



Accommodating Physicians with Disabilities to Serve a Diverse Patient Population

Wayne State University: Professional
Development Symposium

Zoie C. Sheets, MD, MPH
April 16th, 2024



Hello!

A little bit about me...

Internal Medicine–Pediatrics Resident at The
University of Chicago

Interested in Complex Care +
Disability Care Across the Lifespan

Chair of Trainee Advisory Committee,
Docs with Disabilities Initiative

Research (Meeks Research Lab): physician attrition,
LGBTQ + disability identities, UME to GME transition

Medical Education + Simulation

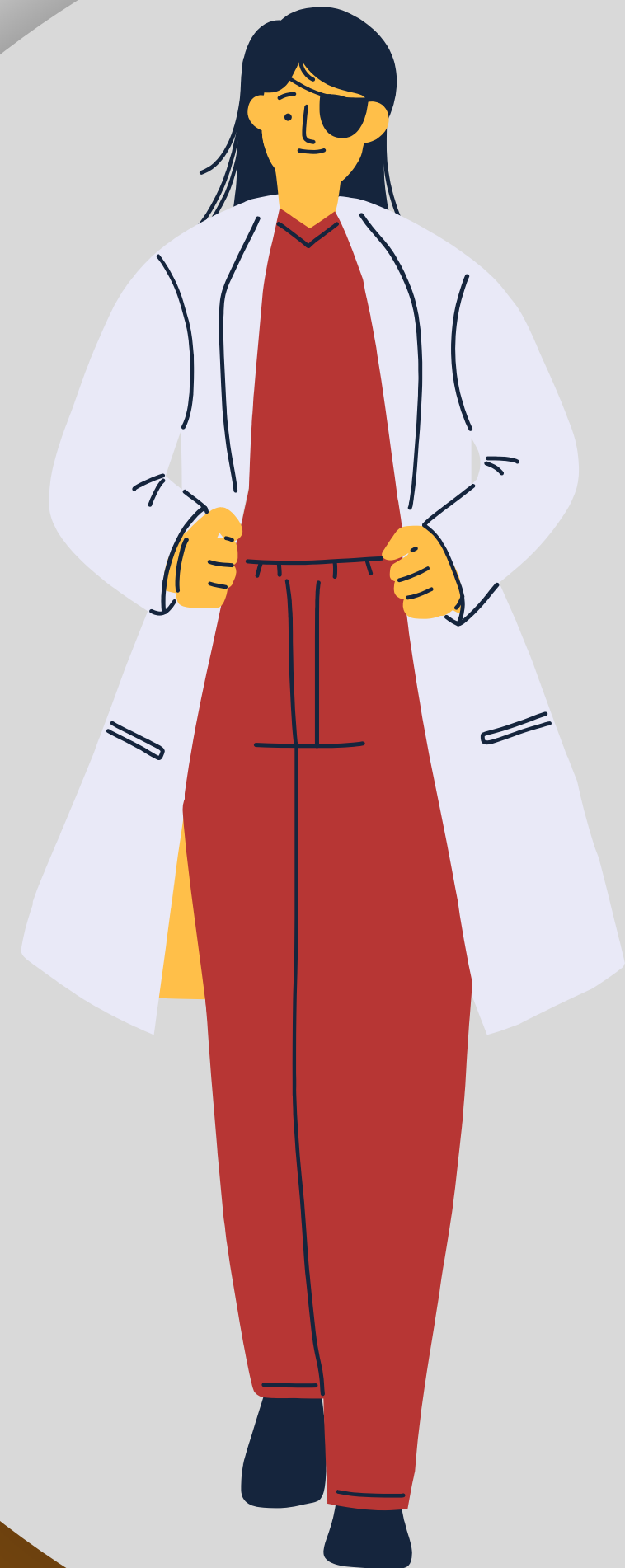
My Journey

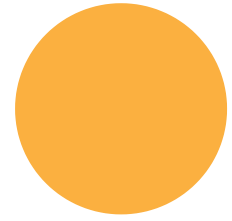
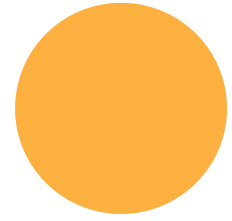
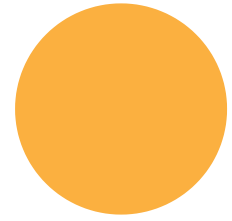
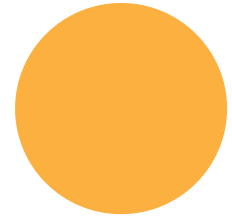
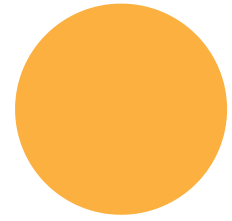
In childhood, I felt certain I would be a doctor.

Integration into the disability community made me feel deep doubt.

My time in my MPH program allowed me time to plan and adjust.

I now feel deep gratitude (and pride!) to be a disabled doctor.





**Disability, Impairment,
+ Ableism:
An Overview**

What is 'Disability'?

Impairment

a limitation within the mind or body of the individual that causes that mind/body to function differently

Disability

