Recommended Guidelines for Admission to Medical School of Candidates with Disabilities

Introduction  
As a result of concerns that physically disabled students were being denied entrance to American medical schools simply because they have physical disabilities, the AAP Board decided to act. In 1991, Randall Braddom, MD, president of the AAP at that time, appointed a special committee consisting of Thomas Strax, MD, Robert H. Meier, III, MD, and chaired by Theodore Cole, MD. This committee’s job would be to draft a White Paper discussing the handling of physically disabled applicants to American medical schools. The final document was submitted to the AAMC for ratification and distribution to Admission Committees. 

The Association feels this is important information that our AAP members and all medical schools need to consider.

Thomas E. Strax, MD

Background

Rehabilitation Act of 1973  
(Public Law 93-112)

Section 504
“No other qualified handicapped individual in the United States… shall solely by reason of a handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The Civil Rights Restoration Act (public Law 100-259) adopted on March 22, 1998, clearly defines the term “Program or Activity” to include a college, university or other post, secondary institution, or a public system of higher education.

The recent enactment of the Americans with Disabilities Act tells us to ensure that medical schools take all reasonable steps so that students with handicaps might benefit from educational resources. With or without accommodations, the term handicap includes (a) a physical or mental condition which may result from disease, injury, congenital condition of birth or functional disorder if it substantially limits one or more of the major life activities of the individual and is unrelated to the individual’s ability to perform the duties of a particular job or unrelated to the individual’s qualifications for employment or promotion; (b) a history of such a physical or mental condition; (c) the condition of being regarded as having such a physical or mental condition.
In the larger educational context, the Association of American Medical Colleges published a 1991-92 document on medical school admission requirements in the United States and Canada. It states that candidates for the MD degree must have somatic sensation and the functional use of senses of vision and hearing. It further states that a candidate’s diagnostic skills will also be lessened without the functional use of the senses of equilibrium, smell and taste. Additionally, students must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory), and sufficient motor function to carry out activities necessary for education of the physician. They must also be able to consistently, quickly and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, analyze and synthesize these data.

The 1991-1992 AAMC document appears to have its roots in a special advisory panel of the Association of American Medical Colleges, which reported on technical standards for medical school admissions in 1979. That panel recommended that a candidate for the MD degree must have abilities and skills in these areas: communication; motor; conceptual; integrative and quantitative; and behavioral and social.

Technological compensation could be made for some handicaps in certain areas, but a candidate should be able to perform in a reasonably independent manner. The 1991-92 AAMC report is not AAMC policy but is intended as a guideline for medical schools as they establish their own technical standards.

There are many physicians practicing successfully across the country with physical and sensory disabilities. They are living proof that physically challenged individuals can be successful physicians. Their record demands that medical schools become more accommodating.

“*To suggest that the undifferentiation requirement should never be modified due to a student’s medical disability is to refuse to acknowledge the success of several physicians with significant disabilities who currently practice medicine, many of whom were disabled at the time of their medical education.*”

Peter Thomas, JD
Powers, Pyles, Sutter & Verville, P.C.
Washington, DC
**Principles:**

The Association of Academic Physiatrists (AAP) believes that medical schools should educate a diverse group of medical students recognizing that in such diversity lies excellence. Included in this group are qualified students who have impairments, functional limitations and/or disabilities. Medical schools should facilitate the matriculation of such students and make reasonable accommodations for their disabilities in order to promote learning and performance.

The medical school’s obligation is to produce effective and competent physicians and to seek candidates who will be best able to serve the needs of society. Therefore, applicants with disabilities should be held to the same admission standards, with accommodation if needed, as their nondisabled peers.

The AAP believes that there are many avenues by which talented individuals pursue the healing arts, and that not all graduating medical students are pluripotential. Not all students should be expected to gain all technical skills. However, some skills may be held to be so essential that they must be gained, with the assistance of reasonable accommodation where necessary. The AAP also believes that upon graduation the requirements of postgraduate experience play a substantial role in determining choices of medical practice. It is understood that certain medical specialties require certain technical skills.

Some candidates with compromised skills may not be well-suited for some specialties. Candidates who do not have these skills should be advised at the time of application that they may be able to pursue only a limited number of specialties following graduation. If such a student is admitted the counseling process should continue throughout the student’s medical school career in order to allow for smooth transition into postgraduate training in an appropriate specialty.

Each medical school should develop a written policy that guides the selection of students with disabilities. It should be regularly reviewed in light of continued changes in technology, and adequately distributed and publicized to those individuals it affects. It should be reasonably achievable, in the best interests of patients and consistent with today’s social and legal framework. An educational process should be undertaken to assure that all who are involved in the admissions process know the rationale and are able to implement the policy.

Each medical school should also develop a system for advocacy and support of matriculated medical students who have disabilities.

**Recommendations:**

1. No otherwise qualified individual will be denied admission to medical school based solely upon physical and psychological characteristics.

