From Classroom to Clinic: Negotiating Reasonable Accommodations in Clinical Settings

Pearl Levey, Ph.D.
Accessibility Services
University of Toronto
Focus in postsecondary accommodations has primarily been on academic settings.

Students in professional programs, may only experience difficulty with clinical components of their programs, and accommodations that are appropriate for a classroom format might be unreasonable in a clinical setting.

Accommodations in practical settings require balancing the needs of students with disabilities while still ensuring that professional standards and responsibility are not compromised.
### Unique Demands of Clinical Settings

- For some students, the unique demands of the clinical environment reveal disability-related issues that were unexpected and that did not require accommodations in the past.
- Volume of new information, variety of complex settings, the adaptation to different supervisors, different expectations, different settings.
- Disclosure of disability
- More unwritten rules. Lack of routine and predictability in one’s day.
- Absences for disability-related reasons impact on colleagues and patients.

Often more challenging to accommodate students fully in lockstep programs where there are specific structures and requirements.
Role of Disability Counsellors

- Determine if there is a disability that is affecting performance in the program.
- If so, how can the student best be accommodated in keeping with Human Rights legislation, while at the same time preserving the academic integrity of the program.
- Disability counsellors help faculty and clinical staff understand the impact and functional limitations posed by the student’s disability.
- The best and most creative solutions to a problem often result from input from the student, faculty, clinical supervisors and Disability counsellors.
Minimizing the chance of failure in professional programs

- Early communication of essential criteria or program outcomes.
- Prospective students need to be aware of essential skills and competencies prior to admission.
- Clear essential criteria, place Disability counsellors in a better position to negotiate accommodations.
- Disability Counsellors require knowledge of different types of clinical placement sites so that appropriate matches can be suggested.
Essential Skills and Abilities required for Entry to a Medical Degree Program (COFM) Policy
Technical Standards for Students in the MD Program

- A candidate for the MD degree must demonstrate in a timely fashion the following abilities as they relate to the competencies:
Observation

- A student must be able to participate in learning situations that require skills of observation. In particular, a student must be able to accurately observe a patient and acquire all relevant sensory information.
A student must be able to efficiently elicit verbal and non-verbal information pertinent to the patient’s medical history and physical examination. A student must be able to communicate effectively with patients, families and any member of the health care team. A student must also be able to summarize coherently a patient’s condition and management plan verbally and in writing.
A student must demonstrate sufficient motor function to safely perform a physical examination on a patient (e.g. palpation, auscultation and percussion). A student must be able to use common diagnostic aids or instruments either directly or in an adaptive form. A student must be able to execute motor movements reasonably required to provide general and emergency medical care to patients.
A student must consistently demonstrate the emotional health required for full utilization of her/his intellectual abilities. The application of good judgment and the prompt completion of all responsibilities attendant to the diagnosis and care of patients is necessary. The development of mature, sensitive and effective relationships with patients, families and other members of the health care team are also required. The student must be able to tolerate the physical, emotional, and mental demands of the program and function effectively under stress. Adaptability to changing environments and the ability to function in the face of uncertainties that are inherent in the care of patients are both necessary.

Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that physicians must demonstrate and are expected qualities of students.
Students with Disabilities

- Disability is defined by Section 10 (1) of the Ontario Human Rights Code.
- COFM is committed to facilitating the integration of students with disabilities into the University and medical communities. Each student with a disability is entitled to reasonable accommodation that will assist her/him to meet the standards. Students must be prepared to provide supporting medical documentation in a timely manner and to cooperate with the University in determining an appropriate accommodation.

https://www.ouac.on.ca/omsas/omsas-essential/
Procedures for establishing accommodations and problem-solving complicated cases

1. Gain a full understanding of the student’s perspective on difficulties encountered.
2. What problems have the program identified? Speak to faculty directly and take time to fully understand the issues.
3. Review all clinical evaluations. Probe them further with the student for clarification/details.
4. Review disability documentation or refer student for an assessment if one has not been done.
5. Before making any accommodation suggestions, familiarize yourself with the essential skills and abilities required for success in the program.
6. Have an initial conversation with a program liaison about strategies already tried, and what accommodations may or may not be feasible.
7. Obstacles to accommodation may need to be challenged if inadequate evidence that student would not be able to meet essential criteria with recommended accommodations.
Common Presenting Problems

- Weak knowledge base.
- Confused/disorganized way of presenting main issues around cases, for example during rounds or patient handover.
- Difficulty with pimping (being asked knowledge-based questions, thinking on the spot).
- Increase in anxiety, freezes, becomes mute.
- Weak organization of case notes or insufficient information recorded or lack of timeliness.
Common Presenting Problems

