

AAMC  
Disabilities Webinar Questions and Answers 10.21.15

To wrap up the 2015 series. Our goal was to educate and facilitate a discussion around disabilities. Combined, we had over 1,000 participants; and the AAMC is grateful to the Coalition for Disability Access in Health Science and Medical Education for spearheading this work, and especially Neera Jain and Lisa Meeks of UCSF for helping us along the way.

We look forward to another series starting in early spring 2016, and we will give you details about that within the next few months. Please welcome back some of our esteemed guests from prior webinars, including Elisa, Jon and Timothy to answer some of the most pressing questions throughout the series. Thank you again.

Thank you so much, Jayme. Again, the Coalition wishes to just deeply and sincerely thank the AAMC for their support and collaboration around this webinar series. It's been such an honor to work with AAMC in presenting some of this valuable important information to over 1,000 people, which is really impressive.

I think what we did was all the questions that were presented throughout the webinar series that may or may not have gotten answered, we were able to pick and choose a few questions that thematically covered a lot of the areas that people had questions for. What we're going to do today is go through some of those questions; and folks will answer those, and then will go from there.

So without any other delay, I will go to Question 1. It reads: "If a student tells a faculty member that they have a diagnosis, for example, PTSD or ADHD, is that notification to the University? In that scenario, does DS need to make contact with the student directly; or does DS wait for the student to seek a combination from the DS Office?"

And I will turn this over to Jon.

Take it away.

Hi, I really enjoyed this question because there isn't a very straightforward answer.

Tim, if you could move forward to the next slide please? Thank you.

On this slide, there are a couple of cases, the kind of yin and yang, in answer to this question. The first case that came to mind was an OCR investigation at Texas Woman's University. In this case, the student had disclosed to someone that she had a learning disability; but she never went through the steps to request accommodations. So once she filed a complaint alleging that she hadn't received the services she needed, the University was found not at fault because the student had not fulfilled her responsibility, which is to disclose her disability and request services through the proper channels. So things seem pretty cut-and-dried so far, right?

But to weigh in on the other side of this, there's another case from Pennsylvania District Court: North v. Widener University. And North was a doctoral student in psychology. He had disclosed to a faculty member that he had ADHD, and the faculty member had shared the information with the some colleagues. And after some academic difficulties, North was dismissed in his third year of the program.

The student claimed that he was discriminated against on the basis of disability and that he was denied due process. The school argued that, hey, this guy never really officially registered with Disability Services, or whatever you may call it at your institution, nor had he followed the process. But the Court allowed this case to proceed, as it's still possible to discriminate on the basis of disability, regardless of whether a student formally notified the University or not.

The Court also noted that the student had been discouraged by his faculty member not to disclose, which was a big problem. He was told not to disclose if he had a disability because it could be viewed as a sign of weakness and unsuitability for the program. The Court really didn't like this, and said it represented a culture of discrimination.

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I bring up both these cases to bring up the point that students have the responsibility to notify the appropriate department, but schools are not without responsibility. They have a responsibility to refer students to the appropriate referral sources when a student discloses a condition that could be considered a disability. The problem in the North case was that they actually discouraged from using those resources. Additionally, it's always good to document this referral and use an e-mail. E-mail is our friend in some cases.

With this next slide are a couple of questions that come to mind. In addition to institutions' responsibilities to point students toward the appropriate department for disability services, there are a few other things to consider.

This first question on the slide is: Does your school have a policy on disability disclosure and where it's supposed to happen?

Any time OCR does an investigation, they'll want to see your policies on how students are to request disability services. I've worked with a lot of colleagues who are surprised to learn that although their school has a Disability Service Office, it doesn't have an actual policy of where students go to disclose their disability. And if you struggle to find such a policy, you know a student is going to struggle with it; and OCR is not going to be pleased with that, I would guess.

Second is: Are things being communicated effectively?

By this I mean, don't just bury it in the handbook. You can make sure your syllabi, your technical standards, all sorts of Web pages, point students towards the information on how to request disability accommodations. Students may need disability accommodations at different points in their schooling. So putting a policy in front of a student at the start of the school year when they may need accommodations years into their schooling, say after a traumatic event or something of that nature, we have to consider what's going to be helpful for the students and really effective in encouraging them towards the Disability Service Office.

The third question is: Do you provide faculty trainings on how to refer students to Disability Services?

Almost without exception, every OCR letter requires institutions to provide additional training to faculty. One great training opportunity is to walk faculties through how they might actually refer a student to a Disability Service Office. Strategies might include considering Disability Services as one of many resources, kind offering a bouquet of resources.

