential "land mines" for faculty and administrators, such as inappropriate boundaries or potential institutional liability.

Chapter 12, *Chapter Review and Points for Discussion*, is new to the second edition. This chapter offers the reader an opportunity to reflect on what they have learned through chapter-specific discussion questions and case scenarios. It can be used as a stand-alone resource for training, guiding questions for a book club, or an opportunity for self-reflection.

LISA M. MEEKS, NEERA R. JAIN, AND ELISA P. LAIRD

ACKNOWLEDGMENTS

The editors wish to acknowledge the following individuals for their contributions to this book:

Our contributing authors, for their tireless work, for their commitment to this project, and for sharing their expertise page by page.

Rhonda Dearborn, Senior Acquisitions Editor at Springer Publishing Company, for believing in this project and supporting us through the process.

Mehak Massand, Assistant Editor at Springer Publishing Company, for your careful oversight and encouragement during the development of this edition.

INTRODUCTION

A CALL FOR EQUAL ACCESS IN HEALTH SCIENCE AND PROFESSIONAL EDUCATION

A few years ago I had to find a new primary care physician (PCP). I casually mentioned to friends and family that my new PCP is legally blind. Some people joked, “Really?! How does *that* work?” Others had serious questions about how a PCP who is legally blind would be able to perform examinations.

These kinds of comments are emblematic of the pervasive ableism in every aspect of society (Smith, Foley, & Chaney, 2008). Examples of ableism include questioning a person’s competency because of perceived difference and seeing normative abilities as superior to other modes of being and activity. As a disabled Asian American woman who has a congenital disability, I experience ableism daily and such comments are not unusual. People with disabilities are easily understood as “the patient” within the health professional–patient dyad and very rarely seen as “the professional.” Systemic and institutionalized ableism marginalizes people with disabilities by categorizing them as “vulnerable populations” that are “objects of care,” not “professionals with expertise.” The thought that a person with a disability can be a health care professional challenges, at minimum: (1) the notion of what comprises “typical” health care professionals (i.e., what they look like and how they perform their work); and (2) the low societal expectation that people with disabilities will attain a role with such authority, legitimacy, and competency.

The terms *diversity* and *cultural competency* are touted as important priorities in health science and medical education programs because having a diverse workforce is a social good that makes business sense and a way to reduce health disparities (Cohen, Gabriel, & Terrell, 2002). This is all true. However, the definition of diversity most often used leaves much to be desired. Universities aim to have diversified workforces and students by focusing outreach on women; racial, ethnic, and linguistic minorities; lesbian, gay, bisexual, transgender, queer, and other (LGBTQ+) individuals; immigrants; and veterans. With approximately 57 million Americans with disabilities in the

United States—the country’s largest minority at 18.7% of the general population—people with disabilities are still often excluded from diversity initiatives, practices, and policies (Brault, 2012; McKee, Smith, Barnett, & Pearson, 2013).

The Association of American Medical Colleges has included disability in its description of cultural competence for less than a decade (DeLisa & Lindenthal, 2012). One recent survey suggests that people with disabilities are vastly underrepresented in the health professions, with 2% to 10% of practicing physicians being individuals with disabilities even though such individuals make up about 20% of the overall population (DeLisa & Lindenthal, 2012). Societal attitudes, blatant discrimination, and access issues are several reasons for such low numbers, suggesting serious challenges to providing equal access to students with all types of disabilities in the health sciences and medical education.

The definition of *disability*, like that of *diversity*, has a narrow meaning for some. Having a disability is still considered by many as something purely related to health, disease, functional limitation, and impairment of the body, especially in the health sciences (Long-Bellil et al., 2011). However, there *is* a disability culture and there *are* disability communities everywhere (Robey et al., 2013). Increasing the number of culturally competent professionals with disabilities in the health sciences will broaden the knowledge base and breadth of experience within all fields, in addition to filling a critical shortage in the health care workforce. The increased presence and perspectives of people with disabilities will influence the way professionals view disability and the assumptions associated with it. Moreover, professionals with disabilities can improve patient care, impact research agendas and workplace attitudes toward disability, and reduce the significant barriers to health care, discrimination, and ableism experienced by people with disabilities (Disability Rights Education and Defense Fund, n.d.; Moreland, Latimore, Sen, Arato, & Zazove, 2013; Smeltzer, Avery, & Haynor, 2012).

An expansion of what the terms *disability* and *diversity* mean is a step in the right direction. Another critical step requires challenging the presumed abilities associated with being a student or professional in the health sciences (Association of American Medical Colleges, 2013). A student with a visual disability may need a microscope slide projected onto a screen rather than looking into the actual microscope. A student of short stature may use a step stool or an adjustable exam table to have access to a patient during rotations. These types of accommodations and adaptations do not take away from the patient experience or the student’s abilities. In fact, I would argue that exposure to these different ways of doing things improves health care in general. For example, other students may discover that having images projected from a microscope to a screen can reduce eyestrain and provide easier viewing. Adjustable exam tables that are meant for a patient or health professional with a disability can suddenly become popular and used by a wide array of patients and colleagues because of their ergonomic features.

University leaders need to initiate a policy and culture shift that encourages prospective students with disabilities and communicates that they belong and are needed in the health sciences and medical education. Students with disabilities, particularly those with visible disabilities, in the health sciences are often one in a population of several thousand. Again and again they describe the implicit messages they receive from their schools: *You are not part of this social landscape. Professional health science programs have such rigorous academic and physical requirements that it is going to be very difficult for you to succeed. People already wonder how you got into this program. Keep your head down; you already stick out enough.* In short, their disabled bodies are made to feel out of place among the student and professional body.

While people with physical or visible disabilities deal with a limited presence, there are many more students with invisible disabilities, such as psychiatric and learning disabilities, who feel uncomfortable being “out.” Dr. Leana S. Wen (2014) recently wrote about her experiences in medical school:

As I saw blatant examples of unequal and insensitive care to patients with disabilities, I felt anger, then shame and fear. I knew that the right thing to do was to speak up, but I was so afraid that I would be exposing myself and my own disability. Throughout medical training, my greatest fear was that my supervisors would find out about my stuttering and deem me unfit to fulfill my dream of becoming a doctor. There were few doctors with disabilities to serve as role models; though one or two of my professors stuttered, they never talked about it. I don’t recall anyone else, not a colleague or superior, who was open about having a disability. (para. 21)

This fear and uncomfortable environment is real for students with visible and nonapparent disabilities whether they use accommodations or not.

Accommodations in educational and clinical settings are a right, not a privilege or “special advantage.” They facilitate learning and work, bringing out the full potential of students with disabilities, which benefits the entire educational environment. If students see faculty and staff treat accommodations as natural parts of the workplace, it could create a ripple effect, encouraging students to be open about their identity and disability-related needs.

This ripple effect of disability acceptance can happen when institutions practice what they preach. Academic institutions can take several steps to ensure equal access for students with disabilities in the health sciences and medical education:

1. Embrace people with disabilities as a culturally diverse group in hiring, recruitment, and admission practices.
2. Create a welcoming campus climate for students with disabilities (e.g., accessible built environment, staff and faculty familiar with provision of accommodations, resources for students with disabilities such as campus organizations, and an administration that is responsive to the needs of students with disabilities).

3. Re-frame accommodations as a diversity best practice that benefits the entire student body and campus community.
4. Establish staff and programs that provide streamlined services to students with disabilities once they are enrolled, including clear policies and courses of actions for students to take in order to access needed services and appeal or file grievances, if needed.
5. Highlight the visibility of staff and faculty with disabilities (who have already disclosed this information) working on campus.
6. Support early educational programs and outreach efforts that encourage young students with disabilities to go into the health sciences, similar to current Science, Technology, Engineering, and Mathematics (STEM) initiatives for girls and people of color.
7. Integrate disability culture within cultural competency curricula (Thomas Smith, Roth, Okoro, Kimberlin, & Odedina, 2011).

The authors in this book describe how universities can serve students with disabilities effectively and provide recommendations and solutions for complex issues related to accommodations and communication about disability-related needs. As professionals who work with students with disabilities every day, these authors demonstrate how even the most difficult or seemingly impossible case can be adequately resolved through good working relationships with students, creativity, and flexibility—while maintaining rigorous academic standards.

I did not choose my current PCP because of his disability or “in spite of” his disability. I chose him for his excellence as a doctor who listens well and actually “gets it” when I communicate my access- and disability-related needs. My PCP may do these things well as a result of his training, his education, and his lived experiences as a person with a disability—one cannot separate these elements. *And this is why diversity is so valuable.*

Diversity by disability matters beyond mere representation—it provides a critical counterbalance to the health care experience, benefiting patients, professionals, and communities. For me, it is simply an issue of power and equity.

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Know Your Campus Resources

Jonathan D. McGough and Joseph F. Murray

This chapter discusses the role of the designated campus office for determining and implementing student accommodations, and how that office can work with other academic departments and student services. It also distinguishes the more limited role of the designated campus Americans with Disabilities Act (ADA) coordinator, which is required by law, but is often entirely distinct due to its focus on managing compliance and related complaints. Finally, the authors discuss disability in the context of multiple student support programs, such as learning resources, tutoring programs, program advisors, veterans' services, first-generation supports, and multicultural resource programs.

INTRODUCTION

Research suggests that medical schools are witnessing a sharp rise in the number of students who self-identify as having a disability in medicine (Meeks, Case, Plegue, Herzer, & Swenor, 2019), while anecdotal reporting by other healthcare professional programs suggests similar increases. Potential reasons for this trend include the legislative broadening of the term *disability* in the 2008 amendments to the ADA, which increased early interventions in primary and secondary education, as well as changes in the climate or stigma around having a disability.¹ Increasing the number of students with disabilities studying the health professions adds to the diversity of our student bodies and a more diverse workforce in the health sciences (Iezzoni, 2016; Meeks, Herzer, & Jain, 2018).

¹ ADA Amendments Act of 2008, PL 110-325 (S 3406) (September 25, 2008).

Despite the increasing number of students with disabilities, many institutions identify one institutional official responsible for coordinating disability access and accommodations. Often, especially in smaller institutions, this individual has multiple roles within the institution or program, instead of a single role as a Disability Resource Professional (DRP). Given the multitude of educational settings in which disability access is needed and the nuances of clinical health science and professional education, it is impractical at best to rely on just one individual—or even one office—to ensure the institution is fully inclusive of disabled students² from admission through graduation. Ensuring access for this growing population of students must be a shared effort campus-wide. This chapter explores how disability offices can build effective campus partnerships that pave the way toward a more accessible, inclusive campus environment and identify key campus partners in ensuring full access to all aspects of the institution for students with disabilities.

THE ROLE OF DISABILITY OFFICES

The office responsible for ensuring disability access for students falls under a variety of names (e.g., disability resources, disability services, and access services). Regardless of the name, each institution identifies a department (or person) tasked with working directly with students with disabilities on access issues. This office has a number of roles, some of which can vary depending on the school. The primary focus at all schools is to ensure students have equal access to all aspects of the program by removing or mitigating disability-related barriers. This often takes the form of determining and coordinating academic adjustments, reasonable modifications, and auxiliary aids to alleviate the effects of barriers on students.

The work of the disability office also includes big-picture strategizing with campus partners about how to proactively remove barriers with the ultimate goal that disability accommodations for individual students is attenuated. This concept is known as Universal Design (UD; Burgstahler, 2012). The DRP can support institutional UD efforts by educating faculty about considering the needs of diverse students in designing courses and materials, as well as working with IT and other offices responsible for technology. See Chapter 11 for further discussion about UD.

Another important role of the disability office is helping students understand their civil rights as members of a protected class. To achieve all of these important goals, disability resource professionals must have a thorough understanding of state and federal laws, professional and technical standards

² Editors' note: Throughout this book we move, intentionally, between person-first (e.g., "person with a disability") and identity-first (e.g., "disabled person") language. This is in recognition of the contested nature of language among persons with disabilities (Andrews et al., 2019; Dunn & Andrews, 2015; Withers, 2012; Zola, 1993).

in health science programs, methods to provide accessible digital course content, UD principles, and leading practices for inclusion in health science fields.

LEGAL COMPLIANCE RESPONSIBILITY

Numerous offices in each school oversee implementation of policies in accord with disability laws and regulations. DRPs work with these offices and their representatives to support students with disabilities and prevent discrimination (see Table 1.1). In some institutions, one or two administrative officials fill these roles; on other campuses, a wider range of officials or a staff is charged with these tasks.

TABLE 1.1 Compliance, Grievances, and Formal Complaints Offices/Officers and Their Roles

INSTITUTIONAL OFFICE/OFFICER	ROLE IN THE PROCESS
Americans with Disabilities Act (ADA)/Section 504 coordinator	Oversees planning, compliance, and implementation regarding the ADA as well as Sections 503 and 504 of the Rehabilitation Act of 1973, in addition to other federal and state regulations.
Equal Employment Opportunity (EEO) office	Charged with ensuring that the school does not discriminate in employment against anyone with regard to race, color, religion, sex (including pregnancy), national origin, age, disability, or genetic information, or as retaliation for a complaint of discrimination in any of the former categories.
Title IX coordinator	Oversees university compliance with Title IX, which deals with claims of gender-based discrimination, including sexual misconduct (harassment, discrimination, and assault), misconduct against someone who is pregnant or parenting, and misconduct against someone because of sexual orientation or gender identity. This covers employees and students.
Risk management office	Reviews policies and practices to ensure adherence to relevant laws and regulations and offers guidance to decrease the likelihood of an adverse outcome (e.g., litigation or harm).
General counsel office	The institution's legal department. Works with all relevant offices to provide legal advice and represent the institution in any administrative or legal proceeding.

Americans With Disabilities Act/504 Coordinator

Any institution with 15 employees or more that receives federal funds is required to designate an employee whose responsibilities include coordinating compliance with disability discrimination laws, including the ADA and Section 504 of the Rehabilitation Act.³ This person is typically referred to as the ADA/504 coordinator, although the individual's job title may vary and they may have other duties beyond ensuring disability compliance. The ADA/504 coordinator is responsible for overseeing an institution's compliance with its obligations under disability laws through planning, assessments, and trainings. The ADA, Section 504, and their regulations outline an institution's responsibilities to its multiple constituencies (e.g., students and employees) and in multiple environments (e.g., buildings, stadiums, and websites). ADA/504 coordinators often advise administrators on multiple aspects of an institution's business, ranging from construction to event ticketing to website design. The ADA/504 coordinator also manages the investigation of complaints alleging discrimination on the basis of disability or failure to comply with disability law. The ADA/504 coordinator's name, office address, and telephone number must be made available to the public.⁴

Equal Employment Opportunity or Human Resources Office

Higher education institutions typically have an Equal Employment Opportunity (EEO) office or Human Resources office charged with overseeing nondiscrimination in hiring and employment. This office ensures that the institution, as an employer, will not discriminate on the basis of race, color, religion, national origin, age, or genetic information, or retaliate against any individual who makes a complaint. This office also oversees nondiscrimination on the basis of sex (including pregnancy) and disability. The duties of the EEO office and the disability office often parallel one another, with the disability office assisting students with disability accommodations, and the EEO office assisting employees and job applicants. Because of this parallel, there are inherent benefits in developing a relationship with the EEO office. A strong relationship will ensure that both offices are aware of, and have shared access to, new developments in best practices, the latest in technology, and campus resources.

Title IX Coordinator

Title IX of the Education Amendments of 1972 (Title IX)⁵ prohibits discrimination on the basis of sex, including sexual harassment of or discrimination

³28 C.F.R. § 35.107(a); 34 C.F.R. § 104.7.

⁴28 C.F.R. § 35.107(a).

⁵20 U.S.C. § 1681, et seq.

against individuals who are pregnant, parenting, or nursing. This law applies to employees (including faculty) and students. Every school that receives federal funding is required to designate a Title IX coordinator who is responsible for coordinating the school's legal responsibilities, including investigating allegations of gender discrimination.⁶ Frequently, the Title IX coordinator is also tasked with educating the campus community about Title IX responsibilities and facilitating broader compliance with Title IX through formal training. Because discrimination may occur based on multiple aspects of identity (gender, race, disability, and so on), resolving discrimination complaints on a campus often requires collaboration between the ADA/504 coordinator, EEO office, and Title IX coordinator.

Increasingly, Title IX offices and disability offices are partnering to ensure students get appropriate access. For example, survivors of sexual assault may experience anxiety disorders, PTSD, or other trauma-related disabilities immediately following the assault that may be temporary or lasting. Many institutions have begun proactively offering accommodations to mitigate the impact of the trauma on a survivor's campus and academic experience. Pregnant and breastfeeding students are also sometimes provided with temporary accommodations through the disability office, even in the absence of any pregnancy-related disability, as part of a campus effort to provide resources to student parents. These kinds of inter-office collaborations may be set up at the discretion of the institution, and they often provide much-needed wraparound supports to students at a time when they are academically vulnerable.

Risk Management

Larger campuses may have a risk management office that identifies and assesses liabilities to the institution; its duties include crafting policies and procedures, reviewing contracts, and participating in key decision-making to protect the school from litigation where possible. On such campuses, the risk management office can be a critical partner in working toward changing the culture around disability to reduce the incidence of disability-related litigation.

Legal Counsel

All educational institutions have some form of legal representation in place. Larger schools usually have a legal department or general counsel's office consisting of attorneys, paralegals, and other colleagues who stay abreast of all regulations applicable to postsecondary education. Smaller schools may

⁶34 C.F.R. § 106.8.

have a lawyer or law firm on retainer to provide legal counsel as needed. As these firms and individuals have the ultimate responsibility of defending the institution in any legal proceeding, legal counsel should work closely with the disability office to review cases that might become subject to an Office for Civil Rights (OCR) complaint or litigation. Heeding the advice of legal counsel can prevent contentious situations from moving toward formal complaints and litigation. Schools that use outside counsel should establish a protocol for when these individuals should be brought in to consult on a student disability issue. Consulting early in the process can help avoid an expensive legal issue down the road.

WORKING WITH FACULTY TO REFER STUDENTS

Despite efforts by faculty and administrators to advertise the disability office, many students simply are not aware that disability resources exist or that they are eligible to access them. Faculty, staff, and administrators can be excellent referral sources but often feel unqualified to answer detailed questions, uncomfortable with the term *disability*, or unfamiliar with its legal definition—and therefore may not refer all of the students who may be entitled to accommodations. Furthermore, many faculty and administrators may not recognize students as having a disability, given that students may be quite accomplished, especially those enrolled in graduate programs. Although talking about “disability” carries negative connotations for some, disability is an integral and positive aspect of identity for others. When referring a student to the disability office, administrators and faculty should focus on the barrier the student is facing, not the student’s disability or presumed disability (see also, Chapter 8 and Chapter 11). Faculty and staff can also normalize the disability office by including it as one of many resources available to all students on campus and maintain a positive statement about disability on their syllabus (see Chapter 8).

Other Student Support Offices on Campus

Although understanding the available resources on campus is important for any student, it is of particular importance for a student with a disability. DRPs should familiarize themselves with the resources available and be able to refer students to the appropriate offices for assistance as needed. As well, DRPs should ensure that other support offices are familiar with the disability office’s role in supporting students and encourage these colleagues to refer students to the office as appropriate.

Such collaborations can take many forms. For example, consider the case of a first-year medical student with attention deficit hyperactivity disorder (ADHD; see Scenario 1.1).

SCENARIO 1.1 Multi-Office Collaboration to Support a Medical Student With Attention Deficit Hyperactivity Disorder

A first-year medical student arrives at school with documentation of her disability and recommendations for testing accommodations. She reports that those accommodations worked very well in her undergraduate education, and the institution approves and implements these accommodations in her first-year courses. After failing the first two quizzes in one of her classes, the student returns to the disability office. She is upset and feels overwhelmed by the volume of material in medical school and reports difficulty in organizing and prioritizing her studies.

First, the DRP would go through a robust interactive process to determine whether the current accommodations are effective in mitigating the barriers to the curriculum. Additional or nuanced accommodations may be appropriate given the new setting and the differences in teaching methods, coupled with multiple types of assessment.

Potential Collaborations for Scenario 1.1

In this case, the DRP has the opportunity to refer the student to multiple campus resources:

1. A learning specialist or academic support center to explore alternate study strategies
2. A peer-tutoring program that can help the student prioritize material
3. A psychiatrist in the student health or counseling center, who can discuss the use of psychotropic medications to mitigate symptoms of inattention
4. A therapist in the student counseling or wellness center to discuss the transition to medical school, work with the student on executive functioning skills, and identify ways to reduce any anxiety

When the disability office is a known resource, the referral process works both ways, and colleagues in other offices will feel comfortable referring students (see Scenario 1.2).

SCENARIO 1.2 Student Referral From the Counseling Center

A student visits the campus counseling center and shares concerns about the behavior of a faculty member and perceived concerns about access. The student is unaware that the disability office exists. The staff counselor, who understands the disability office and its mission, refers the student to the office and informs the student that assistance regarding disability access is available there.

The disability office should collaborate with other campus resources that support students from marginalized groups. In doing so they communicate and respect the students' multiple identities (see Scenario 1.3).

SCENARIO 1.3 Working With Students Who Have Multiple, Diverse Identities

An African American student with a disability shares feelings of stress about adjusting to the health sciences environment. He states that he has not found a community and feels that all of his time is focused on academic achievement and addressing access barriers. The student laments that his social support group is lacking.

Potential Collaborations for Scenario 1.3

It is important to remember that students have multiple identities outside of being students with disabilities. In fact, their disability identity may be the one that least affects their academic success. The case in Scenario 1.3 affords the DRP an opportunity to connect the student to other campus resources, for example:

1. Referral to the multicultural resource center to meet and network with students from all programs on campus
2. Referral to the student activities office to learn more about campus groups and activities available to connect with other students outside the academic environment
3. Referral to program-specific diversity initiatives both internal and external (e.g., Association of American Medical Colleges [AAMC], American Association of Colleges of Nursing [AACN])

4. Referral to mentorship programs on campus or other specialized programs (e.g., First Generation to College and Veterans Affairs)
5. Referral to the counseling center to address feelings of isolation, depression, or anxiety

Partnering with other student support offices on campus (see Table 1.2) will benefit students already working with the disability office and may benefit students with disabilities who have not disclosed. Cross-office understanding of disability, the value of disability, and the supports available will result in increased referrals for students who might otherwise fall through the cracks. A collaborative approach to student support ensures that issues such as accessibility and universal design continue to be a part of the conversation and eventually the campus culture.

TABLE 1.2 Student Support Offices on Campus

OFFICE	SERVICES
Tutoring/writing center	<ul style="list-style-type: none"> ■ Assistance in keeping up with course work ■ Assistance with mastering course content ■ Individually focused attention ■ Support for editing and the writing process
Learning specialists and academic coaching	<ul style="list-style-type: none"> ■ Assessment of learning styles and current study habits ■ Design of individual learning strategies for the student ■ Suggestions for ancillary study materials and approaches ■ May refer for more specific neurocognitive testing
Career services	<ul style="list-style-type: none"> ■ Assistance with job applications and résumés ■ Practice interviews for clinical placements or employment
Student health center	<ul style="list-style-type: none"> ■ Provide medical care ■ Refer to specialist care when necessary ■ Knowledge of campus medical resources ■ Assistance navigating student insurance benefits
Counseling center/wellness center	<ul style="list-style-type: none"> ■ Support for students ■ Assess and sometimes treat psychological/psychiatric conditions ■ Refer to or provide mental healthcare ■ Foster wellness ■ Mindfulness/meditation education

(continued)

TABLE 1.2 Student Support Offices on Campus (*continued*)

OFFICE	SERVICES
Veterans support office	<ul style="list-style-type: none">■ Familiarity with military-service–related disabilities■ Benefits and programs■ Scholarships and financial assistance■ Community building and peer support
Financial aid	<ul style="list-style-type: none">■ Individualize a financial aid plan to account for expenses associated with disability■ Knowledge of scholarships or other financial assistance■ Provide debt-management strategies
Diversity offices, including: <ul style="list-style-type: none">■ Multicultural/minority resource centers■ Lesbian, gay, bisexual, transgender, queer, intersex, and others (LGBTQI+) resource center■ First generation to college program or initiative	<ul style="list-style-type: none">■ Peer support and community building■ Networking■ Advocacy■ Safe space to discuss multiple identities■ Mentoring
Campus ombudsperson	<ul style="list-style-type: none">■ Confidential office■ Takes a neutral stance in mediating difficult situations■ Linkage to campus supports■ Identifying school policy and procedure■ Often empowered to facilitate change and improvements across campus

SUPPORTING STUDENTS EXPERIENCING ACADEMIC DIFFICULTY

When students with disabilities experience academic difficulty, a DRP should check in with students to ensure that all disability-related barriers have been removed and to assist students with identifying the most effective resources. Consider the following points when working with students experiencing academic difficulties:

1. Do the difficulties relate to the disability?
2. Is the student receiving the appropriate accommodations?

3. Does the student have the appropriate resources to study (including time)?
4. Who else on campus might have the expertise to assist?

Identifying the Issue

When a student encounters academic difficulties, it is often helpful to have the student describe the course or clinical activities with the DRP, including the barriers experienced. The DRP's knowledge of the health sciences curriculum is especially important when working through these barriers. In addition to the student's self-described challenges, it is often necessary to elicit the expert assistance of a faculty member from within the department or to see the environment firsthand in order to determine whether, and what, reasonable accommodations might remove the barriers, affording the student equal access.

Working as a Team

Although DRPs mainly focus on the classroom, clerkship, and other academic environments, it is important to remember that barriers do not only exist in educational environments. Their disabilities may affect them outside of school, or stressors may emerge from other life experiences that have nothing to do with disability. For students studying health professions, time is a precious resource. The DRP, alongside other campus resources (e.g., learning specialist, academic coach, and mental health services), can help a student strategize regarding time management and practicing good self-care. When academic difficulties are the result of another aspect of students' lives or identities, connecting them with the appropriate support on campus can be a crucial link, particularly if students have a good relationship with the disability office and trust their DRP's recommendations.

Effective collaboration allows DRPs to garner the expertise of campus partners in order to ensure students have equal access to all aspects of their experience. The result brings together existing resources to ensure effective and high-quality services for students. Although each student is different, Figures 1.1 and 1.2 offer examples of how multiple campus offices can come together to meet student needs.

Academic Standing

In the health sciences, a student who continues to experience academic difficulty, or failure, is typically brought before a review committee to determine the student's academic future (e.g., placed on probation, suspended,

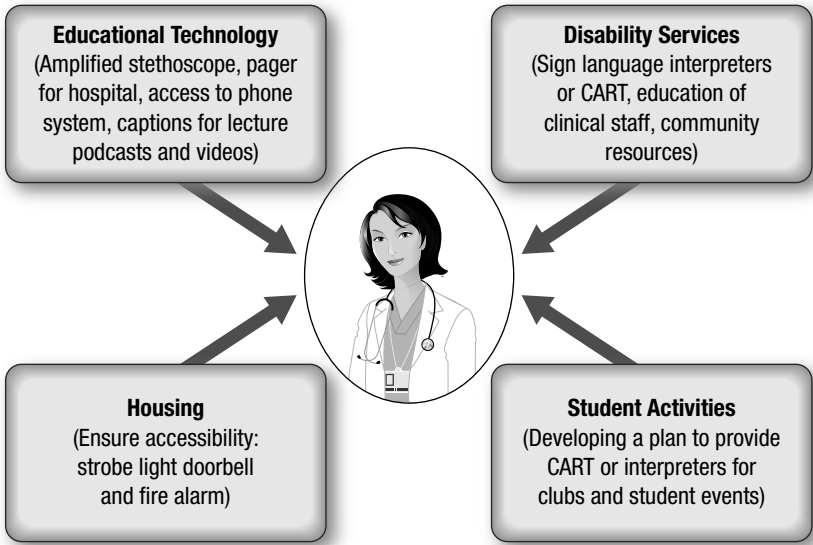


FIGURE 1.1 Example of Collaborations: Deaf or Hard-of-Hearing Students. *CART*, communication access real-time translation

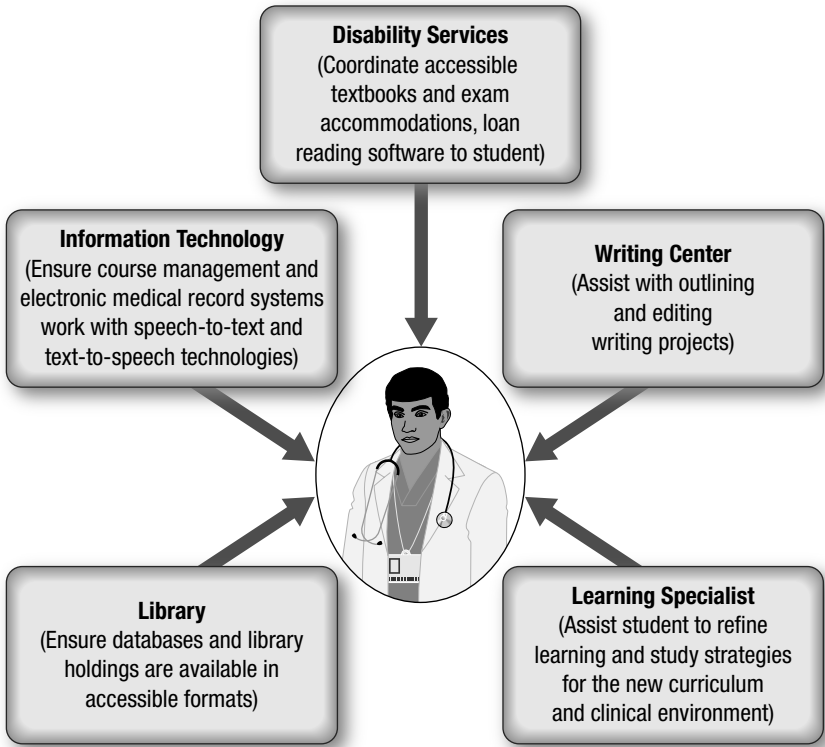


FIGURE 1.2 Example of Collaborations: Student With a Learning Disability

and dismissed). Each school or program within the institution often has a committee that reviews the student's academic progress and fitness for promotion to the next level of study (e.g., promotion committee, fitness committee, and student review committee). DRPs generally do not sit on these committees as a matter of standard practice, though this may vary across programs. In cases where DRPs are not standing members, it may be beneficial to include them in an annual meeting in order to inform them about the academic review process. Observing the process will expand the DRPs' understanding of the types of concerns raised about student performance, as well as general barriers students experience and how they are managed. It can also help to highlight the understanding (or lack of understanding) faculty might have about disabilities and accommodations, and inform future training to build the skills and understanding of faculty.

Disability Accommodation Requests in Response to Academic Sanctions

In some cases, students might disclose a disability at the last minute as a means of staving off an academic sanction or dismissal. These students should enter the disability office's registration process and be evaluated in the same manner as any student. The information about the disability, as assessed by the DRP, may not change the academic outcome, but can help the committee members to incorporate any relevant disability information into their decision-making process. It is also a demonstration of good faith to examine accommodation requests immediately and in line with published procedures, should the situation later result in a grievance or complaint.

Above all, it is important to inform all students *early* and *often* about the process for declaring a disability, requesting accommodations, and determining eligibility for disability services (see Chapter 2).

GRIEVANCES AND FORMAL COMPLAINTS

Processes for Internal Complaints

Institutions of higher education that receive federal funds are legally obligated to "adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints."⁷ The designated ADA/504 coordinator is obligated to receive and process disability discrimination complaints,⁸ but the school can designate any other campus offices or individuals it would like to be part of the grievance procedure and can determine the process it would like to use, as long as due-process standards are maintained. Public universities that employ more than 50 people are also legally obligated to publicize the

⁷34 C.F.R. §104.7; 28 C.F.R. § 35.107(a).

⁸28 C.F.R. § 35.107(a).

grievance procedure⁹; most schools post the grievance procedure on the school's website.

It is important for DRPs and the institution as a whole to objectively evaluate a grievance, viewing it as an opportunity to consider the institution's practices and make improvements that lead to positive changes for students and the school. Grievances can serve as opportunities to grow or change a practice, or they can confirm that existing practices are effective and legally sound.

In the case of a grievance, DRPs should enlist the assistance of the risk management office and/or the institution's legal counsel, as they can be tremendous assets when reviewing relevant laws, regulations, and guidelines. Risk management and legal personnel can ensure that the institution is appropriately evaluating risk and possible outcomes of a specific grievance and provide pressure to address matters when issues become stagnated.

Make Internal Complaint Procedures Readily Available

The disability office should make it clear to students that it is available to help mediate between students and faculty (or others) about the implementation of accommodations or other issues. If a student's conflict does not involve disability or accommodations or the student is not comfortable going through the DRP to try to resolve it, offer other informal resolution supports on campus, such as

- an alternate disability office counselor,
- the program's dean of students or designated liaison for the student's program (if there is one),
- the student services office,
- the ombudsperson.

What to Include in Internal Grievance Policy and Procedures

In its letter to Woodland Community College, the Office for Civil Rights [OCR] laid out guidelines for alerting students to the grievance procedures, saying the grievance policy must¹⁰

- be easy to find and locate where students would expect,
- be clearly labeled as complaint procedure,
- contain clear and simple steps to file a complaint,
- not be cumbersome for students to follow or require pre-steps before a grievance can be filed.

⁹28 C.F.R. § 35.107(b).

¹⁰OCR Letter to Woodland Community College, Case No. 09-14-2404 (2016).

See Case Example 1.1 for specific details on what should be included in a disability grievance procedure.

CASE EXAMPLE 1.1 OCR Letter to Albany State University (2017)¹¹

After noting that “OCR routinely reviews a university’s notice of non-discrimination (notice) and disability discrimination grievance procedure when that University is subject to a complaint investigation,” OCR then provided a list of elements it uses in evaluating the adequacy of a school’s disability grievance procedure:

1. Notice to students and employees of the grievance procedure, including where complaints may be filed.
2. Application of the grievance procedure to complaints filed by students or on their behalf alleging discrimination or harassment carried out by employees, other students, or third parties.
3. Provision for adequate, reliable, and impartial investigation of complaints, including the opportunity for both the complainant and alleged perpetrator to present witnesses and evidence.
4. Designated and reasonably prompt time frames for the major stages of the complaint process.
5. Written notice to the complainant and alleged perpetrator of the outcome of the complaint.
6. An assurance that the university will take steps to prevent recurrence of any disability-based discrimination or harassment and remedy the discriminatory effects on the complainant and others, if appropriate.

Complaints and Grievances Filed Outside the School

OFFICE FOR CIVIL RIGHTS COMPLAINTS—WHAT TO EXPECT

In addition to the internal complaint processes, students with a grievance have the right to make a formal complaint to the federal OCR in the Department of Education within 180 days of any alleged discrimination on the basis of disability or within 60 days of the conclusion of an internal grievance procedure, if one was filed with the institution (OCR, 2010). The OCR is the office responsible for investigating complaints alleging discrimination on the basis of disability in education, in accordance with the Rehabilitation Act of 1973 and the ADA. In the event of an OCR investigation, the institution’s counsel, working with the disability office and sometimes with the assistance of additional outside counsel, will represent the school in the proceedings. Disability office documentation will become critical in these procedures. A timeline of

¹¹ OCR Letter to Albany State University, Case No. 04-15-2072 (2017).

events including dates of requests, contact, responses, and additional information about decision-making concerning disability access should be made available to legal counsel. Ideally, the parties will be able to resolve any complaints quickly and in a manner that supports the student while upholding academic and technical standards.

If both parties are amenable to resolving the complaint without the OCR conducting a full investigation, the parties will likely pursue the OCR's Rapid Resolution Process (RRP).¹² This expedited process can be used if the school expresses interest in a speedy resolution. If RRP is rejected, or the case is not appropriate for RRP, OCR may offer the parties an opportunity to engage in the Facilitated Resolution Between the Parties (FRBP) process. The FRBP allows the OCR to identify terms that are agreeable to the complainant and the institution, thereby settling the grievance,¹³ OCR may choose to suspend its investigation for up to 30 days to allow this process to proceed. If all parties agree to the terms of a resolution, a formal agreement will be drafted and signed, and the OCR will cease its investigation. However, if the school fails to comply with the agreed-upon terms, the student can file another complaint within 180 days of the date of the original incident or within 60 days of the date the student learns of failed compliance—whichever is longer.

If neither of the above resolutions occurs, OCR will undertake a full investigation, during which institutions are asked to provide all pertinent policies, procedures, and guidelines, as well as communications and files that apply to the student's complaint. OCR investigations seek to determine if the institution was violating the law.¹⁴ If the result of an investigation concludes that an institution was discriminatory in its behavior or policies, the OCR can, for example, order that the institution refund tuition, readmit the complainant (i.e., the student), or award damages to the student. Investigations also frequently result in mandated training, clarification of policies and procedures, and strict timelines to resolve barriers to accessibility, even if the findings do not conclude that the institution was wholly in violation of the law.

The OCR retains, at its discretion, the ability to broaden an investigation to become or include a complete compliance review.¹⁵ For example, the OCR may consider a complaint filed against a college a "compliance review" if a school is part of a larger system of colleges or universities and the OCR determines that it would be worthwhile to assess compliance in the broader system.

Similarly, the OCR might take a complaint alleging noncompliance in one sector of the institution and decide to conduct a compliance review in light of information gained during an investigation. For example, a student might file a complaint alleging discrimination in admissions procedures, but the OCR could decide to conduct a compliance review of the accessibility of all website

¹² OCR Case Processing Manual, Article II, Section 110.

¹³ OCR Case Processing Manual, Article II.

¹⁴ OCR Case Processing Manual, Article III.

¹⁵ OCR Case Processing Manual, Article IV, Sections 401-2.

materials. Because of the potentially broad scope of a compliance review, many institutional legal services act swiftly to engage in the RRP or FRBP processes. Institutions facing an OCR complaint are encouraged to consult the OCR Case Processing Manual for complete information about the investigation process and timelines.

PRIVATE LITIGATION

Although it is less common, students may file a lawsuit against a school if they believe they were discriminated against on the basis of disability or did not receive the accommodations to which they were entitled. The designated legal counsel will represent the institution to defend the lawsuit (see previous Legal Counsel section). Once a lawsuit has been filed, the disability office should carefully follow any instructions from the institution's counsel, including instructions about communications with the student and retaining relevant documents.

DISABILITY AS DIVERSITY

Administrators are wise to be aware of compliance concerns in serving students with disabilities, but “disability” is *not reducible to a compliance issue*—it is an aspect of identity for many students and an aspect of diversity on college campuses. In common with other marginalized populations, many students with disabilities identify with a culture rooted in a civil rights struggle. On many campuses there are groups that work to build community for broad disability activism, and celebrate disability, neurodiversity, and Deaf cultures, to name a few. These groups often celebrate their respective cultures and promote awareness, inclusion, and protection of their civil rights.

In line with this concept, attention to formal diversity statements and diversity programs at the program, school, and institutional level may be needed to ensure disability is included as an aspect of the institution's diversity efforts. Such a review should pay particular attention to diversity messages for health science campuses and programs. Although institution-level initiatives may already include disability as an aspect of diversity, it may not be reflected at the program level. This can send the implicit message that disability does not count as an aspect of diversity in health sciences or in specific disciplines and is thus not a valued aspect of identity or diverse communities. Similarly, if health science or discipline-specific student societies do not include disability community groups, DRPs may work with other offices or student groups to develop this. Though such societies are often initiated by students, it may be appropriate for a disability office to work alongside students and other allies to support the inclusion of disability in independent student societies. Peer disability communities in health science programs can be integral in fostering peer support, disability identity development, stigma busting, and community action (Jain, 2019).

Since the 1970s, Section 504 has required institutions receiving federal funds to provide notice that they do not discriminate on the basis of disability.¹⁶ Recently, many institutions and employers have gone further by actively seeking applicants with disabilities. As of March 24, 2014, changes to Section 503 of the Rehabilitation Act of 1973¹⁷ require nearly all federal contractors to recruit and hire a workforce of employees of which 7% identify as having a disability. This should translate to hospitals and other federal medical facilities intentionally seeking out applicants with disabilities. Similarly, the National Institutes of Health provides supplemental funding in some of its grants to support research conducted by students, postdoctoral students, and investigators with disabilities (National Institutes of Health, 2018).

CONCLUSION

Students with disabilities are an underrepresented minority in higher education, research, and the workforce. There are reasons to be hopeful that increased awareness and revised legislation can play a role in correcting this. People with disabilities want and deserve empathic healthcare professionals with disabilities. By working together, departments in health science programs can ensure students have equal opportunity to enter the healthcare profession, thereby achieving this goal.

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Disability Law and the Process for Determining Whether a Student Has a Disability

Elisa P. Laird and Gregory A. Moorehead

INTRODUCTION

This chapter first addresses what a disability is and how to determine whether someone meets the legal definition of a person with a disability. It explains the Americans with Disabilities Act (ADA) and other applicable laws, to help administrators and disability office personnel understand their obligations, including a diagram to guide the decision-making process for determining a student's disability status. Specific examples from the health sciences are provided.

A BRIEF HISTORY OF DISABILITY RIGHTS LAWS

Societal perceptions of disability have shifted over time. The **medical model** of disability is based on the notion that disabilities are a physical or mental deficiency and that the individual with disabilities should be “fixed” or otherwise conform to society’s definition of normal (Finkelstein, 1993). This model

also assumes that people with disabilities will never be full participants in society. Although the now-outdated medical model is still very much present, the **social model** of disability has become the more widely accepted model. Developed in the 1970s and 1980s, the social model asserts that it is *society's* environmental, cultural, and attitudinal barriers, as opposed to a person's individual impairments, that prohibit people with disabilities from participating fully in all aspects of society (Oliver, 1996). The social model encourages society to accept disability as another form of human diversity and to develop societal structures and programs that accommodate all forms of disability by design. This approach reduces the need for individualized accommodations. The introduction of the social model informed the development of civil rights laws for individuals with disabilities. Further extensions of the social model, including the cultural, relational, and minority models, have been proposed by disability scholars (Goodley, 2017).

The passage of Section 504 of the Rehabilitation Act of 1973¹ and the ADA in 1990² created broad protections for individuals with disabilities, including mandating that postsecondary education institutions remove barriers for, eliminate discrimination against, and facilitate inclusion of students with disabilities. The laws also provide individuals with the right to sue if they are discriminated or retaliated against on the basis of their disability or perceived disability. The ADA Amendments Act (ADAAA) was passed in 2008, largely to address the effects of a series of court decisions that had increasingly limited the law's scope since its enactment, particularly with regard to what constitutes a disability. The result of the 2008 amendments to the ADA was a substantial increase in the number of individuals entitled to disability protections under the law and therefore more students in higher education qualifying for disability accommodations than ever before.

THE UNIVERSITY'S LEGAL OBLIGATIONS TO STUDENTS WITH DISABILITIES

The ADA states, "No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity."³ It has a similar provision applying to private colleges.⁴ It requires that institutions of higher education make modifications to their policies, practices, and procedures that would otherwise deny equal access to students with disabilities, unless doing so would result in a fundamental alteration of the services provided.⁵ This means

¹ 29 U.S.C. § 794, et seq.

² 42 U.S.C. § 12101, et seq.

³ 42 U.S.C. § 12132.

⁴ 42 U.S.C. § 12182(a).

⁵ 42 U.S.C. § 12182(b)(2)(A)(iii); 28 C.F.R. § 36.302(a).

that the law does not ask schools to lower their educational standards, but rather to provide for reasonable flexibility to allow students with disabilities alternative modes of accessing the campus environment and demonstrating competency. Most schools have designated a disability office or individual Disability Resource Professional (DRP) to work to ensure the campus and/or the programs are fully accessible to students with disabilities (see Chapter 1).

WHAT IS A DISABILITY UNDER THE AMERICANS WITH DISABILITIES ACT?

The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.⁶ The law expressly states, “An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.”⁷ To qualify as a disability, an impairment does not need to be a permanent condition but must last a substantial amount of time.⁸ Further, a condition might substantially limit a major life activity and therefore constitute a disability, even if the individual uses “mitigating measures,” such as auxiliary aids or medication.⁹ For example, a person who is able to walk but relies on the assistance of a cane is still a person with a disability because the major life activity of walking is affected. To receive disability accommodations, the law requires not only that a person have a medical condition, but that this condition “substantially limits” a major life activity. The limitation must go beyond a nuisance to rise to the level of being disabling. “Major life activities” include breathing, walking, talking, hearing, seeing, eating, learning, reading, concentrating, and thinking.¹⁰ The ADAAA also expressly includes impairments of major bodily functions and systems (e.g., digestive, neurological, endocrine), making clear that individuals with chronic health conditions or diseases, such as diabetes or cancer, are covered by the ADA’s disability protections.

As mentioned, the ADA’s definition of disability also includes those who “have a record of” or are “regarded as” an individual with a disability.¹¹ A student with “a record of” having a disability is one who has a history of having a disability, even if it is no longer present or does not substantially limit a major life activity. For example, the federal government has asserted that students with hepatitis B are individuals with disabilities who should be allowed full participation without restriction in most dental and medical programs

⁶ 42 U.S.C. § 12102(1).

⁷ 42 U.S.C. § 12102(4)(D).

⁸ 42 U.S.C. § 12102(3)(B).

⁹ 42 U.S.C. § 12102(4)(E)(i).

¹⁰ 42 U.S.C. § 12102(2)(A).

¹¹ 42 U.S.C. § 12102(1).

(DOJ, HHS, & DOE, 2013). An individual who is “regarded as” a person with a disability is someone who does not have a condition that substantially limits a major life activity but due to appearance (e.g., visible surgery scars or a medical record that includes a history of a condition or disease no longer present) is assumed by others to have a disability. In either case, the individual is typically not entitled to disability accommodations on the basis of that condition alone, if it does not substantially limit a major life activity. However, individuals who have a record of disability or who are regarded as having a disability could sue for discrimination under the ADA if they were treated in a discriminatory manner because someone assumed a disabling condition was present (see Scenario 2.1).

Because of the complexity of the law and its associated protections, it is important not to allow accommodations to be determined and provided by faculty or others alone—even those with the best of intentions—in the absence of a student request, careful review of medical documentation, and approval of appropriate accommodations by a trained disability professional. This will be discussed in detail in Chapter 4 and Chapter 5.

Definitions of a Disability Under State Laws

It is important to note that some states have their own disability laws and may have a definition of *disability* that differs from the federal ADA definition just described. For example, whereas the federal government defines a disability as a substantial limitation of a major life activity, California state law states that a disability must merely “limit”—not “substantially limit”—a major life activity, making more individuals entitled to disability accommodations in

SCENARIO 2.1 “Regarded as” an Individual With a Disability

A student has extensive burn scars on his or her face and arms, but the scars do not impose any functional limitations, nor has the student requested any accommodations with regard to that condition. Although the student can perform all of the required tasks at the same level as his or her peers, the clinical director assigns him or her to a less desirable clinical rotation because he or she (unreasonably) believes that the student’s appearance will make him or her less effective and therefore negatively reflect on the school. The director wants to avoid harming the school’s relationship with the more prestigious clinical locations. This student may win a lawsuit against the school under the ADA for disability discrimination, even though he or she is not a student with a disability who required accommodations in the clinical setting.

the state.¹² Although some states may have disability laws that allow broader disability accommodations than the federal government, other states may have more restrictive—or no—state law governing disability accommodations. In states with their own disability rights laws, the law that provides the most protection for individuals with disabilities—whether federal or state law—must guide decision-making in that state. Where there is no state disability rights law, the ADA is the relevant law to follow.

Due to the variations in laws at the state level, this book will refer only to federal law, with which residents of all states must be familiar. Faculty and DRPs should consult with their school’s legal counsel to ensure appropriate compliance with federal, state, and local disability laws.

DISABILITIES IN THE EDUCATIONAL ENVIRONMENT

To be considered a disability requiring accommodations in the college environment, the medical condition must not only substantially limit a major life activity, but the affected activity must be related to the student’s functioning in the campus environment, including all aspects of that environment (e.g., academics, housing, transportation, parking, extracurricular activities, and dining services). This is important because there may be students on campus who have a disability as defined by the ADA, but who do not need any disability accommodations to have equal access to the school’s programs and activities.

Students With Disabilities Must Be “Otherwise Qualified” for the Educational Program

Section 504 states that no “otherwise qualified” person with a disability may be excluded from participation in any program that receives federal funds. Many cases have held that if a student cannot pass, even with all appropriate accommodations fully implemented, they are not otherwise qualified for the program.¹³ However, the student must be given a full opportunity to pass; a school cannot determine that a student who is currently passing but the school believes is likely to fail in the future is not otherwise qualified.¹⁴

What constitutes being “otherwise qualified” depends on the type of program at issue. For open enrollment programs with no admissions criteria, “otherwise qualified” means that the students merely meet the program’s stated criteria for participation, such as age, residency, and so forth, and are able to successfully complete the coursework. For programs that require admission,

¹² Cal. Gov’t Code § 12926.1(c).

¹³ See, for example, *Chin v. Rutgers University School of Medicine*, Case No. 16-2737. (3rd Cir. 2017); *Zukle v. Regents of the University of California*, 166 F.3d 1041 (9th Cir. 1999); *Wynne v. Tufts University School of Medicine*, 976 F.2d 791 (1st Cir. 1992); *Wong v. Regents of the University of California*, 192 F.3d 807 (9th Cir. 1999).

¹⁴ *Hill v. George Fox University*, Case No. 3:2015cv01148 (D.Ore. 2017).

meeting the admissions standards and maintaining passing grades once admitted typically indicates that candidates are “otherwise qualified” to be in the program. For programs with technical standards, individuals must not only meet the academic requirements, but also meet the technical standards to be considered “otherwise qualified.” See Chapter 3 for a detailed discussion about technical standards.

THE PROCESS FOR DETERMINING ACCOMMODATIONS

A Two-Step Inquiry

For purposes of explanation, this book breaks the accommodations determination process into two discrete inquiries:

1. Is there a qualifying disability?
2. If so, what accommodations may be appropriate?

This distinction is a bit artificial in daily practice; in work with students, these two questions are often addressed simultaneously. Nonetheless, splitting the process into two distinct spheres allows a clearer explanation. This chapter will address question one, and Chapter 4 will address the second question.

Creating a Standard Procedure for Accommodations—and Following It—Is Important

When reviewing disability accommodations decisions made by institutions, courts and the Office for Civil Rights (OCR) look primarily at whether the school followed proper procedures when making decisions. If the procedure was proper and all of the relevant people were included in the decision-making process, generally the court or OCR will defer to the institution’s decision.¹⁵ However, if the decision was made with an insufficient interactive process, the court or OCR tends to reject the school’s decision or at least require further consideration of the student’s accommodation request.¹⁶ No matter what the request from the student, a school must always go through a legitimate process of considering it, and not reject it out of hand. However, the student must not fail to participate. If a student is aware of procedures for requesting accommodations but fails to follow them, the school is not liable for failing to accommodate.¹⁷

¹⁵ *Zukle v. Regents of the University of California*, 166 F.3d 1041 (9th Cir. 1999); *Guckenberger v. Boston University* 974 F.Supp. 106 (D.Mass. 1998); *McCulley v. The University of Kansas School of Medicine*, No. 13-3299 (10th Cir. 2014).

¹⁶ *Wynne v. Tufts University School of Medicine*, 976 F.2d 791 (1st Cir. 1992); *Wong v. Regents of the University of California*, 192 F.3d 807 (9th Cir. 1999).

¹⁷ *Buescher v. Baldwin Wallace University*, No. 1:13 CV 2821 (N.D. Ohio 2015).

To determine whether a condition substantially limits a major life activity that affects the student in the academic environment and, subsequently, whether it requires disability accommodations in the educational setting, the DRP must gather and review the student's relevant documentation. Documentation includes subjective information from the student about past experiences with the disability and any prior accommodations received, the DRP's own observations, and written verification of disability from a third party. All of that documentation taken together will help the school evaluate whether a student's condition rises to the level of a disability requiring academic accommodations under the law.

Intake Interview With the Student

The most important part of the documentation process is the student interview. Specific information about the *effects* of an individual's disability on educational activities can only be obtained from the student. During the process of determining disability and reasonable accommodations, students should be invited to describe:

- how the condition affects them in and out of the classroom;;
- personal history of academic difficulties,
- personal history of receiving accommodations, if any, and
- any strategies used to facilitate participation and functioning in and out of the classroom.

The leading professional organization for DRPs, the Association of Higher Education and Disability (AHEAD), has created a useful interview guide, which includes sample questions for eliciting relevant information (Meyer, Thornton, & Funckes, n.d.).

Written Documentation From Healthcare Providers or Other Third Parties

The ADA does not require that students provide their school with written documentation from a doctor or other care provider or results of evaluative measures, such as psych-educational testing for learning disabilities (LD), in order to obtain accommodations. Nonetheless, most health science programs require most students seeking accommodations to provide at least some third-party verification of disability (with the exception of some readily apparent disabilities, for which documentation may be unnecessary). The reasons for this vary by school but often include ensuring uniformity of requirements among students, attempting to be consistent with board exam requirements (nearly all health science board exams require some third-party disability verification), and, in some states, disability office audit requirements. As described further, schools may require documentation, as long as it is not overly burdensome and documentation requirements are applied uniformly.

Types of Third-Party Documentation That May Be Required

The type of third-party documentation sufficient to establish the presence of a disability depends on the disability type. A healthcare provider who has a relationship with the student and is sufficiently trained to provide an expert opinion on the diagnosis, as well as details about the student's functional limitations, should provide documentation. Third-party documentation should clearly describe how the student's condition limits a major life activity related to the educational environment. It should include a description not only of symptoms directly related to the underlying condition, but also the side effects of any necessary medication.

The third-party documentation verifying a student's disability should be in writing. Most schools have a standard form for healthcare providers to complete (see Sample Disability Verification Form, Appendix 2.1) and will also accept a letter on the provider's letterhead if it provides all of the relevant information. One exception is the outside documentation necessary for LD. Diagnosis of LD typically requires extensive testing, typically summarized in a lengthy report, although some circumstances may dictate more leniency in the assessment and its summary. See Practice Recommendation 2.1.

Practice Recommendation 2.1 What If a Student Does Not Have a Comprehensive LD Evaluation?

Historically, if a student's LD evaluation was not fully comprehensive, the school might insist on a much more extensive evaluation before accommodations would be determined and implemented. Although it is true that an assessment with comprehensive evaluation components and processes provides the most complete assessment, the 2008 ADA Amendments Act put a much greater emphasis on a student's history of having received accommodations as an indicator that future accommodations are needed.¹⁸ Therefore, a student who has had only a partial evaluation should not be forced to undergo a full neuropsychological or psychoeducational assessment before accommodations are implemented. Despite the use of partial documentation for approval of accommodations in the program, students must be cautioned that some board exam organizations, like the National Board of Medical Examiners (NBME) still require an in-depth and 3-year current evaluation before reviewing a request for accommodations. Therefore, students may still need to get a comprehensive psych-ed evaluation before applying for accommodations from these testing entities. Note that OCR has said schools may not create their standards based solely on the licensing exams' more stringent requirements.¹⁹

¹⁸ ADA Amendments Act of 2008, PL 110-325 (S 3406) (September 25, 2008).

¹⁹ OCR Letter to John Wood Community College, Case No. 05-18-2040 (2018).

The third-party documentation requirements of each school may vary. For example, a few schools require psychoeducational testing results to verify a diagnosis of attention deficit hyperactivity disorder (ADHD), whereas many will accept a psychologist's or psychiatrist's written assertion that ADHD is present, based on the professional's clinical judgment combined with student self-report. However, an institution is not obligated to merely accept a student's self-diagnosis, without any third-party documentation. OCR has established that schools have the right to request formal verification of a disability from a healthcare provider.²⁰

OCR has also determined that documentation from a healthcare provider should primarily be relied upon to determine whether a student has a disability and requires accommodations, but it should not dictate what the specific accommodations are.²¹ The information in such third-party documentation may help inform what accommodations may be appropriate, but institutions may not limit a student's accommodations to those specifically listed by a medical professional.

Each institution should determine what, if any, written medical documentation it will require, clearly define its documentation requirements in writing, and apply those standards equally to all students. A useful guide regarding third-party documentation comes from AHEAD (AHEAD, 2012). See Table 2.1 for general descriptions of the third-party documentation most commonly required for the broad categories of disability and Practice Recommendation 2.2 for guidance about its contents.

Table 2.1 Disability Categories and Typical Third-Party Documentation

DISABILITY CATEGORY	THIRD-PARTY DOCUMENTATION TYPICALLY NECESSARY
Learning disability	Psychoeducational testing report written by a qualified professional with expertise in learning disabilities, training in administering the tests used, and experience working with adults, such as a licensed educational psychologist, clinical psychologist, or learning disabilities specialist
Hearing disability	Audiology report or letter from an audiologist verifying the extent of hearing loss
Vision disability	Form or letter provided by a treating physician describing the type and extent of the vision limitations

(continued)

²⁰ OCR Letter to Pasadena City College, Case No 09-14-2356 (2015).

²¹ OCR Letter to Kellogg Community College, Case No. 15-15-2017 (2015).

Table 2.1 Disability Categories and Typical Third-Party Documentation
(continued)

DISABILITY CATEGORY	THIRD-PARTY DOCUMENTATION TYPICALLY NECESSARY
Attention deficit hyperactivity disorder (ADHD)	Psychoeducational testing report (see learning disability requirements), form, or written assessment from a treating professional (generally a psychologist or psychiatrist) verifying the diagnosis and describing how the symptoms substantially limit a major life activity
Psychological disability	Form or letter from a treating professional verifying the diagnosis and describing how the symptoms substantially limit a major life activity
Physical/mobility disability	Form or letter from a treating professional verifying the diagnosis and describing how the symptoms substantially limit a major life activity

Readily Apparent Disabilities

If a disability can be clearly observed, there is no need to require third-party documentation verifying the disability. However, if a student with an observable disability is requesting accommodations for any nonobservable aspect of the disability, then it may be appropriate to request outside documentation verifying the functional limitations imposed by the disability. Students can be asked to provide third-party documentation where the disability is not open, obvious, and apparent.²²

Third-Party Documentation Should Be Current

Third-party documentation should not be so old that it fails to reflect the student’s *current* level of functioning. This typically means that the documentation should be recent enough to reflect the student’s functioning as an adult, using adult-normed measurements. There are limited situations in which older medical documentation may be acceptable, such as when the condition has been stable for a significant period of time. In that case, a recent note from the student’s healthcare professional verifying that the older documentation still reflects current functioning may be requested. Students relying on older documentation should be made aware that although the school may accept it,

²² *Doan v. Board of Supervisors of Louisiana State University, et al.*, Case No. 17-3471 (E.D. La., 2017).

Practice Recommendation 2.2 Third-Party Documentation Standards

If requesting third-party documentation, it should:

- identify the condition with specificity,
- be from a qualified medical professional who had direct experience with the student, and
- include information about all disabilities for which accommodations are sought.

certain licensing or certification boards may require more recent documentation before providing accommodations on their exams (see Chapter 6).

Cost of Obtaining Third-Party Documentation

Students can legally be made responsible for bearing the cost of any medical appointment or evaluation necessary to document the existence of a disability, however, for equity and convenience reasons, some schools offer evaluations or testing to students free of charge or at a reduced rate. There is no legal obligation for a school to cover the cost of obtaining documentation; however, there are a number of ways schools can facilitate students' obtaining an evaluation from an outside entity. The cost of evaluations may be rolled into student loans (it is an educational expense). Some schools have emergency grant or loan programs in place for low-income students who face unexpected personal or educational expenses. DRPs may want to collaborate with the financial aid office to offer supports to help students cover the costs of an outside evaluation. At institutions that offer student health insurance, the benefits may cover psych-ed assessments. For schools whose student health insurance plan does not cover them, DRPs may also work with their school's health insurance committee to advocate for added benefits to cover psych-ed evaluations, or the health science programs might consider developing a stipend to cover the costs in full or in part for students enrolled in that program. Health science programs in particular may have a particular interest in ensuring students are able to obtain adequate evaluations for certification or licensing board exam accommodations, especially when these exams are used for promotion within the program.

Disability Verification Form

Most schools have a verification form available for treating professionals to use for documenting a student's disability. This form provides guidance regarding the information deemed necessary by the institution (see Appendix 2.1 for a sample form). Generally, such a form includes the following elements:

- Credentials of the person completing the form and relationship to the student.

- Student's diagnosis(es), including severity and predicted course.
- Procedures/assessments used to diagnose the condition.
- The extent and degree to which the condition interferes with a major life activity.
- How the condition (and/or current treatment) impacts the student's ability to function in the school environment.
- Any accommodations that the healthcare professional believes are necessary to provide the student access to the institution's programs, activities, and services (a school is not obligated to do what the professional recommends, but this step can help identify potential needs).
- Permission from the student for disability office personnel to speak directly to the person who provided the documentation to clarify the disability-related barriers, if necessary.

Limits on Third-Party Disability Documentation Requests: Written documentation of disability should be sufficient to establish a need for accommodations, but it cannot be overly burdensome for a student to obtain. If the documentation initially provided by a student does not contain sufficient information to adequately assess the student's disability-related barriers, it is appropriate to request additional documentation (see Case Example 2.1). However, a school cannot request that a student provide documentation of disability beyond an amount that is reasonable (see Case Example 2.2).

CASE EXAMPLE 2.1 *Kaltenberger v. Ohio College of Podiatric Medicine*²³

A student struggling in classes underwent testing at her university to determine if ADHD was present; the testing concluded that there was no clear evidence that the student had ADHD. A few months later, she provided the university with a short, hand-written note from a physician stating that she had been under an MD's care for ADHD for the last 3 weeks and together they were "trying different medications." The note did not include information regarding the basis for the diagnosis, nor did it indicate the doctor's credentials for diagnosing ADHD; therefore, the university informed the student the note was insufficient to establish that he or she has a disability. The student sued the university for disability discrimination after she was ultimately dismissed from the school due to low grades. The court held that it was reasonable for the university to have required more documentation than one short doctor's note to establish the presence of ADHD and the need for accommodations.

²³ *Kaltenberger v. Ohio College of Podiatric Medicine*, 162 F. 3d 432 (6th Cir. 1998).

CASE EXAMPLE 2.2 Abdo V. University of Vermont²⁴

A student provided letters from doctors confirming that she had been in automobile accidents and detailing the physical limitations that resulted. The university said that it needed more documentation because the letters did not state a particular *diagnosis* and refused to provide the disability accommodations requested by the student and recommended by her physicians in the letters. The student sued the school, alleging disability discrimination, and the court agreed with the student that the university's requirement that students obtain and present to the university a formal diagnosis in order to receive accommodations was not legal because it was unnecessarily burdensome. The court held that the thorough descriptions of the physical limitations included in the student's medical documentation constituted sufficient evidence of disability, even without the label a diagnosis provides.

²⁴ *Abdo v. University of Vermont*, 263 F.Supp.2d 772 (D.Vt. 2003).

MAKING THE DISABILITY DETERMINATION

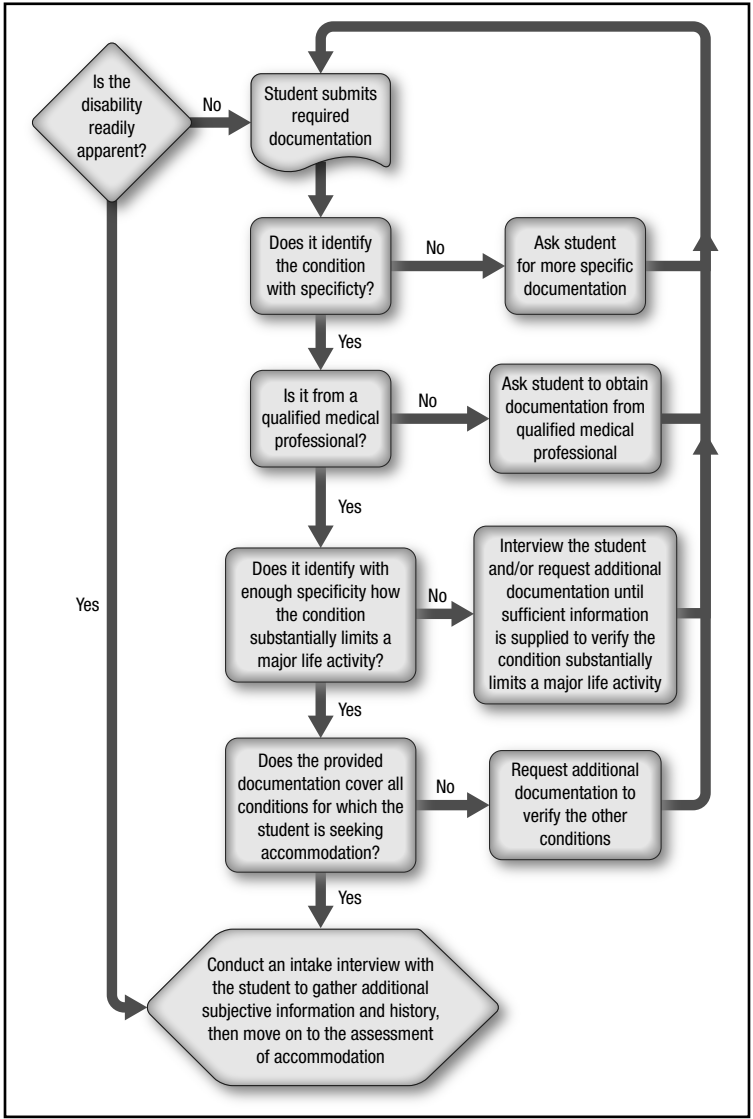
On its own, a diagnosis does not automatically mean a disability is present. Once all of the relevant information from healthcare providers and the student has been gathered, the DRP must determine whether the condition interferes with a major life activity affecting the student in the educational environment. If not, it is not a disability, and no accommodations are needed. It is good practice to include a question on the form completed by the treating professional that asks whether the condition interferes with a major life activity, and, if yes, to explain the activity and how it is affected. This assists the school personnel in making that determination.

It is also important for the DRP making the determination regarding whether the student has a disability to make sufficient notes documenting the decision-making process, so that if the decision is later questioned, the DRP's reasoning is clear. See Practice Recommendation 2.3 for a description of the process of reviewing documentation and determining whether a student has a disability as defined by the ADA, for schools that require third-party documentation.

CONDITIONAL ACCOMMODATIONS

Occasionally it may be appropriate to implement accommodations on a conditional basis, particularly where information is not fully available or time is a factor. For example, if a student is in the process of acquiring third-party documentation or is undergoing an evaluation that is not yet complete and the DRP is fairly confident the disability will be documented in the near future, it may be appropriate to go ahead and implement accommodations, particularly

Practice Recommendation 2.3 Process of Reviewing Documentation and Determining Whether a Student Has a Disability as Defined by the ADA



Continue to the second flowchart, *Determining Appropriate Accommodations*, in Chapter 4.

if there is an impending exam or other event for which having accommodations in place could “make or break” the student’s outcome. Another occasion for conditional accommodations could occur if a student is (or very recently was) in crisis. Implementing accommodations immediately can allow some “breathing room” supports until the student’s condition is more stable. Once the crisis has passed, a fuller assessment can be made. Conditional accommodations are often particularly critical in lockstep programs, where the consequence is not just failing one course, but stepping out of the program, which will also frequently cause the loss of time-to-degree, financial aid, and the cohort supports a student has developed with peers. Caution should be used in implementing conditional accommodations, however; if it is later determined that a student is unable to verify any disability, it can be difficult to remove accommodations that a student has been using.

TEMPORARY DISABILITIES

The ADAAA, passed in 2008, expanded the ADA’s legal obligation for a university to accommodate students with temporary disabilities, although it is not specific about how long a disability must last to qualify. Courts have begun to rule in accordance, holding that an individual with a temporary disability is not necessarily excluded from the ADA’s protections.²⁵ Although this is a fairly recent legal obligation, it has long been common for schools to provide temporary accommodations to students who acquire a short-term disabling condition, often due to injury or surgery, even if not mandated by law. It is recommended practice that all temporary disability accommodations be handled through the disability office with associated documentation of steps taken to remove barriers. This way, should the condition extend to permanent status, all interaction between the student and the institution is documented.

Documenting Temporary Disabilities

The documentation requirements for a temporary disability may be less rigorous for example, a note from a healthcare professional verifying the injury or surgery is usually sufficient. The verification for a temporary disability should include an anticipated end date, so that a student does not continue to receive accommodations beyond the time they are no longer needed. If the anticipated recovery date is later postponed due to a change in the student’s recovery prognosis, an updated note from the provider should be requested and kept on file.

Pregnancy

Pregnancy is not typically considered a disability under the ADA; however, if medical complications from pregnancy arise, the student might become

²⁵ *Summers v. Altarium Institute*, 730 F.3d 325 (4th Cir. 2014).

entitled to accommodations under disability law. In either case, Title IX protections apply to women who are pregnant or who recently gave birth.²⁶ Whether the disability office or the Title IX office (or another campus office) oversees pregnancy accommodations varies by school. Each school should identify a particular office and establish how it will evaluate and accommodate needs related to pregnancy and/or complications arising from pregnancy.

OBLIGATIONS OF THE STUDENT AND THE SCHOOL

Notification of Disability and Accommodation Request Process

It is the student's obligation to follow the school's published procedures for submitting and requesting accommodations. Students cannot expect that accommodations will be provided if they do not comply with the procedure for requesting accommodations. OCR and courts have repeatedly agreed, finding in favor of the school in cases in which a student did not follow the steps required to obtain accommodations.²⁷

However, the school must make reasonable efforts to make students aware of the disability office procedures (see Practice Recommendation 2.4). If students are not sufficiently informed about the process for requesting accommodations, OCR has held that the student is not accountable for failing to fulfill them.²⁸

Practice Recommendation 2.4 Ensuring Visibility of the Disability Office

Make sure students at your institution know about the student disability office by ensuring each of the following:

- The disability office procedures and forms are readily available online.
- Students are informed about the office and what it does during orientations in each department (a short presentation by disability office staff allows new students to get to know service providers).
- Written information about the disability office is included in the acceptance or registration documents sent to students prior to attending.

(continued)

²⁶ Title IX of the Education Amendments of 1972, 20 U.S.C. §1681, et seq.

²⁷ *Chenari v. George Washington University*, 847 F.3d 740 (D.C. Cir 2017); *Buescher v. Baldwin Wallace University*, No. 1:13 CV 2821 (N.D. Ohio 2015); OCR Letter to Florida Southwestern State College, No. 04-16-2161 (2016); OCR Letter to College of Saint Rose, Case No. 02-00-2055 (2001); OCR Letter to Texas Woman's University, Case No. 06-00-2038 (2000); OCR Letter to Western Michigan University, Case No. 15-99-2016 (2000); OCR Letter to A.T. Still University, Case No. 07-09-2017 (2009).

²⁸ OCR Letter to Concord Career Institute, Case No. 09-05-2022 (2005).

Practice Recommendation 2.4 Ensuring Visibility of the Disability Office (continued)

- Faculty members are provided with standard language to include on their syllabi that describes how to obtain accommodations and encourages any students who think they may have a disability to visit the disability office.

Making these practices standard not only helps ensure that no student can ever say, “I didn’t seek accommodations because I didn’t know there was a disability office for students on campus,” but it also has the effect of normalizing the presence of disabilities on campus by making nondisabled students aware that students with disabilities are in their midst, even if the disabilities are not readily visible.

Confidentiality of Students’ Medical Documentation

Health science students are frequently concerned about who will know about their disability and who will have access to their records. As future medical professionals, students understandably want to know whether their documentation could be used against them in a future career (e.g., inability to get malpractice insurance, inability to get licensed, concern with malpractice lawsuits having access to documentation), and also have general concerns regarding the privacy of their sensitive information.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires schools to protect students’ educational records, including the documentation that students submit to verify a disability, as well as the other portions of a student’s disability file.²⁹ Generally, schools must have written permission from the student in order to release any information from a student’s educational records beyond what would be considered directory information, such as name and contact information. However, FERPA lists a few categories of employees who may be privy to students’ private academic records—even without written consent—in limited circumstances, including school officials and faculty with legitimate educational interest or in health and safety emergencies.³⁰

It is important to emphasize that because the disability office is not a healthcare provider, any documentation of a student’s disability that is maintained by the office is considered an educational record and is therefore *not* afforded protection under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.³¹ (See Chapter 8).

²⁹ 20 U.S.C. § 1232g.

³⁰ 34 C.F.R. § 99.31.

³¹ 42 U.S.C. § 1320d-5 & 6; 45 C.F.R. §§ 160 & 164.

Although they are not legally required to do so, many disability offices opt to maintain stricter confidentiality than is legally required and do not release information to faculty without written permission from the student. However, a disability office should *not guarantee* complete confidentiality to students; DRPs could be required to disclose a student's disability information in some limited circumstances, such as in the case of an emergency or if compelled in the course of litigation (see Case Example 2.3). The office should make its policy regarding when disability-related information may be released *very clear*, and then stick to the published policy uniformly. See Practice Recommendation 2.5 for tips on maintaining the confidentiality of documents.

CASE EXAMPLE 2.3 *Tecza v. University of San Francisco*³²

A school's disability office handbook promised students complete confidentiality regarding all information pertaining to disability. Later, other students were accidentally permitted to see information about a disabled student's accommodations, and the student sued the university for, among other reasons, breach of contract for violating the promise of confidentiality contained in the disability office handbook. The court held that a student may sue for breach of contract when a school fails to uphold the level of confidentiality promised.

³² *Tecza v. University of San Francisco*, 532 Fed. Appx. 667 (9th Cir. 2013).

Practice Recommendation 2.5 Maintaining Confidentiality of Documents

- Shred any paper created in the office on which private information—even just a student name—is written, including sticky notes or phone message slips. Never put those in trash or recycling bins.
- If the institution has a mechanism for encrypting e-mail or electronic records, use it for electronic communications that contain student names or disability information.
- Keep student names and disability information out of email subject lines, which are not included in encrypted or secure systems and may be viewed on a computer screen by visitors to an office.
- Keep the office fax machine in a place where others cannot access it.
- Keep paper files locked when not immediately using them.
- Do not transport paper files to insecure locations.
- Password protect electronic records and limit the access to necessary staff.
- Keep electronic records “walled off” from access by other campus departments that may share the server or other online access.