the loss or limitation of opportunities to take part in the aspects of every day due to social, physical, and/or environmental barriers

Physical | Sensory | Intellectual | Developmental
Psychiatric | Learning | Chronic Illness



Disability and Ableism



Disability

- not inherently bad
 - (and not a bad word!),
- a source of pride,
- individual and communal,
- intersectional,
- only sometimes apparent,
- a unique culture.



UNIFYING
but not
UNIVERSAL

Ableism

From TL Lewis: "A system of assigning value to people's bodies and minds based on societally constructed ideas of normality, productivity, desirability, intelligence, excellence, and fitness."

Where is the root of ableism in medicine?



Us Vs. Them

Medicine, both in explicit curriculum and hidden, positions patients and providers as opposites.



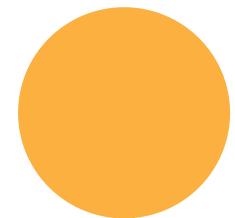
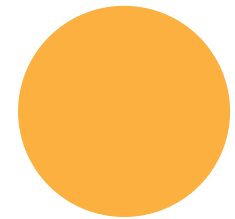
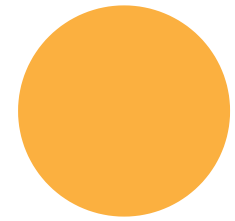
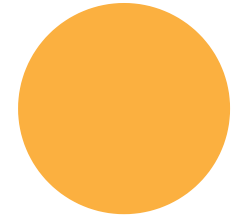
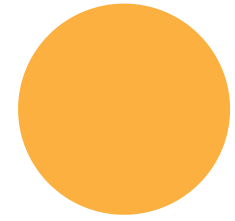
Uncertainty + Fear

Ableism in general is often rooted in fear - a combined assumption that disability is bad & understanding that disability can happen to anyone. This is heightened by the uncertainty that comes with not being properly trained in clinical care for PWD.