Focus on external barriers to the student, such as what's not acceptable and the problems with, say, an inaccessible website. Or focus on the intended result of the meeting, such as, "I need a reduced course load," or, "I need additional time on exams." And this office is one that can make those things happen. And this kind of eases some of the stigma and difficulty around talking about things related to disability that some people experience.

And lastly: Document, document, document.

I've seen times where students bring up disabilities during dismissal hearings and claim that it should have been known that they needed accommodations. In these situations, you want a clear trail of documentation to explain that students are aware and that your means of communicating this are effective and that they are repeatedly notified of disability services. And obviously, beyond this kind of risk management approach, it really is helpful that students are reminded of these resources.

Okay, thanks so much, Jon.

Neera or Elisa, do you have any brief comments to add?

This is Neera. Oh, go ahead, Elisa.

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No, I was just going to say I think that he did a great job. I couldn't think of anything else, but maybe you have something?

No, I agree. I was going to say the same thing. Thanks, Jon.

All right, great, thanks, Jon.

You're all very kind, thank you.

Question 2: "What do we do if a clinical site is not allowing an accommodation even though we have approved it as a reasonable accommodation? How do we massage the working relationship with the site while doing what we need to do with the students?"

And I'm going to turn this over to Neera.

Great, thanks, Tim.

This is a great question as well, and it's one I see coming up frequently on Listservs. And I've certainly worked through it with a number of programs at schools I've worked at in the past. To start, like Jon did, I'll give us some context by reviewing an OCR case that will help to frame our understanding of our responsibilities.

In 2010, the OCR received a complaint regarding a situation at Milligan College in Tennessee. And the student has a physical disability, CP; and she was enrolled in a Child Life Specialist program. And her claim was that the school discriminated against her for failing to provide accommodations for a required volunteer practicum portion of a class. And indeed, OCR found in her favor.

As you can imagine, there are many layers in this case. But let's look at a few points stated in their letters that are relevant to this question. Specifically, they found that the school had deferred to the hospital where this volunteer practicum was to take place to determine if the student was able to participate in the practicum and suggested that this student meet with the hospital to show them what she was capable of.

OCR stated in their letter, and I quote, "While the College may work with the hospital to determine possible accommodations, they cannot simply wash their hands of the task of determining what accommodations, if any, are feasible." And they went on to say the College was derelict in its duty to lead the accommodation process and facilitate the interaction between the complainant, that's the student, and the hospital.

So what this case tells us is that we cannot leave it up to a clinical site to determine what is and isn't reasonable. We need to be in charge of that process. And we can and should work with the clinical site since they cannot be permitted to singlehandedly make the assessment for us.

Okay, so if we know that we need to own this process, what do we do in the face of concerns raised by a clinical site?

First let's go back to the accommodation determination process. If you listened to our webinar about clinical accommodations – and if you haven't, I recommend you go back and listen to that – you'll remember that we recommend you should be determining tricky or non-traditional clinical accommodations in consultation with faculty and administrators from your school. That's the interactive process.

If you follow this model, theoretically, you're already working together with faculty to determine whether an accommodation is reasonable. And if you've done this with due diligence, everyone is onboard; and you should have strong allies who believe that accommodation is truly reasonable. So if concerns arise from the clinical site, these people should be enlisted to help you address any concerns. Whether we like it or

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not, hearing it from a fellow clinician, which is often that faculty member you've worked with, is going to be a strong message. And the faculty can help you to evaluate with the site realistically if there are any concerns; for example, about patient safety because that's the one that often comes up.

Next, if you've got a placement coordinator who is wary about how to talk to the clinical site, they may need some coaching from you, the DS provider, to consider how they should discuss it with the site. And I recall a situation where I was working with a basic coordinator, who told me after we'd gone through this reasonable determination, "Who is going to take this student on? It's going to be so much work. Why would they say yes?" And that was my indication that they couldn't and shouldn't be calling clinical sites just yet. Painted in that negative light, no site would be happy about taking this student.

So you should "coach" your placement coordinators about when to bring up the accommodation, and this will depend on how placements are made. Is there an interview? What does the student prefer? How much work needs to be done to put the accommodation in place? And what support will be available to the site so it can be explained knowledgeably with the site? And you may need to talk about appropriate language to use; be direct. In our last webinar about communication, (inaudible) has some tips in there that you might want to look at.

Another strategy to massage that relationship is to offer a three-way meeting between the school, DS, and the site to discuss any questions or concerns that arise. Often, any resistance is coming from the unknown. So working through any questions or concerns first as a team will be helpful. And it may also be helpful to discuss this with the site's own employment accommodation person, if there is one. Often, they may have made similar accommodations before and have logistical knowledge to offer. And they do help to pave the way with the site to reinforce if the accommodations had been provided before (inaudible).

