

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

Jennifer Bocchi...: [00:00:00](#) The Association of American Medical Colleges is pleased to welcome you to today's Re-imagining Technical Standards for Inclusive Medical Education, a workshop webinar. We are recording, we'll make the archive available afterwards. We will email you once we post it. We did mute all participant audio. If you need help, please send us a message. The presentation includes time for Q&A. You may submit a question at any time by clicking the Q&A button at the bottom of your screen. To access any resources, please click on the handouts tab where you logged in today. It's now my pleasure to welcome Amy Addams. Amy.

Amy Addams: [00:00:42](#) Great, good afternoon everyone. We're so excited that you're joining us for what we know will be a rich and interactive webinar, so I hope that you're all ready to roll up your sleeves and dive in.

[00:00:53](#) Before I introduce our panelists, I do want to share that the opinions expressed by the speakers do not necessarily reflect the opinions of the AAMC or its members. But now, I'm so pleased to introduce you to the panel, including Dr. Lisa Meeks, of the University of Michigan Medical School and DocsWithDisabilities Initiative, Dr. Steven Gay, also of the University of Michigan Medical School, Dr. Rahul Patwari of Rush University Medical College, and Sarah Triano of the Geisinger College of Medicine. And now, I'll hand it over to Dr. Lisa Meeks.

Dr. Lisa Meeks: [00:01:41](#) Thanks so much, Amy. Hello everyone, and welcome to our workshop webinar on technical standards. So what are we going to accomplish today? Well, first we'll do a very brief overview of some best practices, but this is brief, and we advise you to return to the 2020 webinar that includes information on the fundamentals. I just put that in the chat for you.

[00:02:05](#) So after a brief overview, we'll move on, domain by domain, and review some of the most problematic concerns we see in each of these domains. We'll also allow time for you to review your technical standards. Throughout the webinar, we'll ask for your feedback and we're going to do this via the chat function. Remember that anonymous posts are allowed, but you will need to change your name in order to remain anonymous, so you can do that on your Zoom settings. Then we'll make our way to a very short Q&A. Our goal is to continue this

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

conversation on the AAMC communities platform, Disability Inclusion, and to respond to more specific questions and to have a robust discussion on that platform. Sarah?

Sarah Triano:

[00:02:52](#)

So several links are being put in the chat. Don't worry, we also have a running list of these for you. So today we're using several resources to inform our assertion of best practice. These include two reports, one from the AAMC, and one from the American Medical Association, or AMA. Both include statements about technical standards and both are available for free download. Lisa just put both in the chat for you.

[00:03:22](#)

Additionally, we're using two chapters, one from the book, Equal Access for Students with Disabilities, The Guide for Health, Science and Professional Education, which is now available for free download, and one that we are including in your handouts, from the book, Disability as Diversity. The links will be put in the chat.

[00:03:44](#)

As Lisa mentioned, in 2020, this team brought you a technical standards webinar that covered best practices and offered general guidance, ending with a five-step process for revising your technical standards. We highly, highly recommend watching this for a solid review of the best practices, as well as legal and accreditation requirements for technical standards.

Dr. Lisa Meeks:

[00:04:14](#)

Great, thanks so much, Sarah. Since that time, we continue to see the perpetuation of technical standards that do not align with best practice nor the legal obligations, as outlined in this paper from 2022. This study found that of the 15 new medical schools that were launched between 2017 and 2020, that 73% of the technical standards were not easily located online. Few, about 13%, included language that supported disability accommodations, and most of the schools, 73%, used language that was coded as restrictive for students with physical or sensory disabilities, suggesting, unfortunately, that newly created technical standards are actually more restrictive than previous ones.

[00:05:07](#)

All right. The other reason we're having this webinar today is because schools continue to reach out to our team for consultation, noting that they want to address the technical standards but find it difficult to know where to find them, where to seek help. So, unlike our 2020 webinar, which was very prescriptive, today's workshop webinar is designed to provide you with some protected time to review your technical

10/4/23

standards, domain by domain. This will be one in many steps that you'll take for the revision.

[00:05:40](#)

Now, a quick note, all of our examples are real, and all of them are current. We've done a sweeping review of technical standards across the country. If the technical standards are being used to outline something that is less optimal, they have been de-identified. If the technical standards are being used to highlight something positive, they are being used as exemplars and the schools are being named.

[00:06:06](#)

Okay, so what this workshop is not. I was able to preview the questions that you all submitted when you registered for the workshop. Thank you so much. This workshop is not about accommodation, and it's not about GME. GME operates under essential functions of a job, and those are very different, but we have a webinar on that coming soon.

[00:06:29](#)

Indeed, we are not telling you what to do in this webinar, that is really completely up to you. This webinar is also not intended to provide legal guidance, although we will point out some terms that may put you in a legally gray space if you continue to use them.

[00:06:47](#)

And finally, while we are going to highlight some exemplars, these are domain by domain, and they're not intended to be an endorsement of any school or any school's technical standards. Indeed, for many of these schools, one facet of the technical standards may actually be exemplar, while others still require some revision.

[00:07:10](#)

Think of this as goalpost guidance, if you will, where best practice lies somewhere between these two points. If you're in this area, you score. And while we're talking about football, remember that technical standards need to be addressed as a team. The team is made up of many members, the admissions leadership, the curricular developers, deans of clinical education, your legal team, the simulation lab folks, who are great partners, so shout out to all my SIM folks, but there's another person that you may not think to include and someone who has a powerful amount of information who can elevate the team and the team goals. Okay, she has a lot of influence, but it's not her. It's your Disability Resource Provider, and I cannot stress this enough, you need to include your Disability Resource Provider in these conversations.

10/4/23

[00:08:12](#) So how do you know if you should be here today, and participating in this workshop? Before we get started, let's run through a self-assessment that's available in the chapter that was given to you to see why most people find themselves in need of a technical standards review.

[00:08:28](#) Question number one that you should ask yourself, do your technical standards include language that encourage disclosure of disability? Students may be reticent to seek accommodation if they feel like the environment is hostile or non-inclusive. Students should be actively encouraged to disclose their disability and seek accommodations from the beginning of the program, really before they even arrive. These early requests for accommodations are known facilitators of success, and they also help prevent that last minute disclosure after a student is struggling.

[00:09:04](#) Do your technical standards include welcoming language? Welcoming language is really critical to encouraging disclosure of disability. So we're going to have you check your technical standards today for language that may be viewed as a microaggression. It's important to frame accommodations in a positive manner that encourages early disclosure. A shift to this welcoming language isn't going to get rid of the legal obligations of the school or the student, and it's not going to get rid of the law that governs disability inclusion, or the reasonable nature of an accommodation, or whether it's an undue burden. What it is going to do is provide a safe place for applicants and current students to begin a conversation with you and to engage in a meaningful interactive process. By proactively communicating a commitment to students with disabilities through your technical standards language, you can actually reduce the stigma that goes along with having a disability and proactively address learner access.

