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Accessibility of Medical School to Students with Physical Disabilities

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By

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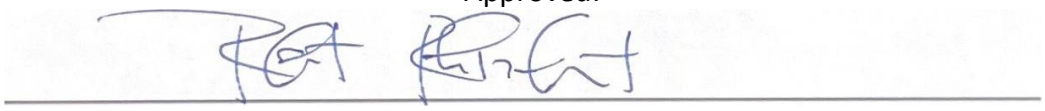

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Abstract

This thesis is an exploration of perceived and institutional barriers to matriculation into medical school for students with physical disabilities. Factors such as the lived admissions experience, available accommodations and supportive resources, and legal considerations surrounding a student's disclosure of their disability are examined; however, future work is needed to better access this population of students and empower them to become physicians and use their unique perspective to benefit patients.

Introduction

Individuals with disabilities are often incorrectly defined by other people's preconceived notions about their condition and falsely assigned limitations to their goals and abilities. This lack of understanding and effective communication extends to patient-physician relationships and prevents a high quality of patient-centered care (Iezzoni, 2006). Multiple previous studies have suggested that patients report a better relationship with their physician and are more likely to adhere to their care plan when they perceive personal similarity with their physician (Street et al, 2008). In addition, the same accommodations that physicians with disabilities use to practice may concurrently increase accessibility for patients with similar limitations, a secondary, positive effect on patient care (Iezzoni, 2016). To increase this physician-patient concordance, efforts have been made to promote diversity of the physician workforce, specifically pertaining to race and ethnicity. This same approach has not yet been widely adopted to increase the number of physicians with disabilities, to better match the patient population, but could yield similar, positive effects like increased cultural competence and empathy. Additionally, a recent poll revealed most medical students feel unprepared to treat patients with disabilities due to a lack of education on this population (Schwarz & Zetkulic, 2019). Competence in treating the specific needs of Americans with disabilities must be made a priority, because the proportion of this group is growing with the aging population, and by nature, visits healthcare providers more frequently than other groups. Increasing the proportion of physicians with disabilities is a positive step in itself but may also enhance the perspective and knowledge of their peers, improving the ability of all clinicians to meet the needs of this population (Schwarz & Zetkulic, 2019).

Individuals who report having a disability make up less than 5% of students enrolled in United States medical schools, persons specifically with physical disabilities making up an even lower percentage (Meeks et al, 2019). In contrast, the CDC reports that up to 26% of adults in the United States live with some form of disability (CDC, 2023). Despite this low representation among medical students, a larger proportion of practicing physicians identify as having or developing a disability during their career and continuing to practice medicine (Schwarz & Zetkulic, 2019). With the help of improved assistive technologies, physicians with physical disabilities can safely practice medicine, and entering the profession seems to be the most significant barrier for individuals with disabilities.

Section 504 of the Rehabilitation Act prohibits any institution receiving federal funding from excluding an "otherwise qualified" person from participation in an educational program due to a disability; this was extended to private institutions by the Americans with Disabilities Act (Bagenstos, 2016). For the purposes of this paper, both pieces of legislation will be used interchangeably. In order for a student to be considered qualified to matriculate into medical school, they must meet an institution's technical standards; reasonable accommodations, that do not place "undue hardship" on a school, must be provided to assist a student in meeting these standards so long as they do not "fundamentally alter" the curriculum (Meeks & Jain, 2018). Technical standards normally outline required abilities in six core areas: observation, communication, motor function, conceptual, integrative and quantitative, and social and behavioral. These standards vary greatly in wording and inclusiveness towards students with disabilities between schools. Organic technical standards, that focus on characteristics of students, can be in direct violation of the ADA and may be stated in a way that deters qualified students from applying. In contrast, functional standards that highlight the skills students must

display, with or without the use of accommodations, and are less discriminatory towards students with disabilities (Laird et al, 2021). A recent evaluation of the technical standards delineated by the nation's fifteen newest MD and DO medical schools were found to be even more restrictive than those in previous studies, when evaluated based on the difficulty of locating documentation of technical standards, statements of willingness to provide accommodations, and outlines of the process for requesting them (Stauffer et al, 2022). Medical schools likely do not outwardly break the law and discriminate, but they do not seem to be advertising their willingness to accommodate and support students with disabilities.