And when I talked about that three-way meeting, I recommend not including the student in a meeting with the site at this stage. The student shouldn't be asked to justify their needs or prove what they can do or smooth things over with the site. Certainly once initial concerns are addressed, a pre-meeting including the student to iron out specifics may be appropriate.

So ultimately with this question, the school is responsible for ensuring approved accommodations are in place at the clinic. If the site refuses, you are responsible for finding a new placement for a student. And, if the site agrees to take the student under duress, so to speak, and they are concerned about how the student will be treated once they're there – for example, the onsite supervisor says things like, "Well, I don't agree with it, but if I have to, I'll do it," think twice about what kind of educational experience your student will have. You may want to find a new site to protect everyone involved if there is lingering concern about attitudinal barriers.

And, finally, any site that refuses to provide accommodations or refuses to take a student once they find out they have a disability is discriminating. Your school should consider whether it's a good idea to continue a relationship with a site that's discriminating.

Does anyone have anything else to add to that?

This is Elisa. I don't really have anything else to add. I would just echo that getting your field placement folks on board from your school early on and meeting with them separately, maybe even separate from a discussion about any particular student, but just to talk generally about process and needs and kind of to get everybody on the same page on the front end might smooth the path down the road when there's a particular student to try to figure out specific accommodations for—just my two cents.

Go ahead, Jon.

I agree completely. And I loved the useful tips about actually working with students and thinking about the students' experience. And I think it's very important to dispel the myth that we can kind of outsource responsibility for some of these clinical things because, really, everybody loses if we approach it like that.

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Yes, and I'd just like to add I think the most difficult thing was what Neera talked about on slide 9. When you get that real resistance and that pushback from the site, I think it's really important that before that, and while you're doing your work, you establish those really good, positive, strong relationships and identify those champions in each area that are going to be able to help you smooth out that process and be able to address some of those concerns by the site folks who are a little bit resistant.

Great, on to Question 3: "Since we know we need to engage in an interactive process with our schools, do you recommend establishing a committee on campus that reviews all accommodation requests?"

And we will turn this over to Elisa.

Thanks.

This issue is a little bit sticky. Before we dive into the response, let me just start by defining what I think the questioner meant by "committee." And I'll just describe what's typically inactive in schools that use this approach.

A committee is often used by a medical school or another similar graduate school, a smaller department within a school, typically not at a larger undergraduate institution. And the idea is that faculty in a specialized program have a particular need to be involved in accommodation decisions that are made about students in that particular program. So frequently committees may include representatives from Student Services, a learning specialist, experts in particular disability subtypes, like a psychologist perhaps. And often legal counsel is often involved on the committee.

With that background, I'm going to move on and say that it is my opinion that disability office staff are the ones who are best suited to be the primary decision-makers regarding disability and accommodations. And I'll explain my reasoning, but I do want to say that I don't think that using a committee to make decisions is, per se, a problem all on its own. It's not a violation of the ADA to have a committee. But I think that it opens up a number of uncomfortable possibilities that could be avoided when a designated disability office is making the accommodations determination. So that's my approach to this question.

The first concern about using a committee is the number of people from all the different campus offices who become privy to the student's private medical information. We know from earlier webinars that the first step in the accommodation process is that students provide a verification of their disability from a health care provider. And that can include diagnoses; it can include prescriptions, functional limitations and other relevant information.

So when this information of a private medical nature is provided to all these committee members from all these multiple campus officers, it can leave students feeling really vulnerable and exposed. And that's the case whether the students know who is on the committee or not. They know that people around know stuff about them that's really private.

Furthermore, it can be difficult for the faculty who have that knowledge to put it aside when they're interacting with the student in the classroom or clinic. And this can lead to actions that are based on faulty assumptions or suspicions about students; for example, assigning a student with a bipolar disorder to a less-demanding clinic. And it's well-intentioned; it was designed to make it easier for the student. But that can be really problematic if disability is used when making decisions about students that is not an accommodation-related decision.

Furthermore, having this knowledge can cause even the most well-meaning instructor to slip into the role of health care provider or clinician with a student instead of an instructor role. For example, they might ask a student how they're disability is being managed or whether certain treatment protocols are being followed, how their numbers are this week. And this relegates the student to a patient-like role instead of treating students as future peers and medical professionals. It also can perpetuate the medical model of disability, and that's something we talked about in the first webinar. And that's something that the disability community has worked really hard to get away from.

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Another concern about using committees to make disability determinations stems from the process itself. The ADA requires an interactive process with a student, which is the back and forth discussion essentially. If the disability determination process instead is that the student submits all their information to a committee, and the committee meets without the students present, and then they issue a decision back, and then the student has to decide whether to appeal the decision, that's not a true interaction with the student. And it therefore truncates the ADA's contemplated back and forth discussion. And that can cause a school to fail to comply with ADA requirements. So that's one issue.