[00:10:09](#) All right. Question three, do your technical standards communicate a process for disclosing disability and requesting an accommodation? Programs must ensure that students understand the process for requesting accommodations and that they have the information necessary to do so. This is in keeping with the Office of Civil Rights recommendations that all programs provide clear notice of their technical standards in order to prevent misunderstandings about the expectations of the program.

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

- [00:10:40](#) Finally, are your technical standards free of discriminatory language that screens out people with disabilities? Technical standards that impose or apply eligibility criteria that screen out, or tend to screen out, a person with a disability or a class of individuals with disabilities. Words like hear, see, speak, or walk, are likely not appropriate for your technical standards.
- [00:11:08](#) If you found yourself answering any of these questions with a no, you should reassess your technical standards and we're glad that you're with us today.
- Sarah Triano: [00:11:20](#) So it's time to grab your technical standards and let's get started. Take a few moments and locate your technical standards, and I'll give you about 30 seconds to do that.
- [00:11:48](#) Okay, so now that you have them, how did you find them? Where did you find them? Going through this motion, think about, how easy was it to locate? If you haven't found them yet, I'm glad you're here. Were you frustrated? Is it hard to find? Think about what feelings came up for you when looking for them. If you were a student or an applicant, how might you feel if this process was a bit more arduous?
- [00:12:15](#) Let's think about this as completing a checklist. You have one in your handouts. When schools are not transparent with their technical standards, it discourages applicants with potential disabilities from applying. This reduces the overall representation of disability in the student population and it reinforces negative stereotypes of disabilities in general.
- [00:12:41](#) Let's look at the checklist, review for the following, asking yourself, are the technical standards on your website by searching the key term technical standards? On your admission page with a link to the Disability Office? Are they in the Student Handbook? In your secondary application? Is there an invitation to interview along with the ability to request accommodation? Are they in your acceptance letter to students? Provided to students during orientation? And are they provided to students prior to entering the clinical year?
- [00:13:17](#) Let's begin with a clear example of poorly written introductory language. In the chat, feel free to comment on items in this example that you think might be problematic. It reads, patient care activities are seen [inaudible 00:13:35] of clinical medical training. The obligation to render safe care to patients is, and must be, the priority in medical education and medical care.

10/4/23

Technical standards are developed to align the disability needs of any individual student with that priority. Certain chronic or recurring illnesses and problems that interfere with patient care or safety may be incompatible with medical training or practice.

[00:14:04](#)

Should a candidate have a condition that would place patients or others at significant risk, that condition may be the basis for denial of admission, matriculation, or for dismissal of the medical education program. Students unable to consistently and reliably satisfy the technical standards despite opportunity for professional clinical assistance, are subject to reconsideration of their fitness to continue medical training and may be subject to proceedings and decisions as per the bylaws of the Committee on Student Promotions and Professional Standards. Under the law, a school need not approve any proposed accommodation that may reasonably compromise patient safety or health. On the basis reasonable accommodations, which might be widely accepted in other types of educational programs, may not be approved by our medical school programs at affiliated sites.

[00:15:08](#)

The dependence of patients on the skills and capacities of medical trainees and practitioners warrants the medical training institutions interpret and apply the Rehabilitation Act and the Americans with Disabilities Act differently than might other educational institutions. Accordingly, our technical standards do not allow for ongoing use of intermediaries in the pursuit of medical education at our institution.

[00:15:36](#)

Okay, quite a mouthful, and I'm seeing you're starting to populate the chat with some of your thoughts, so I just want to look here. Lots of good insights from you all, highlighting negative tone, that they're not welcoming. Assumptions and bias, certainly, some microaggressions definitely existing there. Judgmental language, language that screens out participants, these are really wonderful comments. Very legalese, heavy exclusionary language, so certainly a lot of themes going on. Overstating the law, committee to determine accommodations, suggesting that chronic health isn't incompatible with medical training and practice. A lot of good stuff to see here. I'm going to pass things over to Dr. Gay.

Dr. Steven Gay:

[00:16:33](#)

Thank you. So you have your technical standards, now what? Let's keep what Sarah said in mind as you read the introduction to your technical standards. Try reading them from the

10/4/23

perspective of an applicant with a disability. Let's take a minute to do so.

[00:16:48](#)

How do you think your intro makes a student with a disability feel? Let's do a poll. Select the words that come to mind, select all that apply. If the word that came to mind isn't included, please feel free to write it in the chat. We are interested in how you feel, or think a student with a disability will feel, when reading your introduction. The phrases we're looking at now are cautious, hesitant, supported, scolded, inadequate, fearful, welcome, valued, safe, challenged and understood. Take another 30 seconds to a minute to go through this again and choose all that apply. Thank you. Can we post the results of the poll, please? So for many of you, many of the thoughts that come to mind are somewhat concerning, but there are areas where people do feel that they're [inaudible 00:19:20] to their students that they feel supported and welcome. There are a broad range of feelings and concerns about the technical standards.

[00:19:28](#)

So now, let's look at an example. The XYZ School of Medicine is committed to providing equal opportunities for all students and endeavors to select candidates who have the ability to become highly competent physicians and who are well-prepared to enter residency training programs and otherwise satisfy the academic and performative requirements, including the technical standards. The technical standards are based upon, and adhere to, the standards set forth by the Association of American Medical Colleges and the Liaison Committee on Medical Education.

[00:20:03](#)

How do you think this introduction makes your applicants feel? Please, again, use your reactions button or the chat to tell us how this feels to you. Thank you. It seems at least after some of the comments that it kind of spans the spectrum. Some of them feel it's a little bit optimistic or positive, but others feel that it is a bit vague and too generic. It seems like, though, that many people feel that this language is likely a decent introduction to the technical standards. But we want to point out a few items here. In this opening, the school is a little mistaken. The AAMC does not provide standards for technical standards, the LCME does. However, they provide very little guidance outside of requiring schools to maintain the technical standards.

[00:21:36](#)

Let's take a moment to look at what the LCME actually regulates. The LCME states, in element 10.5, that a medical

10/4/23

school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements. This is it. It simply states that you must have them and they must follow legal requirements. We extract this to mean you must have technical standards that are not discriminatory in nature. It's really very much up to you and your counsel to determine whether your technical standards are in keeping with legal mandates. For further guidance, please see our 2020 webinar where Dan Wilkerson reviews the legal requirements and offers some guidance for schools seeking to revise technical standards to be compliant with the ADA and other federal regulations.