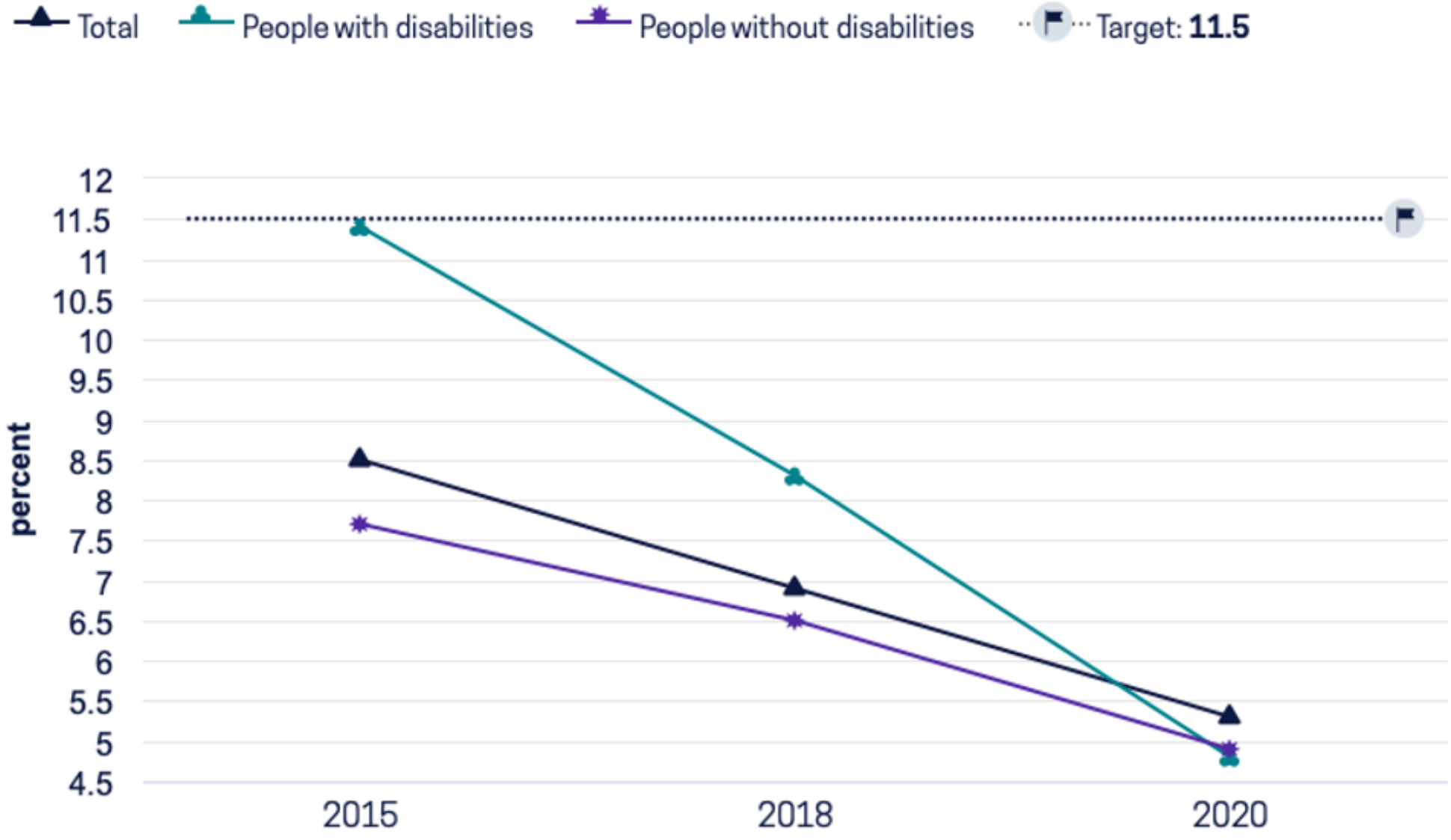
Culture Clash

Disability culture is one of patience, flexibility, celebrating strengths and supporting limits, interdependence. Medical culture is often the opposite of this.



Patients With Disabilities: Experiences + Outcomes

Adults receiving appropriate recommended clinical preventive services by Disability status, 2015-2020



Objective: AHS-08

Data Source: Medical Expenditure Panel Survey - Preventive Services Self-Administered Questionnaire (MEPS Preventive Services Survey), AHRQ

1. Target has been revised. See Data Methodology and Measurement for more information.

⋄: Unless otherwise noted, data represent "percent, 35+ years"

DSU: Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

DNA: Data have not been analyzed.

DNC: Data for specific population not collected.

---: Data are not available.



Primary Care Access for People with Disabilities

Decrease in the number of all patients 35+, especially PWD, receiving "all of the recommended high priority preventative services."
Healthy People 2030



More on Access

Literature has shown disparities in:

Screening + Prevention

Rates of both Pap smear and mammography use declined as severity of disability increased (Anderson, et al, 2013).

Cancer Treatment

Women with disabilities are less likely to receive breast-conserving surgery or receive radiation. Overall all-cause mortality and breast-cancer related mortality higher for all women (McCarthy, et al, 2006).