Readmission Requirements and Limitations

Sometimes students decide they need to take a leave of absence after a flare of symptoms or a new diagnosis. At times, particularly for mental health disabilities, the leave of absence was preceded by a period when the student exhibited behavior the school deemed concerning or the third-party documentation provided for purposes of a leave of absence raised concerns. In these cases, some schools have attempted to impose mental health assessments to “clear” a student for return. Schools, however, should use caution in imposing such readmission requirements. The ADA prevents schools from imposing eligibility or screening requirements 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.”³³ Accordingly, an institution may only legally require a mental health assessment as a prerequisite to allow a student to attend if there is a valid, realistic threat posed by the student. For example, OCR has held that a school cannot ask a student who was suspended for a drug violation to undergo a psychiatric assessment before allowing the student back on campus, unless the school first conducts a direct-threat analysis and concludes that the student poses a significant risk to the health and safety of others on campus.³⁴

Wellness contracts are another matter that requires caution. The courts have held that requiring students to enter into a behavior or wellness contract as a condition of returning to school following a hospitalization may be a violation of their rights. For example, one school’s contract required that a student get a certain amount of sleep, not cry during class, and no longer serve as student body vice president, among other requirements. The student filed a complaint with the OCR, which held that the school must stop requiring students to abide by such “wellness contracts.” After the school failed to abide by the OCR’s decision, the student filed a lawsuit and the court allowed the disability discrimination lawsuit to go forward.³⁵ However, if a student exhibits behavior that legitimately threatens the health or safety of others, the OCR has held that a school may require that a student undergo a mental health evaluation before readmission is allowed.³⁶ It is important to remember that schools can only require a mental health evaluation before readmission in cases where a student shows a direct threat to others—otherwise readmission policies for students with disabilities must be the same as for nondisabled students.³⁷

³³ 42 U.S.C. § 12182(b)(2)(A)(i).

³⁴ OCR Letter to Keystone College, Case No. 03-09-2027 (2009).

³⁵ *Larson v. Snow College*, 115 F. Supp. 2d 1296 (D.Utah 2000).

³⁶ OCR Letter to Regent University, Case No. 11-03-2022 (2003).

³⁷ OCR Letter to Western Michigan University, Case No. 05-13-2038 (2013).

CONCLUSION

Understanding the relevant disability laws and staying abreast of recent cases will ensure that DRPs, faculty, and staff conduct their work in a manner that upholds the academic standards of the institution while honoring the spirit and intent of the legislation—to ensure the full participation of people with disabilities in the educational environment. Once the responsible administrator has determined that the student meets criteria for being recognized as a student with a disability, the next step is to determine what, if any, accommodations are needed. Chapter 4 reviews the interactive process for determining accommodations once disability eligibility is met.

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APPENDIX 2.1 SAMPLE VERIFICATION OF DISABILITY FORM

Student Name: _____ Birth date: _____

I am requesting disability accommodations through the [NAME OF DISABILITY OFFICE] at [NAME OF SCHOOL/UNIVERSITY]. The school requires current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability-related accommodations. Please respond to the following questions as soon as possible and return to me or send to the disability office by mail or fax. I authorize the disability office to contact you if clarification is needed.

Student Signature: _____ Date: _____

Healthcare provider name (print): _____

Title: _____ Phone: _____ Fax: _____

Organization and address: _____

The following area must be completed by the healthcare professional listed on this page.

1. Diagnosis(es) and date(s): _____

2. Current status of condition(s) (e.g., active, progressing, controlled, in remission):

3. Current level of severity (choose one): Mild Moderate Severe
4. How long is this condition(s) likely to persist (be as specific as possible—e.g., lifetime; 1 academic year; duration of academic program enrollment; 1 month):

5. Please list procedures/assessments used to diagnose this student’s condition:

6. What are the functional limitations or symptoms of the condition(s)?

7. What exacerbates this student’s specific disability(ies)? (Please be as specific and detailed as possible)

8. How does the condition (and/or current treatment) impact the student's ability to learn or meet the demands of the university setting, clinical requirements, and/or ability to live in university housing?

9. Identify any accommodations you believe may be necessary in order for the student to participate in the university's programs, activities, and services:

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified healthcare provider.

Signature of Treatment Provider _____

License # _____

Date _____

Thank you for your cooperation. You may fax or email your report to the [office name] at [FAX NUMBER]. Please call [PHONE NUMBER] if you require additional information. Please attach any additional reports or relevant information. All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

3

Technical Standards

Elisa P. Laird

INTRODUCTION

This chapter starts with the origins of technical standards and then describes why well-written standards are useful for students with disabilities, as well as non disabled students. Finally, it provides guidance for identifying potentially discriminatory technical standards and offers resources for creating or updating technical standards so that they do not arbitrarily exclude disabled learners. Chapter 4 will then address how to craft accommodations that adhere to the boundaries set by the technical standards.

What Are Technical Standards?

Technical standards are a specific list of the non academic abilities and characteristics established by a program as requirements for admission, promotion, and graduation. The term technical standards is broadly in use by educational programs that require not only that students master certain skills or abilities, but that they possess other non academic qualities. The phrase originated in the 1970s, when Section 504 defined a qualified individual as one “who meets the academic and technical standards requisite to admission or participation in the (school’s) education program or activity...”¹ Technical standards apply not only to health science programs, but also to degree programs such as welding, carpentry, commercial truck driving, cooking, and other fields. As

¹ HHS Regulations, Section 504 of the Rehabilitation Act of 1973, 45 C.F.R. § 84.3(k)(3) (1978).

it sometimes does for complex statutes, the U.S. Department of Justice issued federal guidance regarding the 504 regulations to provide entities with clarity about how to apply and interpret the regulations. The federal guidance for this regulation states, “The term ‘technical standards’ refers to all non-academic admissions criteria that are essential to participation in the program in question.”² Therefore, students in a health science program must not only satisfy the academic requirements (requisite grade point average [GPA], Medical College Admissions Test [MCAT] score, and so on), but also satisfy the non-academic technical standards that participation requires.

Purposes of Technical Standards

Technical standards are useful both for students with disabilities and for non disabled students. Many schools use them as consistent standards for admission, progression, and graduation; therefore, they serve as a baseline for all students to know the expectations of them as learners. In many cases, the technical standards are the only place where the school’s expectations for “soft skills,” such as professionalism behaviors, are spelled out. Therefore, they serve as enforceable standards for ethics, interpersonal interactions, professional behavior expectations, and similar non academic—yet still very important—competencies. For example, a student without a disability who is exhibiting certain unprofessional behaviors toward others can be counseled regarding adherence to the technical standards regarding professionalism. If they clearly describe expected behaviors, the standards can provide a bright line for all students.

Technical standards also help students with disabilities determine prior to admission if they have the technical skills needed to complete the program and whether they will need to seek accommodations.

Are Schools Required to Have Technical Standards?

Although the term technical standards originates in statutory language, there is no law that requires technical standards to be created. Some programs’ accrediting bodies, such as medical schools granting the MD degree (Liaison Committee on Medical Education [LCME], 2019, Standard 10.5) and physician assistant training programs (Accreditation Review Commission on Education for the Physician Assistant, 2018, A3.15), state that they must provide written technical standards as part of the accreditation evaluation. Whether required or not, as discussed above, many schools find written technical standards to be useful tools for all students, with or without disabilities. Note 3.1 addresses the drafting of technical standards in medical schools, specifically.

²Section 504 Federal Guidance, 45 C.F.R. pt. 84, App. A, p. 405 (1978).

Ensuring Technical Standards Are Easy to Find

In order to make the technical standards a useful tool, schools should include them on each program's website as part of the admissions information, so that potential students can review the technical standards prior to applying for a program. Upon offering admission, programs should again provide the technical standards to prospective students. These practices ensure that students are aware of the technical standards and have the opportunity to consider their ability to meet them with or without accommodations. This practice is also consistent with the recommendations of the Office for Civil Rights (see Case Example 3.1). See Practice Recommendation 3.1 for discussion about whether to require written acknowledgment of receipt of the technical standards.

CASE EXAMPLE 3.1 OCR Letter to Appalachian State University³

Although this case involves a music student, the principles are directly applicable to health science programs. A student with a profound hearing impairment was enrolled in a music therapy program and was having difficulty in several classes that required singing on pitch. Singing on key was also a practicum requirement, and the school refused to place the student into another practicum until she was able to demonstrate she could do so, preventing her from continuing in the program. The student filed a complaint with OCR.

OCR determined that the program did not have its own written standards but instead relied solely on the AMTA Professional Competencies to guide the school's decisions. OCR found this to be insufficient and required the school to make its own determination about "which requirements are essential to earning a degree in Music Therapy and thus not open to modification for students with disabilities" using the following elements:

1. the decision is made by a group of people who are trained, knowledgeable and experienced in the area;
2. the decision-makers consider a series of alternatives as essential requirements; and
3. the decision follows a careful, thoughtful, and rational review of the academic program and its requirements.

The letter of findings added, "OCR recommends that the University provide students clear notice of these requirements, in order to prevent misunderstandings about the expectations for the Program."

AMTA, American Music Therapy Association; OCR, Office for Civil Rights.

³OCR Letter to Appalachian State University, Case No. 11-05-2085 (2006).

Practice Recommendation 3.1 Should My School Require Student Signatures to Acknowledge Receipt of the Technical Standards?

There is no right or wrong approach—the culture of the school should determine the best way to ensure all students are aware of the technical standards while also maintaining the message that students with disabilities are supported and valued. Some programs ask all admitted students to sign a statement at matriculation attesting that they can meet the technical standards, with reasonable accommodations if necessary. Some schools even require a new signature annually, to ensure students remain aware of technical standards and are reminded about how to contact the disability office if needed. A signature is not legally required at any stage, though, and some schools do not require student signatures at all. The practice of requiring signatures, even when universally applied, can be perceived differently by disabled students. Repeated requests for signatures could, unintendedly, be received as a reminder that one's place in the program is questionable and that one's belonging is contingent. Each school should choose the approach that best ensures students are aware of the standards and how to seek out the disability office, while honoring the values of the institution.

The Relationship Between Technical Standards and Disability Accommodations

The role of the disability office is to determine what disability accommodations are necessary and how they can be provided, while still ensuring that students with disabilities meet the program's technical standards. Disability resource professionals (DRPs) should refer to a program's technical standards when discussing barriers and accommodation needs with students. Whether a student meets a program's technical standards is determined on a case-by-case basis, by evaluating the individual's functioning in the particular setting. For example, a common technical standard is the ability to communicate effectively with patients, coworkers, and other medical professionals. A student with a disability that affects speech may require an accommodation in order to facilitate spoken communication, such as use of a sign language interpreter or a communication device (e.g., an iPad with speech production). If the accommodation allows the student to effectively communicate with the patient, then the technical standard is met, even if the student does not speak. See Chapter 4 for further guidance regarding the role of technical standards in the determination of whether a requested accommodation constitutes a fundamental alteration of the curriculum and therefore cannot be implemented.

NOTE 3.1 Technical Standards in Medical Schools

Following the creation of the Section 504 regulations in 1978, in 1979 the AAMC issued broad guidelines for medical schools drafting technical standards but left it up to the schools to draft their own. Subsequently, both the LCME, which is the accreditation body for schools offering the M.D. degree in the United States and Canada and the AOA, which accredits osteopathic medical schools that grant the D.O. degree, required schools to create their own technical standards. Although the LCME has provided some guidance on drafting technical standards (LCME, 2019), the AOA has not, and there remains no standard template or model for all medical schools to follow. The result is considerable variety in technical standards among medical schools (Zazove et al., 2016).

AAMC, American Association of Medical Colleges; AOA, American Osteopathic Association; LCME, Liaison Committee on Medical Education.

Technical Standards and the Courts

A number of lawsuits have been filed over the years regarding the application of technical standards. Those cases were not all decided the same way. In fact, there has been a marked shift over time in the way that courts have weighed the rights of disabled students against the academic integrity of schools.

THE FIRST TECHNICAL STANDARDS CASE

In *Southeastern Community College v. Davis* (1979), the U.S. Supreme Court considered whether a Deaf student could complete a community college nursing program. The Court deferred to the school's technical standards, which required candidates to be able to hear, and ruled that the school did not have to admit her. However, the Court expressly noted that students with disabilities may one day be legally entitled to participate in such programs and that as technology advances, "a refusal to modify an existing program might become unreasonable and discriminatory."

MORE RECENT COURT DECISIONS

The court's foresight in 1979 was wise. Compare that holding to the lawsuit filed by a Deaf prospective medical student in 2014. In *Featherstone v. Pacific Northwest University*,⁴ the district court granted an injunction—a very early stage victory—to the Deaf medical student who sued the school after he was

⁴*Featherstone v. Pacific Northwest University of Health Sciences*, No. 1: CV-14-3084-SMJ (E.D. Wash. 2014).

admitted and then had his admission rescinded solely due to his hearing. The court ordered the medical school to immediately allow him to begin classes, stating, “as demonstrated by the use of interpreters around the country to provide medical care to patients, as well as accommodate the growing number of deaf medical care providers, interpreters can be used in even emergency situations without creating a danger.”

Although recent legal challenges brought by individuals with hearing impairments against medical schools and facilities have resulted in decisions that provision of sign language interpreters and real-time captioning are generally reasonable accommodations [see, e.g., *Searls v. Johns Hopkins* (a deaf nurse was reinstated after a hospital hired and then immediately terminated her based solely on her hearing status),⁵ *Featherstone*,⁴ and *Argeniyi v. Creighton* (a medical school was ordered to provide accommodations for a deaf medical student)⁶], courts seemingly are in less agreement when it comes to accommodations for other types of disability. One such example is *McCulley v. The University of Kansas School of Medicine*⁷. A medical student who used a wheelchair and had reduced arm strength was accepted to a medical school with a “Motor Technical Standard” that required that all students must be able to personally provide emergency treatment to patients, including administering CPR and opening blocked airways, as well as perform other physical tasks. Prior to the start of classes, the student requested that her school provide the assistance of a staff person to complete some of the more physical tasks. The medical school denied the student’s accommodation request and rescinded her admission, saying that allowing disability accommodations for this technical standard would fundamentally alter its educational program.

The student sued, alleging disability discrimination. She argued that her planned specialty is not physically demanding, and therefore she should be allowed use of an intermediary’s assistance to meet certain technical standards. The Tenth Circuit court held that the school has the right to set its own curriculum, and the Americans with Disabilities Act (ADA) does not require that a school make substantial changes to its curriculum as a disability accommodation. The court did imply at the end of its decision that technical standards or disability accommodations at other schools might be more flexible, noting, “Our disposition should not be read as holding that medical schools cannot reasonably admit McCulley or other students with similar disabilities.”

However, a different court evaluating a student with a vision impairment did not defer to the school’s determination that the requested accommodations for a technical standard would result in a fundamental alteration to the program. In *Palmer College of Chiropractic v. Davenport Civil Rights Commission*⁸, a chiropractic school had technical standards that included the following:

⁵ *Searls v. Johns Hopkins Hospital*, 158 F. Supp3d 427 (D.Md. 2016).

⁶ *Argeniyi v. Creighton University*, 703 F. 3d 441 (8th Cir. 2013).

⁷ *McCulley v. The University of Kansas School of Medicine*, Case No. 13-3299 (10th Cir. 2014).

⁸ *Palmer College of Chiropractic v. Davenport Civil Rights Commission*, 850 NW2d 326 (2014).

“sufficient use of vision, hearing, and somatic sensation necessary to perform chiropractic and general physical examination, including the procedures of inspection, palpation, auscultation, and the review of radiographs as taught in the curriculum.” A student who was blind since birth was not able to read radiographs independently and requested that an intermediary assist with describing the image, as a disability accommodation. The school insisted that he must meet the technical standard and that the requested accommodation would compromise it. The student brought suit, and the case ultimately ended up before the Supreme Court of Iowa. The school argued that all chiropractic students must be able to view radiographs. The Supreme Court of Iowa, however, cited studies showing that dozens of blind students have completed medical school using sighted intermediaries as an accommodation and also testimony that many practicing chiropractors often outsource the reading of radiographs and therefore held that the student should be permitted to complete his degree with his requested accommodations.

APPLYING THESE CONFLICTING DECISIONS TO OUR WORK

These court decisions provide somewhat anecdotal evidence at this point, but it seems that where there is evidence that numerous other students with a similar disability have successfully completed a particular type of program, the court is more likely to hold in favor of the student. Despite the court’s holding in *McCulley*, medical schools can and have permitted intermediaries to perform physical tasks at the direction of students with physical disabilities as a disability accommodation (Jauregui, Strote, Addison, Robins, & Shandro, 2019; Kezar et al., 2019; Meeks, Poullos, & Swenor, 2019). As accommodations not previously used become more commonplace and these successes are shared among schools, fewer students will be denied the opportunity to participate in health science education solely on the basis of disability. In the present, in light of the preponderance of cases decided in favor of disabled students, prudent schools will update their technical standards and ensure they are not being applied in a discriminatory manner.

What Happens If a Student Cannot Meet the Technical Standards, Even With Accommodations?

Section 504 requires that no “otherwise qualified” person with a disability be excluded from participation in any program that receives federal funds.⁹ Students must be able to meet both the academic and technical requirements of the program to be considered “otherwise qualified,” and not every applicant or matriculated student will be able to meet the technical standards. Schools do have the discretion to dismiss students who cannot meet technical

⁹29 U.S.C. 794 (a).

standards—with or without using disability accommodations—from admission, progression, or graduation.

However, technical standards must not serve as an arbitrary barrier to students with disabilities. Therefore, it is important that technical standards are drafted in such a way that qualified students with disabilities are not excluded. Waiving technical standards for just some students is not encouraged. Such practices may open programs to claims of inconsistent treatment. Instead, schools are best served by ensuring accommodations are readily accessible, so that students with disabilities have the optimal chance to meet the standards. If aspects of technical standards are not, in fact, necessary, they should be removed for all students.

Evaluating Your School's Technical Standards

WHY IS A REVIEW OF THE EXISTING TECHNICAL STANDARDS IMPORTANT?

If technical standards are not well written, they may have the effect of barring otherwise qualified students with disabilities from health science education. This can happen in several ways. Applicants may read poorly written or outdated technical standards and decide never to apply for a program they actually are well qualified for, because the technical standards appear to say they cannot complete the program. Admitted students may be told that their requested accommodations are not possible given the restrictions of the technical standards, limiting their ability to succeed in the program. If the standard on which that decision was based is actually not ADA compliant (e.g., it impermissibly screens out students who have a disability), the school has violated the student's right to an accessible education and not only has damaged a student's educational career, but also risks a discrimination lawsuit. For these reasons, the school's technical standards should be reviewed every few years to ensure they have kept pace with the standards in the field and do not contain discriminatory language. The Office for Civil Rights (OCR) has issued similar guidance to a school, saying, "the institution should consider whether the requirements need modification as time passes or as technological advances or theoretical changes in the field dictate."³ (See Case Example 3.1, *supra*.)

WHO SHOULD BE INVOLVED IN REVIEWING TECHNICAL STANDARDS LANGUAGE?

Technical standards are drafted by each individual degree program and reflect the unique educational components each program requires. For example, a physical therapy program may have more physical movement requirements than a program of study in nutrition. The standards must be created by a group of individuals who are knowledgeable about the field and must include at least one person who has knowledge and training related to disability and accommodations. Often a committee is convened to draft or update existing

technical standards, but not always. Sometimes just one or two individuals create an initial draft that is subsequently reviewed, edited, and approved by relevant others. What is important is that the guidelines in Case Example 3.1 are followed. This book does not provide specific drafting principles; however, please see McKee, Gay, Ailey, & Meeks (2020) for specific guidance on how to create inclusive technical standards.

TECHNICAL STANDARDS LANGUAGE TO WATCH FOR

The ADA regulations say that 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.”¹⁰ Technical standards that focus on students’ physical characteristics, such as “ability to hear clearly” have been termed *organic* technical standards (McKee et al., 2016). Because technical standards drafted in this way screen out an entire class of individuals in violation of the ADA, organic technical standards are commonly being replaced by *functional* technical standards that focus on the skill required, but not a characteristic of a student. (Argenyi, 2016; Kezar et al., 2019; McKee et al., 2016) The functional technical standard “ability to clearly and accurately communicate” more clearly describes the desired attribute, without screening out potential students based on a disability category.

In addition, technical standards should be directly related to the learning outcomes—the specific skills or knowledge students are expected to have at the end of the course or program, usually written in the curriculum catalog, course description, or syllabus. As the Iowa Supreme Court held in *Palmer*, requiring all students to be able to read a radiograph, despite the fact that it was not a skill required of most practitioners in the field, violates the ADA.

Similarly, technical standards should reflect current practice in the field. For example, medical fields today rarely rely on handwritten communication, as electronic medical records and digital communication have almost entirely replaced paper communication, therefore a technical standard requiring the ability to write legibly is no longer necessary. A student who is able to clearly record text—whether that uses typing, voice-to-text dictation, writing on a tablet that converts to typed text, or another accommodation—would be able to fulfill the written communication requirement. The focus of each technical standard should be on the outcome, not the manner it is achieved.

Finally, the school must create the technical standards it applies to students itself—the school cannot rely on the standards set by another institution for its employees, such as a clinic or practicum site.¹¹

¹⁰ 42 U.S.C. § 12182(b)(2)(A)(i); 28 CFR § 36.301(a).

¹¹ OCR Letter to Milligan College, Case No. 04-10-2235 (2011).

WHAT ELSE SHOULD TECHNICAL STANDARDS INCLUDE?

Because the technical standards may be achieved with or without accommodations, it is important to include in them a link to clear directions on how students can request disability accommodations. This makes it clear to prospective and current students that the school does not intend to deter students with disabilities from participating. In fact, some schools' technical standards expressly state that the standards are not meant to be a deterrent. Also written into many schools' technical standards is the reminder that the monetary responsibility for accommodations will be borne by the school, not the student. Including each of these statements helps reinforce and amplify the school's commitment to admitting and graduating students with disabilities. See Practice Recommendation 3.2 for some sample language that schools may adapt as needed.

Practice Recommendation 3.2 Sample Technical Standards Introduction Language

The following is one example of welcoming, inclusive introductory language for technical standards that provides relevant information to students about how to seek accommodations, if needed:

The mission of this program is to produce highly skilled and compassionate professionals. Students are expected to develop a robust healthcare knowledge base and requisite clinical skills, with the ability to appropriately apply knowledge and skills, effectively interpret information, and contribute to patient-centered decisions across a broad spectrum of clinical situations in all settings. The following technical standards, in conjunction with the academic standards, are requirements for admission, progression, and graduation. The term "candidate" refers to candidates for admission, as well as current students who are candidates for progression or graduation.

These requirements may be achieved with or without reasonable accommodations, the cost of which will be borne by the institution. These standards should not serve as a deterrent to any candidate with disabilities who desires to pursue education in this program. Candidates with disabilities bring unique perspectives which contribute to the diversity of the student population and will create a diverse health-care workforce of culturally competent practitioners who can meet the needs of their patients. Candidates with disabilities are encouraged to contact the Disability Resource Center immediately to begin a confidential conversation about possible accommodations necessary to meet these standards.

SAMPLE TECHNICAL STANDARDS

Crafting well-written technical standards takes some effort, but it does not require reinventing the wheel. Model technical standards for medical schools

(Kezar et al., 2019) and nursing schools (Ailey & Marks, 2017; Marks & Ailey, 2014) can offer guidance not only to those programs, but can be adapted to many other health science programs. See Appendices 3.1 and 3.2 for the text of two model standards, and consult the articles from which these Appendices came for further drafting guidance and additional context. However, be aware that the formats of technical standards can vary, and these two examples look quite different from one another. Schools may opt to borrow from many sources to create their own technical standards—no school is locked into relying on just one or two models. Many schools have well-written technical standards posted on their websites that other schools may borrow from. Look for technical standards that do not require that applicants or candidates possess specific physical attributes such as “seeing,” “hearing,” or “speech.”

CONCLUSION

As more students with disabilities apply to attend health science programs, clear standards are essential. Adopting and applying well-written technical standards, along with clearly articulated competencies and learning objectives with transparent assessment measures, provide schools with well-reasoned evaluative tools to clearly define whether a student can meet or is meeting program requirements.

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APPENDIX 3.1 A FUNCTIONAL MODEL FOR REVISED TECHNICAL STANDARDS (TS) FOR MD AND DO MEDICAL EDUCATION PROGRAMS, USING THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES' CATEGORIES

[School name] seeks to produce highly skilled and compassionate doctors. Students are expected to develop a robust medical knowledge base and the requisite clinical skills, with the ability to appropriately apply their knowledge and skills, effectively interpret information, and contribute to patient-centered decisions across a broad spectrum of medical situations and settings. The following technical standards, in conjunction with the academic standards, are requirements for admission, promotion, and graduation. The term “candidate” refers to candidates for admission to medical school as well as current medical students who are candidates for retention, promotion, or graduation. These requirements may be achieved with or without reasonable accommodations. Candidates with disabilities are encouraged to contact [disability office or position] early in the application process to begin a confidential conversation about what accommodations they may need to meet these standards. Fulfillment of the technical standards for graduation from medical school does not guarantee that a graduate will be able to fulfill the technical requirements of any specific residency program.

CATEGORY	TECHNICAL STANDARD
Observational skills	Candidates must acquire information as presented through demonstrations and experiences in the foundational sciences. In addition, candidates must be able to evaluate patients accurately and assess their relevant health, behavioral, and medical information. Candidates must be able to obtain and interpret information through a comprehensive assessment of patients, correctly interpret diagnostic representations of patients’ physiologic data, and accurately evaluate patients’ conditions and responses.
Communication skills	Candidates must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively, with all members of a multidisciplinary health-care team, patients, and those supporting patients, in person and in writing. Candidates must be able to clearly and accurately record information and accurately interpret verbal and nonverbal communication.

(continued)

CATEGORY	TECHNICAL STANDARD
Clinical skills	Candidates must perform routine physical examination and diagnostic maneuvers. Candidates must be able to provide or direct general care and emergency treatment for patients and respond to emergency situations in a timely manner. Candidates must meet applicable safety standards for the environment and follow universal precaution procedures.
Intellectual-conceptual, integrative, and cognitive skills	Candidates must effectively interpret, assimilate, and understand the complex information required to function within the medical school curriculum, including, but not limited to, the ability to comprehend three-dimensional relationships and understand the spatial relationships of structures; effectively participate in individual, small-group, and lecture learning modalities in the classroom, clinical, and community settings; learn, participate, collaborate, and contribute as a part of a team; synthesize information both in person and via remote technology; interpret causal connections and make accurate, fact-based conclusions based on available data and information; formulate a hypothesis and investigate potential answers and outcomes; and reach appropriate and accurate conclusions.
Behavioral attributes, social skills, and professional expectations	Candidates must exercise good judgment; promptly complete all responsibilities attendant to the diagnosis and care of patients; and develop mature, sensitive, and effective relationships with patients. The skills required to do so include the ability to effectively handle and manage heavy workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of the uncertainties inherent in the clinical problems of patients. Candidates are expected to exhibit professionalism, personal accountability, compassion, integrity, concern for others, and interpersonal skills including the ability to accept and apply feedback and to respect boundaries and care for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status. Candidates should understand and function within the legal and ethical aspects of the practice of medicine and 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. Interest and motivation throughout the educational processes are expected of all candidates.

Source: Reproduced with permission from 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. <https://doi.org/10.1097/ACM.00000000000002517>

APPENDIX 3.2 MODEL TECHNICAL STANDARDS FOR NURSING EDUCATION PROGRAMS

XX nursing program has a responsibility to educate competent nurses to care for their patients (persons, families and/or communities) with critical judgment, broadly based knowledge, and well-honed technical skills. *XX nursing program* has academic as well as technical standards that must be met by students in order to successfully progress in and graduate from its programs.

Technical Standards: *XX nursing program* provides the following description/examples of technical standards to inform prospective and enrolled students of a sampling of technical standards required in completing their nursing science curriculum.¹ These technical standards reflect a sample of the performance abilities and characteristics that are necessary to successfully complete the requirements of *XX nursing program*. The standards are not requirements of admission into the programs and the examples are not all-inclusive.² Individuals interested in applying for admission to the programs should review these standards to develop a better understanding of the skills, abilities and behavioral characteristics required to successfully complete the programs. Key areas for technical standards in nursing include having abilities and skills in the areas of (a) acquiring fundamental knowledge, (b) developing communication skills, (c) interpreting data, (d) integrating knowledge to establish clinical judgment, and (e) incorporating appropriate professional attitudes and behaviors into nursing practice capabilities.

XX nursing program wishes to ensure that access to its facilities, programs, and services is available to all students, including students with disabilities (as defined by Section 504 of the Rehabilitation Act of 1973, the ADA of 1990, and the ADA Amendments Act of 2008) and all students can study and practice nursing with or without reasonable accommodation. *XX nursing program* provides reasonable accommodations to all students on a non discriminatory basis consistent with legal requirements as outlined in the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008. A reasonable accommodation is a modification or

¹ Schools are not being asked to write technical standards for nurses/students with disabilities (Jones, 2012). Technical standards are written so that students with disabilities do not experience discrimination.

² Technical standard is what's used to determine whether or not someone is qualified, with or without a disability; and the student with the disability should be afforded the opportunity to work toward meeting those standards with or without an accommodation (Jones, 2012). The educational programs need to understand what an accommodation is, how to analyze the limitation against what the standard is and how an accommodation may be utilized to meet that standard. Working with the school's office of disability services is essential.

adjustment to an instructional activity, equipment, facility, program, or service that enables a qualified student with a disability to have an equal opportunity to fulfill the requirements necessary for graduation from the nursing program. To be eligible for accommodations, a student must have a documented disability of (a) a physical or mental impairment that substantially limits one or more major life activities of such individual, (b) a record of such impairment, or (c) be regarded as having such a condition.

REQUIREMENTS	STANDARDS	EXAMPLES
Acquiring fundamental knowledge	<ol style="list-style-type: none">1. Ability to learn in classroom and educational settings2. Ability to find sources of knowledge and acquire the knowledge3. Ability to be a life-long learner4. Novel and adaptive thinking	<ul style="list-style-type: none">■ Acquire, conceptualize, and use evidence-based information from demonstrations and experiences in the basic and applied sciences, including but not limited to information conveyed through online coursework, lectures, group seminars, small group activities, and physical demonstrations■ Develop health-care solutions and responses beyond that which is rote or rule-based
Developing communication skills	<ol style="list-style-type: none">1. Communication abilities for sensitive and effective interactions with patients (persons, families, and/or communities)2. Communication abilities for effective interaction with the health-care team (patients, their supports, other professional and non professional team members3. Sense-making of information gathered from communication4. Social intelligence	<ul style="list-style-type: none">■ Accurately elicit or interpret information: medical history and other info to adequately and effectively evaluate a client or patient's condition■ Accurately convey information and interpretation of information using one or more means of communication (verbal, written, assisted [such as TTY] and/or electronic) to patients and the health-care team■ Effectively communicate in teams■ Determine a deeper meaning or significance in what is being expressed■ Connect with others to sense and stimulate reactions and desired interactions

(continued)

REQUIREMENTS	STANDARDS	EXAMPLES
Interpreting data	<ol style="list-style-type: none"> 1. Ability to observe patient conditions and responses to health and illness 2. Ability to assess and monitor health needs 3. Computational thinking 4. Cognitive load management 	<ul style="list-style-type: none"> ■ Obtain and interpret information from assessment maneuvers such as assessing respiratory and cardiac function, blood pressure, blood sugar, neurological status, and so on ■ Obtain and interpret information from diagnostic representations of physiologic phenomena during a comprehensive assessment of patients ■ Obtain and interpret information from assessment of patient's environment and responses to health across the continuum ■ Obtain and interpret for evaluation information about responses to nursing action ■ Translate data into abstract concepts and to understand data-based reasoning
Integrating knowledge to establish clinical judgment	<ol style="list-style-type: none"> 1. Critical thinking, problem-solving, and decision-making ability needed to care for persons, families and/or communities across the health continuum and within (or managing or improving) their environments—in one or more environments of care 2. Intellectual and conceptual abilities to accomplish the essentials of the nursing program (for example, baccalaureate essentials) 3. New-media literacy 4. Transdisciplinarity 5. Design mindset 	<ul style="list-style-type: none"> ■ Accomplish, direct, or interpret assessment of persons, families and/or communities and develop, implement, and evaluate plans of care or direct the development, implementation, and evaluation of care ■ Critically assess and develop content that uses new media forms and to leverage these media for persuasive communication ■ Literacy in and ability to understand concepts across disciplines ■ Represent and develop tasks and work processes for desired outcomes

(continued)

REQUIREMENTS	STANDARDS	EXAMPLES
Incorporating appropriate professional attitudes and behaviors into nursing practice	<ol style="list-style-type: none">1. Concern for others, integrity, ethical conduct, accountability, interest, and motivation2. Acquire interpersonal skills for professional interactions with a diverse population of individuals, families, and communities3. Acquire interpersonal skills for professional interactions with members of the health-care team including patients, their supports, other healthcare professionals, and team members4. Acquire the skills necessary for promoting change for necessary quality healthcare5. Cross-cultural competency6. Virtual collaboration	<ul style="list-style-type: none">■ Maintain effective, mature, and sensitive relationships with clients/ patients, students, faculty, staff, and other professionals under all circumstances■ Make proper judgments regarding safe and quality care■ Function effectively under stress and adapt to changing environments inherent in clinical practice■ Demonstrate professional role in interactions with patients, intra- and interprofessional teams■ Operate in different cultural settings (including disability culture)■ Work productively, drive engagement, and demonstrate presence as a member of a virtual team

To be qualified for *XX nursing program* individuals must be able to meet both our academic standards and the technical standards, with or without reasonable accommodations. For further information regarding services and resources for students with disabilities and/or to request accommodations, please contact the Office for Student Access.

The Process for Determining Disability Accommodations

Elisa P. Laird, with contributions by
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INTRODUCTION

Those outside the designated disability office often wonder how accommodations are determined. This chapter outlines the interactive process that occurs between the disability resource professional (DRP), faculty, staff, and student in determining what accommodations are appropriate for the didactic, lab, and clinical environments. It describes the role of third-party-written documentation, the considerations that can and cannot be made in determining accommodations, and how to proceed when a potential accommodation could affect the integrity of the learning outcomes or challenge technical standards. Finally, it discusses methods for implementing accommodations once these are determined.

As described in Chapter 2, the process for determining accommodations can be broken into two steps. First, the DRP will gather information about a student's disability status and the related barriers they experience in a conversation with the student. Once the DRP confirms that a student has a disability, the next step is to determine whether accommodations are needed and, if so, what accommodations are appropriate for this student. This determination is made as part of an interactive process between the student and the disability office and sometimes includes faculty or other experts within the relevant department or school. This chapter describes the steps in that process and provides guidance about what can and cannot be considered when determining disability accommodations.

GATHERING INFORMATION FOR THE DETERMINATION PROCESS

What Is an Accommodation?

A *disability accommodation* refers to academic adjustments and auxiliary aids that enable students with disabilities to have access to education equivalent to that of their peers. Accommodations typically take the form of modifications to policies, practices, and procedures and the provision of auxiliary aids and services. The purpose of accommodations is not to ensure that a student with a disability succeeds in school; rather, it is to ensure that all students—with or without disabilities—have an equal opportunity for success. To use a football metaphor, disability accommodations ensure that all students begin their education at the 50-yard line; whether the students carry the ball into the end zone is up to them.

Evaluating the Environments

Accommodations in a higher education setting are meant to provide a student with access to the school's programs and facilities equal to that of the non-disabled students. However, the presence of a disability alone does not automatically mean that accommodations are necessary for that student. When evaluating an accommodation request, the DRP must consider whether disability-related barriers are present in the relevant educational environments. For health science students, there are multiple types of educational environments, including traditional classrooms, skills labs, cadaver labs, clinicals/field placements, and others. There are also nonacademic environments, such as housing, dining, transportation, and extracurricular activities. If there are no disability-related barriers for that student in the environment, then no accommodations are necessary. The Office for Civil Rights (OCR) has agreed, holding that a student who had a documented disability but did not prove a need for academic accommodations was not eligible to participate in the disability office's academic support program.¹ However, even if a student does not need accommodations now, disability-related barriers could arise as a student experiences personal changes or as the student moves into new settings and encounters new disability-related barriers, creating the need for accommodations previously not needed (see Scenario 4.1). Changes in program demands and expectations throughout a student's education can also give rise to new accommodation needs.

Some students with disabilities choose not to use accommodations when entering a program. Some hold off on engaging in the process with the disability office, while others take the step to register with the disability office "just in case" they need accommodations in the future. In these cases, which

¹ OCR Letter to University of Idaho, Case No. 10-99-2044 (1999).

SCENARIO 4.1 When Accommodations Later Become Necessary

A student with type I diabetes has been managing the disability for her whole life and has never needed disability accommodations. Although the student is certainly an individual with a disability, the diabetes is stable and well managed. However, faced with a scheduling conflict, the student now needs to request accommodations. Her condition requires that blood glucose levels be checked daily at specific intervals, including at 3:00 p.m. A required lab course is only offered from 1 to 4 p.m. In this scenario, the student who previously did not need accommodations should now be granted an accommodation to leave the lab each day for a few minutes at 3 p.m. to check and manage blood glucose levels.

frequently involve well-managed chronic or mental health conditions that may worsen or have unpredictable flares but may never require accommodation, students provide the medical documentation that verifies their disability but do not request or receive accommodations. If the disability later begins to affect the student in the academic arena, the DRP can quickly proceed to the process of determining reasonable accommodations, avoiding unnecessary delays. In these instances it is important to note that accommodations do not have to be provided retroactively and that a student's choice to postpone accommodations could have negative consequences.

Accommodations in Nonacademic Settings

Some disabilities may affect a student in a nonacademic setting, such as housing (e.g., need for wheelchair accessibility, a service or assistance animal, to live alone, for visual fire alarms in living spaces), dining (e.g., food allergies and prescribed diets), or transportation and parking (e.g., need for access to a particular parking lot, campus shuttles that are wheelchair accessible). Those are accommodations the disability office would coordinate with the relevant campus office (such as housing or dining services) to ensure that the student has equal access to all campus programs.

THE PROCESS FOR DETERMINING ACADEMIC ACCOMMODATIONS

The process for determining the appropriate accommodations for each individual student is the same: first determine what educational, programmatic, and/or physical barriers are present in that particular environment, and then the DRP and the student—and faculty—collaborate to develop

potential accommodations. In some situations, the process is not complicated, especially if a student requires standard accommodations, such as extended time or alternate-format materials. However, because health sciences education is increasingly moving toward collaborative and experiential learning, disability professionals must often develop new ways to ensure students with disabilities have equal access, while upholding the programs' academic rigor and technical standards.

Establishing the Disability/Accommodation Nexus

To determine if an accommodation is reasonable and likely to be effective, the following three questions are a useful guide to evaluate the relationship between the accommodation and the functional limitation(s) the student is experiencing. These questions are key both for devising new accommodation ideas or evaluating an accommodation specifically requested by a student.

- What is the student's condition/disability?
- What disability-related barrier is the student experiencing?
- Would this accommodation mitigate those barrier(s)?

Accommodation Determination Process Steps

Once it has been established that a student has a disability and qualifies for accommodations (see Chapter 2), it is the responsibility of the DRP to conduct an individualized assessment of the particular barriers faced by the student in order to determine what, if any, academic adjustments and/or auxiliary aids may be appropriate. Accommodation determinations rely on

- a student interview,
- personal observation, and
- third-party documentation.

Third-party documentation was discussed in depth in Chapter 2. This section focuses on the first two of these three elements.

The Student Interview

Interaction with the student is a mandatory part of the process to determine accommodations.² During the intake process, the student and the DRP collaborate to discuss the unique needs of the student, including any difficulties

²OCR Letter to Kellogg Community College, Case No. 15-15-2017 (2015).

or barriers, history of accommodations, and current level of functioning. The information obtained from a student will vary depending on the student's past disability experience and level of self-awareness. Students with a history of receiving academic accommodations often have a clear understanding of what accommodations to request when arriving at a new institution. For example, a student with a reading-based learning disability may know to request textbooks in an electronic format and extended time on classroom exams, as these were effective accommodations in previous educational experiences. Similarly, a student with a visual impairment may know to request course-related print materials in an electronic format in order to effectively access the information using assistive technology. Students who have never received academic accommodations before are often unaware of what accommodations may be available or what they might request and therefore look to the DRP to provide guidance about what accommodations they should receive.

For some students, particularly those who have never had academic accommodations before, disclosing a disability and requesting disability accommodations can be a difficult process. Self-advocacy skills may still be emerging, and many students fear disclosing such personal information in such high-stakes environments. It is therefore important that the DRP draw out information regarding the effect of the disability or functional limitations experienced by the student. This can be done during the intake process and is an opportunity for the DRP to build rapport with the student.

Regardless of students' knowledge of effective accommodations, the health science academic environment is often new to them. This makes predicting necessary accommodations more difficult. DRPs should not assume that students are fully aware of health science educational environments and possible accommodations. For example, students may not be able to anticipate the barriers caused by novel course structures or assessments that they will encounter in health science programs. The DRP must have a thorough understanding of the curriculum and required activities in order to guide the discussion with students about potential barriers and possible accommodations. DRPs should also develop a repertoire of detailed, open-ended questions to effectively work with students to proactively identify potential barriers. A list of relevant questions to inform a rich conversation during the accommodation determination process can be found in Appendix 4.1. DRPs should tailor their questions according to the unique structure and requirements of the programs on their campuses.

The interactive process requires participation from both the disability office and students. If students refuse or fail to participate, the process is breached, and they cannot later fault the school for the failure to implement accommodations.³

³OCR Letter to Florida Southwestern State College, Case No. 04-16-2161 (2016).

Professional Observation

While interacting with the student, the DRP should be making observations. Questions to consider during the interview include the following:

- Does what you observe support what the student is telling you?
- Do you observe evidence of other disabilities not yet discussed?
- Any red flags or things not adding up?

These professional observations can be used to supplement a student's personal narrative and may suggest additional follow-up questions to get additional information. Trust the student and your own instincts and seek additional information if you believe it would be useful. See Practice Recommendation 4.1 for specific tips on pulling together all of the information to make an informed decision.

Policy Flexibility as an Accommodation

Although we often think about accommodations as services or auxiliary aids provided to students, we must remember that accommodations also often take the form of altering an existing policy of the institution or program. If an existing policy is a barrier to access for a student, it is the obligation of the disability office to see if the policy can be modified for the student without creating a fundamental alteration in the program—if so, the policy should be modified. A DRP should never just accept “Sorry, that’s our policy” without investigating further to see if an accommodation can be made.

Practice Recommendation 4.1 Putting It All Together

The following student interview tips are taken from AHEAD's *The Professional's Guide to Exploring and Facilitating Access* (Meyer, Thornton, & Funckes, n.d.):

- Put the story, initial observations, and environmental variables together.
- Does the student specifically seek something that does not make sense to you based on the information gathered?
- Are there other questions that you can ask to get to this information?
- Do you need more time?
- Can you talk to others on campus about the situation, including getting more information from faculty, residence life, etc.?
- Could you experiment with certain accommodations to see what impact it has on the barriers?

KEY CONSIDERATIONS IN ACCOMMODATION DETERMINATIONS

Are the Accommodations Reasonable and Effective?

When considering a student's disability-related barriers, the Americans with Disabilities Act (ADA) mandates that the accommodations provided must be "reasonable."⁴ This means two things: (a) the institution cannot provide accommodations that do not sufficiently address the student's needs, but (b) it does not have to provide the exact accommodations requested by a student, as long as the accommodations that are provided are equally effective, adequate, and appropriate. That said, the ADA has some nuanced distinctions regarding communication accommodations, such as interpreters or communication access real-time translation (CART): public schools must "give primary consideration to the requests of individuals with disabilities" about their preferred communication accommodations, whereas private schools simply must provide effective communication.⁵ Although private schools must consult with the student regarding communication accommodations, they are not specifically required to honor the student's first choice. All accommodations provided must allow a student to get an opportunity to benefit from the educational program equal to that of nondisabled students.⁶

Reasonableness in Didactic Versus Clinical Accommodations

Disability accommodations must be provided in clinical settings, just as in didactic settings. However, accommodations that may be appropriate in the classroom portion of a program could be considered unreasonable in a clinical setting. The interactive patient-care setting often requires physical and mental skills beyond those required in the classroom. For example, an adjustment to the attendance policy may be an appropriate accommodation in the classroom, if alternate modes of participation are available (e.g., listening to a recording of the lecture). However, a request for changes to attendance requirements would need to be carefully evaluated for the clinical environment, to determine if substitutions for being present are appropriate. In each environment, the disability-related barriers may be different. The DRP must explore each barrier in context with the student to determine if accommodations are appropriate for that particular setting. See Chapter 5 for a more detailed discussion about determining and implementing clinical accommodations. Compare Case Example 4.1, where a court supported a school's determination that a student's requested accommodations were unreasonable, with Case Example 4.2, where a court held that a student's denied accommodation requests were in fact reasonable and required the school to provide them.

⁴ 42 U.S.C. § 12182(b)(2)(A)(iii).

⁵ 28 C.F.R. § 35.160.

⁶ *Argenji v. Creighton University*, 703 F.3d 441 (8th Cir. 2013).

CASE EXAMPLE 4.1 *Darian v. University of Massachusetts*⁷

A nursing student who experienced complications in her pregnancy that rendered her unable to complete a clinical rotation requiring patient home visits was offered an approved accommodation reducing her clinical load to one patient per day in locations without stairs, per the doctor's recommendation. The school also offered the student the option of taking an incomplete in the rotation, which could be made up at a later date.

The student rejected the school's offer of taking an incomplete, instead requesting to be excused from a substantial amount of patient care and to take patient records home to review, in lieu of seeing patients face to face. The school determined that the student's further accommodation requests were unreasonable and denied those requests. Despite the approved accommodations, the student did not complete the course requirements, received a failing grade in the course, and sued the university for failing to provide her with reasonable accommodations.

The court held that the student's requested accommodations were not reasonable, saying the school "certainly had no obligation to permit [the student] to forego providing patient care, forego half of the required clinical assignments, and still receive credit for the course."

⁷ *Darian v. University of Massachusetts*, 980 F. Supp. 77 (D. Mass. 1997).

CASE EXAMPLE 4.2 *Argenyi v. Creighton University*⁸

A deaf medical student requested CART services, cued speech interpreters, and an FM assistive listening system as accommodations. The university granted him the FM system but denied his requests for CART and interpreting services, despite the fact that his physician supported his need for these accommodations, and he had used them both with success during his undergraduate education. Instead, the university offered alternatives that the student stated did not provide him with the access he needed.

The student ultimately paid out of his own pocket for CART and interpreting services for the first 2 years of medical school, but when he got to the clinical portion of his education, the university refused to

(continued)

⁸ *Argenyi v. Creighton University*, Case No. 8:09CV341 (D. Neb., Dec. 19, 2013); *Argenyi v. Creighton University*, 2013 U.S. Dist. LEXIS 118121 (D. Neb., Aug. 19, 2013).

CASE EXAMPLE 4.2 Argenyi v. Creighton University (continued)

allow him to bring interpreters into the clinical setting, even if he paid for them himself.

The student sued the university for disability discrimination, and after several years of court battles, a jury ultimately held in favor of the student. The court ordered the school to provide the student with interpreters for the remainder of his medical education and approved close to half a million dollars in attorneys' fees and costs to the student, although it declined to require the school to reimburse the student for the 2 years of CART and interpreter services he had already paid for himself.

CART, communication access real-time translation; FM, frequency modulation.

The program administrators and faculty have a more comprehensive understanding of the technical standards and essential elements or functions of their clinical programs; therefore, it is vital to include these key stakeholders in the process of determining many accommodations. For clinical accommodations, it is imperative that the DRP, the student, and the program faculty and administrators engage in interactive discussions regarding the requested accommodations. The DRP must contact the relevant program staff or faculty to discuss specific learning outcomes, technical standards, and clinical demands in order to determine if a requested accommodation is reasonable. Creating and finalizing the accommodations may require multiple meetings between the DRP and relevant program officials. See Chapter 5 for examples of clinical accommodations tailored to specific needs.

Avoiding a Fundamental Alteration of the Educational Program

The ADA and its regulations require that a school make reasonable accommodations for students with disabilities unless the school can demonstrate that making the modifications “would fundamentally alter the nature” of the educational program.⁹ A fundamental alteration occurs when an aspect of the program, including policies, practices, or procedures, is amended in such a way that it changes the nature of the educational program being offered.

When initially considering accommodations, DRPs can think of them in two broad categories: those that are clearly not a fundamental alteration of the program and those that have the potential to alter the program. Accommodations such as additional time on written exams, note takers, and sign language interpreters can be thought of as “standard” accommodations. The DRP can usually implement standard accommodations without needing

⁹42 U.S.C. § 12182(b)(2)(A)(ii); 28 C.F.R. § 36.302(a); 28 C.F.R. 35.130(b)(7).

to consult with faculty or other experts to determine whether providing these accommodations fundamentally alters the program. However, accommodations in clinical or mock-clinical settings may be thought of as “nonstandard” and may constitute a fundamental alteration. The consideration must be based on the disability-related barriers in that particular setting.

Barriers for each facet of an evaluation or experience should be considered individually. Consider an accommodation request for extended time in clinical exams that involve “standardized patients”—where a student is evaluated on a focused interaction and assessment of a mock patient. A student with a disability that affects reading or writing may not have any need for additional time during a patient encounter. However, if reading door notes or completing post-encounter notes is involved, an extended time accommodation may be needed for just that portion of the experience. In the patient encounter portion, where use of time is one of the skills being evaluated, an accommodation of extended time may still be appropriate for students with mobility disabilities or communication disabilities (e.g., a stutter or hearing disability) where one or more extra minutes in the exam room setting can allow for the needed extra time to communicate or move within the space.

When nonstandard accommodation requests are being considered, the DRP has the responsibility to work with faculty and program administration to determine if the requested accommodations are reasonable or if they fundamentally alter the program. This determination will depend on the specific program’s curriculum, requirements, and philosophy and must be grounded in sound academic reasoning. Curricular requirements that the OCR and courts have found to be fundamental in the past include a requirement that graduate school psychology students work in groups on a particular project (denying an accommodation request that a student be permitted to work alone on the project),¹⁰ attending a residency in person (denying an accommodation request to permit a student to complete the residency requirement of a master’s degree program via telephone),¹¹ and a requirement that graduate students complete their PhD dissertation presentations orally (denying a disability accommodation request to defend the dissertation in writing).¹²

At times, a DRP may be unsure about whether an accommodation would be considered standard and therefore one that could be established without consulting program faculty. Although a request may not seem like a nonstandard accommodation, if a DRP is uncertain whether it would create a fundamental alteration, collaboration with the program faculty in the determination is imperative. If faculty and DRPs are unable to reach a consensus on whether a potential accommodation is a fundamental alteration to a program, it is advised that an outside expert be consulted. See the section “The Role of Faculty and Administrators,” later in this chapter, for further discussion of the role of health sciences faculty in this process.

¹⁰ OCR Letter to University of Massachusetts, Case No. 01-97-2095 (1998).

¹¹ *Maczarczyj v. New York*, 956 F. Supp. 403 (W.D.N.Y. 1997).

¹² OCR Letter to Oregon State University, Case No. 10-98-2071 (1999).

How to Evaluate Whether a Requested Accommodation is a Fundamental Alteration

The Supreme Court established how fundamental alteration should be considered in *Martin v. the Professional Golfing Association* (PGA; see Case Example 4.3). It first examined what is the essential nature of the program that cannot be changed and then turned to whether providing accommodations would change that nature. The Supreme Court looked to the PGA golfing handbook—schools should look to student handbooks, course catalogs, technical standards, syllabi, or other relevant materials. Once the standards that all students must meet are clearly defined, the next step is to determine whether specific accommodations may fundamentally alter those.

The OCR Letter to the University of North Carolina at Greensboro provides DRPs with even more detailed guidance on how the OCR evaluates whether an accommodation amounts to a fundamental alteration (see Case Example 4.4).

CASE EXAMPLE 4.3 *Martin vs. the PGA*¹³

A professional golfer on the PGA tour had a disability that affected his ability to walk long distances. He requested that he be allowed to use a golf cart to get from one hole to another. Once at the hole, he could hit the ball with a professional golfer's skill, but he needed the accommodation of being allowed to get there in a manner other than walking. The PGA said that walking between holes was a requirement of all pro golfers and they would not alter this standard for him because it would fundamentally alter the game of golf. Martin sued the PGA.

The case made it to the Supreme Court, which examined golf and its history to determine whether permitting an accommodation to take a golf cart between holes would fundamentally alter the game of golf. The Court concluded the "essence of golf has always been shot making" and "the walking rule is not an essential attribute of the game." The Court also examined the PGA's claim that riding in a cart was unfair to the other golfers who might be more tired and therefore perform worse near the end of the day and concluded that the fatigue to other players from walking is insignificant compared to the fatigue that the disabled golfer experiences due to his disability, even riding in a cart. The Court's decision was 7-2 in favor of the golfer.

PGA, Professional Golfing Association.

¹³ *PGA Tour, Inc. v. Martin*, 532 U.S. 661 (2001).

CASE EXAMPLE 4.4 OCR Letter to the University of North Carolina at Greensboro¹⁴

A student requested to be permitted to complete the requirements of a course as an independent study at home, rather than attend the classes. The disability office summarily concluded that this request would be a fundamental alteration of the course, without investigating. OCR concluded that the university's failure to engage in the interactive process violated the ADA and laid out the following considerations the University was obligated to consider:

"Factors to be considered in determining whether a standard is essential include:

- the nature and purpose of the program;
- the relationship of the standard to the functional elements of the program;
- whether exceptions or alternatives are permitted;
- whether the standard is required in similar programs in other institutions;
- whether the standard is essential to a given vocation for which the program is preparing students; and
- whether the standard is required for licensure or certification in a related occupation or profession."

OCR went on to say, "Furthermore, if it is determined that a requested academic adjustment would result in a fundamental alteration, the University must then consider whether there are alternative academic adjustments that could accommodate a student without fundamentally altering the course."

ADA, Americans with Disabilities Act; OCR, Office for Civil Rights.

OCR is clear: "Fundamental Alteration" determinations must have a sound *educational* basis. When schools have relied on nonacademic reasons to assert that an accommodation request is a fundamental alteration, OCR has rejected the decisions. For example, to a school that stated in the disability office handbook that "flexibility regarding deadlines" is never a disability accommodation at that school, OCR said the school "may not deny an accommodation requested by or on behalf of a student, including but not limited to a request for extended time to complete homework assignments or other course requirements, based on a *generalized assumption* that the accommodation fundamentally alters essential program requirements"¹⁵ (emphasis added). At another school, an instructor set a 90% attendance requirement based on "the industry standard for paid leave employees typically receive" and would

¹⁴ OCR Letter to University of North Carolina, Greensboro, Case No. 11-17-2001 (2017).

¹⁵ OCR Letter to University of Missouri-St Louis, Case No. 07-15-2042 (2017).

not adjust it for a disability accommodation. OCR said this determination was not based on an academic reason and does not meet the ADA requirement that the accommodation decision is “made by a group of people who are trained, knowledgeable, and experienced in the area through a careful, thoughtful, and rational review of the academic program and its requirements.”¹⁶

Avoiding Interference with Technical Standards

Disability accommodations may allow students to meet a program’s technical standards, but because all students must meet the technical standards, an accommodation that would breach a technical standard should not be approved. The first step is to review the technical standards to ensure that the requirements there do not inherently discriminate against students with disabilities (see Chapter 3 for a discussion about how to make this determination). If the standard is discriminatory, then the DRP should consult with program leadership and faculty to revise the technical standard.

Assuming the technical standards are not discriminatory, the DRP should next determine whether granting the requested accommodation would result in a technical standard not being met. This may vary among schools, depending on the technical standards. One example is providing a student who has physical disabilities that limit strength or mobility the ability to direct an intermediary to perform physically strenuous tasks, such as basic life support. The technical standards at some schools permit this, but at other schools the technical standards require that a student must perform basic life support independently. If there is any doubt about whether a technical standard may be compromised, the DRP should consult with program faculty and also consult with other schools or experts as necessary.

Patient Safety

Once it is established that an accommodation request is not a fundamental alteration and does not interfere with established technical standards, the next consideration involves patient safety. Health sciences programs have a responsibility to consider the health and safety of patients when determining reasonable accommodations. This is in line with the ADA, which states that an accommodation is not required where it poses a direct threat to the health or safety of others.¹⁷ The ADA regulations caution, however, that the school “must ensure that its safety requirements are based on actual risks, not on mere speculation, stereotypes, or generalizations about individuals with disabilities.”¹⁸ The ADA regulations provide very specific guidance for how to assess the

¹⁶ OCR Letter to George Mason University, Case No. 11-16-2083 (2016).

¹⁷ 42 U.S.C. § 12182(b)(3).

¹⁸ 28 C.F.R. 35.130(h).

potential risk posed by allowing accommodations where patient safety may be an issue: “In determining whether an individual poses a direct threat to the health or safety of others, a public accommodation must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.”¹⁹ See Case Example 4.5 for an OCR ruling regarding safety.

Undue Burden on the School

The final consideration in determining the reasonableness of an accommodation request is whether approving a certain accommodation would constitute an undue burden—a significant difficulty or expense—for the school. However, difficulty or expense is almost never a valid reason to deny an accommodation at an educational institution (see further explanation in the section “Cost” under “Factors That *Cannot* Influence Accommodation Decisions” later in this chapter). When considering a specific disability accommodation request, even a relatively expensive one, such as sign language interpreters or CART,

CASE EXAMPLE 4.5 OCR Letter to Baker College of Flint²⁰

A student who had significant vision loss and profound hearing loss was enrolled in a veterinary technician program. Although she did well in the classroom setting, she encountered difficulties in the clinic, where her inability to detect an animal’s body language made her unable to effectively control an animal for treatment, causing her to accidentally injure animals and contribute to an unsafe environment for others when an animal she was treating bit another student working with the animal. The program offered the student a number of accommodations but ultimately determined that she was unable to satisfy the clinical requirements of the program without endangering animals and students.

The student filed a complaint with the OCR, alleging disability discrimination. The OCR determined that the student’s disabilities prevented her from safely satisfying the program’s technical standards and caused unacceptable safety risks to the animals and to fellow students, and therefore her dismissal from the program was not a violation of the ADA.

ADA, Americans with Disabilities Act; OCR, Office for Civil Rights.

¹⁹ 28 C.F.R. § 36.208.

²⁰ OCR Letter to Baker College of Flint, Case No. 05-06-2074 (2006).

the institution should not consider the cost when making the determination. If a less expensive alternative *that effectively provides equal access* can be provided, an alternate accommodation may be appropriate.²¹ Such a substitution should be explored with the student to determine whether it would be as effective as the more expensive requested accommodation. Anytime alternate accommodations are explored with a student in lieu of the originally requested accommodations, it is a good practice to keep careful notes about the discussions. See Practice Recommendation 4.2.

There are limited circumstances in which cost- or difficulty-related limitations on disability requests are permissible. For example, an institution is not obligated to build an elevator in an older building or otherwise make substantial physical modification to a structure *if* the class or lab can be moved to another location that is equally as suitable as the original location. This is called a *program modification* and is specifically permitted by the ADA if an entity can prove that removing the physical barrier was not readily achievable.²² However, any program modification must not cause students with disabilities to receive lesser access to their educations than their peers receive.

Recommendation 4.3 is provided to assist the reader in thinking through the relevant considerations when determining the most appropriate, reasonable accommodations.

Practice Recommendation 4.2 Documenting Decision-Making

An institution should always be sure to document in writing and keep on file the reasons for any accommodation determination made, as well as any alternate accommodation ideas that were considered, and why they were rejected. That documentation should include the following:

Who was involved in the deliberation process?

- People within the school
- Colleagues in the field
- Legal counsel

Reasons for the denial

- Pros and cons of the request
- Why it was deemed unreasonable?

Alternative accommodations

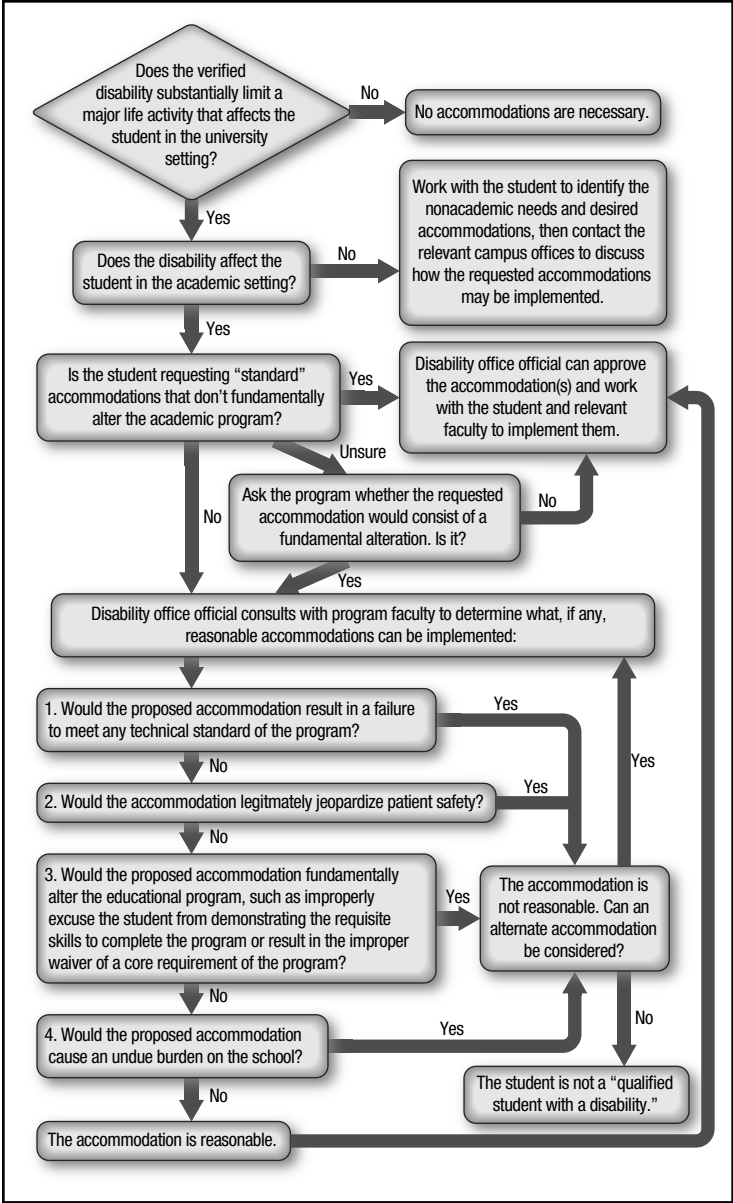
- What other accommodations did you and the experts consider?
- Did you reject any ideas? If so why?
- Did you offer the student any alternative accommodations that effectively remove the barrier? What response?

²¹ OCR Letter to Montgomery College, Case No. 03-99-2059 (1999).

²² 28 C.F.R. § 35.150(a); 45 C.F.R. § 84.22(a).

Practice Recommendation 4.3 Determining Appropriate Accommodations

Begin with Practice Recommendation 2.3, and then continue here:



WHAT IF THERE IS NO REASONABLE ACCOMMODATION AVAILABLE?

At times, there may be circumstances where there are no accommodations that will allow the student equal access without fundamentally altering the program or endangering patients. As discussed in Chapter 2 federal law requires that educational accommodations be provided to an “otherwise qualified individual with disability,” which it defines as a student who “meets the essential eligibility requirements” of the institution—with or without accommodations.²³ This means that students whose disabilities render them unable to complete the program—even with accommodations in place—are not otherwise qualified and should be dismissed, just as any nondisabled student who was unable to fulfill the program’s requirements would be dismissed. This is also true for clinical placements.²⁴ When denying an accommodation request, the school must inform the student of the reasons for the denial, to allow the student to provide additional supporting evidence of need, adjust the request, or file a grievance. If the school ends the discussion without leaving the door open for the student to return with further third-party documentation or other supporting evidence, the school is likely violating the ADA by failing to engage in the interactive process.²⁵

Prior to dismissing a student as not “otherwise qualified,” however, it is important for the disability office, in conjunction with the student and program faculty, to explore potential alternative accommodations. If, however, it is determined that there is no reasonable alternative accommodation, a student may be not otherwise qualified for the program (see Case Example 4.6).

CASE EXAMPLE 4.6 *Zukle v. Regents of the University of California*²⁶

A medical student was provided multiple accommodations for her learning disability, including double time on exams, note-taking services, audio textbooks, and permission to retake courses and proceed on a decelerated schedule. Despite these, she did poorly in classes and clerkships and was ultimately dismissed from the school of medicine. She sued the school for disability discrimination. The court held that she was not a qualified individual with a disability under the ADA because she was not able to meet the school’s requirements, even with disability accommodations; therefore, her disability discrimination suit failed.

(continued)

²³ 29 U.S.C. 794 (a).

²⁴ *Schwarz v. Loyola University Medical Center*, 2012 LEXIS 82749 (N.D. Ill. 2012).

²⁵ *Doe v. Skidmore College*, Case No. 1:17-CV-1269 (N.D.N.Y. August 2018); OCR Letter to University of North Carolina at Chapel Hill, Case No. 11-16-2070 (2016); OCR Letter to Albany State University, Case No. 04-15-2072 (2017).

²⁶ *Zukle v. Regents of the University of California*, 166 F.3d 1041 (9th Cir. 1999).

CASE EXAMPLE 4.6 *Zukle v. Regents of the University of California* (continued)

It is important to note, however, that the court was only willing to defer to the institution's decision once it had determined that the school had taken seriously its obligation to enter the interactive process with the student and that relevant officials were involved in deciding after carefully considering and weighing all options. Where the school has not done so, courts have ruled it has shirked its duty to the student requesting accommodations.²⁷

In similar cases involving student dismissals for failing to meet academic standards, courts have held in favor of the school, provided the interactive process was carefully undertaken.²⁸

ADA, Americans with Disabilities Act.

When denying a request, a complete and legitimate process must be conducted, with no predetermined outcome. Your institution may never actually approve a particular accommodation, but you must at least consider it in good faith every time it is requested. If, after a thorough review that included all of the relevant parties, you determine that a requested accommodation would be a fundamental alteration or otherwise not possible, OCR and the courts will generally defer to that decision.

FACTORS THAT CANNOT INFLUENCE ACCOMMODATION DECISIONS

Cost

As discussed in the section “Undue Burden on the School,” the potential expense of an accommodation and the financial burden that may be incurred are usually not factors to be considered when determining accommodations. If a school's decision is challenged, the OCR or a court would consider the overall budget of the academic program and the institution—not just that of the disability office—when determining the ability to pay for an accommodation.

Because of the high costs of providing interpreters, institutions often claim that the expense constitutes an undue burden; however, courts have

²⁷ *Wong v. Regents of the University of California*, 192 F.3d 807 (9th Cir. 1999); *Wynne v. Tufts University School of Medicine*, 932 F.2d 19 (1st Cir. 1991); *Doe v. Skidmore College*, Case No. 1:17-CV-1269 (2018).

²⁸ See, for example, *Brief v. Albert Einstein College of Medicine*, 423 Fed. Appx. 88 (2nd Cir. 2011); *McGuinness v. University of New Mexico School of Medicine*, 170 F.3d 974 (10th Cir. 1998); *Kaltenberger v. Ohio College of Podiatric Medicine*, 162 F.3d 432 (6th Cir. 1998); *Wynne v. Tufts University School of Medicine*, 976 F.2d 791 (1st Cir. 1992).

consistently failed to agree. In the *Argenyi v. Creighton* case (see Case Example 4.2), the court held that the medical school must cover the \$200,000 expense of providing real-time captioning and interpreters for a deaf student. In another case where the medical school was only 1 year old, a court said it was not an undue burden for that institution to provide interpreters to a medical student.²⁹ In a case involving a newly hired deaf nurse, the hospital pointed to the budget for that department and said it could not afford the additional salary of an interpreter, which would be more than the nurse was paid. The court instead considered the hospital's entire \$1.7 billion dollar budget and said the expense of one interpreter was not an undue burden.³⁰

The "Real World"

A school cannot consider a student's possible postgraduation employment options when making the decision to admit or retain the student. The only legitimate concern is whether the student is able to meet the school's requirements to complete the degree program. An example of an impermissible consideration would be to claim that "a student who has only one hand should not be allowed to complete a nursing program because, 'in the real world,' no hospital would hire a nurse who could not use both hands to perform procedures." The student's ability to demonstrate mastery of the required skills, even in a nonstandard manner, is the only relevant consideration for the school. The only possible exception to this is when completion of the program itself is the only qualifying threshold to employment, for example, where completion of the program results in automatic licensure or certification.³¹

Licensing Exams

Likewise, licensing or certification exams must not control schools' accommodation decisions. Board exams and other gateway tests during or following a program often have their own standards for providing accommodations that are often more stringent than the school's (See Chapter 6 for more information on this process). However, the school must not allow what it thinks an exam administrator will ultimately provide to a student taking the licensing exam to control its own accommodations decisions (see Case Example 4.7). The school must make an independent determination regarding accommodations provided to students based on its own assessment.

²⁹ *Featherstone v. Pacific Northwest University of Health Sciences*, Case No. 1:CV-14-3084-SMJ (E.D. Wash. 2014).

³⁰ *Searls v. Johns Hopkins*, 158 F.Supp.3d 427 (D.Md. 2016).

³¹ OCR Letter to Northern Virginia Community College, Case No. 11-06-2036 (2006).

CASE EXAMPLE 4.7 OCR Letter to John Wood Community College³²

A deaf student enrolled in a truck driving program requested an interpreter for the behind-the-wheel portion of the training, not just in the classroom. The school contacted the state CDL administrators, who informed them that the state Department of Motor Vehicles does not permit interpreters during the CDL driving test. The school therefore told the student they would not be providing an interpreter for his behind-the-wheel training and that they would slowly “phase out” interpreters during the classroom portion to “prepare him better” for the test. After the student filed an OCR complaint, the school entered a settlement agreement to provide the interpreters and to provide better training to those making accommodations decisions.

CDL, commercial drivers license; OCR, Office for Civil Rights.

Setting “Precedent”

Some schools have expressed a concern that “If I provide this accommodation for this student, I will have to provide it for every student who wants it!” However, this misapprehends an important facet of the ADA: the individual assessment. Every accommodation request must be considered separately, in light of that particular student’s own disability experience and functional limitations. Even if another student has the same diagnosis, it does not necessarily mean that the same accommodations would be appropriate. Schools must not allow the concern over what a future student may need to dictate the accommodations for the student currently under consideration. Moreover, each student must meet the entry criteria for a program, ensuring that students who enter the program are qualified to be there, by the standards set forward by the program itself.

IMPLEMENTATION OF ACCOMMODATIONS**Accommodation Letters**

After thoughtful deliberation about the requested accommodations, if deemed reasonable, they should be finalized and implemented. Although not required by law, at most institutions implementation of accommodations begins with an accommodation or faculty notification letter created by the DRP. Depending on the school’s protocols, this letter may be delivered to the relevant faculty

³² OCR Letter to John Wood Community College, Case No. 05-18-2040 (2018).

or staff electronically or in person by the student. Some institutions prepare these letters each new term or for each individual course, whereas others prepare one letter per academic year or for the duration of the program. Many schools now use an electronic database system that allows students to log in and send letters virtually. Any method that conveys the relevant information so that the approved accommodations can be appropriately implemented and protects the students' privacy is acceptable, but the OCR has determined that schools must have some established procedure for alerting faculty to these approved accommodations.³³ A list of questions to assist schools with developing a sound notification procedure is available in Appendix 4.2.

These letters should contain information about the exact accommodations the student is receiving, the types of assessments that are covered under the accommodation (e.g., didactic examinations only) and the duration of the accommodations. They often also include standard language describing the process used to determine accommodations, references to applicable disability laws, and an invitation to contact the disability office with any questions. The letter should also briefly describe the process as an interactive one, inviting faculty to voice any concerns about the accommodations to the disability office. Letters should never include information about the student's specific disability, as such details are typically considered confidential and unnecessary for the faculty to know about in order to provide accommodations. An example of a typical accommodation letter is found in Appendix 4.3.

THE ROLE OF FACULTY AND ADMINISTRATORS

Faculty Must Implement Student Accommodations

When faculty members receive an accommodation letter, they are required to implement the accommodations that have been determined by the disability office. In many cases, it may be beneficial for the student and the faculty member to engage in a conversation about the best way to implement the accommodations (see also Chapter 8). However, students do not have to disclose their type of disability or use the approved accommodations. Students often choose to use accommodations only in some classes. Student wishes regarding whether and to what extent they use their accommodations must be respected.

When faculty have questions or concerns regarding the recommended accommodations, they are responsible for contacting the DRP for clarification. Faculty have a legal obligation to participate in the implementation of the approved accommodations.³⁴ As described earlier, faculty also play a

³³ OCR Letter to Bates College, Case No. 01-96-2053 (1997).

³⁴ OCR Letter to Kennesaw State University, Case No. 04-12-2275 (2013).

significant role in the process of determining whether nonstandard accommodations are reasonable or if they would constitute a fundamental alteration of the program. As part of this process, faculty may be required to meet with one another or call in an outside expert to discuss whether a particular requested accommodation constitutes a fundamental alteration to a program. However, the OCR has determined that the decision about whether an accommodation constitutes a fundamental alteration of the program cannot be left entirely with the faculty—disability experts must also be involved in the decision-making process.³⁵

Faculty Cannot Be Given Authority to Decline Approved Accommodations

OCR has also made clear that it cannot be left up to faculty to decide whether to implement accommodations the disability office has worked out with a student. See Table 4.1 for examples of such OCR determinations. In fact, OCR has stated that a school must have an established procedure for how to proceed if a faculty member refuses to implement the accommodations in a student’s letter.³⁶

TABLE 4.1 OCR Cases Where Instructors Impermissibly Were Given Authority To Deny Approved Accommodations

ACCOMMODATION AT ISSUE	QUOTE FROM OCR LETTER
Using notes during a closed book exam	“OCR notes that instructors may not unilaterally decide to not provide an approved accommodation because they believe that a student does not need it or that it would result in a fundamental alteration of essential course content. The College should have procedures in place for how instructors can raise concerns about an approved accommodation and how it will address the instructors’ concerns.” ³⁷
Audio recording lectures	“OCR notes that once an accommodation has been approved by DSPS, the student does not have to ask for permission of the faculty to exercise the accommodation. In this case, the complainant should not have needed Instructor D’s permission to use a tape recorder.” ³⁸

(continued)

³⁵ OCR Letter to University of California, Santa Cruz, Case No. 09-97-2169 (1999).
³⁶ OCR Letter to University of Connecticut, Case No. 01-16-2103 (2017); OCR Letter to Laney College, Case No. 09-12-2317 (2014).
³⁷ OCR Letter to Laney College, Case No. 09-12-2317 (2014).
³⁸ OCR Letter to Laney College, Case No. 09-12-2317 (2014).

TABLE 4.1 OCR Cases Where Instructors Impermissibly Were Given Authority To Deny Approved Accommodations (*continued*)

ACCOMMODATION AT ISSUE	QUOTE FROM OCR LETTER
Bringing formulas into a math exam	"The College Departmental Practices explicitly states that notes are not allowed on exams and does not allow for an interactive process to evaluate requests for academic adjustments, such as notes, on a case-by-case basis. Rather, the written denial of notes for exams in the Departmental Practices document constituted a blanket denial of notes for students contrary to the College's duty to conduct an individualized inquiry for requests for academic adjustments." ³⁹
Extended due dates for assignments	"Specifically, we find to be discriminatory . . . requiring that qualified students with disabilities request the use of academic adjustments that they have been granted each time they need to use the adjustments." ⁴⁰
Audio recording lectures	"[O]nly Disability Services and Support Office and/or other designated University/School staff, including the School's Disability Access Coordinator, with the appropriate expertise and training, may review and make determinations in response to requests for academic adjustments and auxiliary aids; and this responsibility must not be delegated to individuals, including course faculty, who are not authorized to make such determinations." ⁴¹

OCR, Office for Civil Rights.