[00:22:29](#)

Okay, now let's look at some examples of introductory language and then identify the ways which these might elicit feelings of support and belonging, or fear and hesitation. The first example, the goal of the College of Medicine is to prepare our medical graduates to be competent, caring physicians who have the skills and lifelong learning necessary to incorporate new knowledge and methods into their practice as either a generalist or specialist and to adapt to a changing professional environment. The essential abilities-

PART 1 OF 4 ENDS [00:23:04]

Dr. Steven Gay:

[00:23:00](#)

Professional environment. The essential abilities and characteristics described herein are also referred to as the technical standards. These technical standards, in conjunction with other academic, professional and behavioral standards established by the faculty, are requirements for admission, promotion, and graduation. They're described below in several broad categories, including: observation, communication, motor function, intellectual-conceptual (integrative and quantitative) abilities, and behavioral and social skills.

[00:23:31](#)

In addition to these, candidates must have the physical and emotional stamina to function in a competent and safe manner and settings that may involve heavy workloads, long hours, and stressful situations. All candidates should be aware that the academic and clinical responsibilities of medical students may, at times, require the presence during the day and evening hours, any day of the week, and at unpredictable times and for unpredictable durations of time. Individuals who constitute a direct health threat to the health and safety of others are not suitable candidates for admission, promotion, or graduation.

10/4/23

[00:24:05](#) Next slide, please. Candidates must possess the capability to complete the entire medical curriculum, achieve the degree of Doctor of Medicine and practice medicine with or without reasonable accommodations. Reasonable accommodations will be granted to an individual with a disability to enable them to meet the technical standards, unless to do so would result in a fundamental alteration of the nature of the education program and undue burden or a direct threat to health and safety.

[00:24:33](#) The school goes on to say, "It should be noted, however, that the use of a trained intermediary is not acceptable in situations where the candidate's judgment is impacted by the intermediary's powers of selection and observation. Technological accommodations can be made for some handicaps in certain areas of the curriculum, but a candidate must meet the essential technical standards so that he or she will be able to perform in a reasonably independent manner. The need for personal aids, assistance, caregivers, readers and interpreters, therefore, may not be acceptable in certain phases of the curriculum, particularly during the clinical years."

[00:25:09](#) What are your thoughts about this introduction? What areas do you think are concerning? Please feel free to give some feedback in the chat. Lisa.

Dr. Lisa Meeks: [00:25:31](#) I am enjoying reading these notes and responses. I think the yikes was what popped up first for me, so I love that as part of this workshop, you're also learning from one another. You're getting a sense of how other people at other schools are reacting to these. And as I said, these are real technical standards that were captured in the last two weeks.

[00:25:56](#) Okay. So, Steven and Sarah have done a great job outlining some of this stuff. Let's look together. Section one seems to be good. So far, so good. But when you get to section two, the school brought in some legal language that may not be necessary as an introduction. And in fact, in my opinion, this serves as a bit of a dog whistle of sorts for students with disabilities. And while we, of course, want to train and graduate safe and competent physicians, the language seems to be very, very heavy. In section three, the school felt it was important to point out what they don't have to do. After a very brief, and in my opinion, again, not a very supportive statement about disability inclusion. So, it's worth noting that the school fails to talk about any value to disability or their desire to welcome

10/4/23

these students. Section four, and I can see in the chat that you all get this, section four contains the most problematic issues.

[00:26:59](#)

The big issue here is that the law requires an interactive process to determine the reasonable nature of any accommodation. And I'm going to say this very carefully, and I want everyone to hear it because it's really important. To preemptively state that any accommodation, regardless of how unreasonable it may seem on its face, is not allowed, is not in keeping with your legal requirement, to engage in an interactive, thoughtful process.

[00:27:31](#)

So, to put any statement on your website to the effects that you do not provide accommodation is not advised. Moreover, as many of you have pointed out, the very outdated term "handicaps" is highly, highly problematic. And this sends a definite message. It's a very direct message to potential applicants. And that message is, "We don't want you here." This language was contained, unfortunately, in a number of technical standards. So, what I would like for all of you to do is check your technical standards to make sure you don't include the term "handicap." And I also want you to check your technical standards to make sure that you don't preemptively suggest that a particular type of accommodation or intermediary is not allowed.

[00:28:20](#)

All right, so we're going to pull back to an example that we used previously and build on it. This is from school XYZ. So, school XYZ states, "XYZ school has the responsibility for the selection of students, the design, the implementation and evaluation of curriculum, the evaluation of student progress, and the determination of who should be awarded an MD degree. In evaluating candidates under those technical standards, XYZ will base its decision on academic and non-academic factors, as appropriate, to ensure that candidates can complete the essential academic and technical standards required for graduation.

[00:29:02](#)

The XYZ program is undifferentiated," I love that part, "which means that graduates are provided with broad general knowledge in the fields of medicine and the basic skills and competencies requisite for the practice of medicine. The patient-oriented curriculum is necessary for the development of such knowledge and skills, and is best suited to the education of future generalists, specialists, physician educators, and leaders... Physician investigators, sorry, and leaders in medicine.

10/4/23

[00:29:33](#) In other words, XYZ seeks to graduate students who have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The intention of an individual candidate to practice only a narrow part of clinical medicine or to pursue a nonclinical career does not alter the requirements that XYZ MD students are required to take and achieve competence in the full curriculum required by the program."

[00:30:04](#) That's a mouthful. Okay, here, there's a distinct message, I think, to a potential type of applicant. I think the message is a bit covert, but let's take a moment and crowdsource. What do you think the issues are?

[00:30:26](#) Yeah, great suggestions. And someone is pointing out that there are no suggestions, there's no mention of how we might be able to incorporate disability. Yes. Oh, I really like this. "You better be able to do everything, or we don't want you in medicine, even though ultimately you will practice a very narrow scope of medicine." Great feedback. Thank you all so much. So, let's go to one final example, and we didn't want to isolate DO schools, even though we are running this particular webinar with the AAMC. We wanted to go ahead and address these, and so we chose an example here.

[00:31:12](#) Every applicant who seeks admission to ABC College of Osteopathic Medicine is expected to possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and achieve the level of competence required by the faculty. Once enrolled in ABC College of Osteopathic Medicine, each candidate for the DO degree must quickly and accurately be able to integrate all information received, perform in a reasonably independent manner, and demonstrate the ability to learn, to integrate, to analyze and synthesize information and data.

[00:31:50](#) ABC College of Medicine will make every effort to provide reasonable accommodations for physically-challenged students. However, in doing so, ABC College of Medicine must maintain the integrity of its curriculum, preserve those elements deemed essential to the acquisition of knowledge, in all areas of osteopathic medicine, including demonstration of basic skills requisite for the practice of osteopathic medicine. If you will be requesting reasonable accommodations, please reach out to the ABC Office of Disability Services."

10/4/23

[00:32:24](#) Okay. First of all, I don't think many people would be requesting accommodations after reading that, but let's take a moment and pause. What problematic items do you see in this example? And again, feel free to share in the chat. I'm so grateful for all of the sharing. Remember that you can share anonymously. Just toggle over those three dots over your name, change your name to something anonymous, and then go ahead and post.

