Requesting Accommodation for a Disability: A Telephone Survey of American Medical Schools

Committee on Disabilities: Group for the Advancement of Psychiatry

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Abstract

Members of the committee on disabilities of the Group for the Advancement of Psychiatry (GAP) contacted 107 of 126 American Medical Schools to determine the number of students requesting accommodation for a disability, the time at which the request was made, the type of disability, and the type of accommodation offered. The survey determined that 2.3% of medical students request accommodation for disabilities that are overwhelmingly cognitive in nature. Accommodations offered usually consist of extra time and/or a quiet room for examinations. Many medical students make accommodation requests only after experiencing the heavy demands of the first two years of the curriculum.

Since 1973, American medical schools that receive any federal funding have been required by Section 504 of the Rehabilitation Act to provide protection to individuals with disabilities in eight areas of service. With the passage of the Americans with Disabilities Act (ADA) in 1990 and its implementation in 1992, protections for persons with disabilities in institutions of higher learning were more specifically described by Essex-Sarbie (1994).

A college of medicine must provide reasonable accommodation for known physical or mental limitations of qualified individuals, unless the college can demonstrate that doing so would impose undue hardship on its operation. Reasonable accommodation must be extended to individuals with disabilities after they are admitted, regardless of whether the disabilities were present before the admission or occurred after the admission. The level of accommodation must be determined on a case-by-case basis and varies according to the student's disability and limitation (Essex-Sarbie, 1994).

The Committee on Disabilities of the Group for the Advancement of Psychiatry (GAP) undertook a review of the literature regarding medical students with a reported disability. It was learned that such data are much more available on college students with learning disorders than on graduate students or medical students. For instance, learning disabilities are the most common disability on undergraduate campuses (Cohen, 1983) making up 3%-6% of the population of college students and more than 90% of the population of college students with any form of disability (Cox & Klans, 1996; Hippolitus, 1987).

In graduate schools, the database is much more scanty. Parks et al. (1992) investigated one dental school population and reported that 5% of the sample

had self-disclosed a disability. Runyan and Smith (1991) cited data on the incidence of learning disabilities in law schools and found only 0.5% having self-identified as having such a disability. In nursing graduate programs, Watson (1995) found that 45% of the 247 nursing programs that returned his survey indicated that they had admitted new students with disabilities for that academic year.

Regarding medical students, two general surveys of medical students with disabilities focused primarily on physical disabilities and were performed over a decade ago (Wainapel, 1987; Wu, Tsand, & Wainapel, 1996). In one medical school, Walters and Croen (1993) reported that from 1% to 2% of the students in each class were referred for evaluation for a learning disability. Moreover, requests for accommodation for taking the medical college admissions test grew from 69 in 1985 to 330 in 1993 (Kayes, 1993).

Our committee reviewed current technical standards for admission to U.S. medical schools preliminary to undertaking this survey and in light of ADA legislation. A sizeable majority (87%) of medical schools had language that addressed applicants with a disability (St. John et al., 2002, unpublished manuscript). Faigel (1998) conducted a survey of US and Canadian medical schools to determine changes in the admission policies of and services offered between 1991 and 1997. He concluded that medical schools had improved their services for students with learning disabilities in response to ADA legislation; yet, many questions about medical students with disabilities remained.

GAP is an organization devoted to the study and exploration of current issues in psychiatry through a variety of specific committees. The committee on Disabilities, which conducted the current survey, had previously explored issues such as office practices in caring for patients with hearing impairments (The Committee on Disabilities, 1997) and the psychosocial experiences of caregivers managing patients who experienced catastrophic physical injury (The Committee on Disabilities, 1992). The purpose of the present study was to identify information about students with disabilities who attend medical schools. Specifically, questions were: How many students with disabilities were now seeking an accommodation for a disability? What types of accommodations were being offered? And When were students making their requests for such an accommodation?

Methods

Sample

The sample consisted of the 126 medical schools listed in the Directory of American Medical Schools.

Procedures

The committee developed a brief interview format in which four questions were posed: (a) Can you estimate the number of medical students each year who request some form of accommodation for a disability? (b) What types of disabilities are most frequently reported? (c) What types of accommodation are offered? and (d) When are students most likely to make these requests- at admission or sometime later in their medical school experience? Four of the six committee members conducted the telephone interviews and the responses to these questions were recorded on a standard format.

The committee developed the interview protocol over the course of a year as it deliberated on the most efficient way to gather the relevant information in a brief telephone survey. Much of the interviewers' time was spent in finding the appropriate person to respond to the questions. Each committee member initially requested to speak to the school's ADA offices. In practice, interviewers were usually referred to the office of student affairs, and the respondent was often an assistant dean for student affairs. Almost all but a handful of schools responded that they did have a designated ADA officer. In medical schools closely connected to an undergraduate campus, the interviewers were then referred to the campus office of disabilities. Usually, several phone calls were required to reach the appropriate person.