Use of a Designated Liaison

At some institutions, a designated administrator serves as a confidential liaison between the student, disability office, and the faculty of a specific program within the school. This designee may be the dean of students, an associate dean, a program's learning specialist, or some other person within the school or program. Importantly, while this individual serves as a liaison, they are not part of the decision-making process to determine accommodations and do not review or retain third-party medical documentation.

A liaison can be a valuable partner to the DRP in exploring nonstandard accommodations, identifying key faculty and administrators, and navigating

³⁹ OCR Letter to Rose State College, Case No. 07-15-2240 (2016).

⁴⁰ OCR Letter to Rio Salado College, Case No. 08-16-2082 (2017).

⁴¹ OCR Letter to University of Rochester, School of Medicine and Dentistry, Case No. 02-16-2050 (2016).

the political environment of an institution. When concerns arise regarding the implementation of an approved accommodation, the designated liaison is often the initial point of contact for faculty and students and will reach out to disability office personnel as needed to resolve them.

REVIEWING AND REFINING ACCOMMODATIONS

Once a student's accommodations are determined and implemented, the work is not over. The process of requesting and receiving accommodations is fluid throughout the student's professional and clinical experience. As mentioned earlier, the unique environment of a health sciences program will often present barriers to equal access that were not originally anticipated. If this should occur, the interactive process described in this chapter should begin again to determine the reasonableness of the new request. For example, students with psychological or neurological disorders who encountered no barriers in the didactic portion of their programs may experience unanticipated barriers in the clinical setting, with its often frenetic schedule and long working days. To address new barriers, DRPs and students should review possible accommodations for clinical settings, such as being excused from overnight call duties or early release from clinic hours. Adjustments to accommodations may also be necessary due to changes in a student's disability or treatment regimen. For example, a student with irritable bowel syndrome may find that increased stress has triggered a symptom flare resulting in the need for more frequent bathroom breaks during exams. The student is responsible for contacting the DRP to initiate the process again and request additional accommodations or an adjustment to existing accommodations.

Although many changes in disability require a reassessment of needs, a change may not require more accommodations; in fact, a change in disability can reduce or even eliminate the need for accommodations altogether. For example, a student with attention deficit hyperactivity disorder (ADHD) may begin a new medication that significantly improves her ability to focus and reduces her need for additional time on exams from time and a half to just an additional 15 minutes per exam hour or none at all.

Other changes to accommodations may be driven by changes in the learning environment. For example, a nursing student may discover that an ergonomic chair that worked perfectly in the classroom does not fit the nurses' station at the student's new clinical rotation, sparking the need for a new chair or alternate workstation. Or a student with posttraumatic stress disorder (PTSD) may not have experienced triggers in a pediatric rotation but during an ED rotation may encounter multiple triggers that require accommodation. See Practice Recommendation 4.4 for suggestions about how DRPs can stay in touch with students to remain available to adjust accommodations as needed.

Practice Recommendation 4.4 Remaining Available to Students

DRPs should continue to check in with students throughout their educational program in both formal and informal ways.

Informally:

- a quick verbal check-in when they come to the disability office for testing or other accommodations, and
- set “walk-in hours” or have a drop-in policy and publicize it well.

More structured:

- send an email a certain number of days or weeks after accommodations are established to check on effectiveness (if available, use office database features to automate this email, or set a calendar reminder at the time of the intake),
- set regular meetings for students who could benefit from more frequent check-ins (but allow students to opt out if necessary, so students do not feel overburdened with mandatory meetings).

DRP, disability resource professional.

THE LEADERSHIP ROLE OF THE DISABILITY OFFICE IN THE ACCOMMODATIONS PROCESS

The disability office is responsible for ensuring both on-campus and off-campus academic accommodations are implemented correctly.

Leadership in Implementation of Didactic Accommodations

OCR has made it very clear that it expects the disability office to take the lead in the accommodations process, not only in the determination of accommodations, but also in their implementation. Table 4.2 provides examples where OCR found the school should have been doing more to ensure proper implementation of accommodations.

Leadership in Implementation of Clinical Accommodations

Even in settings outside the school, the school must determine accommodations for its students—the school cannot push this duty onto the clinical or practicum site (see Case Example 4.8). Schools must also ensure that their students do not experience discrimination at a clinical site and investigate if a student makes a complaint of discrimination or harassment occurring at the placement site (see Case Example 4.9).

TABLE 4.2 Ensuring Proper Classroom Accommodation Implementation

OCR COMPLAINT	HOW TO AVOID THE PROBLEM
Student’s letter said she needed enlarged print on exams and handouts. The disability office assumed the instructor was providing it, but the instructor presumed the disability office would do so. ⁴²	Make sure instructors know from the student’s accommodation letter what actions they are expected to take, and provide the DRP contact info in the letter for faculty questions or concerns.
Disability office knew that the Biology department categorically refused to implement approved disability accommodations, so it steered students with accommodations away from taking biology classes, rather than addressing the problem with the faculty. ⁴³	Advocate on students’ behalf with faculty, elevating issues to higher-ups if needed, to ensure that the rights of students with disabilities are upheld by the institution.
Instructor did not know how to add more time to online exam, so the student was not getting accommodation. Student complained to disability office, but continued to not receive proper exam time. ⁴⁴	Provide written procedures for accommodations that require specific actions from faculty, and make them readily available. Post them to the disability office website and perhaps include them in the accommodation letter as a hyperlink or attachment.
One instructor required students to personally pick up their exams from the instructor at the class meeting site, then walk 20 minutes to the disability office testing center to take it. Student complained to disability office, but it completely deferred to the instructor’s wishes, causing extra burdens on this student that other students did not have. ⁴⁵	When a student complains about the implementation of an accommodation, the disability office must investigate and mediate between the student and the faculty to find a resolution. Here, OCR found that the interactive process was breached because the student was not consulted and alternate testing sites or procedures were never investigated.
Student requested independent study for part of a class. Without even asking the faculty, disability office said that would be a fundamental alteration. During OCR’s investigation, disability office said they did not act because the student did not specifically request that they intervene with the faculty to pursue it further. ⁴⁶	When the disability office is on notice of a student’s request, the onus is on the office to lead the interactive process on behalf of the student, including consulting with faculty or others as needed.

DRP, disability resource professional; OCR, Office for Civil Rights.

⁴² OCR Letter to Tidewater Community College, Case No. 11-15-2027 (2015).

⁴³ OCR Letter to Rio Salado College, Case No. 08-16-2082 (2017).

⁴⁴ OCR Letter to Yuba College, Case No. 09-15-2477 (2016).

⁴⁵ OCR Letter to Woodland Community College, Case No. 09-14-2404 (2016).

⁴⁶ OCR Letter to University of North Carolina, Greensboro, Case No. 11-17-2001 (2017).

CASE EXAMPLE 4.8 OCR Letter to Milligan College⁴⁷

A student who used a wheelchair complained to OCR that her school did not provide accommodations at her practicum site. OCR concluded, “The College did not guide the interactive process between the Complainant and the Hospital. While the College may work with the Hospital to determine possible accommodations: they cannot simply wash their hands of the task of determining what accommodations, if any, are feasible. The College was derelict in its duty to lead the accommodation process, and facilitate the interaction between the Complainant and the Hospital. This dereliction in duty was the equivalent of the College telling the Complainant she could not participate in the practicum.”

OCR, Office for Civil Rights.

CASE EXAMPLE 4.9 *Varlesi v. Wayne State* (6th Cir. 2016)⁴⁸

An unmarried, pregnant social work student was assigned a field placement in a religious-based rehabilitation center for men. Her field instructor repeatedly commented on her pregnancy, marital status, living arrangements, and clothing choices, and told the student to stop rubbing her belly, wear looser clothing, and that the clients were “being turned on by her pregnancy.” The student had multiple meetings with her program, which would not intervene, and then complained about the discrimination to the University’s Equal Opportunity office and Ombudsperson. The student received no criticism regarding the quality of her field placement work until the very end, when she was given a failing grade and an unusually critical evaluation, resulting in her dismissal from the program. The student then filed a formal discrimination complaint with the school, which dismissed the complaint without an investigation. Her grade appeal and request for readmission were also dismissed by the school. The student then filed a Title IX pregnancy discrimination and harassment lawsuit. A jury awarded the student \$848,690 in damages, which was upheld on appeal.

Despite the fact that the discrimination occurred at the field placement site and not the school, the school was found liable because it failed to intervene and investigate after the student reported it, and retaliated for her complaints with a failing grade, despite her good performance. Although this case addressed discrimination based on pregnancy, the principles here would undoubtedly be applied to disability discrimination, as well.

⁴⁷ OCR Letter to Milligan College, Case No. 04-10-2235 (2011).

⁴⁸ *Varlesi v. Wayne State University*, 643 Fed. Appx. 507 (6th Cir. 2016).

Students Must Not Be Asked to Negotiate Their Accommodations Directly with Faculty

At many schools, the disability office approves an accommodation generally, but leaves it to the student to negotiate the particulars with the instructor. This often occurs with respect to accommodations related to extensions on assignment due dates and attendance flexibility. It is easy to see why leaving the implementation to the student and faculty member would seem like a time-efficient way to address needs. However, there are often unseen repercussions. For this reason, OCR has made findings against schools that have set up this kind of accommodation procedure, stating concerns about the power imbalance between students and faculty.⁴⁹ OCR has also noted that faculty do not have the relevant training to make disability accommodations determinations. For these reasons, OCR has said the disability office should lead the conversations to ensure accommodations are appropriate and student voices are sufficiently represented. Exhibit 4.1 provides examples from some of those OCR letters.

Students should not be left to negotiate accommodations for their clinical placements either. In a case where a student was required to discuss her own disability and negotiate her own accommodations with potential clinical sites, OCR found the school's processes lacking. In its resolution, it determined that the school must create written processes for "considering, evaluating and providing disability-related accommodations to students with regard to their placement in clinical/experiential settings related to their programs of study" and getting student consent to notify outside agencies about their accommodations.⁵⁰

EXHIBIT 4.1 OCR Letters About Students Negotiating Their Own Accommodations

The following are quotations directly from OCR letters finding that schools were improperly asking students to negotiate their own accommodations with their instructors:

- "Thus, leaving students to negotiate with their professors to obtain accommodations compromises the interactive process, which is further compromised because of the disparity in power and authority between a student and a professor who ultimately assigns the student a grade." "Professors do not necessarily have specialized training in the law or disability issues to make informed decisions about what is legally required by Section 504 or Title II."⁵¹

(continued)

⁴⁹ OCR Letter to Surry Community College, Case No. 11-16-2165 (2017); OCR Letter to Simmons College, Case No. 01-16-2113 (2017); OCR Letter to University of Missouri-St Louis, Case No. 07-15-2042 (2017); OCR Letter to Irvine Valley College, Case No. 09-17-2090 (2017).

⁵⁰ OCR Letter to South University-West Palm Beach, Case No. 04-15-2448 (2017).

⁵¹ OCR letter to University of Massachusetts-Boston, Case No. 01-16-2120 (2018).

EXHIBIT 4.1 OCR Letters About Students Negotiating Their Own Accommodations (continued)

- "It is DSPS's function to approve accommodations with certainty, based on documentation submitted by the student. When DSPS conditions an accommodation "per instructor approval," it places the student in a difficult and unfair position of having to negotiate his/her accommodation with individual instructors, who are ultimately in the position of evaluating and rating the student's academic performance. An important function of DSPS is to serve as an intermediary between the student and faculty so that students do not have to be in the uncomfortable position of having to reveal the nature or extent of their disability and to discuss/negotiate their accommodations with their instructors."⁵²
- "Although a professor may be an integral part of the interactive process, he or she [sic] is not qualified to solely determine what the requesting student may be entitled to under Section 504 and Title II, including whether the requested accommodation constitutes a fundamental alteration of the course. Also, the professor may not know the nature of the student's disability and the disclosure of such information to the professor may raise student privacy concerns."⁵³

OCR, Office for Civil Rights.

CONFIDENTIALITY REGARDING ACCOMMODATIONS

Unlike a student's diagnosis or disability status, a student's accommodation needs must be shared with those responsible for implementing the accommodations (e.g., relevant faculty, the clinical preceptor, testing center employees, the program's designated liaison). However, confidentiality regarding a student's accommodations still must be maintained as applied to all other individuals who do not have a need to know that a student gets accommodations and what those may include. A student's academic transcript must not reflect that accommodations were granted. Annotations or grades applied only to the transcripts of students receiving disability accommodations have been found by the OCR to be discriminatory (see Case Example 4.10). A transcript may contain unavoidable evidence that accommodations were granted, such as the completion of course work over a longer period of time than that of a typical student, but the transcript must not indicate in any way that the reason for the aberration was related to a disability.

⁵² OCR Letter to Laney College, Case No. 09-12-2317 (2014).

⁵³ OCR letter to Metropolitan State College of Denver, Case Nos. 08-17-2268 and 08-17-2278 (2017).

CASE EXAMPLE 4.10 New York Medical College⁵⁴

A medical student with multiple sclerosis had difficulty completing her rounds in a clerkship due to her disability and, due to absences, ultimately completed the required clerkship hours over two semesters. The school added notations to her transcript indicating that additional course work was required of her and added, incorrectly, that her passing grade was a retake of the course. This differed from standard practices in which a grade of “Incomplete” was assigned, and then replaced with the earned grade once the clerkship was completed. The student filed an OCR complaint, asserting that these notations were discriminatory because they forced her to disclose and explain her disability to prospective employers reviewing her transcript for hiring purposes.

The school had no written policy reflecting this transcript notation practice. The OCR investigated and determined that nondisabled students who did not complete clerkships due to absences did not have such notations on their transcripts. The college acknowledged to the OCR that it had not used this notation system for any other student—the college had created it specifically to reflect this student’s accommodations. The OCR found the school’s actions to be noncompliant with disability laws, and changed the student’s transcript to reflect her passing grade, without additional notations.

OCR, Office for Civil Rights.

TIMING OF STUDENT ACCOMMODATION REQUESTS AND DRP RESPONSES

Student Timing Responsibilities

It is the student’s responsibility to disclose a disability to the institution (see Chapter 2). For many reasons, students sometimes wait until they are very behind in their courses or on the verge of dismissal before seeking disability accommodations. However, it is well settled that disability accommodations are not required to be retroactive and may be applied only after a request for accommodations is made.⁵⁵ Importantly though, as described in Chapter 2, the student is not accountable for failing to make a timely request if the school has not provided sufficient notice about how students can request accommodations. For guidance about publicizing the process, see Practice Recommendation 2.4, Ensuring Visibility of the Disability Office. Students must also inform the disability office immediately if they are not receiving

⁵⁴ OCR Letter to New York Medical College, Case No. 02-13-2014 (2013).

⁵⁵ OCR Letter to Montgomery College, Case No. 03-99-2059 (1999); OCR Letter to University of New Mexico, Case No. 08-98-2070 (1998).

⁵⁶ OCR Letter to Loyola University Chicago, Case No. 05-05-2139 (2006).

approved reasonable accommodations, the accommodations are not working, or conditions change, such that new accommodations are necessary. The OCR has asserted that it is the student's responsibility to alert the DRP to problems with accommodations and engage in an interactive process to adjust the accommodations as necessary.⁵⁶

Disability Office Timing Responsibilities

It is the institution's responsibility to provide accommodations within a reasonable time frame.⁵⁷ Some accommodations require additional time to implement (e.g., text conversion, class notes, adaptive technology, and sign language interpreters). For this reason, campuses should publicize information about the importance of early disclosure of disabilities and making accommodation requests early on their websites, during new student orientations, on syllabi, and in any disability office materials (see Chapter 2). Depending on the program's duration and structure, the accommodation of priority registration—permission to register at the beginning of the registration period, before classes are filled—may be appropriate in order to allow the disability office sufficient time to organize more time-consuming or time-sensitive accommodations, such as booking sign language interpreters or converting reading and other course materials into electronic format.

RIGHTS AND RESPONSIBILITIES OF ALL PARTIES

In order to ensure a fair, equitable, and lawful process is followed to determine accommodations for students with disabilities, all parties have a role to play. Table 4.3 outlines the rights and responsibilities for students, DRPs, faculty, and administrators. It is critical that all parties are aware of their responsibilities to create equal access for students with disabilities.

CONCLUSION

The process for determining appropriate accommodations for the health sciences educational environment is multifaceted, with the need for strong partnerships and effective communication between DRPs, faculty, administration, and students. The complex accommodations often needed in health science programs require the input of multiple parties working in collaboration to ensure the integrity of the academic program while still ensuring maximum participation by students with disabilities.

⁵⁷ OCR Letter to University of LaVerne, Case No. 09-96-2148 (1997).

TABLE 4.3 Summary of the Rights and Responsibilities of All Parties

	RIGHTS	RESPONSIBILITIES
Student	<ul style="list-style-type: none">■ An equal opportunity to access the courses, programs, services, and activities at the university■ Request reasonable accommodations, academic adjustments, or auxiliary aids and services■ Appropriate confidentiality of information regarding disabilities, except as disclosures are required or permitted by law	<ul style="list-style-type: none">■ Identify self to the disability office■ Submit appropriate documentation to disability office■ Request accommodations and participate in the interactive process■ Meet the academic/technical standards of the program■ Contact the disability office if accommodations are not being implemented■ Follow disability office procedures for requesting and maintaining accommodations
Disability office	<ul style="list-style-type: none">■ Request and receive current documentation that identifies the existence of a disability and explains the functional limitations of the disability■ Participate in the interactive process by suggesting appropriate and reasonable accommodations, academic adjustments, or auxiliary aids and services based upon documentation submitted to the office■ Establish essential requirements and standards for courses, programs, services, or activities at the university, in conjunction with faculty and administrators■ Select equally effective accommodations, adjustments, or auxiliary aids and services■ Deny an accommodation, adjustment, or auxiliary aid that fundamentally alters a course, program, or activity	<ul style="list-style-type: none">■ Create clear, written policies and procedures for requesting and maintaining accommodations■ Determine disability status■ Maintain appropriate disability documentation for each student■ Engage the appropriate individuals in the interactive process to determine reasonable accommodations■ Advocate for students when accommodations are not properly implemented■ Educate faculty, administration, and staff about the determination and implementation of reasonable accommodations and other relevant disability matters■ Publicly post grievance process and establish written procedures for investigating and deciding grievances

TABLE 4.3 Summary of the Rights and Responsibilities of All Parties
(continued)

	RIGHTS	RESPONSIBILITIES
Faculty	<ul style="list-style-type: none"> ■ Establish essential requirements and standards for courses, programs, services, or activities at the university in conjunction with administrators and the disability office 	<ul style="list-style-type: none"> ■ Refer students to disability office when appropriate ■ Participate in the interactive process to determine reasonable accommodations ■ Assist with implementation of reasonable accommodations ■ Hold student accountable to academic/clinical standards of the program
School/program administration	<ul style="list-style-type: none"> ■ Establish essential requirements and standards for courses, programs, services, or activities at the university, in conjunction with faculty and the disability office 	<ul style="list-style-type: none"> ■ Refer students to disability office when appropriate ■ Participate in the interactive process to determine reasonable accommodations ■ Assist with implementation of reasonable accommodations ■ Hold student accountable to academic/clinical standards of the program ■ Educate clinical faculty about the rights and responsibilities of students and the institution in creating and implementing disability accommodations

REFERENCES

Meyer, A., Thornton, M., & Funckes, C. (n.d.). *The professional's guide to exploring and facilitating access*. Association on Higher Education and Disability. Retrieved from <https://www.ahead.org/professional-resources/accommodations/documentation/professional-resources-accommodations-professional-guide-access>

APPENDIX 4.1 SAMPLE QUESTIONS TO HELP DETERMINE APPROPRIATE ACCOMMODATIONS

General questions for all students:

- What brought you to the disability office?
- How does your disability affect you in the educational environment?
- What strategies have worked for you in the past to manage disability-related barriers (in or outside of an educational setting—explore home, work settings)?
- Have you had any recent medication changes?
 - If so, how has this affected you? What accommodations might be needed as a result?
- Do you need to attend regular medical, therapy, or other treatment appointments?
- Do you have medication that needs to be specially stored and accessible at specific times?
- Do you use any assistive devices or technology in your everyday and academic life?
 - If so, have you found they are effective for your academic experiences thus far? Do you anticipate any need to change or adjust these devices for clinical or lab settings?
- Have you ever had any experiences in clinical or lab environments?
 - Did you experience any disability-related barriers in these environments?
 - If so, what strategies or accommodations did you use to address them?
- Do you have an understanding of the clinical or lab components of your current program?
- Do you anticipate any specific accommodation needs in clinical or lab environments in this program?
- What do you think would be helpful accommodations or adjustments for you in this program?

If student has used accommodations in the educational environment before:

- When did you first start using accommodations?
- What accommodations were effective or ineffective in the past?
- Are there other accommodations you did not have, but wish you had received?

If student is already enrolled in the program:

- What disability-related barriers are you experiencing in your current classes?
- Do these barriers vary depending on the class structure or requirements? If so, how?
- Explain any new challenges you are experiencing in this program that you did not experience in your previous education.
 - To what do you attribute these new challenges?
 - What do you think would help to address them?

For students already in the clinical environment:

- How have your rotations gone so far?
- What rotations have you done so far and at what sites?
 - Which rotations are left to do?
 - Do you have any specific concerns about the remaining rotations?
- Are you experiencing any disability-related barriers in the clinic?
- Have you had any difficulties with writing case notes or “charting”?
- Have you had any interpersonal difficulties with peers, patients, or faculty?

APPENDIX 4.2 GUIDING QUESTIONS FOR ACCOMMODATION IMPLEMENTATION

Methods for notification and implementation of accommodations can vary widely among schools, but certain considerations are essential. This appendix identifies some of the issues that schools must consider when determining how to implement agreed-upon accommodations in didactic and clinical environments.

Schools also should determine how students are given the procedural information about the steps they must take to implement their accommodations. Some schools provide this on the disability office's website. Institutions with multiple procedures, depending on which campus or program a student attends, may prefer to disseminate this information via narrower channels, such as e-mail, to ensure students are aware of the specific policy that applies to them, and so that there is a written record that each student received it. Regardless of the method, procedural information should be conveyed in writing, so that students can refer to it later.

Faculty notification of didactic accommodations

- Does this vary by accommodation type? If so, specify procedures for each type of accommodation.
- Does this vary by program? If so, ensure students enrolled in each program know the notification procedures that apply to them.
- Will a formal letter be prepared? How frequently? How will students access the letter?
- Do students need to inform faculty in person, by e-mail, online? Specify how this happens and, if necessary, the steps to do so (e.g., how to log into an online information management system and what screens to access there).
- What is the timeline by which students are expected to notify faculty?

Implementation processes for accommodations

- How should students convey the information necessary for obtaining their accommodations (e.g., exam scheduling, notetaking, alternate and format materials)? If necessary, specify the steps to do so (e.g., how to log into an online information management system and what screens to access there).
- What is the expected timeframe for making and fulfilling these requests?

Notification and implementation of clinical accommodations

- If the process for requesting clinical accommodations differs from didactic settings, describe the procedures and steps involved (e.g., consulting with clinical faculty, reviewing technical standards).
- Who should be notified about clinical accommodations (this will vary greatly, depending on what the accommodation is and should be carefully considered to limit the disability information to a need-to-know basis)?
- How are those individuals notified (notification may come from the program in some cases, or the student in others, depending on the circumstances)?
- What preliminary experiences can the disability resource professional (DRP) work with students to set up in advance, to allow them to think through possible accommodations for clinical settings (e.g., shadowing opportunities, meeting with clerkship directors)?

APPENDIX 4.3 SAMPLE ACCOMMODATION LETTER

Date

Dear Faculty Members,

I am writing with regard to [STUDENT'S NAME], who is a student in the [NAME OF SCHOOL OR PROGRAM] and is registered with the [NAME OF DISABILITY OFFICE]. Based on a thorough review of this student's disability and supporting documentation, the [DISABILITY OFFICE NAME] is recommending the following accommodations and academic adjustments for [SPECIFY DURATION]:

LIST APPROVED ACCOMMODATIONS AS FOLLOWS:

- Accommodation 1
- Accommodation 2

These accommodations are recommended after thoughtful analysis of the student's disability-related needs, the university's programs and curricula, and the university's legal obligations under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

The intent of all reasonable accommodations is to provide students with disabilities equal opportunity, not to lessen or undermine academic standards or course requirements. Please review the recommended accommodations and notify me if for any reason these accommodations are not appropriate in this context. I will consult with you through a deliberative process to determine the most appropriate reasonable accommodations for this student.

It is the responsibility of the student to request academic accommodations as needed in a reasonable and timely manner. The implementation of approved in-class accommodations is a shared responsibility between the instructor and the student. The [DISABILITY OFFICE NAME] suggests that all details (e.g., exam length, start times, format changes, and locations) be decided as early as possible and recorded in writing.

After discussing with [STUDENT'S NAME], please do not hesitate to contact me at [NUMBER, E-MAIL] to further discuss these recommendations or for assistance. I look forward to collaborating with you to ensure that students with disabilities have equal access to [INSTITUTION's] programs.

Sincerely,

[DRP'S NAME AND CONTACT INFORMATION]

Accommodations in Didactic, Lab, and Clinical Settings

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INTRODUCTION

This chapter provides an overview of didactic and clinical accommodations, including information on accommodating the various forms of assessment that are used in health science programs. Specific guidance is offered with regard to accommodating overnight call, students with color-vision deficiency (CVD), autism spectrum disorders (ASDs), blood-borne diseases and those who are deaf and hard-of-hearing (DHOH). Finally, a section on the inclusion of service animals helps programs develop appropriate protocols for animals that may be entering the clinic. Throughout the chapter, practice examples afford the reader an opportunity to apply the guidance to real student scenarios, while case examples provide a legal framework for determining reasonable clinical accommodations.

As discussed in Chapter 4, determining accommodations is an interactive process between the student and the disability resource professional (DRP) or responsible campus entity. Often, the academic accommodations required for health sciences settings are highly nuanced. This chapter helps DRPs and institutions understand how to work collaboratively to determine and implement reasonable accommodations in all types of health science education settings.

ACCOMMODATIONS IN THE DIDACTIC SETTING

Accommodation requests for the didactic setting are the most straightforward of all the learning domains. Students often have a history of using accommodations in classroom environments and are aware of their accommodation needs. Institutions are able to easily implement the most common didactic accommodations, including extended time for tests, reduced distraction testing location, lecture notes, specialized furniture, alternative format versions of books and articles, assistive technologies, and noise-canceling headphones.

Written Exams: Additional Time and Breaks

ADDITIONAL TIME FOR EXAMS

Extended time (25%, 50%, or 100%) for didactic-based, written exams is considered a standard, reasonable accommodation for students whose disabilities impact their cognitive processing speed or the physical ability to respond (e.g., a hand injury that makes typing difficult, a chronic pain condition that results in slower movement). Students with learning disabilities, attention deficit hyperactivity disorder (ADHD), and those whose disability or medication causes cognitive “fogging” or slowing (e.g., fibromyalgia, chemotherapy, or depression) may require additional time to process information and respond to exam questions. In these instances, the accommodation is designed to provide the student with adequate time to respond to the material.

DETERMINING HOW MUCH ADDITIONAL TIME TO ALLOW ON EXAMS

The amount of extra time a student is afforded should be proportional to the impact on a student’s functioning. For students with disabilities that impact executive functioning (e.g., ASDs, ADHD, and anxiety), 25% or 50% additional time may provide sufficient time to refocus attention and organize their thoughts or to implement compensatory skills for reducing associated anxieties. In other cases, students may have a processing disorder that impacts the speed at which they read, comprehend, and respond to questions, or they may have more than one disability that, when combined, exponentially impact reading, processing, or response time. These students generally require 50% or 100% additional time for exams. Chronic health conditions can also impact cognitive processing, and as a result, these students may also require additional time. In some cases, taking breaks in lieu of extra time may better address the barriers associated with time. For example, students with ADHD may not benefit from additional time and instead may need to take periodic breaks to move around or refocus their attention before resuming an exam. For more complex cases where dual disabilities result in exponential barriers, a combination of accommodations (extra time and breaks) may be necessary.

It is important to note that although this book provides examples of particular disabilities needing particular amounts of extra time, the analysis should always focus on the student's specific functioning, and not solely on the diagnosis. The provision of extended time is not an exact science; therefore, DRPs should use a combination of resources to determine need (e.g., standard scores, student reported impact, history of accommodation, singular or multiple impacts on functioning, etc. and then review and adjust the time as needed to ensure that the accommodation adequately addresses the barrier for each student.

BREAKS DURING EXAMS

At times, students with disabilities require breaks to take medication, monitor blood pressure or sugar levels, manage chronic pain, refocus, rest, or stretch. These needs can be addressed via "stop-the-clock" breaks. In these cases, students are given breaks during the testing session and the "clock" measuring testing time is stopped until the end of the break. These breaks are usually provided between test sections to avoid exposure to questions in advance. In these cases, students only receive extra time to address a specific, non academic need and do not have additional access to the exam questions.

Stop-the-clock breaks should be well-defined with a set length and pre-determined number of breaks based on the total length of the exam and an understanding of the student's needs (e.g., 10 minutes per hour of exam).

Planned and regimented stop-the-clock breaks are only appropriate for a student with clearly defined needs, for example, the need to stretch once per hour. For students with less regimented needs, such as managing the sudden onset of a migraine, breaks must be more flexible. In this example, a student may need to take medication to alleviate the symptoms, which could take 20–30 minutes to take effect. During this time, the student may require a break from computer screens and they may need a quiet, darker area in which to rest. For these students, the total break time (say 30 minutes for a 3-hour exam) may be used in one setting, upon experience of migraine symptoms. In cases where the need for breaks cannot be scheduled (e.g., a student's blood sugar drops, multiple urgent extended bathroom breaks are needed), the rest breaks must be provided on an as-needed basis rather than scheduling them in advance. If the management of symptoms will require more than 100% of the originally scheduled exam time, the exam or event may need to be rescheduled.

For some exams, particularly those administered in online forums such as through learning management systems or third party entities, stop-the-clock breaks may not be an available tool. In those cases, the amount of additional time that would have been allotted to breaks can be added to the exam clock, and the student can opt to take breaks when needed.

When evaluating requests for extra time, the DRP must identify functional limitations and understand *how* these limitations impact the student on a daily basis and during intermittent flare-ups. Once understood, the DRP can select the most appropriate accommodation (e.g., extra time and/or additional breaks) to specifically address the student's needs (see Practice Recommendation 5.1).

Practice Recommendation 5.1 Extra Time and Stop-the-Clock Exam Breaks

At times, students will require different accommodations to address varied components of their disability. Be sure to independently address all functional limitations and associated barriers. For example, students with diabetes may experience blood sugar instability in times of stress (e.g., during exam periods). This can result in cognitive slowing, as well as the need for breaks to check blood sugar, administer medication, and eat a snack. Students with these needs may require extended time to address the cognitive fogging and extra breaks to address medication management.

REDUCED-DISTRACTION ENVIRONMENT OR PRIVATE-ROOM EXAMS

Students with disabilities related to ADHD, processing or ASDs, and anxiety may become distracted by extraneous stimuli during classroom exams. In these instances, it may be reasonable to approve a reduced-distraction environment for didactic examinations. This accommodation is designed to minimize interruptions and distractions including classroom noise (e.g., students coughing, erasing, and tapping pencils), wall decorations, telephones, bright lighting, and interruptions when students get up, finish early, or ask questions of the professors. Students who are sensitive to stimuli, including those with significant anxiety, ADHD, or obsessive-compulsive disorder (OCD), may require a private testing room. Finally, students who use text-to-speech software for testing, those who have scribes, or use other forms of assistive technology may need a private room to avoid disrupting other test takers. For the same reason, students who use self-talk or similar strategies to ameliorate the effects of their disabilities may also benefit from a private testing room.

PRIORITY SEATING

Priority seating is another reasonable accommodation for the didactic setting. Students with low vision, ADHD, other disabilities affecting focus and concentration, and students who are Deaf or hard-of-hearing may require seating near the speaker or the projected screen to ensure equal access to course materials (e.g., to see an interpreter, have greater view of presentations, or reduce distractions).

GROUP WORK

Group exercises may present barriers for some students with disabilities. This is an important aspect of the learning environment to consider when health sciences programs employ a collaborative learning model with required small-group learning sessions. These sessions typically assign students to teams that work through clinical scenarios together, guided by a teaching assistant or faculty member. These exercises can elicit fears of judgment and stigma if a student worries that symptoms of their disability will be noticed

by peers (e.g., delayed responses, inability to quickly read material, difficulty synthesizing materials, and so on).

Attention to universal design for instruction (UDI) principles can ensure that small group exercises are accessible to all students (Sullivan & Meeks, 2018; Burgstahler, 2017). See Table 5.1 for a review of practices.

Table 5.1 Potential Approaches to Small Group Barriers

SMALL GROUP BARRIER	POTENTIAL ACCOMMODATION	UDI APPROACH
Taking notes while simultaneously listening and participating in discussion.	Note taker for learner. Livescribe pen recording small group.	Provide written case materials with outline. Small group leader creates an audio recording of pen; (e.g., Livescribe) makes available to all students. Class notes available to all learners via volunteer note-takers. Assign one student each class to take photos of any items on board and upload to class content via learning management system.
Information and discussions presented verbally.	Note taker for learner. Instructors present concepts in charts, graphs, or photos as appropriate to student with disability.	Provide charts, graphs, photos, or videos that depict relevant concepts to all students. Diagram concepts on a whiteboard; upload photos of diagram to LMS.
Not enough time to process information and participate in meaningful discussion—especially if the case is presented in group.	Provide the learner with a disability with the case at least one week in advance. Leader calls on learner last to allow more time to develop feedback.	Open case prior to small group to allow for thoughtful reading and reflection. Students contribute at their comfort level. Leaders ensure equal participation for all. Incorporate observational learning methods; allow learners to observe how other groups deduce and formulate a differential diagnosis.
Anxiety about contributing to discussion.	Assign learners specific parts of case so they can practice their contribution.	Allow different forms of contributions for learners (e.g., taking notes for the group, providing an outline in advance, explaining a concept in detail verbally, drawing a representation of the concept or process for visual input).

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Table 5.1 Potential Approaches to Small Group Barrier (continued)

SMALL GROUP BARRIER	POTENTIAL ACCOMMODATION	UDI APPROACH
Attendance difficulties due to chronic health conditions.	Provide note taker. Alternate assignment if allowed by faculty.	Stream small group via Skype or Google Hangout, allowing students to attend remotely. Record small group. Post case materials on LMS.
Synthesizing information.	Provide note taker.	Incorporate reflection process (e.g., journaling, papers) after the small group session.

LMS, learning management systems; UDI, universal design for instruction.

Source: Reproduced with permission from Sullivan, L., & Meeks, L. M. (2018). Big solutions for small groups in health science programs. *Disability Compliance for Higher Education*, 23(8), 1–7.

Several additional measures can improve the accessibility of group work. Encourage faculty to create options for electronic or written submissions as an alternative to oral presentation of materials (e.g., asynchronous online forums on course websites). Provide a notetaker for the class and/or audio record sessions as an additional means to disseminate information to students in a meaningful, multimodal manner. Take pictures of any notes or drawings on the whiteboards (or similar device) that occur during the small group and upload these images to the course platform. This allows all students the opportunity to review and process small-group content after the session.

CLICKERS

Clickers are interactive technology response systems (similar to a television remote or loaded on a smartphone via an app) that enable instructors to pose questions to students and analyze class responses in real time. In large lectures with limited interaction, the use of clickers can encourage student participation and learning. Unfortunately, clickers may pose a barrier to students with disabilities if they are not fully accessible, for example, to those students with limited hand functioning, or visual or auditory processing disabilities. DRPs should ensure clickers have the following accessibility features:

- Raised buttons that require less than 5 pounds of force to operate
- Ability to provide clear feedback when responses have been submitted (e.g., beep, light, and vibration feedback)
- Models that are accessible to both right- and left-hand-dominant users

Students who are not physically able to use clickers should be provided with the questions in advance and permitted to provide responses

in written form using preferred assistive technology such as speech-to-text software or other devices. *Clickers are not recommended for graded quizzes or other assessments, as they make it difficult to appropriately accommodate students requiring extended time.* When used for “polling” the class, faculty should provide a reasonable amount of time for students to respond, taking into consideration the range of times students may need to formulate a response.

Other Standard Accommodations in the Didactic Setting

Although extended time and a reduced-distraction environment for exams are among the most frequently requested accommodations, several other accommodations are commonly utilized in the didactic setting. These accommodations include notetakers, readers, assistive technology, scribes, adjustments to classroom participation requirements, and podcasts, videos, or recordings of the lectures (see Table 5.2).

Table 5.2 Other Standard Accommodations for the Didactic Setting

ACCOMMODATION	POTENTIAL DISABILITIES OR FUNCTIONAL LIMITATIONS	IMPLEMENTATION OF ACCOMMODATION(S)
Need to obtain lecture information from additional source	Physical barrier to writing/typing Attentional issues Slowed processing speed Slowed reading fluency/speed Disorders of written expression Reduced capacity for energy to write Inability to hear instruction Inability to “see” slides or board	Peer note taker Smart pens Audio recording Video podcast Integrative note-taking app
Reader Assistive technology and alternate-format text (electronic, large print, and so on)	Slowed or interrupted reading Inability to see materials Slowed processing speed	Human reader ^a Screen-reading software Software or equipment to increase font, change visual contrast Provision of written materials in accessible formats

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Table 5.2 Other Standard Accommodations for the Didactic Setting
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ACCOMMODATION	POTENTIAL DISABILITIES OR FUNCTIONAL LIMITATIONS	IMPLEMENTATION OF ACCOMMODATION(S)
Flexibility in Participation	Flare of Symptoms Temporary hospitalization Processing difficulties Communication difficulties	"Seat time" ^b attendance modification Read-and-respond method ^c Virtual attendance (limited) ^d Student-led responding ^e
Podcasts and video	Any functional limitation that involves processing of information or attendance	Web-based posting of lecture material. Students who are Deaf or hard of hearing will require transcripts and captioning
Interpreters, CART, audio amplification	Deaf or hard of hearing Auditory processing difficulties	ASL, cued speech, or oral interpreters Live CART provider Captioned podcast Transcript FM or infrared amplification system
Need to collect or document information differently	Limited or no use of hands Processing disorder Broken wrist, fingers Visual disability Auditory disability	Scribe (A person who takes dictation of student's words) Visual describer (A person who gathers visual-related information for the student) A combination of scribe/visual-describer Voice-recognition software

^aReader should be able to correctly pronounce medical terminology but should not have enough knowledge to inadvertently provide cues via changes in tone or enunciation of items.

^b"Seat time" is an expression used in many medical and other schools to denote the amount of time a student must be physically in class.

^c"Read and respond" refers to having the questions in advance and allowing all students to respond to them in writing on a shared space such as an online discussion forum, as opposed to cold-calling during class.

^dLimited (short-term) virtual attendance via video conference or another alternative format. Generally used only for flare-ups or short-term disabilities.

^e"Student-led responding" refers to students volunteering to respond to questions instead of being called on. A set number of responses may be required to achieve expected participation levels.

ASL, American sign language; CART, communication access real-time translation; FM, frequency modulation.

ACCOMMODATIONS IN THE LABORATORY SETTING

General Laboratory Access and Concerns

Instruction in the lab setting is an essential part of all health sciences programs. As such, lab accessibility is critical (e.g., physical space, tools and equipment, safety and protective gear for all participants). The majority of anatomy and skills labs across health science programs focus on identification of physical structures. Some labs, such as technical and simulation labs, focus on clinical skills. This can include manipulation of instruments and hands-on clinical skills like suturing or joint manipulation. No matter the lab setting, the preferred mode of accommodation is through adaptive or assistive devices that allow students to independently perform the required tasks in the same or similar amount of time and manner as their peers (see Chapter 7 for examples). In some cases, however, students will require additional accommodations to access labs.

Personal Assistants or Intermediaries in the Lab

There are times when students with certain disabilities (e.g., visual disabilities, chemical sensitivities, dexterity or mobility issues) require a personal assistant or an intermediary as an accommodation. These assistants operate much like a scribe in the exam setting or a medical assistant in the clinical setting; they assist the student with a disability without making clinical or research judgments. The personal assistant may be a non-peer student or other individual hired to follow the explicit instructions of the student with a disability during certain lab or clinical activities. Student partners are an alternative to personal assistants and may assist by occasionally manipulating sensitive instruments or chemicals. At all times, the student with the disability must maintain a directive role by giving direction and recording results—ensuring that the competencies measured in the lab are fulfilled by the student with a disability. When considering approval of a personal, lab assistant, or intermediary, the DRP must ensure that the program's technical standards are not compromised (see Scenario 5.1).

Chemical Sensitivities or Allergies

Chemical sensitivities and allergies to lab-related items (such as latex gloves) might warrant the need for accommodations in the laboratory setting. Additionally, some chronic medical conditions, such as multiple chemical sensitivities (MCS), are exacerbated when exposed to chemicals. Chemicals used in anatomy courses and other labs can also act as barriers for a student with allergies or asthma. In each of these scenarios, students may need specialized equipment (e.g., respirators, protective gloves, eyewear, and clothing)

SCENARIO 5.1 Graduate Student Who Needs Lab Accommodations

Issue: A graduate student with spina bifida who has limited ability to reach and grip very small items is enrolled in a research lab involving mice.

How it impacts the lab work: The lab requires that students use instruments and equipment to conduct research on the mice. This also requires that the student secure an individual mouse by holding the mouse's tail.

Goal: The lab environment should be designed and organized to ensure that the student can participate to the greatest extent possible.

Resolution: When necessary, the student's lab partner or personal assistant can hold the mouse by the tail or assist with instrumentation while the student conducts her research.

to avoid exposure to chemicals or when working with chemically enhanced items (e.g., cadavers and tissue). If all students are provided with standard laboratory gear, this lab-specific equipment should be provided by the school as an accommodation. Some individuals with MCS choose to wear personal air purifiers on a daily basis and in all domains, not just in laboratory environments. These would be considered a personal item and would not be provided by the disability office.

Although protective gear can remove the disability-related barriers for most students with MCS in the lab setting, some students are simply unable to tolerate the chemicals due to higher sensitivity levels, making any interaction with them dangerous. In certain, limited situations, participation in a *virtual* lab may allow the student to demonstrate mastery of a lab skill, without having contact with preservative chemicals. However, the DRP should pay careful attention to the program's technical standards to ensure that a virtual lab results in the same learning outcomes as the standard lab environment. When virtual labs are determined to be reasonable and effective, they should occur in the same building and at the same time as the other labs, allowing the student access to key personnel during instructional time. In some cases, institutions have set up cameras or used video conference platforms to allow the student real-time access to the team and the lab. Some programs have successfully used iPads on portable stands for students to engage with the team via video conference from an alternative location (perhaps an isolated room near the lab).

Equipment and Ergonomics

In labs, students must demonstrate academic and practical knowledge. Students with disabilities may do so with adaptive equipment (e.g., talking thermometers

and calculators, light probes, tactile timers, tactile or non-glass pipettes, large monitors attached to a microscope, a head lamp or loupes with light, and voltmeters). In addition to tools and equipment, students may also require adaptive or ergonomic furniture. Students with physical disabilities or injuries often require specialized seating or tables that allow them to participate in the lab or clinic, such as a height-adjustable table, an ergonomic chair, a chair with more cushion or back support, or a kneeling chair. In cases where a student requires specialized equipment due to a repetitive stress injury, a proper ergonomic evaluation by a qualified specialist is warranted to ensure the student's environment is adjusted appropriately. Finally, students who use mobility equipment such as motorized scooters should be provided a designated parking location in or very near the lab that is safe, secure, and easily accessible.

Safety

The safety of every participant in the lab is imperative, and there are times when faculty may express safety concerns about an accommodation requested by a student, such as having a motorized wheelchair or service animal in the lab. When considering whether to allow an accommodation, the Americans with Disabilities Act (ADA) requires schools to carefully consider whether concerns about safety constitute true safety issues.¹ The Supreme Court has held that "the risk assessment must be based on medical or other objective evidence."² In order to proactively address potential safety concerns, DRPs should collaborate with lab faculty to determine the least restrictive environment for a student who requires specialized equipment or a service animal and orient the student to the lab prior to the first day of class. DRPs should also conduct a walk-through of the lab with the instructor to identify any barriers or specialized equipment and arrangements that may be necessary. A student with a visual disability may require formal orientation and mobility training to ensure their ability to locate workstations and equipment and to determine the best paths of travel within the lab.

Exam Considerations in Laboratory Settings

DETERMINING EXTRA TIME

As with all decisions about exam accommodations, determining additional time for practical exams in the lab environment requires the DRP to consider two key components before determining accommodations: (a) the purpose and structure of the exam and (b) the barriers experienced as a result of the

¹ U.S.C. § 12182(b)(3).

² *Bragdon v. Abbott*, 524 U.S. 624 (1998).

student's functional limitations. For example, an anatomy instructor assigns students a two-part exam that contains a paper-and-pencil section and an oral-identification portion. Depending on the student's circumstances, extra time may be appropriate for only one portion of the exam. Take a student with dyslexia, they may require time-and-one-half as an accommodation for the written portion of the exam only, while a Deaf or hard of hearing student might only receive extra time during the oral-identification portion to allow for an interpreter to receive, process, and voice the student's responses. In another example, a student with a processing disorder may require extended time on both sections in order to provide sufficient time to process the information and formulate an answer.

When determining whether extra time on a practical exam constitutes a fundamental alternation of the course, programs may wish to review the 2014 Office of Civil Rights letter to the Kent State University College of Podiatric Medicine. Programs should not add any restrictions or additional requirements for students with disabilities that are not in place for their nondisabled peers. As noted in the Office of Civil Rights letter to the Kent State University College of Podiatric Medicine³, the students had multiple complaints about the process for affording extra time on the anatomy exams (See: Case Example 5.1).

CASE EXAMPLE 5.1 OCR Letter to Kent State University College of Podiatric Medicine⁴

Kent State told students in their podiatry program that "accommodations for laboratory exams, as well as certain types of quizzes (such as those that involved case studies or those that the instructor labeled "fun activities"), were not permitted because they were "clinical" in nature.

OCR noted that in order to establish fundamental alteration, a school must be able to demonstrate that the task is "essential to the instruction being pursued by such student or to any directly related licensing requirement" and that an appropriate deliberative process to establish whether there was a fundamental alteration must involve a group of people "*trained, knowledgeable, and experienced in the relevant area.*" Programs facing this question must engage in a deliberative process and "consider a series of alternatives" before denying such requests outright.

The testing conditions were also part of the complaint "*The students with disabilities then got a set, consistent amount of extra time to complete their exams, with no individual variations based on each student's disability-related needs.*"

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³OCR letter to Kent State University, Case No. 15-14-2153 (2014).

⁴OCR letter to Kent State University, Case No. 15-14-2153 (2014).

CASE EXAMPLE 5.1 OCR letter to Kent State University College of Podiatric Medicine (*continued*)

In addition, the instructor assigned individual TAs to follow each student around as he or she moved from station to station throughout the laboratory. The students reported that this made it difficult to concentrate, as they felt they were being watched and followed. From each student's assigned starting station, students were permitted to use the extra time however he or she would like. For example, a student could use all 10 minutes on one question or split it between multiple stations to work on a number of questions. However, students could move only forward in the rotation, not backwards, and they could not move to a station occupied by another student. Thus, if a student needed to use extra time on a particular station and another student was occupying that station for the entire 10 minutes, the student had no opportunity to see that station. Additionally, there were no rest stations in use during the extra 10 minutes." Programs must ensure that students receive the assigned amount of extra time for each question and that any proctoring is equivalent across disabled and nondisabled students.

OCR, Office for Civil Rights; TA, teaching assistant.

Case Example 5.1 serves as a reminder about several things to avoid when implementing anatomy lab accommodations. First, blanket statements about not accommodating a portion of any part of the curriculum or any policy of the institution should not be made—each determination requires an individual interactive process (see Chapter 4). In addition, disabled and nondisabled students must be afforded equivalent experiences, access, and oversights. Here, additional measures were taken to monitor the students with disabilities that did not occur with their nondisabled peers. Although given extra time, the accommodated testing procedure did not equate to equal access for the students with disabilities, as there was no opportunity to rest between stations and additional time was not allotted for each station: allowing students to take “as much time” as needed at any station potentially blocked other students from revisiting the station. These actions indicate a lack of understanding about disability and its impact on assessment and hint at an assumption that anyone with extra time may require additional monitoring for cheating.

SCHEDULING EXTRA TIME

Implementing extended time accommodations for practical exams can present challenges for program administrators. In the case of anatomy exams, for example, students usually begin at a specific station and then rotate through each station. All students have the same amount of time at each station and finish together. Faculty might argue that the extra time afforded students with accommodations (1 additional minute on a 2-minute station) would not make

a big difference in performance, stating that you either “know the information or you do not.” This thought process, however, is incomplete. The student may need extra time to fully process and respond to the question in order to demonstrate their knowledge. Meeks and Jain (2017) discuss two mechanisms for accommodating anatomy exams, where the format of the exam requires a rotation through stations and suggest two approaches to extending time on anatomy exams (see Scenario 5.2).

WHEN EXTRA TIME IS NOT APPROPRIATE

There are some practical exams for which extended time may not be appropriate, as with some patient simulations or specific portions of clinical skills exams (see Practice Recommendation 5.2 and Scenario 5.3). DRPs must evaluate each type and distinct portion of an assessment independently to determine the appropriate accommodations for that setting.

SCENARIO 5.2 Accommodating Anatomy Exams. (Adapted from Meeks and Jain [2017]).

1. Students with and without disabilities rotate together through the final testing group of the day. At the end of the standard time, all students are dismissed and students requiring extended time receive a 5-minute break. This break allows all students to exit the lab together, reducing the possible identification of students receiving accommodations. Students with extended time return to the lab after the break and rotate through *all stations* again to receive their allotted extended time (e.g., 2.5 additional minutes per station).
2. Students with disabilities requiring extended time rotate through the exam as the final group of the day, with all stations timed on the 1.5x schedule (e.g., 7.5 min/station). For students receiving additional extended time (e.g., double time), the procedures in option 1 can be followed to allow the additional 2.5 minutes.

Practice Recommendation 5.2 Extended Time for Practical Lab Exam (Dental procedures)

When practical exams are conducted on actual patients rather than standardized patients or manikins, the length of the exam is often a critical factor.

In most dental procedures, local anesthetic is used to block the nerves so that the patient does not feel any discomfort. Anesthetic is time-sensitive and wears off. Extending time to complete the procedure in these cases would not only pose a threat to the patient's comfort, but might require additional doses of anesthetic to finish the procedure, which can have a negative impact on the patient's health.

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Practice Recommendation 5.2 Extended Time for Practical Lab Exam (Dental procedures) *(continued)*

When determining whether a dental student should receive extended time on an exam that includes a live patient, the DRP should collaborate with faculty to determine the nature and purpose of the exam elements. For example, if the purpose of an exam is for students to demonstrate their ability to fill a cavity—a procedure that requires anesthetic—extra time is not appropriate for the reasons listed above, but allowing the student additional time to work on a manikin, building and refining their skills until they are able to perform the procedure within the required time on a live patient, may be a reasonable accommodation.

Alternatively, if the assessment is evaluating the student's ability to do a dental exam but does not include procedures, additional time may be appropriate.

DRP, disability resource professional.

SCENARIO 5.3 Deaf Student Nurse in a Practical Lab Exam

A Deaf student nurse who uses an interpreter and is taking a practical exam with both a written and patient-interaction portion will likely not require an accommodation of extra time for reading or typing clinical notes. However, it would be appropriate to allow the student some additional time to complete the patient interaction portion, to compensate for the additional time necessary for the interpreter to facilitate the student-patient dialogue.

VISUAL AND AUDITORY ACCOMMODATIONS IN LAB AND PRACTICAL EXAMS

For students with visual disabilities, visual aids to enhance specimen size or contrast (e.g., histology slides) may be needed. This can be accomplished with magnification or by connecting microscopes to monitors that allow students to get a larger view of the item. Providing high-contrast printed versions of the specimen next to the microscope allows all students the option of utilizing alternative visual resources. Alternatives to auditory alerts (e.g., alarms, buzzers) may be needed for DHOH students in situations where auditory alarms are utilized. Not all accommodations are technology based. A common adjustment for lab and practical settings is the opportunity to rest. Stools or resting stations can be proactively set up for all students, allowing those with disability-related needs to rest in between stations or while working for long periods of time in the lab.

DRPs can and should work proactively with faculty to enact UDI principles whenever possible. These changes would reduce the need for specific accommodation and improve learning for all students, regardless of disability status.

SIMULATION LAB ACCOMMODATIONS

Health science programs often utilize learning environments known as simulation labs (SIM labs). These settings provide students with applied learning opportunities through the use of human patient “manikins” that replicate basic to complex clinical scenarios in a simulated environment. SIM labs provide students with an opportunity to practice and hone their clinical skills in a formative manner. Disability accommodations can and should be provided in these settings, even if they are not formally evaluated, as these practical experiences are designed to better prepare all students for real clinical situations. Students with disabilities, therefore, require equal access to these experiences. Accommodations to consider include extended time or additional trials when conducting procedures or use of assistive devices or strategies.

Simulation labs must be designed for physical access, with height-adjustable patient tables, computer stations, and equipment that is stored at a level accessible for all students. SIM labs can also be the perfect setting to identify barriers a student may experience in the clinic and to try out possible accommodations (see Scenario 5.4).

SCENARIO 5.4 Student With Low-Vision and CVD Needing SIM Lab Accommodation

A nursing student has low vision and CVD, or “color blindness.” Color-coded items can create a barrier for this student. This issue becomes salient in the SIM lab when the student struggles to differentiate the various lines, tubes, catheters, monitors, and equipment in the mock ICU setting, which are often color coded.

Possible accommodations include the labeling of the various items by name to accurately identify items until the student becomes familiar with the various shapes/sizes, which will ultimately inform the student’s work in real clinical settings. The student could practice in the simulation setting until comfortable enough to enter the ICU.

CVD, color vision deficiency; SIM, simulation.

SCENARIO 5.5 Student with Physical Disability in Preparing for Clinicals

A nursing student with a partial amputation in one arm needs to configure an alternative approach to injections and blood draws. Working together with the DRP and simulation coordinator in a simulation setting, the student can attempt multiple approaches to both competencies

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SCENARIO 5.5 Student with Physical Disability in Preparing for Clinicals (*continued*)

in a safe and effective manner. Once an alternative approach that is equally safe and effective is identified, clinical faculty can be brought in to assess the alternative approach and clear its use in the clinical setting. Students with partial or complete amputations have developed safe and effective techniques in nursing, physical therapy, and medicine.⁵

DRP, disability resource professional.

SCENARIO 5.6 Student Struggling in Clinical Environment

A medical student with a visual disability is struggling to meet the competencies of the clinical rotation. The student suggests the struggle is disability-related, while the clinical instructors note deficits in clinical knowledge. To determine (a) whether the current accommodations are effective, (b) if the student requires additional accommodations, and (c) if there is a fund-of-knowledge deficit, the team (clinical preceptor, director or coordinator of simulation, and DRP) develops a series of patient simulations. By using the simulation room, standardized patients, and working as a team, they are able to identify additional accommodation needs and items that require remediation.⁶

DRP, disability resource professional.

Source: Adapted with permission from “Using a diagnostic OSCE to discern deficit from disability in struggling students,” by Patwari et al. (2020). Copyright 2020 by Academic Medicine.

Clinical Skills Exams (Objective Structured Clinical Examinations)

Programs are often confused as to whether students should receive accommodations on standardized patient or “practical” exams (also known as OSCEs, objective structured clinical examinations) believing that accommodations on these assessments are unreasonable given the transferability of skills in the clinical setting. The OSCEs are clinical skills exams used to assess clinical acumen with a *standardized patient* (an actor who portrays the same symptoms/responses for all students) instead of a real patient. OSCEs may also include interaction with clinical materials such as models, radiographs, and lab test results. Because the standardized patient’s condition and presentation are

⁵NONDNurses (2015, November 29). *Onehanded Injection IM*. <https://www.youtube.com/watch?v=tBeg05ipgSY>

⁶Using a diagnostic OSCE to discern deficit from disability in struggling students,” by Patwari et al. (2020). Copyright 2020 by Academic Medicine.

the same for all students, faculty can more objectively assess each student's applied knowledge and performance on clinical skills (e.g., taking a history and physical and developing a differential diagnosis). These exams may be *summative* (i.e., graded) or *formative* (i.e., for review and clinical development). Regardless of the purpose of the exam, students with disabilities may encounter barriers in these settings and require accommodations (Meeks and Jain, 2016).

It is important to engage in the interactive process for all disability requests, including those with a clinical component. As with all assessments, it is critical that the DRP understands the assessment, including what is being measured and how it is being measured (see Chapter 4 for more information about the interactive process). Clinical skills exams usually consist of multiple stations with discrete timed tasks and generally include the following components:

- a reading portion, often referred to as “door notes,” during which the student has a specified amount of time to read through initial information about the patient he or she is about to see (e.g., the patient's primary concern, lab results);
- a patient interaction in which the student examines and questions the patient; and
- writing a case note summarizing the encounter or an oral presentation wherein the student reports his or her findings to a faculty member.

DETERMINING ACCOMMODATIONS FOR A CLINICAL SKILLS EXAM

Because the OSCEs constitute different types of tasks, they may require multiple accommodations. In order to determine what accommodations are necessary, DRPs must consider each section of the exam and identify if a barrier is present for the student on that specific portion of the exam. Then they must determine what, if any, accommodation is reasonable for each section of the exam, depending on the purpose of the assessment and the barriers experienced (see Scenarios 5.7 and 5.8).

In clinical skills exams, an electronic health record (EHR) simulation may be used for students to extract patient information and report clinical impressions (e.g., a SOAP note⁷). These systems must be vetted for accessibility in advance. When these systems are not accessible, for example, if the EHR simulation software does not have a mechanism for enlarging text or is not compatible with assistive technology software, a work-around solution may be necessary (see Chapter 7, Learning in the Digital Age: Assistive Technology and Electronic Access, for more information regarding EHR accessibility).

⁷ The SOAP note (an acronym for subjective, objective, assessment, and plan) is a method of documentation employed by health care providers to write out notes in a patient's chart.

SCENARIO 5.7 OSCE Accommodations for a Student With Low Vision

A student with low vision and difficulty sustaining visual focus is scheduled to take an OSCE. The exam consists of 10 stations that include a combination of reading, writing, and standardized patient components. All students are allotted 3 hours to complete the exam.

The DRP discusses the format of the exam with the faculty member and determines that the written portions of the exam will be administered on a computer with magnification software (ZoomText) to enlarge the font. Use of this software can result in slowed reading speed due to the slightly cumbersome navigation of the magnified screen. Generally, the student has required 25% additional time for other assessments requiring reading, so the DRP and faculty agree that 25% additional time is a reasonable accommodation for the OSCE to address the barrier posed by reading written materials with ZoomText.

Because the student can experience eyestrain during periods of intense focus, an additional accommodation of “stop-the-clock” breaks of 5 minutes are provided after every third station to allow for eye rest.

DRP, disability resource professional; OSCE, Objective Structured Clinical Examination.

SCENARIO 5.8 OSCE Accommodations for a Student With Multiple Disabilities

A student with one arm, who also has a learning disability that affects reading fluency, is taking her first OSCE. She has two disability-related needs: (a) the need for extra time to process written information and (b) the need to use specialized equipment or receive assistance for the patient exam. The DRP analyzes each section of the OSCE separately to determine if accommodations may be needed for that section.

Door Notes: The student may require extra time and/or reading software to read and process the door notes, as well as to account for the increased typing time.

Patient Interaction: The student may require an assistant or may need specialized equipment to perform a patient exam (e.g., automatic blood pressure machine), if doing so will not interfere with the program’s technical standards.

Written Report: The student may require speech-to-text software to dictate the written report to accommodate for slowed typing speed.

Oral Report: Student would not require any accommodations for oral reporting of patient.

DRP, disability resource professional; OSCE, Objective Structured Clinical Examination.

ACCOMMODATIONS IN THE CLINICAL SETTING

Accommodations in clinical settings require advanced planning and a team approach. The DRP must understand the required clinical rotations for each program and the different types and locations of clinical placement sites. This knowledge can be gained through in-depth collaboration with partners in the clinical setting, including the clinical faculty, the clinical placement coordinator, and clinical program directors; by shadowing students or faculty in clinical placements; and by requesting feedback from students about their experiences. This knowledge, coupled with an understanding of the student's disability, will assist the DRP to identify barriers in the clinical environment, informing accommodation needs.

Accommodations for Clinical Site Placement

Students with disabilities may need accommodations specific to their clinical placement site. This occurs when something about a site presents as a barrier for a student with a disability. This may be due to distance or lack of public transportation, or to avoid clinical sites where the student had been a patient (particularly for psychiatric or other highly personal treatment). The DRP should have a good understanding of how each program determines its clinical placements in order to make informed and timely recommendations for accommodations (e.g., are clinical placements randomly assigned with the aid of computer programs or by a human coordinator? Do students rank desired placements, and what is the timeline for making placements?).

CLINICAL SITE LOCATION

The distance from a student's home to the clinical site can act as a barrier for students with chronic health conditions or mobility issues. These students may experience fatigue, making daily travel a barrier. Their symptoms may be exacerbated by the daily wear of a long commute, long clinical days, or the lack of efficient public transportation to the site. Removing the barrier may involve the accommodation of excluding clinical sites located outside a certain distance from the student's home or that are inaccessible via a reasonable public transportation route. In the event that sufficient clinical sites or those providing a unique learning experience central to the students' program cannot be accommodated with a distance restriction, individual transportation may be provided as an accommodation to allow a student who is otherwise qualified to complete the necessary rotation note that the cost for individual transportation is not the responsibility of the program. Programs will vary in their capacity to provide transportation.

Proximity of a clinical placement site to a student's established treatment team or health-care facility may also be an important consideration for students with disabilities, such as chronic health, mobility, or mental health conditions, who require regular treatment to maintain their health and wellness.

If a student placed at a distant clinical site is unable to arrange for temporary healthcare near the location of the placement or receive care remotely (e.g., via phone or video conference), these sites may need to be excluded from consideration. See “Time Off for Disability-Related Appointments” later in this chapter for further discussion about accommodations in the clinical setting for students with ongoing treatment needs.

PARKING AT THE CLINICAL SITE

Students who are able to drive but cannot walk long distances due to a disability should be provided with accessible parking access at the clinical site. Most students who qualify for this type of accommodation will have already established their eligibility for an accessible parking placard or license plate with the state, allowing them to use accessible parking spaces reserved for those with disabilities. However, not all students who may require parking accommodations will qualify for a formal parking placard. Permission to park at the placement site, removal of parking fees, or the ability to park in designated accessible parking spots are among the many parking accommodations to be considered.

SCHEDULING CLINICAL ROTATION ORDER

The order in which required rotations are completed is another accommodation to consider—especially for students with physical or chronic health disabilities who may experience fatigue, a flare-up of symptoms, or temporarily reduced endurance. Reordering of rotations requires forethought and an understanding of the different program requirements. Rotations can be strategically scheduled so that physically or cognitively taxing rotations do not occur back-to-back. For example, in medical education this might mean surgery, obstetrics, and gynecology (OB/GYN) and internal medicine are spread out to better balance the student’s clinical year. Other accommodations regarding the order of rotations could include allowing a student to sit out for a block or rotation to address a medical need or to provide extra breaks within the rotation. This is usually accomplished using a combination of vacation time and research electives, and may extend a student’s time to graduation.

There are other reasons that attention to the clinical schedule and order of specific rotations may be a warranted accommodation. Students whose disabilities vary temporally (for example, those with seasonal affective disorder or chronic health conditions that flare with changes in weather) may also require a strategically-arranged order for clinical rotations. For some students with psychological disabilities, time of year or the anniversary of a triggering event might be known issues that significantly impact their functioning. In these cases, DRPs should work with the student to identify and plan for known triggers. In these instances, strategic scheduling may also be necessary. Accommodations to allow for additional access to the student’s healthcare team (e.g., twice a week, vs. once a week therapy, acute medication management, increased physical therapy) may also be needed.

STUDENTS WHO RECEIVED PRIOR MEDICAL TREATMENT AT THE SITE

Placement accommodations may include the exclusion of a site at a hospital or clinic where a student has received treatment. This is especially true for students with psychological disabilities. The DRP, in consultation with the student, should determine whether or not this is a necessary exclusion. DRPs should also consider, where possible, excluding clinical sites (e.g., local emergency room, psychiatric hospitals, or sites) where a student would seek care should he or she experience a psychiatric emergency in the future—especially if the probability that such treatment is high (e.g., history of multiple admissions through the ED). Sometimes schools have a pre-existing plan to ensure their students receive psychiatric emergency care or addiction-related care at non-affiliated hospitals. DRPs should consult with their school's mental health teams to discuss any existing arrangements.

PHYSICALLY INACCESSIBLE CLINICAL SITE LOCATIONS

The ADA requires that medical facilities are physically accessible. Despite these federal laws, there may still be clinical sites that are not fully physically accessible to students with disabilities, such as community clinics and non-hospital birthing centers. If certain clinical sites are physically inaccessible, removing those sites from the list of potential placements for a student with a mobility disability is necessary. At the same time, schools have an obligation to ensure that students with disabilities are offered the same opportunities as their peers. Institutions should be extremely cautious about maintaining partnerships with clinical sites that are not compliant with federal laws. If a lawsuit is filed by a student who experiences an inaccessible rotation or where a clerkship site fails to provide reasonable accommodations or discriminates against a student, the school will almost certainly bear some of the liability for denying a student access, even if the program is not run by, nor the building owned by, the school.⁸

ATTITUDINAL BARRIERS

At times, certain clinical sites or certain personnel within a site, maintain a reputation for holding negative views of individuals with disabilities. Such *attitudinal barriers* are problematic and must be addressed through ongoing education and trainings. As with physically inaccessible sites, the school should seriously consider eliminating partnerships with sites known to discriminate against or provide unfavorable or unwelcome treatment of students with disabilities.

Accommodations Within the Clinical Setting

Some students will require accommodations in the clinical setting. Armed with this information, students can more effectively work with DRPs and

⁸OCR Letter to Thomas M. Cooley Law School, Case No. 15-08-2067 (2010); *Varlesi v. Wayne State University*, 643 Fed. Appx. 507 (6th Cir. 2016).

faculty before the rotation starts to formulate potential solutions or accommodations. Delayed implementation of accommodations may result in poor performance. DRPs should convey to students that last-minute requests for accommodation following poor performance may damage their relationship with clinical teachers and that implementation of accommodations does not erase prior poor performance. Therefore, students should seriously consider disclosing disability-related needs to the disability office and conveying approved accommodation information to the clinical site well in advance of starting the placement, to give the site time to prepare for any adjustments to current practices. DRPs should consider, however, that many students are uncertain what each clinical experience may entail, the barriers they may encounter, and the possible accommodations that could be provided. Advance discussions with students to explain the possibility for accommodations in clinical settings, what these might look like, and to reassure them that these accommodations are commonly used can be beneficial. Students may also benefit from speaking to peers who have used clinical accommodations and from visiting clinical settings to aid in their understanding of how clinical accommodations are implemented.

SCHEDULING A PRE-VISIT

To prepare for the clinical experience, it is beneficial for students to visit potential clinical sites and observe faculty to get a sense of the requirements and begin to determine, in advance, potential barriers (See potential clinical accommodations in Table 5.3). DRPs can work with students to determine the need for accommodation in the clinical placement site by arranging a site visit, reviewing clinical competencies, and checking the EHR system for accessibility. While the decision to utilize accommodations in the clinical setting is student driven, DRPs should be aware of the major barriers and be able to speak to the potential need for accommodation or specialized equipment. DRPs may wish to advise students of the dangers of delaying implementation of accommodations, as they are not made retroactively.

TIME OFF FOR DISABILITY-RELATED APPOINTMENTS

Some students with disabilities require ongoing treatment or regular therapy. Although treatment schedules can often be arranged around a student's academic schedule, this can be difficult in the intensive clinical-training phase. Students who need to attend regular appointments for treatment, including counseling sessions, may need to be released from clinic duties to attend them. In addition, the recovery time following treatment may affect the student's ability to participate in the clinical environment immediately after the appointment, and this should also be factored into the arrangement. For those students who do not need an in-person appointment, a reasonable accommodation may be to allow the student a private location within the clinic and sufficient time to have an appointment with a treatment provider via phone or video conference.

TABLE 5.3 Accommodations in Clinical Settings

ACTIVITY	POTENTIAL DISABILITIES OR FUNCTIONAL LIMITATIONS	IMPLEMENTATION OF ACCOMMODATION(S)
Rounds, clerkships, preceptorships	Physical barrier to writing Attentional issues Processing speed Dyslexia/reading disorder Disorders of written expression Chronic health conditions	Voice-recognition software or dictation system Reading software Scribe Audio recording Previewing of patient files Adjusted schedule Use of calculator or handheld spelling device
Cold calling	Communication disability (e.g., stuttering, expressive language disorder, and ASD) Processing disorder	Preview of questions or topic Written responses Oral responses at a later time Assistive device to facilitate speaking (e.g., iPad or smartphone with speech software)
Patient care	Physical disability Deaf or hard of hearing Chronic health conditions Anxiety Communication disability Learning disability	Use of intermediary ASL, cued speech, or oral interpreter CART Assistive listening system Reduced patient load (dependent on program and essential functions) Notetaker or smart pen during intakes ⁹ Digital or amplified stethoscopes ¹⁰ Automated blood pressure machine
Surgery schedule	Physical disabilities (e.g., limited range of motion, chronic pain, herniated disks) Chronic health conditions (e.g., fibromyalgia, chronic fatigue syndrome)	Modified schedule (e.g., no surgery over 4 hours in length, rest breaks during long surgeries) Chair or stool to sit periodically during procedures

(continued)

⁹ See: Serrantino, J., & Hori, J. (2017). Memory, retention, and retrieval: Using Livescribe smartpen as an accommodation. *Disability Compliance for Higher Education*, 23(2), 7–7.

¹⁰ <https://www.amphl.org/comparison-table>

TABLE 5.3 Accommodations in Clinical Settings (*continued*)

ACTIVITY	POTENTIAL DISABILITIES OR FUNCTIONAL LIMITATIONS	IMPLEMENTATION OF ACCOMMODATION(S)
Overnight on call	Chronic health conditions Sleep disorders Psychological disabilities	Modified schedule Reduction of overnight hours Hard stop (e.g., 10 p.m.) in clinic or on ward
Paging systems	Deaf or hard of hearing Blind or low vision	Visual, tactile, or vibrating paging devices Text pager Bed shaker in on-call room

ASD, autism spectrum disorder; ASL, American sign language; CART, communication access real-time translation.

Students should make up any missed clinical time such that they meet the same learning outcomes and clinical contact hours as their peers or as required by the program or accrediting agencies. Alternatively, programs may permit a student to complete assignments, such as readings, charting, or a weekend shift, to make up for missed time that results from early release.

PROGRAM MODIFICATIONS

For students with chronic health conditions that do not necessitate a leave of absence but may require additional absences from clinical rotations, a modification of the policy regarding “normal time to degree” can be an appropriate accommodation, allowing for an extension to the standard length of a clerkship to account for increased absences. Other possible program modifications include a reduced patient load for a student who, for example, requires additional time to write case notes, have a “hard stop”¹¹ on the wards, or experience a flare of their condition. In any instance of altering policy or adjusting time in clinic, it will be necessary to work with the clinical faculty and administration to determine reasonable accommodations without fundamentally altering the clinical education requirements as any adjustment to patient load may result in an extension of time to degree.

OVERNIGHT CALL

Requiring students to complete overnight call, or night float, is a standard practice in medicine and other health science programs. This practice exposes

¹¹ Hard stops are defined as a particular time where, regardless of clinic activity, the student would be released to go home, ensuring a pre determined amount of sleep each night. For example, for a student requiring 8 hours of sleep per evening who is on a rotation that begins at 7 a.m., the student would require a hard stop by 9 p.m. to allow for travel time and sleep. In a number of medical schools, the hard stop time is 10 p.m.

the student to a number of unique learning situations, for example, having an opportunity for more continuity of care or working with reduced resources, such as a smaller team. Students with certain disabilities, however, such as psychological disabilities, chronic health conditions, or neurological disabilities (e.g., epilepsy), often require good sleep hygiene to maintain wellness and may request an alteration or waiver of these requirements as an accommodation.

There is a relationship between poor sleep and increased symptomatology in several disabilities, such as bipolar disorder (Soreca, 2014), autoimmune disorders (Luyster, Strollo, Zee, & Walsh, 2012), and epilepsy (Ahmed & Vijayan, 2014). In addition to increased symptomatology, there is a clear negative relationship between total sleeping hours and academic performance in medical students, even without any additional barriers related to disability (Johnson et al., 2017 Abdulghani et al, 2012). Therefore, it can be argued that achieving healthy sleep on a nightly basis is essential for health sciences students with specific disabilities.

In such cases, the DRP should consider excusing a student from overnight call as an accommodation. The most common accommodation for these situations is to require the student to take daytime weekend call in lieu of overnight call; thus, the student experiences a similar working environment—reduced staffing, for example—but honoring the students need to maintain proper sleep hygiene. Another possible accommodation is to ensure the student has a private “on-call” room at the clinical site to aid in maintaining good sleep hygiene. When students have private rooms, they are better able to create an environment that is conducive to sleep (e.g., bedding, sound, temperature, and medical devices). For example, being able to sleep may require certain sounds (or lack thereof), specialized medical equipment (e.g., continuous positive airway pressure [CPAP] machine), or feelings of safety (e.g., for a student with post-traumatic stress disorder [PTSD] or anxiety).

ROUNDING AND COLD CALLING

In the clinical setting, students are often asked to respond to questions “on the spot” and in front of their peers and superiors. This is especially prevalent during rounds, where students have to present patient cases. During rounds, there is a predictable structure to the approach that students can expect. This allows students to prepare in advance for the presentations. For students who experience difficulty with presentations during rounds due to anxiety or disabilities that affect communication, advance practice and additional remediation can often address these concerns. Students who stutter or experience extreme anxiety may request that their patients to be presented are preassigned (e.g., the night before instead of the day of) so they can practice presenting the patient in advance (see Jain [2019] for further discussion on this topic).

Cold calling occurs when a senior member of the team or faculty member asks unplanned questions on any topic, in a group setting. This is usually practiced with one question per student, to multiple students, in a short period of time. Students with anxiety-related disabilities or communication disorders may experience difficulty responding to questions “on the spot.” In these instances, an accommodation might include written responses to questions within a specific period of time (e.g., by 5 p.m. the same day as rounds) in lieu of responding to cold-call questions. For some students (e.g., students who are Deaf or hard of hearing, who are nonverbal, or who stutter), using an assistive device can be an effective accommodation to ensure their participation. Students can write their response to share with the group, use text-to-speech technology, or communicate via an interpreter.