[00:32:59](#) Yeah, everyone is very surprised at the term "physically-challenged." Absolutely. Okay, let's go on to the next slide. Perfect. Thank you. Here we detected a whisper regarding intermediaries. So, this particular school didn't come out and directly say, unlike the previous technical standards where the school said an interpreter would not be permitted, which we know is not reasonable. Here, the school just kind of hints at the use of this with their language. Moreover, as you've noted in the chat, the focus and over-focus, really, on physical disabilities sets up a situation where someone may feel that other disabilities, especially those that are non-apparent, are not acknowledged by the school and therefore not seen as disabilities. The use of the term "physically-challenged" is certainly at a favor and should not be used.

[00:34:01](#) And while in the blue highlighted items seem to be reasonable on their face, meaning it seems reasonable, the positioning of this statement directly after a statement about disability sets up this really stark juxtaposition that suggests that one precludes the other from occurring. So, be really careful about the position of where you put words and terms, because it can send an indirect message to others. Rahul.

Rahul G. Patwari: [00:34:33](#) Yeah, thank you, Lisa. Now, what do you think it would look like if the technical standards only elicited positive feelings, like supported, welcomed, and valued? Let's review some of the technical standard introductory language from schools known to engage in a robust disability inclusion efforts.

[00:34:54](#) So, here we have one from Stanford that shows a very well-worded introduction. "Stanford School of Medicine is a leader in student diversity and individual rights with a strong commitment to disability inclusion, above and beyond the minimum non-discriminatory and compliance-based technicalities of the ADA. Students with disabilities contribute to diversity and we encourage them to apply to our programs. Stanford University is committed to the full and equitable inclusion of qualified learners with disabilities. We have a rich

10/4/23

history of training and employing physicians and researchers with disabilities, developing and employing leaders with disabilities, and engaging in innovative technology that reduces clinical barriers to physicians with disabilities.

[00:35:43](#)

The MD program is in full compliance with state and federal laws and regulations, including the Rehabilitation Act of 1973, the Americans with Disability Act of 1990 as amended, and California law (Civil Code 51 and 54). Admitted candidates with disabilities are reviewed individually on a case-by-case basis, with a complete and careful consideration of all the skills, attitudes, and attributes of each candidate to determine whether there are any reasonable accommodations or available options that would permit the candidate to satisfy the standards."

[00:36:20](#)

So, did you notice the difference there? How do you think the student with disabilities would feel reading this introduction? Let's do a poll, and select the words that apply here. We have cautious/hesitant, supported, scolded, inadequate, fearful, welcome, valued, safe, challenged, understood. We'll give that a minute or so. All right, do we have the results? Look at the difference here. We have 78% saying that this wording is supportive. 83% saying it's welcoming. 73% saying valued, almost 60% saying that it's safe. That is wonderful. Okay, let us do one more example. This is from my home institution, Rush University College of Medicine.

[NEW_PARAGRAPH]"Rush University is committed to diversity and to attracting and educating students who will make the population of healthcare professionals representative of the national population. Our core values, ICARE: innovation, collaboration, accountability, respect, and excellence; translate into our work with all students, including those with disabilities.

[00:37:59](#)

Rush actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful and accountable culture through our confidential and specialized disability support. Rush is committed to excellence and accessibility. We encourage students with disabilities to disclose and seek accommodations. Students who, after review of the technical standards for their program, determine that they require reasonable accommodation to fully engage in the program, should contact the Office of Student Accessibility Services to confidentially discuss their accommodation needs. Given the clinical nature of our programs, time may be needed

10/4/23

to create and implement the accommodations. Accommodations are never retroactive, therefore, timely requests are essential and encouraged."

[00:38:45](#)

Can you see the difference in the introductions versus the examples used at the beginning? The words here make a very big difference. Okay, now it's your turn. Let's engage in a two-step process. First, take two minutes and review your welcome introductory statement. Cross off any wording that you feel would elicit students with disabilities... that they would prompt fear or question their applicant's eligibility to apply, especially if you note feelings such as cautious or being hesitant, scolded, inadequate, fearful, or challenged. Now, this isn't a final draft, so don't worry. Liberally cross things off and then you can check in with your team later. It may be that that core content is needed, but the wording or the delivery of it, if you will, might need improvement. And then feel free to share in the chat any of the items that you had flagged for review. We'll give that a about 30 seconds to a minute. See, here someone mentioned that this is the first time we're mentioning confidentiality, which is important. Okay, so that's one. Let's go on. Now, what was missing? Let's take another minute to make some notes about what you need to add in the opening that isn't already there. What types of things do you need to make sure that potential students feel supported, welcome, valued, safe, and understood? Remember that the same rules here apply. This is a placeholder for further discussion with your team.

[00:40:53](#)

Okay, we spent a lot of time on the introduction and that was purposeful. This is the most important part of your technical standards, in many ways. If students read this and they don't feel welcomed or they don't feel valued, they're not going to read the rest of the document.

Sarah Triano:

[00:41:15](#)

Thanks, Rahul. That's so true. Okay, a quick review of the two forms of technical standards from the 2020 webinar. Now, this is a very quick review, and we hope you are able to engage with the previous webinar. If you need more of a review, we encourage you to replay that webinar.

[00:41:35](#)

So, they are organic technical standards. In this case, organic is bad. This is really counterintuitive to learn because we've been taught that organic is a good thing. In this approach, the student must be able to demonstrate certain physical, cognitive, behavioral, and sensory abilities without assistance. Examples of this would be that a student must be able to hear, see, and

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

speaking clearly, and be able to stand for long periods of time and move in tight spaces.

[00:42:08](#) Now, hear, see, and speak clearly, and be able to stand, would likely be considered discriminatory. We know from case law and from case studies that there are a myriad of providers successfully practicing in medicine who are deaf, legally blind, and who are wheelchair users. This is not arguable.

[00:42:32](#) Indeed, many of these physicians have even gone on to take on major leadership roles in medicine and academic medicine. The more progressive view is based on functional technical standards that focus on the student's abilities with or without the use of accommodations or assistive technologies. This is what the AMA and the AAMC have spoken to in their respective reports.

[00:42:59](#) Functional technical standards allow students with disabilities to include rapidly developing, cutting edge assistive technologies such as amplified stethoscopes, specialized motorized wheelchairs, and magnifying devices, and accommodations, like extended test time, to meet the technical standards of health profession, school or training programs.

Dr. Lisa Meeks: [00:43:24](#) Thanks, Sarah. Now, we're going to move domain by domain, examining each of them specifically. Please locate the observation domain in your technical standards. If you don't have an observation domain, it may be listed under fundamental knowledge.

[00:43:41](#) Okay. Now that you've located these, have your pens ready. As we pointed out in the beginning, there are keywords that should not be part of your technical standards. These include: see, hear, walk, among others. Let's do one example together, and then we'll turn to reviewing your own.