Interviews ranged in length from several minutes to more than 30 minutes. Some respondents provided a rich context for their answers. In such discussions, we often learned about concerns of the impact of the ADA legislation, conflicts around testing procedure with the National Board of Medical Examiners, and particular challenges at each school. These anecdotal issues will be mentioned in the discussion session.

The sources of information received were estimates provided by respondents at the time of the phone interviews. There was no way to verify the reliability of these responses, and the respondents did not request time to obtain data from their files. Since the number of students requesting accommodation in each medical school class was small, it appeared to us that the respondent was comfortable in providing the numbers

offered. In many cases the respondent seemed personally familiar with the students making the request.

The data were analyzed in the following manner: One of the committee members received the interview sheets from fellow interviewers and checked for clarity and missing data. No attempt was made to call schools for which data appeared to be missing. The interview sheets were then tallied and analyzed by a non-committee colleague who was blind to the interest and procedure of the study.

Results

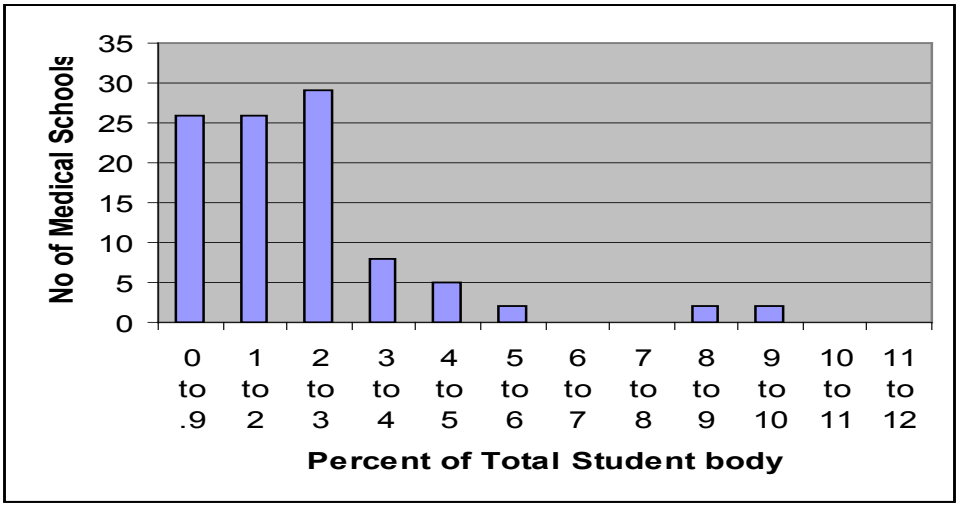
The committee contacted 107 of the 126 available medical schools (85%). Five schools refused to discuss these issues. Four of the five felt it was a breach of confidentiality. The fifth noted that the school was involved in a lawsuit over a student with a disability. Repeated attempts to reach the remaining 14 schools were unsuccessful.

The 107 schools surveyed represented a collective student body of 55,360 medical students. The Association of American Medical Colleges describes the total student body of the 126 schools at 67,000 (Molear, 2003-2004). Thus, the survey includes 83% of the total number of medical students. The number of medical students requesting accommodation in the survey was 1,230, or 2.3% of the student bodies surveyed.

Figure 1 shows the percentage of students requesting disability accommodations at the surveyed schools. Four schools reported no requests, while 26 schools reported that 0 - 0.9% of their students made requests. Fifty-seven schools had received requests from 1 to 3% of their students. Fifteen schools reported such requests in the 4 to 6% range, while there were 5 schools reporting the highest request rate (9 to 10%). Examination of the data regarding reasons for accommodation showed that over 90% were for cognitive problems, such as attention deficit disorder or learning disabilities.

In terms of when students requested accommodation, responses varied widely. While some students identified themselves during the admission process as having a disability, others chose not to make such a disclosure until they were already in school. The school identified some students (one school, for example, examined the lower percentile of students for the possibility of a learning disability). Most, however, self-identified. In 43 schools, over 50% of the students made a request at the time of admission, whereas in the other 60 schools at least as many students requested an accommodation some time later than admission. No data are available for 4 schools. Most of the later requests were made in the preclinical years, but only anecdotal data are available on that point.

Figure 1.
Percentage of students at U.S. medical schools who requested accommodations.



Discussion

To our knowledge, this is the first attempt to conduct a national survey of the use of accommodations for medical students with a disability. The three major findings from the survey were: (a) 2.3% of medical students request accommodations for some form of disability; (b) vast majority of the requests for accommodation come from students with cognitive, rather than physical disabilities; and (c) many students with disabilities delay requesting accommodation until they experience the rigors of the medical school curriculum.