A more aggressive and targeted form of cold calling, sometimes referred to as “pimping” is standard practice for some medical school faculty. *Pimping* is a slang term used in medical education to describe a method of questioning that incites shame or that is used to humiliate the learner and maintain a power differential between the learner and the senior members of a team. Given the impact of these practices for all students, DRPs may wish to discuss with programs how limitations on aggressive questioning are instated in their clinical rotations. These practices can have a particularly negative impact on students with certain psychological disabilities, resulting in exacerbation of a student’s symptoms.

INTERMEDIARIES OR ACCESS ASSISTANTS

Students with disabilities, for example, those with limited hand or arm functioning or those with visual disabilities, may experience barriers to performing certain procedures during a patient interaction despite having the cognitive ability to comprehend the results and develop a differential diagnosis. In these situations, the student may request an intermediary, sometimes referred to as an access assistant. This is a person with some medical training who performs specific clinical tasks that facilitate the student’s ability to access clinical information. Intermediaries operate under the explicit direction of the student and do not interpret clinical findings or act independently. Beyond clinical procedures, intermediaries may provide students with additional, clinically insignificant assistance, such as opening doors, logging into computers, retrieving papers or other necessary items, or assisting with sanitizing hands prior to examining patients.

Intermediaries have been successfully utilized in health science programs. Indeed, schools have used various innovative models including hiring employees, near peers, and volunteers as intermediaries for medical students, residents, and physicians (Blacklock, 2017; Jauregui, Strote, Addison, Robins, & Shandro, 2019; Meeks, Poullos, & Swenor, 2019).

WHEN IS AN INTERMEDIARY APPROPRIATE?

An intermediary may be an appropriate accommodation for a student who can direct but not physically perform all aspects of a required procedure. The student may be able to conduct a procedure but may require assistance with medical tools or positioning the patient. In these situations, the DRP would review the program's technical standards and consult with faculty to determine the skill or competency being assessed. The technical standards of the program may not be a reasonable defense for rejecting the accommodations of an intermediary if the standards discriminate against an otherwise qualified person based solely on their disability or if the technical standards are arbitrary and lack grounding in actual accreditation or educational standards for completing the program.¹² When beginning the discussion, the DRP should obtain information about whether the intention of the learning outcome is to assess:

- cognitive understanding of the competency, or
- the ability to perform a procedure, coupled with the cognitive understanding of competency.

An intermediary is only appropriate if the learning outcome being assessed (i.e., cognitive understanding and/or ability to perform the procedure) is performed by the student. For example, a medical student with a limited upper-body range of motion may have to examine a patient's ear with the assistance of an intermediary holding an otoscope in place while the student visually examines the ear. In this case, the intermediary is holding the otoscope, but the student is demonstrating their competence to conduct the assessment. The student can examine the inner ear and make determinations independently. If, however, a physical therapy core competency required that a student demonstrate the ability to perform a particular physical manipulation on a patient, it may be that having an intermediary perform this skill would be unreasonable.

Given the complexity of health science education programs, determining whether an intermediary is reasonable takes time and a thoughtful approach. The DRP must have a good understanding of how procedures are performed in the clinic and who usually performs these. For example, is this a skill that students are typically expected to master but that another type of professional would usually perform in practice? Cooperation between the disability office and health science program is necessary to work through all possible scenarios. Exhibit 5.1 provides a non-exhaustive list of guiding questions DRPs can use to start this conversation. These questions will help the DRP and the

¹² *Palmer College of Chiropractic v. Davenport Civil Rights Commission*, 850 N.W.2d 326 (2014).

program come to a reasonable conclusion about the use of an intermediary for their program (See Scenario 5.9). All conversations, including attempts to identify alternatives and the logic of decision-making, should be carefully documented in the student's record.

EXHIBIT 5.1 Questions to ask when determining appropriateness of an intermediary

1. What are the clinical procedures that a student must be able to perform?
 - a. For each rotation/clerkship, obtain a list of procedures that must be performed by the student (be sure these must be performed, not just observed).
 - b. What is being measured? Is the student assessed on the actual performance of the procedure or the analysis of the information learned by doing the procedure?
 - c. Is this a skill that students must master but that another type of professional would usually perform in practice? If so, is it reasonable to adjust an existing requirement so that students perform the skill to allow students to instead demonstrate understanding and ability to direct the skill? (See discussion about *Palmer College of Chiropractic v. Davenport Civil Rights Commission* in Chapter 3.¹³)
 - d. Is there a way to allow the student to perform the procedure if they had nonclinical assistance, like that of a medical assistant in a clinical setting?
 - e. Is there a way for the student to perform the procedure using an adaptation such as changing their body positioning, or with the use of a modified or assistive device? Assess this in a skills or SIM lab with the assistance of an OT and a faculty member.
 - f. For any of the procedure requirements, can these be performed in a simulation lab? Some health science programs, as part of their accreditation standards, have restrictions on the percent of clinical skills that can be assessed (to confirm competency) via simulation. The DRP will need this information to determine how many competencies can be met in this alternative manner.
2. What do the technical standards say about the ability to perform basic life support? Is the student capable of performing basic life support with or without accommodations (in lieu of an intermediary)? Again, assess any alternatives using a SIM or skills lab with the assistance of an OT.
3. Has there ever been a waiver of procedures in the program? If so, what were the circumstances?
4. What occurs if a student is temporarily injured and cannot perform a procedure during a clerkship? Is there a policy on completing a percentage of procedures via simulation?
5. How do students meet the competency in cases where there are not enough patients needing the procedure (therefore, not enough opportunities for all students)?

DRP, disability resource professional; OT, occupational therapist; SIM, simulation.

¹³ *Palmer College of Chiropractic v. Davenport Civil Rights Commission*, 850 N.W.2d 326 (2014).

SCENARIO 5.9 Request for Intermediary in Clinical Portion of Program

A student who uses a wheelchair and has limited upper body and arm strength requests an intermediary to perform certain patient care tasks including transferring patients from bed to bathroom, inserting a catheter and feeding tube, and taking vital signs, under her direction. The student explains that she will direct the intermediary at each step. The intermediary would follow her orders, and she would be evaluated on her knowledge and direction to the intermediary.

Prior to making an accommodation determination, the DRP needs to know if, according to written program requirements or technical standards, the student must perform the tasks or if directing the procedures meets program requirements.

In this example, it may be that certain tasks, such as taking vital signs and transferring patients to bed or chair, are appropriate activities for an intermediary to perform. These are duties often completed by paraprofessionals (e.g., medical assistants, nurses' aides, and so on). Importantly, they do not represent any clinical decision-making. Other tasks, such as inserting feeding or catheter tubes, require specialized clinical knowledge and training and may not be a reasonable request depending on a few items, including an evaluation of who usually performs this duty in the setting and whether or not another medical professional can perform the procedure under the student's direction, exempting the student from the physical part of the competency.

The DRP should investigate with the program whether the use of adaptive equipment or strategic positioning could allow the student to perform the procedure on a patient or in a simulated setting. Consulting with an occupational therapist is quite helpful in these situations.

Depending on the findings, the student's inability to perform tasks that are core competencies of the program and determined to be clinically necessary skills for professional practice could mean they are not qualified to complete the program.

If the procedures are not core program competencies or if demonstrating understanding and directing the procedure is sufficient to meet competency, then the student may be assessed on the cognitive subroutine of the task. This means that the student demonstrates their understanding of how to do the task and why, but they may be exempt from physically performing the task in clinical or assessment settings.

A student's need for an intermediary may arise after they have matriculated into the program, for example, following an accident. When this happens, it is important to document the competencies that the student achieved prior to the need for the intermediary. This way the remaining competencies can be reviewed during the process to determine the reasonable nature of using an intermediary (see Jauregui et al., 2019; Scenario 5.10).

Some schools may hesitate to allow the use of an intermediary, falsely believing that it will reduce a student's opportunities for further training after completing the program, such as residency or employment. Many health professionals who became injured and acquired a physical disability during their careers have retained their positions or retrained in other specialties within the health-care industry using various forms of intermediaries (Meeks, Poulos, & Swenor, 2019). Indeed, in the example used by Meeks and colleagues (2019), the healthcare provider used intermediaries during residency retraining and practice. The provider's need for intermediaries proved to be mutually advantageous, as the intermediaries received an opportunity for shadowing and

SCENARIO 5.10 Request for Intermediary After Injury During School

A student sustains an accident in the 4th year of medical school. After the injury, the student now uses a power wheelchair and has approximately 50% hand-functioning. Prior to the injury, the student completed all graduation requirements except one, a final rotation in pediatrics. The student requests an intermediary to assist with any equipment or patient-exam needs.

To review this request, the program will consider a few issues:

First, if the student can no longer fulfill all the program's technical standards, will the student still be allowed to graduate? In most cases, if the student had successfully completed all course and clinical work prior to the injury and, at that time, successfully met the requirements, graduation would be allowed.

Second, what accommodations might the student need in the final clerkship? In this example, the final clerkship is a pediatric rotation. In pediatrics, very few procedures are done; therefore, most of the work is intellectual. The patient examination aids the student in making their diagnostic assessment. An intermediary who assists the student in accessing the information (e.g., holding the otoscope or stethoscope up to the patient) is merely assisting access, without any need for clinical judgement. In this case, an intermediary for those needs is likely a reasonable accommodation.

mentorship, a benefit for pre-health professions students and international medical graduates.

TRAINING INTERMEDIARIES

Depending on the scope of duties, intermediaries will likely need some level of training in the areas of patient privacy and general patient interaction (typically required of all employees). DRPs, as the facilitators of the intermediary-student relationship, should provide explicit training in the scope of the work intermediaries can and cannot perform (Blacklock, 2017). In the example provided by Jauregui et al. (2019), the disability office and medical school jointly developed the job description, in consultation with the student (see Jauregui et al., 2019, for their job description). In this model, they recruited 2nd-year medical students to serve as intermediaries. (See Jauregui et al., 2019, for a detailed description of hiring and scheduling near peers.)

BLANKET STATEMENTS IN THE TECHNICAL STANDARDS ABOUT EXCLUDING INTERMEDIARIES

Office for Civil Rights (OCR) has repeatedly stated that blanket prohibitions on specific accommodations circumvent the required interactive process between students and schools.¹⁴ Therefore, technical standards should never include a statement that totally forbids the use of an intermediary to perform specific skills. As with any other accommodation request, a request for an intermediary should be met with a thoughtful and good faith interactive process to determine whether or not the request is reasonable.

Adjustments to Attendance and Timeliness Requirements

Students with disabilities may experience exacerbations of their disability that impacts their ability to be present or arrive on time. Determining whether missing class, clinical, or lab experiences is reasonable depends on a number of individual circumstances, specific to each setting and student. Although it can be difficult to evaluate these adjustments or put aside our personal expectations about attendance needs, the assessment about attendance and tardiness must be made through a robust interactive process to determine reasonable accommodations. This will require the institution to examine each course and clinical experience independently. A response that suggests a program “never” allows for modification to an attendance or late arrivals, for example, is not in keeping with the requirement for an individual inquiry. Programs wishing to make a statement about attendance should ensure that the statement includes information about the process for requesting accommodations (see Practice Recommendation 5.3).

¹⁴OCR Letter to Gateway Community College, Case No. 18-16-2199 (2017); OCR Letter to Calhoun Community College, Case No. 04-14-2353 (2016); OCR Letter to Rose State College, Case No. 07-15-2240 (2016); and OCR Letter to Simmons College, Case No. 01-16-2113 (2017).

Practice Recommendation 5.3 Sample language regarding accommodation requests for attendance or late arrivals

Accommodation requests for excused late arrivals or absences from a course, clinical experience, laboratory exercise, simulation exercise, guest lecture, or small group will be evaluated on an individual basis and may or may not be reasonable depending on the course content or learning experience. Students whose disability-related needs may include absences should work with [insert name of disability office] prior to matriculation or as soon as possible to determine whether such requests are a fundamental alteration of the essential elements of a course, experience, or assessment. Please note that the majority of clinical programs maintain strict attendance policies as an essential element of the learning experience.

MEETING PARTICIPATION REQUIREMENTS THROUGH ALTERNATIVE MEANS

Navigating absences or late arrivals is tricky in health science programs for several reasons. Clinical programs rely on experiential learning, and depending on the program, the accreditation requirements may require a specific number of clinical hours in order to graduate. As well, many of the learning experiences require attendance and are negatively impacted by the absence of a team member. For example, small group discussions, structured clinical exams, and participatory classroom experiences may be difficult to “recreate” later for a student who was absent.

However, the program may still be able to find creative ways to allow a student to meet the attendance requirement of a didactic course through alternative means. The OCR has suggested that accommodations such as audio recording class lectures or being permitted to take exams at home may be reasonable ways to allow students to participate remotely.¹⁵ For more hands-on learning, substitutions such as performing clinical skills in a SIM center, participating in online simulated patient-based learning, or using Anatomage tables instead of cadavers can allow a student to access the content. Other options for remote participation (e.g., contributing to small group discussions while not physically being present) include recording small group sessions, or using a mobile phone or video chat platform to “remote” into the group. These exceptions would need to be determined on a case-by-case basis and ideally in advance of the start of the course.

For clinical structured exams, recreating the exam for one student who is absent can represent logistical challenges. However, preplanning an alternative date in case of emergency for any student provides an option for a student with a disability who, due to an acute flare, is unable to take the exam on the original date. For example, with anatomy lab exams, faculty can take photos or video record each station to allow students who miss the exam to go through the experience in an alternative manner. For any and all adjustments or make-up exams, it is in everyone’s best interest to preplan as much

¹⁵ citation

as possible and determine in advance the level of flexibility available within a course before adjustments render it a fundamental alteration of the program.

In spite of a long-held belief in academia that in-person experiences are fundamental to the educational process, the recent COVID-19 pandemic and ensuing shift of didactic and clinical experiences of students to online platforms taught us a great deal about what is truly essential. Within a very short time, course content previously offered in-person was made available to all students remotely, and graduation requirements such as mandatory board exams and direct patient care were adjusted to allow students who met the requirements alternatively through online content to complete their programs.

This global experience was a learning opportunity which will no doubt alter the way that institutions consider future requests for remote participation as a disability accommodation, as well as how distance learning is offered to all students. The ability to teach and learn remotely and offer flexibility in permitting students to meet requirements through multiple means—as long as students satisfy the core competencies of a program—benefits everyone, including students with disabilities.

ATTENDANCE AND TIMELINESS AS A FUNCTION OF PROFESSIONALISM

Clinical programs include professionalism in their technical standards, and attendance and timeliness are key competencies within the domain of professionalism. These competencies are also often part of the essential functions of a course. Therefore, tardiness or excessive absences can legitimately contribute to failure in a course or dismissal from a program. For this reason, it is critical that any student with a disability that may impact these areas meet with the disability office to discuss the potential for accommodations in advance of absence or tardiness. A student who chooses not to disclose a disability or request accommodations and is subsequently tardy multiple times can and likely will be held to the professionalism standard and could be dismissed from the program.

ATTENDANCE

Determining whether an attendance accommodation may be appropriate begins with a review of the current policy on attendance, the structure of the course, and the course's essential experiences. Requests for accommodations that would fundamentally alter the course (i.e., change the intended educational outcome or format) cannot be implemented, so the course requirements help the DRP and the program determine if an attendance-related accommodation is appropriate. The OCR offered guidance on the types of questions that should guide decisions about whether additional absences in a course are reasonable (see: Practice Recommendation 5.4). The goal for the DRP is to make a good faith effort to understand *why* attendance is critical, *how* and *if* work can be remediated in an alternative manner, and to *be clear* about these requirements with the student so that if the student misses the allotted number of absences, all parties understand the impact (retake the course, withdrawal from the course, and so on).

Practice Recommendation 5.4 Determining if disability-related absences are reasonable

The OCR¹⁶ has provided guidelines to be used in considering whether attendance is an essential element of a course. Among the questions a program might ask include:

1. Is there classroom interaction between the instructor and students and among students?
2. Do student contributions constitute a significant component of the learning process?
3. Does the fundamental nature of the course rely on student participation as an essential method for learning?
4. To what degree does a student's failure to attend constitute a significant loss to the educational experience of other students in the class?
5. What do the course description and syllabus say?
6. Which method is used to calculate the final grade?
7. What are the classroom practices and policies regarding attendance?

OCR, Office for Civil Rights.

WHEN ATTENDANCE MODIFICATIONS ARE NOT REASONABLE

Schools must make a good faith effort to engage in the interactive process and thoroughly consider a student's request for a modification to attendance standards as a disability accommodation. Sometimes that investigation will lead a school to determine that the accommodation request cannot be granted. Generally speaking, missing multiple days of the clinical portion of a health science program would result in excessive amounts of learning and would not be considered reasonable. It may also be not practically possible to provide alternate options to make up missed experiences. When trying to flex to provide a student alternate learning opportunity, programs may find that schedules are tightly packed with little to no downtime, leaving little flexibility to allow the time needed for make-up experiences.

However, for students who must be absent, programs should do all they can to provide alternative opportunities for participation. Although a leave of absence is usually available, given the lock-step nature¹⁷ of most health science programs, taking a leave means not only the financial cost of delaying graduation, but also the social cost of losing the support network developed with their cohort peers.

DISABILITY ACCOMMODATIONS FOR FLEXIBLE START TIMES (LATE ARRIVALS)

A disability-related request for late arrivals should be evaluated separately from a request for additional absences. The ability to arrive at a prescribed time is generally considered a necessity in a clinical program. Arriving on time is possible for most individuals with disabilities with advanced planning.

¹⁶ OCR Letter to Cabrillo Community College, Case No. 09-96-2150 (1996).

¹⁷ Lock-step means that each course relies on knowledge from a previous course and are ordered, such that a student cannot skip a course in the sequence.

However, DRPs may need to coach students as they transition to health science programs, as they may not have needed to manage their symptoms to meet the demands of a time-limited schedule prior to entering the program.

It is possible that in the event of a disability flare, most individuals can arrive on time by adjusting the time their day begins. Many students with disabilities have to adjust their personal schedules to account for and mitigate the impact of their disability on their educational responsibilities and eventually in the workplace. For example, a student with lupus, who experiences a flare of symptoms that include swelling in the joints, may need to wake up earlier to stretch, take a longer than average hot shower to manage pain, and may need to adjust their method of transportation to work (as needed) to avoid wear and tear on the joints. Similarly, students with migraines may need to wake up early to manage their symptoms, including determining whether or not they need to take medication that may delay their functioning and hence the start of their day. Collectively, these compensatory skills mitigate the impact of the disability and allow the student to remain in the program and meet the technical standards and core competencies, including arriving on time for classes and clinical experiences.

Other disability accommodations can and should be considered to help mitigate the impact of the disability on the ability to function in the mornings, such as schedule modifications to allow for good sleep hygiene (see other sections in this chapter, including placement accommodations, hard-stop, no overnight call). A student may also need to have a temporary accommodation of late arrivals while adjusting to a new medication or other new routine. Once these other accommodations are in place, a student, with few exceptions, should be able to attend and engage in the curriculum.

SCENARIO 5.11 Nursing Student with a Disability Who May Experience Disability Flares During the Program That Require Her to Remain at Home

A student has a disability that involves occasional flares of symptoms. She is in a nursing program that is lock-step in nature, meaning each course must be completed before entering a new course. These flares are not easy to predict, and when they occur, she may miss up to a week of the program. Each course is 6 weeks long. During the flare, she is limited in the manner in which she can participate in the curriculum due to the nature of her disability. She often feels lethargic, requires a series of physical therapy appointments, and needs to sleep more often. The student wishes to make up her missed experience upon return to the program. To make an accommodation decision across the various domains of the program, the DRP will need to understand the format and content of the program's various settings, what might be appropriate in each context, and the learning outcomes for each.

Request: To miss up to 5 days of the program and make up work upon return.

Barrier: Need to participate in class and clinical experiences

EXHIBIT 5.2 Evaluation of Scenario 5.10 Nursing student accommodation request

In the didactic setting: Depending on the amount of missed work, the student may be able to make up coursework during non scheduled class times (e.g., in the evening, during the weekends). Many programs include audio or video recorded lectures for all course content via institutional lecture capture. For those who do not, through a video recording by a fellow student or the use of notetakers the student may be able to continue to maintain their connection to the course and complete the work while being away from the classroom.

In small group settings: Depending on the severity of the flare and the format of the small group, she may be able to participate in writing or attend via video chat or by calling into a group meeting. Given the student's limited ability to engage with the curriculum during these flares, it is uncertain that a request for this accommodation in small group settings would be reasonable. To assess this request, the DRP would need to understand how small group work is conducted, what its purpose is, how often it occurs, and how often the student anticipates having flares. The DRP would also need to know if alternative assignments could be utilized to make up and accommodate missed group work. For example, is it acceptable to allow for additional online posts or a solo project that is comparable? The number of potentially missed sessions for the entire course should be discussed in advance of starting the class. This way, the student, the faculty, and the DRP are in agreement about the requirements for small group attendance.

In an anatomy lab: Working with cadavers can sometimes limit the ability to conduct a "make up" lab or exam, but as described in the text, faculty can take video or photos of stations for future use. In labs where faculty use Anatomage tables or similar virtual representations instead of cadavers, a makeup exam may be easier to schedule. Makeup lab exams could also be scheduled on a future day when the student can return to campus. Lab classes are not likely to occur each day, so the student, even in the event of a flare, may not actually miss a scheduled lab. If they do, it may not be consequential. DRPs should work with faculty to understand the number of labs that occur over the entirety of the semester, how many absences are generally allowed for all students, and to what extent students are able to make up missed lab classes.

Clinical time: Compared with missed classroom, lab, or small group sessions, it can be more difficult to make up clinical time. The DRP will need to understand if the student has met most of the clinical competencies for the course and if not, which competencies remain. They will also need to understand if there are any clinical hour requirements that are mandated by the state or accreditation agency. When DRPs have good working knowledge of program requirements, they are better suited to respond to acute accommodation requests. Accommodations for completing work in a simulation lab at a later time may be reasonable and, depending on the structure of the program, there may be time to remediate any missed clinical teaching. However, in other programs, especially those that are lock-step in nature, or if the disability-related flare occurs early in the rotation, the student may need to repeat the rotation.

Charting and Clinical Record-Keeping Accommodations

Charting and clinical record keeping are critical functions and essential tasks in any health sciences program. Essentially, all clinical sites use or are transitioning to EHR systems to maintain patient records. For students who need assistive technology to use computers, such as students with learning disabilities (e.g., dyslexia, written expression), visual disabilities (e.g., low vision, blind), and physical disabilities (e.g., limited use of hands), EHRs may not be accessible due to incompatibility between the system and the assistive technology. Widely varying software products and systems are available that allow individuals with disabilities to access EHRs (see Chapter 7 for a discussion about how to make EHRs more accessible).

Surgery and OB/GYN Clerkships

Surgery clerkships can be physically and emotionally challenging. The lack of sleep, the long days, and the urgency and intensity of the work all contribute to the demanding nature of this rotation. In an undifferentiated medical degree program that prepares medical students to enter any medical specialty after graduation, surgical clerkships are mandatory. Within the clerkship, students are called upon to either “learn” or “demonstrate” a skill. Although learning and communicating knowledge about the topic can be done without physical effort, demonstrating a skill often requires the ability to perform a taxing physical procedure on a patient (e.g., to demonstrate a thorough, diagnostic abdominal exam).

An essential portion of the surgical clerkship is spent in the operating room (OR). The OR is a dynamic setting where professionals from multiple disciplines work together. The setting requires students to learn and follow an additional set of rules and regulations, both written and unwritten (Tahiri & Liberman, 2013). Navigating this nuanced environment is difficult for all students—and particularly difficult for students with physical, psychological, or communication disabilities.

Preparation is of central importance for students with disabilities entering surgical clerkships. Students should be orientated to the techniques of scrubbing and gowning and to the sterile field Moreland et al, 2020., which may require modified techniques or include the use of assistive devices. Practicing their skills (e.g., stapling, suturing, and tissue handling) in a skills lab will likely reduce anxiety or trepidation concerning performance in the OR (Tahiri & Liberman, 2013). For students who require specialized equipment (e.g., infrared system, stand-up wheelchair, auto-retractor, specialized instrumentation, or other adaptive technology), time should be set aside in advance of the clerkship to test the equipment and orient the student and staff in the OR (see also Chapter 8 for more guidance concerning communicating with treatment teams about clinical accommodations).

Finally, surgery is the clerkship that typically commands the longest days and overnight call and may require additional accommodations related to sleep (see previous section “Overnight Call”).

OB/GYN, like surgery, is a demanding clerkship that requires physical agility and typically commands longer hours, including overnight call. The physicality involved with labor and delivery is unlike that of other clerkships. In the course of the rotation, a student may be called upon to bear down on a mother’s belly, hold a patient’s legs, conduct pelvic exams, assist with a delivery, hold a retractor for a long period of time, tie a two-handed square knot, and deliver a baby. OB/GYN is also a surgical specialty, and students are usually required to assist during a cesarean section, drawing on the same surgical skills and rules described previously. Like surgery, OB/GYN can be an exhausting clerkship, both physically and emotionally, and students should prepare by using the same approaches that are listed in the previous discussion on surgery clerkships.

By addressing these items in a proactive manner, programs can support their students’ learning and overall well-being throughout the surgery and OB/GYN clerkships.

ADDITIONAL ACCOMMODATION CONSIDERATIONS PARTICULAR TO THE HEALTH SCIENCES ENVIRONMENT

Accommodations for DHOH Students in Clerkships

Clinical settings include many competing, distorted, inaudible auditory, as well as visual stimuli that can be both inaccessible and demanding, posing unique obstacles to DHOH students. Demands on the DHOH learner to process this information through visual or tactile channels at all times, without accommodations, can frequently cause burnout or a sense of isolation. For each DHOH student, the DRP should consider creative and individualized approaches to accommodations. DHOH students are indeed dynamically unique in their auditory, visual, and tactile abilities.

For all settings—didactic and clinical—a *Designated Interpreter (DI)*¹⁸ conveying information in sign language, cued speech, or in an oral (lip reading) mode is appropriate when the student’s preferred method of access to communication is visual.

For the clinical portion of training, other accommodations may also be required (see Table 5.4) and in some instances, dual accommodations (Booth 2007). For example, DHOH students have successfully used

¹⁸ A DI is an interpreter/s who will provide services through the duration of the DHOH medical education. These interpreters dedicate themselves to the language style of the DHOH individual, develop sign systems for complicated medical terminology, and become masterful in handling the nuances of the clinical environment such as procedures, regulations, and norms.

TABLE 5.4 Accommodations for Deaf and Hard-of-Hearing Students^a

SETTING	ACCOMMODATION	SPECIFICS
Lecture hall, classroom, or small group, surgical theaters	Amplification system (FM or IR)	Reduces background noise and maximizes listening by wirelessly broadcasting a speaker's voice, audio program, or simultaneous mix via FM or IR frequency delivered via a receiver or telecoil.
	Induction loop system	A "hearing loop" magnetically transfers a sound signal to hearing aids and cochlear implants that have a telecoil receiver.
	Transparent surgical masks	Allows student to read lips of colleagues. <i>(Prototypes in development—at press, not yet commercially available)</i>
OR, clinic, or isolation rooms	CART	Allows student to see real-time captioning of spoken information, transcribed by a trained stenographer.
	Handwritten notes	Written instead of spoken communication between parties for clarification.
	Pocketalker® PRO System or other personal assistive listening system	Amplifies sounds closest to the listener while reducing background noise. Ideal for clinic setting.
	Sign language interpreters or cued speech transliterators	Students who prefer manual communication will require interpreters/translitterators in the clinical environment.
	Oral interpreters	Can mouth words to the student that may not have been visible to the student when uttered by the speaker and alert the student to auditory signals from OR equipment.
	Infrared transmitter	Reduces background noise and maximizes listening by wirelessly broadcasting a speaker's voice via infrared frequency to a receiver. Ensures privacy, as broadcasted information does not travel beyond the room.
	Digital or amplified stethoscope	Visual display or amplification of patient vitals.

(continued)

TABLE 5.4 Accommodations for Deaf and Hard-of-Hearing Students^a
(continued)

SETTING	ACCOMMODATION	SPECIFICS
On-call room	Visual alarm/strobe	Alternative alarm notification.
	Bed shaker	When connected to phone or pager, will wake student when called.
Phone communication	Video phone, video relay service, or IP Relay	Allows student to use sign language, lip-read, or type to communicate by phone.
	Caption phone	Visually displays spoken information from telephone communication.
	Vibrating text-based pager	Allows student to communicate with other treatment team members without using phone.

^aSee Chapter 6.

CART, communication access real-time translation; FM, frequency modulation; IP, internet protocol; IR, infrared; OR, operating room.

communication access real-time translation (CART) in the OR, as well as in clinical environments (Meeks et al., 2018, 2015; Hori and Meeks, 2017; UC Davis Health System, 2011). CART providers can work on-site or remotely, by receiving audio from the OR or clinical site via a secure, Health Insurance Portability and Accountability Act (HIPAA) compliant internet connection. The attending surgeon, using a wireless high-quality lapel microphone underneath their sterile gown on the collar of their scrub top, transmits spoken dialogue to the CART provider. Dialogue is captured verbatim and displayed back to the student on an iPad or OR monitor using an intermediary using HIPAA-compliant software or platforms. In an OR setting, iPads often provide the student more mobility. A portable stand, such as an Intravenous therapy IV pole or Computer on Wheels (COW) should be considered to ensure the student is able to position it for accessible viewing, while working in the sterile zone, at the surgical site. The equipment and technology necessary for this accommodation in the OR should be thoroughly tested prior to use and should be introduced to the surgical team (circulating nurses, surgery techs, and so on) to ensure operating suite protocols are followed and to avoid any equipment mishaps, such as connection issues or radio frequency interference with OR equipment. Along these lines, "sign glasses" are a new technology that could be tested in the OR, that provides sign language interpreters within the vision glasses. This would allow views of both the interpreter and the surgical site.

DUAL ACCOMMODATIONS

Inherent challenges are present for both types of service providers, the DHOH student as well. The DI, who is free of the constraints of relying on Wi-Fi, technical devices, or being immobile, can most effectively provide seamless and instantaneous interpretation while also bridging the DHOH with their colleagues and patients in a more natural, intuitive, inclusive social model. However, the captioner may provide a more robust, immediate verbatim translation in situations such as didactics, rotations such as internal medicine that have lengthy discussions of the patient and disease process, and the surgical environment. The captioner may have restrictions on the types of clinical environments they can enter and may need to work remotely. Additionally, while it is useful for the DHOH student to refer to captions in real time and delayed time (allowing the student to validate what they thought they had heard or attending to more urgent matters such as the surgical site), the text is one-dimensional, which causes the DHOH student to miss the tone and stylistic elements of the conversation, clinical requests, or inferences such as implied meaning that happens naturally in our vernacular dialect.

In cases of clinical and surgical rotations, a multiplicity accommodation approach should be considered as an option for captioning and interpreting to be as effective as possible. Working together, the DI and captioner can mediate the aforementioned challenges that exist for each individually, resulting in a more streamlined end product for the DHOH student. The DI can also be a vessel to help the captions have mobility and context, by wearing the iPad that displays the captions, as well as being present in the room to set up the CART technology (which allows the DHOH student to prioritize their patient, preceptor, and overall medical education goals). The interpreter can interpret inaudible conversations commonly missed by a remote captioner, due to inadequate audio or other interfering sounds like speaker mumbling or loud machines such as vacuum suctioning. Thus, CART/Interpreting collaboration is commonly used for DHOH students who are not native American Sign Language (ASL) users and those who prefer more oral interpretation relying on English word-order; however, some native ASL users also find this effective for didactic curricula and managing other challenging clinical demands.

SELECTING DESIGNATED INTERPRETERS AND CAPTIONERS

DHOH student preference is fundamental in selecting qualified interpreters and captioners. The individual with the disability will best be able to judge the effectiveness of the chosen accommodation. Students should be included on the search and interview committee selecting the provider(s) that best match their needs. Still, some partnerships are not a perfect match, so parameters should be developed to monitor the success of the pairing. Additionally, service providers such as interpreters and captioners are not historically trained for these unique learning environments, and careful consideration should be applied when searching for candidates. Many find it effective to employ a consultant or agency to manage these specialized services from scheduling,

teaming, and supervision. Pairing is most effective when the interpreter and student are mutually compatible (Booth, 2017 Street Signs) in linguistic style and cohesive personality traits, due to the long-hours of medical education and shared emotional experiences in both inpatient and outpatient settings.

While it is important to engage the DHOH students in determining their preferred accommodations, be aware that for some DHOH students this may be the first time they have utilized services. These individuals may only be able to articulate what does not work by using the trial and error method. Although frustrating at times, this process eventually illuminates what *does* work. Shadowing experiences can provide additional support in determining solutions, as well as seeking out resources that address the specialized nature of accommodations in healthcare for the DHOH.

ADDITIONAL CONSIDERATIONS FOR DESIGNATED INTERPRETERS IN A CLINICAL SETTING

During clinical practicums, Designated Interpreters often work in teams of two or three to manage the inevitably complex, last-minute scheduling demands that arise. As each hospital has its own set of credentialing requirements, adequate time and pre-planning for the interpreter and captioner should be factored in for lengthy onboarding at each rotation site. It is recommended that a Lead Interpreter be assigned to facilitate the team's schedule and the student's preferences and work closely with administration to arrange badging, credentialing, parking, and orientations to the sites. Rotations that include semi-sterile and sterile procedures should arrange for the interpreter to attend the sterile training. While it is not overly common for interpreters to be in the sterile zone, they will at minimum need to know about such things as the gowning procedures and sterile requirements to ensure that safety protocols are followed.

If interpreters are used in the OR, they should be incorporated into the OR team. They may have to be fingerprinted (per hospital requirements) and will need an orientation to the OR. Interpreters sometimes scrub in for surgeries and need instruction about the sterile field. They are often given a specific place to stand in the room. These processes take time and need to be organized as early as possible, often beginning in the first year of the student's program. Incorporating interpreters ahead of time can alleviate concerns for healthcare teams that are new to sign language interpreting and communication styles with DHOH students.

CVD, or "Color Blindness"

Statistics suggest that one in eight individuals (mostly male) has CVD.¹⁹ Although this condition has historically not been regarded as a disability, in the context of the health sciences curriculum there are times when CVD places students at a significant disadvantage—for example, when identifying oral and throat lesions, icterus, and titration end points, as well as in tissue identification in surgical procedures (Meeks, Jain, & Herzer, 2016; Pramanik,

¹⁹ <http://ghr.nlm.nih.gov/condition/color-vision-deficiency>

Khatiwada, & Pandit, 2012). Therefore, DRPs may be called upon to identify accommodations for these students or work with faculty to implement differentiated practices for learning.

In some cases, students with CVD may struggle with coursework, most notably during histology, due to difficulty differentiating between colored stains on slides. Although histology faculty often argue that size, shape, and contextual relationship cues are the key attributes for identification of any slides and in fact are the primary cues needed to distinguish tissues and structures—not color—research has shown that using high-quality grayscale versions of histological images has allowed students with CVD to “discern structures that would otherwise be obscured by surrounding cells or other tissue components” (Rubin, Lackey, Kennedy, & Stephenson, 2009).

Although the switch to grayscale is easily accomplished within a controlled environment, it is not available in the clinical environment. Some clinical observations in particular are difficult for individuals with CVD: widespread body color changes (pallor, cyanosis, jaundice, and cherry red); rashes and erythema of the skin; test strips for blood and urine; blood or bile in urine, feces, sputum, or vomit; ophthalmoscopy; otoscopy; and microscopy (Spalding, 1999).

Table 5.5 presents common concerns and challenges for health sciences students with CVD and potential accommodations. Students should carefully consider the specialty they are studying, as some are highly reliant on differentiating color in everyday tasks (e.g., histology, hematology, bacteriology, surgery, pathology, dermatology, anesthesiology, and retinal work in ophthalmology).

TABLE 5.5 Common Issues and Potential Solutions for CVDs

CHALLENGE	POTENTIAL SOLUTION/ACCOMMODATION
Histology slide reading, other microscopy	Use different color staining with colors student can see. Student works with faculty to develop nuanced ways to read slides (e.g., pattern recognition, pointing out configurations/indicators that are key). Provide high-quality, high-contrast grayscale photos of slides next to color slides to allow options for viewing in multiple ways (Rubin et al., 2009). Grayscale microscope (or attached monitor). Very high-resolution slide viewed in grayscale. AT that converts red, green, or blue parts of slides to an identifiable color, such as a Daltonizing algorithm. Specialized glasses, such as Enchroma. 15 minutes of extra time per hour for histology portion of exams. Color transparency overlays.

(continued)

TABLE 5.5 Common Issues and Potential Solutions for CVDs (*continued*)

CHALLENGE	POTENTIAL SOLUTION/ACCOMMODATION
Difficulty distinguishing fresh blood/hemorrhage; blood or bile in urine, feces, sputum, vomit	Measure and monitor blood/fluid level.
Drop in oxygen—color-related signs	Use appropriate monitors, especially pulse oximetry.
Identifying widespread body-color changes (e.g., pallor, cyanosis, jaundice, cherry-red) Missing “pink ear”	Close observation or cross-checking (looking, touching, doing special investigations, and attention to lighting). Ask for help from others. Give more attention to the patient history and report.
Dermatology/rashes/erythema of the skin	Diagnosis by color may be “superfluous” and can be done instead by pattern recognition (in some cases).
Reading charts, slides, prints, codes	Close observation or cross-checking (looking, touching, doing special investigations, and attention to lighting).
Test strips for blood and urine	Reliance on shade or tone rather than on color; use a color meter.
Ophthalmology: disc pallor, diabetic changes, hemorrhage vs. pigment, glaucoma, hemorrhage in anterior chamber, Kayser-Fleischer rings	Close observation or cross-checking (looking, touching, doing special investigations, and attention to lighting). Ask for help from others. Give more attention to the patient history and report.
Otoscapy: inflamed drum, wax vs. blood	Ask for help from others.
Mouth and throat conditions	Give more attention to the patient history and report.
Chemistry end points	Use color meters.
Color naming	Faculty should not ask for identification by color on exams; use other identifiers (arrows, numbers, or other descriptors).
Tissue identification (surgery)	Use other visual indicators.
Seeing arrows and pointers on lecture slides	Ensure all pointers and arrows are black.
Viewing laser pointers used by faculty during lectures	Use green instead of red laser pointers.

AT, assistive technology; CVDs, color vision deficiencies.

Autism Spectrum Disorders

The clinical portion of health sciences education is often the most challenging for students on the autism spectrum (Meeks, Brown, & Warczak, 2017). For these students in general, interpersonal communication is the greatest disability-related struggle (Wolf, Brown, & Bork, 2009). A clinician must be able to listen to a patient’s verbal descriptions of symptoms and understand a patient’s expression of pain or interpret body language. Patient communication often comes in the form of self-report and body language and provides the clinician with clues about feelings like fear, anger, or hopelessness, even if the patient is unable to verbalize these emotions. Recognizing these unspoken cues, as well as explaining complicated diagnoses or procedures to patients in lay terms, requires sophisticated interpersonal communication skills.

Students with ASD often need additional communication guidance in the form of coaching via peers, faculty, or standardized patients. As noted by Meeks and colleagues (2017), students with ASD may require more coaching on non clinical tasks in the clinic, such as contacting and communicating with other providers during transfer or consult. They may also struggle when transitioning between teams and clerkships, as many of the expectations are part of the unwritten curriculum.²⁰ Also, when communicating clinical or testing accommodations, students with ASD may struggle and require additional coaching about how to communicate their needs.

Visual cues are often very helpful for students on the spectrum. Placing information into a visual format (e.g., how to present a patient, understanding the hierarchy of medicine, scripts for everyday conversations) can help a student understand the concept in a more concrete manner and can be used as prompts later on (See Exhibit 5.3).

EXHIBIT 5.3 Prompts for presenting patients (can fit on the back of a badge)

Sample Badge

Key features of presentation:

Opening one-liner: Describe who the patient is, number of days in hospital, and the main clinical issues.

24-hour events: Highlighting changes in clinical status, procedures, consults, and so on. Subjective sense from the patient about how they are feeling, vital signs (ranges), and key physical exam findings (highlighting any changes). Relevant Labs (highlighting changes) and imaging.

Assessment and Plan: Presented by problem or organ systems, using many or few as relevant.

²⁰ This refers to the unwritten curriculum of health science programs, which include the unofficial rules, values, and expectations.

Critical to the success of any student—and specifically students with ASD—is specific and direct feedback on their performances. Video modeling can be used to teach a student with ASD about appropriate communication with a patient or superior in several ways. First, exemplar footage of graduated students engaging in OSCEs allows the student to view assessments similar to those that they will be taking. Videotaping faculty members in simulated clinical scenarios is another option. In both scenarios, video footage of the student can be used for comparison and deficits (and strengths) can be identified while reviewing the footage. Any remediation plan for a student with ASD should include both verbal and written feedback. Below are considerations for scaffolding the student’s skill set prior to entering the wards, considerations for clinical experience, and potential accommodations (See Boxes 5.1, 5.2, and 5.3).

BOX 5.1 Important Considerations Before Entering the Wards for the DRP

Assess the student’s self-awareness (help them identify strengths/weaknesses)

Review programs, professionalism standards, and competencies

Address the “Hidden Curriculum” in the ward or at the clinical site

DRP, disability resource professional.

BOX 5.2 Considerations for Improving the Student’s Clinical Experience

Review clinical skills exams as models of patient interaction (video modeling)

Remediate clinical skills in SIM lab or with standardized patient

Work with vocal coach-SIM director

Provide near-peer coaching

Make available scripts for addressing attendees, residents, and peers

SIM, simulation.

BOX 5.3 Accommodations for Students with ASD

Pre-Orientation to electronic health records for each location

Practice presenting rounds

Provide a badge with outline of reporting patients

Reduce number of patients seen on the ward—ramp up or preview

(continued)

BOX 5.3 Accommodations for Students with ASD (continued)

Allow for noise canceling headphones for resident/student lounge and nursing station

Match with coach on wards to give in-vivo feedback

Assign Mentor who meets with student once per week

Use video modeling

Minimize switching clerkship sites

Provide written weekly feedback (on wards), to include:

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

Clear and specific expectations for behavior and performance

Allow release of time from wards to engage in wellness appointments

ASD, Autism Spectrum Disorder.

Service Animals in Clinical and Lab Environments

Service animals are not considered an accommodation. It should be made clear that students do not need permission to be accompanied by their service animal, but there are a few items that may help administrators better understand the restrictions and guidance around service animals in the clinic.

Students who rely on a service animal should typically be permitted to bring that animal into most educational environments, including clinical and lab settings. Because service animals are not an accommodation, the ADA provides a presumptive right for disabled individuals to bring service animals with them into most spaces. Service animals should be thought of in the same way one thinks of a wheelchair. Information about what service animals are and how to distinguish them from other types of assistance animals, such as emotional support animals or therapy animals, has been published by the Department of Justice (U.S. Department of Justice, 2020).

An animal may be excluded where the facility can show it “poses a direct threat to the health or safety of others.”²¹ However, this determination “must be based on actual risks and not on mere speculation, stereotypes, or generalizations.”²² The U.S. Center for Disease Control and Prevention (CDC) includes a section on animals in its manual, *Guidelines for Environmental Infection Control*

²¹ 28 C.F.R. § 36.208.

²² 28 C.F.R. § 36.301(b).

in Health-Care Facilities. The manual describes animals present in healthcare facilities, whether serving employees, patients, or visitors, as follows:

No evidence suggests that animals pose a more significant risk of transmitting infection than people; therefore, service animals should not be excluded from such areas, unless an individual patient's situation or a particular animal poses greater risk that cannot be mitigated through reasonable measures. If health-care personnel, visitors, and patients are permitted to enter care areas (e.g., inpatient rooms, some ICUs, and public areas) without taking additional precautions to prevent transmission of infectious agents (e.g., donning gloves, gowns, or masks), a clean, healthy, well-behaved service animal should be allowed access with its handler. Similarly, if immunocompromised patients are able to receive visitors without using protective garments or equipment, an exclusion of service animals from this area would not be justified (CDC, 2019, n.p.)

Service animals should therefore be allowed in most places in a health-care facility, including patient rooms. Based on the CDC's guidance, the recommended practice for drafting a service animal policy for healthcare facilities is to describe *circumstances* under which dogs cannot enter a space, rather than creating a list of particular spaces where dogs are banned.²³

CONCLUSION

Developing accommodations for health sciences students requires creativity, detailed analysis, innovation, and collaboration. It calls upon DRPs to actively pursue a clear understanding of the unique culture, curriculum, and requirements of each health sciences program. In addition, DRPs must understand the standard policies and procedures for all students, so that reasonable and effective accommodations are quickly identified and implemented. The health sciences environment is ripe for creative and innovative solutions to ensure students with disabilities have equal access to the curriculum.

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²³Tamara v. El Camino Hospital, 964 F.Supp.2d 1077 (2013).

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Requesting Accommodations on Certification, Licensing, and Board Exams: Assisting Students Through the Application

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INTRODUCTION

Students in nearly every branch of health professions must complete a state or national standardized exam for purposes of certification or licensure, such as the United States Medical Licensing Exam. For these exams, students must request disability accommodations directly from the testing agency. This chapter offers insight into how the major testing agencies approach decision-making and provides guidance for the application process. It walks administrators through the process of writing letters in support of student requests for disability accommodations, including a guide for what to include. Finally, it provides administrators with tools to support students in making their applications, including timeline checklists and a guide for student personal statements.

LICENSING, CERTIFICATION, AND BOARD EXAMS

What Are These Exams?

Certification and licensing board exams can be a key part of the health sciences curriculum and the gateway to professional practice. These exams fulfill licensing, advancement, or certification requirements in almost all health professions. Some examples of these exams include the National Council Licensure Examination (NCLEX®; nursing board exam), National Board Dental Examination (NBDE; dental licensing exam), National Physical Therapy Exam (NPTE; physical therapy licensing exam), North American Pharmacist Licensure Examination (NAPLEX; national pharmacy licensing exam), Comprehensive Osteopathic Medical Licensing Examination (COMLEX; national osteopathic medicine exam), and the United States Medical Licensing Examination (USMLE) Step exams (national medical licensing). These exams are a critical part of professional advancement and require additional steps for students with disabilities to request accommodations. Given this, disability resource professionals (DRPs) must prepare students well in advance and explicate the requirements for each individual exam.

Third-Party Exam Agencies and Boards

Students with disabilities must understand they will request accommodations for these exams *directly* from the administering agency. In some cases, a national licensing body administers the exam, such as the National Board of Medical Examiners (NBME). In others, a state licensing board oversees the accommodation request process for licensure within their jurisdiction (such as for the nursing and physical therapy licensing exams). Accommodation requests are not made by the DRP or the school, although for some requests a DRP or school official will be asked to complete a form, certifying the accommodations provided to the student in the program. Although the majority of schools assist students with the accommodation request process, all should aspire to provide at least general guidance to support students with this process.

“Flagging” of Test Scores

When students take an exam with accommodations, some testing agencies and licensing boards annotate the score to indicate that the exam was taken under “nonstandard conditions.” This practice is known as *flagging*. Flagging is a contentious issue, as the practice effectively “outs” students as having a disability and may be a disincentive for students to request accommodations, as they fear it will negatively affect their future ability to gain admission to a program, match in residencies, or find employment. In effect, the act of flagging a score subverts the initial intent of the accommodation—to provide an

equitable testing experience. As of September 10, 2014, the NBME discontinued the flagging of accommodated exam scores on transcripts and score reports for USMLE Step exams. The National Board of Osteopathic Medical Examiners (NBOME) followed suit, discontinuing the flagging of score reports issued after February 1, 2015, for the COMLEX-USA examination series. In the interest of helping students make informed decisions, DRPs should understand the score-reporting policy for each licensing exam.

THE PROCESS OF APPLYING FOR EXAM ACCOMMODATIONS

How Do Agencies Make Decisions About Accommodations?

Generally, an agency will start by considering the student's documentation and supporting documents for evidence of a "physical or mental impairment" that "substantially limits a major life activity." In other words, the agency evaluates the evidence provided to determine whether a student has a disability that requires accommodation for their exam.

The process includes examining how a disability affects a student across all areas of life: in academic settings (e.g., when taking exams), as well as in other domains such as daily living, work, and social relationships. The agency then determines how significantly it believes the person is affected by the disability. In some cases, an agency may determine that a student's disability, although diagnosed and documented, does not warrant accommodating by their criteria. Denial of accommodations may occur if, for example, they decide the overall impact of the disability is "too mild" or limited to one area of life (e.g., test anxiety that is not generalized to all areas of a person's life).

VARYING REQUIREMENTS FOR ACCOMMODATION REQUESTS

Each agency sets its own requirements for requesting accommodations, including specifications for disability documentation, personal statements, and other required information for the application (see, for example, Table 6.1). The exam administrator's website usually outlines the accommodation request process. In some cases, particularly where a state licensing board governs exam accommodation approval, the level of information readily available may vary. Students and DRPs should follow up in writing with any lingering queries. It is critical to attend to all stated deadlines. Each agency sets a recommended deadline for accommodation requests and provides guidance regarding the expected turnaround time for a decision. Generally, the agency's time to decision will be 60–120 days. Students should not underestimate the amount of work needed to apply for accommodations. Preparing a suitable submission can take 3–6 months. Therefore, students should factor in time to develop a personal statement, collect documentation, and file appeals should their initial request be denied. Appeal of a decision could take an additional 120 days. As such, encourage students to investigate the published timelines for decisions

and start applying for accommodations *far* in advance of the exam date, ensuring a buffer for the possibility of an appeal process (see Appendix 6.1 and the section “Supporting Student Preparation” later in this chapter).

TABLE 6.1 Differences in Requirements Among Three Major Testing Agencies			
PROCESS	USMLE	NCLEX	COMLEX
Exam accommodation requests	Instructions for exam accommodation requests are available on the USMLE website, under “Test Accommodations” (USMLE, 2019a). All requests are made to NBME disability services. Note there are distinct processes for initial, subsequent, and break-only accommodation requests, as well as personal item exemptions (USMLE, 2019d).	Requests are submitted to the board of nursing or regulatory body where the candidate wishes to be licensed (NCSBN, 2019, p. 4). Some states, such as Missouri, refer to testing accommodations as “Exam Modifications” (Missouri State Board of Nursing, 2002). The NCLEX is administered by Pearson VUE, a private company, and candidates must have their accommodations approved before they can schedule an exam (NCSBN, 2019, p. 4).	Instructions for exam accommodation requests are available online, in a document titled “Request for test accommodation instructions.” All requests are submitted to the (NBOME, 2019a, p. 1). Certain universal access features are noted: wheelchair-accessible facilities and desks, height-adjustable examination and treatment tables, adjustable chairs at writing desks, and portable examination equipment (NBOME, 2019a, p. 5).
Application for accommodation	Candidates mail their full request packets to the address on the forms or email them with documents submitted as PDF attachments (USMLE, 2019b).	Make a written request for accommodations to your board of nursing or regulatory body and obtain approval before registering for the NCLEX (NCSBN, 2019, p. 4).	Candidates submit the Request for Test Accommodations application and all supporting material by mail to NBOME Test Accommodations (NBOME, 2019a, p. 2).

(continued)

TABLE 6.1 Differences in Requirements Among Three Major Testing Agencies (*continued*)

PROCESS	USMLE	NCLEX	COMLEX
Required disability documentation	Detailed evaluations from qualified professionals. Evaluations must include a full, detailed account of the diagnostic process including methods, results, analysis, and interpretation. The documentation must include a full account of functional limitations, with specific attention to those relevant to the exam format and recommended accommodation(s) with associated rationale. Specific guidance by disability category is provided (USMLE, 2019c).	Requirements vary by state. For example, in Illinois candidates must provide “a letter and detailed report” from an appropriate professional confirming the diagnosis, naming the disability, and including information about all applicable diagnostic testing and results (Continental Testing Services, 2018, p. 1). California provides a form for a qualified evaluator to detail the required information to document disability or via a signed, dated letter with letterhead (California Board of Registered Nursing, 2019a, p. 1).	Detailed evaluations from qualified professionals are required that provide a formal diagnosis; diagnostic criteria and any tests used; each major life activity limited by the impairment; any treatment; how the impairment compares to the general population; the recommended accommodation and why it is necessary (NBOME, 2019a, p. 2–3).
Recentness of documentation	In general, documentation should be dated within the past 3 years, but more recent documentation may be required for conditions that change frequently by nature or with treatment and time (USMLE, 2019c).	Requirements vary by state. Some states set no explicit limits on assessment dates, such as Missouri (Missouri State Board of Nursing, 2002) and California (California Board of Registered Nursing, 2019a, p. 1).	The most recent evaluation must be dated within 3 years of the request, unless waived by the NBOME (2019a, p. 3).

(continued)

TABLE 6.1 Differences in Requirements Among Three Major Testing Agencies (*continued*)

PROCESS	USMLE	NCLEX	COMLEX
Additional supporting documentation	"Relevant objective records of impaired functioning" may be provided to substantiate disability impact, for example, historical treatment records, teacher- or supervisor-written feedback, performance evaluations, records of historical accommodations on standardized tests and in school (USMLE, 2019c). The "Certification of Prior Test Accommodations" form is used to confirm approved medical school accommodations (USMLE, 2019d).	Requirements vary by state. California, for example, provides a form for the nursing school to verify the format of exams administered and the associated accommodations provided during nursing school (California Board of Registered Nursing, 2019a, p. 3).	"All historical educational and developmental records relevant to your impairment (e.g., report cards, transcripts, and so on)." A form is provided to verify approved medical school accommodations (NBOME, 2019a, p. 3).
Personal statement	The student should describe their disability including symptoms and effect in relevant domains (academic, occupational, social, and so on), impact on daily functioning generally, and in relation to the exam, and rationale	Requirements vary by state. Some states, such as Missouri, require "a letter from the applicant requesting the modifications and detailing the specific modifications" (Missouri State Board of Nursing, 2002, p. 1). Other states, such as California, do not,	A "detailed personal narrative" is required, including "description of the impairments and how it impacts your daily life," including the specific ways one's impairment affects access to the exam, and any elaboration on responses to the Request for Test

(*continued*)

TABLE 6.1 Differences in Requirements Among Three Major Testing Agencies (continued)

PROCESS	USMLE	NCLEX	COMLEX
	for the requested accommodation(s) including how each will alleviate functional limitations (USMLE, 2019c).	capturing similar information in their application form (California Board of Registered Nursing, 2019a).	Accommodation form (NBOME, 2019a, p. 2).
Scheduling the exam	No specific guidance regarding scheduling the exam is provided by NBME on their website to candidates requesting accommodations. Contact agency for additional information.	NCLEX candidates with approved accommodations cannot schedule their exam online. The NCSBN requires candidates to schedule their tests with the "NCLEX Accommodations Coordinator" by telephoning Pearson VUE NCLEX Candidate Services at the number listed on their Authorization to Test email (NCSBN, 2019, p. 4).	Candidates should not schedule a date for testing until they receive a decision about accommodations in writing. If accommodations are granted, candidates must call NBOME Client Services to schedule their exam (NBOME, 2019a, p. 4).
Time frame for accommodation decisions	USMLE does not specify a timeline for accommodation decisions on their website. Anecdotally, in 2019 initial decisions took up to 120 days.	Will vary by state, refer to the local board for more information.	Once NBOME deems the submitted application complete, the average review process takes up to 60 days (NBOME, 2019a, p. 4).
Subsequent examinations	An abbreviated form, "Subsequent Request for Test Accommodations," is provided for	Requirements vary by state. Some states, such as California, permit candidates to reapply for accommodations	Candidates granted earlier COMLEX accommodations must submit a new "Request for Test

(continued)

TABLE 6.1 Differences in Requirements Among Three Major Testing Agencies (*continued*)

PROCESS	USMLE	NCLEX	COMLEX
	candidates who were granted earlier Step exam accommodations and requires no resubmission of documentation unless new/additional accommodation requests are added (USMLE, 2019d).	with an abbreviated form when repeating the exam (California Board of Registered Nursing, 2019b, p. 3).	Accommodations" with documentation for each subsequent exam. If additional information is needed, NBOME will advise the applicant (NBOME, 2019a, p. 4).
Notification	The NBME will email candidates to confirm receipt of their requests within a few days of submission (USMLE, 2019b). Decisions will be made in writing (USMLE, 2019c).	The NCSBN confirms accommodations granted by email in the "Authorization to Test" email (NCSBN, 2019, p. 4).	Successful candidates are notified in writing (NBOME, 2019a, p. 4).
Reconsideration (appeal of adverse decision)	Candidates who consider their decision adverse (denied or provided alternative accommodation) may request reconsideration by "submitting a signed and dated letter requesting reconsideration accompanied by new substantive supporting documentation" (USMLE, 2019c).	The NCSBN directs candidates to "request information" from their board of nursing or regulatory body regarding accommodations (NCSBN, 2019, p. 4).	Candidates may submit "new and compelling" information and written rationale for the appeal, including why the decision was made in error and should be reconsidered (NBOME, 2019a, p. 3).

(*continued*)

TABLE 6.1 Differences in Requirements Among Three Major Testing Agencies (*continued*)

PROCESS	USMLE	NCLEX	COMLEX
Personal item exemptions	Candidates who need to bring medicine, medical devices, or communication aids into the testing area should refer to the list of permitted personal items (subject to inspection by test center staff). Items on this list do not require a formal request or documentation provision. For all other items, candidates should contact NBME disability services to make a request (USMLE, 2019c).	NCSBN makes no mention of personal item exemptions on their website. The California Board of Registered Nursing alludes to these, stating that any “examination accommodations, including aids brought into the testing center, must have pre-approval of the Board”—that is, requested as an accommodation (California Board of Registered Nursing, 2019, p. 1).	“A candidate requiring the use of personal items for medical reasons during testing must contact the NBOME at least four weeks before his or her test date.” (NBOME, 2019b).

COMLEX, Comprehensive Osteopathic Medical Licensing Examination; NBME, National Board of Medical Examiners; NBOME, National Board of Osteopathic Medical Examiners; NCLEX, National Council Licensure Examination; NCSBN, National Council of State Boards of Nursing; USMLE, United States Medical Licensing Examination.

HOW TESTING AGENCY AND DISABILITY OFFICE ACCOMMODATION DECISIONS DIFFER

The process for determining eligibility for accommodations used by testing agencies often differs from the process used by university disability offices. Many university DRPs take a more holistic approach to assessing students and may rely more heavily on students’ self-reports of their needs, DRP observations, and historical accommodation approval (see Chapter 4). Assessors for testing agencies do not have the benefit of an in-person interview with an applicant. Therefore, the application must provide essential information in writing to substantiate the student’s history and current lived experience of disability. In addition to comprehensive disability documentation, the student should prepare a personal statement that provides a firsthand account of their disabilities and prior accommodations. DRPs can assist students by providing a comprehensive letter of support that includes their professional

observations and rationale for approving accommodations at the institution, in an effort to “fill in the gaps” for the testing agency. The burden of proving that a student needs accommodations rests with the student (see Practice Recommendation 6.1).

Practice Recommendation 6.1 Three Burdens of Proof for Accommodations

The key to receiving accommodations on certification and licensing exams is to build an argument that:

1. The student has a disability.
2. There is a disability-related barrier to accessing the exam.
3. Accommodations will level the playing field and best ensure that exam performance reflects the student’s mastery of the material tested, without reflecting the disability.

BURDEN OF PROOF FOR ACCOMMODATIONS

Many students mistakenly assume that because they received accommodations on previous exams or at their health science program, they are assured accommodations for licensing or certification exams. Alternatively, students might assume that because they have never received accommodations before, they will not receive accommodations for a licensing exam, leading to a decision not to request them. Although some students’ approved accommodations on high stakes exams will parallel those they receive in the health science program, some will not, as the administering agency makes determinations about accommodation eligibility based on specific criteria. As a result, many students may also find that the accommodations approved are different from the ones previously used.

Accommodations Available on Standardized Exams

ENSURING REQUESTED ACCOMMODATIONS ARE NECESSARY

Eligible test-takers can be approved for a variety of accommodations on high-stakes exams. In preparing their application, students should consider what accommodations are *required* to ameliorate disability-related barriers posed by the specific exam. Testing agencies and boards carefully review all submitted documentation to ensure that it provides evidence that students’ disabilities significantly interfere with their ability to take the test under standard conditions. Disability documentation should clearly support the requested accommodations. (See Table 6.2.)

TABLE 6.2 Commonly Requested Accommodations and Points of Consideration for Each

ACCOMMODATION	POINTS OF CONSIDERATION
Extended time (standard time +25%, 50%, 75%, 100%)	<ul style="list-style-type: none"> ■ Base request on historically approved extended-time accommodations. ■ If accommodation was not received before, provide rationale for request. ■ If extended time will necessitate exam administration over multiple days, consider if this will create further challenges.
Additional or extended rest breaks	<ul style="list-style-type: none"> ■ Determine what the break structure is for all students. ■ Consider if multiple short breaks or an extension to standard breaks will better meet disability-related needs. ■ Specify the amount of time needed for each break and the frequency of breaks needed.
Multiple-day testing	<ul style="list-style-type: none"> ■ Can lessen physical or cognitive fatigue from long testing days. ■ Could be requested in addition to or in lieu of extended time, depending on need. ■ Documentation should make a specific recommendation for the amount of time the test taker can work per day.
Testing in a private environment	<ul style="list-style-type: none"> ■ May be requested related to anxiety, distractibility, inattention, panic attacks, or other similar concerns. ■ May allow the test taker to employ self-talk or to walk around the room without disturbing others. ■ Consider if breaks are helpful in addition to, or in lieu of, a private room. ■ If approved, testing sites have a limited number of private rooms; secure a place at your preferred site early.
Assistive technology	<ul style="list-style-type: none"> ■ Consider the exam format to determine what is necessary. ■ Document a history of using specific technology requested (e.g., the student experiences a significant amount of eye fatigue and thus needs large print and reverse-contrast screen colors; the student is very familiar with ZoomText software after 5 years of daily use and should have access to the same software during the exam due to familiarity with keyboard shortcuts and settings). ■ Ensure that disability documentation makes a specific recommendation for the requested technology.

(continued)

TABLE 6.2 Commonly Requested Accommodations and Points of Consideration for Each (*continued*)

ACCOMMODATION	POINTS OF CONSIDERATION
Oral directions: requesting a written copy or sign language interpreter	<ul style="list-style-type: none">■ This may be helpful for students with disabilities related to auditory processing or attention or those who are deaf or hard of hearing.
Personal item exemptions	<ul style="list-style-type: none">■ Any disability-related item that will be needed in the exam room must be requested and approved in advance■ Examples include food, water, medication, a special cushion, hearing aids or cochlear implants, and other medical devices■ Students should check in advance with the testing agency/site to confirm if a formal exemption is necessary■ Once approved, students should confirm that any approvals have been communicated to the testing site by the testing agency
Specific lighting requests	<ul style="list-style-type: none">■ Students with sensitivity to certain types of light might request this (e.g., those with migraines, seizure disorders, ASD, visual disabilities).■ Disability documentation should explain the need.■ Provide history of receiving the accommodation.
Accommodating unpredictable flares of symptoms	<ul style="list-style-type: none">■ Students who experience unpredictable flares of symptoms that may prohibit engagement with an exam (e.g., migraines) should contact the testing agency to evaluate their options. For example, to solicit the best course of action should an unpredictable event occur that cannot be addressed sufficiently in the moment and prohibits continuation of the exam (e.g., ocular migraine that, despite access to medication, results in a prolonged period of visual disturbance and headache). Note that options may differ depending on the timing of the flare (before the exam, morning of, during).■ Students may benefit from requesting access to preventative or responsive measures such as access to water, food, or medication.■ Students should find out their options in advance to ensure they are armed with the necessary course of action should such an event occur.

ASD, autism spectrum disorder.

KNOW THE TEST FORMAT

DRPs must ensure they understand both the *structure* and the *format* of the exam, in order to consider what accommodations students may require for equal access to the exam. Many programs format their exams in line with certification and licensing exams; however, some do not. In order to assist students to effectively orient for their request for accommodations, DRPs also need to understand exactly how the exam is administered. Practice Recommendation 6.2 provides guiding questions to help in this process.

Practice Recommendation 6.2 Understanding the Exam Format

- Is the exam administered on a computer?
- If so, how does that computer system work?
- Can students go back and change an answer on a question?
- Can students skip a question, or get early questions wrong, or will they get “cut off”?
- What kinds of tools can students bring to the exam, or are any tools provided to all test takers (e.g., earplugs, scratch paper, whiteboard)?
- What is the length of the exam, and how long and frequent are the breaks provided to everyone?
- Do any portions of the exam have a listening or practical component (e.g., listening to a recording of a heart sound, working with standardized patients)? What is the nature or setup of this component?

DRPs should work with students to consider *what barriers* exist as a result of the format and structure of the exam in interaction with the students’ disabilities. For example, if the exam is very long (e.g., 8 hours) and a student experiences cognitive fatigue after 4 hours of intense focus due to disability, the *length* of the exam might be the barrier. However, if the exam is administered on a computer and a disability impacts a student’s ability to read text on the screen, the *format and delivery* of the exam might be the barrier. Finally, if a student has difficulty reading, writing, or processing information within strict time limits, the *time limit* of the exam might be the barrier.

Once they understand the barriers the exam poses, the DRP and student can determine what accommodations are required. The accommodations students have successfully utilized in the past will also inform this determination. It is important to help students articulate *precisely* what accommodations they will need to have equal access to the exam and why, in order to produce a compelling request that is specific to the exam format and conditions.

SUPPORTING STUDENTS IN THE REQUEST PROCESS

Early Discussions

DRPs should begin the discussion about requesting accommodations for licensing and certification exams early in their time working with students. The process can be daunting on top of students' already-busy academic schedules. As a result, students often put off completing the necessary paperwork until the last minute. This can result in additional stress and reduces the likelihood of a quality accommodation request. DRPs should remind students of the timeline for requesting accommodations early and follow up with information about the process. Appendix 6.1 offers a sample timeline DRPs can modify for school, program, and student requirements to assist students in mapping the process. Students may need to begin the process as early as possible, particularly if they need to secure updated documentation. Students may have more time in their schedules during the summer to gather evaluations, seek reassessment, and track down historical materials without having to balance coursework and clinic requirements (See Practice Recommendation 6.3).

Practice Recommendation 6.3 How Should Students Prepare?

1. Begin the process early; expect delays.
2. Submit recent, detailed documentation—obtain new documentation if necessary.
3. Locate multiple centers for accommodated testing.
4. Make requests for any personal item exemptions, if necessary, including hearing aids and cochlear implants.

Gathering the Necessary Elements of Applications

Students need to provide some form of documentation of their disability status. DRPs should know the specific, nuanced requirements of the respective exams in order to help students identify the necessary documentation and other supplementary items to include in their applications (e.g., transcripts, previous standardized exam accommodation approvals, letters of support) well in advance of the identified submission date. The documentation on file with the school may not meet the testing agency's requirements. Some of the testing agency's listed requirements for documentation may not be specific. In these cases, DRPs and students should ask questions of the agency to get specific guidance. The documentation required by an agency may also be far and above that submitted for accommodations at the student's school. For example, NBOME requires that candidates submit, "All historical educational and developmental records relevant to your impairment (i.e. report cards, transcripts, and so on)" (NBOME, 2019a, p. 3) in order to substantiate disability.

Current Documentation

If a student requires new or updated disability documentation, this may require a referral to a specialist or an appointment with the student's treatment team. The need for updated documentation adds to the timeline for requesting accommodations and highlights the need to begin the process early. The academic program demands, wait times for appointments with specialists, and cost of an evaluation all conspire to expand the time frame for obtaining a current assessment.

Even if a student has an evaluation or assessment that meets the documentation requirements for boards, the evaluation may be out of date. For example, the NBME and the NBOME require documentation current within 3 years of the accommodations request. The documentation used to obtain accommodations in a health sciences or medical school is often dated from the beginning of a student's undergraduate education, rendering it outdated for exams like the USMLE. Even if the content of the student's documentation meets the rigorous requirements of the licensing boards, it may well need updating due to currency requirements.

STUDENTS' LIMITED FREE TIME

Students who require updated documentation or a review of their assessments need to plan ahead. Graduate health sciences students participate in rigorous programs, rarely permitting adequate time during the school year for an assessment worthy of the boards. Program timing may only leave a student with the summer or the holiday break to obtain an assessment.

APPOINTMENTS

Many licensed professionals qualified to provide assessments are booked at least 3 months in advance. The assessment often takes a full day or more and the report can take up to 3 weeks to write. Together, this adds a potential 90 to 120 days to the process of requesting accommodations in order to secure new documentation.

COST

Some students, depending on their medical insurance and geographic location, find they will spend upwards of \$1,200–\$5,000+ for a typical assessment of learning disability or attention-deficit/hyperactivity disorder (ADHD). Applicants may need to plan for these costs if they are paying out of pocket or seeking an adjustment to their financial aid package. DRPs should explore financial assistance options for students required to take licensing exams with extensive documentation requirements with programs, student health insurance, and financial aid offices at their schools. This may require explicating the additional financial cost of requests for accommodations on these exams

as an equity concern as well as a potential barrier to student advancement in a program (in the case of programs that require students pass licensing exams to advance candidacy in the program). Some schools provide a scholarship fund or student health insurance benefit to assist students with such evaluation costs. We recommend that students obtain their evaluation 6 months to 1 year in advance of the date they plan to apply for accommodations.

ASSISTING THE EVALUATOR

Not all evaluators are equally experienced with writing assessments that meet licensing agency requirements. Students may wish to inquire about prospective evaluators' levels of expertise with these types of evaluations and success supporting students' requests for accommodations on high stakes exams prior to scheduling an evaluation. It is helpful for students to approach the evaluator with a summary of the testing agency's documentation requirements, a summary of the exam structure, and their planned accommodation request and associated reasoning (i.e., barriers posed by the exam, functional limitations associated with their disability). The evaluator may also wish to see all historical evaluations completed, if available. Providing the evaluator with this information in advance helps them best represent the student's needs and expedites the process.

Historical Evidence of Disability

Evidence of disability, historical accommodations, and the need for accommodation can bolster students' chances of receiving accommodations. The DRP's observations about a student's experience with disability in the academic environment can also help strengthen a student's application. Students with disabilities considered developmental in nature (occurring since birth or childhood, e.g., learning disability and ADHD) who have been diagnosed later in life should provide examples of how their undiagnosed disability affected their early years and education.

PROVIDING A TRAIL OF EVIDENCE

Students should provide a "bread-crumb trail" of evidence that they have experienced impairment throughout their lives (rather than simply because they have had difficulties with the rigor of the college or graduate school environment). Historical disability evaluations; letters from doctors; letters from previous institutions; letters or proof of approval for accommodations on previous graduate entrance exams (e.g., Medical College Admissions Test [MCAT], Graduate Record Examination [GRE], and Dental Admission Test [DAT]); individualized education plans (IEPs); and report cards with comments referring to behavioral patterns, inattentiveness, or need for extra supports can help to substantiate a student's history of receiving formal or

informal accommodations. For students with recently-acquired disabilities not developmental in nature, the student should provide information about the onset of the condition, history of receiving accommodations since then, and an explanation of any gaps or delays in use of accommodations.

TRANSCRIPTS

Some students wonder whether providing copies of their undergraduate transcripts or K-12 report cards would be helpful to substantiate early difficulties when accommodations were not provided. Students should consider the impression their transcripts might make if including them as part of the initial application for accommodations. If students were diagnosed later in their education (e.g., high school and college) and their transcripts show improved grades after they started using accommodations, then submitting them with a description of what happened might be helpful. In some cases, it may be better not to include transcripts unless the agency requests them, as agencies may consider evidence of prior success as a reason accommodations are not needed, overlooking that many students self-accommodated a disability for years.

Transcripts from elementary school, high school, and/or college should be provided if the records *clearly show* the impact of students' disability on their grades. For example, if a student has a history of dropping or withdrawing from course work to maintain a grade point average (GPA), this might serve as evidence that when given a reduced course load, the student excelled with the extra time necessary to devote to studying for each course. This can provide supporting evidence about the existence of a disability prior to formal diagnosis.

The Personal Statement

Many licensing boards require a personal statement as part of the accommodation request application. This statement outlines the student's history of disability, the effect on functioning, history of receiving accommodations, and a summary of why the accommodations requested are necessary to ensure equal access to the exam. See Appendix 6.2. Writing the personal statement is often the most time-consuming part of the process but can be one of the most compelling parts of the student's application. The personal statement is the only opportunity for students to share their lived experience of disability.

For many students, this process requires them to reflect on parts of their lives or educational experiences they might rather forget. Some students find the process of being reevaluated to prove their disability status frustrating and demoralizing. They may also worry about who sees this request and how that might affect their future as a healthcare provider. Providing support to students through this process can help students write their statements over

time and edit to focus on necessary information. Providing information about the confidentiality policies of testing agencies can help to assuage fears about who can access their disability information.

For students who have recently been diagnosed with a disability, do not have a long history of using accommodations, or are requesting accommodations for the first time, the personal statement serves to establish *why* the accommodations are necessary and *why now*, if there is no history of accommodation. Some students will not have required extended time as an undergraduate because their previous institutions provided unlimited time, accommodated students informally, or operated under a unique structure of the curriculum. The personal statement can help to clarify and contextualize elements of the application that are not otherwise apparent.

Students should discuss the circumstances around their diagnosis and any effective self-accommodation strategies they may have used prior to an official diagnosis (e.g., reading texts over many times for comprehension, using extensive tutoring, utilizing a partner or study group to break down information for them, using reading or voice-recognition software, or having a friend or family member read materials to them). If informal accommodations were provided, the student should describe what was provided and how the provision came about (e.g., requested informally from professor, professor noticed that the student took longer to test and offered time), as well as documenting this via a third party (the professor, a proctor, and a dean of students) wherever possible.

Points of Consideration for Personal Statements

1. Have students explain the *nature of their disability* and why they are requesting accommodations.

Students should include a description of the day-to-day impact of the disability—not just the impact on academic tasks such as taking exams (e.g., the impact on interpersonal relationships, employment, course withdrawals, personal organization, driving record, and financial management).

2. Focus on *areas of difficulty* rather than on strengths.

Highlighting weaknesses seems counterproductive because students with disabilities are taught to put their “best foot forward” and emphasize their strengths when speaking about themselves. However, the personal statement is not the time to talk about how well they have been doing. It is the place to emphasize what has been difficult. It is essential that students connect the requested accommodations to their successes.

3. Emphasize the *need* for the accommodation rather than a *preference*.

The burden to prove that the requested accommodations are *necessary* is on the student. Therefore, students should be very clear about the barriers posed by the test and the anticipated outcome if the

requested accommodation is not in place. The barrier must be grounded in the nature of the condition and substantiated by the documentation they provide.