[00:43:58](#) Observation. Candidates are reasonably expected to: observe demonstrations and participate in experiments of basic sciences. Observe patients at a distance and close at hand. Must be able to see, hear and discern other nonverbal cues to complete a full physical exam and integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan. Okay, take a minute to think about what you might remove from this example.

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

[00:44:39](#) Feel free to post in the chat. You've been doing such a great job. All right, let's go on and see what we identified. This one was pretty easy. As you can see here, highlighted in yellow, we have identified that "see" and "hear" are definitely words that need to be removed. Ultimately, the chapter that we've given you in the handouts, offers the following exemplar.

[00:45:11](#) Observation. Students should be able to obtain information from demonstrations and experiences in the basic sciences. Students should be able to assess a patient and evaluate findings accurately. And these skills require the use of vision, hearing, and touch, or the functional equivalent. Now, this may be a little confusing, and let me explain.

[00:45:34](#) The use of the term "functional equivalent" signals to the student or the applicant that they can use an accommodation to gather the information that's needed. You don't have to be able to hear, you just have to have a way of getting that information. So, in other words, an ASL interpreter, captioning, or other mechanism, like a screen reader to gather data from the EHR, a piece of equipment like a visual digital stethoscope-

PART 2 OF 4 ENDS [00:46:04]

Dr. Lisa Meeks: [00:46:00](#) ... equipment, like a visual digital stethoscope. All of those can be used. And as Sarah said, these are functional in nature in that it tells us what someone needs to do, but it doesn't tell us how they need to do it. Sarah.

Sarah Triano: [00:46:18](#) Great. Thanks, Lisa. So now if everyone could take a look at their domain. So take two to three minutes to review your domain and cross through anything that looks problematic to you. As you're doing so, please feel free to put some examples in the chat. It's really nice to be able to see what everyone's doing. And remember, this isn't something to be embarrassed about. We all have work to do, and so it's better for us to have these conversations. So I'll give you about one minute. Yeah, these are great examples. Thank you. So talking about requiring standing, walking, functional use of senses, so needing the functional use of vision. Very good examples here. Thank you. Here's some other examples worth reviewing. So here's an example from Stanford. It reads, "Candidates must be able to observe demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers, examination of specimens in anatomy, pathology, and neuroanatomy laboratories, and microscopic study of

10/4/23

microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately observe patients and assess findings. They must be able to obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan."

[00:48:27](#)

Here's an even more succinct example. It reads, "Students must be able to obtain information from demonstrations and experiments in the basic sciences. Students must be able to assess a patient and evaluate findings accurately."

Dr. Steven Gay:

[00:48:47](#)

Now let's move to the communication domain. As Sarah said, there are those no-go words that would screen out or tend to screen out persons with disabilities without cause, like here. Let's go through an example together. "A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communication, A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team."

[00:49:33](#)

Now here you can see we've highlighted a few words that should not be included in the communication domain or anywhere in your technical standards. Next slide, please. Let's think about what needs to be removed here. Go ahead and put some of your ideas in the chat. Thank you. Highlighted here are the items that our team flagged. This matches what you are posting in the chat. Thank you. As Sarah explained, words like [inaudible 00:50:35], hear, speech, and oral are potentially discriminatory, but there are other ways to highlight the need to communicate.

[00:50:44](#)

Let's look at another example. "Students should be able to communicate with patients in order to elicit information, to detect changes in mood and activity, and to establish a therapeutic relationship. Students should be able to communicate via English effectively and sensitively with patients and all the members of the healthcare team, both in person and in writing."

[00:51:14](#)

Now, let's look at your domain. Please take two or three minutes to review your domain and cross through anything that

10/4/23

you think is problematic. Please feel free to put some of these examples into the chat.

Rahul G. Patwari:

[00:52:00](#)

I'm seeing some great comments coming up here in the chat, and a lot of laughing at your phone. Students must be able to speak, hear, read, and write English proficiently, communicate effectively. These are all excellent points.

[00:52:36](#)

Now we're going to move on to the next domain, and that's the motor domain. So let's look at an example. "Candidates should have sufficient motor function to elicit information by palpation, auscultation, percussion, and other diagnostic and therapeutic maneuvers. A candidate should be able to execute motor movements reasonably required to provide general care to patients. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Candidates must be able to lift a minimum of 40 pounds and stand for a minimum of one hour."

[00:53:15](#)

All right, take a minute. Locate the problematic areas in this example and go ahead and post them in the chat. We'll take 30 to 60 seconds to do that. I'm seeing some great answers here. Lifting and standing, motor functions, gross motor functions, overemphasis on techniques and examination, standing for one hour. Yeah, those are all great points. Let's see what we identified. It looks like you guys did a wonderful job. Remember, we are focusing on what needs to be done, not how it is done. Also, the terms palpation, auscultation, and percussion are not technical standards. These are physical exam skills that are taught in medical school, so no student would be expected to enter medical school knowing how to do those.

[00:54:22](#)

Next, the term functional use means that someone would need to have the ability to perceive by touch or sight. You'll notice in a lot of technical standards, people have moved away from functional use of see, hear, et cetera, to the phrase the use of vision, touch, or the functional equivalent. This minor change indicates that students can use adaptive devices or approaches to gather the information. Ultimately, gathering the information and developing a differential is the clinical skill that's needed.

[00:54:53](#)

Finally, the somewhat arbitrary need to lift 40 pounds or stand for one hour are problematic. Indeed, multiple successful physicians are wheelchair users and never stand in a traditional sense. Lifting 40 pounds, if a desired technical standard must be met, must be tethered to an actual skill that is necessary for the

10/4/23

completion of the degree. Moreover, you would need to show how you assess this in the curriculum so that every learner demonstrates that they can independently lift 40 pounds. When you reflect on this, you'll find that these historical technical standards likely do not translate well to the current clinical environment.

[00:55:34](#)

Now, let's look at your domain. Take two or three minutes to review your domain and cross out anything that you think is problematic. Feel free to put some of those examples in the chat. And here's some photos of surgeons who happen to also be wheelchair users, just to deactivate some of the assumptions that we may have.

[NEW_PARAGRAPH]Okay, wonderful. I hope you were able to identify some areas within your own motor domain of technical standard. And I think we have a question here, which maybe we'll leave to the Q&A portion at the end, if you don't mind. Here is the motor domain from [inaudible 00:57:01], which happens to be the motor domain used in the chapter that you received. "Students should, after a reasonable period of time, possess the capacity to perform a physical examination and perform diagnostic maneuvers. Students should be able to execute some motor movements required to provide general care to patients and provide or direct the provision of emergency treatment of patients. Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium." I think that may have also touched upon the question that you put in the chat, I hope.