Another is that committees that include medical professionals also run another risk that can lead to legal liability for a school. We just talked about how students have to provide medical documentation or some kind of documentation from the health care provider who has met with them, who is familiar with their medical history, current functioning, et cetera.

So when a committee is looking at that documentation in a student's absence, and then they determine this student isn't disabled or this disability isn't severe enough to warrant accommodations, the committee is essentially placing its medical judgment ahead of the student's own doctors; and that can be a problem as well. I want to be clear. I'm not saying that any medical documentation provided by a student has to be taken at face value; that's not the case. But unless that documentation is just completely invalid on its face, then any determination regarding a student's disability should really include conversations with the student and possibly conversations with the medical professional who provided the disability documentation as well.

Another problem is the amount of time that it can take a committee to render a decision. The ADA doesn't contain a specific timeline. But it does require that accommodations be provided within a reasonable amount of time after a request for accommodation is made. Many campus committees only meet once a month. Plus, then many accommodations, even when they are approved, require additional time to implement. Think about note takers, interpreters. That kind of thing can take from a few days, if you're lucky, but often weeks to get those hired, lined up and ready to go.

So if a student files a complaint about an institution's slowness in providing their requested accommodations, the delay that's caused by a committee decision-making process could easily be construed by OCR or a Court as unreasonable and, therefore, a violation of the ADA.

And finally, when a student's disability status is known to a number of people on the campus, a student may attribute negative actions that happen to them to that knowledge that people have about them, whether rightly or wrongly. And this can leave a school vulnerable to claims of discrimination by a student who, say, doesn't get his first choice of clinical placement or receives a poor grade on the assignment that was subjectively graded. A student's disability may or may not have actually been a motivating factor in that decision, but it's really easy for a student to assume it must have played a role; and it's really hard for a student to prove that it didn't.

I really want to be clear that I'm not saying that faculty don't have a significant role in the accommodation process. There are times when the Disability Office personnel really need the input of faculty to make an appropriate decision. Examples of that include any time that a contemplated accommodation might fundamentally alter an educational requirement in the classroom, in the lab, a clinical placement, faculty need to be consulted about what the educational objectives are and how any possible accommodation might affect a student's ability to demonstrate mastery of those educational objectives. So all of that needs to be talked through ahead of time before the accommodations are implemented.

Faculty also have the best knowledge about the practicalities involved in the classroom, and especially in the lab and clinical environments. I can say that I personally rely heavily on faculty to tell me when I'm thinking about a particular accommodation, could this even be effective; would this even achieve the desired outcome? This collaboration is really critical to creating accommodations that actually work.

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To summarize all of that, what I do recommend, instead of focusing on what I don't recommend, is that I recommend that students provide their disability verification to just the Disability Service Office. They have the expertise to evaluate the medical documentation. They can engage in dialog with the student. They can also engage with the medical professional who provided the documentation if any clarification is necessary. This is assuming the student has said that's okay, which usually is the case. And then they can create accommodations in an interactive process working with the student that actually follows all of the ADA contemplative requirements.

Then when faculty input is required, then Disability Office personnel can reach the faculty of record. They can be talking to the person who is actually in charge of that specific course, who may or may not have been on a committee where it's just an assigned faculty member who may not have particular knowledge about a particular course. And they can get immediate answers about the potential educational implications of the particular accommodations.

Once the accommodations are determined, then the Disability Office can interact with the faculty and, on a need-to-know basis, provide the information needed but shield them from unnecessary information that could lead to legal risk.

So it's my belief that this approach significantly reduces not only the school's legal risk, but also some of the risks to student well-being that are posed by using a committee decision-making process. So those are my thoughts, and I'm very interested to see if anybody else on the panel wants to add anything.

Okay, I'll make one comment. I think it's really important if you do have a committee that evaluates documentation of your institution, once that decision has been made, I think it's really important to collect all copies of documentation that have been given out to the committee members. There should be one place that stores and holds documentation, and that's the Disability Service Office. The last thing we want is documentation or pieces of documentation floating around in people's folders or file cabinets or whatever. Make sure after it's been reviewed and a decision has been made we get that back and we store it in our office.

I don't have anything to add.

I think that was a really thorough answer, Elisa, thank you.

And I think that point about the faculty member who really knows the content of the course may not even be on a previously-established panel is a really good point. Because you really want to be talking if there are any concerns about an accommodation for a specific course or a clinical site or whatever, that that faculty member who knows that content be involved in a conversation about practicality of an accommodation.

Great, thank you.

Moving on, Question 4: "Do you offer captioning for hard of hearing medical students? Is it available to all students? Given recent cases, we are looking at options to add captions to our lecture capture system. And there are some opinions on our campus that it is not needed and others who feel it should be offered to everyone. What are your thoughts?"