4. Students should pay close attention to the *language* they use to describe their needs.

Students should *not* say things like, “I would do better with” or “to ensure my success,” as accommodations ensure *equal access*, not success. Students should also avoid using phrases such as “learning differences,” as agencies are only interested in disabilities that require accommodations, not “learning differences,” which are applicable to everyone and are not protected by the Americans with Disabilities Act (ADA). See Practice Recommendation 6.4 for more on language use.

Practice Recommendation 6.4 Language Use

Language is powerful. Students should be intentional about the words they use and avoid these common word-use “pitfalls”:

I would appreciate it if ... (do not ask for a favor; ask for legally mandated access)

It would be helpful to have ... (some might say it would be helpful for everyone)

Instead say:

I require...

As a result of [specify barrier], it is necessary that I am provided [specify accommodation].

Throughout my education, [specify accommodation] has allowed me to demonstrate my understanding of materials on exams. I will require the same accommodation on this exam.

Letters of Support

Letters from professors, teachers, guidance counselors, or other people who can describe a student’s previous academic performance may provide further evidence of how they are impacted by disability or how the use of accommodations (formal or informal) and compensatory strategies improved their performance. These are not required portions of a student application but can add weight to the application.

For students diagnosed later in life, a letter from the person who first suggested an evaluation for learning or other disabilities or who first connected the student with disability-related supports might be helpful to contextualize the student’s circumstances. Likewise, a letter from an employer providing further evidence of the effect of an as-yet undiagnosed disability on learning or performance while on the job (e.g., a letter from a former supervisor describing performance issues or additional support required on the job as a result of disability-related difficulties) can help to substantiate the effect of a disability, even if the student was diagnosed later in life. If formal accommodations or adjustments were needed in a workplace for a documented

disability, providing evidence of this is also beneficial, as it shows that the student's disability affects the individual across areas of life, outside of a classroom or educational environment.

DISABILITY OFFICE OR ACADEMIC PROGRAM LETTER OF SUPPORT

There is generally an additional form or requested letter of support that the DRP or academic program crafts, confirming the student's approved accommodations. For supplemental forms that require a verification of disability or statement of accommodation, it is important to determine who is qualified to complete the forms per the board or testing agency's guidance. Some require that a medical or mental healthcare provider (e.g., a psychiatrist, physician, or psychologist), or the provider who conducted the evaluation, complete the form, whereas others accept forms completed by school officials (e.g., DRP, dean of students office, office of student affairs).

The academic program or DRP should offer to provide a more detailed letter in addition to the requisite form. Letters of this nature include additional information not captured in other forms, noting observations about the student's need for accommodations, how the school determined the approved accommodations and in what settings, as well as specific information about the impact of the student's disability in the academic setting. It is critical that letters of support are specific to the student and do not resemble a form letter sent for all students. These letters are the opportunity for DRPs to provide supportive justification for the student's need for accommodations. Letters of support, therefore, should provide further explanation of the student's disability in a way that is distinctive to the student, demonstrates the writer's expertise, and includes observations of the access barriers the student has encountered. Practice Recommendation 6.5 provides a sample structure for a letter of support.

Practice Recommendation 6.5 Sample Structure for a Letter of Support

To Whom It May Concern:

I am writing at the request of [STUDENT NAME (REFERENCE NUMBER FOR APPLICATION)], to provide support for [HIS/HER/THEIR] request for accommodations on the [NAME OF EXAM].

Section 1: Who you are and your expertise

- Describe your role, relationship to the student.
- Provide information about your background and expertise in the work.
- Explain when the student registered with your office and in what capacity the student was in attendance at your university.

(continued)

Practice Recommendation 6.5 Sample Structure for a Letter of Support (continued)

Section 2: Services and accommodations at your institution

- Describe the accommodations approved for the student at your institution.
- Describe the duration for which the accommodations were approved.
- Describe the documentation that was reviewed and any other information that was used to make the determination.
 - For example: in-depth intake interview with the student, conversations with therapist, record of historical accommodations, observed behavior, information from faculty.
 - Where applicable, reference-specific scores on evaluative measures or other quantitative data included in documentation.
- Describe any particularities of the determination process.
 - For example: initially approved 150% extended time but moved the student to 200% extended time after observing XYZ behaviors OR after XYZ changes in the student's status OR due to XYZ elements of the exam structure that created XYZ barriers due to XYZ features of the student's disability.
- Provide any data regarding utilization of approved accommodations at your institution.
- If the student has not been registered for the duration of the program at your institution, provide an explanation for this.
 - For example: the student initially hesitated to register, hoping he would do well without accommodations, now that he had arrived at medical school; after failing his first two exams, he registered with the disability office and began consistently utilizing accommodations and has achieved at a level commensurate with past performances that were accommodated.
- Any additional information that will support the student's application, especially to fill in holes in documentation or to support the student's self-report in the personal statement.
 - For example: if the student was first diagnosed while a student at your institution, provide background explanation of late diagnosis and your involvement with supporting the student and determining accommodations.

Section 3: The case for accommodations on this exam

- Explain your support for the student's requested accommodations on the licensing or board exam.
 - Link the requested accommodations to the student's functional limitations and the impact of disability across multiple domains.
- Provide rationales for any accommodations that the student is requesting that have not been previously provided at your institution but that you believe are necessary to provide equal access to the exam.
 - Explain the structure of your institution and why the accommodation is not needed in that environment but is on this exam.
 - Provide any support you can for why you believe the request is valid, given the structure of the exam and the impact of the disability as outlined previously.

(continued)

Practice Recommendation 6.5 Sample Structure for a Letter of Support (continued)

Section 4: Additional information

- Provide any final information that is additive to the student's request.

Please do not hesitate to contact me at [PHONE NUMBER or EMAIL] with any questions or concerns.

Sincerely,

[YOUR NAME]

[YOUR ROLE]

SUPPORTING STUDENT PREPARATION

DRPs and administrators can be valuable resources for students in assisting them to prepare a request for accommodations. The following points outline the types of things that can be done to make the process less onerous for students (see also Practice Recommendation 6.6).

Practice Recommendation 6.6 Testing Center Preparation

Multiple students report that visiting the testing center in advance of the test day and practicing the check-in process significantly reduces test anxiety. Similar to other establishments, testing centers vary in their size, staff, and level of activity. Some students seek out smaller testing centers in an effort to reduce stimulation and anxiety. Likewise, some students prefer to test at centers far away from the school to maintain a level of privacy about their accommodated situation.

1. **Work with students to identify the documentation they have *early* and begin a file of historical documentation at the disability office.**
 - It is recommended that students begin this process as soon as possible, as it can take time to track down lost documentation or retrieve it from home.
2. **When reviewing the documentation students provide when they first request accommodations at the school, note whether the documentation is likely to meet standards for required licensing exams.** If it is not, have a conversation with the student at that time; explain why the documentation may need to be updated.

- Alert students to the requirements for requesting accommodations to get them thinking about the process in advance of when they must begin working on it.
 - Assist students with early referrals for new or updated documentation. Students may need to find a new evaluator locally or may prefer to seek an evaluation closer to home while on break. DRPs can assist here, too, by contacting a health science university in the student's hometown to request the institution's referral list for evaluators who are able to provide suitable documentation for the specific type of exam to share with the student.
3. **Set a recommended timeline for students to begin working on the application for accommodations, based on the timing of their required exams (see Appendix 6.1).**
 - We recommend starting the process at matriculation, but no less than 10 months before the exam.
 - Send reminders to students in advance of the recommended start time, then bimonthly after that time, with tips and recommendations to motivate them throughout the process.
 4. **Be available to review drafts of personal statements and coach students who are having difficulty with the process.**
 - Some students will be "old pros" at making these requests, especially if they successfully requested accommodations for an entrance exam. But other students may have more difficulty, especially if the process of requesting accommodations is triggering or new to them.
 5. **When in doubt, reach out to colleagues for guidance.**
 - Testing agencies and licensing boards may change their processes or practices from time to time and without warning. Discussing challenges with colleagues on other campuses may be helpful, as others may have found practical ways of addressing the issues, and multiple schools may wish to come together to make an inquiry about an issue to the testing agency.
 - See also Practice Recommendation 6.7 on common mistakes to avoid in the process.

Practice Recommendation 6.7 Avoid Common Mistakes

Students should use special care to avoid these common pitfalls:

- incomplete application for accommodations
- weak historical evidence of a disability
- documentation supplied does not provide clear evidence of a significant impairment in a major life activity
- disability documentation is outdated

IF THE APPLICATION IS DENIED: THE APPEAL PROCESS

Supporting a Student Whose Request Is Denied

Testing agencies and boards will have an established appeals process, providing an opportunity for students to appeal a rejection. If the appeals process is not expressly stated in the denial letter, the student should contact the testing agency or licensing board to request information about the process. Most often, students must provide additional information or disability documentation with the appeal request. Appendix 6.3 provides a checklist to assist students in the appeal process. If the appeal attempt is not successful, students can decide to request further review of the request or make a complaint to a higher authority, such as the Department of Justice. See also Practice Recommendation 6.8 on the timeline for appeals.

Practice Recommendation 6.8 Watch the Clock

The clock resets with an appeal for another 60–120 days! It is paramount that students begin the process early.

If students receive a denial letter, they should follow these steps to formulate an appeal:

- 1. Read the denial letter carefully.**

Review the steps listed for appealing the decision in detail. Each agency and the boards have different appeal processes and deadlines.

- 2. Ensure the appeal addresses the reasons for the denial.**

In most cases, the letter will detail specific reasons for the denial. It may be helpful to go through the letter line by line to address each concern and directly tie these to the materials submitted and to identify new information required.

- 3. Note the deadline for appeal.**

Most agencies will not consider appeals received beyond the deadline. If students have a significant concern about meeting the deadline they should contact the testing agency immediately to discuss the concern and request an extension.

- 4. Seek assistance as soon as possible.**

Students should be encouraged to contact the DRP and likely the health professional(s) who supplied documentation of the disability to assist with the appeal. It is likely that students will only have a few weeks to appeal, and anyone assisting the student will need as much notice as possible. Students should not assume they can collect

additional letters, test results, or evaluations on a moment's notice. They should allow ample time for practitioners to address their needs.

When requesting additional information from a healthcare provider, students should include a copy of the denial letter. The provider may be able to sort out the agency's main concerns and determine the type of additional documentation needed for the appeal. Additionally, the DRP or healthcare provider may be able to write a second letter of support, provide guidance regarding the student's response, or provide a referral for a new evaluator, a private consultant, or an attorney who works on these types of cases.

What to Do If a Student Has a Poor Exam Experience

There are instances where students approved for accommodations by a testing agency or licensing board arrive at the exam site only to have something go awry. For example, the record of the student's approved accommodations was not sent to the exam site, or only a portion of the approved accommodations is recorded. As well, it may be that the site fails to properly execute approved accommodations (e.g., a private exam room is noisy due to location, rest breaks are not provided as approved, and so on). *Students should be advised to raise any issues immediately and refuse to sit for the exam until the issues are resolved.*

Students are often not permitted to take an exam again within a specified period of time. If they take the exam without approved accommodations in place, they may find themselves having to wait several months to take the exam again with the appropriate accommodations, even if it is due to exam center error. As well, it may not be possible (or may require a formal appeal) to "wipe" a score from their records, and the poorly accommodated exam score may be reported to others (e.g., prospective residency sites)—even though it should not be considered a valid score.

If the student chooses to sit for the exam despite any issues and notifies the disability office of these issues after the fact, the DRP should advise the student to report the problems to the responsible testing agency immediately. Students may be able to appeal an exam administration and successfully argue for another exam administration with a fee waiver, as well as expunging the original score from their record. If students fail to report these incidents on the day of the exam, they lessen their grounds for appeal.

CONCLUSION

Requesting accommodations for certification, licensing, and board exams can be daunting for students. While engaged in a hectic and highly stressful program of education, they must build a case for requiring accommodations—this

time on an exam that is critical to their future as a health professional. DRPs can provide valuable support to students in this process, beginning in their first interactions. Working alongside students, building structure to the process, and providing recommendations will assist them to navigate this phase of their education.

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APPENDIX 6.1 STUDENT CHECKLIST AND TIMELINE FOR LICENSING EXAM ACCOMMODATION REQUESTS

Note: This checklist is provided as a general recommendation. Students and Disability Resource Professionals (DRPs) should tailor the use of this checklist to the particular requirements of the exam, school requirements, and the student's individual circumstances.

AT LEAST 10 MONTHS BEFORE YOU PLAN TO TAKE THE EXAM

- ☐ Find the information about the exam accommodation request process.
- ☐ Find the deadline for making requests: _____
 - ☐ Identify the appeal procedure and any associated timelines.
 - ☐ Aim to make your request 60 days **in advance** of the recommended deadline: _____
- ☐ Make a list of what historical documentation you need to gather:
 - ☐ All historical evaluations
 - ☐ Supplemental letters of support from previous instructors
 - ☐ Letters documenting historical accommodation approval
 - K–12
 - Advanced Placement (AP) exams
 - Scholastic Aptitude Test (SAT)/American College Test (ACT) exams
 - Undergraduate program
 - Post-baccalaureate program
 - Graduate school
 - Workplace
 - Professional school
- ☐ Locate the documentation requirements for making your request.
 - ☐ Print a copy of the requirements.
 - ☐ Compare your most recent documentation to the requirements.
 - ☐ If your documentation does not match, identify the specific reasons why and make a list.
 - ☐ If you'll need a new evaluation, begin contacting potential evaluators immediately to determine the cost and how soon you can be evaluated.
 - Evaluators likely will want to see your historical evaluations.
 - ☐ Evaluators will benefit from knowing what the requirements are for documentation.

- Share the list of things you feel are missing from your historical documentation.
- A good evaluator will summarize your historical evaluations and explain any inconsistencies between them and between any new results.
- Explain the deadline for submitting your application.
- Schedule an appointment with your disability office to discuss your application.
 - The disability office might have copies of your historical evaluations or other materials you can include.
 - Make a request for a letter of support and/or for required forms to be completed.
 - Ask for tips and advice about your application, and inquire about other students' recent experiences.
 - Inquire about any financial support toward reevaluation and recommended referrals.

AT LEAST 10 MONTHS BEFORE THE EXAM

- Begin drafting your personal statement (see Appendix 6.2: Personal Statement Prompts).

AT LEAST 8 MONTHS BEFORE THE EXAM

- Ask someone from the disability office or someone else you trust and who knows you and your disability experience well to proofread your personal statement for completeness and clarity.
 - Note: It is not advisable for someone to heavily edit your grammar or language, particularly if your request is related to a learning disability or disorder of written expression.
- Schedule a meeting with the disability office to review all the materials you've gathered and determine if there is anything else missing.
 - Collect any missing items and follow up with the responsible person if anything needs to be edited.
- Finalize your package to send to the testing agency.
 - Give the disability office a copy of all the materials you've gathered to keep on file.
 - Make a copy of all materials to keep in a personal file.

AT LEAST 4 MONTHS BEFORE THE EXAM

- Mail all materials to the testing agency; it is recommended that you send all materials tracked and with a return receipt or signature required to ensure that you know when the materials have arrived. Some agencies now accept materials by email.
 - Track your package and confirm it was received.
 - If sent by email, ensure a confirmation of receipt was received.
- Identify several preferred testing centers.
 - Determine your preference to take the exam close to school or close to home.

ONCE YOU RECEIVE ACCOMMODATION APPROVAL

- Book your preferred testing location.
 - Depending on the requirements of your exam this may be possible sooner; follow the instructions provided by the testing administrator.
- Confirm that a record of your approved accommodations or personal item exemptions have been communicated to the testing site.
- Consider a trial visit to the testing site to ensure you know the route and the check-in process.

APPENDIX 6.2 STUDENT PROMPTS FOR PERSONAL STATEMENTS

Neera R. Jain

Note: These prompts are provided as a general recommendation to assist students in crafting a personal statement to accompany accommodation requests. Students should tailor their use of these prompts to their individual circumstances (i.e., respond only to those prompts relevant to your circumstances).

Reminder regarding language: Pay careful attention to your wording to avoid statements like “I would appreciate if” or “it would be helpful to have.” Instead use unequivocal language, such as, “I require.” For example: “As a result of [specify barrier], I require [specify accommodation].” Or “Throughout my education, [specify accommodation] has allowed me to demonstrate my understanding of materials on exams. I will require the same accommodation on this exam.”

- Explain the nature of your disability and why you are requesting accommodations:
 - Describe how it affects you in your current program (reading, writing, studying, in classroom, lab, clinical settings).
 - Include a description of the day-to-day impact of your disability (outside of educational settings) on:
 - Interpersonal relationships
 - Personal organization
 - Driving record
 - Financial management
 - Prior employment
 - Reading for pleasure
- Explain your history of using accommodations in all settings:
 - K-12
 - Undergraduate
 - Other graduate programs
 - Previous standardized testing, e.g., Scholastic Aptitude Test (SAT), Advanced Placement (AP) Exams, Graduate Record Examination (GRE), Medical College Admissions Test (MCAT), Dental Admission Test (DAT), other

- Employment
- Current health science program
 - What accommodations do/did you use?
 - What worked, and what did not?
 - What additional challenges do/did you face in the environment?
- Were any accommodations provided informally that are not documented? What were they, and why are not they able to be formally documented?
- If you do not have a long history of accommodations or have never used accommodations before:
 - Explain what is new now. Why are accommodations necessary at this time for this exam?
 - Is this exam different from others you have taken before? How?
 - Is your diagnosis recent? If so, how did the diagnosis come about?
 - What were the circumstances of your upbringing and/or early education that might help the testing agency understand your late diagnosis/lack of accommodations?
 - What challenges did you face in your life before you were diagnosed?
 - In education
 - In your personal life
 - What strategies did you use to succeed in school and your personal life in the absence of formal diagnosis, treatment, and accommodations?
 - Is your current health science program different from your previous academic settings? How?
 - How did you get by before you had accommodations?
 - What strategies, services, or supports did you use?
 - What were the associated challenges and successes?
 - How are the previous strategies and supports insufficient for your current academic setting and the licensing exam in particular?
 - Did you request but were denied accommodations on previous standardized exams (e.g., MCAT)?
 - If so, how did you ultimately succeed sufficiently to gain admittance to professional school despite not having accommodations for this exam?
 - What strategies and preparation were involved in your journey to professional school to bolster your application?
 - Provide a rationale for each accommodation you are requesting.
 - What barrier does the exam pose and how is it tied to your disability?
 - If you have an example of a difference in performance with and without the accommodation, provide this.

APPENDIX 6.3 STUDENT CHECKLIST FOR APPEAL OF DENIAL OF LICENSING EXAM ACCOMMODATION REQUESTS

Note: This checklist provides general recommendations. Students and Disability Resource Professionals (DRPs) should tailor the use of this checklist to the particular requirements of the exam, school requirements, and the student's individual circumstances.

IMMEDIATELY UPON RECEIPT OF DECISION

- ☐ Review the decision letter provided by the testing agency in detail.
 - ☐ Schedule a meeting with your DRP for a second perspective to ensure you are not missing anything.
- ☐ Make a list of the issues identified in the letter.
- ☐ Determine who can assist you with addressing the issues raised.
 - ☐ Physician or other specialist health provider.
 - ☐ Mental health professional
 - ☐ Evaluator
 - ☐ DRP
 - ☐ Historical employer
 - ☐ Professor
 - ☐ Other: _____
- ☐ If you have materials to provide in answer to the agency's concerns, assemble these materials.
- ☐ Contact each provider to make an appointment to request assistance and discuss how to address the concerns.
 - ☐ Provide a copy of the decision letter.
 - ☐ Highlight the issues pertinent to their role in your education or evaluation.
 - ☐ Explain the deadline for submitting your appeal and provide them with a deadline to respond with the needed information.
 - ☐ Generally speaking, 7 to 10 business days is a reasonable turnaround, depending on what you are requesting and your timeline for submitting the appeal. However, professionals may be on vacation or otherwise out of the office, so these requests should happen as soon as the denial is received to ensure the chance for a timely response.
- ☐ If you believe you will not be able to provide the necessary response in the timeline provided, contact the testing agency immediately to request an extension.

- Craft a cover letter to respond to the agency's decision and outline the additional information provided for consideration; address any issues raised by the evaluators point by point, addressing all items in the denial.

7 DAYS BEFORE THE APPEAL DEADLINE CONTACT PROVIDERS WITH A REMINDER

- Follow up with the providers to provide reminders to ensure you receive necessary materials in time.

ONCE ALL MATERIALS ARE RECEIVED

- Schedule a meeting and request that your DRP review your assembled materials—this should be done well in advance of deadlines.
 - If possible, send a copy of the appeal in advance of the meeting so the DRP has sufficient time to review the materials and provide you with constructive feedback.
 - If you are not able to provide materials in advance, let the DRP know and ask them to set aside time after your meeting to provide quick feedback.
- Make copies of all materials for your records.

BY THE DATE MATERIALS MUST BE POSTMARKED (APPEAL DEADLINE)

- Send all materials with tracking, return receipt, and/or signature required to ensure that they arrive on time and you have a record that they were received. If the materials are sent by email, ensure you receive a confirmation of receipt. If not, check in with the agency to confirm receipt.

Learning in the Digital Age: Assistive Technology and Electronic Access

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INTRODUCTION

Technology has permeated every aspect of our culture. As we finish this chapter, we are navigating the impact of COVID-19¹ at our institutions and in our daily lives. As a society and in education as a whole, we are becoming acutely aware of the benefits and capabilities of technological innovation. This chapter provides a general overview of the intersection between educational technology and the elimination of barriers for students with disabilities. To accomplish this goal, the chapter focuses on three key aspects: first, ensuring the online educational environment is inherently accessible to students with disabilities, second, identifying some commonly used assistive technology (AT) that removes barriers in the didactic and clinical settings for students with specific functional limitations, and finally to identify some unique technology-related needs of health science students with disabilities. Although the chapter will touch on

¹COVID-19 is a novel respiratory virus that was classified as a pandemic in March 2020, requiring all educational institutions to send students home and convert all learning to an online format. This included removing all health science students from clinical experiences.

some of the most frequent issues involving technologically-assisted accessibility, this chapter is only an overview of the vast array of ATs available for the health sciences disability resource professional (DRP) to consider.

Now, more than ever, technology is engrained in health science education. One only needs to review the impact and opportunity technology created for institutions and students during the COVID-19 crisis to immediately recognize technology's importance in education. The challenge for many faculty and support staff is not whether to implement technology into educational settings; rather, it is to determine how technology will advance learning objectives for students with and without disabilities. When effective, technology can make learning and teaching less burdensome and more accessible for all students. Technology already plays an important part in the recruitment, admission, classroom training, and clinical work of health sciences students. This chapter focuses largely on simple, cost-effective solutions, making them easily attainable for many students enrolled in educational programs, but some are more expensive than others. When technology is needed to eliminate barriers for students with disabilities, the DRP is best situated to work with the student and the program to help identify solutions targeted towards equal access. As always, technology is a rapidly-evolving field, and we recognize that what is considered cutting edge today may be surpassed tomorrow. This chapter should not be considered an exhaustive list of technology available, but rather an illustration of what is currently available.

ENSURING ALL CAMPUS TECHNOLOGY IS ACCESSIBLE

Although technology may be beneficial to students with disabilities, if a program implements a new technological system without first vetting its accessibility and usability, it can create a new barrier for students. On June 29, 2010, the Office for Civil Rights (OCR) of the U.S. Department of Education and the Civil Rights Division of the U.S. Department of Justice issued a joint "Dear Colleague Letter" (DCL).² The DCL stated that "requiring the use of an emerging technology in a classroom environment when the technology is inaccessible to an entire population of students with disabilities [. . .] is discrimination prohibited by the Americans with Disabilities Act" (ADA) and Section 504. For this reason, DRPs need to work with their institutions and educational technology staff to ensure that a robust assessment for accessibility is part of the review and procurement process for emerging technology and systems.

Despite the guidance of the Department of Education and the Department of Justice, institutions may not always ensure accessibility in their emerging technologies, websites, digital documents, and learning management systems.

²Joint DCL from Assistant Secretary for the Office for Civil Rights Russlyn Ali and Assistant Attorney General for the Civil Rights Division Thomas E. Perez, U.S. Departments of Justice and Education, June 29, 2010.

Recent settlements show that schools must prioritize accessibility in the digital environment, or the OCR will mandate the process for them (see Case Example 7.1).

CASE EXAMPLE 7.1 University of Montana³

Students at the University of Montana filed a complaint with the OCR in 2012 alleging that the university's documents, learning management system, library materials, classroom technologies (e.g., clickers), videos, and course registration system were not accessible. As part of the resolution, the university agreed to develop a comprehensive policy for accessibility in electronic and information technologies, put in place a coordinator to monitor and implement these standards, implement a mechanism to report any digital accessibility barriers, and develop a plan to assess products for accessibility before they are purchased. Additionally, the university now provides training to faculty and staff in creating an accessible digital environment.

Similar agreements have been reached with other schools whose campus websites and technology—even ATMs—were inaccessible, including the South Carolina Technical College System⁴ and Pennsylvania State University.⁵

ATMs, automated teller machines; OCR, Office for Civil Rights.

OCR investigations are time consuming and can also prove costly. Institutions can be held financially responsible for failure to comply with accessibility regulations (see Case Example 7.2).

CASE EXAMPLE 7.2 Louisiana Tech University⁶

A blind student enrolled in a class that required all students to use an online learning system called MyOMLab™ to complete homework and take tests. The student was not able to access the system, even after contacting the system's vendor to request assistance. After a month of classes had passed without gaining access to the course materials contained on the site, he was forced to drop the online class. The student filed a

(continued)

³OCR Letter to University of Montana, Case No. 10-12-2118 (2012).

⁴Letter to South Carolina Technical College System, Compliance Review No. 11-11-6002 (DOJ 2013).

⁵OCR Letter to Pennsylvania State University, Case No. 03-11-2020 (2011).

⁶OCR Letter to Louisiana Tech University, Case No. 204-33-116 (DOJ 2013).

CASE EXAMPLE 7.2 Louisiana Tech University (continued)

disability discrimination complaint with the DOJ. LTU agreed to pay the student over \$23,000 in damages, implement a comprehensive policy regarding accessible technologies and materials, and provide ongoing training to faculty and staff regarding accessible electronic materials. In addition to developing a plan to incorporate accessibility into current and legacy webpages, the university was required to “. . . ensure that any new technology it makes available to students, prospective students or applicants, including web applications, hardware, software, telecommunications, and multimedia is accessible.”

DOJ, Department of Justice; LTU, Louisiana Tech University.

Developing a Team Approach to Accessibility

Electronic barriers, as evidenced by the examples cited and other similar cases, are becoming major institutional concerns for DRPs. Administrators are wise to devise plans that ensure existing and newly adopted technology and electronic resources are accessible to all students. Often, this is part of the role of a campus ADA or barrier removal committee. However, it is essential for institutions to also identify an office (or individual) responsible for improving and enforcing electronic access campus-wide. This office should evaluate existing institutional technologies, including campus websites and learning management systems (LMS) and then prioritize and respond to inaccessible electronic content and develop a mechanism for users to report electronic or digital barriers. Additionally, they should actively collaborate with campus partners to develop policies and procedures in relation to digital accessibility such as working with procurement on the development and review of accessibility clauses for new products and software. The office would be charged with developing a strategic plan that integrates accessibility reviews in University processes such as procurement, and they could also develop accessibility clauses for all new contracts, develop a plan to correct inaccessible technology, and implement AT and universally designed technological solutions on campus. Finally, but perhaps most importantly, this office should be engaged in building awareness and providing campus-wide training about electronic accessibility. When faculty and administration understand their role in maintaining an accessible environment, it reduces the number of barriers on campus, starting with individual courses.

Platforms and LMS

Nearly all colleges and universities have online components to their courses and many programs encourage the development of sites for each individual

course. Although there is a strong focus on outward-facing sites, the same level of accessibility should be applied to the LMS (inward-facing sites), to ensure equal access for all students. The reasons websites, LMS, and electronic documents fail accessibility checks include inability to navigate a page; poor coding that results in an inability to use AT; lack of descriptions, or tags, for images; poor color choices or contrasts; inappropriate text size and fonts; hyperlinks that do not work; and the use of multimedia that are inaccessible. When AT is deployed to navigate webpages, forms, and documents on websites, it relies on unseen metadata to aid in the proper navigation of the site. Without those data, technology stalls and cannot progress through the site, page, or document. This concept will come up repeatedly throughout this chapter as it is a critical component to accessibility with technology. Incorrect formatting of documents and improper coding of websites accounts for many of the technological challenges encountered by those using AT.

Many schools use LMS, such as Moodle, Blackboard, Canvas, or Sakai, to create continuity among their courses for andragogical purposes and ease of use for students. Before employing the aforementioned online systems, it is essential to conduct an accessibility evaluation of the platform, including an evaluation of compatibility with AT such as screen-reading software. When students deploy AT, incompatibility on some level with or within, the LMS is occasionally discovered. For example, an LMS may be fully accessible and compatible with screen reading software, but the online exams inside the system, using radio buttons, may not be readable by the screen reader. More commonly, it is the supplemental reading content that is housed within the LMS that may be inaccessible, such as a photocopy of an article, versus an accessible Portable Document Format (PDF) file. Finally, given that extended time on quizzes and exams is the most widely utilized accommodation, it is important to ensure that built-in features, such as the ability to adjust individual test times, are readily available. To ensure faculty catch potential barriers, institutions should consider investing in systems such as BlackBoard Ally, which integrates with a variety of LMS's and notifies the creator of accessibility concerns. The tool then assists the content creator in remediating the errors and, once posted, allows the students in the course to download the content in the format that best suits their disability or learning need. DRPs can promote accessibility through targeted, collaborative programming and resource development with the education technology team, such as by reviewing common accessibility concerns with faculty, creating accessible PowerPoint templates for faculty use, quick tip-sheets on digital accessibility basics. Disability offices can then link to this advice on their websites along with other accessibility and universal design tips for faculty.

VOLUNTARY PRODUCT ACCESSIBILITY TEMPLATE (R)

When an institution or program wants to procure new technology, they first should ensure it is fully accessible to all students. To determine whether

desired technology may create barriers for students with disabilities, the institution should request and review a Voluntary Product Accessibility Template (VPAT(R)) from the vendor, or its equivalent (see, for example, GSA, n.d.). A VPAT offers the vendor the opportunity to outline how their software, electronic content, hardware, communication technology, and support documentation conforms to the revised 508 Standards for information technology (IT) accessibility.

Comprehensive VPATs should include a product overview including a description of the product, the date the report was created, evaluation methods used, and a comprehensive outline of software or products used (including version) to determine accessibility. This information will allow the institution to determine if the software or products most commonly used by their students were included in the testing.

VPATs are expected to provide detailed information regarding whether the product follows the Web Content Accessibility Guidelines (WCAG) 2.1 (W3C, 2018). The vendor indicates whether components of the application (a) "Supports", (b) "Partially Supports", (c) "Does not support", (d) the accessibility inquiry is "not applicable, or was (e) "Not Evaluated". This information is essential as it allows the DRP to identify potential accessibility issues in advance of purchase and affords them the opportunity to develop alternative but equivalent methods for meeting students with disabilities needs, if required, by acquiring alternative or supplemental AT.

While it is important that the VPAT(R) be requested, it is essential that the institution have a process for reviewing these by trained and knowledgeable staff. Depending on the structure of the institution, this can be done by an alternative media or AT specialist within the disability office or can be a collaborative effort where a team is developed. Individuals to consider, in addition to those within the disability office, are members from IT, procurement, e-learning, and potentially individuals who handle employee accommodations.

Websites and Digital Documents

The WCAG were developed by the World Wide Web Consortium to ensure that the content of web pages is accessible to users with disabilities. Web pages and documents rely heavily on metadata to be accessible to screen readers. When content is developed for websites, pages, or the LMS, it is important that styles and headings are used to create distinction within a document. Failure to incorporate the proper structure will create inaccessibility for students using a variety of AT. For example, providing the creation of accessible documents and webpages allows a person using a screen reader the ability to navigate through a document. For students who have limited or no vision, using

alternative descriptive text for images and content allows them full access to the learning materials (Caldwell, Cooper, Reid, & Vanderheiden, 2008). Following the WCAG recommendations for implementation of web content allows users with disabilities to fully experience all information presented. Although WCAG and its iterations are not law, they are the standards used by the government when lawsuits are filed against colleges and universities. Therefore, any institution with a web page must ensure that its content conforms to the current WCAG standards.

PDF documents also rely on the use of metadata that provide structure and tags in order to be accessed with screen readers or other reading software. The American Foundation for the Blind and Adobe (n.d.) has prepared a document outlining a process for ensuring the accessibility of PDF documents that clearly delineates the process of designing a structure and reading order as well as tags and navigational aids for enabling readability of the PDF by screen readers. DRPs can use this document to aid faculty and staff to ensure their documents are fully accessible to all students.

Table 7.1 summarizes common technological barriers on campuses. It also provides suggestions for collaboration with IT professionals. DRPs must identify the office responsible for digital access and begin a collaborative relationship, working together to evaluate existing infrastructure and develop a protocol for addressing emerging concerns campus wide.

TABLE 7.1 Opportunities for Collaboration: Technology

TECHNOLOGY	COLLABORATIONS
Websites	<ul style="list-style-type: none"> ■ Ensure all internal and external campus websites are accessible to applicable required standards, such as WCAG 2.0 level AA. ■ Ensure accessibility is integrated into the university's website and LMS development "style guide." ■ If the university uses a web content management system with standard templates, ensure these are accessible. ■ Implement a scanning and testing system for university websites to identify those that are inaccessible and flag them to be fixed. <ul style="list-style-type: none"> □ Ensure that any links to 3rd party websites are accessible. □ Review interactive community-created educational modules for accessibility.

(continued)

TABLE 7.1 Opportunities for Collaboration: Technology (*continued*)

TECHNOLOGY	COLLABORATIONS
Digital documents	<ul style="list-style-type: none">■ Devise campus guidelines for creating accessible digital documents and create a link that can be shared on the disability, e-learning, institutional equity, and marketing websites.□ Many institutions use a hosted service such as SensusAccess to assist faculty, staff, and students in creating accessible digital documents.■ Develop campus-wide training regarding digital accessibility compliance, initiatives, and available resources/supports.□ Include non didactic areas in targeted outreach such as campus libraries, student activities, residence life, and student affairs to review considerations for items such as digital archives, handbooks, e-newsletters, promotional items, and so on.
Procurement	<ul style="list-style-type: none">■ Ensure third-party technologies purchased are accessible to all students and compatible with commonly used assisted technology.■ University's RFP/procurement guidelines must include a clause requiring accessibility of new software and hardware.■ Include key questions in RFP/procurement tool or require a completed VPAT to assist in evaluating accessibility or have software and hardware beta-tested for accessibility <i>before</i> they are purchased.
Technologies in the classroom	<ul style="list-style-type: none">■ Ensure emerging technologies are selected with accessibility in mind.■ "Clickers" and other audience response tools should be accessible to all students.■ Learning management systems should be fully accessible, including:<ul style="list-style-type: none">□ Navigation possible with a screen reader□ Exam accommodations easily implemented (e.g., extended time, breaks)□ Exams proctored remotely via LMS, lockdown browsers, or remote proctoring compatible with students' required accommodations□ Ability to implement captions for live or pre-recorded class videos, including within any video conferencing features

(*continued*)

TABLE 7.1 Opportunities for Collaboration: Technology (*continued*)

TECHNOLOGY	COLLABORATIONS
	<ul style="list-style-type: none"> □ Consider implementing an LTI such as BlackBoard Ally within the LMS to identify known accessibility concerns and assist in remediation. ■ Videos shown in the classroom and required on-line videos (including 3rd-party videos) should have captions or caption overlay and audio description. ■ Lecture-capture systems should have a built-in workflow to allow videos to be easily captioned. □ Uploaded documents to the LMS or course site should be fully accessible (e.g., PDFs properly structured and tagged). □ Teaching versions of EMRs, such as Epic, as well as simulation center technology, should be fully accessible and compatible with AT. □ All required course software must be compatible with a variety of AT. □ Interactive modules such as Second Life should be accessible. □ Assigned student-created videos such as “read and respond” should have captioning and transcripts available. □ Remote CART should be provided for remote “live” sections of the course, including student breakout sections. □ Remote CART should also be made available in online learning environments that require remote student meetings.

AT, assistive technology; CART, Communication Access Real-Time Translation; EMRs, Electronic Medical Records; LMS, learning management systems; LTI, Learning Tools Interoperability; PDF, Portable Document Format; RFP, request for proposal; VPAT, Voluntary Product Accessibility Template; WCAG, Web Content Accessibility Guidelines.

TEACHING AND LEARNING IN THE VIRTUAL WORLD

In the past decade, teaching and learning in the virtual world has become the norm (Cavanaugh, 2005). The move from traditional brick and mortar courses into online learning has included the health science fields at all levels (Dolan, Hancock, & Wareing, 2015; King, Gredianus, & Carbonaro, 2010; Musal, Keskin, & Tuncel, 2016). These changes include entire programs and courses (Gazza & Hunker, 2014), blended or flipped courses (Sullivan, 2018), and courses dedicated to evidence-based practice (Horntvedt et al., 2018). Often, it is the DRP who works with the student, faculty, and course designers to ensure course content is accessible and to remove digitally based barriers.

DRPs take an expanded role in these settings, often partnering with offices for teaching and learning and with instructional designers to ensure access for all students.

Lecture Capture, Podcasting, and Vodcasting

One of the first online content areas used with health science students was podcasts and lecture capture. In many universities, lectures are often recorded using a lecture-capture system installed in the classroom. These systems allow all students to access the course lecture later via audio and/or video recordings. The content is accessed by streaming video to computers or portable devices through an LMS or some other web-based interface, such as YouTube. This may be delivered in the form of a *vodcast* (video playback) or *podcast* (audio playback) of classroom lectures. These lectures can be downloaded from the LMS or other venue and later retrieved without an Internet connection. In these formats, students can review lecture material (e.g., PowerPoint slides or other projected material, audio, and/or video of the speaker), at a time and location outside of the normal class hours.

This technology benefits all students, not just students with disabilities. For example, it enables students to review content at an individual pace and multiple times. This repetition can particularly benefit students with learning disabilities, sensory disabilities, and attention deficit hyperactivity disorder (ADHD). Students who are unable to attend a class, whether for disability-related reasons or as the result of an illness, are also able to maintain pace with the course remotely during these brief interruptions. Long-term use of podcasts or vodcasts as a replacement for attending class may violate attendance expectations, fundamentally altering the program (see section “How to Evaluate Whether a Requested Accommodation is a Fundamental Alteration” in Chapter 4 and “Attendance Accommodations” in Chapter 5). Understanding attendance and other program requirements is necessary when considering the use of podcasts and vodcasts to remove barriers for students with disabilities.

DRPs need to work with the relevant offices on campus to ensure that the content captured in lecture-capture systems, podcasts, and vodcasts are made fully accessible. This may require captioning video material, transcribing audio, and audio description of images, actions, and other visual material. When selecting a lecture-capture system, it is important to determine if it has a built-in workflow designed to promote ease of adding captions or audio description to videos. This will ensure that accessibility features can be added by simply selecting a “caption” or “audio describe” option for the course. Generally, this selection triggers the file to be automatically sent to a predetermined designated captioning vendor upon upload and allows for seamless re-uploading once captioning and/or audio description is complete. When lecture-capture systems have a designated, predetermined vendor to

provide captioning or audio description, it is wise to review whether that vendor meets the university's needs in terms of technical expertise with terminology and provides a competitive cost structure in advance of selecting a system. Even if a system does not have a built-in workflow, a program must ensure that captions and audio description are provided when students require them. However, this may require a manual work-around.

Flipped Classrooms

In recent years there has been a significant increase in the use of a variety of multimodal instructional techniques and differentiated instruction. Chief among these may be the use of a flipped classroom, where video content is disseminated using online platforms viewed prior to class with in-class time devoted to discussions and problem-solving exercises designed to develop deeper understanding. These instructional practices can be beneficial for all students but may prove problematic for students with disabilities as the instruction relies heavily on in-class participation. DRPs must ensure that all assigned content (e.g., pre-recorded lecture videos, journal articles, or websites) are accessible. Students may require new accommodations for the varied formats of flipped classrooms (See Chapter 5 for a larger discussion on the topic).

CAPTIONING AND TRANSCRIPTS

Captioning is a written transcript of verbally presented information. It is timed to the audio and the video and presented at the bottom of the video image on screen. In the case of audio-only recordings, like an audio podcast, a transcript of the audio material should be provided alongside the audio recording. This ensures that individuals who are Deaf or hard-of-hearing (DHOH) are able to fully access the material. It is also helpful for other students, such as those that need multiple modalities (audio and visual), to process information. Note that a transcript alone is not considered sufficient to provide access to a video recording. In the case of video recordings, captions must also be provided in order for the student to have simultaneous access to the visual and audio material. If recordings of lectures are provided for all students, they will need to be captioned or transcribed for DHOH students. If a DHOH student is enrolled in the course, any uploaded video of the lecture will need captioning, and podcasts will require a transcript.

Automated transcription or captioning is an emerging technology but does not provide appropriate access for students with disabilities. Automated captioning systems, also known as Automatic Speech Recognition (ASR), like those available on YouTube, lack accuracy to provide captioning appropriate for educational content, particularly in the health sciences environment, which contains non standard vocabulary and requires precision. Automatic

captioning tools may be considered for in-house captioning of short videos but only when used in conjunction with careful manual editing. Lecture videos and podcasts would not be good candidates for these systems due to the length, volume, and technical language of the average health sciences class. The time needed to manually edit these videos would be prohibitive, in most instances, but automatic captioning offers immediate partial solutions if a DRP receives short notice of a need for these services. Most often, DRPs send out video files for captioning and audio descriptions to be created by third-party vendors. In these cases, the captioned version should be reviewed to ensure accuracy upon receipt and then made available to all students through the LMS. Research has demonstrated that access to captioning benefits all learners (Edelberg, 2019).

Audio Description

For students with visual disabilities, processing disorders, and attentional difficulties, audio description for lecture capture or vodcasting may be required. Audio description provides a spoken description of key visual material. Universal design principles suggest that every image presented should be audio-described to ensure that all current and future presentations are accessible to students with visual disabilities. Audio description is a learned skill. DRPs should work with faculty to ensure audio description of images used in the course meets the expectations of the visual content in the context of the teaching. For full audio description of lectures and videos, however, a trained audio describer should be used. Most companies that provide captioning for videos also provide audio description. There are technological platforms that allow a user knowledgeable in audio description to add this to videos. Youdescribe.org, for example, provides the functionality for video owners to add audio description to their YouTube and Vimeo videos.

Communication Access Real-Time Translation

Communication access real-time translation (CART) providers work on-site or remotely to capture audio feed from the intended source (e.g., faculty member, small groups, labs, clinical procedures) and provide a real-time written transcript via computer for students. Captions can be viewed on many existing devices, including an iPad, computer, or a large lecture screen. Thus, CART can be utilized in both clinical and didactic environments. Primarily used for DHOH students, CART may be a good option for students with newly acquired hearing loss and those whose preferred communication is not manual (e.g., sign language). CART is also ideal for use in locations where the

presence of additional people may pose a risk, such as the operating room (increased individuals in the operating room increase the risk of infection, as discussed in Meeks et al., 2015; see also Chapter 5 for further discussion).

Texts, Articles, and Other Course Readings

Many textbooks, articles, and other references can be found in digital format, either as an Ebook or PDF. DRPs can access these items through several services (e.g., AccessText, BookShare, Alternate Media Exchange [AMX], Google Scholar) or by a request directly to the publisher. Books may be available for purchase as Ebooks. It is important to note, however, that Ebook formats are not uniform and some versions may be insufficient to meet a student's needs. For example, Ebooks may be incompatible with screen reading software, particular reading devices, or may be improperly formatted for use with reading software. Many Ebooks are locked and unable to be remediated, and DRPs may need to request a PDF of the text instead, which generally necessitates the student purchasing the hard copy of the text and providing proof of purchase to the publisher. Almost all recent books have an accessible PDF file available through the publishing house. When books are out of copyright or unavailable through publishing offices. DRPs can create their own electronic-format of the materials. This is accomplished by removing the binding, scanning the pages, and editing the output to ensure it is accessible. Self-scanning must be done with the publisher's permission, and the same proof of purchase will be required. DRPs should develop a standard procedure for requesting alternative texts that includes proof of purchase to expedite the process of obtaining accessible materials.

Students with visual disabilities (blind or low-vision) will require specific accessibility features in their documents dependent on the type of AT being used by the student. They may use other technology, including Refreshable Braille Displays or software to enlarge or enhance the acuity of graphics or text. The DRP must engage with the student and faculty to understand the technology being used and the intent of the content, particularly visual content. When graphics are enlarged the gestalt of the image can be lost or become so challenging to recreate that the student encounters further barriers. Therefore, students may need additional text description or alternative modification to ensure their full understanding of images in the context of the lesson or topic.

It is important to note that some online textbooks now integrate videos, which are often not captioned. As textbooks are usually selected by the course faculty and not through the institutional procurement process, this accessibility oversight may not be identified in advance. DRPs can assist faculty by including information about e-text accessibility in "quick tip" sheets and

let them know that any features of the text that are inaccessible will require remediation.

Digital formats of text offer benefits to students with disabilities, including those with print-based disabilities (e.g., dyslexia), attentional difficulties, processing disorders, and those with limitations to their dexterity or the amount of weight they can lift. For most students, an accessible PDF or Word document will be needed (see previous section in this chapter, “Websites and Digital Documents”). Universal design principles recommend that faculty post all course materials in accessible formats, thus eliminating the additional time required for document conversion (see “digital documents” in Table 7.1). If the DRP is creating or obtaining accessible course materials, it is good practice to maintain a catalog of these converted materials and to provide these to the faculty for use on their LMS.

Finally, students with disabilities may also have the benefit of working with the university library as a means of obtaining accessible digital books and other course materials. It is common for a university library to have access to digital copies of books that meet basic accessibility requirements for students. However, periodic review of library catalog systems and digital holdings such as electronic journals is recommended, and DRPs should create partnerships with the university library to ensure students have accessible electronic content available to them when needed.

Online Exams

Increasingly, exams and quizzes are being administered online. Exams may be taken on the computer through the institution’s LMS with specific exam software, such as ExamSoft, and may be proctored using third-party services (e.g., ProctorU, Proctorio, Examity, and so on). For some learners, these technologically-administered exams offer several benefits, including taking exams in a more controlled setting, the choice of when they will take the exam, and the familiarity of using their personal computer. However, some drawbacks to online exams come in the form of lack of access to faculty to clarify a question, intensification of some conditions (e.g., screen-time usage for Traumatic Brain Injury (TBI), triggering of anxiety systems due to monitoring methods and protocols with remote proctoring), and incompatibility with AT.

Some exam software is designed to create a secure environment for exam administration by restricting access to the Internet and other computer functions while an exam is open. However, this feature may block the ability to access AT programs needed by students with disabilities. Even if access features, such as a proprietary screen reader, are built into the exam software, their functionality may be insufficient to ensure a student with disabilities equal access to the exam environment. Furthermore, a new proprietary feature will require a student to learn its functionality and may take time for students to develop facility in its use. If exam software used is not

compatible with a student's AT, the DRP should assess alternative options, such as administering exams on a computer (without the inaccessible software) in an in-person proctored environment to provide the desired security. When in-person proctoring is not an option, such as in the current COVID-19 situation, the DRP should identify alternative means of meeting the student's disability-related needs while ensuring exam security by re-engaging in the interactive process.

When considering the appropriate accommodations for students with exams, it is always important to understand what constructs the exam is assessing and how it is assessing those constructs. DRPs do this for all students when evaluating exam accommodation requests, and when AT is a part of the student's accommodations, it is important to recognize how the AT functions with the exam administration.

NOTE-TAKING

One of the most important academic activities students engage in is the creation of notes. There are several conditions where the expectation to create notes independently may present a barrier for the student. This may occur when students have dexterity, mobility, attentional, hearing, and processing difficulties. When working in the online world, students who need note-taking assistance may have multiple options. Third-party vendors are an option to create and supply notes for students who are enrolled in online courses. Other options for online note-taking include the use of software (e.g., OneNote, Notability, and Sonocent) that have a variety of versatility for students, peer notetakers, and crowd sourcing options (See Chapter 5 for an expanded discussion of this topic). A practice that allows all students to benefit from notes and uses Universal Design for Learning (UDL) is accomplished by crowdsourcing notes on a course note page within the LMS. This practice allows the faculty to check the students' understanding of the concepts and correct for them.

AT AS AN ACCOMMODATION

What Is AT?

AT refers to technological devices and software used to make course materials, instruction, and interactions with environments more accessible to students with disabilities. The goal of AT is to remove barriers in the educational environment, increase access, reduce time spent on creating accessibility, and improve learning outcomes. For a student with a reading disability, AT might include the use of screen-reader technology to ensure the student can access written material. AT can also benefit students without disabilities, enhancing access to educational content through the pairing of information being presented in different sensory modalities.

For example, a student with an attentional difficulty may benefit from physically reading materials while listening to content from a screen reader to strengthen comprehension of the printed material.

AT Solutions for Students

Students with disabilities in health sciences programs often arrive to their programs with a number of compensatory skills and technological solutions that have contributed to their prior academic success. For these students, identifying AT solutions for the health sciences environment involves understanding if and how this technology is beneficial in a clinical program. However, students with new or recent diagnoses or those who have not used AT before will require close attention and support to identify whether AT solutions may work for them. This is a collaborative process between the student and the DRP as it is not always appropriate for the DRP to recommend or purchase AT for students. As with any accommodation, the procurement responsibility for AT should be determined as part of the interactive process. Some offices keep trial or loan items for student use until the student can purchase the equipment or for the duration of their program. This varies depending on the size of the program, access to partnerships with AT companies, and departmental budgets. Sample equipment can provide the student with an opportunity to determine which device or software best meets their disability-related need (e.g., having multiple amplified stethoscopes for DHOH students to borrow and assess for the best fit with their particular cochlear implant).

Knowing which AT to recommend or purchase for students with disabilities and understanding how it works can be a daunting proposition for DRPs who do not have a technical background or access to an AT specialist. Although an AT specialist with specific technical skills and knowledge is a beneficial addition to disability offices, it is not always feasible to create such a specialized position. For those offices that cannot hire a specialist, DRPs can identify consultants from private industry or other colleges to assist on an as-needed basis. The IT, educational technology, occupational therapy, education, or engineering departments within your institution may also be able to assist DRPs with AT needs, although recommendations from these sources must be paired with sufficient expertise in accessibility, as individuals from these offices may not be well versed in the needs of students with disabilities.

When AT needs to be installed onto a computer at a clinical site (e.g., screen readers or voice-recognition software) the DRP should involve an IT specialist from the site. In most cases, clinic computers are “locked down” to comply with Health Insurance Portability and Accountability Act (HIPAA) regulations, and the IT department will be needed to assist with installation of any software or applications.

DETERMINING THE STUDENT'S AT NEEDS

Determining a student's AT needs involves more than an understanding of the available technology. An interactive discussion with the student and some trial and error may be necessary. The student's technical savvy and experience and the feasibility of a particular AT solution must also be considered, in concert with the requirements of the student's educational program. Flowchart 7.1 will assist the DRP to identify AT solutions for students.

Gauging Student Comfort with Technological Solutions

A student's level of comfort with using technology is critical to the process of identifying whether an AT solution will help to remove barriers and which solution best fits the student's needs. Understanding a student's general comfort with technology informs whether the student will benefit from a non-tech, low-tech, or high-tech solution (see Practice Recommendation 7.1 and Figure 7.1). This understanding also provides insight about what has and has not worked in previous educational environments.

Practice Recommendation 7.1 Key Questions for Evaluating a Student's Tech Savvy

- What tech devices do you use in your everyday life?
- Have you had any issues with using the required technology in school (e.g., issues with using the LMS, accessing email, using the clinic's EMR)? If so, what are they?
- What AT have you tried before? What worked and what did not, and why?

AT, assistive technology; EMR, Electronic Medical Record; LMS, learning management system.

SOLUTIONS

When demonstrating possible AT solutions to students, it is important to be attuned to the student's response to the offerings. If the student appears frustrated or suggests the technology is difficult to use, it is likely that they will not use the AT without a great deal of support and training. Often, health science students do not have the luxury of time to train and practice using AT. Therefore, the solution offered must be easy to use, reliable, portable, and aligned with a student's existing technological ability, or it will likely be abandoned (Lang et al., 2014). For example, a student who has difficulty taking notes has myriad accommodation options requiring varying levels of technological comfort: a peer notetaker, a no-tech solution; a digital recorder, a low-tech solution; a smart pen, a mid-tech solution; or integrated note-taking apps,

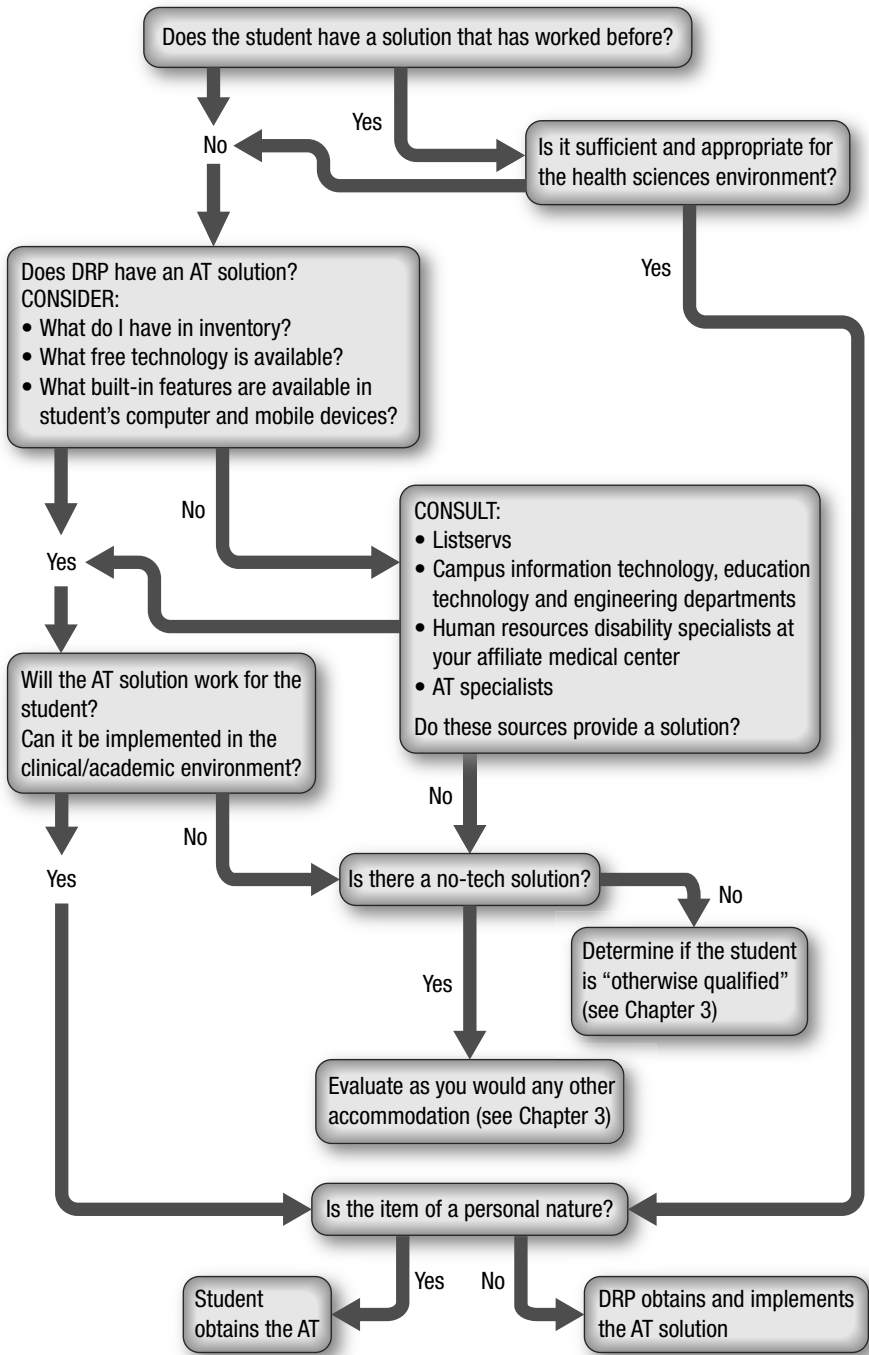


FIGURE 7.1 Determining an AT Solution
AT, assistive technology; DRP, disability resource professional.

a high-tech solution. Often, the most effective solution for a student is one that aligns with their experience and expectations and the one that most easily integrates with the student's existing technology. DRPs should also review the student's level of comfort or satisfaction with previously utilized AT as length of time with a device may not denote proficiency. Similar to higher education, secondary educational institutions may not have the resources to hire an AT specialist. As a result, students sometimes only receive a basic overview of available features and may not be familiar with alternatives (Singleton & Nueber, 2018).

Building Confidence, Knowledge, and an Inventory

In order to effectively serve students with disabilities in the digital age, DRPs must endeavor to build an understanding of the AT options available and develop basic AT skills. Having a reputable AT specialist to consult with or to refer students to speak with are critical for the disability office. These goals can be achieved by joining disability and AT-focused listservs, attending AT sessions at disability conferences or specialized AT conferences, attending AT fairs, and developing a trusted network of colleagues with AT knowledge. One reason that AT interventions fail may be due to inappropriate recommendations by the DRP to choose an appropriate solution and provide product support (Lang et al., 2014). DRPs must continually strive to increase their knowledge base to ensure students will reap the full benefits of AT.

As mentioned previously, In addition to developing a knowledge base, DRPs should build an inventory of AT to loan to students for trial and extended use. The use of a lending program allows DRPs to begin experimenting with the items in order to familiarize themselves with the features and functions, it also empowers DRPs to talk about a technology and demonstrate its functionality in the moment for students. Having items available for immediate use is particularly beneficial for health sciences students, who are under time constraints and may lose academic content if there is a significant delay between the suggestion of a device or software program and providing it.

Who Purchases the AT?

UNIVERSITY AND STUDENT PURCHASES

DRPs (and their supervisors) often question the fiscal responsibility of an AT purchase. This is a complicated area of the law and bears explanation. Generally speaking, if the student cannot access the programs and offerings of the college or university without the availability of AT, then the university bears the cost in order to provide access via AT to the student. If the student needs AT for personal services, then the student bears the cost of the AT. Typically, when software is purchased for a student and downloaded onto a

student's computer for the student to engage in coursework during class periods, the college or university does not prohibit the student from using the technology for personal use (homework). This is best illustrated by Scenario 7.1.

SCENARIO 7.1 AT Use and Responsibility

A health science program purchases reading software (e.g., Read & Write by Text Help) for a student to participate in a microbiology course. During the in-class component of the course, there are materials that require reading, and the student can only access these materials with the AT solution. Later that same day, the student has to locate and review supplementary sources to be included in a lab report. The student will need the same reading software in order to complete the assignment and will likely use what the college has provided. Although this would be considered personal use of the software, the student still needs the software for class use—therefore, the college is still responsible to pay for it to create access. If there are no access limitations to the program for the student and the only time the student needs the AT is to complete assignments for coursework, this is considered personal need, and the responsibility to purchase the AT rests with the student.

AT, assistive technology.

Section 504 of the 1973 Rehabilitation Act identifies personal need (including homework) as an area where colleges and universities are not responsible for obtaining and providing auxiliary aids and services. Thus, if an item is of a personal nature—something that will assist in accessing daily life, inside *and* outside of the university environment (e.g., wheelchair, hearing aid, eyeglasses)—the student bears the cost of the AT. Often when AT is purchased by the disability office or program, it is distributed to students as loaned equipment, with the expectation that it will be returned in working order. This allows disability offices to purchase expensive items for the benefit of multiple students over the life of the product.

Given the complex nature of AT and its increasing presence in our education systems, disability offices should include funding for AT in their budget. Slowly building an inventory of frequently used devices and technology can help to absorb costs over time. Careful consideration of existing resources should be made, as the DRP will need access to funds to purchase specialized equipment, which can be costly. DRPs should also consider building a network with their peer institutions that allow for borrowing of devices not currently in use. This helps all institutions in the network reduce their costs and provides additional opportunities for interaction, relationship building, and collective knowledge around emerging AT.

STATE REHABILITATION AGENCIES

Funding for AT assessment and/or devices may also be available to students through their state vocational rehabilitation (VR) agencies or through specialized VR agencies for people with visual or hearing disabilities (e.g., the Commission for the Blind in New York State). Prior to their arrival on campus, linking students with state agencies for services and funding is essential, as approval for services can take several months and is not guaranteed. Ultimately, the university is responsible for ensuring students with disabilities have equal access, and students cannot be required to register with VR agencies. Delays resulting from state rehabilitation agencies for funding may place students in untenable situations and may place universities at risk of being out of compliance if they are required to purchase the equipment to provide access.

AT ACCOMMODATIONS TO IMPROVE STUDENT ACCESS

Once the interactive process has identified the disability-related barrier in the environment (see Chapter 4) and a working plan for the AT needed by the student is identified, the DRP and student can choose from a number of options that meet student needs. Some of these options are described in the following sections and in Chapter 5. Although this is not an exhaustive list, the content that follows represents a starting point that addresses many of the most commonly utilized AT available.

Audio Recording of Lectures

DIGITAL RECORDERS

Some students experience difficulty retaining, recalling, or processing information due to their disabilities. These students may benefit from revisiting the information to solidify ideas and transfer information from short-term to long-term memory or to improve the accuracy of the information received. In healthcare settings, practitioners rely heavily on patient self-report of symptoms; therefore, having an accurate account of information is vital to providing good healthcare. For students who need to solidify information, listening to a recording of the information may be the most effective way to review the material. Once appropriate permissions are received, students can access audio recordings of lectures, small-group sessions, or patient interactions in several ways. Many cell phones are equipped with recording capabilities, mini digital recorders are easy to obtain and low cost, and smart watches will make recordings, too. For the most synergistic approach, students often use smart pens or dictation applications directly on their phones or tablets.

SMART PENS AND NOTE-TAKING APPS

Smart pens have the capability to record audio and sync it with handwritten notes. These devices are very helpful for removing barriers for students with disabilities in multiple settings. The recorded audio and handwritten notes can be replayed and reviewed together, allowing students to jump to specific places in the lecture by touching the corresponding portion of the handwritten notes with the tip of the smart pen. It also creates a searchable PDF of the written notes and allows for syncing and sharing of the notes on several social media sites. Smart pens are available through different manufactures, and the most commonly used ones are made by Livescribe, NeoPen, IRISnotes, and Moleskin. There are also note-taking apps available, such as AudioNote, Sonocent, SoundNote, Otter.ai, or Notability, and many more that offer similar functionality to smart pens and are used on a laptop, tablet, phone, or computer.

CAUTION: RECORDING PATIENT INFORMATION

The use of smart pens and note-taking app technology has revolutionized access to information for students with disabilities. However, not all information can or should be recorded. When patient information is being shared whether in the classroom or in the clinical setting, disability accommodations must comply with HIPAA, which protects the confidentiality and security of health care information, including requiring that patient health information must be securely contained in a password-protected/encrypted environment. If students need to use recording devices as disability accommodations in a healthcare setting, including smart pens and note-taking apps, specific protocol and security measures must be enacted to maintain HIPAA compliance (see Scenario 7.2).

SCENARIO 7.2 Using a Smart Pen in the Clinical Setting

Request: A student with a disability that affects processing speed requests to use a smart pen while taking patient histories, to aid in accuracy of charting later in the day.

Concerns: Administrators want to provide a suitable disability accommodation to the student while also adhering to HIPAA regulations.

Solution: The smart pen can be stored in a locked area in the clinical setting, and the patient history recordings can be deleted, with the notes shredded at the end of each day. This allows the student to use a needed disability accommodation, while still protecting the patients' confidential medical information.

Speech-to-Text Technology

Medical professionals have used dictation software for many years. In recent years, dictation-type technology has been used to aid students with and without disabilities. Dragon Naturally Speaking, from Nuance Communications, Inc. and now Dragon Medical One, was some of the first commercially distributed software for dictation. Dragon is still the most commonly used speech-to-text software and is frequently used by physicians and other clinicians to dictate patient notes. For everyday note-taking on a small scale, students can download the free Dragon mobile application to a smartphone. Additionally, in the past 10 years, speech-to-text features, such as Microsoft Windows Speech Recognition and Apple Dictation, are built in to many computers and other devices. These products have established excellent accuracy rates and ease of use. All voice-recognition software requires the investment of time to “train” the software to accurately transcribe the nuanced speech patterns of each individual student before the full benefits are achieved.

Text-to-Speech, Screen-Reader, and Screen-Enlarging Software

These tools read aloud printed and encoded text from websites and electronic documents in order to provide access to students who cannot otherwise read the material due to visual, physical, or learning disabilities. Screen readers and text-to-speech software vary in their range of features (e.g., multiple voices, the ability to navigate a screen using keyboard commands, the ability to enlarge text or manipulate screen contrast, the ability to highlight words with multiple colors for coding different ideas, a built-in dictionary and other options for improving access to text), and some are specifically tailored for individuals with visual or learning disabilities. They are available as built-in accessibility features of a computer’s operating system (e.g., VoiceOver on iOS devices), and as separate software packages available for free online (e.g., NVDA or Balabolka) or for purchase (e.g., Job Access with Speech [JAWS], Read & Write Gold, Kurzweil, and ZoomText). In order to access printed course materials, such as the text of a book or article, via reading or enlargement software, the materials must be converted to an accessible electronic version.

FOR STUDENTS WITH VISUAL DISABILITIES

There are specific screen-reading software packages that are used by individuals with low and no vision. JAWS, which provides voice and braille output (when used with a specific braille display) for text content, is among the best known of these applications. Others include Window-Eyes, MAGic, ZoomText, and NVDA.

Other tools to enlarge screen areas and improve readability for individuals with low vision include Closed Circuit TV (CCTV) devices, loupes

and magnifiers, handheld or screen-mounted video magnifiers, and portable video magnifiers used with a computer display to enlarge anything in a room (e.g., Enhanced Vision's Transformer device). An advantage of all these devices is that they allow functionality for enlarging physical printed materials, including prescription labels, notes written on the board at a distance, and live tissue.

One of the biggest challenges for individuals with visual disabilities is the use of images on web pages and PDF files for printed materials. Although magnifiers can make these appear larger for those with low vision, neither PDF files nor web pages can be read by screen readers unless specific attributes are included in the development of documents for the web or PDF documents, as described earlier in this chapter (see previous section, "Websites and Digital Documents").

FOR STUDENTS WITH READING OR OTHER LEARNING DISABILITIES

Often, students with learning disabilities, ADHD, or other disabilities affecting cognitive processing require the previously described reading software to increase the comprehension or fluency of reading, rather than due to a visual disability. The ability to "hear" the words benefits students for other reasons as well. For some students, such as those with ADHD, anxiety, or depression, the ability to listen to material while simultaneously exercising helps students to maintain a workout regimen during their otherwise limited time, as well as tapping into the benefit for some to move while learning, improving their retention of material.

Many types of screen reading software exist on the market, although several products are the most widely used, including Kurzweil, Read and Write, and VoiceOver. Each product has unique features, strengths, and weaknesses, and they can also vary in price. DRPs (or an AT specialist) should assess which will match student needs best. As stated earlier, students will require reading materials to be in an accessible format in order to access them with their software.

Assistive Listening Systems

DHOH students with some residual hearing may benefit from assistive listening systems (ALS), which amplify sounds in the environment. Although hearing aids and other personal devices to assist in hearing are the legal obligation of the student to purchase, an assistive listening device must be provided by the institution in spaces designed for listening, such as lecture halls and classrooms.⁷

⁷8 C.F.R. 36.303.

In clinical settings, where background noise may vary, DRPs should work with students interested in using an ALS to test out a variety of systems, microphones, and headphones, or other delivery methods to see which system works best. Providers need to consider the nuances of various clinical environments to ensure the most effective solution is identified and to consider whether a different or supplemental accommodation may be necessary (see Chapter 5). The need for confidentiality of patient information will also influence the type of ALS selected. Generally, systems that use infrared waves or that gather and transmit sound in a closed system (e.g., by wire), are more confidential, as there is not the risk of sound “leaking” to an unintended audience. Frequency Modulation (FM) systems, which use FM waves to transmit sound, are generally not advised for amplification of confidential information as these transmit information beyond a contained space. If confidentiality of information is a concern, the DRP should consider an infrared device, such as the Sound Choice SC-186K. The benefit of infrared is that information is limited to “line-of-sight” receivers and will not leave a closed room. This is essential in clinical environments where sensitive patient information is discussed. Organizations such as Pepnet 2 or a student’s audiologist can provide additional guidance on selecting the appropriate ALS to meet a student’s needs. Table 7.2 describes ALS for DHOH students.

Students often use ALS in conjunction with other accommodations, such as recordings, notetakers, or CART, depending on the environment (see Chapter 5 for discussion of accommodations for DHOH students in clerkships). What works in one environment, such as a clinic with small rooms and one-on-one conversations with patients, may not work in a more stimulating environment like the ED.

TABLE 7.2 ALS for DHOH Students

DEVICE	HOW IT WORKS	CONSIDERATIONS
FM system	Sound is transmitted via FM (radio) waves to a receiver integrated with existing hearing device or headphones if no hearing device is used.	FM waves can travel approximately 50 feet and thus can be accessed outside the intended hearing area; may not be appropriate for clinical settings.
IR system	Sound is transmitted via infrared waves to a receiver integrated with an existing hearing device, or headphones if no hearing device is used.	May not work well in tiered auditoriums or spaces that are not enclosed.

(continued)

TABLE 7.2 ALS for DHOH Students (*continued*)

DEVICE	HOW IT WORKS	CONSIDERATIONS
Induction loop	Uses magnetic fields to transmit sound directly to hearing devices equipped with a “telecoil” switch; can also transmit to a portable receiver that can be used with headphones when a telecoil is not available.	May be built into an environment (installed in the floor or ceiling) and thus can only be used for fixed areas such as auditoriums or meeting rooms, or a mobile version can be utilized.
Personal ALS (e.g., Pocket Talker, MINI IR system, Sound AMP-R app)	A small portable device or integrated app that transmits sound gathered via a short-range microphone, amplifying sounds closest to it, to a receiver integrated with a hearing device; microphone may be directly connected or may use FM or IR waves to transmit sound.	Best suited for a small-group or clinical environment. Consider the mode of transmitting sound to ensure it is appropriate for the environment of use (i.e., FM systems are likely not appropriate for confidential discussions for reasons discussed earlier) Note concerns described earlier in chapter if app includes a recording feature.

ALS, assistive listening systems; DHOH, deaf and hard-of-hearing; FM, frequency modulation; IR, infrared.

ELECTRONIC HEALTH RECORDS AND ACCESSIBILITY

An electronic health record (EHR), sometimes called Electronic Medical Records, are a computer-based system that stores a patient’s medical and clinical data from within that clinical facility or across a healthcare system (e.g., all affiliates of a managed care organization or all affiliated facilities within a university medical center). EHRs are highly developed software packages developed by third-party companies, which are then adapted for the purchaser.

Federal law requires that all providers implement EHR systems and that all patient records be stored electronically by 2015 (although this deadline was later extended).⁸ As such, the entire medical community is striving to incorporate electronic records into all aspects of patient care and physician training. Issues related to the student use of EHR systems are a frequent topic of discussion in health science programs. Accessibility of EHR for students with disabilities, however, is often omitted from these discussions.

⁸Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, enacted under Title XIII of the American Recovery and Reinvestment Act of 2009 (Pub.L. 111–5).

If EHR systems used at clinical sites are inaccessible to students with disabilities, DRPs must work with staff at that site to determine a mechanism for ensuring access. Clinical sites and hospitals have IT staff members who are responsible—or other mechanisms in place—for trouble shooting and maintenance of EHR systems. At times, the DRP may know more about accessibility and available AT (e.g., Kurzweil, Read & Write Gold, JAWS, ZoomText, Dragon Naturally Speaking), and will need to work with on-site staff to determine whether the two systems can work together. This process may require configuring the system to be compatible with a certain screen reader or other accessibility software on a designated assigned computer station as a work-around. In some cases, an iPad may be utilized instead of a desktop computer due to its built-in accessibility features providing an instant solution. However, in some instances, a technological solution may not be possible. Table 7.3 presents common barriers to accessing EHRs and possible solutions.

TABLE 7.3 Common Barriers to Accessing EHRs

BARRIER	ISSUES	CONSIDERATIONS
<ul style="list-style-type: none"> ■ Difficulty reading and navigating material in EHR (students with print disabilities—visual, learning, and so on) 	<ul style="list-style-type: none"> ■ Screen readers and other reading software often cannot be used with EHRs due to security features of the EHR. <p>Possible Solution</p> <ul style="list-style-type: none"> ■ Some reading software has the ability to take a screenshot of a page and read it, allowing a work-around for EHRs that block reading software. 	<ul style="list-style-type: none"> ■ Screenshot conversions are not properly structured and thus can be laborious for someone who cannot see to easily “jump” to the relevant information ■ This solution does not solve the issue of navigating through the EHR. ■ The time to make a conversion can be prohibitive. <p>Bottom Line</p> <ul style="list-style-type: none"> ■ This solution may work best for a student with a learning disability who can see and identify what he or she wants to read more easily; however, it may be too cumbersome to manage. ■ Consider employing a reader/writer to assist the student to navigate the EHR if other solutions are not feasible.

(continued)

TABLE 7.3 Common Barriers to Accessing EHRs (*continued*)

Barrier	Issues	Considerations
<ul style="list-style-type: none">■ Difficulty seeing the EHR (low vision)	<ul style="list-style-type: none">■ Student's preferred enlargement software may not be compatible with the EHR.■ Computer stations provided do not have large enough screens to adjust resolution and navigate enlarged screen <p>Possible Solutions</p> <ul style="list-style-type: none">■ Try other enlargement software, including built-in enlargement software from the operating system.■ Have a computer station assigned to the student, and install a large monitor.■ Give the student an iPad to use with an EHR app (if available) that allows the student to enlarge text to the desired size.	<ul style="list-style-type: none">■ Student may need training to increase facility with the new software or device.■ Designating one accessible computer station may not be sufficient if the clinic model is to write notes in the EHR while meeting with the patient; an iPad may prove to be a better option here, instead of or in addition to an accessible workstation.■ An iPad may be a viable option for mobile or quick uses, but may be more laborious to use for writing long notes and in-depth review of patient charts; it may be best to provide an accessible workstation for in-depth reviews and case note writing. <p>Bottom Line</p> <ul style="list-style-type: none">■ Determine how all clinicians use EHRs, and determine the solution that will give students the greatest ease of use, commensurate to their peers.
Barrier	Issue	Considerations
<ul style="list-style-type: none">■ Difficulty typing into the EHR (mobility disability, RSI, and so on)	<ul style="list-style-type: none">■ EHR may not allow VRS to type directly into the system due to security features of EHR. <p>Possible Solution</p> <ul style="list-style-type: none">■ Use VRS to type notes into a Word document and then cut and paste into EHR.	<ul style="list-style-type: none">■ Will require clinic IT support to install VRS onto clinic computer(s).■ Student may require a designated accessible workstation due to cost of VRS licenses.

