The ADA and Medical Education

Educational Objectives and Technical Standards versus Accommodation Requirements
Goals of this talk

- What did the Americans with Disabilities Act mean for educational programs
  How was the ADA changed in the 2009 amendment
- What effect has implementation of the ADA had on the medical school matriculant pool
- Hurdles, strategies and adaptations to optimize teaching/graduation of challenged students
ADA: a brief history

- ADA passed in 1990 to expand Rehabilitation Act of 1973 – first US legislation to prohibit exclusion from any federally funded program on the basis of physical disability
- Right to educational accommodations added with the expansion of post-secondary education. Included both programs and physical plant.
- Disability strictly confined to sensory, motor or speaking skills
Defining Disability

- Disability – a physical or mental impairment that substantially limits one or more major life activities of the individual

- 3 key phrases:
  - Physical or mental impairment
  - Substantially limits
  - Major life activities
ADA 1990 applicable to medical students

- Title I: [MS] need not make an accommodation if doing so would impose an undue hardship on the [MS] or present a direct threat to the health or safety of others.
- Title II: Extends all terms of title I to state and local governments, regardless of federal funding status.
  - May impose safety standards, but must be based on actual risk, not on stereotypes or speculation.
ADA 1990 applicable to medical students

- Title III:
- Includes public and private schools, including medical schools
- Includes private organizations related to application, licensing, certification and credentialing (including NBME)
- Must make reasonable accommodations unless doing so would “fundamentally alter the nature of the service being provided”
ADA amendments Act of 2008 (January, 2009)

- Liberalizes interpretation of ADA by amending in several major respects:
  - Moderates the “substantially limited” criterion
  - Enumerates and expands ‘major life activities’ to include bodily functions, (IBD, diabetes, sleep, etc) and to ‘limited in working’ (carpel tunnel)
  - Mitigating measures cannot be considered: medications, prosthetic devices, etc (excluding eyeglasses/contacts that completely correct vision)
ADA amendments Act of 2008 (January, 2009)

- Includes impairments that are episodic or in remission if it would limit when active (epilepsy, MS, asthma)
- Expands “regarded as” disabilities, but specified that no accommodation for such is required
- Expands the pool of disability, but doesn’t increase the obligation to accommodate beyond what is “reasonable”
Impact of ADA or modern medical care on the medical applicant pool

- Students with significant disabilities: psychiatric, psychosocial, physical disability and chronic illness are graduating from college with credentials that qualify them for medical school admission
- Requests for accommodation for disability in medical school are rising
- Often, disabilities are complex, and consensus is lacking on what constitutes “reasonable” accommodations
Students with Disabilities at the University of Pittsburgh
Pittsburgh Campus - 1994 to 2002
Declared Disabilities at University of Pittsburgh

- Current case load about 700–800: ~50% equally divided between psychiatric illness and learning disabilities, followed by 30% ADD and ADHD. (enrollment ~15,000)
- Category with largest increase is chronic illness: sickle cell, cystic fibrosis, muscular dystrophy, organ transplant recipients, unusual allergies, fibromyalgia and migraine syndromes.
- Rising incidence of Autism spectrum disorders
Hurdles in working with ADA students

- Effect of increased pressure on heretofore effective coping mechanisms/medications
- “Physician as barrier” culture shock
- Development: the transition from personal achievement to what is best for the patient
- Lay view: physician abandonment of the physical exam – ‘I will have an NP/NA’
- Physician complaint “He/she won’t listen – they won’t be able to do that”
When it came time to apply to college, Iyengar's high-school guidance counselor told her not to bother. Go to community college and get on Social Security disability insurance. Instead she enrolled at the University of Pennsylvania's Wharton School. Recalling the guidance counselor's advice, Iyengar still gets upset. "At every stage of my life, there have been people like that," she says. Pressed to explain, she collects her thoughts for a few moments. "It has always been a struggle to choose what limitations I should accept," she begins tentatively. "In America there is this ideology where you don't ask if you can do something, you ask how you're going to do it. That ideology is untrue—there are times when I have to accept that I can't do something—but it has encouraged me to test the boundaries."

Sheena Iyengar – PhD psychologist, Columbia

These students did not get where they are by listening to those who said “you can’t”
Strategies and adaptations in working with ADA students

- Essential to review technical standards periodically in concert with educational objectives
  - What is ‘usual’ vs what is required
  - What is experiential vs what necessary to understand essential concepts
  - Consult with DRS before implementing any accommodation (or ascertain such has occurred)
- Make sure that physician–teachers exhibit/defend use of required skills
- Review institutional policies for unintended consequences
Where might this lead

- Impact of mild cognitive disorders and ESL on NBME pass rates – Institutional policy/snail–like pace of NBME adaptation – recently overruled on the ‘able to read a menu’ standard for reading fluency.
  - Short term – reconsider passing boards as a graduation requirement
  - Keep the requirement, require every student on admission to take reading fluency/comprehension tests – institute cognitive rehabilitation therapy on low scorers

- Profession needs to face the reality of some severe physical disabilities on “MD is a general degree” standard of the profession
Resources

- The ADA: Statutory language and recent issues Congressional resource web: order code 98–921A
- Google Americans with Disabilities Act – excellent government websites