I'm going to turn that over to Jon.

Thanks, Tim.

I've got a lot of thoughts on this one actually. I was really glad to get this question. I've been doing a lot of work with captions here at the University of Washington. If we can go to the next slide, as I've indicated here, the answers are "yes," "yes," and "everyone." also being able to query a lecture is good; and it benefits many populations of students. So that is my very concise answer is, yes, yes, everyone, and it's good.

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To elaborate just a little bit on those points, at the University of Washington, we record lectures in our medical school and in many other departments around our campus. And when we have a student who is deaf or hard-of-hearing, we add captions to these recordings. The role of Disability Services is to provide equal access to all that our institution has to offer. So if we offer recorded lectures to non-disabled students, then we need to offer an accessible version to a student with a disability.

I will say too, a lot of systems -- like Panopto, Mediasite, Tegrity and some others -- make it pretty easy to have your videos automatically sent to a captioning service like Automatic Syncs, 3Play. I don't know if Amara. And there are many others. So if you have a lecture capture system, you probably already have the means to pretty easily get that information captioned. And if your lecture capture system doesn't do that, you may want to look for another one.

The second "Yes" here on this slide is that, yes, when we caption something, we make the captioned version available to everyone first. I don't know how you'd hide it. It would be some technical difficulty to make it available to one student and not to everybody, at least in my experience. But I think additionally, there is the multimodal benefit of being able to hear and see information that really helps a lot of students.

Additionally, these features that many of the lecture capture systems allow can have somebody query a term and play the information back from that point. So nobody has got time to rewatch hours of lecture, and especially not medical students. So this is just an efficiency that a lot of people appreciate. Most lecture capture systems make this really easy, so it's something to look at.

And also, English-language learners benefit from captions. It really does support literacy development. I've worked with faculty who have come to me when English-language learner students in their department are asking them for captions and to get those added -- really beneficial to a lot of folks.

On the next slide here, I want to define a little bit about what we are talking about when we talk about captions. If you have prerecorded video or DVD to show in class, I encourage you to ask for Open Captions. The benefit of Open Captions -- they're burned right into the video. They're not any harder to make from a production standpoint, and nobody can mess it up. Nobody can shut them off. They're just there; everything sees them. So Open Captions are something to learn about if you're not familiar.

Closed Captions are the type many of us are used to that turn off and on. And then thirdly -- I just was maybe reading into the question a little bit -- but sometimes when we're talking about captions, we're talking about Communication Access Real-Time Translation, and this is where you add captions to a live event, like this webinar, or provide a student with a real-time transcript during class. And there are a lot of applications for that, especially when we're looking at the clinical environment.

So I wanted to mention these different types of captioning because there are different tools at our disposal when we're looking to afford students with equal access to these various aspects of our curriculum.

On the next slide here, just in thinking about captions and is it important to think about the different places where they may be relevant and what exactly we're making accessible. I think it's important to bring up that OCR defines the term "accessible," as it's their prerogative to do so. And it means that individuals with disabilities are able to independently acquire the same information, engage in the same interactions, and enjoy the same services within the same timeframe as individuals without disabilities with substantially equivalent ease of use.

I don't know how you'd get at affording certain students access to this material without captions. That's how important I think they are. And Open or Closed Captions provide students with equal access to prerecorded content. However, providing a deaf and hard-of-hearing student only with access to captioned materials after the fact, likely denies them equal access, especially in the way the OCR defines it.



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CART provides students with access to live presentations and to clinical environments. And I would encourage you to seek out some of the great ways that CART has afforded students in clinical and medical school programs with equal access. There are a lot of great articles on the topic.

And then lastly, captions have been in the news a bit – or at least they are in the kind of news that I watch and the type of things that people are sending me questions about. Harvard and MIT were recently brought to civil court over not captioning MOOCs. And I got a lot of somewhat panicked questions about, "Are we supposed to be captioning everything, everywhere?"

So I wanted to differentiate that these MOOCs – and although I think captions everywhere are fantastic, don't get me wrong – these MOOCs, or Massive Open Online Classes, are public classes open to everyone. And because it's public content and it needs to be accessible, that means that they need to have captions on their material as well.

The other thing – a medical school, though, on the other hand is not open to the public obviously. So while captioning is great – it really is – these cases don't apply, that every course everywhere must be captioned. What Title II of the ADA does cover is public-facing services. So I'd encourage you to look at your public Web pages; make sure those are accessible and have captions. But we at least handle class accommodations and class captioning on a per-request basis when there is a student who is deaf or hard of hearing.