EHRs, Electronic Health Records; IT, information technology; RSI, repetitive strain injury; VRS, voice-recognition software.

When determining accommodations for EHRs, DRPs and clinical sites must take into consideration not only the student's needs, but also the required security and confidentiality necessary to protect patient information. For example, although an iPad may provide an instant solution for a student requiring access, it must be stored and password-protected in line with the clinical site's privacy guidelines for mobile devices.

The issues just outlined highlight the difficulties that arise when systems are not built and selected with accessibility in mind. When an EHR is chosen, developed, and implemented, accessibility of the system must be a nonnegotiable criterion for selection.

NEW TECHNOLOGY

Virtual Dissection and Cadaver Labs

Perhaps the single greatest technological enhancement in medical education, since the last edition of this text, is the movement towards the elimination of cadaveric dissection in medical education curricula.⁹ In some programs, the practice of studying gross anatomy using cadavers for an entire course has largely been replaced with virtual/augmented reality or a three-dimensional image. These virtual cadavers are the result of advanced imaging technologies and computational power that was unavailable until recently. Tools such as the HoloLens¹⁰ from Microsoft and the Anatomage¹¹ or Sectra Tables allow for instruction using real patient images. The Anatomage and Sectra Tables use high resolution images to replace the cadaver in the study of anatomy. These images can be "dissected" using actions like that used in a typical dissection. Cuts can be made to the 3-D image allowing for the study of internal components and the identification of these. Because the images are from a single source, all students will experience the same content. In addition, the images available can be combined with other imaging techniques, e.g., CT scans, x-rays, and so on, to enhance and supplement the anatomical imagery. The Microsoft HoloLens uses augmented reality to create a "visualization" of anatomy by providing users with a headset that allows them to "see" the structures in front of them. Unlike virtual reality, augmented reality goggles allow students to see their actual environment augmented with the selected images or structures. This format allows the individual user the ability to walk around the image, offering the ability to view structures and systems from any angle including above and below, all in three dimensions. The technology utilizes a headset that houses a computer that determined the image visible to the wearer, usually controlled by the instructor or assigned "lead." The images presented can be magnified and enhanced by combining multiple

⁹<https://case.edu/hololens/>

¹⁰<https://www.microsoft.com/en-us/hololens>

¹¹<https://www.anatomage.com/>

image layers. Students can then “dissect” the virtual cadaver and explore the individual components in a manner that can be repeated.

Although these advances may provide increased access for students with formaldehyde allergies or fine motor-based disabilities, the technology can also create new barriers for some students with disabilities. Given the novelty and evolving use of these devices, we have not yet identified all the barriers or solutions. DRPs should pay close attention to student needs as programs transition to these models and be prepared to quickly identify any disability-related barriers and troubleshoot solutions with the student, representatives from IT, AT consultants, the companies who created the devices and faculty members. Spending time to learn how these technologies are being used within their institution and developing relationships with DRPs at peer institutions using them will also help DRPs prepare to address barriers related to these new technologies.

OrCam MyEye2¹²

OrCam MyEye2 is new technology that represents an advance in wearable AT. Users of OrCam, which attaches to the bow of standard eyeglasses, can read text and recognize individuals and products using image mapping technology. The OrCam scans text of any kind, including barcodes, and uses optical character recognition technology to read that text for the user. The device can be used in over a dozen languages and can provide translation capabilities as well. This may be helpful to students who require reading assistance in real time, like during their time on the wards reaching charts. This new technology may offer multiple benefits that are not yet fully explored in health science education.

ACCESSIBILITY FOR DEAF AND HARD OF HEARING STUDENTS

Amplified and Visual Stethoscopes

Health science students depend on stethoscopes to properly examine a patient’s circulatory, respiratory, and gastrointestinal systems. Amplified stethoscopes can amplify sounds 30 times louder than an acoustic stethoscope. In addition to amplification, these stethoscopes are available with visual displays of the phonocardiogram or phonopneumogram to help the clinician to identify sounds. These products can be used with different headphones and hearing aids by wearing them in the ear (ITE) or behind the ear (BTE). Students should work with their healthcare providers to determine which stethoscope is best for use given their individual needs. Organizations such as the Association for Medical Professionals with Hearing Loss (AMPHL) offer mentorship

¹²<https://www.orcam.com/en/>

and advocacy for healthcare professionals with hearing loss and can provide advice about the use of amplified stethoscopes and offer a rich discussion of the subject in its online forums.

PAGING AND TELEPHONE SYSTEMS

There are two general types of paging devices that clinical environments may provide clinicians: text pagers, which offer the ability to send a message, and basic pagers, which display only a phone number. Generally, for DHOH students, it is helpful to list as an accommodation that the student should be provided a text pager with vibrating mode. This allows the student to connect and communicate with team members using text messages as much as possible, as opposed to using the phone, which poses additional concerns.

The type of accommodation for a DHOH student who needs to use a phone system in the clinical environment will depend on the student's level of residual hearing and communication preferences as well as the ways that telephones are used in the clinical setting. The DRP should have a good understanding of the standard ways that phones are used in the clinical environment to assist a student in determining the best accommodation. Hard-of-hearing students may find that a phone system with built-in amplification features is sufficient, whereas video or audio relay systems may be necessary for students with more profound hearing loss. Certain telephone captioning systems, such as Captel, may not be reliable enough for transmitting medical information that needs to be exact, so caution should be exercised when selecting a telephone accommodation. When possible, efforts should be made to select a telephone accommodation that will work across multiple settings. Each clinical site may have a different type of telephone system, and creating one solution that works in all the sites will save all of the parties much time and frustration.

Patient privacy is less of a concern for telephone accommodations than for ALS selection. Telecommunication relay services such as relayed captioning, Internet protocol (IP) relay, and video relay services are HIPAA compliant and can be used to communicate with patients and with fellow healthcare professionals regarding protected health information (Federal Communications Commission, 2004).

Accessible On-Call Rooms

DHOH students who are required to do overnight call rotations may need to implement specific AT in the clinical setting to ensure that they are able to wake up when called, similar to those used at home. Possible accommodations include a strobe alarm or "bed shaker," which vibrates in order to wake the person, connected to the student's phone, pager, or other alert system used to contact clinicians during "on-call" shifts.

CONCLUSION

AT can prove highly beneficial to students with disabilities. The key for DRPs is to collaborate with the student through the interactive process to ascertain the student's individual needs, comfort levels, and current use of technology. In addition, DRPs should foster collaborative relationships with IT staff to ensure that the technology in place is both useable by the student and maintains the security of the privileged information prevalent in a health-care environment. In many cases, DRPs work closely with faculty, instructional designers, and other administrators to design materials and instruction that reduce the need for accommodation. The principles of universal design should be used in conjunction with AT to ensure maximum accessibility for students with disabilities and eliminate as many barriers in the environment as possible. Technology utilized in instruction and available to all campus community members must be selected with accessibility in mind, in order to ensure that minimal work-around solutions are required for all students to access it, with or without the use of additional AT.

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Professionalism and Communication about Disabilities and Accommodations

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INTRODUCTION

For all students, the transition to health science education requires a new set of communication skills. Development of professional communication skills is crucial to making an effective transition into their programs. Health science students with disabilities have added responsibilities in the educational environment: they must disclose their disabilities, engage with the disability office to discuss reasonable accommodations, and work with faculty and staff to implement approved accommodations. All parties must communicate effectively to ensure that access to approved accommodations occurs smoothly and in a timely manner. This chapter helps faculty, administrators, and disability resource professionals (DRPs) foster effective communication with health science students regarding disability disclosure and accommodations across educational contexts. It also outlines several key issues for equal access including: (a) the appropriate boundaries for sharing disability-related information, (b) guidelines for professional communication, and (c) DRP, student, and faculty roles and responsibilities in this process.

In Appendixes 8.1 and 8.2, you will find stakeholder-specific guidance on communication including examples of poorly constructed and well-written communication with footnotes that encapsulate advice for students and faculty.

WHY IS PROFESSIONAL COMMUNICATION IMPORTANT?

Clear and appropriate communication between faculty, administrators, and students is essential to create a solid foundation for the accommodation process throughout a student's tenure at an institution. Attending to communication ensures a shared understanding of policies and procedures. This clarity in communication also reduces misunderstandings and allows for quicker resolution if complexities arise. Most importantly, clear communication with students regarding accommodations conveys a welcoming atmosphere where students feel comfortable disclosing a disability and identifying barriers.

In graduate and professional schools, there is an expectation that students demonstrate a higher level of self-direction and self-advocacy in their behavior and learning, compared with their earlier education. Language and communication are essential aspects of safe patient care that are integrated into the competency of "professionalism" embedded throughout the curriculum to support the professional development of students as they become healthcare providers. This is evidenced by inclusion of a professionalism domain in the majority of technical standards for medical and other health science programs. In fact, the Accreditation Council for Graduate Medical Education (ACGME) includes professionalism and interpersonal and communication skills as two of six "core competencies" for medical residency programs (ACGME, 1999). Similarly, the Commission on Collegiate Nursing Education (CCNE) requires that nursing students demonstrate competencies in leadership communication, conflict management, ethical decision-making, and cultural competence, among others (CCNE, 2009).

Health science professionals must adhere to a code of professionalism. Professionalism is defined similarly across healthcare professions internationally and encompasses several aspects of behavior, including professional relationships, work habits, ethical principles, external standards, and communication. It has been defined as "behaviors by which we—as physicians—demonstrate that we are worthy of the trust bestowed upon us by our patients and the public," (Swick, 2000), or as broadly as the "extent to which an occupation or a member of that occupation exhibits the characteristics of that profession" (Royal Pharmaceutical Society, 2006).

Professionalism is critical to forming relationships with patients and other healthcare team members that are based on respect, integrity, and responsiveness to the needs of others. For these reasons, professionalism is often included as an aspect of technical standards and is a defined competency in courses and clerkships. This means that ongoing or egregious breaches of professionalism

are independent grounds for dismissal or withholding a degree (see Case Examples 8.1 and 8.2).

CASE EXAMPLE 8.1 *Al Dabagh v. Case Western Reserve University*¹

A medical student who excelled academically throughout his medical education completed the requirements to earn his medical degree but was not certified for graduation by the school. Instead, he was dismissed at the end of his program due to breaches of professionalism that began in his first year and continued throughout his education. The professionalism concerns included excessive tardiness; complaints about his working demeanor from patients, nurses, and others during internships; allegations of sexual harassment from fellow students; and a conviction for driving while intoxicated. The student sued the school for failing to honor its contract with him as a student (disability was not a factor in this case).

The lower court ruled in favor of the student, but the court of appeals reversed and upheld his dismissal, noting that professionalism is repeatedly identified in school documents describing expectations for students, as well as being an important part of the medical profession, and schools may exercise academic judgment regarding whether a student has fulfilled the necessary requirements to receive a degree.

CASE EXAMPLE 8.2 *Halpern vs. Wake Forest University*²

A student with ADHD and an anxiety disorder was dismissed from medical school for unprofessional behavior, including rudeness, inability to accept criticism, multiple unexcused absences and tardiness, consistent failure to meet deadlines, and belligerence. During the dismissal process, he claimed that his behavior was attributable to his disability and associated medication and that the university had not adequately accommodated him.

The court ruled that because professionalism was an essential requirement of the program, the student must be able to meet the professionalism standards. If he was unable to do so, the court held, he is not otherwise qualified to be in the program, and dismissal was proper.

ADHD, attention-deficit/hyperactivity disorder.

¹ *Al-Dabagh v. Case Western Reserve University*, 777 F.3d 355 (2015).

² *Halpern v. Wake Forest Univ. Health Science*, 669 F.3D 454 (4th CIR. 2012).

In the case of *Al Dabagh* (see Case Example 8.1), the student did not have a disability, *per se*. The case, however, illuminates the serious nature of professionalism lapses through the consequences that can occur, including dismissal or withholding of a degree. In this case, the court supported the school's decision to withhold a degree citing professionalism as a core requirement for the medical profession. Similar legal findings (see Case Example 8.2) support the notion that professional behavior is a core criterion for health science professionals.

However, schools should take care not to allow professionalism standards to be used for disability discrimination. Case Example 8.3 describes such a situation.

CASE EXAMPLE 8.3 *Neal v. University of North Carolina*³

A social work graduate student began experiencing manic episodes, with “erratic behavior” and “disorganized and hard to follow expressions”; however, her academic performance remained good. The faculty retention committee voted to retain her and referred her to school mental health supports. The following semester, the student was hospitalized for 15 days. The student returned with the full support of her psychiatrist, but the school dismissed her based on her pre-hospitalization behavior (erratic, poor attendance, and so on). Her faculty’s assumed that her “mental health difficulties” would inevitably cause her to fail and will impair her professional judgment. They also expressed concern for the reputation of the program. The student sued, alleging that she is now stable and can complete the degree, non disabled students were not held to the same attendance standards, and that her disability itself was part of the dismissal determination. The SOSW countered that their decision was solely based on her “unprofessional conduct,” not her disabilities, and asked the court to dismiss the case.

The court refused to dismiss the case, saying, “These allegations suggest that the SOSW went beyond academic norms when considering plaintiff’s actions and creates a reasonable inference that plaintiff’s mental illness was a motivating factor in the dismissal decision.”

SOSW, School of Social Work.

Despite the importance of professionalism, expectations in clinical portion of programs (e.g., for communication, behavior, and interpersonal interactions) are not always clearly articulated and may be subjectively assessed. For example, on one rotation, students might be encouraged to address their

³ *Neal v. University of North Carolina*, Case No. 5:17-CV-00186 (E.D.N.C 2018).

supervisor by first name, whereas on another, addressing the supervisor in a casual manner may be interpreted as unprofessional behavior. Furthermore, faculty may not model the professional communication they desire in their students. These conditions may assume that students already possess the skills to interpret subtle cues and situational nuances absent clearly identified action/reaction parameters. These inconsistencies may challenge students with disabilities who struggle with unspoken rules and hierarchies.

Professionalism should be a competency measured in all clinical experiences, and the institutional culture should reflect the professionalism expected of students. The educational program should clearly define the competency and provide the instruction, feedback, and modeling necessary for students to develop these skills. By establishing clear objectives and policies regarding professionalism that govern all clinical experiences, students, faculty, and clinical staff can consistently communicate expectations. Moving away from subjective evaluation of professionalism is beneficial to all students but especially for students with disabilities who may require specific feedback in order to develop their communication skills with each new environment.

ADVICE FOR DRPS

Communicating and Disclosing Disability

DRPs may encounter professionalism concerns that arise in disability-related communications. In order to access accommodations, students must communicate their disability-related needs first to a DRP and then communicate with faculty about accommodations. Like any other communication with faculty and program administration, communication about a disability reflects a student's professional communication skills. For many students, however, this communication is anxiety provoking. Research suggests that students may be reluctant to share information about their disabilities, anticipating adverse treatment from school administration, peers, or faculty as a result (Jain, 2019; Meeks & Jain, 2018). Some students may have had negative experiences accessing accommodations in the past and, as a result, communicate in ways that are reflective of these experiences. Other students may be new to accessing accommodations due to novel barriers in the health science environment, a new diagnosis, or changes to an existing condition. In these instances, a student may be unsure about what to say and how to say it. This can lead to communication mishaps, including (a) late notification of a need for accommodations; (b) brief or excessively lengthy communication; (c) taking an overly defensive, emotional, or assertive stance in communication; or (d) simply not reaching out to ask for assistance. DRPs should anticipate that students may display these communication patterns and work with them to develop new professional skills to talk about their disability and accommodations.

Another aspect of professionalism that may arise is the timing of students' disability disclosures. Despite the best efforts of program leaders to

communicate resources, create a welcoming environment, and encourage disclosure, some students may not disclose until after they experience difficulties in the program. There are several reasons why students do not disclose or do not fully disclose. In their review of the literature on college students with disabilities and help-seeking behaviors, Trammel and Hathaway (2007) concluded that a student's decision to seek help is "complex, multilayered, and highly correlated to the climate and disability environment on campus, as well as to personal factors related to motivation, which vary from student to student" (p. 6). Students may arrive at graduate or professional schools having mitigated the impact of disabling barriers in previous academic settings, with or without formal diagnosis of a disability or accommodation. In the new environment of health science education, students may not realize that they require accommodations and thus may not disclose. Some students may also have recently acquired a disability or formal diagnosis and may not connect their personal experience with the term "disability" or to the formal process of disclosure and accommodation requests. This issue is often magnified in the health sciences, where the culture of excellence is less tolerant of students who demonstrate their knowledge in nontraditional ways. For example, an instructor may feel that a student receiving extra time on a procedural exam is not as competent as a student who completes the exam without this accommodation. Thus, a program's negative disability climate may affect student disclosure. Remedying the climate should be a primary concern, particularly where DRPs see repeated delays in disability disclosure.

The outcome of poor communication in the health sciences environment can be strained relationships and misinterpreted expectations. Students may also not receive necessary accommodations as a result of communication breakdowns. Faculty, DRPs, and students should strive for transparent, professional, and exact communication regarding accommodations, to ensure a smooth process. Finally, students and faculty should strive to maintain a professional relationship, as they will soon become part of one professional network, and faculty may be called upon for references for jobs or other future pursuits.

Supporting Disclosure and Professional Communication

Supporting professional communication about disability and ensuring that communication is filtered through the proper channels takes a coordinated effort on the part of the program and the DRP. The first way health science programs can encourage disclosure of disability is to guarantee that a qualified individual or office oversees the accommodation request and implementation process to protect student privacy (Meeks & Jain, 2018). Without a clearly identified, knowledgeable, and private point-person responsible for accommodations, students may inadvertently disclose to faculty. Disclosure

directly to faculty can be problematic as faculty and students in the health sciences can easily slip into an in-depth medical dialogue about diagnosis, prognosis, and course of treatment when discussing a student's disability. Students might also feel compelled to share details about their diagnoses as a way of justifying their need for accommodations. They may falsely believe that disclosing the nature of a disability will result in a more empathic response and an enhanced understanding of their needs, given that faculty are health professionals. Conversations about a student's disability may place both the student and faculty in a vulnerable position. This type of discussion can invite unwanted medical advice and ongoing questions about the student's medical status and well-being. Students may leave a conversation of this nature feeling that they have shared too much. Even though faculty may have good intentions, this may result in future interactions that focus on a student's medical status versus their learning. Having a qualified, independent individual or office responsible for accommodations should avoid this predicament.

Next, DRPs should work proactively with students to develop their communication skills and provide tools to support communication of accommodations (see Appendix 8.1). Faculty members and administrators should also seek to strengthen their communication as it pertains to students with disabilities (see Appendix 8.2). Although most faculty are also healthcare providers, their relationship with students is that of an educator. Therefore, students are not required to disclose personal health information to faculty, nor are they obligated to discuss the specifics of their disability (including disability category) with any faculty (see Practice Recommendation 8.1). Given their educator role, faculty should never request additional documentation (e.g., doctor's notes, documentation of illness, medical evaluations). No additional justification of disability or need for accommodation is warranted once the disability office determines accommodations.

Practice Recommendation 8.1 A Student's Disclosure of Personal Health Information

Students are not obligated to disclose personal health information or the nature of their disability to faculty, administrators, or other program personnel in order to access accommodations agreed upon with the disability office. All program policies, practices, and faculty training should reflect this principle.

Finally, to foster a safe space for disclosure, the disability office should orient procedures toward student privacy. The disability office can achieve this through written policies and procedures for how disability information

will be held within the office (Jain & Meeks, 2017). In Chapter 2, we offer practice recommendations for maintaining confidentiality of documents. Later in this chapter, we will discuss procedures to maintain student confidentiality in more detail. Another way that DRPs can support student privacy is to review the reasonableness of accommodations with the respective program to ensure that technical standards are not compromised in advance of their implementation. This ensures that, at the point a student discusses their accommodation with faculty, the student is not in a position of negotiating the accommodations—something the Office for Civil Rights (OCR) has discouraged (see also Chapter 4 for further discussion of OCR guidance on this topic).

PROCESS FOR DISCLOSING A DISABILITY

DRPs should communicate the program's process for accessing accommodations to students and publish school-specific accommodation processes online to ensure transparency for students and faculty (see Chapter 4, Appendix 4.3, for an example). These policies should make clear that students have the responsibility to follow their program's procedures for accessing accommodations each quarter or semester. When communicating the policy to students, The DRP should convey that deviations from the identified process, such as requesting accommodations directly from faculty rather than the disability office, creates space for misinterpretation and mishandling of requests. Courts have held that when a process is clearly identified, students must engage with the defined process to request accommodations (See Case Example 8.4).

CASE EXAMPLE 8.4 *Buescher v. Baldwin Wallace*⁴

A nursing student who struggled academically was dismissed from the ABSN, at Baldwin Wallace University due to receiving two “C” grades. Upon dismissal the student filed a lawsuit that (among other accusations) stated the school failed to accommodate her ADHD. The student reached out to disability services after starting the program and was told that she needed to complete an application form and verification form. She had her provider complete and send in the verification form but failed to complete the application. The student handbook required that the student provide her instructor with a letter from disability services documenting her eligibility and delineating reasonable and appropriate accommodations.

(continued)

⁴ *Buescher v. Baldwin Wallace* 86 F. Supp. 3d 789 (N.D. Ohio 2015).

CASE EXAMPLE 8.4 Buescher v. Baldwin Wallace (continued)

Any student with a documented disability (e.g., physical, learning, psychological, vision, hearing, and so on) who feels s/he may need an accommodation based on the impact of that disability should contact the Disability Services at 440-826-5936 in the Ritter Library, Room 207, to establish eligibility and to coordinate reasonable accommodations. Students will not be accommodated unless they provide their instructors with a letter from Disability Services.

The student admitted that she never presented such a letter to her instructors although she had one “in the works.” Therefore, she did not request an accommodation for her disability and there can be no failure to accommodate. The courts provided summary judgement to the school.

ABSN, Accelerated Bachelor of Science Degree in Nursing Program; ADHD, attention deficit hyperactivity disorder.

ADVISING STUDENTS ABOUT DISCLOSURE

Students may seek advice from DRPs about whether they should share their diagnosis directly with faculty. To best advise them, it is helpful to discuss the student's purpose for this type of disclosure and provide balanced information in response.

Students should understand that they do not need to share the nature of their disability in order to justify their accommodations. The accommodation process seeks to separate evaluative faculty and administrators from a student's disability documentation to offer students a level of privacy. Knowing the nature of a student's disability is not necessary to determine the reasonable nature of an accommodation as these are determined as part of an interactive process that focuses on the student's functional limitations and program barriers (see Chapter 4 for a full discussion of this process).

However, for some students, disclosing disability can be empowering and can help reduce the stigmatizing potential of disability. Therefore, students may wish to be more open about the nature of their disability in order to shift perceptions of disability in their profession (Jain, 2019). For example, students may wish to demonstrate that someone with attention deficit hyperactivity disorder (ADHD) can be a capable medical student or reduce stigma around discussing psychological disabilities. When DRPs, faculty, and administrators encourage students not to discuss the nature of their disabilities, this can proliferate stigma and silence about disability, even when this is not the intended outcome. Disability disclosure is a deeply personal decision. DRPs should walk alongside students on their disclosure journey, not silence what may be an important part of their identity and a reason they decided to enter the health professions (Jain, 2019). Whether a student chooses to disclose or not, all communication about disability, regardless of the level of disclosure, should be kept professional.

OFFICIAL PROGRAM COMMUNICATIONS ABOUT DISABILITY

Official communications from the program, school, or university should be carefully crafted to convey a welcoming tone to students with disabilities and provide clear procedures for students who may require accommodations in multiple locations. This information should appear in official communications to candidates for admission and should continue after students are enrolled.

Communication about Disability prior to Enrollment

Although most accommodations are determined after a student arrives at the institution, it is important to invite early communication about accommodations from the initial application to the time of enrollment. Candidates for admission may require accommodations to complete applications or participate in interviews or admitted student days, and they may want to discuss possible accommodations before matriculation. A short statement about the disability office on the application, interview materials, and letters of acceptance will alert students that accommodations are available and who the appropriate person is to discuss them with. The identified contact should be the disability office or DRP, rather than the admissions office, to allow students a degree of privacy and ensure they receive expert advice in disability and accommodations. Suggestions for sample language are provided in Practice Recommendations 8.2, 8.3, and 8.4.

Practice Recommendation 8.2 Application Statement

[Name of school or program] welcomes applicants with disabilities. If you are an applicant with a disability who requires accommodations to complete this application, please contact [Insert name of disability office and DRP, and contact information for office].

DRP, disability resource professional.

Practice Recommendation 8.3 Interview Statement

[Name of school or program] welcomes students with disabilities. If you are a student with a disability who requires accommodations during your interview, please contact [Insert appropriate office and contact information for office]. If you have questions during the application process about the availability of accommodations or the process for disclosing a disability, please contact the [insert name of office and DRP] for a confidential consultation.

DRP, disability resource professional.

Practice Recommendation 8.4 Acceptance Letters

[Name of school or program] welcomes students with disabilities. If you are a student with a disability who requires accommodations to fully access the [Insert program or school], please contact [Insert name of DRP and disability office and contact information for office] for a confidential consultation. Accommodations are never provided retroactively. Students are encouraged to request accommodations before the program starts.

DRP, disability resource professional.

Communication about Disability after Enrollment

Student concern about possible stigmatization on the basis of disability continues even after being accepted into a program. Many accepted students remain hesitant to disclose a disability for fear of being stigmatized due to stereotypes about having a disability. After enrollment, programs should ensure that clear and welcoming communications continue. This conveys a positive environment that encourages students to disclose and seek accommodations, if needed. Furthermore, students who may not have realized initially that they require accommodations will benefit from continued information about where and how to request them. Reminders about the availability of accommodations and how to request them should appear in formal communication on the program website, in student manuals, and online portals.

ORIENTATION

A representative from the disability office who speaks at student orientation can often ease student apprehension about disclosing disability and requesting accommodations. By addressing students at orientation, DRPs can provide detailed information about what constitutes a disability and address how the office maintains student privacy, including how documentation is stored. In this presentation, the DRP should provide examples of typical accommodations, including those provided in clinical settings. This type of presentation helps demystify the process of applying for accommodations and associates a friendly face with the disability office. Students report greater comfort approaching a familiar face and having some knowledge of accommodation-related processes and practices prior to reaching out to the office. Importantly, having a representative at orientation speaks to the program's commitment to diversity and inclusion and sends a clear message that students with disabilities are a welcome and valued part of the community.

SYLLABUS STATEMENTS

Including an accommodation statement on course syllabi is another effective way to signal that the institution welcomes student with disabilities. Syllabus statements also convey a clear, confidential process for students to seek

accommodations. Many schools offer a standard syllabus statement for faculty to use. Faculty may also contact the disability office to inquire about crafting a statement about disability and accommodations for their syllabi. Practice Recommendations 8.5 provides well-written and poorly written sample statements.

Practice Recommendation 8.5 Syllabus Statements

Well-Written Syllabus Statement

[Name of School] is committed to providing equal access to learning opportunities to students with documented disabilities.^a To ensure access to this class and your program, please contact [designated contact person for disability resources] to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings.^b

Accommodations are not provided retroactively.^c Students are encouraged to contact [name of disability office] as soon as they begin their program. [Name of school] encourages students to access all resources available through [name of disability office] for consistent support and access to their programs. More information can be found online at [disability office website] or by contacting the office at [disability office phone number].^d

^a Indicates a welcoming educational environment.

^b Makes the student aware there is a process to follow before accommodations can be made.

^c This is important for students to know prior to starting a class.

^d Make information about contacting the office readily available.

Poorly Written Syllabus Statement

Please contact the Disability Office for help with accommodations.^a

^a This statement, although valid, does not encourage students to disclose and seek accommodation or indicate the process for making this request. The lack of detail may also communicate that the faculty and program are not welcoming of students with disabilities. Finally, the statement suggests that a disabled student requires help, rather than equal access to an inaccessible experience.

ADVICE TO FACULTY

When a Student Discloses a Disability Directly to Faculty

Even if the program communicates a process for requesting accommodations that directs students to the disability office, a faculty member may be the first person to whom a student discloses disability or requests accommodations. In these situations, it is important for faculty to be knowledgeable about the disability office and the processes for requesting and implementing accommodations. Faculty should direct students to the disability office and explain that students must request accommodations using the identified process. Determining accommodations is the responsibility of the disability office, and faculty are cautioned against providing accommodations without official sanction from the institutional representative designated to hold this responsibility. Any medical documentation a student presents to faculty should be

politely refused, maintaining a communication style that is supportive and speaks to the school's commitment to the student's privacy. Students should be encouraged to visit the disability office to submit their documentation. Faculty can assist students with the process by following up with students via email, reiterating the referral. With the student's permission, the faculty member may wish to copy the DRP to make a direct connection. This follow-up is critical, as the student has disclosed to a faculty member, who is an agent of the institution and therefore has a duty to direct them to the appropriate office. By sending an email, faculty members convey their support, direct the student to the appropriate office, and document the date and time they referred the student (see Examples 8.3 and 8.4).

EXAMPLES 8.3 and 8.4 Well-Written and Poorly Written Follow-Up Email After a Student Self-Identifies

Well Written

Dear Student,

Thank you for meeting with me today. Because you let me know you used disability-related accommodations in the past, I wanted to follow up with information about the Disability Resources Office here at _____ University. Information about requesting accommodations can be found on the school website at www.xxxx.edu/ds. I have also copied the Director of Disability Resources on this email, as you expressed interest in speaking with a disability office staff member.^a I encourage you to make an appointment to explore the possibility of using accommodations. I hope you find this resource helpful.

Best,
Prof. Consejo

Poorly Written

Dear Student,

Thank you for coming in today. After our discussion, it sounds like you will be fine in the course without any accommodations. If you need help, the office is always there, but hopefully you will keep working hard and will not need the office!^b

Best,
Prof. Consejo

^aFollowing up with specific contact information provides the student with a clear and easy way to get information about accommodations and follow up with the appropriate contact.

^bThis email minimizes the student's request for accommodations by implying that if a student works hard enough, they should not need accommodations. The statement also vaguely refers to the disability office, but it is not clear and does not give the student any specific information about next steps or contact information. The tone is too casual and almost dismissive of the needs of the student.

Maintaining Appropriate Boundaries

Faculty can unknowingly impede a student's right to privacy when they ask questions of a personal nature. When this occurs, it is usually done without malicious intent and comes from a place of a general concern for the student's well-being. Good intentions, however, do not negate the need to maintain professional boundaries and communication around disability. Faculty and administrators should understand that respect for student privacy serves everyone well. Setting appropriate boundaries is critical and can be established when communicating via email by focusing on the accommodations and not a student's disability or diagnosis. Also, by maintaining a more formal tone, faculty set a professional standard for future communication. Finally, faculty should attempt to respond to a student's disclosure within 24 business hours. A simple return email that acknowledges receipt of the email is warranted and can reduce the anxiety students may have around a faculty members response to receiving formal notice of disability-related accommodations.

RESPONDING TO A SUSPECTED DISABILITY

Faculty members who suspect that a student has a disability but are unsure should tread carefully. This is particularly important in the health professions, where faculty and administrators often have clinical expertise and may be tempted to form a clinical opinion based on observations. In an article about medical faculty with disabilities, Steinberg, Iezzoni, Conill, and Stineman (2002) state that "colleagues or supervisors often think their medical training gives them special insight into the faculty member's abilities and needs. But [they] may have inaccurate perceptions or limited knowledge about specific diseases or disorders; they may thus harbor overt or hidden biases or misconceptions" (p. 3149). The same principle applies for faculty understandings of students with disabilities. It is dangerous territory and bad medical practice to form a presumptive opinion or provide medical advice without full information.

If a student alludes to a long-term learning difficulty, mentions current health issues, or states that they are seeing a counselor for mental-health related concerns when discussing performance difficulties, faculty should refer the student to all of the resources available including the disability office. If, on the other hand, a student displays behavior that leads a faculty member to believe that the student may have an undiagnosed condition, including a learning disability, but does not mention this during conversation, the faculty member should discuss this with the DRP but not directly suggest to the student that they may have a disability. Understanding the available resources on campus helps faculty make an informed referral for these types of cases; for example, some disability offices conduct pre-screenings with students to determine if a referral for a disability-related diagnostic evaluation is warranted. A good and nonoffensive practice is to always make students aware

of the myriad of resources available to them on your campus (see Practice Recommendation 8.6).

Practice Recommendation 8.6 Response to a Student Alluding to a Disability

Faculty response:

Thank you for coming to speak with me today [or thank you for your email]. I am sorry to hear you are having difficulty. [insert name of institution] offers several student services. These include the learning center, the counseling center, and the disability office. These offices are designed to support students personally and academically, and many students find them helpful.

Outcome:

This statement normalizes help-seeking behavior and lets the student know that the faculty member encourages disclosure and works well with the disability office. By referring a student to multiple supports at once, along with the referral to the disability office, faculty offer guidance that is nonthreatening. This is particularly important if a student does not explicitly mention a diagnosis or use of health or mental health support to explain the difficulty.

This approach has the benefit of normalizing the student's concerns by indicating that the faculty member has worked with these offices before. The referral is supportive and remains focused on improving the students' ability to learn, which falls within the purview of an educator, and does not suggest a specific diagnosis, which would fall under the purview of a clinician. At times, students may push back on the idea of going to the disability office and not think of themselves as someone with a "disability," particularly those with chronic health conditions, including mental health diagnoses. It is helpful to explain to the student that disability is a broad term encompassing a number of situations and that the disability office can often be a good source of information and referral to other offices if deemed necessary. It should go without saying that referrals should occur in a private space. If a student raises a concern with a faculty member at the end of class, the faculty member should schedule a meeting to discuss the issues privately.

EMAIL AND TEXT MESSAGE COMMUNICATION BETWEEN FACULTY AND STUDENTS

Email is now the most common form of communication between faculty and students, and text messaging is on the rise. Both are fast and convenient, and email provides documentation of conversations. While emails usually follow a more formal tone, text messaging is inherently casual. Boundaries are not well established in the text message medium. Therefore, we do not recommend utilizing text messaging for any conversations about disability- or accommodation-related needs.

Despite the ease of email and text-message communication, there are times when it may be necessary to meet in person. When accommodations are more dynamic in nature, for example, those used in response to flares in symptoms such as attendance-related accommodations, an in-person meeting between the faculty member, the student, and the DRP may be warranted. This type of meeting would ensure that all parties agree on the terms of a specific accommodation, including a protocol for putting these into practice. The DRP should send a follow-up email summarizing the main points of the conversation, along with any expectations and goals established during the face-to-face meeting (see: Examples 8.5 and 8.6).

EXAMPLE 8.5 Well-Written Follow-Up Email regarding Accommodations

Dear Student [with CC to Professor Rabinovitch],

Thank you for meeting with me and Professor Rabinovitch today. I would like to summarize the goals and expectations that we established for the semester, to ensure a collective agreement and provide a reference point moving forward.^a

As we decided, when you have a flare-up of your condition, you will contact me as soon as possible in order to discuss a new deadline for any missed assignments.^b I will coordinate this with Professor Rabinovitch. New deadlines will be met by the agreed-upon date. If further modification is needed, you will contact me in advance to discuss. Assignments not submitted by the agreed-upon dates will result in a reduction in [e.g., grade] and may result in [describe potential consequences, e.g., grade reduction, failure of a course].^c

If you need to miss class because of a flare-up, please contact me and Professor Rabinovitch as soon as possible, no later than 1 hour before class, to let us know you will be absent. As discussed in our meeting, it may not be feasible for you to miss more than four classes.^d

We will meet again mid-semester (or prior to that, if necessary) to gauge how things are going and review these expectations. Do not hesitate to contact me should you need any assistance moving forward.^e

Best,

[Signed by the DRP or liaison]

^a Confirms meeting and provides a written summary of the discussion.

^b Provides clear instructions on the process, what to do in the event of a flare-up.

^c Provides clarity concerning any accommodation that involves deadlines and clearly spells out consequences.

^d Emphasizes the need for communication in a timely manner, also specifies the total number of possible absences.

^e Invites student to reach out if there is a change in the condition and to reassess.

EXAMPLE 8.6 Poorly Written Follow-Up Email Regarding Accommodations

Dear Student,

Even though you are approved for absences from class and extended time for assignments, I do not believe you can be successful if you are not in class. I hope you will be able to meet deadlines; otherwise your grade could suffer.^a

Prof. Rabinovitch^b

^a Clearly states that the faculty has no intention of following the accommodation. Also places pressure on the student to attend class regardless of health condition.

^b The email is sent by the faculty member, not the DRP. This type of accommodation should be coordinated between the DRP, faculty, and student with the DRP leading the process to ensure the student's request is carefully considered in line with good accommodation practice. The student should not be put in a position to negotiate accommodations directly with their faculty.

EMOTIONALLY LOADED COMMUNICATION

Communication can be ripe with misunderstanding and misinterpretation. At times, students may unintentionally send emotionally loaded statements in their communications with faculty. Although unintentional, this is not professional and should be addressed swiftly. For example, a student who is uncomfortable about discussing their disability and who feels indebted to the faculty may send a lengthy email full of gratitude and thanks, but in an unrefined manner (see Example 8.7). Faculty should directly address any emotionally loaded statements in communication about accommodations, advise students not to use such statements, and support the legitimacy of accommodations (see Example 8.8).

EXAMPLE 8.7 Emotionally Loaded Student Communication

Dear Dr. Patwari,

Please excuse my absence from class today, I am so very sorry. I was very ill experiencing a flare of my disability and I promise to make up all the work. I am sorry if this caused you any inconvenience with the class. I really could not make it to class today. Again, I am so very sorry.

Sincerely,
Ursula

EXAMPLE 8.8 Faculty response to an emotionally Loaded email

Dear Ursula,

Thank you for your email. There is no need to apologize or explain. As agreed, you are able to miss two classes beyond the stated policy given your disability-related accommodation. Should you require additional accommodations, please contact the disability office for a confidential consultation. In the meantime, should you need to miss class again, just let me know. Please know that it is not an inconvenience to ensure your access to this course. I hope you are feeling better soon.

Best Regards,
Dr. Patwari

DRPs also have a role in addressing emotionally loaded communication. DRPs should encourage students to remain focused on accommodations, positive, and professional in their communication with faculty. This approach is also useful when seeking resolution of any concerns. DRPs can assist students with avoiding the following types of emotionally charged language when communicating about approved accommodations:

- *"I know you must be upset..."*
- *"Please don't think I'm lazy..."*
- *"I don't want to inconvenience you with my accommodations..."*
- *"I feel horrible asking this, but..."*
- *"Please forgive me for asking, but..."*

Students with disabilities are entitled to the accommodations approved by the disability office. They should not be made to feel as though they must apologize for their disability or their need for accommodations. Formal accommodations approved by the disability office have been determined reasonable and are tools to facilitate equal access to learning.

ADVICE FOR THE TEAM: DRPs AND FACULTY**Maintaining Confidentiality of Student Disability Information**

All disability-related information, including accommodation letters, correspondence, and consultations, are considered confidential and must be managed in line with the Family Educational Rights and Privacy Act (FERPA) regulations (see Chapter 2 for more information about privacy of student

documentation). Electronic, paper, oral, and any other type of communication is included under FERPA regulations. The disability office and faculty both have responsibilities to maintain students' privacy. Careful protection of students' disability information within the disability office fosters a safe space for disclosure. The disability office should maintain careful procedures and written policies that ensure a student's privacy (Jain & Meeks, 2017). Later in this chapter, Practice Recommendation 8.7 provides guidance for these procedures.

In addition to fulfilling legal obligations, maintaining a high standard of privacy maintains an environment in which students with disabilities feel respected, safe, supported, and protected. Breaches of personal information can lead to complaints of discrimination if students feel that they have been treated unfairly because information about their diagnosis or disability status was shared inappropriately. When information is shared inappropriately, the institution is open to potential complaints even if there was no intended discrimination. Students may perceive a hostile environment if personal information is disclosed. Disclosures of information are generally inadvertent. For this reason, faculty should maintain a high level of vigilance to avoid unintentional but inappropriate disclosure of disability information. Faculty members should contact the DRP if they have any concerns regarding maintaining privacy of information.

Once a student discloses a disability or additional information about their diagnosis to faculty or administration, there remains an obligation to keep that information private. This information should be used only to coordinate approved accommodations to a student. For example, if a student discloses a learning disability and requests that the faculty provide visual representations of concepts, faculty can use this information to inform their teaching, but it would be inappropriate to discuss the learning disability at length with the student or share the information with other faculty. When unauthorized disclosures of student information occur, they must be documented. Additionally, such disclosures may violate state privacy laws and may expose the institution and the individual to liability. DRPs can work with their institution's privacy office to determine any corrective action or change in protocol to remedy future breaches.

Sharing Information

Faculty and administrators are often unsure whether it is appropriate to share a student's disability-related information with others if they feel it is necessary to improve the student's educational experience. It may seem logical to advise other faculty or administrators to ensure the timely provision of accommodations. However, faculty and administrators should use great caution in communicating information about disability and accommodations to others. Although information can be shared on a "need-to-know" basis under FERPA, it is important to question the reason for sharing the information.

Co-faculty members, teaching assistants (TA), or administrators from the same course who are responsible for coordinating testing accommodations may need to know the nature of an approved accommodation in order to implement these for exams, but they would not need to know the nature of the student's disability. In other cases, such as in a surgery rotation where multiple clinical team members work in tandem, it may be necessary for several key staff beyond the student's direct clinical supervisor to know more about the student's functional limitation in order to implement approved accommodations in the clinical domain. Aside from such cases, sharing information about specific students and their accommodations with faculty who may teach them in future courses or rotations would generally be considered inappropriate.

Planning for Accommodation Implementation

When there are administrative concerns about time frames for organizing accommodations, faculty or administrative coordinators should discuss these with the DRP. Together, the DRP, the faculty, and the department can work out a balance between the need for privacy, student-led disclosure of accommodations, and the logistical realities of administering accommodations. For example, instead of naming the students who require accommodations and their respective needs to all faculty in the department in advance, it may be possible to disclose only the anticipated number of students who will require accommodations and a list of the anticipated accommodations required so that each faculty member can make appropriate arrangements in advance. It is good practice to discuss nonroutine disclosures with the DRP and work through any nuanced accommodation arrangements in advance (e.g., in surgical environment, scheduling changes). Another alternative is to identify a single administrator within a program who organizes exam accommodations, space, proctors, and logistics, so that faculty members are informed only when necessary.

As a rule of thumb, the highest level of privacy should always be applied to information about a student's disability and diagnosis. This information should not be shared unless there is explicit agreement with the disability office and the student that it is appropriate and necessary to do so. It is rare for the disability office to release information about a student's diagnosis or category of disability, and this information will be provided only for a specific purpose. This information should be shared only with individuals who need to administer an accommodation or who facilitate the accommodation and require guidance (see Practice Recommendation 8.7).

Practice Recommendation 8.7 Ensuring Privacy of Student Information

- All information that students share with faculty related to their disabilities is to be used specifically for arranging reasonable accommodations for the course of study.
- Do not leave student disability information visible on your computer or in any format that others can see.
- Letters of accommodation should be filed in a safe place and disposed of securely at the end of the quarter.
- Refrain from discussing a student's disability status and necessary accommodations within hearing range of fellow students or others who do not have an "educational need to know."
- Do not assume that students registered with the disability office are aware of other students' disability status. If, for some reason, you feel it might be beneficial for students with disabilities to know each other, discuss this with the disability office.
- When sending emails to a group of students, even if they are all registered with the disability office, BCC students so they are not privy to other students' information, or send a separate email to each student.
- At no time should the class be informed that a student has a disability, except at the student's request.
- Discuss accommodation letters and logistics of implementing accommodations with students in private. Make yourself available by email, during office hours, or by appointment to discuss.
- Casual conversations with colleagues about a student's disability status are not advised. Private disability information should only be released to other faculty or staff members based on their *need to know* (e.g., they are course co-instructors, proctoring an exam, arranging for exam space, assisting you to identify a note taker in the course). In such cases, disclose only the necessary information. For example:
 - A course coordinator proctoring an exam would only need to know the student's approved exam accommodation (e.g., 1.5 extended time and private room).
 - A TA who is providing the disability office with a list of the required books for the course only needs to know that the book list is needed, not which student the request is related to.
 - A clinical supervisor only needs to know the approved on-site accommodations, not why the student requires them.
- Requesting specific information about students' disabilities is inappropriate. Instead, faculty should contact the disability office with any inquiry on how students' learning is affected by their disabilities.
- Requesting a letter from the student's physician is inappropriate. The accommodation letter is all that is needed to justify the accommodation and supersedes any letter from the student's care provider.
- If students voluntarily disclose the nature of a disability to you, even if it is obvious, do not disclose it to others.

(continued)

Practice Recommendation 8.7 Ensuring Privacy of Student Information (continued)

Ensuring the proper office is involved in the process

- If students try to provide you with their primary disability documentation, *refuse to read or accept it*, and refer the student to the disability office. Each institution has likely designated one office as the repository of all disability documentation for students with disabilities.

BCC, blind copy; TA, teaching assistant.

Appropriate Disclosure of Student Disability

As noted previously, it is rare that the disability office, in partnership with the student, will formally disclose the nature of a student's disability while organizing accommodations. When this happens, it is purposeful, as it is generally unnecessary for others to know a student's diagnosis or disability category to ensure equal access in education. However, there are some cases in which disclosure may be appropriate, such as when the side effects of an otherwise inapparent disability are noticeable. In these rare cases the focus of conversation should be on the pertinent feature of the disability, in order to assess possible reasonable accommodations (see Scenario 8.1).

SCENARIO 8.1 Disclosing an Aspect of a Disability

A student who has narcolepsy is prone to falling asleep during class. As sleeping during class may invite concern about the student's professionalism, it may be necessary for their faculty to be made aware that this is a feature of the student's disability and is not simply laziness or a result of having been up all night.

NAVIGATING DISCLOSURE TO CLINICAL PLACEMENT SITES

One area that often arises regarding disclosure of student disability information is how much, if any, information can be shared with clinical sites and when this information may be shared. Clinical placement coordinators might be concerned about what information to disclose to a prospective site, as well as how to disclose such information. Relationships with clinical sites may be fragile, and in many disciplines the sites voluntarily accept students. In these cases, coordinators may have limited placement options and concerns about maintaining good relationships with them. Despite any perceived difficulty, a student's privacy must still be held at a premium.

Information about a student's disability should not be shared with a clinical site unless expressly approved by the student and the disability office and with legitimate reasons for sharing the information. It is discriminatory for a clinical site to refuse to accept a student simply because they have a disability, as long as the student is able to perform the essential requirements of the clinical work, with or without accommodation. If a clinical site refuses to accept a student with a disability or pulls out of hosting a student after learning the student has a disability, the institution should seriously consider whether to continue working with that clinical site, as the site is practicing disability discrimination, placing the institution at risk for legal action. Remember that it is the program, not the clinical site, that is responsible for ensuring access. Even if the clinical site is demonstrating discriminatory behavior, the school will be held liable for any impact of the discrimination (See Chapter 4 for further discussion). Schools should add a statement about equal access expectations in their affiliation agreements with clinical sites to eliminate confusion and begin the conversation about accommodation procedures. This way, conversations about disability can begin in advance of any student arriving at the clinical site for their rotations.

DISCRIMINATORY ACTIONS

If a student's disability-related information has been shared inappropriately and they feel they have been discriminated against due to their status as persons with disability, there are formal channels to address this. Each university is required to have a published procedure available to make a claim of discrimination on the basis of disability. Generally, the university's Americans with Disabilities Act (ADA)/504 Coordinator manages these claims (see Chapter 1 for more information about this process). Although students should first seek to resolve a situation within the institution, they also have the option to make a formal complaint through OCR, or through private legal means.

CONCLUSION

The way students, faculty, and administrators communicate about accommodations is a critical part of maintaining a professional atmosphere in the health sciences. Communication must be clear and respectful, with due attention to confidentiality. Attention to boundaries in these relationships is also an important part of maintaining professionalism, ensuring that the discussion does not move into the realm of clinician-patient types of interactions. By ensuring that communication is transparent and respectful, students will be well served in the educational environment, and the university will protect itself from risk associated with miscommunication.

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APPENDIX 8.1 PROFESSIONAL COMMUNICATION ABOUT DISABILITY: A GUIDE FOR GRADUATE AND PROFESSIONAL HEALTH SCIENCE STUDENTS

Lisa M. Meeks and Neera R. Jain

For all students, the transition to graduate or professional school requires the use of many skills to adapt to the new environment. For students with disabilities, the ability to communicate about disability and accommodations is one key factor in making an effective transition. Effectively communicating about these matters with disability resource professionals (DRPs), faculty, colleagues, peers, and administration helps facilitate productive working relationships, can positively impact the culture of disability on campus, and supports uninterrupted access to approved disability accommodations.

This guide was developed to assist you—the graduate or professional health science student—to effectively communicate information about your disability and accommodations for the classroom and clinical domains. The goal of this appendix is to outline key recommendations for effective communication, including (a) how and when to share disability-related information, (b) practical tips and examples of professional communication, and (c) your roles and responsibilities in communicating their needs. As with all guidance in this text, it should be used in concert with the policies and protocols of your program. Therefore, you should align your approach to communication, particularly regarding implementing your accommodations, with your program's recommendations.

WHAT IS UNIQUE ABOUT COMMUNICATION DURING GRADUATE AND PROFESSIONAL SCHOOL STUDY?

In graduate and professional schools, there is an expectation that students will demonstrate a higher level of self-direction and self-advocacy in their behavior and learning than in previous educational settings. In professional health-science programs, communication is a key part of the professionalism competency. Professionalism is a core competency embedded in the curriculum to support your professional development as you become a healthcare provider.

WHAT IS PROFESSIONALISM?

Professionalism encompasses a number of professional behaviors, including civility, personal responsibility, timeliness, appropriate interpersonal communication, effective work habits, and following ethical and legal principles.

The definition of professionalism varies by program and level of training, but these collective behaviors are viewed as critical in your ability to form relationships with patients and other healthcare team members that are based on respect, integrity, and responsiveness to others' needs. They are also seen as integral to your becoming a professional who can apply ethical standards to their practice.¹ Research demonstrates that lapses in the professionalism of health sciences students are predictive of similar difficulties in future professional behavior.²

WHY IS PROFESSIONALISM IMPORTANT FOR STUDENTS WITH DISABILITIES?

Students with disabilities are held to the same standards of behavior as all other students. Generally, there are no accommodations that would be considered reasonable to mitigate unprofessional behavior. Therefore, disability-related concerns about your ability to meet elements of professionalism, such as timeliness, completion of assigned tasks, effective communication, and general comportment, must be attended to in advance. Given the additional layer of communication necessary for accessing accommodations on top of professionalism standards, you should ensure that you have a clear understanding of expectations and mechanisms for professionally communicating about your disability. This guide is intended to help you do that.

Communicating With Faculty

Communicating with faculty regarding your status as a student with a disability is an important step in accessing accommodations. Like any other communication with faculty, accommodation communication reflects professional conduct. For many, this can be anxiety provoking. You may be reluctant to discuss your disability-related needs out of shame or concern about stigma. You may have had negative experiences in the past and, as a result, be reluctant to access accommodations. If you were recently diagnosed or are new to accessing accommodations, you may be unsure of what to say and how to say it. This can lead to poorly executed communication including (a) late notification of a need for accommodations; (b) sending brief or excessively lengthy and detailed communication; (c) taking an overly defensive, emotional, or assertive stance in communication; or (d) simply not reaching out to ask for assistance.

¹<http://meded.ucsf.edu/ume/md-competencies>

²Papadakis, M. A., Teherani, A., Banach, M. A., Knettlér, T. R., Rattner, S., Stern, D. T., Veloski, J. J., & Hodgson, C. S. (2005). Unprofessional behavior in medical school and subsequent disciplinary action by state medical boards. *New England Journal of Medicine*, 353, 2673–2682.

In a health science program, poor communication can lead to potentially strained relationships with faculty. Failure to clearly communicate your accommodation needs can contribute to unnecessary stress and burden for both you and the faculty. It is important that you strive to maintain a professional relationship with faculty members, including in your communications. Faculty will soon become part of your professional network and you may call on them to provide references for jobs or other future pursuits.

This extra layer of responsibility may seem difficult to think about or manage. However, until we as a society reduce and eliminate barriers in educational and workplace environments, it will be a reality of having a disability and being in a graduate program. It also mirrors the process that people with disabilities follow in the workplace to access accommodations for a job. Developing professional communication skills regarding accommodations as a student will help you to refine your ability to communicate as you enter the workplace.

WHAT ABOUT DISCLOSING A DISABILITY TO FACULTY?

Many students are uncertain about how much disability-related information to share with faculty and others at their schools. You may arrive at graduate or professional school without a clear understanding of your disability and have difficulty communicating your needs. You may have been recently diagnosed or simply unsure if the expectations differ in health science education. You may feel compelled to share details about your diagnosis to justify your need for accommodations to others. You may also believe that disclosing the nature of your disability will foster a more empathetic response, given that many faculty members are health professionals. These uncertainties and compulsions to share information are common for students. However, you should know the following principle:

Students are not obligated to disclose personal health information, nor the origin of their disability, to faculty, administrators, or other program personnel in order to access accommodations approved by the DRP.

To ensure that you do not have to negotiate accommodations with your faculty, administrators, or other personnel, the DRP will have ensured your approved accommodations are appropriate in advance. Furthermore, the disability office has protocols in place to protect your confidential medical information and privacy. For example, faculty members are never given information about the nature of a student's disability or permitted to request additional documentation from students with disabilities (e.g., further doctors' notes, documentation of illness, medical evaluations). Once the disability office has determined you are eligible for accommodations, no additional justification of your disability or need for accommodation for your faculty is necessary or warranted.

Although not obligated to, some students wish to share details about their disability. When deciding whether to disclose disability-related information, you should consider your purpose for doing so.

For some students, disclosing their disability can be empowering and ultimately may reduce the stigmatizing potential of disability, shifting perceptions of disability in their profession.³ You may, for example, wish to demonstrate that a person with attention deficit hyperactivity disorder can be a capable medical student or reduce stigma around discussing psychological disabilities. Disability disclosure is a deeply personal decision, and for many, disability is an important part of their identity and a reason they decided to enter the health professions.⁴ Whether you choose to disclose or not, there are a few items to consider. If you decide to disclose beyond the DRP, it is important to ensure that your communication remains professional. Below we offer a few cautions and advice about navigating disclosure of disability and accommodations.

Benefits

Disclosing disability may challenge preconceived notions about a specific disability or disability category and may help reduce stigma. It may also help a mentor or key faculty member understand an approach to learning that is different from that of your peers. Disclosure can start to build networks of peers with disabilities and identify supportive mentors. In the best situations, it may open a dialogue about the strengths of having a disability and how thinking differently can benefit the health professions. No matter what you decide, remember that formal accommodations should eliminate the *need* to discuss disability specifics and that any disclosure or disability-related communication should remain professional.

Cautions

There are some cautions students should consider when engaging in a dialogue about medical or disability status with faculty and administration outside of the designated disability office. Faculty and students, particularly in the health sciences, can easily slip into an in-depth medical dialogue about diagnosis, prognosis, and course of treatment when discussing disability. Conversations of this nature can place you in a vulnerable position, result in unwanted medical advice, and prompt future questions about your status and well-being. You may leave a conversation of this nature feeling that you have shared too much. To be clear, faculty members may have good intentions, but

³Jain, N. R. (2019). Political disclosure: Resisting ableism in medical education. *Disability & Society*. Online first. doi:10.1080/09687599.2019.1647149

⁴Ibid.

disclosing personal health information may unnecessarily focus your future interactions on your medical status instead of your learning and education. If this occurs, you can always politely and firmly state that you would prefer to limit discussions of these matters to your personal healthcare providers and note that you are working with the disability office to ensure you have the educational accommodations and support services you need.

When determining whether to share disability information, consider *why* you are sharing and the possible outcomes. Although unintended, others may perceive sharing information of this nature as an attempt to elicit sympathy, seek favoritism, or to explain subpar performance. Alternatively, as described above, disclosure may focus future discussions on your diagnosis, rather than your education.

“Disabled Person” or “Person With a Disability”?

As you begin to think about communicating your disability-related needs, you should be aware that there are different philosophies regarding the language used to refer to people with disabilities. Some people choose to refer to themselves as disabled people first, such as “I am autistic” or “I am a disabled student,” denoting that their disability is an important aspect of their identity. This is often referred to as “identity-first language.” Others choose to use person-first language, such as “I am a person with autism” or “I am a person with a disability,” denoting that having a disability is one of a number of qualities that describes them, or one of many identities, not the only descriptor. Consider how you would like to refer to yourself, what it means to you, and what message it conveys to others. This can be a valuable exploration into your personal disability identity and philosophy. There is no wrong answer to the question “How will I refer to myself?” In line with that ethos, our examples in this document will switch between person-first and identity-first language.

WHEN FACULTY ASK PERSONAL QUESTIONS

What happens when a faculty member does not recognize professional boundaries and asks questions of a personal nature? When this occurs, it is usually done without malicious intent and out of a general concern for the student’s well-being. Good intentions, however, do not trump the need to keep conversations professional and for you to express your desired level of privacy.

It is important for you to set a professional tone with faculty regarding your status as a student with a disability and any desire to keep personal information confidential. The perfect time for students to set boundaries with faculty is during your initial disclosure as a student registered with the disability office. For guidance on the first contact with faculty, see Section I, “First Contact.” You can set the tone in your emails by focusing on your approved accommodations. Also, by maintaining a formal and professional tone in your

initial emails, you set expectations for future communication. Remember, even if you do not start out in this manner, you can always set a professional boundary to close further in-depth conversation about your disability and medical status with faculty.

EMOTIONALLY LOADED COMMUNICATION

Students with disabilities are entitled to the accommodations approved by the disability office; therefore, you should not be made to feel as though you need to apologize for accommodations. Some students fall into a trap of engaging in emotionally loaded communication, especially when they feel as though they have inconvenienced faculty as a result of their disability-related needs. Remember, formal accommodations approved by the disability office have been determined reasonable and are a civil right to facilitate equal access to learning. They are NOT a burden.

Emotionally loaded statements are not a form of professional communication and in some cases can be construed as unprofessional behavior. Although it is understandable that students may have concerns about how they are perceived, it is not productive or effective to attribute these feelings to others. Instead, you should remain focused on moving toward a positive resolution.

The subsequent sections present examples of straightforward, appropriately assertive, and objective communication. We recommend that you avoid emotionally loaded statements in communication about your accommodation needs, for example:

- "I know you must be upset..."
- "Please don't think I'm lazy..."
- "I apologize for any inconvenience"
- "I know it's a real pain for you to make these arrangements for my accommodations..."
- "Could I ask you for a favor?"
- "I feel horrible asking this, but..."
- "Please forgive me for asking, but..."
- "I assure you that my condition is real..."

It is important to remember that you are entitled to accommodations that have been approved by the disability office. You should not apologize for having a disability or for needing an accommodation. The continued use of emotionally loaded language can strain the student-faculty relationship or encourage a dynamic that escalates emotion rather than constructive implementation of accommodations. This type of communication can, paradoxically, perpetuate myriad false assumptions. For example, it can perpetuate the idea that students with disabilities are being given undue favors or modifications or that disabilities are not real. We strongly encourage students to avoid this type of communication.

FIRST CONTACT

The first contact with your faculty about accommodations lays the groundwork for the relationship. For many programs, the first communication will come in the form of an accommodation letter sent directly from the disability office to your faculty—with no need for follow-up. For others, it may come in the form of an accommodation letter given to the student, placing the responsibility on you to provide this letter to the faculty. In the latter case, you may wish to send the accommodation letter via email. This first email should be short and to the point. Importantly, no in-depth disclosure about your disability is necessary. Should you choose to disclose your disability, it should be done in a professional manner.

For those who have the responsibility of sharing their accommodation letter with the faculty, the first communication should address your needs, including a request for information about when, where, and how your accommodations will be provided. Your program should have specific guidelines for notifying faculty of your approved accommodations. For example, most programs encourage students to notify faculty of their need for an approved accommodation in advance of the start of the course. Depending on the structure of your course (e.g., those with exams or quizzes within the first 2 weeks), it may be advisable to contact faculty well in advance of the start of the class.

Some accommodations, such as a change in clinical site or the need for specialized equipment, alternate-format course materials, or sign language interpreters, require additional time to arrange. In these cases, the disability office and faculty should be notified well in advance. Part of your role in professional communication is to notify the disability office or faculty of your needs with considerable advance notice (whenever possible). This allows all parties the time necessary to coordinate your accommodations. Your student handbook or disability office procedures guide should outline expected timelines for arranging such accommodations. Delayed notification can cause delays or difficulty in implementing accommodations.

Most times, students make the first contact with faculty by email or through the disability office's online accommodations management system. This is a useful medium as it is quick, relatively private, and provides you with an immediate record of your contact. We do not recommend that you communicate about accommodations with your faculty or other program staff via text, even if faculty state that text communication is acceptable, as this is a less formal medium of communication and more difficult to document.

Timely communication with faculty is the first step in establishing a good working relationship. Most faculty convey that their key frustration is when students do not communicate their accommodations in a clear and timely manner. Examples 8.1-1 through 8.1-3 include some email exemplars for contacting faculty; however, if your campus uses an online system to notify faculty of accommodations and schedule proctored exams, sending separate emails is likely unnecessary. In that case, you should follow your school's established protocols.

EXAMPLE 8.1-1 Well-Written First Email

Dear Professor Langsfeld,

My name is Shonda Grey and I am a disabled student in your Adult Med/Surg course.^a I am writing today to confirm your receipt of an email from the nursing school liaison confirming my registration with the disability office and outlining my approved accommodations for your course. I would like to meet to discuss how I will access my exam accommodations. My accommodations include time and one half for my didactic exams, in a private room.^b I would like to confirm when and where I should report for my exams.^c

If you would prefer, I would be happy to meet with you in person to discuss logistics. Generally, once we have finalized the plan, I send a reminder to my faculty 2 weeks in advance of my exams to confirm the arrangements.^d Please let me know if this would be helpful to you or if this additional step is unnecessary. If you have a course coordinator or proctor you prefer I contact or you would like copied on these emails, please let me know.

I look forward to working together to facilitate these accommodations and look forward to your course.

Thank you in advance for your assistance.
Best regards,

^a This introduction informs the professor who you are and introduces you as a current student.

^b Reminding professors that they have already received communication about your circumstances will prompt them to look back in their emails to refresh their memory about your case.

^c You ask for the specific information needed to access your accommodations.

^d Taking responsibility to remind your professors two weeks before an exam that you require accommodations 2 weeks before an exam will help to avoid any confusion or miscommunication on the day of the exam, when you are hoping to stay focused on the exam material.

EXAMPLE 8.1-2 Well-Written First Email with Disability Disclosure

Dear Professor Langsfeld,

My name is Shonda Grey and I am a disabled student in your Adult Med/Surg course.^a My disability is grounded in reading fluency, therefore, I require additional time to process written materials on didactic exams and sometimes read aloud to assist

(continued)

^a This introduction informs the professor who you are and introduces you as a current student.

EXAMPLE 8.1-2 Well-Written First Email with Disability Disclosure (*continued*)

with processing.^b I am writing today to confirm your receipt of an email from the nursing school liaison confirming my registration with the disability office and outlining my approved accommodations for your course. My accommodations include time and one half for my didactic exams, in a private room.^c I would like to meet to discuss how I will access my exam accommodations and to confirm when and where I should report for my exams.^d

If you would prefer, I would be happy to meet with you in person to discuss these needs. Generally, once we have finalized the plan, I send a reminder to my faculty 2 weeks in advance of my exams to confirm the arrangements.^e Please let me know if this would be helpful to you or if this additional step is unnecessary. If you have a course coordinator or proctor you prefer I contact or you would like copied on these emails, please let me know.

I look forward to working together to facilitate these accommodations and look forward to your course.

Thank you in advance for your assistance.
Best regards,

^b Professional disclosure focused on the barriers you encounter and the need for accommodations using a professional tone.

^c Reminding professors that they have already received communication about your circumstances will prompt them to look back in their emails to refresh their memory about your case.

^d You ask for the specific information needed to access your accommodations.

^e Taking responsibility to remind your professors two weeks before an exam that you require accommodations 2 weeks before an exam will help to avoid any confusion or miscommunication on the day of the exam, when you are hoping to stay focused on the exam material.

EXAMPLE 8.1-3 Poorly Written First Email with Disability Disclosure

Dear Professor Case,

I am a student with a disability in your Adult Med/Surg course. I need a lot of accommodations^a as a result of a significant learning disability,^b and I hope that I will

(*continued*)

^a Reporting to faculty members that you have “a lot of needs” can leave the impression that working with you will take up a good deal of their time and energy. Instead, specifying your approved accommodations better conceptualizes your needs for faculty. Some students feel guilty for taking up faculty time and will communicate this in emails. Using an apologetic tone is not necessary. It is best to proceed in a matter-of-fact manner.

^b Disclosing your disability is not necessary in this context; however, should you wish to disclose your disability you should do so in a thoughtful manner (see example of well-written disclosure above).

EXAMPLE 8.1-3 Poorly Written First Email with Disability Disclosure (*continued*)

do okay in your course.^c I was only diagnosed 3 years ago ;-)^d and I need extended time for my exams.^e

TY,^f

^c Saying that you “hope you do okay” or similar language reads as if you are trying to elicit sympathy. This type of communication can be perceived as unprofessional. Moreover, you, like any other student, have met the admissions requirements for the program and are as qualified as any other student to be in the class.

^d This may seem basic, but we’d like to remind students that using emoticons and emojis in your emails is less than professional. We recommend that you refrain from using them in your communication with faculty.

^e This statement is not specific—how much time do you need? Be specific in your emails.

^f Closing an email with an informal salutation does not convey a professional tone. Even though you are a student, you are expected to communicate as a professional adult in all situations, including email. We recommend that you refrain from using abbreviations common to “Internet speak” such as LOL, TY, as they are not sufficiently formal for this type of writing.

FOLLOW-UP EMAILS

Follow-Up to No Response

There are two types of follow up emails to the first contact that students generally send to faculty. The first is intended to follow up should you not hear back within a reasonable period (usually 3–5 business days). When there is no response to your initial email within that time frame, it is generally recommended that you follow up with a second email. This follow-up email should include the previous email and be approached as a gentle reminder that you are waiting for a response. See Examples 8.1-4 and 8.1-5.

EXAMPLE 8.1-4 Well-Written Follow-Up Email

Dear Professor Smith,

I hope this email finds you doing well.^a

I am following up on the communication below in order to finalize arrangements for my approved accommodations in your course.^b For clarity and ease of reading I’ve put my questions in bullet format.^c If it would be helpful for us to meet in person to

(*continued*)

^a Begin with a friendly tone.

^b Inform the professor about your needs, and reference your initial email, which is copied below.

^c Make email communication easy by bulleting or numbering items.

EXAMPLE 8.1-4 Well-Written Follow-Up Email (*continued*)

discuss^d, I would be happy to do so. I am available at the following times ^e: Monday between 12–4 p.m.; Tuesday after 1 pm; Thursday before 8:30 a.m.

QUESTION 1

QUESTION 2

QUESTION 3

Thank you for your time and assistance with facilitating these accommodations.^f

Best,

^d Provide exact availability to avoid a back and forth email communication to find a mutual time.

^e Make yourself available in case the professor has more questions or wishes to see you in person.

^f Close with a courteous and friendly sign-off.

EXAMPLE 8.1-5 Poorly Constructed Follow-Up Email

Dear Professor Headrick,

I am very worried about the upcoming exam^a because I haven't heard back from you about the email I sent last night!^b I really, really need the accommodations^c and will fail your exam without them.^d

As you should know, I'm entitled to these accommodations under federal law. I hope I don't need to make a complaint about not getting my accommodations.^e

Sincerely,

^a Does not communicate confidence.

^b You are anticipating an unreasonably short turnaround ("email I sent you last night").

^c This sentence makes it appear that you are desperate for the accommodation. The writing style is also informal.

^d Accommodations are intended to level the playing field—not to ensure that students pass. This argument also appears unprofessional and emotionally loaded.

^e It is generally not helpful to remind faculty of legal obligations at this juncture. This statement as written appears threatening. It is more helpful to use a collaborative tone and reach out to the disability office or your school liaison for support if collaborative efforts are not successful.

Follow-Up to Confirm Arrangements

The second type of follow-up email is more general in nature and is used to confirm details for accessing accommodations. It should be simple and concise, confirming any agreed-upon details from your previous conversations. See Examples 8.1-6 and 8.1-7.

EXAMPLE 8.1-6 Well-Written Follow-Up Email

Dear Professor Burgoon,

I am writing to confirm the arrangements for accessing my accommodations in the upcoming Adult Med/Surg exam scheduled for December 5.^a As we discussed previously, I will take the exam in CL 214 at 8:30 a.m. Because the standard time for the exam is 60 minutes, and I am allotted time and a half, (90 minutes), I will be completing the exam by 10 a.m.^b

Please let me know if there have been any changes to these arrangements.^c

Thank you, again, for your assistance.

Best regards,

^a Gives very specific information about the test day, time, and location. The professor can extract the information if needed and forward to any proctors.

^b Reminds the professor of the approved accommodations and states the end time, helping the professor plan for proctors.

^c Invites the professor to respond if there are any changes.

EXAMPLE 8.1-7 Poorly Constructed Follow-Up Email

Dear Professor Tanz,

I plan to see you at the test tomorrow, let me know if anything has changed.^a

Best,

^a Very casual in tone; does not communicate your understanding of any prior arrangements.

COMMUNICATING CONCERNS AND COMPLAINTS

There are times when, despite everyone's best efforts, something goes wrong in the process of accessing your accommodations. It is important to raise concerns as soon as possible so they can be addressed expeditiously, but to also understand that human and electronic errors occur and to try not to take any oversight of accommodations personally. In most cases, the oversight will be addressed immediately, and you will be able to move forward as planned. In the rare event that something must be rescheduled, try to be patient and work with administrators as part of a team. Should these oversights occur repeatedly, a bigger conversation should occur with the disability office as constant disruption can be anxiety-provoking and indicative of a communication breakdown or systemic logistical issues.

Issues During an Exam

Ideally, if there is a concern during an exam (e.g., a student who is approved for a private room is placed in a shared room; there is a noise complaint or a computer glitch), you should notify your proctor immediately so that the exam time is halted and the disruption is documented and corrected. When disruptions cannot be addressed in the moment, you should make arrangements to take the exam at a time when all approved accommodations are in place. Any instance of exam disruption should be documented, in writing, copying the faculty member for the course and the disability office in the communication (preferably email) so that the matter can be addressed swiftly (see Examples 8.1-8 through 8.1-10). When communicating a concern, it is helpful to inform your faculty about the facts of the incident as you understand them, note your concerns about what happened, and propose or inquire about a desired solution. Although a situation may have been upsetting, it is helpful to try to use a neutral tone and be as clear and objective as possible. Using a neutral tone does not take away from what you have experienced. In fact, you may feel quite upset by what happened. However, your communication is a means for reporting and documenting your concerns and a reflection of your professionalism. Taking a neutral and collaborative tone helps to successfully elicit cooperation and can go a long way in resolving your concern. The communication also creates a “paper trail” around your concern and documents your professional approach in the process.

EXAMPLE 8.1-8 Well-Written Email Following Testing Disruption

Subject: Disrupted testing today for BIO720

Dear Professor Xu,

I hope this email finds you well. I am writing to inform you of a disruption during today's testing session for BIO720.^a Although testing in the empty office next to the lecture hall is generally not an issue, there was a large event today in the hall next to the testing room. Approximately 30 minutes into my exam the event participants exited the hall to a reception in the foyer.^b The resulting noise was highly disruptive to the testing environment.^c Given that this issue had never come up, I was not prepared to mitigate the noise through headphones or earplugs. I asked the proctor if I could relocate to another room, but unfortunately, they were all full.^b We decided it would be best to stop the exam and contact you immediately. Moving forward, I will—with the permission of you and the disability office—bring noise canceling headphones

(continued)

^a Tell the faculty immediately why you are emailing and include in subject line as well.

^b Tell the faculty exactly what happened and how you tried to correct the issue.

^c Tell the faculty the resulting barrier in clear, concise language.

EXAMPLE 8.1-8 Well-Written Email Following Testing Disruption (*continued*)

and earplugs to all future testing to avoid any future issues with testing.^d I would like to reschedule this exam as soon as possible and am available tomorrow between 8-10 a.m., and Friday between 3–5 p.m.^e

I look forward to hearing back from you.
Best,

^d Offer a solution (if you have one)

^e Be exact about when the test could be rescheduled.

EXAMPLE 8.1-9 Well-Written Email Regarding a Testing Concern

Subject: Testing irregularity today

Dear Professor Swenor,

I am writing to inform you of an exam irregularity today, and request your assistance in resolving it.^a

As you know, I am approved for time and one half as an accommodation for my disability. During my exam, I was surprised when the test “timed out.” Only at that point did I realize that the clock had not been reset to include the additional time.^b I notified the proctor and we attempted to contact you via cell and to contact the learning design office, both attempts were unsuccessful.^c

With the lack of extra time, I was unable to complete the exam, stopping at question 50, of 75 questions. I would like to discuss how we might address the situation.^d I would be available to take the remaining 25 questions of the exam over the next 24 hours.^e If it would be helpful, I can send a reminder one week prior to all computer exams to prompt the learning office to add the additional time.^f

Please let me know what you would like to do as a “next step.” I look forward to completing the exam.

Best,

^a You solicit your professor’s assistance with a neutral tone.

^b You describe the situation clearly and objectively; you explain why you are informing the professor after the incident occurred.

^c You explain how you attempted to resolve it.

^d You explain how you were impacted by the circumstance.

^e You propose a solution to the issue.

^f You propose a reasonable solution going forward, to avoid the same event occurring.

EXAMPLE 8.1-10 Poorly Written Email Regarding a Concern/Complaint

Subject: My test

Dear Professor Moreland,

I tried to call you during the exam but you didn't answer. The exam timed-out and didn't give me my extra time. I'm sure I failed the exam, I'm not sure what to do.^a

Please respond to tell me what you'll do about this!!!^b

Sincerely,

^a You express frustration but do not give details about what occurred. You don't orient the professor to the exam you are referring to and do not paint a full picture of the situation you experienced.

^b This statement is confrontational and demanding; it doesn't convey a collaborative tone.

Note that although we recommend that students initially attempt to address concerns informally, there are always formal means by which a complaint or concern can be addressed. See your university's policies for resolving complaints and concerns for more information.

COMMUNICATING ABOUT A CHRONIC HEALTH CONDITION

If you have a disability with symptoms that ebb and flow over time and find it difficult to attend an essential activity or find that an exacerbation of symptoms impacts your ability to complete an assignment by a set due date, you should work with the DRP to determine the extent that flexibility in attendance and deadlines is an appropriate accommodation.