Dr. Lisa Meeks:

[00:57:42](#)

Yeah, perfect. And I did put a response in there, as well. Thanks, Rahul. And thanks Steve, for the entertainment, the mid-afternoon entertainment. That was lovely.

[00:57:53](#)

This article that you're seeing here, written in 2020, is included in your handouts, and I give it to you as something to read and just ponder. It calls for the removal of technical standards in favor of moving to purely competency-based medical education, wherein all accommodation decisions are made specific to a procedure or an intellectual task, and where conversations can occur about alternative pathways to achieve the same competency, recognizing that individual differences are a normal aspect of being human and offering appropriate accommodations kind of as a matter of course as we see them for all learners.

10/4/23

[00:58:35](#)

So following this article, many schools actually decided to remove the motor domain altogether, recognizing that the intellectual work of being a physician is truly the most important part of the job. This also recognizes that there's many ways to gather information and there are multiple approaches to taking a patient history and physical. I think the shift to telehealth during the Covid crisis really solidified our over-reliance on motor skills as necessary and effective to assess and treat patients.

[00:59:11](#)

All right, let's look at an example from the next domain, intellectual, conceptual, integrative, and quantitative abilities. It reads, "In order to effectively solve clinical problems, candidates must be able to measure, calculate, reason, analyze, integrate, and synthesize in a timely fashion. In addition, they must be able to comprehend three dimensional relationships and to understand spatial relationships of structures. As the profession demands strong cognitive skills, students must be able to complete tasks in a reasonable amount of time." Let's take one minute to post in the chat, what might be problematic about these standards?

Sarah Triano:

[01:00:21](#)

So good comments again, and I like it. Felicia, I feel ouch is such a good word. It's just kind of that gut punch feeling. And a lot of focus here on time. So you're all mentioning timely fashion. Clearly that's something that's being highlighted here. But while some items are time dependent, many are not. And the more problematic issue here is the repeated focus of time or on time. For a student with a disability who requires additional time, this may signal to them that they're not otherwise qualified.

[01:00:57](#)

Now, there is a distinction here. So let's look at your domain. So take two to three minutes to review your domain and cross through anything that you think is problematic. Please feel free to put some examples in the chat. So in the chapter we offer the following wording, "Intellectual, conceptual, integrative, and quantitative abilities. Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework, engage in problem solving. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students should be able to comprehend three dimensional relationships and to understand the spatial relationships of structures and to adapt to different learning environments and modalities." This language has been adopted by many schools.

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

Dr. Lisa Meeks: [01:02:31](#) Thanks, Sarah. Now we're coming to the two final domains, and you actually may only have one domain left. So behavioral and social abilities is one domain that we recognize, and ethics and professionalism is a separate domain that we recognize. We really like to separate these two, but recognize that these may be lumped together for you. Let's look at some problematic wording that we were able to find and some examples. And again, the last two weeks, these are current examples.

[NEW_PARAGRAPH]"Students must be able to control maladaptive impulses and remain directed by the judgment, even under physically and psychologically exhausting conditions. Students must be able to promptly complete required assignments and responsibilities, including those attendant to the effective diagnosis and treatment of patients. Students must possess sufficient maturity and emotional stability necessary for the effective utilization of their intellectual capacity and required for the consistent exercise of good judgments, essential for showing up to compulsory experiences on time and prepared and requisite to tolerate psychological and physically demanding workloads. Students must be adaptable to quickly changing environments and must demonstrate the cognitive and emotional flexibility needed to function effectively in the face of great uncertainty inherent in the clinical care of patients. When interacting or responsible directly or indirectly for the care of patients, students must reliably possess clear reality-testing capacity, unimpaired by mental pathology from any cause, and must have sufficiently intact mood regulatory capacity to function sensibly and safely."

[01:04:23](#) Now we open the chat for your comments. Another wow. Yeah, [inaudible 01:04:39]. I love this. No one in medicine meets this at all times. Yeah. Okay, we can go ahead and switch.

[01:05:01](#) So for our team, this one sent up several red flags. We know from the literature that one in four medical students is living with a psychological disability, anxiety, depression, bipolar disorder, that is likely impairing them in clinical settings without the use of accommodation. These students would benefit from having the provision of accommodation so that they can function fully in the clinical setting. However, with this type of wording, it's very doubtful that any student would come forward and request accommodation. So all of the things that you're pointing out in the chat are the things that we were flagging as well.

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

[01:05:40](#) Now, let's shift to your domain. Take about one minute to two minutes, I want to make sure that we finish all of our slides on time, to review your domain and cross through anything that you think might be problematic. As we've said throughout this webinar, this is an initial, cross liberally. Take it to your team, and feel free to put some examples in the chat from your technical standards.

Sarah Triano: [01:06:50](#) Such a good point, Joanne. And I think, again, it just brings us back to that central tenet that is really we want to focus on what is the task, what is the standard, not how a student goes about. And so there often is that gray area. Definitely. So thank you all for your comments here.

[01:07:13](#) We wanted to share where we landed in the book with an overall statement that we saw a lot of schools actually adopting for their own. So we saw this for many institutions as well. It reads, "Students should possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities, attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty and staff. Students should be able to tolerate physically taxing workloads and to function effectively under stress. They should be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education process.

[01:08:23](#) So now it's my time to give you a bonus. Stanford University added this to their behavioral and social abilities, and I believe it brings up an important consideration, and that is the ability to accept feedback and make change. It reads, "Candidates must be able to contribute to collaborative, constructive learning environments, accept formative feedback from others, and take personal responsibility for making appropriate positive changes. Schools may want to consider adding language similar to this."

Dr. Lisa Meeks: [01:08:57](#) Thanks, Sarah. Many of you, as I said, will have incorporated your ethics and professionalism into...

PART 3 OF 4 ENDS [01:09:04]

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

- Dr. Lisa Meeks: [01:09:00](#) Many of you, as I said, will have incorporated your ethics and professionalism into the last domain that we just reviewed, the social-behavioral domain. While we prefer to keep them separated and the chapter outline gives them to you separated, we totally understand if you keep them together.
- [01:09:17](#) I do want to make a special point about our example here for ethics and professionalism. So what you see on the screen reads, "Students should maintain and display ethical and moral behaviors." So I'm going to stop there. Thanks to a really robust and educational experience of mine with Dr. Lisa Greenhill from the AAVMC, so your veterinary medicine partners. We reflected on the use of the term "moral", and this was something that we felt was a carryover for many years of technical standards, and had a really thoughtful discussion about morality, and what's moral for one person may not be moral for others, and it bleeds into a lot of areas of judgment, bringing in things like religion and politics.
- [01:10:05](#) So we've decided to remove this from the next iteration of our book, and what we're going to focus on instead is really that ethics for the profession. We feel that the ethics of the profession are always a shared understanding. Therefore, we recommend moving forward with this statement, but with the term "moral" removed. So it would now read, "Students should maintain and display ethical behaviors commiserate with the role of a physician in all interactions with patients, faculty, staff, students, and the public. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession."
- [01:10:51](#) All right. How are you feeling? Empowered, apprehensive? Feel free to share. However you're feeling, I promise that someone else on this webinar is sharing in that emotion. A true review of technical standards is a thoughtful, sometimes difficult process that forces schools to really consider what it means to be a physician and what is absolutely essential, what is nonessential. It also requires an evaluation of the messaging that surrounds the standards, the bookends, if you will, and how this is being received. One reason we're able to do this is Steve and Raul and I have worked through technical standards together. So Steve, why don't you talk a little bit more about this?
- Dr. Steven Gay: [01:11:41](#) Thank you, Lisa. So now let's bring it all together. Simply put, even if you've updated every single domain, created the most