Also, talking about accessible media in higher education wouldn't be complete without talking about that big OCR case with University of Montana. They really did decide to caption everything. I met them at a conference; and I said, "Really?" And they said, "Really." So I think that that is a great step in the right direction. And so there is some precedent out there as far as schools who are just doing it, building it into the cost of doing business because it does benefit everyone.

So if you have a deaf or hard-of-hearing student in your medical school, you will likely want to caption videos. You're also likely going to want to provide CART if they don't use sign language interpreters. And once you start with captions, don't be surprised if all of a sudden everybody is requesting that. And that kind of student voice and professor voice really does motivate change on campus. So I think that's a likely outcome.

Thanks so much, Jon.

Neera and Elisa, do you have any brief comments to add?

Yes, I do actually.

Thanks, Jon, that was really great (inaudible) for that question. I just wanted to highlight the thing that you said about the workflow in your campus lecture capture system. I did quite a bit of work on this as well at some schools that I've worked with in the past. And I think it's really critical to find out – if you've never had to caption a lecture capture before, to look at your system that your school uses for lecture capture and find out, is there a built-in workflow for captioning? And what I mean by that is that it's as easy as checking a box to say, yes, caption this class; and the video then gets automatically sent to a captioning vendor that you develop a contract with. And then they just upload it right back into your system.

And not all systems, at least at last check, have that built-in workflow. And if you don't have it, it means that someone is sending the video to CS or if there are just all these manual processes involved that can cause the delays that per Jon's definition from OCR about accessibility, it's really not going to happen in that meaningful quick timeframe.

So I urge you to find out. Does your system have a lecture capture workflow for captioning? And then do you have a contract set up should you need it in a moment, or how do you do that? So look into that before you need it so that you're not caught on the back foot with needing to caption your lecture or caption classes.

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Thanks, Neera.

Just real quick and then we'll move on. I think for the newer folks in disability service, a couple of things are important to remember. One is when you have a deaf or hard-of-hearing student, it's really critical you stay in frequent contact with him or her because you need this information – course videos or whatever they're doing in their courses – you need that well in advance or as much in advance as possible.

Also, prepare those who you need to at your institutions that deaf and hard-of-hearing services are expensive. They are probably the most expensive services that we offer, and we have to offer them. So just prepare folks that that is going to be the case.

Okay, moving on, let's speed it up here a little bit. Question 5: "What do you recommend as positive strategies for working with students and NBME on accommodating requests for licensing exams?"

Neera, I'll let you have that.

Thanks, Tim.

With this one, my first recommendation to everyone out there is to plan. It takes time to study the requirements. So plan in advance. Take the time to study the requirements on the website for making requests for accommodations on the NBME. And this is UDS providers, do your homework. And contact NBME to ask any clarifying questions, and just familiarize yourself with what's required and what students need to do.

Then I always have a discussion with students about the licensing exam accommodations process from our first meeting, even with new students just about to start medical school. We talk about how the decision is made by NBME; so it's not made by me, it's not made by our school. You have to make an external request, similar to when they had to request it on the MCAT.

I tell the student to have a look and familiarize themselves with the requirements and process. And then when I review their documentation for accommodations at our school, I let them know that I'll also give them some thoughts about whether the documentation will fly with the Board. And I make it really clear that we don't necessarily follow NBME's process for our decisions about accommodations. But I'll give them a sense of whether I think that documentation will be sufficient.

We also talk about their history of accommodations and what kind of historical documentation they have to send along to NBME once they're ready to make their accommodation request. And they start gathering it to keep on file with our office. And again, even if I don't need it for their medical school accommodation determination, I have them start gathering it and allow them to house it at our office so that everything is together in one place.

And often it will take some chasing to get all that historical documentation together. So the sooner they get started on it, the better.

Another thing I recommendation is to put together an ideal timeline for the request process. This is UDF providers. And you can see the books that we've just published with Springer, and Tim will talk about it at the end, in that we have a chapter about licensing exam accommodations. And we have a number of good tools in there about our timelines and checklists and some sample letter formats. I'd recommend taking a look at those because they kind of lay things out.

And we recommend starting the process as putting together the personal statements and evaluating documentation, putting everything together at least 10 months before the students plan to take the exam. And I let students know that quite early so that they can prepare. Ten months before, or actually start a bit earlier – where am I going to be 10 months before.

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And we tell students that the quality of our support will depend on them being timely and allowing us the necessary time to assist them meaningfully. That means, no, we're not going to be able to provide a good supporting letter with 24 hours' notice. So set those standards and expectations with students.

I also recommend taking a universal design approach and including reminders about accommodations, request processes, and timelines with any e-mails that go out to all medical students. So work with your partners at the medical schools to include a little shout-out to DS in any e-mails they send to all students about the NBME classes.