The overall culture of medicine also poses significant challenges to students with disabilities applying to medical school. Healthcare professionals are trained to view disability predominantly through the medical model, biological problems that limit an individual's capacity to function normally, instead of seeing disability as a social construct (Schwarz & Zetkulic, 2019). In addition, a culture of perfection and idea that students should graduate medical school prepared to practice in any field of medicine is prominent. Extreme specialization has made this idea of a "universal physician" outdated and intimidating to persons with disabilities, who are capable of, and responsible for, making realistic decisions regarding the specialty they enter, based on their physical capabilities and regard for patient safety (Herzer, 2016). Some states have been willing to grant limited licensure to physicians in specialties in which one or more of the essential skills is irrelevant to their practice, but there is no evidence-based evaluation or national agreement on what skills are needed for specific areas of practice and the effect these limitations may have on patient care during generalized physician training, prior to specialization (Melnick, 2011). For example, an individual with a prosthetic arm may not have the dexterity to suture small tissues during surgery but can carry out all the duties of a practicing psychiatrist. Is

suturing an essential skill that a physician should possess if it is not a part of their daily practice? Questions like these need to be objectively studied and universally answered to make medical school more inclusive.

Students with disabilities may face multiple roadblocks in the long, multi-step application process to United States medical schools. The first major hurdle is completion of the Medical College Admissions Test, or MCAT, for which a student may require testing accommodations, like extra time, enlarged font size, or others, to complete successfully. In order to receive these accommodations, a student must provide comprehensive documentation from their healthcare provider to prove their need and apply for approval months in advance of their desired testing date. Next, students must complete a common application that gets sent to multiple medical schools and includes an academic transcript, personal statement, and log of extracurricular activities. Each school can then choose to send an applicant their own secondary application with additional writing prompts. Schools then choose a percentage of their top applicants to interview, then extending offers of acceptance to an even smaller group. Medical school applicants are evaluated for acceptance based on pre-professional, thinking and reasoning, and science competencies that are evidenced through their academic performance and experiences (AAMC).

As evidenced by the low number of students with physical disabilities in medical school, there are clearly perceived, and/or institutional barriers keeping these individuals from applying to medical school, disclosing their disability, seeking assistance by way of reasonable accommodations, and being accepted into medical school. Additionally, there is a lack of research on the experience of students with disabilities during the admissions process, specifically. While students with psychological, attention, and learning disabilities face similar

challenges, this analysis will focus solely on physical disabilities, including mobility and sensory impairments. I propose that differential treatment within the admissions process and availability of reasonable accommodations needs to be examined to allow well qualified individuals with physical disabilities an equal chance of being accepted to medical school.

Admissions Experience Survey

This survey was designed to expand on the questions asked by the Lived Experience Study, an examination of undergraduate and graduate medical education for persons with disabilities conducted by The University of California San Francisco (Meeks & Jain, 2018). I hoped to obtain subjective data from medical students regarding their experiences, specifically in the admissions process to medical school, including applications and interviews. I designed a Google Forms survey with both multiple choice and open-ended questions:

1. Did you disclose your disability during the admissions process?
2. Why did you decide to disclose or not disclose your disability during the admissions process?
3. Do you feel you experienced any differential treatment, because of your disability, during the admissions process?
4. If yes, please describe the nature of this differential treatment.
5. Does your medical school have a disability/accommodation professional to specifically serve medical students?
6. To what degree do you feel the language of your school's technical standards is inclusive towards students with physical disabilities?

   Very Exclusive, Moderately Exclusive, Neutral, Moderately Inclusive, Very Inclusive
7. Did a school's technical standards or public statements regarding students with disabilities play a role in your decision to apply to that school?