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

welcoming language, if you do not tell and let a student know how to disclose and encourage them to do so, you are still risking that a student will not feel safe or reach out and ask for the supports needed. This is an important thing to go through from the moment of admission up until matriculation. Sarah?

Sarah Triano: [01:12:12](#) Yeah, yeah. Dr. Gay, you're so right, and the research backs this up. In a study that was done in 2022, the data suggests that approximately 12.1 of students do not disclose their disability to their school. These students will be more likely to struggle academically on board exams, and in the effort to keep up the learning in a situation where they're not fully supported, they may also experience challenges to their wellbeing, health, and social engagement.

Dr. Lisa Meeks: [01:12:46](#) Sarah's right. The gap between those who have a disability and those that are willing to disclose to their schools is fairly large, and it gets larger as you advance in the continuum. Upwards of 50% of residents that have disabilities do not disclose them to their training programs. How can you address this?

[01:13:04](#) One way is through communication of the technical standards and just letting students know exactly where to start the process and that you want them to start the process. The most common "era", hopefully my jokes are going over, is just leaving a blank space. I am a nerd. No direction, no conclusion, leaving students wondering if they are even able to be in this program once accepted. This is also a form of microaggression, leaving the information out. Having the "with or without accommodation" included in your standards, but not telling applicants where or how to request them... That's not good.

Sarah Triano: [01:13:48](#) Yeah. So what should your closing statement say? It should include information about the following: A statement that encourages disclosure, a statement that communicates a confidential process, and a statement that directs students to the office of disability services. So let's look at an example together. Next slide, please?

[01:14:15](#) So this reads: "It is the responsibility of a candidate with a disability, or a candidate who develops a disability, who requires accommodations in order to meet these technical standards, to self-disclose, to Disability Resources and request accommodations. Candidates must provide documentation of the disability and the specific functional limitations to Disability Resources. Candidates who fail to register with Disability

10/4/23

Resources or who fail to provide the necessary documentation to Disability Resources shall not be considered for claiming the need for, or receiving, accommodations under the federal or state disability laws.

[01:15:02](#) Students are held to their performance, with or without accommodations. No candidate will be assumed to have a disability based on inadequate performance alone. Accommodations are not applied retroactively, and a disability-related explanation will not negate an unsatisfactory performance.

[01:15:24](#) Students with disabilities who wish to obtain accommodations, auxiliary aids and/or services, must self-disclose their disability and direct their request(s) for accommodation(s) to the office of Disability Resources."

[01:15:39](#) So let's do some more crowdsourcing. What concerns do you have here? I know you have some, so please feel free to share in the chat. So discouraging language. Oh, I like that, Kathleen, "Disclose or else." It's very threatening. "Why so much emphasis on failure to register?" "Over-legalese." "Negative." Absolutely. Yeah, you're all on it here. So "Very punitive." Exactly, Emily. Very kind of negative in tone.

[01:16:24](#) So certainly, if we can go to the next slide, you nailed it, everyone. Punitive. Absolutely. So let's look at one more for good measure. This one reads: "Student must self-disclose and provide documentation of the disability and the specific functional limitations so the liaison or director of Accessibility Resources Center prior to determination of reasonable accommodations. The student with a disability then meets with the director of ARC and/or the School of Medicine liaison to determine accommodations.

[01:17:05](#) Students with disabilities are required to accept ongoing responsibilities for planning, managing and expressing accommodation needs to appropriate personnel. Technological equipment that aids in completion of in certain technical standard areas may be appropriate, but a student should be able to perform the standards in a reasonably independent manner. The use of a trained intermediary, a person trained to perform essential skills on behalf of the student, or a person used so that a student's judgment is mediated by someone else's power of selection is not permitted."

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

- [01:17:46](#) What are your thoughts here? Please add them to the chat. "Lots of hoops." Yeah, lots of hoops to jump through. What else do we think? Exactly, so someone's saying, "Intermediary not permitted." "Not good," "A lot of obligation on the students," "Off-putting for students." Exactly. So clearly very burdensome for the students. It puts all the responsibility on the students, and you're right, it also kind of eliminates that interactive process.
- [01:18:24](#) So again, we see the comment about intermediaries without a process. So remember what Lisa said. Regardless of the final determination, to say you will not even go through the process isn't in keeping with your legal obligation.
- Dr. Lisa Meeks: [01:18:40](#) Thanks, Sarah. So what does your closing statement tell students about your commitment to them and your desire to have them request accommodations? Let's take one minute to review your closing statement. Feel free to put any comments in the chat relative to the language that you are finding. What's there, what's missing, and what needs to be adjusted? Yeah, someone said "We have no closing statement," and that would be my prediction, is that this is the key piece that's missing from so many of these, and without that, how does a student know where to go? Perfect. Rahul?
- Rahul G. Patwari: [01:19:43](#) Yeah, these are great...
- Dr. Lisa Meeks: [01:19:44](#) Show us how it's done, Rahul.
- Rahul G. Patwari: [01:19:46](#) All right. Well, at Rush, we know that overall students are highly disincentivized when it comes to disclosing a disability. So we've made it exceptionally clear that we want them to do this, and the process will be supportive. So we can look at our statement, which is here. "The technical standards delineated above must be met with or without accommodation. Students who, after a review of the technical standards, determine that they require reasonable accommodation to fully engage in the program should contact the Office of Student Accessibility Services to confidentially discuss their accommodation needs. Given the clinical nature of our programs, time may be needed to create and implement the accommodations. Accommodations are never retroactive, therefore, timely requests are essential and encouraged."
- [01:20:36](#) Other examples highlight commitments to access and the desire to communicate to students that "We want you here," as noted

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

by Lisa in the beginning. This communication is the most important element of technical standards. Let's look at a few gold-star examples. Here's one from Stanford.

[NEW_PARAGRAPH]"Stanford School of Medicine is a leader in student diversity and individual rights with a strong commitment to disability inclusion, above and beyond the minimum nondiscriminatory and compliance-based technicalities of the ADA. Students with disabilities contribute to diversity, and we encourage them to apply to our programs.