When you have accommodations that include flexibility, communication is essential. It is best to work with your DRP and faculty member to establish concrete expectations and a clear understanding of any consequences that may result if you have to utilize flexibility in attendance or assignments.

As a general rule, any adjustment to the standard course policy must be predetermined as a reasonable accommodation. The exact adjustment will depend on the course structure and requirements and will require an interactive discussion among you, the DRP, faculty, and the school.

Adjustments to Attendance

You are encouraged to attend all events as scheduled. Flares in symptoms can contribute to unexpected tardiness or absence. Although some adjustment to new symptoms or a flare is anticipated, you should adjust your schedule

within a 1- to 2-day period to ensure an on-time arrival for class and other obligations.

Although the amount of flexibility that will be provided as an accommodation will be predetermined in consultation with the disability office and the program, it is your responsibility, along with your faculty member, to set the protocol regarding notification.

Determining a Protocol

You must determine, in advance, a protocol for notifying faculty when the accommodation needs to be activated (e.g., when you experience an exacerbation of symptoms). When determining the protocol, there are several key points items that you should discuss with your faculty. This discussion should occur in a meeting or by email and should include the DRP in the conversation. After the protocol is established, you should follow up with the faculty member and the DRP to confirm understanding of the process in writing. Further communication (i.e., during execution of the protocol) need only include the individuals with a need to know about the absence or other modification as established in the protocol (e.g., the course coordinator, the faculty member, testing center personnel, and so on).

Key points for consideration of notifying faculty when you cannot attend an event:

1. Whom should I notify if I am going to be late or absent from a required activity?
2. What is the best way to notify someone (e.g., phone, email)?
3. If I am going to be absent from a required activity, what are my options for making up work?
4. If I am going to be late or absent for an exam, is the process any different?
5. Are there other instructors who should be notified about this plan (e.g., small-group leaders, co-instructors, preceptors, clinical instructors)? If so, who will notify them?

As part of your accommodations protocol, you should have a plan for contacting faculty (and any other necessary parties as specified in the protocol such as the DRP, coordinator, and so on). In the event you will not meet a course expectation you should alert your faculty, according to your school's procedures. Determining a protocol at the beginning of the program or course

shows respect and consideration for faculty and reduces the need to negotiate accommodations in the middle of a flare-up of symptoms. Below are some exemplars email for engaging with faculty and the DRP to develop a protocol and for communicating that you will not be attending an event. See Examples 8.1-11 through 8.1-18.

Notification of the Potential Need for flexibility

EXAMPLE 8.1-11 Well-Written Email: Reporting Attendance Flexibility Accommodation/Asking to Establish Protocol

Dear Professor Richardson,

CC: DRP contact

I am a student in your XXX course with disability-related accommodations (please see my attached accommodation letter).

My accommodation affords some flexibility around attendance in the event that I experience an exacerbation of disability-related symptoms. These symptoms cannot always be predicted in advance. Therefore, I am writing to ask that we meet to discuss an agreed-upon protocol for communicating my absence/tardiness should the need arise.^a I have copied my contact at the disability office and they can assist us in establishing a protocol.^b

An ideal protocol should include the best method of contacting you and any alternative options (e.g., remote attendance, weekend hours, research) for meeting the course requirements. I would also need to know how to proceed if I were to experience an exacerbation on the day of an exam. Please let me know when we might be able to meet. This coming week I am available Monday 8–11 a.m., Tuesday 2–5 p.m., Wednesday 1–5 p.m. and Friday all day.^c

It is my hope to be able to attend all events and requirements as scheduled. After we determine the protocol, I will email everyone a confirmation for our records. I look forward to your course.^d

Best regards,

^a You introduce yourself as a student to provide context to your email and provide the letter confirming approved accommodations.

^b You alert the DRP to the discussion, looping them in should you require their assistance in establishing a protocol.

^c You take early action to schedule a time to discuss the protocol should you need to activate the accommodation and provide exact availability.

^d You communicate your desire to be prepared in the event that you require the approved accommodation, which in turn communicates your professionalism.

EXAMPLE 8.1-12 Poorly Written Email: Attendance Flexibility Accommodation

Dear Professor McKee,

As part of my accommodations I am allowed to miss class. If I can't make it to class I'll let you know and will plan to make up the work.^{a,b}

Thank you!
Best,

^a Although it is friendly, this message is not specific. You have not included verification of your approved accommodation. You have not communicated that you would like to understand the expectations should you need to exercise the accommodation. Your description does not clearly communicate the approved accommodation, which is a reasonable level of attendance flexibility. It may incorrectly communicate that you are permitted to never attend class.

^b You do not alert the DRP or include them in the email.

Notifying Faculty That You Will Need to Use the Flexibility Accommodation

Once a protocol has been established, you should follow this to access your accommodation. Usually this means sending an email to the appropriate party regarding a missed activity (e.g., the faculty, TA [teaching assistant], or coordinator). You may wish to prompt their memory of the accommodation, inform them that you will be or were absent (be specific about what you missed), and communicate how you would like to resolve the incident, per your previous discussions and the agreed-upon protocol.

EXAMPLE 8.1-13 Well-Written Email Regarding the Need to Use the Accommodation—Following Protocol

Dear Professor Lusk,

I'm writing to inform you that I am experiencing an exacerbation of my disability today and therefore will not be able to attend the lab session.^a

Per our predetermined protocol, I am emailing you with a potential solution/make-up scenario.^b I understand that Group B will perform the same lab on Friday.

(continued)

^a You inform the faculty about the situation without including specific details of your condition—this is good, as it is not necessary to share specific medical information in these communications.

^b You remind the professor about your previous conversations, which orients the professor to the agreement you made at the beginning of the quarter.

EXAMPLE 8.1-13 Well-Written Email Regarding the Need to Use the Accommodation—Following Protocol (*continued*)

Per our previous discussion, I would like to attend the lab session on Friday to make up for missing today's lab.^c

Thank you in advance for your consideration.^d
Best,

^c You establish the need to use an alternative that was determined in your initial conversation.

^d You close with a professional statement of gratitude.

EXAMPLE 8.1-14 Poorly Poorly Written Email Regarding the Need for Flexibility Using the Established Protocol

Dear Professor Nigel,

I'm sick today and can't go to lab.^a I'm SO, SO sorry!!!^b I don't really know what to do.^c I feel horrible. Is there anything I can do to make up the lab?^d

Thanks,

^a Stating that you are "sick" does not alert professors that the issue is related to your disability. Faculty often have specific policies regarding illness, which are separate from your accommodation, and often require students to provide a note from a doctor. An accommodation of flexibility due to disability does not require the student to provide a doctor's note. Flexibility as an accommodation supersedes most attendance policies.

^b It is not necessary to apologize for your disability or condition. Further, the format of this apology is not professional.

^c You should have discussed the protocol for such circumstances prior to your need to access it. Stating that you don't know what to do can appear that you are helpless and unprepared. In fact, most students do have an idea of what they should or could do and should communicate that.

^d Again, this communication disregards any previously established protocol, suggesting that you have not discussed the accommodation. The communication is informal and suggests that you are incapable of managing your circumstances.

EXAMPLE 8.1-15 Well-Written Email Regarding Absence

Dear Professor Ali,

I am writing to let you know that I was absent from lecture today.^a As discussed, I will use 1 of my 4 preapproved disability-related absences.^b As discussed previously,

(*continued*)

^a You send an email on the day of the absence to notify the faculty member.

^b You reference your prior conversation and the protocol—indicating that you have used one of the agreed-upon absences. You note that it is a disability-related issue without providing unnecessary details.

EXAMPLE 8.1-15 Well-Written Email Regarding Absence (*continued*)

I will get the notes from a classmate and view the lecture capture to catch up on the material missed.^c

Best,

^c You note the steps you will take to make up the work missed, per your previous conversation.

EXAMPLE 8.1-16 Poorly Written Email Regarding Absence

Dear Professor LaMur,

I was out of class today. Can you please provide me the information that I missed? I was sick, and as you recall, I am allowed to miss class because of my disability.^a

Thanks,

^a Indicates that you are not following the established protocol regarding absences. Saying you are “allowed to miss class because of your disability” is misleading and not in line with accommodation procedures.

EXAMPLE 8.1-17 Well-Written Email Regarding Tardiness

Dear Professor Garcia,

I woke up today with a disability -related flare.^a Per our previous discussion, I’m writing to let you know that I will be late for my small group today.^b I have copied my small-group leader for the day to ensure that she is aware.^c

Please let me know if you have any questions.

Best,

^a You reference the need to be absent related to your disability. You don’t provide unnecessary details about the nature of the flare-up.

^b You reference your previous discussion and provide timely notice of your need to be late.

^c You copy any other parties who should be aware of the circumstances.

EXAMPLE 8.1-18 Poorly Written Email Regarding Tardiness

Professor Knetter,

I'm so sorry I was late to small group today.^a My symptoms are terrible and I had to take medicine in the middle of the night, which made me sleep in late, and it was really hard to get up in time.^b I hope no one is mad at me.^c Can you let my leader know so she doesn't think I am just lazy?^d

Sorry again.^e

Thanks,

^a It is not necessary to apologize for your disability-related need.

^b It is not necessary to provide details of your disability or the nature of your flare-up of symptoms.

^c This statement reflects a fear of stigma and judgment due to disability-related needs rather than the approved academic accommodations.

^d You should copy your small-group leader if it is relevant for her to know of the circumstances. Suggesting that someone might think you are lazy is an emotionally loaded statement and is less than professional.

^e It is not necessary to apologize.

DISCUSSING CLINICAL ACCOMMODATIONS

The guidance provided thus far also applies to communication about accommodations in the clinical setting. Emailing faculty, however, can be quite different from the face-to-face communication that occurs when working with an attending physician, preceptor, clinical instructor, or another supervisor. In these situations, you may need to communicate about your disability-related accommodations on an ongoing basis.

It is important that you follow your program's procedures for accessing accommodations in the clinical setting, so check your student or program handbook for guidance. Most programs follow a "top-down" approach, where the student is responsible for notifying a lead faculty member, sometimes referred to as a block director, faculty of record, or clinical faculty, of their approved accommodations. Together, you and the lead faculty member identify the individuals in the clinical setting who need to be notified about your accommodations and determine who—the student or the faculty member—will notify the site about the accommodations.

If you will work with a single team during your rotation, the most effective communication may be to notify the team members as a group in advance. This is easily achieved via email communication following the communication guidelines from previous sections. Many times, students work with a large and relatively unpredictable group of individuals (e.g., faculty, residents, and other team members) on their rotations. In these cases, it is essential that you

have the initial conversation with your lead faculty member. This follows the top-down approach and ensures that the people in charge are aware of your accommodations and can assist you with addressing concerns that arise. The lead faculty member can identify who needs to be aware of your accommodations, when, and how they can best be notified. For example, if during a 4-hour surgery you need to take breaks every hour, you may need to notify the operating room charge nurse several days in advance to ensure pertinent members of the team are aware and to set a protocol for leaving and reentering a sterile space. Your DRP can consult with you and your lead faculty member to help determine who on the team needs be notified. In any of these circumstances, it is helpful, and may be necessary, to remind faculty and pertinent team members of your accommodations. See Example 8.1-19–8.1-22.

Initial Notification of Clinical Faculty

EXAMPLE 8.1-19 Well-Communicated Initial Notification of Clinical Faculty

Hello Dr. Lee,

My name is XXXX, and I have approved accommodations from the disability office.^a I've attached my accommodation letter to this email. For disability-related reasons, I will need to take a 10-minute break every 2 hours.^b I plan to take these breaks in the break room.^c I will plan my breaks around my patients' needs to ensure that patient care is uninterrupted.^d

^a You remind the supervisor of a previous notification of your circumstances.

^b You explain the accommodation you need in a direct manner, without extraneous details.

^c You notify the supervisor about how you plan to implement the accommodation.

^d You assure the supervisor that your accommodation will not interfere with your ability to provide patient care.

EXAMPLE 8.1-20 Poorly Communicated Initial Notification to Clinical Faculty

Hello Dr. Osler,

I'm a disabled student so I need to take breaks during the day. Is that okay?^a

^a You don't remind the faculty member of any previous notification of your circumstances. You don't explain the specifics of your approved accommodation, so the need appears ambiguous. Asking permission to access your accommodation is not necessary. The accommodation has already been reviewed and approved by the DS office and your school or program. Making a request instead of informing the faculty member opens the door for an unaware faculty member to try to negotiate the accommodation with you.

Clinical Scenario Where an In-Person Reminder of Your Accommodations Is Necessary

EXAMPLE 8.1-21 Well-Constructed Response

Your clinical preceptor asks you to take a medication to the ED but is not facing you when she provides the instructions. You read lips and need her to face you to ensure that you can understand the instructions.

"I'm sorry, but I didn't understand you. As a gentle reminder, I need you to face me when you give me instructions so I can read your lips."^a

^a A short, polite, and succinct reminder of your disability-related need.

ED, emergency department.

EXAMPLE 8.1-22 Poorly Constructed Response

Your clinical preceptor asks you to take a medication to the ED but is not facing you when she provides the instructions. You read lips and need her to face you to ensure that you can understand the instructions.

"Huh? I didn't catch that."^{a,b}

^a In this example you don't seize a teachable moment to remind your preceptor of what you need in order to effectively function as a student. You may appear inattentive instead of reminding the faculty member of your needs.

^b Another poor response would be to try to guess what the preceptor said and act on a poorly informed assumption. It is also not wise to ask another student what was said. In order to get the most out of your experience and endeavor to improve the situation going forward, you need to be able to effectively communicate with your preceptor.

ED, emergency department.

SCHOOL PROCEDURES AND FACULTY RESPONSIBILITIES

Remember that students are responsible for following the procedures for accessing accommodations outlined for their school or program each quarter or semester. As such, students should note their program's process and make sure to follow the procedures carefully. If you are unsure of the process, talk to your DRP.

GENERAL RECOMMENDATIONS AND REMINDERS FOR COMMUNICATION

1. Communication should always **be clear and concise**.
2. Initiate communication about accommodations and follow up **in a timely manner**.

3. **Most faculty members are aware of the expected processes for accommodations** and have experience working with students with disabilities.
4. **If you encounter any difficulties with faculty, contact the DRP or disability office immediately** to avoid any delay or disruption to services.
5. **Take responsibility for following up.** Many students find it helpful to set reminders on their calendars in advance, outlining when to send communication to faculty or when to follow up if they haven't heard a response, and to schedule periodic check-ins regarding upcoming exams.
6. **You are not obligated to disclose personal information beyond approved accommodations.** Students are not required to disclose the nature of a disability or to submit additional documentation (e.g., psychoeducational or other evaluations, medical records, letters from health care providers) to other university departments, faculty, or personnel once they have become registered students with the disability office.
7. **Professional communication and responsible behavior in accessing accommodations is a two-way street.** In addition to the student's responsibility to follow procedures and communicate effectively in a timely manner, it is also expected that faculty will respond in kind. If a faculty member is not responding in a timely or respectful manner, contact the disability office for assistance.

CONCLUSION

Communication about disability can be new and challenging for health science students but is an important element to ensure you have full access to your educational experiences. Communication about disability and accommodations is also a reflection of your professionalism. The final *Dos and Don'ts* that follow summarize communication practices that lead to partnership, timely access to accommodations, and a clear understanding of the individual roles for ensuring access.

DOS AND DON'TS FOR WRITING EXCELLENT EMAILS TO PROFESSORS

Do take a neutral, objective, and assertive tone in your communication.

Don't use emotionally loaded language, blame, or attribute emotions to others in your communication.

Do communicate early and follow up if you don't hear back. Elicit support from your campus disability office when you run into difficulties.

Don't wait until the last minute to self-identify at the disability office or inform your faculty of your approved accommodations.

Do use formal language in your emails to professors.

Don't use "internet speak" or emoticons to convey your message.

Do share the approved accommodations you need to use in a course or rotation with your faculty.

Don't feel obligated to share your diagnosis, medical history, details, or other information with your faculty.

Do follow the procedures set forth by your school for requesting and accessing accommodations.

Don't assume that you can get what you need outside of a formal process or that the procedures will be the same as those at your previous academic institution.

Do take a collaborative approach to resolve concerns and complaints. Follow your program or institution's formal processes for grieving a complaint when necessary. Use campus resources, such as your DRP, to support you.

Don't become combative or try to resolve a difficult situation independently.

Do be proactive in planning for possible changes in your health status and need for supports that may take extra time to organize.

Don't assume that this time things will work out fine and be caught off guard if they do not.

Do use positive and empowered language when discussing your disability and related accommodations.

Don't apologize for your disability or need for accommodations.

APPENDIX 8.2 COMMUNICATING WITH STUDENTS WITH DISABILITIES: A GUIDE FOR HEALTH SCIENCE FACULTY

Lisa M. Meeks, Christine Low, Alison L. May, and Neera R. Jain

INTRODUCTION

Effective communication is an essential skill in health science education. For many programs, communication is linked to professionalism: It is often included as a domain in technical standards and as part of the core competencies for courses and clinical work. Clear and effective communication helps create healthy relationships with colleagues and patients and increases patient safety and team effectiveness.

Health science programs have high expectations of students' communication skills regarding disability status, requests for accommodations, and the implementation of approved accommodations but must remember that many students are just developing those skills and may need some guidance and support through the process. When engaging with students on the topic of disability-related needs, faculty must enact supportive, appropriate, and clear communication that models professional communication and maintains appropriate boundaries. Faculty should always work in partnership with their program's disability resource professional (DRP) to ensure that appropriate protocols are followed and that students are able to access all facets of the curriculum.

This guide aims to assist faculty with navigating effective professional communication related to student disability and accommodations. It also provides guidance on how to maintain student privacy while implementing accommodations and how to maintain appropriate boundaries in disability-related communication with students.

COMMUNICATING WITH STUDENTS—WHAT FACULTY NEED TO KNOW**The Impact of Stigma and Stereotype on Communication**

Societal stigma regarding disability and false beliefs that students with disabilities are not capable of completing a health science program may explain why students do not request disability accommodations or wait to do so until they are in trouble. This fear may cause some students to sound apologetic or ashamed when they communicate disability-related needs. Additionally, it may explain why some students over-share disability information when they approach faculty. For example, students may feel like they must share details about their disability information with their instructors in order to validate

their accommodation needs. Faculty, however, may perceive student communication that lacks expected boundaries as unprofessional. Communicating the expected process for accessing accommodations for your course with a supportive tone that maintains appropriate boundaries can encourage early disclosure, model professional communication, and create a more positive experience for all.

“Disabled Person” or “Person with a Disability”?

There are different philosophies regarding the language used to refer to people with disabilities. Some people choose to refer to themselves as a disabled person first, such as “I am autistic” or “I am a disabled student,” denoting that their disability is an important aspect of their identity. This is often referred to as “identity-first language.” Others choose to use person-first language, such as “I am a person with autism” or “I am a person with a disability,” denoting that having a disability is one of a number of qualities that describes them or one of many identities, not the only descriptor. When discussing disability, it is important to be respectful of the student’s preferences, and it is helpful to know the various approaches to identity within the disability community.

Avoiding Microaggressions

Faculty and administrators must be aware of and avoid their engagement in disability microaggressions. Disability microaggressions are defined as a form of unconscious or implicit bias caused by “distorted assumptions and beliefs that fuel negative attitudes and behaviors toward [people with disabilities]” (Keller & Galgay, 2010, p. 244). Microaggressions are subtle and implicitly convey to students that they are abnormal, broken, or other. Importantly, faculty who commit these microaggressions are usually not aware of the impact of their actions and do not necessarily have bad intentions. Nonetheless, the negative impact on the student can be profound.

Microaggressions can take many forms. Commonplace terms such as “suffers from [a disability]” or “confined/restricted to a wheelchair” exemplify microaggressions, because they attribute an inherently negative experience to disability. On the contrary, many disabled people do not experience daily suffering from their disabilities, and are liberated (not limited) by their wheelchair or other assistive device. Saying, “You don’t have a disability! You’re too bright” or “You performed so well, I forgot you have a learning disability!” is a second form of microaggression, which often occurs after students demonstrate competency. While faculty may believe these types of statements are a compliment, these microaggressions communicate to students that it is not possible to have a disability and perform well. Other forms of microaggressions involve faculty suggesting or just vaguely implying that students may

be “working the system,” which conveys the belief that students with accommodations are receiving an unfair advantage (May & Stone, 2010).

Microaggressions can also work through minimization, for example, when faculty suggest that a student’s disability “must be mild,” especially if they performed well. Faculty may be trying to normalize disability by suggesting that everyone has strengths and weaknesses, but these tend to discount the legitimate barriers that students with disabilities, even when provided appropriate academic adjustments, encounter daily. Making students feel excluded or like members of an out-group is also a microaggression. For example, faculty may use terms such as “special accommodations” to describe modified testing environments or state that students, “will not get extra time in the real world.”

Finally, microaggressions can occur when faculty do not protect students’ privacy. Drawing attention to a student with a disability in front of others or publicly identifying a group of students as “accommodated students” violates confidentiality rights and discourages disclosure of disability. Faculty can avoid microaggressions by attending closely to the language they use when talking about disability and considering the implications of their words or phrasing.

COMMUNICATIONS WITH STUDENTS ABOUT DISCLOSING A DISABILITY AND REQUESTING ACCOMMODATIONS

Faculty are an important part of the institution’s communications to students about the mechanisms for equal access, including the policies and processes for ensuring their courses and clinical experiences are accessible to students with disabilities and the process for students disclosing disability and receiving accommodations. Most schools provide information about the protocols for disclosure and notification of disability-related needs during orientation and on the website. Faculty can support this by addressing disability in their syllabi, encouraging students to disclose and request accommodations early, and working proactively with the disability office to ensure their understanding of the nuanced forms of assessment and the need for advance notice of accommodation on clinical skills assessments.

Modeling Professional Communication

Health science education may be the first place where a student has encountered an expectation that communications, particularly written emails, have a certain level of professionalism. Consequently, this can be a skill students are still in the process of acquiring. Faculty play an important role in modeling appropriate professional communication. This Appendix provides some examples of communications to students.

Responding to Students Who Disclose a Disability

DIRECT DISCLOSURE OF DISABILITY

Students may be unsure how to go about obtaining accommodations. In the absence of clear directions (e.g., via syllabus or course statement), students might approach faculty to discuss their disability-related need for accommodations. When responding to a student's disclosure of disability, faculty must respond in a timely, comprehensive, and positive manner that refers the student to the disability office or DRP.

When a student reports a specific concern about meeting a requirement or asks for an exception to the policy or requirements for the course that may be disability-related, it is best to offer a referral to the disability office. It is also good practice to reinforce that early intervention is wise and that you are happy to work with the disability office to address the student's potential need for accommodation (see Scenario and Response 8.2-1). Faculty should be able to direct students to the correct office for disability disclosure and accommodation requests, such as having basic contact information for the disability office readily available for students.

SCENARIO 8.2-1 Student Expressing Concerns about Meeting Course Requirements

Student approaches a faculty member saying they have some concerns about their upcoming overnight on their clinical rotation.¹ The student says it has been a struggle in the past when their sleep hygiene is disrupted. The student explains it's because they experience anxiety and depression and often have difficulty with getting enough and proper sleep.² The student requests to forgo the overnight shift and work a day shift instead.³

¹ Student expresses clear concern about meeting course requirements.

² Student reports something that may be disability related.

³ The student asks for an exception to a policy or requirement.

RESPONSE TO SCENARIO 8.2-1

Thanks for sharing your concerns.¹ It sounds like sleep disruption can be problematic for you.² Overnight shifts are an important learning tool, but adjustments can be made in some circumstances.³ The [name of

¹ Sets a supportive tone.

² Restates the student's concern.

(continued)

RESPONSE TO SCENARIO 8.2-1 (*continued*)

disability office] is the appropriate place to discuss potential accommodations to the academic program.³ You can reach out to [insert name of DRP contact], at [insert email] to discuss whether you qualify for accommodations. I would also be happy to send an email introduction if that would be helpful.⁴ The office website [insert URL] includes more information. Several of our students are connected with the office and have found it useful.⁵

Best Regards,
[Name]

³ Acknowledges that clinical requirements can be changed for students who require this.

⁴ Refers the student in writing to the appropriate resource.

⁵ Normalizes the use of the office.

DRP, disability resource professional.

INDIRECT DISCLOSURE OF DISABILITY

At times, students may explain poor performance or may disclose to faculty that they have been struggling, reporting symptoms that sound like they may be signs of a disability. In these cases, it is helpful for faculty to connect the student with the disability office so that the student can investigate whether or not this is an appropriate resource for their needs (see Scenarios 8.2-2 and 8.2-3).

Alternatively, the student may proactively approach faculty with concerns regarding an upcoming course requirement. Health science programs can create or exacerbate students' anxieties or levels of stress. Not all concerns expressed by students will be indicative of a disability. In that situation, it is best to offer students access to all resources available to all students, regardless of disability (e.g., learning supports, disability office, student health, counseling center), as they navigate these uncharted waters.

TIMELINESS OF RESPONSE

Timely responses are important for two reasons. First, students may be very anxious about disclosing a disability. The decision to disclose may have taken a great deal of time and students may spend hours crafting the perfect email, concerned about how their disclosure will be perceived. They may also be fearful that once they disclose, a faculty member's assessment of their performance may be biased by stereotypes about disability. A quick reply can be very reassuring and quell any unnecessary anxieties that arise as a result of a delayed response. Second, failure to respond in a timely fashion to a student request results in a delayed referral to the disability office and subsequent implementation of accommodations. A week's time in a health science

SCENARIO 8.2-2 Student Requesting an Extension

A student approaches a faculty member saying they have been struggling in the class. They explain they have not been feeling well and disclose they have painful migraines that result in light and noise sensitivity and then brain fog.¹ The student says this is why the assignment due today is not completed and asks for an extension.²

¹ Although the student does not say the word disability, what they are describing is a medical condition where the symptoms are causing significant disruption to their ability to engage in the course. This student should be referred to the disability office.

² The faculty may wish to follow any makeup policy in place for students who become acutely ill. They should also encourage the student to engage with the disability office, in case the migraines cause further disruption.

SCENARIO 8.2-3 Response From Faculty to Student Asking for an Extension

I am sorry to hear you are not feeling well today.¹ It sounds like migraines can be disruptive for you.² Per our course policy, students who get sick can request extensions of up to one week, making your new due date for the assignment [insert specific new deadline].³

If you are concerned about needing more extensions or possibly other accommodations, we have an office that works with students to determine the need for accommodation.⁴ You can reach out to [insert name of person], at [insert email] to discuss whether you would qualify for accommodations. The office website is [insert URL], which provides a general overview.⁵ Several of our students are connected with the office and have found it very helpful. I hope you feel better soon.⁶

Best Regards,
[name]

¹ Always begin with acknowledging the student's concern in a supportive manner.

² Restate what the student reports.

³ Follow your policy and add any new due dates (or alternative testing options).

⁴ Introduce the disability office in a nonthreatening way that explains that course policies can be adjusted for students who require this.

⁵ Give specific details about how to contact the office. When possible, use the name of a person vs. "disability office." Personal connections are usually better received.

⁶ Normalize the use of the office as much as possible and end the email with a supportive statement.

program for a struggling student could be the difference between passing and failing a course.

RESPONDING IN A POSITIVE MANNER

In addition to being timely, it is also essential that faculty respond in a comprehensive and positive manner. A truncated response can easily be misconstrued by the student. For example, *“Thank you I will look into this”* could feed uncertainty about how disability disclosure will be perceived. Even if faculty need additional time to construct mechanisms for accommodation implementation, they should respond to the student to confirm receipt of the email. Faculty should provide a brief and supportive response with a clear referral to the DRP (see Scenario 8.2-4).

SCENARIO 8.2-4 Response to Student Requesting Extended-Time Testing Accommodations outside of the Disability Office

Dear [Name of student],

Thank you for reaching out at the beginning of the semester to let me know about your accommodation needs.¹ This provides plenty of time to finalize a plan before any assessments for the course. With your permission,² I would like to connect you with [insert name of the disability office or DRP]. Once you’ve gone through their process, you will be connected with our testing coordinator who can work with you and the disability office to ensure that the testing accommodations are in place. In the meantime, let me know if you have any concerns about accessing the curriculum.³ I’m glad to have you in the class and look forward to a productive semester.⁴

My best,
[name]

¹ Welcoming tone and encouragement about having disclosed early.

² Seeking permission from the student to refer and connect them to the disability office.

³ An open invitation to check back should there be any follow-up questions.

⁴ End on a positive note, with a positive tone.

DRP, disability resource professional.

Following Up After Speaking With a Student

After a conversation about disability and accommodations, follow up with an email to reiterate the disability office referral information. This serves two purposes. It creates documentation of the referral and ensures the student has

the correct information. With the student's consent, faculty may want to copy the DRP, facilitating a successful handoff.

Syllabus Statement

As previously discussed, some students may be reluctant to approach instructors about a disability-related need. One effective way to reference the disability office and to provide all students with instruction on how to engage with this office is by making a statement via your course syllabus. Ideally this statement will be vetted in advance by the disability office. Some institutions provide faculty with standardized language to include on syllabi. The syllabus statement should provide information about how to request accommodations and provide information about how to contact the appropriate office. This statement helps clarify that faculty are not in a position to approve accommodations for students and points them to the correct office (see Practice Example 8.2-1).

Practice Example 8.2-1 Disability syllabus statement

[Name of School/Program] is committed to providing equal access to learning opportunities for students with disabilities. To ensure access to this class and the program, please contact [insert disability office information] to engage in a confidential conversation about accommodations for classroom and clinical settings. More information can be obtained from [disability office website] or by reaching out to the [name of office] [email, phone].

COMMUNICATION REGARDING IMPLEMENTING ACCOMMODATIONS

Each educational setting (didactic classrooms, clinical rotations, simulations, laboratories, and so on) will require its own protocol for communicating about accommodations given their differences in the structure and management. For the most part, the communication processes are done through accommodation letters, but in a few instances, faculty will be called upon on an ongoing basis for input, and timely and thoughtful responses are key to ensuring successful accommodation delivery.

Accommodations Related to Attendance and Deadline Extensions

The recommended practice on attendance and deadline extensions has changed in recent years. The Office for Civil Rights now mandates that the disability office take the lead in establishing and implementing appropriate

numbers of absences and length of assignment extensions in an interactive process with the student, DRP, and the faculty, based on the course structure and requirements. See Chapter 4 for an extensive discussion about this practice. The DRP should interview the student about what their particular requests are in terms of expected barriers to course attendance and assignment completion. Then the DRP should learn from the faculty what kind of flexibility may be permitted and what may be a fundamental alteration of the course. Putting all of this data together, the disability office should establish expectations, including procedures and contingency plans for unforeseen circumstances.

Once agreed upon, this communication should be conveyed clearly and in writing so that all parties understand the expectations. Only the individuals with a need to know about the absence or other modification as established in the protocol should be included (e.g., the course coordinator, the faculty member, testing center personnel, and so on).

What to communicate to the student:

1. Whom should the student notify about lateness or absences?
2. What is the best method of notification (e.g., phone, email, and text)?
3. If the student missed a required activity, what are the options for making up work?
4. If the student is going to be late or absent for an exam or clinic, is the process any different?
5. Are there other instructors or staff who should be notified about this plan (e.g., small-group leaders, co-instructors, preceptors, clinical instructors, and test coordinators)? If so, who will notify them?

CLINICAL ACCOMMODATIONS

In clinical courses, notification of what accommodations a student is entitled to is more complex than the typical classroom accommodation notification and requires clinical course faculty to consider a thoughtful protocol that protects student privacy. Depending on the relationship between the school, clinical coordinator, and the site, it may be more appropriate for the clinical coordinator or clinical faculty to first reach out to the site about a student's accommodations. This allows the school personnel the opportunity to explain the obligation to provide accommodations, answer questions, and address concerns and generally pave the way for the student's arrival, thus minimizing disability-related barriers. However, for some settings, it may be more appropriate for the student to be the one to notify the site about their request.

This issue should be discussed in advance and jointly determined so that the communication is coordinated and smooth.

Communicating Concerns and Complications about Implementation of Accommodations

There are times when, despite everyone's best efforts, something goes wrong in the process of implementing accommodations. It is important to address concerns expeditiously but to also understand that human and electronic errors occur. In most cases, the oversight will be addressed immediately. In the rare event that something must be mitigated, faculty should try to be available for consult and work with the DRP and student as part of a team. Should these disruptions occur repeatedly, a bigger conversation should occur with the disability office, as constant disruption can be time consuming for you and anxiety provoking for the student. They may also be indicative of a communication breakdown or systemic logistical issues.

IMPORTANT PRINCIPLES FOR FACULTY REGARDING DISABILITY AND ACCOMMODATIONS

Maintaining Student Privacy

Faculty have an obligation to protect students' privacy. The Family Educational Rights and Privacy Act of 1974 (FERPA)⁵ protects the privacy of disability office records, limiting information-sharing to those with a "legitimate educational interest." (Although disability office records frequently also contain medical documentation, HIPAA (the Health Insurance Portability and Accountability Act) does not apply, as disability offices are not "covered entities" under that law).

DO NOT REVIEW STUDENT MEDICAL DOCUMENTATION

As a general rule, if a student offers a doctor's note or medical record, faculty should not accept it from the student and should instead direct the student to work directly with the disability office. One of the primary roles of the disability office is to be a "firewall" between the student and their faculty when it comes to sensitive information. Accepting student medical documentation can place faculty in a precarious situation of knowing too much about a student's disability and place them at risk for possible claims of disability discrimination. Moreover, faculty are not the responsible party on campus for making accommodation decisions and therefore should not be asked to interpret documentation (Meeks & Jain, 2017).

⁵ 20 U.S.C. § 1232g; 34 CFR Part 99

LIMIT WHO KNOWS ABOUT STUDENT ACCOMMODATIONS

Information about student accommodation needs should be limited to those involved with determining and/or implementing accommodations. In clinical settings, where students may have multiple preceptors or multiple levels of supervision, the clerkship director may serve as the point person that determines whom and how to notify about accommodation specifics or whom to notify about accommodation specifics and how the notification should be made. It is important when making these determinations that only accommodation-related information is shared and only to the extent necessary. For example, it is appropriate to state that a student is excused from clinic from 3 to 5 each Tuesday as an accommodation. It is not appropriate to state that a student is excused from 3 to 5 each Tuesday to attend therapy for their ongoing issues with anxiety.

PERSONAL PRACTICES FOR MAINTAINING STUDENT PRIVACY

When faculty are notified by students or the disability office about accommodations, they must make every effort to keep this information private. Steps to do so include: not leaving accommodation notifications open on computers or printed copies of accommodation letters where they are visible to others, not engaging in conversation about disability accommodations in front of others, such as immediately before or after class, in elevators, and so on.

When enlisting staff or faculty to implement accommodations, faculty must ensure that only the minimum necessary information is shared by limiting the people who are informed about accommodations and the underlying disability diagnosis, even if the student is open about their disability.

Maintaining Boundaries

Privacy violations are not always straightforward. Some may be subtle and can stem from positive intentions. Faculty often report that one of the biggest challenges is taking off their clinician hat and putting on their administrative or educator hat. At times, to try and support the student as much as possible, faculty may ask too many questions or offer too much advice. It can feel natural for faculty to engage with students about the details of their diagnosis or treatment plans, but this is problematic. Students may feel compelled to share details of their disability status in an effort to be compliant, to avoid being perceived as difficult, out of concern they will be stigmatized due to perceptions about disability (e.g., that a disability means that they are not safe, capable, or intelligent students) or that they are trying to gain an advantage by using accommodations. It is hard to know how to balance support, mentorship, and privacy in these situations. However, these conversations leave both parties vulnerable as students may later feel they have over-shared, and faculty may shift focus to a student's health as opposed to their learning.

Remember that students are not required to discuss the specifics of their disability with faculty to obtain or implement accommodations. If asked about disability specifics, students may begin to feel uncomfortable with faculty or feel as if their privacy has been violated. Faculty should model professional boundaries and remind the student that there is a private mechanism for disclosing disability and requesting accommodations: the disability office. This must be done in a way that does not suggest shame or the need to hide disability status, but rather the fact that the respect for a student's privacy is taken seriously by both the institution and the faculty member (see Scenario 8.2-5).

SCENARIO 8.2-5 Responding to a Student in Crisis Who Discloses Personal Information

Tina was a first-year student, who, after completing three courses, began to feel overwhelmed. One night, without warning, she experienced a panic attack that resulted in a visit to the ED, causing her to miss an online exam. Tina emailed her faculty member saying that she had been in the ED and was not feeling well. She asked the faculty member how she might make up the exam and apologized profusely for missing class saying, "I am so sorry for missing class, I had a panic attack and needed to go to the ED as I was experiencing chest pain."

ED, emergency department.

RESPONSE TO SCENARIO 8.2-5 Responding to a Student in Crisis Who Discloses Personal Information

Hi Tina,

I hope you are feeling better today¹. I am sorry you had to visit the ED.² The school is committed to supporting our students and, to that end, has multiple resources available including student health [contact person, email and URL], student mental health [contact person, email and URL], and the student disability office [contact person, email and URL].³

(continued)

¹ In this example the faculty member offers words of support and understanding.

² The faculty maintained the student's privacy around the ED encounter.

³ The faculty member appropriately refers the student in writing to three potentially beneficial supports.

RESPONSE TO SCENARIO 8.2-5 Responding to a Student in Crisis Who Discloses Personal Information (*continued*)

I would be happy to introduce you in any of these settings if it would be helpful.⁴ I want you to know that you do not need to share details of your diagnosis with me. There are mechanisms in place to ensure your privacy.⁵

As for class, we discussed antibiotic therapies for different classifications of bacteria. Please review module 5 and the associated reading.⁶ I can open the exam for you to make up any time this week; please just provide a preferred 24-hour window.⁷

Let me know if you have additional questions or concerns. I'm glad to have you in the class and look forward to a productive semester.⁸

⁴ The faculty member normalizes the referral.

⁵ The faculty member clarifies expectations around disclosure.

⁶ The faculty member appropriately answers the student's question regarding the missed coursework.

⁷ The faculty suggests a plan with a timeline for making up the missed quiz.

⁸ The email ends on a positive note with a positive tone.

ED, emergency department.

RESPONDING TO COMMON STUDENT COMMUNICATION ERRORS

Responding to Emotionally Loaded or Unprofessional Communication

Students approaching faculty about implementing accommodations may feel uneasy, overwhelmed, or fear being stigmatized for their disability. This can result in emotionally charged communication, such as apologizing for "being a pain" or expressing anxiety about being perceived poorly for requesting necessary accommodations.

When faculty receive these communications, they instinctively want to reassure the student they are not upset. At the same time, this presents an excellent opportunity for faculty to model professional communication about disability. The emotionally charged content should be quickly acknowledged, the student should be reassured that this is part of a standard process, and the communications going forward should be clear, concise, and complete (the three Cs).

Faculty should quickly and briefly acknowledge the student's feelings. Then they should enact the three Cs: a clear, concise, and complete summary of what the student can expect (as shown in the following response to Scenario 8.2-5).

RESPONSE TO SCENARIO 8.2-5 Responding to a Student in Crisis Who Misses an Exam

Thank you for reaching out, and I am sorry you were not feeling well. Please be assured this that is not problematic. We can reschedule your exam, with your accommodations, on Friday, June 20th, from 3 to 5:30 in room 240 with Ms. Willa Smith proctoring. She is aware of your testing accommodations and is prepared to implement them. Ms. Smith has my number should there be any questions. Please let us know if this works for you.

Recommendation Letters

Clinical supervisors or faculty should not include a caveat in their recommendation letters that specifies the student's performance was augmented by accommodations. Some faculty or clinical supervisors feel that including this information ensures that the recommendation accurately represents the student and makes the process fair to all students. However, this practice assumes that accommodations provide an unfair advantage and represents a microaggression. On the contrary, accommodations are provided to correct systemic disadvantages that people with disabilities experience. The disability office reviews a student's documentation to verify that their condition rises to the level of a disability and works with the student, program administrators, and faculty to determine the accommodations necessary to ensure equal access. As such, the accommodations provide a more level playing field in a setting that is otherwise designed without disabled people in mind. To provide a caveat about accommodations in recommendation letters is therefore inappropriate and a privacy violation.

CONCLUSION

Students in health science programs may struggle with communication around disability status and the use of accommodations. Faculty have the opportunity to model professional communication standards in this challenging arena. Principally, faculty should start with an inclusive tone that is welcoming of diversity and ensure that communications are thorough, supportive, and clear while maintaining appropriate boundaries. Faculty should always work in partnership with their program's DRP to ensure they are following appropriate protocols so that students are able to access all facets of the curriculum. The following *Dos and Don'ts* summarize best communication practices:

- Do** set a welcoming and inclusive tone.
- Do** maintain student privacy.

- Do** respond in a timely manner to inquiries.
- Do** provide clear, concise, complete responses.
- Do** provide the minimum necessary information only to those who need to know.
- Do** collaborate with the disability office.
- Don't** leave or conduct disability communication in public spaces where others may view or overhear it.
- Don't** inquire about disability or diagnosis specifics.
- Don't** accept students' disability documentation.
- Don't** agree to provide disability-related accommodations without disability office consultation.

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Working Through Complex Scenarios

Neera R. Jain and Shelby Acteson

INTRODUCTION

Despite the best intentions of disability resource professionals (DRPs), complex access-related situations can occur. These might include late reporting of disability-related barriers (after the student is in academic jeopardy), faculty providing accommodations without input from the DRP, new staff inheriting poorly documented records, and reports of discrimination or possible legal action. This chapter will provide steps DRPs and administrators can take to unravel complex situations and determine the best way forward, with a focus on both student success and institutional liability.

Despite the best of intentions, and in some cases because of them, complex situations do arise in the course of working with students with disabilities in the health sciences. When this happens, it is incumbent upon the DRP to step back and view the big picture: capture perspectives from involved parties, consider the best outcome, and work toward a resolution. During this time, DRPs must identify ways to ensure the student can access the program while upholding academic program integrity.

This chapter addresses nine complex situations that may arise, identifies the steps required to address and remove barriers, and suggests the parties who are likely able to address them. Without permanently removing the barriers, these access issues are likely to recur (see Practice Recommendation 9.1).

Therefore, this chapter also provides guidance for barrier removal or prevention. At the end of the chapter are three scenarios that apply the guidance offered and a list of guiding principles with associated tips for DRP practice.

Practice Recommendation 9.1: Goals for DRPs in Complex Situations

1. **Resolve the current access barrier**
 - Determine the nature of the barrier.
 - Determine next steps and follow them to a resolution.
2. **Prevent the barrier from recurring**
 - Determine systematic barriers in place and develop a strategy to remove them.
 - Review, create, or revise related policies and procedures.
 - Provide training on the relevant policies and procedures to students, faculty, and/or staff.
 - Ensure policies and procedures are transparent and easily located in the future.
 - Conduct follow-up to ensure the implemented changes continue to sufficiently address the identified concerns.

DRP, disability resource professional.

RESOLVING COMPLEX SCENARIOS

Solutions to complex access-related scenarios require DRPs to work closely with faculty, school and program leaders, university administration, and students. Resolutions may point to systemic change needed in program, school, university, or disability office policies and procedures. Complex situations require DRPs to tease out the facts, explore historical practices, review current case law, and mediate an appropriate resolution.

Many students new to health science environments struggle to manage the large volume of new information, the variety of complex settings, and the competitive nature of the field. For the student with a disability, this transition is further complicated by the adjustments needed to navigate this new environment, such as disclosure of disability-related barriers, navigation of disability resources, and encounters with faculty or program staff. Furthermore, students with disabilities must contend with perceptions of heightened stigma towards disability in the health sciences. It is important to make sure that students understand their rights, role, and responsibilities in the process and the resources available to them.

Students invest an enormous amount of time and resources to get to this point in their education. For many students, admission to the program fulfills their dreams of becoming a health science professional, and completing the program successfully is paramount to their sense of self. When students with disabilities experience academic difficulty, it may exacerbate fears of “inability” or imposter syndrome. Thoughts of this nature can disrupt

students' professional-identity formation and affect their ability to succeed. Remembering these factors is helpful when seeking to understand the actions of students experiencing difficulty.

As discussed in previous chapters (in particular, Chapters 4, 5, and 8), faculty and program administration have a critical role to play in referring students with disabilities to the disability office, in engaging in the interactive process to determine appropriate accommodations, and in implementing the accommodations recommended by the disability office. Faculty and administrators' understanding of procedures that facilitate student access, the rationale for them, and their importance is paramount. Negative attitudes related to disability may be based on historical experiences or lack of understanding. Regardless of their origins, addressing attitudes is critical to creating an environment where students' rights are honored and they have the opportunity to thrive. The dos and don'ts for working with students with disabilities noted in Chapter 11 also provide guidance for faculty and program administrators in this realm.

What follows are nine complex situations that commonly arise in the course of a DRP's work. For each situation, we illustrate how the situation may manifest itself, ancillary concerns that may surround the situation, and summarize how a DRP may respond. A table is provided for each situation that outlines the relevant considerations, steps to resolution, and measures to prevent recurrent barriers.

FACULTY PROVIDED ACCOMMODATIONS TO A STUDENT NOT DISCUSSED WITH THE DISABILITY OFFICE

Students who are not familiar with the disability accommodations process sometimes request accommodations directly from faculty, such as adjustments of time, deadlines, or other considerations, without involving the disability office. Although a faculty member might provide informal accommodations for a variety of reasons not necessarily tied to disability (e.g., temporary illness, death in the family, or car accident), providing informal accommodations for a disability-related barrier can create confusion. This can be particularly confusing when a student, who has been informally accommodated in the past, encounters a faculty member who refers the student to the disability office to establish formal accommodations. These students may feel frustrated when they must "prove" a disability, when accommodations were provided informally in the past.

Further complicating this are scenarios where a faculty member extends informal accommodations that are not supported by a student's disability documentation or are in direct conflict with the official determination of the disability office (see Table 9.1). It is the job of the disability office, in coordination with the school or program, to ensure that both students and faculty are aware of the role of the disability office and the appropriate steps for seeking

TABLE 9.1 Process When Faculty Provide Accommodations Not Discussed With the Disability Office

CONSIDERATIONS

- When did the student bring forward the concerns? In what stage of the program is the student? What prompted the issue?
 - Was the student informed of student rights and responsibilities regarding disability disclosure and accessing services? If so, when, how (e.g., email, syllabus statement, and in person), and by whom?
 - Is the issue related to a newly identified disability? If so, what steps were taken to ensure that the student was aware of disability resources? What are the circumstances around the newly identified disability?
 - Is the faculty member new or an adjunct?
 - What training have faculty members received about their responsibilities to refer students to the disability office and only implement approved accommodations?
 - Is there a liaison in the school/program who assists with these issues?
 - What is the standard policy for approving accommodations?
 - How long has the student been receiving the unapproved accommodations?
 - How has the issue come to your attention?
-

HOW TO RESOLVE

- Listen to each party's perspective on events.
 - Determine if the accommodation was provided in relation to a disability or for another reason (e.g., student had the flu, death in the family, and so on).
 - Explain the standard policy for registering with the disability office and requesting accommodations; point to the places where this policy is outlined (e.g., website, student handbook, and orientation materials).
 - Require that the student submit disability documentation and complete formal registration.
 - Determine and implement accommodations, if appropriate, or explain to the student why any requested accommodations are not warranted.
 - Document what was done, including all email communication and notes from phone conversations and meetings.
-

PREVENTION STRATEGY

- Review policy for requesting accommodations with the disability office—is it in writing and clear?
 - Ensure written policy is easy to find by making it available in multiple places (e.g., disability office, school, and program websites, admissions information links to disability office page, course websites, student handbook, syllabus statement, acceptance letter, reminder emails to all students annually, and so on).
-

(continued)

TABLE 9.1 Process When Faculty Provide Accommodations Not Discussed With the Disability Office (*continued*)

- Ensure the disability office is included as part of orientation programming and that DRPs can introduce disability resources and accommodation processes to all incoming students.
- Review the current model for faculty training. Ensure that all new faculty, including adjuncts, are informed of their responsibilities. Consider an online training module for faculty to complete independently (see Chapter 11 for an outline of dos and don'ts that can be used as a basis for faculty training).
- If a school/program liaison is in place, work with that person to improve notification to faculty and students about access-related procedures in a format that works with the culture of that school. If no liaison is in place, consider implementing one (see Chapter 4 for more information about liaisons) or work with the program to ensure that the accommodation process is clearly defined and regularly disseminated to all students.

DRP, disability resource professional.

disability resources. Chapters 2 and 4 outline the process for determining disability status and individual accommodations for a student's specific academic program.

NEGATIVE FACULTY/PROGRAM ATTITUDES

Faculty and administrators' attitudes toward disability can contribute to complicated situations, often resulting in inappropriate comments or expectations regarding students with disabilities (see Table 9.2). In the health sciences, there is often a tacit expectation for perfection that may seem incongruous with disability. Attitudes based on previous negative experiences with the disability accommodations process (e.g., experiences with students, patients, staff, and the disability office) can inform how faculty and administrators approach complex situations. A good start toward resolution is to ensure that all parties clearly understand disability office processes and their role therein. The DRP should make sure all parties have the communication tools necessary to navigate complicated situations (see Chapter 8 and Appendices 8.1 and 8.2 for guidance regarding professional communication and disability).

Another possible manifestation may be, paradoxically, wrapped up in a faculty member or administrator's desire to act as an ally for students with disabilities. Although disability allies are important and welcomed, there is a risk that preconceived notions about disability may result in unnecessarily low (or high) expectations. Such faculty members or administrators may even have an unconscious tendency to "protect" students. If this happens, allies can create additional barriers. It is prudent to have an open dialog with faculty allies, to ensure everyone shares the same goals for supporting students with disabilities.

TABLE 9.2 Process When Encountering Negative Faculty/Staff Attitudes

CONSIDERATIONS
<ul style="list-style-type: none">■ What is the faculty member’s prior experience with disability?■ Has the faculty member worked with students who have disability accommodations before?■ What were those experiences? Positive? Negative?■ What is the general culture of the school/program toward students with disabilities?■ Is the student being held to the same standards as other students (higher or lower)?■ How does the faculty member perceive the disability office? Adversarial or collaborative?
HOW TO RESOLVE
<ul style="list-style-type: none">■ Talk to the student, faculty, and others involved to fully understand the situation and identify (if possible) the source of attitudinal issues.■ Provide students with resources, such as grievance procedures, should they encounter behavior from staff or faculty they feel is inappropriate or discriminatory.■ Ensure faculty understand that the function of accommodations is to “level the playing field,” not minimize program performance standards.■ Provide faculty with strategies for working with students with disabilities to ensure student privacy and respect.
PREVENTION STRATEGY
<ul style="list-style-type: none">■ Provide disability and accommodations training to faculty that includes information about disability rights, the potential value of students with disabilities to the profession, and how students with disabilities might present in the academic environment. Provide strategies faculty can use to create a supportive environment for all students (see Chapter 8 on communication and Appendix 8.2).■ Ensure that faculty and administrators understand student rights to privacy and confidentiality.■ Partner with employee disability resources to educate faculty on procedures for employment versus academic accommodations to clarify the different expectations of students versus employees, especially in the clinical environment.■ Share examples of students with disabilities thriving in similar programs and successful professionals with disabilities in the health sciences.

STUDENT PERCEIVED FACULTY ACTION AS DISCRIMINATORY

Complications can stem from a perceived or actual incidence of discrimination (see Table 9.3). Perceived discrimination may take many forms. A student may feel discriminated against by a faculty member or believe that private disability information was disclosed without permission. This sometimes happens inadvertently, for example, when an accommodation letter is accidentally left sitting open on a computer, or intentionally, for example, if a faculty

member mentions a student's disability when chastising the student in clinic for a delayed response to questions or poor attendance. Attitudes may suggest discrimination, such as a faculty member who expresses exasperation each time a student presents a letter of accommodation or who makes derogatory statements about disability or people with disabilities working in the field. Discussions about disability disclosure may also prompt perceived discrimination if faculty or administrators discourage student disclosure because they believe it will inhibit the student's job prospects.¹ Perceived discriminatory behavior may also stem from faculty who lack understanding of disability (e.g., only understand and recognize "visible" disabilities), doubt that a disability exists altogether, or have fundamental concerns about the concept of accommodations. Despite any personal beliefs, as agents of the university, faculty have an obligation to behave in a nondiscriminatory manner and to make appropriate referrals to the disability office if a student discloses a disability (see Chapters 1, 2, and 4).

Reports of discrimination can be detrimental to the relationships between the student, peers, faculty, and administrators. Even when issues are resolved successfully, relations can be so impaired that it negatively affects a student's performance. Institutions must have clearly defined procedures, points of contact, and processes to handle reports of perceived discrimination (see discussion in Chapter 1 on grievances and formal complaints). The DRP and program administrators should be familiar with these processes and the responsible offices to make appropriate referrals.

TABLE 9.3 Process When Student Reports Perceived Discrimination to Disability Office

CONSIDERATIONS

- Who displayed the alleged discriminatory behavior (e.g., student, staff, or faculty)?
- What policies and procedures exist on campus regarding discrimination and harassment? Who is responsible for the policy/procedure?
- What channels exist for the student to pursue a complaint and/or mediation/resolution?
- Does the student want to pursue a formal complaint or merely resolve the immediate accommodation-related issues?
- Has the student already filed a formal complaint—if so, is it internal or external (e.g., with OCR)?
- What steps to investigate the allegation have occurred thus far? What additional investigation is needed? Who should undertake it?
- Who else should be involved in the resolution of the issue (e.g., faculty, other student support offices, administrators, or other students)?

(continued)

¹North v. Widener University, 869 F. Supp. 2d 630 (E.D. Penn. 2012).

TABLE 9.3 Process When Student Reports Perceived Discrimination to Disability Office (*continued*)

HOW TO RESOLVE

- In writing, inform the student of the right to file a formal complaint (see Chapter 1).
- Make the student aware of all other channels for resolving concerns available on campus.
- Determine if the DRP must report the described incident to the office responsible for claims of discrimination, even if the student chooses not to report it (discuss with your supervisor, legal department, and ombudsperson).
- Address any accommodation-related concerns that are within the disability office’s purview.
- Ensure that accommodations are available to ensure full access to the complaint investigation process and that students know how to request them, if needed.
- Refer the student to any other campus supports that may be of assistance (see Chapter 1).
- Document all discussions and actions in writing.

PREVENTION STRATEGY

- Suggest training for faculty regarding disability to avoid future problems (see Chapters 8 and 11 for content that can be used to develop a training).
- Ensure a clear guide for addressing concerns of discrimination is available on the disability office website, including all available channels for informal and formal appeals and grievances.

DRP, disability resource professional; OCR, Office for Civil Rights.

STUDENT REPORTS IMPROPER IMPLEMENTATION OF ACCOMMODATION

Disagreements about implementation of accommodations are common (see Table 9.4; see also Chapters 4 and 8 for further discussion of accommodation implementation). When implementation is handled poorly, it can lead to reports of bias, informal complaints, and grievances. For example, a student may report that the accommodation provided for testing was inadequate (e.g., noise in the environment, extended time not provided, lack of access to faculty to ask questions, computer system failure, and so on). In these situations, DRPs should assess the circumstances from the viewpoint of each party involved when determining an appropriate solution. If the accommodation was implemented improperly, a “retake” of the exam may be appropriate. The school or department’s practices with respect to exam accommodations may need modification to avoid future issues. DRPs should take these opportunities to further educate faculty and staff on how

to appropriately implement accommodations. In numerous cases,² Office for Civil Rights (OCR) has held that the disability office is responsible for ensuring accommodations are implemented properly (see also, Case Example 9.1). That is, the office cannot assume without verification that accommodations are being properly implemented, nor can it give faculty discretion about whether to implement accommodations.

TABLE 9.4 Process When Student Reports Improper Implementation of Accommodations

CONSIDERATIONS

- What is the student's perspective on the issue and the perspective of others involved?
- What is the standard process that should have been followed? Where is that documented? Were all parties aware of it, and was it followed?
- Did the student report the issue to others, and if so, to whom and when? Was the disability office involved? What actions were taken to resolve the issues?
- Were interactions related to the situation (e.g., accommodation requests and response to such requests) adequately documented?
- In addition to the responsible faculty member, is there a liaison who should be contacted first to discuss the issue?
- How well does the DRP know the involved parties? What approaches have worked with them in the past?
- Has the student filed a formal complaint about the event?
- Has there been an academic consequence resulting from the situation (e.g., has the student failed an exam or course or been brought before an academic or professional standing committee as a result of the incident)?
- Is there legal precedent to provide guidance?

HOW TO RESOLVE

- Discuss the concern with the student, faculty member(s), and school/program liaison to hear all perspectives on what happened.
- Review any documentation related to the event (e.g., email communication or other).
- Determine the appropriate resolution based on the facts of the situation:
 - If the student followed appropriate processes but faculty/school/program did not, the student should, in all likelihood, be given a second opportunity to attempt the requirement with appropriate accommodation.

(continued)

²OCR Letter to Univ. of Rochester, No. 02-16-2050 (2016); OCR Letter to Tidewater Community College, No. 11-15-2027 (2015); OCR Letter to Woodland Comm. Coll., No 09-14-2404 (2016); OCR Letter to University of North Carolina, Greensboro, Case No. 11-17-2001 (2017); OCR Letter to Yuba College, No. 09-15-2477 (2016); OCR Letter to Univ. of Connecticut, No. 01-16-2103 (2017).

TABLE 9.4 Process When Student Reports Improper Implementation of Accommodations (*continued*)

- ☐ If the student did not follow appropriate procedures, discuss with faculty/school whether a second attempt is warranted. This may be governed by mitigating factors such as how new the student is to the accommodation process.
- ☐ Discuss with legal counsel and colleagues if unsure about how to proceed or if culpability is unclear.
- Implement the appropriate solution.
- Document the process, information, and resolution.
- Discuss the appropriate procedure and actions to be followed in the future with the faculty/school and student. Encourage all parties to contact the disability office (or school/program liaison if available) immediately with any concerns that arise.

PREVENTION STRATEGY

- Review policy and procedures for students and faculty/school for accessing accommodations. Are they clear, in writing, and available to students, faculty, and administrators?
- Provide all students working with the disability office clear information about the processes for accessing accommodations.
- Ensure information for faculty and related frequently asked questions (FAQs) about accommodations are clear and available on the disability office, school, and program websites.
- Ensure adequate, ongoing training occurs with faculty members regarding their responsibilities for providing appropriate accommodations.
- If a school/program liaison is in place, work with the liaison to improve faculty knowledge about implementing appropriate accommodations. If no liaison is in place, consider implementing one (see Chapter 4 for more information about liaisons).

DRP, disability resource professional.

CASE EXAMPLE 9.1: OCR letter to Univ. of Connecticut³

A faculty member refused to implement an accommodation. The student complained to the disability office, which brought in the Academic Division (the faculty's boss). The faculty member ultimately complied and implemented the disputed accommodation. In its investigation, OCR found that although the school did the right thing, they did not have a specific protocol for what to do when faculty refuse to implement accommodations. Therefore, OCR required that the university draft a written policy.

OCR, Office for Civil Rights.

³OCR Letter to Univ. of Connecticut, No. 01-16-2103 (2017).

LATE REQUEST FOR ACCOMMODATIONS

In a barrier-free world, disclosing a disability and requesting accommodations would never be necessary. However, universal design is not yet fully adopted in most schools, and students often encounter disability-related barriers in health professions education programs, necessitating the request for disability accommodations. Disclosing a disability that is not readily apparent can be complicated (see Table 9.5; see also discussion in Chapter 4 on an individualized analysis of student needs and discussion in Chapter 8 on effective disclosure). Students may hesitate to disclose a disability given the stigma attributed to disability in our society. As a result, disclosure may only occur once a student struggles or experiences failure in a program.

Hesitation to disclose can delay critical conversations about accommodations, preplanning, and available supports. The resulting situation is particularly complicated because universities are not obligated to accommodate a student until the student formally discloses a disability and requests accommodation,⁴ nor are they obligated to readmit a dismissed student if the student fails to do so.⁵ Although it is not legally required, some students are given opportunities to remediate. These decisions, however, may not reflect historical consistencies or value judgments about the student in question. For example, a program may be more inclined to offer remediation to a previously high-performing student who sustains a traumatic injury or receives a new diagnosis. Programs may hesitate to offer remediation or the option to repeat courses when a student's performance was below average until a formal diagnosis was made, suggesting that the student should have sought assistance earlier or simply lacks the skills to succeed in the program. Similarly, programs may find it difficult to assess whether remediation or repeating a course is appropriate for students whose conditions result in periods of complicated symptoms or who exhibit unprofessional behavior. Regardless of historical inconsistencies within a program or individual perceptions of the student in question, the DRP's role is to ensure that the program evaluates each situation with an objective and consistent approach.

⁴*Shamonsky v. Saint Luke's School of Nursing*, 2008 U.S. Dist. LEXIS 20426 (E.D. Pa. 2008). *College of Saint Rose*, Case No. 02-00-2055 (OCR Region II 2001); *Texas Woman's University*, Case No. 06-00-2038 (OCR Region VI 2000); *Western Michigan University*, Case No. 15-99-2016 (OCR Region XV 2000); *A.T. Still University*, Case No. 07-09-2017 (OCR Region VII 2009).

⁵*Leacock v. Temple University School of Medicine*, 1998 U.S. Dist. LEXIS 18871 (E.D. Pa. 1998).

TABLE 9.5 Process When Students Make a Late Request for Accommodations

CONSIDERATIONS

- When did the student first disclose a disability? What prompted the disclosure?
- What stage of the program is the student in?
- Was the student informed about how to request disability accommodations? If so, when, how (e.g., email, syllabus statement, and in person), and by whom?
- Is this a newly identified disability? If so, what steps were taken to ensure that the student was aware of disability resources? What are the circumstances regarding the newly identified disability?
- Is this a situation that would benefit from involving legal counsel (e.g., Is the student about to be dismissed or receive academic sanctions? Has the student indicated any plans to take legal action)?
- How entrenched are the relationships between the parties involved?
- Were communications and interactions related to the situation adequately documented (e.g., disclosure of disability, referral to the disability office, notification and warnings of poor performance, and accommodation requests and response to such requests)?
- If the student has been dismissed (or dismissal is imminent), were there opportunities prior to dismissal for the student and program officials to resolve the issues? If yes, how were these addressed?

HOW TO RESOLVE

- Determine the circumstances surrounding the disclosure to identify the best course of action.
- If the student has not yet been dismissed:
 - Direct the student to follow the standard disability office registration process—submit documentation, and request accommodations (see Chapters 2 and 4 for a full description).
 - Implement accommodations deemed reasonable as a result of the interactive process.
 - Manage any ancillary issues, such as helping faculty and staff to understand the reasons students may request accommodations late in the program, assisting in repairing the relationship between student and faculty, and identifying possible needs, such as offering the student a new clinical setting instead of returning to a place where things went badly and relationships are irreparable.
 - Educate the student about the accommodations process and the need to come forward immediately to request further accommodations. Explain that programs are not obligated to accommodate a student until the student formally self-discloses a disability and requests accommodation.
 - Educate faculty and staff about their obligation to refer students to the disability office promptly for consideration of accommodations if related issues are identified.

(continued)

TABLE 9.5 Process When Students Make a Late Request for Accommodations (*continued*)

- If the student has been dismissed (or dismissal is imminent):
 - Educate the student about the standard disability office process for requesting accommodation. Explain that the school is not required to provide retroactive accommodations.
 - Direct the student to follow the standard disability office registration process for formalization of disability status.
 - If requested, provide information to the academic standing committee or others regarding the standard process for requesting accommodations from the disability office and principles regarding retroactive accommodation requests.
 - If any issues were identified with the student not being referred to the disability office immediately for consideration of accommodations, ensure that academic standing or review committees are aware of this breach of policy and that it should be duly considered before taking adverse action against the student.
 - Direct the student to any applicable appeal or grievance procedures.
- Document all conversations and actions carefully in the student's disability office record.

PREVENTION STRATEGY

- Ensure faculty and staff of the university (including support offices such as health and mental health services, learning and writing support, multicultural affairs, and so on) are aware of disability resources, understand their obligation to refer students who disclose to the disability office immediately, and understand the need to document the referral in writing.
 - Note that referred students are not obligated to go to the disability office after the referral, but it is critical that they are made aware of their options and that this information is put into writing.
 - Ensure all students are notified early and often about disability resources and how to contact the disability office to register and request accommodations.
 - Meet with students who wish to learn more about potential accommodations and requirements before making a formal request. Document all discussions and information provided.
-

A STUDENT ENCOUNTERS UNANTICIPATED BARRIERS IN THE CLINICAL ENVIRONMENT

For some students, the unique demands of the clinical environment can reveal unexpected barriers, disabilities not formally disclosed or diagnosed, or barriers that did not require accommodation in the past (see Table 9.6). Clinical demands often reveal time-management concerns more easily resolved in the didactic setting due to greater flexibility with time. New physical or interpersonal contexts can create unanticipated barriers in the clinical environment.

The following examples illuminate how new barriers may manifest in clinical environments:

- A student with autism spectrum disorder who performed well in the didactic environment experiences difficulty understanding the “unwritten rules” of professionalism and interpersonal interactions in the clinical environment.
- A pharmacy student with a visual/spatial disability has difficulty navigating the complex physical environment of a large hospital and is continually late for rounds and patient meetings.
- A nursing student with a learning disability who relied on the ability to proofread writing assignments for class has difficulty entering accurate, understandable, and timely case notes in the electronic medical record and is in danger of failing a rotation.
- A student with mild hearing difficulties, who compensated well for lectures, encounters barriers in a noisy hospital environment. The inability to accurately hear leads to inaccurate differential diagnoses (see, e.g., Meeks, Engleman, Booth, & Argenyi, 2018).

When new barriers are addressed immediately, they can represent a simple bump in the road. Barriers left unaddressed can, however, grow into more complicated situations. At worst, the student’s performance declines, relationships with faculty and peers are compromised, and the disability office is not alerted to the challenges until the student’s standing in the program is at risk. DRPs can mitigate these situations by ensuring all students are aware of the resources available. Attending new student orientations to present a thorough overview of disability resources, along with some examples of how the disability office supports students in the didactic and clinical environments, provides an opportunity for DRPs to connect with students who may experience barriers. When working with students, DRPs should take time to discuss the clinical realm early, providing opportunities to identify possible barriers through observation of clinical rotations, or discussion of clinical expectations with clerkship directors or coordinators. Sharing information about clinical accommodations that have been successfully used by other students is another helpful strategy. Connecting students with disabled peer and professional mentors can also help to support planning for the clinical realm.

Programs should provide information about accommodations at clinical-phase orientations and in clinical handbooks. Faculty and clinical staff members should be advised that accommodations may change as students encounter new environments. This will require flexibility and close work with the DRP to implement accommodations. Programs should also encourage students who know they have a disability to request accommodations early to ensure a smooth transition from the didactic to the clinical setting.

TABLE 9.6 Process When Student Encounters Unexpected Barriers in the Clinical Environment**CONSIDERATIONS**

- What prompted the issue?
- Was the student informed about how to request disability accommodations? If so, when, how (e.g., email, syllabus statement, and in person), and by whom?
- Did the student notify any others of the difficulty experienced, and if so, to whom and when? Was the disability office involved? What actions were taken to resolve the issues thus far?
- Did the school follow due process in addressing issues of performance (e.g., a transparent process of progressive remediation, informed of the right to appeal a dismissal)? Are these processes in writing online and in the student handbook?
- Is this issue related to a newly identified disability? If so, what steps were taken to ensure that the student was aware of disability resources? What are the circumstances regarding the newly identified disability?
- Is this primarily a disability issue, or is disability secondary to the concern?
- Who are the parties involved, and how well does the DRP know them? Is there a program or school liaison who should be contacted?
- How entrenched is the relationship between the parties involved? Would it be helpful to involve other people?

HOW TO RESOLVE

- Listen to each party's version of events.
- If the student has not yet registered with the disability office, explain the process, collect documentation of disability, and determine appropriate accommodations (see Chapters 2, 3, and 4).
- If the student is registered with the disability office, explore additional accommodations that may help in the clinical environment (see Chapters 3 and 4).
- Address any ancillary concerns, such as misunderstandings and frustrations surrounding the situation. Determine if relationships at the clinical site are irreparable or if education and support are needed with staff at the site to ensure the student is able to reintegrate.
- Determine if time away from clinical work is needed to build skills, develop compensatory strategies, receive treatment, or obtain equipment, and work with the student and school to organize this, if possible.

(continued)

TABLE 9.6 Process When Student Encounters Unexpected Barriers in the Clinical Environment (*continued*)

PREVENTION STRATEGY

- Begin discussions about clinical accommodations early, with all students working with the disability office. Send a reminder with a suggested timeline for discussions to such students before clinical placements are made.
- Send periodic check-in emails to students in the clinical phase of training to remind them that the DRP is available to discuss concerns that may arise.
- Organize shadowing or informational opportunities for students to get a better sense of what is required in the clinical environment, to determine what barriers may exist and what accommodations would be needed.
- Ensure students know to come to the disability office to discuss disability-related difficulties (or changes in status) early to determine if additional accommodations are needed before academic difficulty occurs.
- Ensure all students, clinical coordinators, and clinical faculty are aware of disability resources and know to consult with the DRP if they suspect a disability-related concern is present.
- Include information about disability resources and the need to register and request accommodations in clinical handbooks.

DRP, disability resource professional.

STUDENT NEEDS TIME OFF DUE TO DISABILITY

In the health sciences, the “lock-step” nature of the curriculum may create barriers for students with disabilities. Students often feel unable to take time off to tend to disability-related health issues and may fear that leaving the program means losing healthcare coverage when they need it most. At the same time, staying in a demanding program and not performing well can lead to dismissal and/or exacerbated health issues. Taking time off may mean leaving one’s initial student cohort, losing a spot in a program, or needing to reapply for program admission. These undesirable options often drive students to stay in a program, even while their performance and health are in jeopardy.

Faculty and administrators may become frustrated when attempting to support these students, particularly if the students are not communicating with the program about their circumstances. DRPs should talk with program leadership to develop methods of supporting short- or long-term leaves of absence, when warranted by a disability- or health-related issue. Often, no-leave policies (or waiting 1 year) are not based on curriculum or essential requirements of the program, but on “the way it has always been done.” If well-planned, a student’s program could be extended or expanded in a way that works for all parties (see Table 9.7).

TABLE 9.7 Process When a Student Needs Time Off Due to Disability**CONSIDERATIONS**

- What is the standard policy for medical leaves of absence?
- What is the nature of the curriculum? Is there room for flexibility or for adjusting expectations with respect to “time to completion”? If not, why not?
- At what point in the program is the student requesting time away? Does this make a difference in terms of how easily the request can be granted?
- Is the student already registered with the disability office? Does the student (and the program) understand that a leave-of-absence request could be a reasonable accommodation?
- What impact will the absence have on the student’s learning progress?
- Are there client/patient relationships that could be impacted by the student’s absence?
- What impact will the student’s absence have on the progress of other students (e.g., does the program use a patient-based, collaborative learning approach)?
- What ancillary concerns may arise from a leave of absence (e.g., access to housing, health insurance, financial aid consequences)?
- Is there any precedent for this having been granted before, perhaps for reasons other than disability?
- Who will have final “say” in granting the student’s request? Is there a formalized process for reviewing such requests, and is the disability office involved if the need is disability-related?
- What will the student need to do to resume studies following an absence? Is there a reapplication process? If so, why?
- Has the student’s performance already been negatively impacted? Is it salvageable?

HOW TO RESOLVE

- Identify the standard leave-of-absence policy and whether the student’s request is addressed by that policy.
- Determine how much flexibility the program can allow. If it cannot allow flexibility, ensure there is clarity regarding the substantive reasons why it would fundamentally alter the program to change it in the way requested (see Chapter 4).
- Where there is room for flexibility, be clear as to how much flexibility is possible, what the limits are, and why.
- Involve faculty members, with the student’s knowledge and consent, to develop a plan for reentry following an approved absence.
- Work with the student to develop a plan going forward: Is there potential for future requests for leave of absence? How can this be prevented or planned for (or can it)? Develop a clear agreement of expectations for both the student and the program that are reasonable and fair.

(continued)

TABLE 9.7 Process When a Student Needs Time Off Due to Disability
(continued)

PREVENTION STRATEGY

- Evaluate all policies and procedures with respect to leaves of absence, time-to-degree expectations, and program structure with the program to determine what, if any, changes can be made to allow for program flexibility.
- Ensure students are informed, early and routinely, of their rights and options with respect to program flexibility.
- Include information about policies related to leave of absence and program resumption in the program materials/clinical handbooks.
- Discuss policies regarding student health insurance plans and provisions for coverage during medical leaves of absence with relevant administrators. Explain the effect on students with disabilities (particularly chronic health conditions). Suggest consideration of a reasonable period for continuing health insurance at the same rate during that time (i.e., not at COBRA insurance rates).

**STUDENT EXHIBITS UNPROFESSIONAL OR UNSAFE BEHAVIOR
AND ATTRIBUTES IT TO A DISABILITY**

Professionalism is a core competency in most health science programs (see Chapters 3 and 8 for more information). Disability experiences do not negate reasonable expectations of professional behavior; students with disabilities should be held to the same standards of professionalism as their nondisabled peers. However, professionalism should not be used as a proxy for disability discrimination (see Chapter 8 for detailed discussion about this as well as several pertinent case examples). Inconsistent, vague, or subjectively defined standards of professionalism complicate the assessment of when and how a disability contributes to a student's failure to meet standards. Standards of professional conduct should include clear, objective statements with respect to confidentiality, interpersonal skill, responsibility, integrity, and, in the case of clinical programs, patient care and safety.

With respect to patient care and safety, programs should have established procedures that address situations where they believe a student's behavior may constitute a threat to the safety and health of others. The evaluation of student behavior must be based on an assessment of actual risk and not driven by stereotypes or perceptions.⁶ The Americans with Disabilities Act (ADA) regulations specify the considerations that must be evaluated: "In determining

⁶28 C.F.R. § 35.130 (h)

whether an individual poses a direct threat to the health or safety of others, a [school] must make an *individualized assessment*, based on a reasonable judgment that relies on *current medical knowledge* or on the best available objective evidence, to ascertain the *nature, duration, and severity of the risk*; the *probability* that the potential injury will actually occur; and whether *reasonable modifications* of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.”⁷ To summarize, in order to remove a student, the patient safety concerns must be objective and evaluated on an individual basis, the potential risks must be serious and very likely to occur (not just “maybes” or “what-ifs”), and there must be no suitable accommodations that could reduce the risk. Only if all these are satisfied can the program or institution can take steps to remove a student from the setting or take other appropriate measures to protect patient safety (see Table 9.8).