The survey was designed to be answered by first-and-second-year medical students, because they recently underwent the admissions process and were likely to remember the details of their experience. Students were instructed to answer the survey if they identified as having a physical

disability, including sensory and mobility impairments. Responses were not requested from students with cognitive disabilities, because these are difficult to operationally define and too broad for the scope of this study. The survey was sent to admissions or diversity and inclusion administrators at each school, requesting that they distribute the survey to their students. I planned to obtain between 20 and 30 survey responses, sending the survey to as many schools as necessary to reach this mark. In total, the survey was sent to 9 MD medical schools: University of South Carolina School of Medicine-Columbia, University of South Carolina School of Medicine-Greenville, Medical University of South Carolina, Medical College of Georgia, University of Michigan Medical School, University of Central Florida College of Medicine, Florida Atlantic University Schmidt College of Medicine, Eastern Virginia Medical School, and Florida State University College of Medicine, and 3 DO medical schools: Philadelphia College of Medicine-Georgia, Alabama College of Osteopathic Medicine, and Edward Via College of Osteopathic Medicine-Carolinas.

Results

Eight students completed the survey from three medical schools. Four students indicated that they disclosed their disability at some point in the admissions process, and four students chose not to. Three students that shared their disability cited that it played a major role in their educational journey and pursuit of medicine, making it pertinent to disclose during admissions. Two students that did not share their disability mentioned a fear of being looked at differently or being seen as less capable by admissions committees. One student noted the recency of their diagnosis with a disability and felt they were not personally ready to share with others, leading them to not disclose.

All eight respondents denied experiencing any differential treatment during the admissions process as a result of their disability.

One respondent reported considering schools' technical standards or public statements regarding students with disabilities when deciding whether or not to apply.

Respondents' evaluation of their school's technical standards is shown by figure 1.

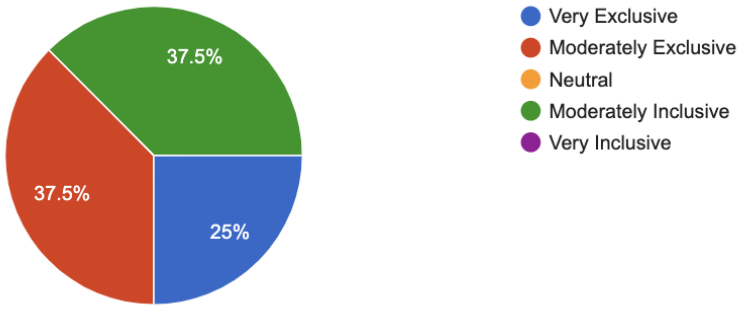

Figure 1: Breakdown of student's opinion on the technical standards held by the schools they attend

Discussion

While only 25% of respondents refrained from sharing their disability in their application due to fear of differential treatment, these individuals held significant enough apprehension that medical schools would violate anti-discrimination laws that they omitted a significant part of their identity on their application. No students recalled any overt differential treatment during admissions, but it is impossible to know whether their disclosure of disability played a role in schools' decisions to offer interview invitations or acceptances. Whether or not it is based in reality, there is a real fear held by some students that may be due to a lack of public promotion of medical students with disabilities, omission of disability as a valued form of diversity, or the enduring effects of discrimination that occurred before the ADA.

62.5% of respondents rated their school's technical standards as either very or moderately exclusive towards students with disabilities, aligning with previous research that shows most technical standards are not easily accessible or sufficient in delineating the availability of accommodations. However, it does not seem like technical standards are a major barrier preventing students from applying to certain medical schools, given that only one student noted factoring them into their decisions. Technical standards are normally brought to an applicant's attention later in the process when they receive an invitation to complete a secondary application or interview, so it is reasonable that many students would not even know they exist when deciding to apply.