2. Students with disabilities applying to medical school will be expected
to have achieved the same requirements as their non-disabled peers, with accommodation if needed.

3. Matriculation in medical school assumes certain levels of cognitive, emotional, and technical skill. Medical students with disabilities should be held to the same fundamental standards as their nondisabled peers. Accommodations must be reasonably made to assist in learning, performing and satisfying the fundamental standards.

4. Reasonable accommodation should be made to facilitate student progress where such accommodation does not significantly interfere with the essential functions of the medical school or significantly affect the rights of other students.

5. The costs of reasonable accommodation as defined under the Rehabilitation Act should be borne by the medical school, utilizing all potential sources of funding from federal and state agencies, and it should also be expected that the student(s) would bear some of any other necessary costs of participating in the educational program.

6. Applicants who believe that they have not received adequate consideration because of their impairment or disability may appeal to a committee of the medical school which will review appeals on a case-by-case basis.

The 1991-92 document on medical school admission requirements states that a candidate for the MD degree must have abilities and skills of five varieties including observation; communication; motor; conceptual, integrative and quantitative; and behavioral or social.

I. Observation

The candidate must be able to acquire a defined level of required information as presented through demonstrations and experiences in the basic sciences, including all but not limited to information conveyed through physiologic and pharmacologic demonstrations in animals, microbiologic cultures and microscopic images of microorganisms and tissues in normal and pathologic states. Furthermore, a candidate must be able to observe a patient accurately, at a distance, and close at hand, acquire information from written documents and visualize information as presented in images from paper, films, slides or video. Such observation and information acquisition usually necessitates the functional use of visual, auditory and somatic sensation while being enhanced by the functional use of other sensory modalities.

In any case where a candidate’s ability to observe or acquire information through these sensory modalities is compromised, the
candidate must demonstrate alternative means and/or abilities to acquire and demonstrate the essential information conveyed in this fashion. It is expected that obtaining and using such alternative means and/or abilities shall be the responsibility of the student. The university will reasonably assist the student where necessary.

“Medical students, during their training, experience fear, anxiety, hard work and long hours, and finally many rewards and satisfactions. The experience for a medical student with a disability is very similar, only amplified many times over.

Dr. Amit Jha
University of Washington, Seattle

II. Communication

The candidate must be able to communicate verbal, written and reading skills effectively, efficiently and sensitively with patients, their families and all members of the health care team.

A candidate must be able to accurately elicit information, describe a patient’s change in mood, thought, activity and posture. Students must demonstrate established communication skills using traditional or alternative means.

III. Motor

The candidate must be able, with the use of assistive devices, if necessary, to interpret x-ray and other graphic images and digital or analog representations of physiologic phenomenon (such as EKGs).

It is desirable that a candidate possess the motor skills necessary to directly perform palpitation, percussion, auscultation and other diagnostic maneuvers, basic laboratory tests and diagnostic procedures.

It is also desirable for a candidate to be able to execute motor movements reasonably required to provide general and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, and suturing of wounds. However, the candidate who cannot perform these activities independently should be able, at least, to understand and direct the methodology involved in such activities.
IV. Intellectual-Conceptual, Integrative and Quantitative Abilities

The candidate must be able to measure, calculate, reason, analyze and synthesize. In addition, the candidate should be able to comprehend tree-dimensional relationships and to understand the spatial relationships of structure. Problem-solving, the critical skill demanded of physicians, requires all of these intellectual abilities. These problem-solving skills must be able to be performed in a timely fashion.

V. Behavioral and Social Attributes

Candidates must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgement, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.

Candidates must be able to tolerate physically taxing work loads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of patients.

Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admissions and educational processes.

Facilities and Environment

The university, the medical school and the clinical setting should work with students to develop an environment that can meet their need for learning and demonstrating defined knowledge and skills. The school should consult with a group of disabled students for advice and for practical testing of measures which may be undertaken to address the needs of students with impairments, functional limitations or disabilities. Examples of reasonable accommodation may include:

1. Accessibility to learning settings such as laboratories, clinical environments and libraries.

2. Furniture and furnishing appropriate to students who have disabilities which impair their mobility and function.

3. Adaptations such as ramps for accessing buildings and viewing clinical activities or laboratory procedures. Electric doors and handrails in elevators should be installed.

4. Reasonable accessibility to facilitate building-to building transit,
entrance, egress and in-building mobility.

5. Availability, accessibility, and modification of equipment for learning, such as computers.

6. Accessible public facilities such as restrooms, drinking fountains, telephones, and work surfaces.

7. Modification of environmentals and facilities for safety.

8. The availability of living accommodations which suit the need of disabled students.

9. Financial assistance to help the student cope with the cost of some of the accommodations.

10. Faculty, staff and other students should be made aware of these efforts to engender a general level of understanding and reduce the potential for misunderstanding or negative bias which could result from an improper interpretation of these recommendations.