Next, be available to support students. As I said, help them to understand what's required; be available to look at their personal statements; and provide feedback. Use your colleagues – and Tim will talk about the Coalition Listserv at the end – but it's a really good resource. When you're not sure what to put in your letter, ask your colleagues who are doing this work as well. Also, don't be afraid to ask NBME directly and support students to do the same.

Put the time into writing a strong letter of support – again, there is that guide for what might be included in your letter and what it might look like in our book; and it's worth having a look at. One thing we recommend is make sure to include additive information to what's in the student's documentation. Don't just parrot back the documentation in summary.

And Loring Brinckerhoff from ETS often says, "Housing agencies don't have the benefit of sitting knee to knee with the students." Share your expertise, observations, why you decided to approve the accommodations the students receives at your schools because the people at NBME won't be able to sit side by side your student and hear their story from their personal statement. And your knowledge is valuable and adds to the student's application.

If a student should receive a denial from NBME, again, be there to support the student on responding to this. Help them to understand the rationale for the denial or seek it if it's not provided in the response letter, and brainstorm what else could be provided to help fill in the gaps and write a second letter of support.

And the Department of Justice has just helped us out with this process. They have just released some fantastic technical assistance protecting accommodations that are worth looking at and referencing directly in your letter of support or correspondence with NBME.

In the next slide, I've provide the links to that technical assistance document. Have a look at it and read through it; it's really quite good. And this was provided by DOJ because they state that they get a lot of questions, and they want to make sure that expectations for procedure and process are very clear for what they call gateway exams, which includes professional licensing exams. So they are getting a lot of questions from people about what's supposed to happen here, how is this supposed to work, I don't understand. So they want it to be really, really clear.

And they talk quite specifically about how testing agencies should deal with those tricky situations, like students making first-time accommodation requests on a licensing exam; what constitutes a disability; students with historical academic success who are requesting accommodations, and we know a lot of our students are in that position. They talk about the need for deference to qualified professionals, and that's something Elisa just referred to earlier with thinking about a medical professional who knows the student said they needed the accommodations, how do we question that or can we question that?

And also the need for a timely response. They really talk about the timeframe in which students should expect a response and what does "timely" mean? So have a look at that. They also have an info line that you can call for further clarification. Now that this tool exists, I highly recommend making using of it. Referencing it, as I say, in the letters or queries to NBME and reading it to get a better understanding of how the process should go.

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So this is just a taste of some recommendations, but stay tuned. Jayme said at the beginning that we're talking about putting together another series, and this is one of the topics that we're considering doing a whole webinar on. So if you're interested, do let us know about that.

Okay, thanks, and if anyone would like to add something, that would be great.

No, nothing from me.

Just a quick follow up to emphasize what Neera said. Just really plan ahead and get those letters started, especially to the NBME. These are not letters you can just put together in a few days. They really do need to be thorough and well-thought-out and comprehensive. A lot of other testing agents may not be that bad or that thorough, but the NBME is. Thank you.

Okay, Question 6: "What strategies can we use to document our work should we face litigation, or better yet, to help avoid litigation?"

And I will turn this over to Elisa.

Thanks, Tim.

This is a really great question, and I think the answer can be divided into two different categories. There are best practices for faculty and there are best practices for DS practices. Let me focus first on the faculty.

When a student discloses a disability to a faculty member, the entire institution is deemed to be aware of the student's disclosure of disability. And it then becomes on the school to ensure that the student is directed to the appropriate place on campus to request accommodations if they want them. Faculty should let that student know that if they want accommodations, further steps need to be taken.

I strongly recommend to every faculty member on my campus that they follow up any oral referral of a student to the Disability Office with a confirmation e-mail that includes my contact information. They can "cc" me on that e-mail to the student or not, it would depend a lot on the student's comfort level, I think.

But just sending the e-mail itself serves two purposes. One, it makes sure the student knows who to contact. If they've got my e-mail and phone number, then they've paved the way for the student to reach out to me. But it also provides a written record that the student was, in fact, given that information should they ever later say, "Oh, I didn't know about requesting accommodations," which occasionally can happen, especially in a dismissal situation, as sort of a Hail Mary pass.

Next, to maintain student privacy, letters specifying accommodations should be filed in a safe place and after they're no longer needed, disposed of securely, shredded potentially if they're hard copy or deleted thoroughly if not. And then finally, in the rare case where a student offers to provide a faculty member with their medical documentation, which has been seen happen where students may be requesting flexible attendance or flexibility in due dates for papers and they bring a doctor's note or other medical information. Faculty should refuse to read or accept it, and should just tell the student that if they have that kind of medical documentation, it needs to be done through the DS Office.

This protects you as a faculty member. If you don't know something about a student's disability, you can't be accused of discriminating against that student due to having that information.