There are clear limitations to these conclusions given the small sample size collected from the survey. My thesis director, Dr. Robert Rhinehart, and I met unexpected difficulty in finding medical schools that would agree to distribute the survey to their students. Given his position as a faculty member within the USC School of Medicine-Columbia and network of colleagues at other schools, Dr. Rhinehart sent the survey by email to each school. The first obstacle was that many schools were concerned that this project was not approved by the USC Internal Review Board. While the IRB no longer oversees undergraduate research, I obtained written certification from The Office of Research Compliance that the study is not subject to the Protection of Human Subject Regulations within the Code of Federal Regulations. This letter was sent to the schools that inquired, but most were still apprehensive to send a survey to their students that originated outside of their institutions. Many schools seek to protect their students from being bombarded by many outside questionnaires, given that medical students are already a heavily surveyed population. Below is an example of a response received when denying distributing the survey:

"Thank you for your email. Given the high number of internal surveys and studies that our students are requested to participate in, we do not participate in survey requests/research studies from outside institutions."

We originally only planned to send the survey to students at MD medical schools, but we expanded the scope later in the study in an attempt to include DO students, because many DO schools are stand-alone graduate schools not tied to larger undergraduate institutions and may have less strict restrictions on surveys. However, we were met with similar denial or lack of response at all.

Clearly, studying medical students is difficult on its own, but medical students with disabilities add an additional level of challenge. Because some students manage to complete medical school without accommodations and never disclose their disability, it is impossible to know the true number of students who identify as having a disability, a fact that has been noted in many previous studies. Continued work needs to be done to obtain a more representative sample of medical students with disabilities in order to truly evaluate barriers within the admissions process.

Disclosure of Disability During Medical School Application Process

The American Medical College Admissions Service produces a centralized application used by most MD medical schools every year. Every student must provide a personal statement, sharing why they are pursuing medicine, and in recent years, were given the option to identify themselves as "disadvantaged," allowing them the opportunity to write an additional essay explaining how this status impacted their journey to medicine. The section of the application has not been used exactly for its intended purpose by applicants in recent cycles; some applicants who have truly been impacted by a disadvantaged status have been hesitant to identify themselves, while other applicants who have not had a significant disadvantage believe admissions committees may look at them negatively for not filling out all possible sections. AMCAS is rephrasing the disadvantaged status question for the 2024 application cycle to further clarify which students should or should not provide this additional essay:

"To provide some additional context around each individual's application, admissions committees are interested in learning more about the challenges applicants may have overcome in life. The following question is designed to give you the opportunity to provide additional information about yourself that is not easily captured in the rest of the application.

Please consider whether this question applies to you. Medical schools do not expect all applicants to answer "yes" to this question. This question is intended for applicants who have overcome major challenges or obstacles. Some applicants may not have experiences that are relevant to this question. Other applicants may not feel comfortable sharing personal information in their application.

Have you overcome challenges or obstacles in your life that you would like to describe in more detail? This could include lived experiences related to your family background, financial background, community setting, educational experiences, and/or other life circumstances."

Further clarification is provided as follows:

"The following examples can help you decide whether you should respond "yes" to the question, and if so, what kinds of experiences you could share. Please keep in mind that this is not a fully inclusive list and any experiences you choose to write about should be ones that directly impacted your life opportunities.

Example Experiences

• Family background: serving as a caretaker of a family member (e.g., siblings, parent/guardian), first generation to college

• Community setting: rural area, food scarcity, high poverty or crime rate, lack of access to regular healthcare (e.g., primarily used urgent care clinics or emergency room, no primary care physician)

• Financial background: low-income family, worked to support family growing up, work-study to pay for college, federal or state financial support

• Educational experience: limited educational opportunities, limited access to advisors or counselors who were knowledgeable/supportive of higher education requirements

• Other general life circumstances that were beyond your control and impacted your life and/or presented barriers"

Legal advisors recommended AMCAS not list disability as one of these potential qualifiers. This is based on Section 504, which prevents a postsecondary institution from inquiring about disability status prior to admission unless it is with the intention of correcting past discrimination by the institution or addressing conditions that previously limited enrollment of students with disabilities. If this is the case, the school must explicitly state their purpose for inquiring about disability, that providing information is voluntary, and refusal to provide information will not result in negative consequences.