Reproductive Care

40.3% of women with physical disabilities felt their provider knew nothing about how their disability would impact their pregnancy. This group also reported higher overall unmet needs (Mitra, et al, 2017).

Satisfaction

People with disabilities generally felt deflated and diminished, reporting many barriers and feeling as if their providers did not know how to talk to or examine them (McClintock, et al, 2016).

...and more.

What barriers are being faced?



1

Cost

National Health Interview Survey Data:

- 2020: 14.8% of disabled respondents did not access care due to cost (vs 7.6%)
- 2020: 13% of disabled respondents delayed care due to cost (vs 7%)

2

Transportation

Inaccessible, Expensive (e.g ambulance transport), Time Constraints (e.g Pace)

3

Infrastructure/Physical

Inaccessible exam tables, Lack of appropriate scales, Small exam rooms, Limited sign language interpreters, Lack of large print

4

ATTITUDES



Research on Attitudes

Physicians' Perceptions Of People With Disability And Their Health Care (Iezzoni, et al, 2021)

“Across participants: 79.8% “strongly agree” that understanding their patients with disability is “very valuable”; 18.1% “strongly agree” that patients with disability are “often treated unfairly in the health care system”; 82.4% of participants reported that people with significant disability have worse QOL than people without disability; 40.7% were “very confident” about being able to “provide the same quality of care” to disabled patients; and 56.5% “strongly agree” that they welcome patients with disability into their practices.”

Perceived Disability–Based Discrimination in Health Care for Children With Medical Complexity (Ames, et al, 2023)

“Three themes were categorized as perceived drivers of discrimination (clinician lack of knowledge, clinician apathy, and clinician assumptions) and 3 themes were categorized as manifestations of discrimination (limited accessibility to care, substandard patient care, and dehumanization).”



Implications of Attitudes

Disability Paradox

Quality of Life (QOL) Following Spinal Cord Injury: Knowledge and Attitudes of Emergency Care Providers (Gerhart KA, et al, 1994)

“Glad to be alive”

- Emergency medical providers (18%)
- Persons with chronic quadriplegia (92%)

“QOL average to above average”

- Emergency medical providers (17%)
- Persons with chronic quadriplegia (86%)



Trainees with Disabilities: Experiences + Outcomes



Concordant Care

Studies have shown that identity-concordant care (race and gender) improved adherence, satisfaction and outcomes (Takeshita, et al).

We can posit that this would also occur for disability-concordant care, especially given anecdotal evidence that disabled providers connect with patients in particular ways.

Additionally, medical students with disabilities have shown to have higher rates of empathy, even in the setting of increasing burnout (Meeks, et al, 2023).