- Difficulty prioritizing daily tasks and time management in general.
- Unsystematic approach to working through differential diagnoses and clinical/laboratory data.
- Dictated letters lack good form and evidence mechanical writing difficulties.
- Thinking on feet while taking a case history, and being able to pursue each symptom until it is fully characterized (time, location, triggers etc).
- Omission of relevant information from case history.
Common Presenting Problems

- Difficulty synthesizing information and independently forming impressions and management plans.
- Auditory processing difficulties interfere with interview skills and personal conversations.
- Auditory processing difficulties/hearing difficulties may also make it difficult to hear directives in a noisy, hospital environment.
- Rigid approach to taking a case history which may prevent the student from veering from prepared template and following a line of questioning that could flesh out the problem more fully.
- Difficulty returning to a line of questioning when a patient digresses and raises other concerns (working memory issues).
Common Presenting Problems

- Difficulty detecting social nuances and the unwritten rules of professional and interpersonal interactions.
- Switching tasks may be problematic. Student may become over involved in a project and over focus and it is then difficult to change set when needed.
- Difficulty coping with volume of reading while also fulfilling clinical demands. This is more of a factor when there is a reading deficit or attentional difficulties.
- Lack of insight into reasons of difficulties experienced. May be defensive and not open to feedback.
Accommodations/Strategies for Clinical Settings

- Before any more unusual recommendations are put in writing helpful to have a preliminary discussion with the program to see what is possible and what is not.

- Regular meetings with a learning strategist to discuss more effective ways of studying, retaining information, and actively interacting with the material to assist in the ability to make a differential diagnosis.

- Guidance as to how to approach readings. Use of mnemonics to retain symptom lists associated with individual diseases.

- Checklists for sequencing procedures eg Radiation Science.

- Help in preparing template for a structured interview to ensure that all important areas are included in the history taking.
Accommodations/Strategies for Clinical Settings

- Adaptive technology  Eg, Kurzweil, Inspiration, medical apps.
- Regular meetings with a mentor who is not in position to evaluate.
- Opportunities to observe experienced clinicians in the community or in the hospital.
- If possible, medical students/residents should have some protected time on the wards to read charts and write up case notes etc.
- During any probation period, it would be helpful if the student had a consistent person to meet with once or twice a week.
Accommodations/Strategies for Clinical Settings

- When taking patient histories, it might be possible to use a smart pen which can then be stored in a locked drawer in the hospital. The recordings can be used to flesh out notes and then be deleted at the end of the day.

- Might be helped by being able to dictate case notes.

- A resident might benefit by having some days off per rotation. This would allow time to organize clinical notes, meet with a mentor, catch up on readings etc. May need to forfeit elective to make up time.

- May benefit by working with a Speech-Language Pathologist to improve communication skills and presentation of information.

- Record feedback/supervision sessions with supervisor for later reviewing and summarizing feedback.
Accommodations/Strategies for Clinical Settings

- Initial reduction of case load and gradual increase.
- Doing readings in advance, reading client case presentation templates, consulting with peers and supervisors, and reviewing additional files and clinical notes are other useful strategies.
- May be necessary to take time away from clinical work so that the student can get treatment, work on strategies, obtain equipment and get trained on it.
- Opportunity to shadow or observe in a setting prior to formal entry so that possible accommodations can be tested and navigated.
- Modified schedule/reduction of overnight hours. Substitute for day time weekend call.
- After an unsuccessful rotation may need to request a new clinical setting.
Accommodations/Strategies for Clinical Settings

- Sometimes can’t anticipate what difficulties a student may encounter in a clinical placement. Disability Counsellors should be consulted when problems first emerge.
- Discuss clinical placements with registered students at the outset so that problems can be anticipated and strategized.
- Accommodations need to be flexible and may need to be adjusted in different settings.
- Students should be encouraged to reach out to Disability counsellors as soon as difficulties are encountered.
Useful Medical Apps

Can look up drug information and interactions, calculate patient measurements like BMI
Useful Medical Apps

UpToDate®

Can look up drug information and interactions, calculate patient measurements like BMI
Useful Medical Apps

Allows one to find and communicate with other doctors on the network, send secure faxes, and follow news and trends in one’s speciality.
Useful Medical Apps

View and share medical images with other physicians. Users send, comment on, and search through medical images and can then follow discussion on treatment options or differential diagnoses.
Useful Websites

- Canadian Association of Physicians with Disabilities - www.capd.ca
- Society of Physicians with Disabilities - www.physicianswithdisabilities.org
- Exceptional Nurse - www.physicianswithdisabilities.org
- Society of Pharmacists with Disabilities - www.pharmacistswithdisabilities.org
- Coalition for Disability Access in Health Science and Medical Education - sds.ucf.edu/coalition