This new "Other Impactful Experiences" question remains optional, but it has gotten much more specific in delineating specific scenarios in which students are welcomed to share the challenges they have faced. However, because so many situations are listed, while disability is not, students with disabilities may not think that their challenges are appropriate to share. The purpose of this section is to bring attention to the difficulties applicants have faced that have impacted their journey to medicine, and it is unfortunate that students with disabilities may feel that medical schools do not want to hear how they have worked to overcome their limitations.

Disability Resources at United States Medical Schools

The Liaison Committee on Medical Education sets standards and issues accreditation to all United States and Canadian medical schools offering MD degrees that meet these standards. The LCME does not assess institutions' disability resources or implementation of accommodations in their reviews for accreditation (LCME, 2022). It is up to individual students to communicate with their school about the accommodations they need to be successful and create a plan to implement them. Without any national evaluation of accommodations at individual schools, it is hard for a prospective student to gauge how cooperative each will be during the admissions process. Will the student have to constantly battle to get their accommodations implemented and threaten the school with litigation for not abiding by the ADA, or will the school advocate for the student in both academic and clinical settings to ensure the curriculum is accessible? Knowing this information would likely factor into individuals' decisions to apply to or attend certain schools. Additionally, there has been little documented evaluation of specific accommodations or court-established precedents to define the idea of "fundamental alteration" when determining whether an accommodation is reasonable (Melnick, 2011). It would be extremely helpful to students with all types of disabilities if a public listing of accommodations that have been previously provided to medical students was created. For example, a student with a visual impairment may discover that a specific magnification device is especially helpful during dissections in the anatomy lab; other students with a similar challenge may not know this device exists but could benefit from it significantly. This listing could provide comfort to students thinking about applying, knowing that there are ways to make medical school accessible, and to current medical students that don't know what is available to them or appropriate to request from their school. Also, this would protect medical schools from

facing litigation for not providing accommodations that subject the institution to undue burden or negatively affect patient care. As previously stated, more research needs to be done to get feedback on the effectiveness and feasibility of accommodations and create a national standard.

In order to learn more about disability services for medical students, I spoke with University of South Carolina Disability Resource Coordinator, Kate Dominguez. Although this only reflects the perspective of two medical schools that operate under the same larger institution, the following sections provide an example of the approach to assisting medical students with disabilities.

Many medical schools in the United States are tied to a larger institution, often one that has undergraduate and other graduate-level programs. At schools in which this is the case, students seeking accommodations often go through a centralized disability office that services the entire institution, not specifically medical students. This office approves students' accommodation requests and sends notices to relevant faculty members at the medical school. Fewer institutions, however, do have a separate disability office that specializes in helping medical students with disabilities. According to Ms. Dominguez, this set-up is optimal, but limited funding is the main barrier to more schools adopting this model. Ms. Dominguez recommended I contact two of her colleagues in positions like this, Directors of Disability Services at Icahn School of Medicine at Mount Sinai and David Geffen School of Medicine at UCLA, but neither responded to my correspondence. Ms. Dominguez also cited the value of a school employing a medical professional to assist medical students in finding and implementing appropriate accommodations, especially during clinical rotations. These professionals are better able to predict challenges students may face in the clinical setting and suggest accommodations that would realistically fit into the

workflow of a hospital or clinic. However, this is also often prevented by funding and the availability of a healthcare provider willing to sacrifice time practicing in order to fill this role.

When asked about her opinion on the exclusion of disability on the list of reasons a student may elect to answer the new "Other Impactful Experiences" question, Ms. Dominguez was in favor. She likened applications to medical school like those to a job, and highlighted that employers are not allowed to inquire about disabilities to potential candidates. She felt that even though the question is optional, students with disabilities may feel pressured to answer if disability is specifically listed in the question description. She expressed that it is safer to let students disclose their disability on their own time and not bring it into the admissions process at all. Ms. Dominguez stated that she has worked with medical students who feared sharing their disability with their school for fear of negative treatment but did not feel this was exclusive to medical school; she deals with many undergraduates and graduate students who share the same apprehension. Ms. Dominguez shared that many students will attempt their first semester without disclosing their disability or requesting accommodations to see what modifications, if any, they really need.