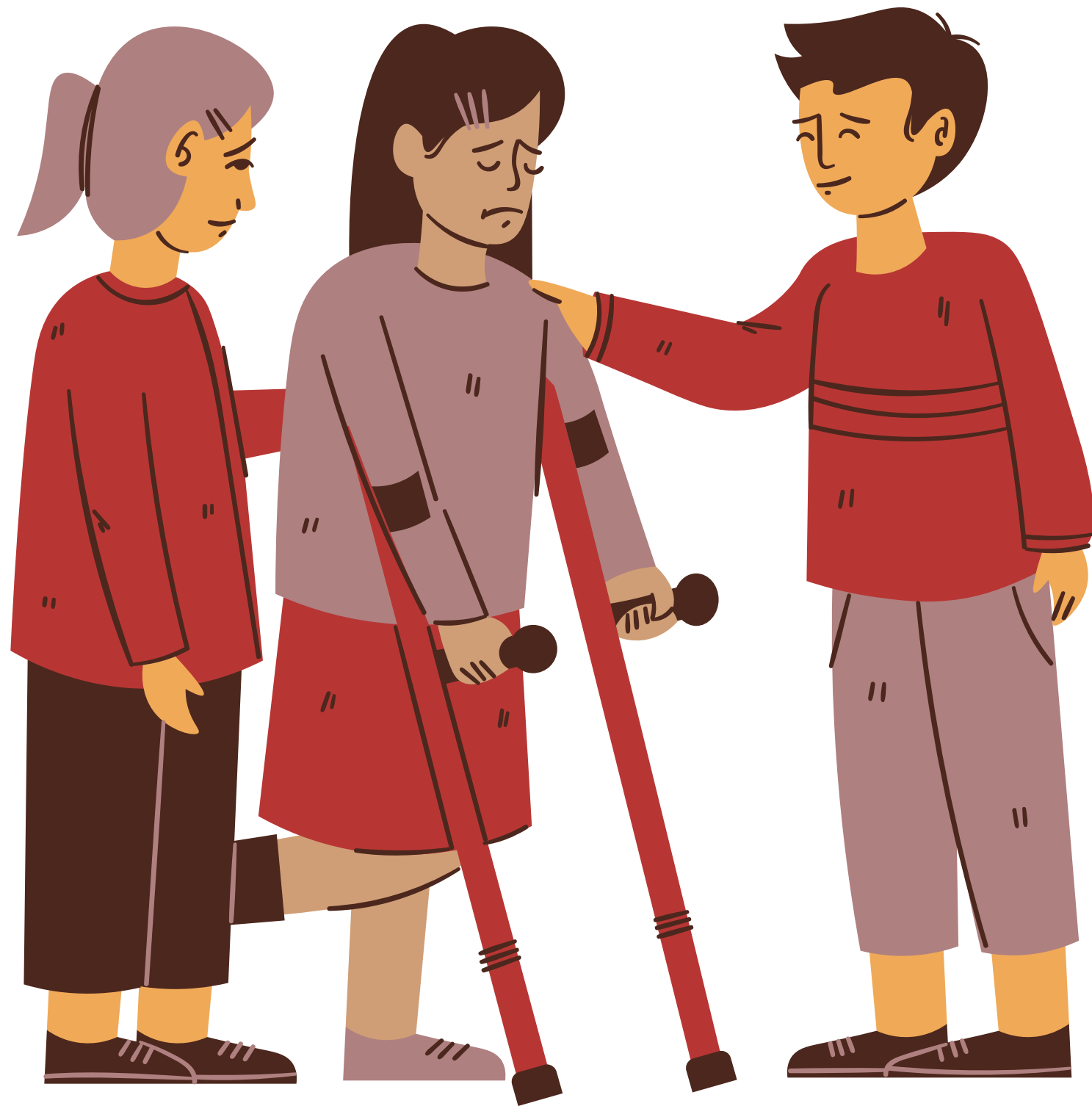


Disability Prevalence

- 5.8% of medical students live with a disability
 - *(Pereira-Lima 2023)*
- 7.5% of residents live with a disability
 - *(Meeks and Pereira-Lima 2021)*
- Only 3.1% of attending physicians
 - *(Zouri 2021)*

Compared to ~25% of the US population

Where Can Ableism Manifest?



1

Physical Spaces

Inaccessible entryways, missing elevators, poor signage, limited seating, no quiet spaces, no scent-free space

2

Policy

Inflexible attendance policy, accommodation policies, LOA, technical standards

3

Language + Communication

Ableist terms and phrases, harmful comments about disability in class, board questions, rounds; miscommunication or incomplete communication about resources or accommodations

4

Interpersonal

Inaccessible social events, 1:1 comments, interactions with attendings and residents, as well as patients



Requesting Accommodations

Barriers to Disclosure of Disability and Request for Accommodations Among First-Year Resident Physicians in the US

(Pereira-Lima, et al, 2023)

- Among interns who both reported disability and need for accommodations (83 of 173 [48.0%]), more than half (42 [50.6%]) did not request them. Reasons:
 - fear of stigma or bias (25 [59.5%])
 - lack of a clear institutional process for requesting accommodations (10 [23.8%])
 - and lack of documentation (5 [11.9%])

Stigma Associated With Requesting Accommodations: the High Cost of Ableism in Medicine

(O'Reilly + Salles, 2023)

- Constant self-advocacy requires time and energy that no accommodation can mitigate
- “Even after accommodations are established, there are inevitably feelings of guilt and self-doubt when attending physicians, who care for patients with disabilities and chronic illness, falsely believe reasonable accommodations are negatively impacting learning and are unfair to other residents.”