[01:21:15](#) Stanford University is committed to the full and equitable inclusion of qualified learners with disabilities. We have a rich history of training and employing physicians and researchers with disabilities, developing and employing leaders with disabilities and engaging in innovative technology that reduces clinical barriers to physicians with disabilities.

[01:21:36](#) Admitted candidates with disabilities are reviewed individually, on a case-by-case basis, with a complete and careful consideration of all the skills, attitudes, and attributes of each candidate to determine whether there are any reasonable accommodations or available options that would permit the candidate to satisfy the standards."

Dr. Lisa Meeks: [01:21:56](#) Thanks, Rahul. And I'd like to do a very special shout-out to the University of Illinois Chicago, who recently underwent a technical standards review. Among other laudable changes, they did something that no one else, to my knowledge, has done. They specifically pointed out that the process for determining accommodations is both interactive and iterative. They write: "The implementation of accommodations is an interactive and iterative process:

[01:22:25](#) Interactive in that the DRC, the student, and the faculty all participate in the implementation process. The DRC may seek information from appropriate University personnel regarding essential standards for various curricular activities; conversely, University personnel may seek information from the DRC regarding how to best facilitate a student's accommodation in the program.

[01:22:49](#) It's iterative in that the student and the faculty may find that new activities undertaken as the curriculum progresses, for example, the transition to full-time study in clinical settings, presents challenges and barriers that were not anticipated when accommodations were first implemented. For this reason,

10/4/23

we ask students receiving accommodations to maintain ongoing contact with the DRC."

[01:23:13](#)

Here, the school really says to students, "Not only do we want you here, and we'll do an evaluation at the beginning, but we will continually reevaluate your need for accommodation to make sure that what we're doing is effective." Now, before we move on to the Q&A, the small Q&A, I want to make you aware of some resources. First, directly after this webinar, we're going to move the chat over to the AAMC Community's Disability Inclusion space. If you haven't joined the AAMC Communities yet, this is your opportunity to do so, then find the Disability Inclusion space created specifically for these conversations. It's a place to connect. If you're revising your technical standards, it may be helpful to connect with a colleague who's also undergoing this process. Sarah and I will be there to answer questions and to direct you to more resources, but importantly, so many of you will be there to help one another. The Docs With Disabilities Initiative also hosts the Access and Medicine program, which is specific to UME. If you could go to the next slide... Here, we have a free listserv and resources for educators, DRPs, and students. Everything we do in the Docs With Disabilities Initiative is in the public domain, free, and fully accessible.

[01:24:33](#)

Next slide. If you came here interested in accommodations, I'm sorry, or other disability-related information, we encourage you to check out a few webinars that have already occurred. The first is the series we did with the Josiah Macy Jr. Foundation, a three-webinar series on the barriers and belief systems of medical education for learners with disabilities. And then, next slide, the AAMC webinars and resources that we've been doing, oh my gosh, for about the last 10 years. So there are tons of resources available to you.

[01:25:12](#)

Finally, I want to make a personal plea, as I elevate the stories of the people who have gone through medical training with disabilities, really encourage you to listen to our podcast or read the transcripts. I do this because there's so many stories of success and there's so many nuggets within those stories to lead us to understanding how to improve medical education, and the advice and the perspective that's provided from those that were interviewed is so valuable to creating an accessible environment for our trainees.

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

- [01:25:44](#) And then finally, we hope that our time together today was helpful, that it gave you a little kickstart to revising your technical standards. Next slide. We encourage people to employ the resources that are provided, to watch that 2020 video of technical standards for more robust discussion of the foundational information and the legal and accrediting obligations, and you can find our work and our resources across several domains. With that, I'm going to turn it over to Amy Addams. Thank you so much.
- Amy Addams: [01:26:19](#) Great. Thank you so much to all of our panelists. That was absolutely fantastic. I know I was taking notes, and judging from the comments in the chat, folks were highly engaged, and I think everybody was learning a lot.
- [01:26:35](#) So we only have four minutes left, so I'm thinking maybe we have time for one, maybe two questions. It depends, I think, on how speedy folks are. But I'm going to pull out one that I thought was particularly interesting, which is, "How are medical schools grappling with state licensure requirements that may contradict the application of functional technical standards?" I admit, I'm not quite sure who to throw that to. I'm thinking maybe Lisa or Rahul.
- Dr. Lisa Meeks: [01:27:07](#) Yeah, so I wouldn't think that there would actually be a direct relationship, because there's the training that occurs in between. So the medical school doesn't... You're not going straight from medical school to licensure, unless I'm misunderstanding this to mean the USMLE Step examinations.
- [01:27:28](#) But if this is talking about actual state licensure, so the Federation of State Medical Boards, there's not a direct relationship, because you're going from medical school to then residency training, and there is a direct relationship between residency training and what you have to fill out on the state medical licensing board exam, or application, rather.
- Rahul G. Patwari: [01:27:53](#) I have nothing different to add to that. The residency training portion in between, it's a good intermediary step that can help transition there. And if it's state regulations, it's hard to answer that because there are 50 states and there's probably 60 different sets of rules. So it will be challenging to know that. But people have gone through this process, and people have successfully become physicians, and so it is not inhibitory in any way. There may be some technicalities that we would have to

Transcript: Reimagining Technical Standards for Inclusive Medical Education Webinar Workshop

10/4/23

figure out, but I don't think so. I've never heard of it being a barrier.

Dr. Lisa Meeks: [01:28:31](#) And I will say, it's really easy to go to the specialty organization, to the board certification information page and find out exactly what procedural skills you need to have in order to become board certified. And I will go further and say that actually those specialty certification boards are much easier to get accommodations for perhaps than other avenues. So we have not had any particular specialty that has had some sort of immense difficulty.

Amy Addams: [01:29:07](#) Great. Thank you both so much for addressing that question. We are right up against time, but hopefully that helped clarify what I imagine might be a pretty significant concern for some folks. So thank you for answering that. There were several other great questions in the chat, so we'll work with the panelists to try and figure out how we can answer those questions and get that information to all of you.

Dr. Lisa Meeks: [01:29:32](#) And join us in the Community.

Amy Addams: [01:29:33](#) Yes, that's a great point. We can transfer those questions over into the virtual Community. So I want to thank our panelists again. This was fantastic, and I certainly want to thank all of you for attending. We really appreciate your rich, robust, thoughtful participation today. And with that, I'm going to turn it over to Jennifer.

Jennifer Boccheri: [01:29:53](#) Thanks Amy, and please do give us your feedback on today's program by filling out the evaluation that will pop up on your screen as soon as we end. We recorded the session. We'll email you once we post the archive. On behalf of the Association of American Medical Colleges, thank you to all of our presenters, and of course all of you for joining us today. Have a wonderful day.

PART 4 OF 4 ENDS [01:30:14]