TABLE 9.8 Process When Student Exhibits Unprofessional or Unsafe Behavior

CONSIDERATIONS

- Are there clear, objectively defined statements for what constitutes professional conduct? Are these included as core competencies in the technical standards?
- What is the culture within the institution or program? Does it model the standards as they are defined? What consequences are there for faculty members who do not uphold the standards of professionalism expected of the students?
- Are the expectations for student behavior consistently applied throughout the program?
- What are the consequences for students for unprofessional conduct? How is this defined? Is it clear, and is it stated in objective terms?
- Does the program follow due process in addressing issues of performance (e.g., a transparent process of progressive remediation, informed of the right to appeal a dismissal)? Are these processes in writing (e.g., online and in the student handbook)? Have they been followed?
- Has communication to the student about unprofessional conduct (notifications and warnings regarding unacceptable performance) been adequately documented?
- Is the unprofessional conduct putting at risk the safety and/or health of others (patients and fellow students)? If so, what steps need to be taken?
 - Have the perceived patient safety concerns been objective and evaluated on an individual basis?
 - Are the potential risks serious and very likely to occur (not just “maybes” or “what-ifs”)?
 - Are there suitable accommodations that could reduce the risk?

(continued)

⁷ 28 C.F.R. § 36.208.

TABLE 9.8 Process When Student Exhibits Unprofessional or Unsafe Behavior (*continued*)

HOW TO RESOLVE

- Determine if due process has been followed in addressing the student’s performance/lack of professionalism.
- Ensure that the student understands the expectations: what the standards are, why they exist, and what consequences are likely if the student does not adhere to the standards.
- Determine if there is any relationship between the nature of the disability and the observed actions. If there is, assess how this may impact the student’s participation in the program going forward.
- Determine if the student’s behavior is actually and currently placing patient care/safety at risk. If so, and there is no disability accommodation that could ameliorate the risk, be prepared to take appropriate measures to protect patient care and safety.
- Ensure that all communication with the student regarding assessment of performance, feedback, and actions taken is thoroughly documented.

PREVENTION STRATEGY

- Within the program technical standards, include clear, objective statements regarding professional conduct with respect to confidentiality, interpersonal skills, responsibility, integrity, and patient care and safety (when appropriate). Refer to Chapter 3, Technical Standards.
- Ensure that application of the standards is consistent and unambiguous throughout the program.
- Ensure that students are provided with consistent, clear feedback regarding their performance and document all feedback thoroughly.
- Ensure that adequate, ongoing training occurs for faculty members on the importance of objective, consistent feedback regarding performance.

HISTORICAL DISABILITY OFFICE RECORDS ARE INCOMPLETE, AND A STUDENT IS FACING DISMISSAL

It is not unusual for DRPs to join a university and inherit inadequately documented student records, unclear policies and procedures, and, at times, poorly managed situations. There are numerous ways this may manifest. For example, a student may report a history of receiving accommodations in a way that is not well documented in the student’s file. Or, the agreed-upon accommodations may have been documented but the DRP believes they are ill-advised. Alternatively, the disability office may be contacted by a program or student because a student is about to be dismissed. The DRP may find that the student has a complicated history with the disability office

that is not well documented and possibly mismanaged. There may be a gap in the records available from the student's program and the disability office regarding how accommodations were determined and implemented. This creates even more challenges for a new DRP charged with deciphering complex scenarios.

When incomplete records exist, particularly related to a student facing dismissal, DRPs should collect all information available in the student's disability office record, including any additional information submitted by the student. Then, the DRP should interview all parties involved and begin to document the respective accounts of history and any specific or current issues. It is also wise to include the school's legal counsel and possibly the risk management office, if there is one, in the process of resolution, particularly if the student faces possible dismissal (see Table 9.9 for more details on this process). A clear record of disability office interactions with the student and program related to access and accommodation is critical to facilitate continuity during disability office staff turnover, document interactive decision-making about accommodations, and substantiate actions during a grievance or litigation proceedings (Axelrod et al., 2019).

TABLE 9.9 Process When Disability Office Records Are Incomplete and Student Is Facing Dismissal

CONSIDERATIONS

- What records are available?
- Does any other office or university official have copies of communication regarding the situation (e.g., a school/program liaison), or does the student? Can historical email records be recovered?
- Who was involved? Can the parties be interviewed for additional insight?
- What are the program policies regarding dismissal? Were they adhered to, including proper notification to the student?
- Prior to dismissal, was the student provided with appropriate notification? If applicable, was remediation offered?

HOW TO RESOLVE

- Gather all available notes, files, and correspondence.
- Meet with all parties to gather additional details about the student's accommodations and related implementation.
- Ask the student for a timeline of events, to add to information gathered internally.
- Assess whether the disability office and the program followed policies and procedures.

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TABLE 9.9 Process when disability office records are incomplete and student is facing dismissal (*continued*)

- If policies and procedures were not followed, consult with program leaders and/or consult the school’s legal counsel to determine if additional accommodations can be made to provide the student with an equal chance to demonstrate the knowledge/skills in question (i.e., those leading up to dismissal).

PREVENTION STRATEGY

- Keep good quality records of communication with students and any communications about the student with liaisons, faculty, and so on.
 - Maintain records of meetings with students who inquire about disability resources but do not register.
 - When staff leave the university, maintain access to their email records regarding students and accommodations.
 - Consider utilizing a database system that keeps records of all communications and determinations of student accommodations in one place and is easily searchable.
 - Ensure that administration, faculty, staff, and others involved understand the institution’s responsibilities to students with disabilities and that they know processes for requesting and implementing accommodations.
-

WHEN TO INVOLVE THE “HIGHER-UPS”

Before complex situations arise, it is important to have a good idea of who should be involved in resolving them. Resolving issues on a low level is ideal. At times the best strategy is a preventative one, which requires ongoing consultation with campus partners before a situation arises. However, when situations do arise, it is important to partner with the appropriate offices (e.g., campus legal counsel, ADA/504 coordinator, and risk management) to consult on cases and help to push for early resolution.

Understanding Campus Policies and Practices

It is essential that the DRP understand campus policies and resources for resolving situations and associated reporting procedures. There may be multiple avenues to resolution including those specific to a department or school as well as university-wide grievance procedures. Policies should be clear, easily found on the university website, and known to key personnel. If policies are unclear or unavailable, DRPs should

work with the respective schools to develop and disseminate them (refer to Chapter 1 for more information about key partners on campus). See Practice Recommendation 9.2 for key policies DRPs should be familiar with.

Practice Recommendation 9.2: Key policies and procedures disability offices should know

- disability accommodation appeals procedures
- discrimination reporting procedures
- physical and digital inaccessibility reporting procedures
- university, school, and program grievance procedures
- university, school, and program leave of absence and return procedures

When a complex scenario does arise, it can be helpful to engage campus partners early for advice, particularly campus legal counsel. Although DRPs are employed to serve as campus experts on inclusion of students with disabilities, they should not be asked (or tempted) to resolve complex and potentially litigious situations on their own. Consulting with the legal department, ADA/504 coordinator, expert consultant, or other relevant office on campus early helps ensure campus guidelines are followed (see Practice Recommendation 9.3 and Scenario 9.1). An outside expert consultant may also be a useful resource to review the situation and any applicable policies or procedures. Legal counsel can assist in reviewing correspondence to students or staff/faculty regarding contentious or high-stakes issues. Support from the legal office may help to address staff or faculty members who are blocking disability access for students through discriminatory behavior. At times, a call from the legal office may be the most effective means for getting everyone on the same page.

Practice Recommendation 9.3: Notifying supervisors and legal counsel

DRPs should notify their supervisor and legal counsel immediately when:

- a student reports perceived discrimination
- a faculty or staff member refuses to provide standard accommodations
- a student states they intend to take legal action

SCENARIO 9.1 Student Concern Requires Bringing in “Higher-Ups”

Scenario:

A student with a well-documented history of ADHD is supposed to receive exam accommodations including the provision of a reduced-distraction environment for exams. After taking a final exam in a space that the student reports does not meet the need for a “reduced distraction environment,” the student approaches the DRP with an informal complaint.

The student’s complaint is about the exam administration environment but also includes frustration about the lack of sincerity shown by faculty members toward the student’s disability and need for accommodations. The student believes that certain members of faculty are dismissive of the student’s disability, asserting that faculty members have discussed the student’s disability with each other and some have made comments that they believe accommodations result in an unfair advantage. The student also notes that a department committee meeting is being convened to address “failure to progress,” pointing out that one member of the committee is the faculty member who administered the exam. The student raises concern of potential discrimination.

The response of one of the faculty members, when informed of the student’s complaint, is to describe the student as “abrasive and challenging of authority.” The faculty member also expresses concerns about the student’s potential as a future health professional, alleging problems with professional conduct.

Considerations:

The student’s complaint reflects problems with faculty attitudes, implementation of accommodations, *and* a potential claim of discrimination. At the same time, at least one faculty member has identified concerns about the student’s behavior with respect to professional conduct. By the time the complaint is brought forward, the degree to which the involved parties have become entrenched in their respective positions makes using an informal process unlikely to produce a positive outcome.

Resolution:

Ensure the student is aware of the right to file a formal complaint, as well as other avenues for resolving concerns on campus. Ensure that all parties are included in discussions and that all perspectives are heard. Bring in the appropriate campus partners (e.g., ADA/504 coordinator, legal counsel) to assist in responding to the claim of discrimination. Determine what happened (e.g., were appropriate procedures followed?) and propose solutions. Tease out distinctions between concrete situations

(continued)

SCENARIO 9.1 Student Concern Requires Bringing in “Higher-Ups” (continued)

(e.g., failure to implement accommodation, clear evidence of substandard conduct), perceived actions, and attitudes. If an accommodation was handled inappropriately, a retake of an exam maybe a reasonable solution. If the student’s behavior does not meet professional standards, clear communication regarding how the standard was not met and the consequences of such behavior must occur.

ADA, Americans with Disabilities Act; ADHD, attention deficit hyperactivity disorder; DRP, disability resource professional.

CHALLENGING HISTORICAL PRACTICES

If the historical chain of command for consultation and resolution of issues does not seem to be well structured, it may be appropriate for the DRP to develop a new, tightly structured chain of command for resolving complex issues (see Scenario 9.2). For example, a new process may be necessary if a history of complex situations reveal a pattern of problematic practices. To address identified issues and develop a new way forward, it would be important to bring the related offices together to discuss how a different structure and procedure might help to better resolve situations in the future.

SCENARIO 9.2 Historical Procedures Need Reevaluation

Scenario:

A newly hired DRP is identified as the person on campus responsible for managing services and accommodations for students with disabilities. In her first month on campus, she faces multiple difficult situations regarding students with disabilities who were dismissed recently.

Considerations:

She comes to understand that the previous DRP was told to bring concerns to the vice chancellor for student affairs, who oversaw the disability office for some time. It was not common practice to include campus counsel at an early stage. When she looks into the situations surrounding dismissals, it becomes clear that key information was often not evaluated early in the process, which led to hasty dismissals and subsequent complaints from students.

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SCENARIO 9.2 Historical Procedures Need Reevaluation (continued)

Resolution:

The DRP brings together key campus partners: campus counsel, the vice chancellor, liaisons from the relevant schools, the ADA/504 coordinator, a risk management representative, and an ombudsperson to discuss the pattern of circumstances and jointly determine a more suitable practice for managing situations going forward.

ADA, Americans with Disabilities Act; DRP, disability resource professional.

ESTABLISHING GOOD PARTNERSHIPS

It pays to develop good relationships with partners on campus. Collaborative approaches to complex scenarios ensure that resolutions are well informed. DRPs should begin cultivating a network of liaisons across schools or academic programs (see Chapter 4 for further discussion of liaisons). The identified liaison can provide invaluable insight into specific programs and students in addition to serving as a champion for students with disabilities, especially when situations present challenges.

In addition to maintaining relationships with liaisons, it is helpful to meet with campus partners from key offices such as the equal employment opportunity (EEO) office, ombudsperson's office, ADA/504 coordinator, campus counsel, risk management, registrar's office, financial aid, academic support, and so forth. In these meetings, DRPs should learn more about each office or person's role, their historical relationship with the disability office, their responsibility in complex disability-related scenarios, whether they have a standard role in managing complaints, and if they have any history of formal complaints related to students with disabilities. This will provide a sense of what to expect when a complicated situation arises and will help to solidify a strong team approach to sorting out complex scenarios (see Scenario 9.3).

SCENARIO 9.3 Whose Responsibility Is It?

Scenario:

A student who requires double time for exams, who is also Sabbath observant, comes to the disability office because a 6-hour take-home exam is scheduled for a Friday. Given the extra time, the student has 12 hours to take the exam.

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SCENARIO 9.3 Whose Responsibility Is It? (*continued*)

Although students are required to return the exam before Monday morning, the allotted extra time, in conjunction with the student's duties as a Sabbath observer (no work from sundown Friday to sundown Saturday), does not allow for the accommodated time.

The student spoke to the professor, who stated that there are no exceptions.

Considerations:

The student views this as a disability-related concern; however, it may be more clearly framed as a religious discrimination issue compounded by the inability to access the approved accommodation (extra time). Intersectional situations like this often require a team approach.

Collaboration:

It may be helpful to gather the responsible person on campus for issues of religious discrimination and the responsible person for exam-structuring policies (it may be the professor and/or another member of the school's administration), to make clear that a conflict exists.

Resolution:

Have a group discussion to clarify the reasons for the established time frame. Determine a compromise that allows the student equal access to the exam, without compromising the right to religious observance, short changing the exam time allotted, or creating an unreasonably exhausting time frame for completion of a long exam.

Working collaboratively on these issues provides an opportunity to challenge the tight structure of the standard exam schedule and propose a universal design solution (e.g., an exam schedule that takes into account factors such as disability accommodations, family circumstances, religious observance, student well-being, as well as the possibility of students who occupy multiple categories, such as those with caregiving responsibilities and disability accommodations; see Chapter 1 for further discussion of universal design) to avoid future conflicts.

CONCLUSION

This chapter discussed some common and complex situations DRPs may encounter in the course of their work. It provided a framework of questions to consider as complex situations emerge, provided pathways for resolution, and offered strategies designed to prevent future complications. Table 9.10 notes the five guiding principles of this chapter that DRPs can use to inform their practice during difficult situations.

TABLE 9.10 Guiding Principles for Resolving Complex Situations

1. Develop clear policies and procedures	Ensure that policies and procedures for requesting and accessing agreed-upon accommodations with the disability office are clear and well documented (see Chapters 2 and 4, for more information).
	Provide policies and procedures related to the disability office in writing, explain them, and have students sign off to acknowledge receipt upon registration with the disability office. Make sure that these materials are accessible to all students.
	Review policies and procedures annually to ensure they are up to date. Consider seeking liaison, faculty, and student feedback to ensure they are clear and concise.
	Ensure that information about the disability office, including associated policies and procedures, are readily available on the university website and are referenced in student and faculty handbooks, admissions pages, acceptance letters, and other relevant locations.
	DRPs should make themselves aware of specific course/program competencies, technical standards of the program, and applicable university-wide policies.
2. Maintain a balanced approach	Before acting, first get a clear picture of the situation by taking the time to understand each party's perspective on the events, including the student's.
3. Document carefully	Keep notes of meetings with students and discussions about students with faculty and administrators.
	To ensure accountability and transparency, send summaries of communications not already in writing to everyone involved to confirm that records are accurate.
4. Differentiate between disability issues and other student concerns	When problem-solving, separate disability concerns from other standard student concerns, and refer students to the appropriate university official to address non-disability-related situations.
	Where a disability-related situation is enmeshed with another concern, work in partnership with the other campus official to address the situation (see Scenario 9.3) and ensure all issues are addressed.
	Consult with legal counsel, risk management, and central administration to clearly define the role of the disability office and communicate this to the participants in the disability resource process.

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TABLE 9.10 Guiding Principles for Resolving Complex Situations (*continued*)

5. Collaborate with peer institutions and organizations	Actively engage in listservs, forums, and professional organizations to expand your scope of knowledge to better address issues as they arise (see Appendix 10.1 for a list of available resources).
	When new or complex situations present themselves, reach out to these resource organizations and colleagues for advice and guidance.
	Use professional relationships with peer institutions to establish regional alliances and uniform policies when appropriate.
	Run complex scenarios by peers for feedback on potential actions toward resolution.

DRPs, disability resource professionals.

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Debunking Myths and Addressing Legitimate Concerns

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INTRODUCTION

This chapter focuses on the prevailing myths regarding students with disabilities in health science programs. It addresses the five most common myths, while discussing the legitimate concerns that underlie these beliefs. The chapter also advises how to create disability accommodations that will provide equal access without diminishing academic outcomes or patient safety.

WHAT IS A MYTH?

Myths and misconceptions about disability are common. In this context, *myth* refers to inaccurate assumptions about disability often triggered by fear, lack of understanding, or prejudice. Individuals working in higher education and, in particular, health sciences education are not immune to these beliefs. In fact, all individuals carry their own set of unconscious biases (Ross, 2014). Myths may perpetuate these biases, even in the absence of evidence. Although they are incorrect, myths may nevertheless inform work with disabled students and beliefs about a student's ability or disability accommodations; therefore, it is important to confront myths to ensure that decisions about accommodations are grounded in facts about a student's abilities, disability-related barriers, the university's legal obligations, and a universal commitment to equal access.

MYTH #1: STUDENTS WITH DISABILITIES CANNOT FULFILL THE RIGOROUS REQUIREMENTS OF HEALTH SCIENCE PROGRAMS

Meeting program requirements in the health sciences is an expectation for all students, with or without disabilities. When determining reasonable accommodations, the academic and technical standards for each program must be reviewed. These standards should be made available to students during the admissions process. Well-crafted academic and technical standards focus on the behavior or competency a student must exhibit (see Chapter 3, Technical Standards). *How* a student meets the technical standards is where the discussion about reasonable accommodations begins.

Often, faculty instinctively assume that an accommodation in a health science setting is not possible. However, these initial thoughts may be grounded in myths or internal biases about people with disabilities. Any denial of a requested accommodation is appropriate only after a disability resource professional (DRP) has reviewed the request and determined that creating an accommodation would be a fundamental alteration of the program.¹ If faculty believe that a particular activity or standard cannot be accommodated, it is critical to understand *why* an activity or standard is essential and how the desired educational outcome might be measured another way. Often, it turns out that a requirement is in place solely because of traditional practice and, when opened up for discussion, the faculty and administrators realize that the same skill could be acquired by another method (see Scenario 10.1 and Practice Recommendation 10.1).

SCENARIO 10.1 Release from Overnight Call

Concern: Students who must maintain good sleep hygiene due to their disability may request a waiver of overnight call duties. Students released from overnight rotations are not getting the same educational experience as their peers.

Educational Objective: Medical students are required to do overnight call because it is part of the medical school experience and because it trains students on how the medical facility operates when there are fewer personnel on staff (e.g., when a physician must follow a patient from admission through release and limited specialists are on hand).

Response: DRPs should explore whether the same essential learning objective can be met by having the student do call at another time when staffing levels are similar to those overnight, such as during a weekend day.

DRP, disability resource professional.

¹ *Zukle v. Regents of the University of California*, 166 F.3d 1041 (9th Cir. 1999).

Practice Recommendation 10.1 The Interactive Process

The interactive process to determine whether an accommodation can be created must take place even if the decision-makers suspect that an accommodation is likely not possible. The parties involved in the interactive process need to:

1. Determine the essential learning objectives.
2. Determine whether those objectives can be achieved in an alternative but equally effective way.
3. Explore and discuss all possible options for equal access.
4. Make determinations as to whether particular accommodations are reasonable.
5. Document, in writing, the options considered and why they were rejected.

(See also Chapter 4).

MYTH #2: PROVIDING ACCOMMODATIONS TO STUDENTS WITH DISABILITIES COMPROMISES PATIENT SAFETY

Accommodations for students with disabilities should *never* compromise patient safety. However, concerns about patient safety must be legitimate—they cannot be based on conjecture or worst-case scenarios.² The Americans with Disabilities Act (ADA) regulations provide very specific guidance for creating accommodations where safety is involved and state:

In determining whether an individual poses a direct threat to the health or safety of others, a public accommodation must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.³

In summary, to be severe enough to deny a student's clinical participation due to a safety concern, the risks must be objectively evaluated on an individual basis and be very serious and likely, and there must be no suitable accommodations available to mitigate them.

Practices to ensure the safety and wellness of each patient should be embedded in general guidelines for all students. Established safety protocols, processes, checks, and procedures are in place for all students in health

²28 C.F.R. 35.130(h).

³28 C.F.R. 36.208.

Practice Recommendation 10.2 Direct Threat Evaluation Tips

Ask yourself:

- How would we assess safety risk for a student without a disability?
- How would OCR or a court view this if it was challenged by a student?

Remind faculty:

- Schools may only evaluate whether a student is meeting the school's own requirements—not what a future workplace may require.
- Concerns must be based on actual student performance, not assumptions about students' disabilities.
- Alternate methods can be just as safe, even if different from the traditional ways.
- Alternate methods are regularly practiced in the "real world."
- Disability accommodations will be required in the workplace, as well as in school.

OCR, Office for Civil Rights.

science programs, regardless of whether they have a disability or require accommodations, and as long as these are followed consistently, providing disability accommodations should not endanger patients. See Scenarios 10.2, 10.3, and 10.4.

SCENARIO 10.2 A Deaf Student in Surgical Clerkship

Concern: A student who cannot hear will not be able to receive communication from supervisors in the OR. Much of the communication is oral, and masks cover the surgical team's mouths. A student who cannot hear directions in the OR cannot assist with surgery, because it will endanger the patient if the student cannot be guided throughout the procedure.

Educational Objective: The student must be able to receive instructions while the surgery is occurring.

Response: DRPs must determine how to ensure that a student can access communication in the OR. Brainstorm ideas with faculty for facilitating communication in the OR environment, and investigate alternative communication options, such as using sign language or oral interpreters, CART to provide a transcript of the spoken communication on a tablet computer or projected onto a wall in the room (see, e.g., Meeks et al., 2015), or the use of clear masks (e.g., <https://www.safenclear.com>). Include the student in discussions to determine what ideas will provide the most effective access.

(continued)

SCENARIO 10.2 A Deaf Student in Surgical Clerkship (*continued*)

Case Considerations: Several courts have concluded that a deaf student or employee who is properly accommodated does not pose a threat to patient safety due to communication. An interpreter or similar communication access accommodation is reasonable under the ADA, and the cost of such services is not an undue burden.⁴

ADA, Americans with Disabilities Act; CART, communication access real-time translation; DRP, disability resource professional; OR, operating room.

SCENARIO 10.3 Medical Student with Seizure Disorder in Surgical Clerkship

Concern: A medical student with a seizure disorder could have a seizure during a surgical procedure, endangering the patient.

Educational Objective: The student must be able to observe and assist during the surgical clerkship.

Response: Any student or staff member, even one with no disability, could become suddenly ill, black-out, or seize during a procedure. The established safety precautions and procedures already in place to address sudden incapacitations for medical personnel in surgical settings should apply to a student with a seizure disorder. An institution may inquire about how often a student experiences seizures and make safety determinations based on this information. The school may not be required to allow a student who, for example, experiences grand mal seizures every hour to participate in a surgical rotation. However, the fear that a student with a well-managed seizure disorder *might* have a seizure while in surgery, especially if the student is not performing any invasive procedures, is an insufficient basis on which to prevent the student from participating in a surgical rotation.

Note: Many of the accommodations put into place for students with seizure disorders are designed to prevent seizure activity (e.g., limited disruption to sleep schedule via no overnight call or night float, limited exposure to fluorescent lighting). By evaluating all options for accommodations, the DRP can work with the student to help reduce the likelihood of an event.

DRP, disability resource professional.

⁴ *Argenji v. Creighton*, 703 F.3d 441 (8th Cir. 2013); *Featherstone v. Pacific Northwest University of Health Sciences*, Case No. 1:CV-14-3084-SMJ (E.D. Wash. 2014); *Searls v. Johns Hopkins*, 158 F.Supp.3d 427 (D.Md. 2016).

SCENARIO 10.4 Pharmacy Student with Dyslexia

Concern: Pharmacy students with learning disabilities that affect how they read and write language and numbers might dose or dispense medication incorrectly.

Educational Objective: The student must be able to accurately dispense medication and adjust doses as necessary.

Response: There are safeguards and procedures in place for *all* medical professionals who handle medication to ensure that the medication and dosage are correct and potential interactions identified. The Institute for Healthcare Improvement (2019) states, “the pharmacist and pharmacy technicians must understand the physician’s order, enter the order accurately into the computer record, identify potential problems with the prescription that the physician may have missed, pick the correct drug and strength from their supply, and place the drug in a container that has been correctly labeled for the drug. Most pharmacies use a system of checks and double checks designed to help optimize the safety of patients” (para. 1).

These safeguards, designed for all pharmacists, will also protect against any possible errors caused by a learning disability. Further, an additional layer of checks and balances can be instituted for the student with dyslexia to follow. The preceptor, student, and faculty should work together to develop additional safeguards, as needed.

MYTH #3: ACCOMMODATIONS IN THE CLINICAL SETTING DO NOT PREPARE STUDENTS FOR THE “REAL WORLD”

Faculty and administrators may be erroneously concerned that the accommodations provided in the educational setting will not be available to a student after graduation and that this will set students up for failure in the “real world” of the workplace. However, Title I of the ADA mandates accommodations in employment settings, and the U.S. Equal Employment Opportunity Commission (EEOC) provides guidance on how to accommodate employees and offers examples of reasonable accommodations in a workplace setting. (EEOC, 2002). Likewise, the U.S. Department of Labor’s Job Accommodation Network offers extensive guidance about employment accommodations on its website at <https://www.dol.gov/odep/resources/jan.htm>. In real life, individuals with disabilities work in myriad health science professions, attesting to the ability of individuals with disabilities to succeed in clinical settings and the willingness of healthcare organizations to hire them. Appendix 10.1 provides a list of organizations that support health

science professionals and students with disabilities. Indeed, many clinicians with disabilities are sharing their experiences through platforms such as social media (see, e.g., Meeks, Liao, & Kim, 2019) and other platforms like podcasts (see, e.g., Meeks, n.d.; Tracey, 2019). To ensure the pipeline of new clinicians includes qualified individuals with disabilities, decisions about accommodations must be informed by the most up-to-date practice in the field and advances in assistive technologies. This means that accommodation decisions are not based on historical assumptions and bias, as shown in Case Example 10.1.

CASE EXAMPLE 10.1 Palmer College of Chiropractic v. Davenport Civil Rights Commission⁵

A blind student in a graduate chiropractic program requested a sighted assistant to describe the radiographs verbally, to assist with making a diagnosis. The school had recently adopted technical standards that required students to have sufficient vision to review radiographs. The school asserted that the standards were based on the standards of the national accreditation body for chiropractic schools. The student requested that the school modify the standard, but the school refused, saying that interpreting radiographic images is an essential part of both the program and the job of a chiropractor. The court, however, disagreed, noting that 20% of chiropractors do not maintain the equipment to take radiographic pictures in their offices and often outsource this task as needed, so the ability to read them is not an essential part of chiropractic practice. The court went on to discuss the increasing numbers of blind students who have completed medical school as well as chiropractic programs, saying that these real-world examples support the court's decision that allowing the requested assistant was not a fundamental alteration of the educational program.

While some skills and standards that students are required to master are directly related to “real-world” employment, others are not. Comprehensive discussions about whether a skill is truly essential should take place within the school and those skills determined to be essential should be included in the school's competencies or technical standards (see Scenario 10.5; see also Chapter 3).

⁵Palmer College of Chiropractic v. Davenport Civil Rights Commission, 850 N.W.2d 326 (2014).

SCENARIO 10.5 Dental Student with Visual or Fine Motor Disability

Concern: A dental student with visual or fine motor disabilities may not be able to complete that program, as employment in the dental field requires the use of a drill (referred to in dentistry as “direct impact”) to perform the vast majority of the duties and responsibilities. Direct impact on the tooth is necessary in nearly all dental settings. As such, related skills, such as fine motor control and dexterity, are considered a critical component of dental programs, and all students must be able to perform them. There are few, if any, employment opportunities in the dental field that do not require “direct impact” on the tooth with instruments.

Educational Objective: The student must be able to demonstrate mastery of skills required when working with a direct impact on teeth.

Response: Due to the immediate and direct effect of the drill on the teeth, there is no margin for error, and dentists (and students) must be correct in every instance. In collaboration with dental professionals, the DRP, and the student, it is critical to address the specific levels of visual acuity and motor skills that will be required to continue and meet the standards in the dental school program. This should be done as early and as transparently as possible, in order for the student to be able to make well-informed and appropriate decisions moving forward. Reasonable alternatives and adjustments should be explored and considered, but, ultimately, some students will be unable to meet the technical standards and will not be otherwise qualified for the program.

DRP, disability resource professional.

MYTH #4: ACCOMMODATIONS LOWER PROGRAM STANDARDS RESULTING IN UNQUALIFIED GRADUATES

The ADA states that disability accommodations are not required where they would fundamentally alter the essential components of a program. This ensures that students with disabilities, although reasonably accommodated, are required to meet the same academic and technical standards as their peers. No accommodations should ever be granted that would result in a student with a disability completing a program with a lesser skill set or fund of knowledge than the other students (see Scenario 10.6; see also the discussion in Chapter 4 on avoiding a fundamental alteration of the educational program).

SCENARIO 10.6 A PhD Student With a Tremor Using Lab Instruments

Concern: A PhD student in a genetics lab has an essential tremor, which poses difficulty when using lab instruments (e.g., pipettes, needles). Students working in the lab are required to use instruments to extract genetic materials or transfer chemicals within the lab or DNA from laboratory animals to petri dishes, which requires fine motor skills.

Educational Objective: The student must be able to demonstrate the ability to critically analyze data, develop ideas, and understand relationships between components in the lab.

Response: Because the goal of the lab work completed by a PhD student is cognitively based, the ability to use a pipette is not an essential learning component. When viewed in this manner, the idea of having an intermediary or a lab assistant complete these tasks is not a “fundamental alteration” because the standard has not been changed, merely the manner in which the student collected the data (see also Chapter 5).

MYTH #5: STUDENTS WITH DISABILITIES CANNOT HANDLE THE INTENSITY OF HEALTH SCIENCES PROGRAMS

Navigating health science programs with a disability can be challenging; however, the myth that students with disabilities are unable to handle the rigors of a health science curriculum is false. All students face life challenges at various points in their academic careers and experience periods of greater and lesser functioning due to these natural life stressors, such as divorce or financial difficulties. Many students with disabilities will say they believe they are more resilient, have better compensatory skills for working through challenging situations, and have greater empathy for their patients as a result of their lived experience of disability.

Awareness that others may subscribe to a myth that they are incapable of handling the rigor of a health science program can negatively impact students. It can, for example, lead students to delay disclosure of their disabilities in the educational setting. Some students believe that they should delay disclosure until they have had the opportunity to prove themselves and develop interpersonal relationships within the school. Students might also fear that disclosing a disability will result in reduced professional opportunities because faculty’s knowledge about a disability will prevent the student from entering a particular clerkship, clinical experience, preceptorship, rotation, or

residency. They may worry that disclosure to the school will prevent them from obtaining a job at the institution where they trained or that faculty will not recommend them for residency, employment, or fellowship if they know about their disabilities.

Rather than addressing Myth #5 through specific accommodations, responding to it adequately requires a coordinated campus effort to create an environment that supports early disclosure. This will require DRPs to educate faculty, staff, and students about the unique value people with disabilities bring to the health sciences. It requires building a community that is supportive of the contributions of people with disabilities, which sends the message to disabled students that they are welcome and valued in health sciences programs (Jain, 2019). The decision to disclose a disability and seek accommodations often depends on the program's culture and climate (Jain, 2019; Meeks & Jain, 2018; Stergiopolous, Fernando, & Martimianakis, 2018).

CONCLUSION

The inclusion of students with disabilities in health science fields can provide valuable insight to research and practice that is unique compared with that of their peers (Iezzoni, 2016; Meeks, Herzer & Jain, 2018). Appendix 10.1 highlights a number of professional associations and organizations that support inclusion of individuals with disabilities in the health sciences. These organizations evidence the many health science professionals successfully working in the field today.

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APPENDIX 10.1 ORGANIZATIONS SUPPORTING HEALTH SCIENCE PROFESSIONALS WITH DISABILITIES

ASSOCIATION	CONTACT INFO
Association of Medical Professionals with Hearing Losses	www.amphl.org
Canadian Association of Physicians with Disabilities	www.capd.ca
Coalition for Disability Access in Health Science Education	hsmcoalition.org
Council on Access, Prevention, and Interprofessional Relations (American Dental Association)	altdentalcareers@ada.org
Disabled Doctors Network (UK)	disableddoctorsnetwork.com
Doctors with Disabilities Australia	dwda.org.au
Exceptional Nurse	www.exceptionalnurse.com
National Medical Accessibility Coalition	https://twitter.com/nmactweets
National Organization of Nurses with Disabilities	www.nond.org
MDisability	https://medicine.umich.edu/dept/family-medicine/programs/mdisability
Society of Healthcare Professionals with Disabilities	www.disabilitysociety.org
Society of Pharmacists with Disabilities	www.pharmacistswithdisabilities.org
Society of Physicians with Disabilities	www.physicianswithdisabilities.org

Dos and Don'ts for Working With Students With Disabilities

Elisa P. Laird, Lisa M. Meeks, and Grace C. Clifford

INTRODUCTION

University personnel want to do the right thing when it comes to students with disabilities but are often uncertain how to do so. This chapter offers concrete steps for steering students toward effective campus supports and flags potential “land mines” for faculty and administrators, such as inappropriate boundaries or potential legal liability for the school.

Disability offices on every campus work in partnership with the faculty and students to ensure that both stakeholders are well served and that their respective interests are protected. Faculty and administrators, particularly those new to working with students with disabilities, frequently ask disability resource professionals (DRPs) for guidance concerning practices and common pitfalls. This chapter summarizes such guidance and can be used by DRPs to conduct short trainings for administration and faculty.

DO PROVIDE THE ACCOMMODATIONS APPROVED BY THE DISABILITY OFFICE, AND CONTACT THE DISABILITY OFFICE—NOT THE STUDENT—WITH ANY QUESTIONS

Do Not Provide Disability Accommodations Beyond Those Established by the Disability Office

Formal notification of accommodations is usually communicated via a letter from the disability office. As part of the interactive process (See Chapter 4), the DRP should liaise with faculty and administrators, if needed, to determine whether an accommodation is reasonable and appropriate for a specific setting or type of assessment. Once determined, the program should carry out the accommodations exactly as written in the letter. Any questions or concerns about the appropriateness of accommodations should first go directly to the DRP, who can provide clarification or address concerns.

In the absence of formal notice from the disability office, faculty should *not* provide disability-related accommodations (e.g., students who request more time to complete a paper due to a chronic health condition or state they have received disability accommodations at previous institutions). Providing informal accommodations undermines the legally mandated process followed by the disability office (see Chapter 2 and Chapter 4), circumvents the identified process and office in place for making formal determinations, and makes it difficult to defend a school if accusations of discrimination or arbitrary and capricious treatment of students are levied.

Disability determinations must include personnel who are trained in disability needs and cannot be made by faculty alone.¹ DRPs weigh the decision about whether to accommodate a student very carefully and have specialized training regarding the school's legal obligations informed by case law. They also have access to information about the school's history of accommodating students in similar circumstances.

The law requires that accommodation decisions be made only after thoughtful deliberation.² When faculty make quick decisions about how to accommodate students, the school fails to meet this legal mandate. Providing students with accommodations without going through the process required by law may result in students receiving accommodations that do not meet a disability-related need or for which they have previously been denied through a formal review. Alternatively, a student might not receive a necessary accommodation, resulting in a failure to provide reasonable accommodation to address disability-related barriers.

¹ OCR Letter to University of California, Santa Cruz, Case No. 09-97-2169 (1999).

² *Wong v. Regents of the University of California*, 192 F.3d 807 (9th Cir. 1999); *Wynne v. Tufts University School of Medicine*, 932 F.2d 19 (1st Cir. 1991).

If a student's request to faculty for consideration is not disability-related—for example, if a student had the flu and asked for a few extra days to complete an assignment—this should be considered according to existing school policy for such decisions, as it would for any other student. However, if a student's request for accommodation is grounded in any long-term medical condition or injury, the student should be directed to the disability office for further exploration. By referring a student to the proper office, faculty avoid potential liability ramifications of failing to follow the legally mandated processes for considering disability accommodation requests. Following this process also offers the student assurance that accommodation decisions are made in a confidential, objective, and consistent manner.

DO REFER STUDENTS WHO REPORT, OR YOU BELIEVE MAY HAVE, A DISABILITY TO THE APPROPRIATE CAMPUS OFFICE

Do Not Make Disability Determinations Yourself

Occasionally, students disclose a disability to an advisor or trusted faculty member. A disability may also come up in conversation when explaining poor performance, such as failing to meet a requirement or deadline. This disclosure often takes the form of a simple statement, and students may even provide a note from a doctor, test results, or some other documentation to substantiate their medical condition. Faculty *should not accept* any medical documentation and instead direct students to the disability office.

If a student discloses a disability to a university employee (e.g., faculty, staff member, and administrator), it is imperative that the employee refer the student to the disability office. This may be done orally, but university staff should also refer the student to disability resources in writing, via email. This serves as evidence that the school official referred the student to the appropriate office to address any disability-related needs and request accommodations (see Chapter 2).

Sending the student an email with the disability office contact information also serves as a reminder, ensures that the student has the correct information, and provides a written record showing that the student was encouraged to seek accommodations through the appropriate channels. The latter can become important if the student does not seek accommodations and later experiences academic difficulty and pursues a formal complaint or litigation.

Even if a student does not mention having a disability, a faculty member may come to suspect one after observing the student in an educational setting. Faculty members should resist the urge to suggest that a student has, or shows signs of, a particular disability—even if they are clinically qualified to do so. Suggesting that a student has a disability is problematic for many reasons. First, this suggestion may lead the student to believe that the instructor

views them as less capable than their peers. It also may lead to a charge of discrimination if the student believes a particular grade was low or they were otherwise mistreated, due to the faculty member’s perception of them as a person with a disability.

The more prudent approach for faculty who suspect a disability is to suggest that the student seek support from the relevant campus resources, such as the counseling center, student health center, tutoring program, learning specialist, or academic support, in addition to referring them to the disability office. These offices are staffed by individuals trained to recognize the signs of a learning or psychological disability and can refer students for testing as appropriate (see “Suspected Disability” in Chapter 8). See the figure in Practice Recommendation 11.1 for direction on appropriate student referrals.

Practice Recommendation 11.1 Referring Students to the Appropriate Supports

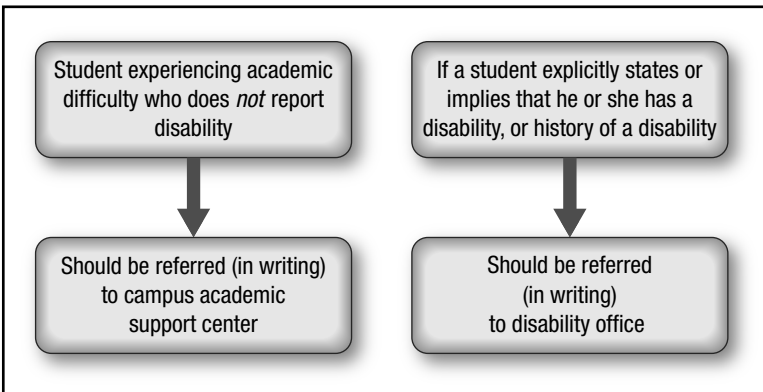


FIGURE 11.1 Referring Students to the Appropriate Supports flowchart

DO ENSURE THAT DOCUMENTS AND COMMUNICATION PERTAINING TO ACCOMMODATIONS ARE KEPT CONFIDENTIAL

Do Not Discuss a Student’s Disability or Accommodations Unless There Is a Clear “Need to Know”

Confidentiality of a student’s disability-related information and need for accommodations is important. When there is a need to share disability-related information in order to implement accommodations, faculty and

administrators should discuss *only* the relevant accommodation(s), not the disability. For example, instructors should not forward emails containing a student's entire list of accommodations to a teaching assistant who only needs to schedule testing. In another example, when students require release from clinic for weekly appointments, the disability-related reason should not be shared (e.g., therapy, infusions). When implementing accommodations, avoid sharing the name of the student receiving them where it is not necessary (see also, Chapter 8, which has practice recommendations for faculty and administrators to ensure confidentiality of student information).

DO LISTEN TO STUDENTS AND OFFER SUPPORT AS APPROPRIATE

Do Not Ask Students for Information About Their Disability or Why Accommodations Are Needed

Students are not prohibited from sharing disability-related information with faculty and may choose to do so. Students should not, however, feel obligated to disclose information or be on the receiving end of additional queries about their disability. Faculty should listen supportively and may explain that they prefer not to cross such personal boundaries in professional settings. If faculty engage in discussions about disabilities, they should be sure to maintain professional boundaries (see Chapter 8, for further guidance on this topic).

While it is appropriate to ask how a student is doing generally, faculty should exercise caution when making inquiries about a student's disability-related wellness. Health science faculty, due to their expertise, may have difficulty separating their roles as health practitioners and educators. It can be instinctual for trained clinicians to ask follow-up questions about a student's health, treatment regimen, and prognosis. When these clinical questions are combined with the student's instinct to please their faculty, it can quickly lead to an inappropriate or awkward conversation that is more in line with a patient–healthcare provider discussion. This may erode the student–faculty relationship and blur professional relationship boundaries. Furthermore, knowing a student's diagnosis may, unconsciously, cause a faculty member to view the student differently from other students.

DO CREATE ACCESSIBLE MATERIALS AND ASSIGNMENTS THAT EMBRACE PRINCIPLES OF UNIVERSAL DESIGN

Do Not Single Out Students With Disabilities in Your Classroom

Adopting a universal design model for teaching, where course content and materials are presented in a manner that is accessible to all individuals, regardless of disability, age, or learning style, can eliminate the need for some or all individual accommodations. Universal design enhances the delivery

of the material to all students while simultaneously providing full access to students with disabilities. However, before stopping the provision of accommodations, instructors should consult with the disability office about whether particular accommodations are still necessary, even in light of universally designed course content.

Universal design can be accomplished by using a variety of delivery methods and materials. For example, an instructor may use a more traditional instructional lecture to disseminate course material but add an interactive and hands-on component, provide visual graphs/charts that reinforce key information, or provide supplemental videos on particular concepts. Another way to create a universally designed curriculum is to offer students options regarding *how* to complete an assignment. For example, allowing all students the choice to write a paper, do an oral presentation, or create a visual project, permits students with and without disabilities to demonstrate their mastery of material in a manner that suits their strengths. This practice also avoids singling out, for example, a student with a communication disorder, who, in the absence of this option, may need to request an accommodation of an alternative assessment when an oral presentation is required.

Faculty members who adopt a universal design approach often choose to provide lecture slides, outlines, or study guides to students prior to the class. This removes the need to ask for these items as an accommodation and, because all students have access to the material, it does not accidentally expose a student's status as a person with a disability when they have access to materials and their peers do not. Access to the material before the lecture increases the likelihood that all students will be able to participate in a meaningful way and allows students to prepare for class discussion in a manner concordant with their learning. For post-class learning, providing both video and audio recordings of the lecture allows students to review the material covered during class at their own pace. Knowing that they have full access to these materials may also encourage class participation.

A universal design approach to course notes can eliminate the need to provide notetakers specifically for students with disabilities and meet the learning needs of all students. In this arrangement, a comprehensive set of notes would be provided to all students in the class, allowing them to process the information as it is being presented. This may encourage richer classroom discussion, as students need not concentrate on writing down every word. In some iterations of this arrangement, a notetaker is selected from the class, or the role rotates between several classmates who share their notes with all students. In other cases, a teaching assistant or professor provides the notes.

Helpful resources, such as the University of Washington's DO-IT program, are available to learn more about and successfully implement universal design principles in the classroom (www.washington.edu/doit). Additional examples of universal design are provided in Practice Recommendation 11.2.

Practice Recommendation 11.2 Universal Design for Learning

UNIVERSAL DESIGN FOR LEARNING PRACTICE	HOW STUDENTS BENEFIT
Posting lecture outlines prior to class	Allows students to review and create context for lecture material. Aids students in structuring and organizing their notes.
Posting lecture slides prior to class	Allows students to review the material in advance, creating context for the lecture. Enables students to review the lecture as needed.
Posting supplemental course materials	Allows students to interact and process the material in the way that best matches their learning needs.
Posting discussion questions prior to the lecture	Allows students to prepare for the discussion, increasing the likelihood of a meaningful discussion. Reduces anxiety by allowing students to know in advance what they will be asked.
Cooperative learning strategies for in-class discussions (e.g., think, pair, and share)	Allows students time to process and draft a response. Offers a lower-stakes environment for students to share their thoughts in a small-group environment. Assists students in gaining multiple perspectives on the topic.
Online reading responses	Allows students to read and respond in a lower-pressure forum. Enables students who may have missed class an opportunity to contribute to the class discussion. Assists students in gaining multiple perspectives on the topic.
Recording and posting of lectures	Allows students to review the lecture as needed for further processing of the presented material. Enables students to catch up on missed material. Offers the student the opportunity to review and add to their class notes.
Graphic organizers (charts and graphs that represent information visually)	Provide a quick, clear reference for students.
Lectures notes provided to everyone in the class	Allows all students to access quality class notes.

When creating classroom policies, it is also important to keep students with disabilities in mind. One example is a ban on electronics (usually laptops and tablets) during a class, which is thought to minimize distractions. Although faculty might think that making an exception for students who require electronics as an accommodation (e.g., textbooks in e-format, the ability to type instead of handwriting notes) will be sufficient, this has unintended consequences. Students using electronics in a class where they are otherwise prohibited are placed in the awkward position of explaining to inquiring peers why they are permitted an electronic device, while others are not. This may breed resentment from peers and socially isolate the disabled student. When placed in this difficult situation, students with disabilities frequently choose *not* to use needed accommodations to avoid being labeled “different” or risk isolation from their peers.

CONCLUSION

This chapter touched on only a few prominent “dos and don’ts.” Faculty should be sure to make use of the expertise in the disability office when seeking approaches to improving inclusion for students with disabilities. By building ongoing relationships with DRPs, instructors can grow in their confidence in disability inclusion to ensure that disabled students receive appropriate accommodations and feel welcomed in the academic environment.

Chapter Review and Points for Discussion

Kristina H. Petersen, Elisa P. Laird, Dawn M. Michael, and Lisa M. Meeks

This chapter is designed to aid readers in solidifying their knowledge of best practices and legal standards for the inclusion of individuals with disabilities in health science programs. It highlights key points from each chapter as discussion questions and scenarios, which can be used as a teaching tool in book clubs or for learning groups focused on disability inclusion. The discussion questions can also be used as a springboard for faculty development, making space for critical discussion around some of the most misunderstood concepts. As more of these discussions occur within and between institutions, the increased awareness will spur an increased commitment to spreading and implementing inclusive practices.

CHAPTER 1: KNOW YOUR CAMPUS RESOURCES

1. Disability Resource Professionals (DRPs) work collaboratively with other offices on campus to ensure full and equal access for students with disabilities. To ensure appropriate referrals and collaboration across offices, describe the specific roles of the following offices in supporting the work of the disability office regarding health science or professional programs: *Americans with Disabilities Act (ADA)/Section 504 Coordinator, Equal Employment Opportunity (EEO) Office, Title IX Coordinator, Risk Management Office, and General Counsel Office.*
2. DRPs rely on campus leaders, departments, staff, and faculty to refer students who may need accommodations to the disability office. Which

campus stakeholders are most likely to encounter these students, and how can DRPs ensure stakeholders fully understand the policies and processes associated with student disclosure of disability and effective referral practices?

3. When a student with a disability experiences academic challenges, the DRP must evaluate whether accommodations are addressing the disability-related barriers faced by the student. At the same time, it is important to recognize that providing appropriate accommodations does not guarantee academic success. In addition to appropriate accommodations, what other offices and programs are available on your campus to further support a student's academic success?
4. Institutions are responsible for making internal complaint/grievance procedures easily available and accessible to students. What should be included in these procedures, and when might it be used by a student with a disability?
5. To effectively support students, DRPs should be fully aware of the school's policies on academic standing. What are your institution's (or individual program's) policies on academic probation, suspension, and dismissal?
6. The Office for Civil Rights (OCR) within the U.S. Department of Education oversees educational institutions' compliance with various civil rights laws. Through the OCR, students can file civil rights complaints fairly easily, without payment of fees. If a student files an OCR complaint, what process might you expect for resolution of the complaint? What documentation might a DRP be required to provide to OCR when a complaint about disability discrimination is being investigated?

CHAPTER 2: DISABILITY LAW AND THE PROCESS FOR DETERMINING WHETHER A STUDENT HAS A DISABILITY

1. To better understand the history and evolution of societal perceptions of disability, describe the difference between the medical and social models of disability.
2. How is a disability defined by the ADA? How did the ADA Amendments Act of 2008 expand the definition of disability? What are some major life activities that were newly covered as a result of this Amendment?
3. A number of local, state, and federal laws govern disability protections in the United States. Beyond federal laws that apply nationally, what process would you go through to learn about any laws your institution needs to understand in order to abide by to ensure full compliance?
4. In order to be eligible for accommodations, a student must demonstrate a limitation of a major life activity that is related to functioning in the

campus environment. What are some examples of disability-related functional limitations that could prevent a student from fully accessing the following campus programs or activities: academics, housing, transportation, parking, extracurricular activities, and dining services? What are some possible accommodations for each?

5. Section 504 of the Rehabilitation Act states that no “otherwise qualified” person with a disability may be excluded from participation in any program that receives federal funds. What does “otherwise qualified” mean in the context of your institutional program(s)? How do technical standards, if applicable, play a role in determining when a student is “otherwise qualified” to participate in an educational program?
6. Why is it critical to establish and consistently follow a standard procedure for application and determination of accommodations? What is your school’s standard procedure? How is this procedure communicated to students and faculty to ensure all are aware of the process?
7. Why is the student interview a critical component of the interactive process to determine an appropriate accommodation plan? Who else may need to be involved in the interactive process to determine a reasonable accommodations plan that does not hinder educational objectives?
8. Define a temporary disability. When might a student require accommodations on a short-term basis?

CHAPTER 3: TECHNICAL STANDARDS

1. Federal guidance for Section 504 of the Rehabilitation Act states that “the term ‘technical standards’ refers to all non-academic admissions criteria that are essential to participation in the program in question.” Which programs at your institution require students to meet technical standards for admission? How would you direct students and prospective students to find the technical standards?
2. Students seeking admission to certain health science programs must meet the program’s published technical standards. How can these technical standards be useful for students with and without disabilities, as well as useful within institutions? How can institutions ensure their technical standards are available to prospective as well as accepted students?
3. What role do accommodations play in supporting a disabled student’s ability to demonstrate a skill required by the technical standards?
4. Discuss some of the recent legal cases addressing deaf and blind students meeting technical standards in health science programs. What types of accommodations were in place, or were ordered by the court to be put in place, to allow these students to meet the program’s or institution’s technical standards and participate in the program?

5. OCR provided the following guidance to one school regarding its technical standards: “the institution should consider whether the requirements need modification as time passes or as technological advances or theoretical changes in the field dictate.” When was the last time your institution reviewed its technical standards? What process is in place to ensure the institution’s technical standards are reviewed on a regular basis?
6. Review your institution’s technical standards and consider whether there are opportunities to amend any language that may not support the inclusion of students with disabilities. Who should be included in the process of reviewing and revising technical standards? What first steps would you take to initiate that process?

CHAPTER 4: THE PROCESS FOR DETERMINING DISABILITY ACCOMMODATIONS

1. “A *disability accommodation* refers to academic adjustments and auxiliary aids that enable students with disabilities to have access to education equivalent to that of their peers.” When determining a disability accommodation, it is the role of the DRP to determine what disability related barriers may be present in the health science educational environment and create a corresponding accommodation plan. Discuss the multiple types of environments that must be considered for health science students. Who should the DRP involve in the interactive process to determine what accommodations are appropriate for each environment? Brainstorm possible barriers students may experience in these learning environments.
2. The ADA mandates that students are entitled to accommodations where a proven disability-related need exists. As a student progresses into new academic settings or personal experiences change, new disability-related barriers may arise, creating the need for new accommodations that were not previously necessary. How does your school identify and support students who require accommodations when program expectations or student circumstances change?
3. Describe your institution’s interactive process between the DRP and the student for discussing barriers and determining an accommodation plan. How is the determination process communicated to students? What are some of the barriers a student might identify during the interview?
4. DRPs sometimes have to balance concerns expressed about potential risks to the health and safety of patients with the accommodation needs of students. Referring to the ADA regulations about how to assess the potential for “direct threat” and Case Example 4.5, discuss past accommodation requests at your school that have raised patient safety concerns or accommodation requests you think could raise concerns and how you might resolve them. Who would you want to bring into the discussion? What questions would you ask?

5. The process used when determining the reasonableness of an accommodation request should be documented. Discuss the procedures your school follows to keep written records throughout the process of determining an individual student accommodation plan. What do you include? Why? Is there more you might consider adding to record keeping in the future?
6. What are the factors that cannot influence accommodation decisions? What can you do to help ensure those factors are not included in decisions made at your institution?
7. According to OCR, schools must have an established procedure for alerting faculty of approved accommodations. What protocols are in place at your school for notifying faculty of a student's approved accommodation plan? A list of questions to assist schools with developing or refining a notification procedure is available in Appendix 4.3.
8. Effective communication and collaboration between multiple parties is required throughout the process of determining reasonable accommodations. Discuss the rights and responsibilities of the students, DRPs, faculty, and administrators in this process.

CHAPTER 5: ACCOMMODATIONS IN DIDACTIC, LAB, AND CLINICAL SETTINGS

1. The amount of extra time a student may need to take exams should be directly related to the impact of the disability-related limitations on a student's functioning. How does your office determine the amount of extra time for the following assessments? *Didactic exams, standardized patient exams, anatomy exams, and quizzes.*
2. Periodic review of the effectiveness of accommodations is important to student success. How does your office review and adjust approved accommodations as needed to ensure that the accommodation adequately addresses the barrier for each student? Does your office provide explicit directions to students about how to initiate a revision of their existing accommodations?
3. There are times when students with certain disabilities (e.g., visual disabilities, chemical sensitivities, dexterity, or mobility issues) may require a personal assistant or an intermediary as an accommodation. Intermediaries fulfill a specific role, but DRPs must be careful to ensure that all core competencies are met by the student. What are the parameters of an intermediary's role? How would your program determine whether or not an intermediary would be appropriate given the competencies and technical standards of your program?
4. What are some types of accommodations used by students in clinical sites? Has your program implemented any of them in the past? What

about placement into particular clinical sites as an accommodation—has your program done this for any students with disabilities?

What were some barriers to implementing these accommodations in your program? How might these be addressed?

5. Students with disabilities may experience exacerbation of their disability that impacts their ability to be present or arrive on time. Determining whether missing class, clinical, or lab experiences is reasonable depends on a number of individual circumstances, specific to each setting and student. Discuss the guidance OCR has provided to institutions to help determine whether attendance is an essential element of a course. When might it be inappropriate to approve an accommodation for attendance?
6. The clinical portion of health sciences education is often the most challenging for students on the autism spectrum, particularly related to interpersonal communication. What are some potential clinical accommodations that may reduce barriers in the clinical setting for students with autism spectrum disorder (ASD)?
7. Because service animals are not an accommodation, the ADA provides a presumptive right for disabled individuals to bring service animals with them into most spaces. How would you summarize the guidance offered by the Centers for Disease Control and Prevention regarding service dogs in clinical settings for a faculty member who asked you about it?

CHAPTER 6: THE PROCESS OF REQUESTING ACCOMMODATIONS ON CERTIFICATION, LICENSING, AND BOARD EXAMS: ASSISTING STUDENTS THROUGH THE APPLICATION

1. Each exam agency has its own application process for exam accommodations. Within the programs offered at your institution, what is the process for each agency? Be sure to outline the timeline, documentation required (including any specific direction regarding what medical or neuropsychological tests/results are acceptable), requirements of recentness of documentation, personal statement instructions, directions for how to schedule an exam date, and the appeals process.
2. When students apply for accommodations on certification, licensing, and board examinations, some of the exam agencies ask the school to provide information about the educational accommodations that were received by the student there. What, if any, additional role does the DRP currently play in supporting students who are applying for accommodations? Are there additional things the office could do?
3. When working with students to prepare for certification, licensing, and board examinations, it is critical to understand the details of how the exam is administered. Where would you find the relevant information about each exam format, rules governing what students may or may not

bring into the exam, length of the exam, break schedule, and the nature of any practical component(s)? How does your institution work with students in advance to prepare them? Is there more you could do?

4. When updated or new testing/medical documentation is necessary to support an exam agency accommodation request, how can the DRP help the student find a local evaluator or healthcare provider and work with financial aid staff if necessary, to help fund the testing? Once an evaluator has been identified, with the student's permission, how might the DRP assist the provider in fully understanding the nature of the documentation required by the respective exam agency (e.g., certain tests that are not considered valid, the need to enumerate as many diagnostic details as possible to justify the diagnosis, and so on)?
5. An institutional letter of support for a student's application for accommodation on a board exam can help by highlighting all the pieces of documentation that support the student's need for accommodations. What are some of the key points that should be included in an institution's letter of support?
6. An application timeline/checklist can be created for each certification, licensing, and board examination relevant to the programs offered at your institution. How might such a document assist students in meeting deadlines and putting their best application forward? How might such a document also assist staff in your office in supporting students to achieve their goals?
7. What are the most common pitfalls that may prevent a student's approval of accommodations, as discussed in the chapter? How might a DRP set up a system to assist students in avoiding these mistakes?
8. Generally, in order to win an appeal after an accommodations request was denied, students must address the concerns raised in the denial letter by providing additional documentation. Although each appeal is individualized, what types of additional documentation may provide such support during an appeal? How might students obtain this support?

CHAPTER 7: LEARNING IN THE DIGITAL AGE: ASSISTIVE TECHNOLOGY AND ELECTRONIC ACCESS

1. In order to collaborate more effectively on technology accessibility, the disability office at your institution should be knowledgeable about and involved in the process of accessibility evaluations with your institution's information technology (IT) professionals. Discuss the opportunities for collaboration between DRPs and IT professionals to provide accessible technology for students with disabilities. Review Table 7.1, Opportunities for Collaboration: Technology.
2. Discuss the technologies used for teaching and learning in the classroom at your institution and the benefit of each for students with disabilities and those without. What are some of the potential barriers that a "flipped

classroom" could present for students with disabilities? When it comes to administering exams and quizzes online, what are the benefits and drawbacks for disabled students? For faculty?

3. In order for DRPs to be able to select appropriate assistive technology (AT) to remove barriers for students, they must acquire and maintain knowledge of available and new AT. What are some of the ways a DRP can achieve this?
4. When is it the university's responsibility to pay for AT, and when is it the student's? What opportunities exist at your institution to develop an AT trial/loan program or AT lab?
5. Discuss some AT tools available for use with students with visual disabilities, for deaf and hard-of-hearing (DHOH) students and for reading or other learning disabilities.
6. Often, including accessibility for students with disabilities is overlooked when systems like electronic health records (EHRs) are customized for an institution's use. Discuss how your institution ensures accessibility to EHRs for students with disabilities and the DRP's role in this, if there is one. If accommodations for EHR access are required, in addition to the student's needs, what other considerations does the DRP need to keep in mind when determining the accommodations? Review Table 7.2, Common Barriers to Accessing EHRs.
7. What are some emerging technologies that are replacing previously hands-on learning methods in health science curricula? How has the use of these emerging technologies improved the learning experience for students with and without disabilities? How was the technology assessed for accessibility prior to acquisition?
8. What does your institution do to assess the accessibility of its digital holdings? How knowledgeable are your school's faculty and staff about how to create and ensure digital accessibility in the areas in which they work? What resources exist to assist faculty and staff in identifying accessibility concerns?
9. To ensure accessibility barriers are not created for students with disabilities in the design of the curriculum and technology selections for use in the learning environments, it is essential to establish a team approach between programs and the disability office. How do the programs and DRPs work together at your institution to achieve creating and maintaining an accessible learning environment? What more might you do to create or improve campus partnerships?

CHAPTER 8: PROFESSIONALISM AND COMMUNICATION ABOUT DISABILITIES AND ACCOMMODATIONS

1. Discuss some reasons why professionalism is important in most health science programs (in fact, often a core competency) and how professional communication relates to professionalism overall.

2. Given the importance of defining expectations for students with respect to professionalism, how does your institution evaluate professional behavior to ensure equitable assessment of all students? How are these expectations communicated to students?
3. How can DRPs work with students in communicating professionally with faculty and clinical supervisors regarding their accommodations?
4. What steps can the institution take to train faculty and supervisors in how to communicate with students regarding where to go to request accommodations, so students do not feel pressured to disclose private disability information to those in an evaluative role.
5. What are some of the barriers students may face as they contemplate whether or not to disclose their disabilities? How can the institutional policy and process serve to minimize these barriers to encourage disclosure?
6. If a student discloses a disability to a faculty member, how should the faculty member respond? What boundaries should be set?
7. What training can be implemented to ensure all faculty, including off-site clinicians, are aware of the institutional policy on disability and accommodations and are on the same page about appropriate communication with students?
8. What law protects the privacy of student disability records? What policies and procedures are in place within your institution to ensure these records remain separate from the academic record and confidential? Under what unusual circumstances might sharing of information about a student's disability be appropriate?
9. It is the responsibility of the program, not the clinical site, to ensure disability access in all of its learning environments. What are some considerations to keep in mind when navigating the communication of a student accommodations plan to a clinical coordinator? What types of trainings can the institution implement to ensure clinical sites are aware of their obligations?

CHAPTER 9: WORKING THROUGH COMPLEX SCENARIOS

1. When dealing with complex scenarios, a DRP must determine and address the access barrier facing a student and then take actions to ensure the barrier is rectified. What unintended consequences might occur when a faculty member gives a student an unofficial accommodation without involving the disability office? How might this situation be resolved for this student and prevented in the future?
2. When a student encounters a faculty member with a negative attitude toward a disability or accommodation, what can the DRP do to support the student? How can the DRP intervene to help the faculty member increase awareness and shift future attitudes? What actions can be taken on campus to prevent other faculty members from responding similarly?

3. If a student reports to the DRP that an accommodation was not appropriately implemented, what steps should the DRP take to investigate the complaint? Which other office(s) should be involved? What is your institution's specific protocol for the reporting of such incidents and the procedure once such a complaint is filed?
4. Students may postpone disclosing a disability for many reasons. If a student waits to disclose a disability until becoming at risk of academic sanctions, how can the DRP ensure the student's needs are met? How should appropriate documentation be kept? What actions can be taken on campus to promote inclusion and help de-stigmatize disability so that students feel comfortable disclosing early and seeking accommodations?
5. As students with disabilities transition from didactic to clinical work, additional barriers may arise that need to be addressed. In your experience, what are some common barriers that students with various disabilities may encounter for the first time in a clinical rotation that could be mitigated with an accommodation?
6. A student with a disability may need to take time off from school to take care of disability-related health issues. What are some of the challenges students may associate with taking a leave of absence (LOA)? What is your institution's policy on LOA? What are some creative accommodations that may allow a student some flexibility to remain in school by providing the opportunity to fully demonstrate the competencies required in each course? How might these creative solutions differ if the student is in the didactic curriculum vs. the clinical curriculum?
7. The DRP is responsible for maintaining records and notes on the interactive process and ongoing communications with students. In the event that a new DRP arrives and finds an office lacking complete records, what actions could be taken to ensure the records are kept meticulously moving forward? If a new DRP is informed that a student is up for dismissal and there are no records in the disability office, what actions can the DRP take to document the student's disability?

CHAPTER 10: DEBUNKING MYTHS AND ADDRESSING LEGITIMATE CONCERNS

1. Discuss the following statement and provide some supporting reasons why this statement is untrue: "Students with disabilities cannot fulfill the rigorous requirements of health science programs."
2. An interactive process with the student is necessary to determine an accommodation plan that appropriately addresses a student's access barriers. What steps must a DRP go through before deciding that an accommodation is *not* possible? What documentation must be kept?

3. Discuss how you might respond to a clinical faculty member who believes that providing accommodations to students with disabilities compromises patient safety.
4. Using evidence presented in the chapter, explain in your own words why this statement is untrue: "Accommodations in the clinical setting do not prepare students for the 'real world.'"
5. Using evidence presented in the chapter, provide at least three supporting reasons why this statement is untrue: "Accommodations lower program standards resulting in unqualified graduates."
6. Discuss how you might respond to a colleague who states, "Students with disabilities cannot handle the intensity of health sciences programs."

CHAPTER 11: DOS AND DON'TS FOR WORKING WITH STUDENTS WITH DISABILITIES

1. What are some reasons why faculty should *not* take it upon themselves to provide accommodations to students directly, without having them go through the disability office? What steps can be taken on campus to ensure all faculty are aware of the role the disability office plays in ensuring accommodation plans address barriers faced by students?
2. What unintended consequences may occur if a faculty member does not adhere strictly to the accommodation plan specified by the disability office? Is there harm in the faculty member doing more for the student than specified in the accommodation plan communicated by the DRP?
3. Health science campuses employ many clinician and health professional faculty members who have expertise in diagnosing and treating various health conditions. What boundaries should these trained professionals set when speaking to students about their disabilities? Why is it important for faculty members to set their clinical "hat" aside to maintain an effective student-faculty relationship?
4. Why is it critical that DRPs keep all information pertaining to student diagnoses confidential? What methods should be in place to ensure the security of these documents?
5. When a faculty member receives information about a student's accommodation, it is inappropriate for the faculty member to ask questions about why the accommodation is necessary. How can faculty members offer support without inappropriately asking for details about a student's diagnosis?
6. What are the key principles of universal design in education? Give a few examples of how these principles can be implemented in a classroom to promote inclusion of students with disabilities while also serving multiple learning styles of non disabled students.

AFTERWORD¹

Neera R. Jain

What could health science education look like if it started from a place of valuing disability? This question evokes central themes to move our work into a new era: value, possibility, and transformation. These themes developed out of my recent research that explored disability inclusion at several U.S. medical schools (Jain, 2020a, b, c). The findings of that work prompted my dissatisfaction with accommodations as the primary means to enact inclusion in our field. Although accommodations will likely always be an element of inclusive practice, these represent individualized solutions that effect incremental change. They do little to shift powerful discourses of disability as individual inability and healthcare professionals as superhumans that inform educational structures. These discourses represent a threat to all of us, disabled and nondisabled, and hamper movements toward socially just inclusion. A primary focus on accommodations tends to frame disability as a problem to be managed rather than an expected way of being in the world. I believe shifting our gaze to a starting point of *value* has promise to invigorate new ways of working toward inclusion. In this afterword, I share six ideas for centering value in our work.

CHANGE THE NARRATIVE

We must promote alternative narratives of disability, ones that counter those that currently dominate health science education. In the schools I studied, disability was rarely included in curricula beyond biomedical discussions of

¹My initial thoughts on this topic were presented at the 6th Annual Disability in Health Science and Medicine Symposium in April 2019.

“disease processes.” In the few cases where a socio-political narrative of disability was included, the focus was firmly on patients without acknowledgment of peers or practitioners with disabilities. Furthermore, disability was narrowly constructed as those with physical, sensory, and intellectual disabilities. Most students I spoke to had not encountered emancipatory frameworks of disability, such as the social model. Those who were familiar with it did not see it “alive” in their medical school experiences. These conditions fostered students distancing themselves from disability, hesitation to access accommodations, fear of disclosure, and ambivalence in disability identities. Not surprisingly, school officials (faculty and administrators) reported similar, mixed understandings of disability largely rooted in biomedical, individualized, and charity-oriented understandings.

Limited curricula presenting affirming, socio-political accounts of disability in the health sciences are a well-known concern (see, e.g., Campbell, 2009; Iezzoni & Long-Bellil, 2012; Seidel & Crowe, 2017; Shakespeare, Iezzoni, & Groce, 2009; Shakespeare & Kleine, 2013). Rosemarie Garland-Thomson (2017) suggested a program in *disability cultural competence* for burgeoning healthcare practitioners that would include five elements: biomedical decision-making, disability culture and history, accessible technology and design, disability legislation and social justice, and disability cultural competence research. This training, she argues, “requires learning how to flourish as a person with disabilities—not just living as a disabled person trying to become non-disabled” and would benefit “active patients and patients-in-waiting” (Garland-Thomson, 2017, p. 335). I believe such a program would particularly benefit those who straddle the divide as disabled health professionals and could begin to meaningfully shift the culture around disability in health science education.

Similarly, we need to examine our language, policies, and approach to inclusion to consider how these frame disability. Do these policies frame disability as a problem or threat to the profession (Shrewsbury, Mogensen, & Hu, 2018), or is it framed as an expected and valued trait that students may bring to their practice? Are the “problems” disabled students face situated as a lack of accessibility in the environment or individualized concerns that result from one’s diagnosis? In this edition of *The Guide*, we provided renewed recommendations for policy language in line with this approach.

FOSTER COMMUNITY

Fostering disability community is also needed (Jain, 2020c). Many students I spoke to longed for formalized spaces where they could connect with other students with disabilities in the health sciences to discuss their experiences and share resources. When students organically or intentionally developed informal community around disability, this was a significant support. Some students wanted collective spaces where they could receive tailored learning support and strategies for students with learning disabilities and attention

deficit hyperactivity disorders (ADHD) or specialized spaces where they could discuss aspects of mental health and being a medical student with other similarly situated students. Such spaces could provide fertile ground for peer networks and uncover curricular barriers to be addressed.

Some may argue that students with disabilities will be stigmatized further if specialized spaces are created for them. However, in the current climate, such spaces can offer a greater sense of safety and a place to share experiences that currently feel individual and hidden away (Tsai, 2018). Making space for students to come together beyond a forum framed as “support” could promote the idea that, like other diverse lived experiences, students with disabilities have unique value to offer to the professions. Such spaces could foster positive disability identity development and serve as forums to explore integration into professional identity (Fergus, Teale, Sivapragasam, Mesina, & Stergiopoulos, 2018).

TAKE A WHOLE-VILLAGE APPROACH

Inclusion is not a solo act—access is everyone’s responsibility. For this reason, I believe it takes a village to move toward an ethos of value. Disability offices and resource professionals cannot work in a silo, nor can they be solely responsible for ensuring accessibility. Where things worked well at the schools I studied, disability resource professionals (DRPs) worked as a hub, a resource that was integrated into the fabric of schools.

To foster a whole-village approach, bringing others into the mission is important. Developing allies among faculty and administration is necessary to ensure that the flag of inclusion is raised beyond the spaces in which DRPs are present. I also saw how beneficial it was to bring together a group of diverse experts to develop access solutions. For example, one school used a team approach to ensure access in the clinic: a learning specialist, key faculty members (including a physiatrist), an occupational therapist, and the student partnered to identify solutions. Assembling knowledgeable barrier-removal teams avoids gaps in decision-making that can occur in the absence of critical information about the curriculum, assistive technology, or the student’s creative perspective.

INCREASE TRANSPARENCY

The schools I studied all excelled in having an identified point person responsible for students with disabilities, a process for requesting accommodations, and mechanisms for implementing accommodations. These provided students with an anchor and a clear process to access accommodations once approved. Students and faculty, however, generally lacked understanding of the standards used for determining accommodations and who qualifies as “disabled.”

Moreover, students and faculty did not always understand the legal rationale and foundation for accommodations. This created multiple concerns:

- Students did not recognize that the disability office might be able to offer solutions to the problems they were encountering.
- Students who did engage with the disability office were not always aware of their rights, what kinds of changes they could request, or how decisions were made. In an environment where students felt precarious, not knowing how systems worked tended to subvert mechanisms of inclusion.
- Faculty and peers were sometimes skeptical of decision-making and accommodations, increasing the stigma associated with disability and use of accommodations.

For these reasons, it is important to make transparent:

- What do we do as DRPs, and why?
- What counts as disability?
- What kinds of accommodations can be made?
- How do we do our work, and why?

This might entail educating faculty and all students about accommodations, rights, and processes. This education initiative would be an excellent place to infuse a disability-as-valuable ethos, including through stories of successful health professionals with disabilities (see, e.g., Meeks, n.d.).

GET PROACTIVE

Inclusion work must be done proactively, rather than reactively. I see this taking several forms. First, identifying frequent barriers in the educational environment and addressing them for all students, also known as a universal design approach (Burgstahler, 2015; Burgstahler & Corey, 2008; Dolmage, 2005, 2017). This minimizes the need for individual students to act as catalysts for change, which tends to mark them as “expensive” or “needy.” Committing to remediate barriers in the existing physical environment is another way to address this. This could be achieved by earmarking funds for access improvements that are prioritized annually and implemented regardless of immediate need but fast-tracked when an immediate need arises. Planning for access in new initiatives is also essential, ensuring that activities, curricular initiatives, and infrastructure projects are conceived with broad access in mind rather than retrofitting them “as needed” to work around inaccessibility (Dolmage, 2017).

At the same time, we need to anticipate barriers that may arise for all the students we work with. Too often, a proactive approach is only employed for students with physical disabilities, leaving those with less-apparent disabilities without support until issues are raised. Most importantly, we must

not just identify barriers, but also possible solutions to bring to students for consideration. This proactive partnership approach is essential to lessen the burden on students to develop solutions to access problems while honoring their expertise.

TRANSFORM HEALTH SCIENCE EDUCATION

And finally, if we want real equity and inclusion for people with disabilities in the health professions, a focus on improving access through bettering accommodations is not enough. We need real transformation. I believe this starts from deep exploration of what is truly essential about being a doctor, nurse, physical therapist, physician assistant, pharmacist, dentist, occupational therapist, and so on. Alongside this, we need to rethink what is needed from these professionals to provide the best healthcare for all patients. How do we close gaps in healthcare disparities?

I believe disabled people bring value to the professions through their unique ways of being and knowing. Instead of finding ways to “fit students in” to health science education, I wonder how education programs might be reconceived in ways that are deliberately inclusive. What if we were to premise education upon greater flexibility? What if we were to strike from our conceptual repertoire outdated notions such as the *undifferentiated graduate*? If we were to shift the structures of education from the perspective of disability, we would create pressure to change the next stages: residency, employment, and healthcare systems. We have seen this through the advancements made thus far that are products of the pressure created by the “Americans with Disabilities Act (ADA) generation” and those leaders who came before and their rightful sense of entitlement to a better world.

Alison Kafer (2013) argues for a politics of *crip futurity* through which we imagine disability and disabled people’s lived presents and possible futures differently. To do so, she says, we must challenge the rhetoric of naturalness and inevitability that currently dominates perceptions of societal barriers to inclusion (Kafer, 2013). This requires us to assert that decisions about the futures of disability and disabled people are political (Kafer, 2013). In that way, we must look at the barriers students currently experience in health science education, and rather than taking them for granted, we must see them as political. We must ask, what causes these barriers to seem natural and inevitable? How might this situation be changed? What might a future that assumes disabled health professionals are natural and inevitable look like? What could health science education look like if it started from a place of valuing disability and the ways of being in and knowing the world that comes with it?

In closing, I ask us all to consider whether we dare to dream of a different future. How much longer are we willing to wait for real change to come? Let us dream together toward transformation, moving toward a world we want to see; a world we all need.

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