Disability Policies

The Unexamined Diversity: Disability Policies and Practices in US Graduate Medical Education Programs

(Meeks, et al, 2021)

- 32 (68%) of GME handbooks complied with ACGME requirements to maintain a disability policy
- 41 (87%) maintained a GME statement of nondiscrimination including disability
- Of those that **did** have a policy:
- 12 (38%) included language that encouraged disclosure and spoke to the value of disability in GME
- 17 (53%) included a statement regarding confidentiality
- 19 (59%) maintained a clear procedure for disclosing disabilities and requesting accommodations



Depressive Symptoms

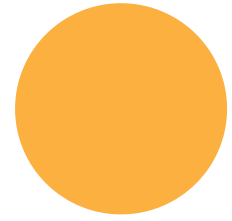
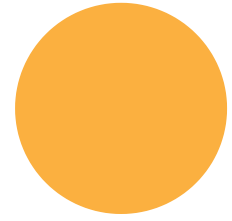
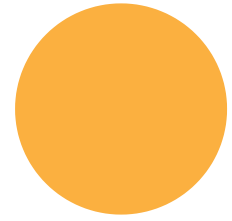
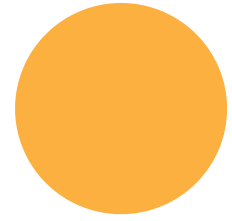
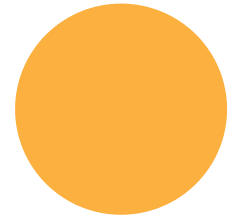
Program Access, Depressive Symptoms, and Medical Errors Among Resident Physicians With Disability

(Meeks, et al, 2023)

- RWD without program access had greater increase in depressive symptoms than non-disabled residents (with disabilities and without access needs met, 4.5 [1.0–10.5] vs without disabilities, 2.0 [0–4.0])
- RWD without program access were also more likely to self-report major medical errors compared with non-disabled residents and RWD whose access needs were met (42.9% vs 13.9%)



To feel supported, succeed, and bring their gifts to a program, residents with disabilities need MORE than accommodations. They need a *culture shift*.



Recommendations for the Future



Seek to Understand “Accommodations”

Accommodations are:

- only needed when access is not naturally baked in.
- level the playing field.
- an obligation under the ADA-AA.
- vast and tailored to the individual.

Examples include:

- stools for rounds
- specialized equipment
- limited night shifts, modified schedules
- breaks during call shifts
- sign language interpreters
- dictation software
- quiet space for charting
- protected appointment time

Actively Counter Ableism + Stigma



Messages of Welcome

The overarching message to trainees with disabilities is “you’re not wanted here.” Including a message of welcome, and including disability in all diversity and inclusion efforts and public statements, tells applicants and residents that they ARE wanted, so they can feel calm, included, and able to be honest.

Intentional Training

The response of faculty, staff, and fellow residents to a resident with a disability can impact future disclosure, sense of belonging, wellbeing, and learning. Without intentional conversations aimed at dismantling ableism, all others efforts have less impact.



Create a Comprehensive Disability Policy... and Act On It

- ACGME requires that all programs “maintain a policy regarding accommodations for disabilities consistent with all applicable laws and regulations.”
- A disability policy should:
 - express welcome and desire to include
 - clearly designate the person who will receive information and who will be involved in the process
 - explain how confidentiality will be maintained
 - make clear what the obligations of the resident and the program are, including legally and financially