And then as for the Disability Services staff, there are several recommendations I can make there. The first one I think is pretty obvious: be careful with sensitive documents.

Another important practice to take to heart is to be consistent with all of our students' information. The more alike we treat students, the less likely we are to accidentally include or accidentally leave off something important that they need to know. And so for e-mail communications, it can also be a huge

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time saver to have a template. I do that with all of the ones, particularly those that have instructions that students need to follow steps, like requesting note taking or testing or other routine kinds of instruction procedures. I have a template; I just paste it in the e-mail; and then I know that they got all the information.

Uniformity is also important when you're drafting the students' accommodation letters. If one letter says time and a half on exams and another says 50% more time for written didactic exams, you may mean the same thing. But the faculty may look at that and say, well, this one only says written exams and the other one doesn't. So the one that doesn't must get additional time on standardized patient exams too or else they would have put "written." Being consistent just ensures clarity and avoids those ambiguities.

And then also consistency in filing systems -- whether paper, electronic, whatever -- helps ensure that all of the important things are saved and can be found easily later.

And then in addition to those sorts of formal recordkeeping processes, keeping good notes is really key to protecting your institution in the case of a student complaint or a lawsuit. So keep records of students who contact your office but never follow through. Then if, God forbid, they ever later say that got bad service from your office, you never replied to them, you need to be able to show what communications did or didn't happen and what information they did or didn't give you.

And then the same logic applies to implementing accommodations for students who are registered with the office; for example, keeping good records of exams that students took using their testing accommodations. That will help refute any later claims that the student didn't get testing accommodations because your office was to blame. And also keeping a database or spreadsheet or some e-mails, anything that will document your efforts that show that you made efforts for recruiting notetakers, for example, recruiting interpreters, service providers of other kind, so that you can show just how much effort was put forth in case it's ever called into question.

And then documentation when denying a student's disability accommodation request is even more particularly important because that carries a higher risk that a student will file a complaint. So careful notes should be kept; and those should include which experts or colleagues were consulted; whether legal counsel was consulted; what opinions those folks gave you.

And then whether other people were consulted or not, putting in writing the reasons for denying the request, including what alternate ideas were reviewed or considered, is really, really important. If alternate accommodation proposals were made to a student, document what they were. Document whether the student agreed to accept the alternate suggestion. Perhaps you internally discussed alternate accommodations, but then ultimately didn't offer those to the student. Record what they were, what you were considering, and why you ended up rejecting those ideas.

All of this is important because if you ever end up in front of a judge or OCR and you're having to defend a decision about denying accommodation requests, they're going to want to see what deliberations were made, what outside opinions were sought. Without notes about it, it's going to be really hard. And the assumption will be that you made a snap decision; and you didn't have good, sound logic. You just said, "No."

What I've seen in reading a number of fairly recent decisions is that courts are interested a lot more in knowing that a process took place than going back and picking apart the decision you made and second guessing. So documenting the process and what are all the steps you did is really key to protecting yourself from legal liability down the road.

Do my co-presenters want to weigh in on this? What do you guys do at your schools that might be different? I know we've just got a minute, but if you have any thoughts.

I think you've covered it. That was really great, Elisa.

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All right. Back to you, Tim.

Okay, and I promise folks that this was a real question we received. We didn't just make this up: "I work at a small health science focused college. This webinar series has brought to my attention a wide array of accommodations for health science students. Is there some resources available that is responsive for suggestions, past practice, and options for accommodations, including assistive technology, in health science?"

And, yes, there are. And you see on this slide – I'm not going to go through each one – and I think we've presented a lot of these during the webinar series. But I can't encourage you enough if you're not already, to join the Coalition Listserv. That is exactly what we do. That's why we created the Listserv. That's why we have it up and running. It's exactly what we do to be able to share best practice and experiences and ideas and strategies and technologies with the folks who are working specifically in these fields that are really challenging.

I can't encourage you enough to take a look at it and buy our book: *The Guide to Assisting Students with Disabilities: Equal Access in Health Science and Professional Education*. It is just chock full of advice, best practices, real cases – just tons of information that can help you. You can refer back to this all the time.

We also have some resources in development. We're developing a database for assistive technology information, for legal information, Listserv forms and documents. And I think there may be one more, and I'm blanking on it. But all those are going to be available as well if you're a member of the Listserv.

I just sent out today a save the date for our Coalition third annual Coalition Symposium on April 14th and 15th in beautiful San Francisco. If you join the Coalition, I'll send u that information; and you're welcome to come and join us. We spend two days every year, all of us coming together and just really focusing on this great service we do.

I want to take a second to just again say a huge thank you to Jayme and the AAMC for this opportunity. We're going to hopefully partner again with you in the future. And we'll see you all next time and down the road when we do some other great things.

Thanks, everyone.