We have no comparable data from other graduate schools with regard to the prevalence data reported here. We note in the Walters and Crown study (1993) that between 1% to 2% of the students in each class at Albert Einstein School of Medicine were referred for an evaluation for learning disability.

Regarding the type of disability reported, the HEATH Resource Center tracks freshmen college students with disabilities on a biannual basis. From 1998 to 2000 the prevalence rates of reported disabilities in this national sample remained between 6% and 8% percent. However, the number of freshmen students reporting a learning disability rose steadily from 16% in 1988 to more than 40% in 2000 in that 6%-8% range (Henderson, 2001). It is clear from these data that cognitive disabilities are showing a rising prevalence. Compared to the earlier surveys on national samples of medical students that focused primarily on physical disabilities, it seems safe to conclude that cognitive disability recognition and accommodation have also risen over the same period in schools of medicine.

Somewhat surprising was the sizeable number of students who acknowledge or discover cognitive problems after entry into medical school. We heard frequent stories from respondents of students who had functioned adequately in college but who "hit the wall" during their first two years of medical school because of the demands of large amounts of material to be covered.

Accommodations for students with cognitive difficulties were predominantly extra time for examinations and/or a quiet room. For students who are hard of hearing, reported accommodations included transparent surgical masks (for lip reading), amplification stethoscopes, and sign language interpreters. Less frequently used were note takers and books on tape for students with severe reading and writing problems. For several students with hemiplegia, (paralysis in one vertical half of the body), schools offered a standing wheelchair.

Anecdotal comments occurred during our conversations with representatives of each school. Many respondents noted the academic excellence of their students with disabilities as others have emphasized (Greenbaum, Graham, & Scales, 1996). The impact of ADA legislation was also a frequent topic of interview discussions. Many credited the ADA with raising the level of consciousness about disability and lessening the stigma traditionally attached to having a disability. As one dean said, "accommodation is no longer seen as an unfair advantage, but as assistance…We are testing for ability, not disability." Nevertheless, a few respondents felt that this law gives students an unfair advantage. Other concerns included the extra expenses involved in providing accommodation, the fear that it would generate unrealistic expectations for students, and the related fear that learning disabilities could be used for cover more serious psychological problems. Overall, the ADA legislation appeared to have generated more formal procedures for evaluating a disability and recommending accommodations, as Faigel (1998) has noted.

An additional anecdotal issue concerned occasional conflicts with the National Board of Medical Examiners (NBME) around requests for accommodations in sitting for Step One of the United States Medical Licensing Exam (USMLE) which occurs at the end of the second year of medical school. Students who had received accommodations for a disability at their school could be denied such by the NBME. Failure to pass the USMLE could jeopardize their remaining two years of medical school. This issue is complicated and has been more fully explored elsewhere (Keys, 1993; Little, 2003).

Finally, as important as accommodations were for many students, respondents at various medical schools emphasized that some students who could justifiably receive assistance were reluctant to request it. Admitting to any deviation from the norm or fear of being socially stigmatized by peers or faculty seemed the major reason for this reluctance. Efforts to assist faculty in providing flexible accommodations for medical students are underway and have shown promising results (Sowers & Smith, 2003).

Limitations

This survey is a preliminary exploration of this important topic, and the numbers reported provided must be considered estimates, given the methodology used. In some of the telephone interviews, we failed to get a full listing of students who had a disability other than cognitive, so we are reluctant to provide numbers

of the smaller group of students with hearing, visual, or other forms of disability.

A more systematic and detailed study of accommodations to various forms of disabilities needs to be carried out over time to capture trends and to establish more thoroughly the magnitude of the impact of disability on medical education.

Further, lack of data from 19 medical schools may have affected the figures. Nevertheless, an 85% response rate seems adequate to describe the estimated rate of accommodation requests. No attempt was made to learn how well accommodated students were doing academically compared to classmates, nor were systematic attempts made to estimate the financial impact of providing accommodations.

Recommendations

A more detailed survey on students in medical school who request accommodation needs to be done using methodology that includes systematic reviews of actual records at each school. The progress of accommodated students from their freshman to their senior year also needs to be examined from a psychological, academic, and financial perspective. Finally, the accommodation issue between medical schools and the NBME needs to be pursued.

Summary

Over 2% of American medical students are estimated to request accommodations for some form of disability. The overwhelming type of disability is cognitive in nature, and the major form of accommodation is extra time for in-house examinations and/or a separate room for testing. Many students do not request an accommodation until they become immersed in the increased demands of their preclinical years.

Author Note

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