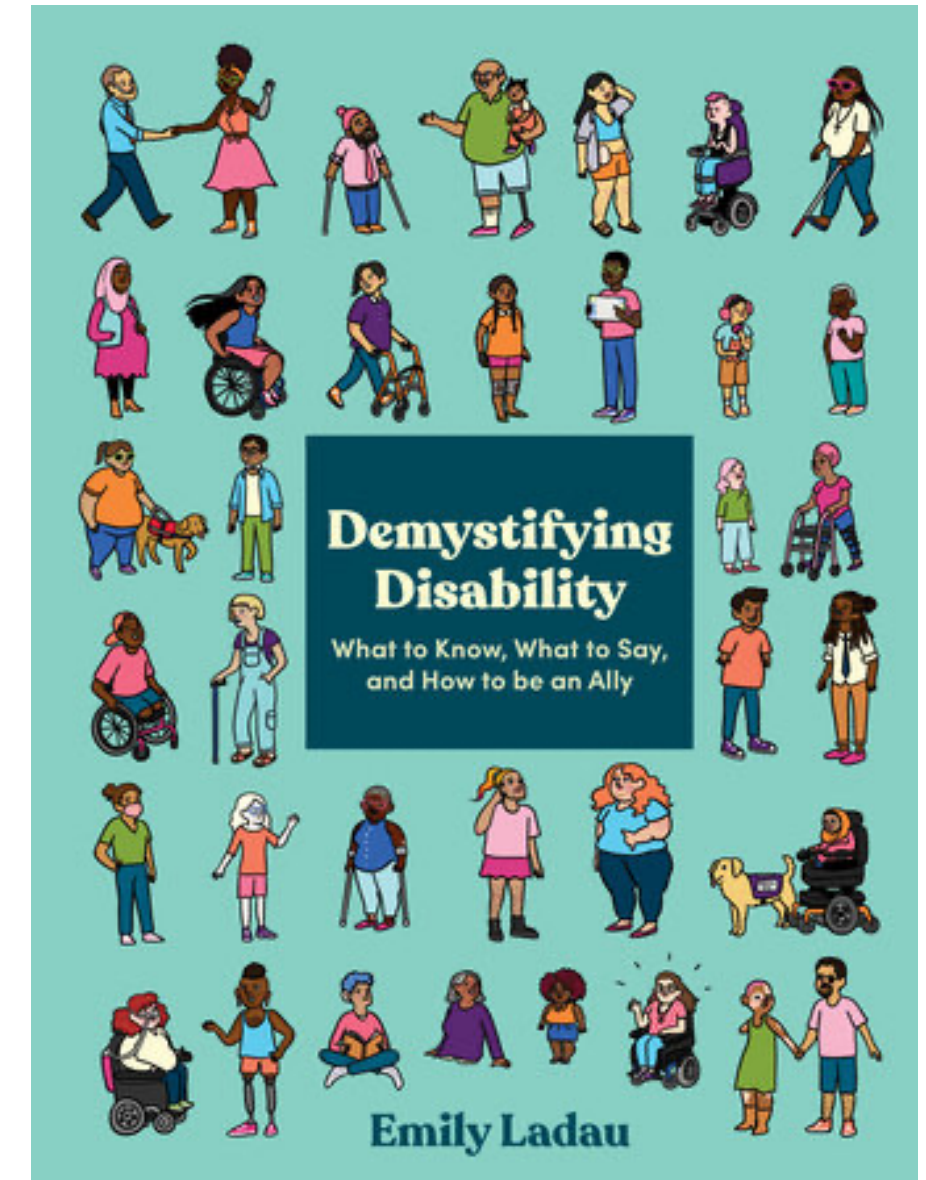
Invite Open, Iterative Conversations

For all people – program directors, administrators, co-residents – having open conversations about access needs allows us to thrive. “Turn to Wonder” above all else and be willing to re-visit as things change.

The response to a first time conversation has been shown to impact disclosure moving forward.

Resources

1. Realizing a Diverse and Inclusive Workforce: Equal Access for Residents With Disabilities (Meeks, et al, 2019)
2. Disability in Graduate Medical Education (DIGME)
3. #DocsWithDisabilities Podcast
4. Demystifying Disability (Laudu)
5. Upcoming Resource Hub -- a partnership with DWDI and the ACGME, A Macy Catalyst Grant



DOCS WITH DISABILITIES
INITIATIVE

DIGME

Disability in Graduate
Medical Education



Thank You

zoieclarise@gmail.com