Conclusion

The purpose of this project was to examine the admissions process to United States medical schools, in order to find aspects that may be contributing to the low number of students with disabilities currently enrolled. Using a survey of current students, feedback from a disability resource professional, evaluation of the application itself, and existing research on the issue, I saw three main trends that complicate this issue. First, there are significant legal constraints preventing medical schools from seeking any information from students about disabilities. These limitations make it difficult to obtain accurate data on this population of students and restricts actions to recognize the value in the adversity students with disabilities overcome in their journey to medicine. Also, there is an enduring perception among a portion of this student population that sharing about having a disability could negatively impact their ability to be accepted into medical school. This is fueled, in part, by how medical schools present themselves, like posting technical standards that do not reflect the availability of reasonable accommodations and excluding the disabled population from efforts to increase diversity. However, some of this apprehension is not based in reality, because there are laws to prevent discrimination against persons with disabilities. Finally, resources to assist students with disabilities during their medical education are not standardized among schools, well-researched, or often advertised to the public. All three of these issues interact in a way that likely deters students with disabilities from pursuing medicine altogether or feeling like they are welcome to be open about their disability and share their unique perspective for the benefit of the overall medical community.

Future research needs to be done to create an evidence-based standard for how a student with a disability can expect to be supported at any medical school that is fair and beneficial for

patient care, the interests of medical schools, and the students themselves. Also, I think that any way individual schools or organizations like the AAMC can promote the successes of medical students with disabilities, within the confines of the law and with respect to the privacy and autonomy of the individuals, would help lift the stigma surrounding this topic. Making physicians and students with disabilities a mainstream topic of conversation within the medical community will likely increase the number of individuals with disabilities who apply and facilitate the work that needs to be done to make medical school more accessible across the board.

Postscript

My motivation for exploring this topic came from my own worries as a pre-medical student with a visual impairment. When preparing for my own application cycle, I saw medical school application advisors warn students online to avoid sharing any personal experiences that could raise "red flags" for medical schools. Also, my own ophthalmologist connected me with Dr. Kurt Herzer, a visually impaired physician who experienced overt discrimination during his application to medical school in the past and has written multiple articles about the accessibility of medical school to students with disabilities. I wanted to learn about the experience of recent applicants firsthand and discover whether the perception that medical schools are hesitant to accept or actively treating students with disabilities differently is based on reality. The research I conducted throughout this project helped inform my own decisions throughout the process, and I hope to encourage other students with disabilities going through medical school admissions in the future.

I finished this project at the conclusion of my own admissions cycle, and I hope that sharing my results can add to the data I collected and help students like myself. I worked hard throughout my undergraduate education to not give medical schools any reason to believe that my eyesight has or will hamper my academic or clinical performance. I scored in the 98th percentile on my MCAT and maintained a 4.0 GPA as an Exercise Science major. Additionally, I was a University of South Carolina Cheerleader for all four years, served as an emergency medical technician, and worked throughout the COVID-19 pandemic with the on-campus testing program, among other extracurricular activities. I decided to share about my visual impairment in my personal statement, because it plays a major role in my journey to medicine and goals as a future physician. I completed an application to ten MD medical schools and received interviews

and acceptances from three. I do not feel as though I experienced any differential treatment in my interviews or communications with any schools, but it is impossible to know whether I would have received greater or fewer acceptances had I not shared about my disability. However, I did receive a scholarship at one school, in part due to financial need caused by my inability to establish residency and pay in-state tuition while maintaining my adaptive driver's license. In conclusion, I do not regret sharing my story, because I think it has helped me find a medical school that appreciates my unique perspective and will best support me in the future. As I matriculate into medical school, I hope to expand the impact of this project by serving as an example and mentor for future students like myself.

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