

Disability Compliance

for Higher Education

Successful Strategies for Accommodating Students and Staff with Disabilities

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COALITION CORNER

Accommodate learners with ASD in a clinical setting

By Lisa M. Meeks, Ph.D.; Jane Thierfeld Brown, Ed.D.; and Jonathan Warczak, M.A.

An increasing number of learners with autism spectrum disorder are attending health science programs. When the curriculum includes clinical placements, learners often find they require additional supports.

One of the inherent challenges of ASD is that it affects social skills that other learners may naturally adopt. Learners with ASD may experience difficulty with effectively communicating with patients and team members, multitasking and organizational skills, adapting to frequent changes between rotations, including new expectations and procedures, overstimulation, and receiving and acting on verbal feedback.

Given how these difficulties could impact clinical performance, it is important to address common situations that arise in clinical settings and that are not addressed in any way in the curriculum. We often refer to these skills as being part of “the hidden curriculum.” Learners with ASD may require more coaching on nonclinical tasks such as how to call an outside agency (e.g., a nursing home) for information on a patient, how to address a resident or attending physician about doing a procedure, how to broach the need to leave for a bathroom break during a surgical rotation, or how to ask a resident for permission to leave the ward for

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OF COUNSEL

State vocational rehabilitation: A resource for auxiliary aids and services

By Marc Charmatz, Esq.

Many times colleges and universities ask “Are there any resources out there that may pay for auxiliary aids and services for students with disabilities?” While there may not be many resources, there is one, and it is a big one: state vocational rehabilitation agencies.

Title I of the Rehabilitation Act creates state VR agencies. Each state has

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a personal appointment or other sanctioned event. A deficit in learner pragmatics can pose a serious problem if not addressed in advance of rotations, leading to strained relationships with residents and attending physicians who, without the context of the disability, may mistake a learner's interactions as disrespectful.

ASD presents very differently in different learners, and accommodation needs should always be reviewed on a case-by-case basis. But some deficits are more salient and well-documented, including:

➤ **Effective communication with patients and team members (patients, doctors, nurses, clinicians, family members).** Health science programs require skilled and exact communication, delivered with empathy and the patience to skillfully respond to multiple questions, emotionally charged responses, worry, and sometimes grief.

➤ **Difficulty with multitasking and organizational skills.** Learners with ASD may struggle with organization. In a clinical setting, this is most challenging when learners are assigned to multiple patients while simultaneously managing the competing demands of the clinic (e.g., learning a new electronic health records system, presenting patients, reading literature, studying for exams, and understanding and following hierarchy).

➤ **Frequent changes between rotations with new expectations and procedures.** For many people on the autism spectrum, transition is very difficult. Just when learners have mastered the environment of one placement, they must transition to the next. At the same time, this exposure to multiple settings is intended to provide a well-rounded view of medicine.

➤ **Overstimulation.** Learners with ASD may experience overstimulation, leading to increased anxiety and to emotional decompensation. Disability services providers should be sure to evaluate learners' needs in the context of the clinic, taking into account lighting, smells, sounds, and tactile experiences when using gloves, soap, and surgical equipment.

In addition to formal accommodations, learners on the autism spectrum would also benefit from extracurricular activities in the preclinical years that help build the skills needed for success in clinical rotations and that provide some form of mentoring. This can take the shape of formal training, similar

to remedial skills courses for learners experiencing difficulty, or can take place informally in a more volunteer capacity. For example, a learner could assist in the Emergency Department on the weekend, rotate with the homeless medical team, or complete a ride-along with the local EMS agency.

These practices can help acclimate learners with ASD to the clinical environment and the team aspect of medicine, as well as the hierarchy. An assigned mentor could provide feedback in real time to help the learner

recognize when he is committing a social faux pas or when his communication is being misinterpreted. These opportunities also allow for a trial run to identify sensory and pragmatic language challenges inherent in clinical situations, without the pressure

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Important considerations for faculty, preceptors, and administrators

Beyond providing accommodations to learners in health sciences with ASD, consider the following:

- Ensure feedback provided as part of an accommodation is restricted to internal use only and not included in formal evaluation summaries and/or on the Medical Student Performance Evaluation (Dean's Letter).
- Facilitate collaboration between the learner, the disability services provider, and the third year coordinator to determine if specific clerkships present additional barriers for the learner and how to accommodate learner needs.
- Evaluate whether learners may benefit from continuity in their clerkship location to reduce multiple transitions and to reduce the need to learn new policies and systems.
- Consider clinical placement sites and whether consistency in placement (e.g., limited to one or two sites) and strategic placements (e.g., community hospital versus major trauma hospital) are in the learner's best interest.
- Provide hands-on practice for new procedures with a faculty member mentor.
- Provide clear expectations. Learners may struggle with expectations, rules, and practices, which are grounded in social learning. These may need to be written and explained in ways in which health sciences faculty and administrators are not accustomed. ■

of being formally evaluated. This test run can aid the DS provider and clerkship directors in tailoring clinical accommodations for the learner specific to each site and the demands of the rotation.

Learners with ASD offer a unique and valuable skill set and perspective to the health sciences. The success of these learners is contingent upon their ability to engage with the clinical team in multiple clinical environments while managing and prioritizing competing demands. The best approach for a successful clinical experience is a proactive one. If the medical program provides learners with the opportunity to practice in advance, offers specific feedback in real time or by video review, and puts in place the aforementioned accommodations, learners will be better prepared to address the ASD-specific challenges they encounter in clinical environments, and programs will increase the likelihood of a successful experience for all. ■

Potential mitigating measures for learners with ASD

Take these measures to help learners with ASD in the hospital setting:

- Allow learners to visit the ward before beginning their rotation to get a sense of the environment.
- Arrange for disability services providers to visit or at least talk with learners about how their ASD will impact the experience and about what accommodations are reasonable, if possible.
- Consider length of shifts. Some learners may need scheduling accommodations, including a hard 10 p.m. stop time to allow for good sleep hygiene.
- Evaluate whether beginning each rotation with a reduced patient load and slowly increasing load over time might assist learners with the transition.
- Consider decompressing rotations such that a traditional six-week clerkship (rotation) is completed over eight, 10, or 12 weeks, which can help support the reduced patient load suggested above and allow the learner time to adapt to the new environment.
- Consider lighting, smells, sound, and other sensory issues that may interfere with a learner's functioning on the wards and develop proactive approaches (noise-cancelling headphones while charting, positive pressure undergarments, Vicks VapoRub run under the nose to overpower other smells (although the learner has to acclimate to the Vicks first), and masks or respirators for anatomy labs and dissections).
- Help learners identify a low-stimulation location for decompressing when they become overstimulated. Libraries, chapels, and bathroom stalls all provide a sense of safety for learners who need to practice self-soothing techniques before returning to clinical duties. ■

Address limitations in executive function

Remind your students with autism spectrum disorder to take the following steps to address their limitations in executive function:

- Set reminders on their electronic device to keep appointments and to remind them of upcoming deadlines.
- Prepare in advance of a new placement with pictures, visits, and as much information about the new setting and new people as possible. ■

About this column

Disability Compliance for Higher Education has partnered with the Coalition for Disability Access in Health Science and Medical Education to bring the readers a monthly column, which addresses the nuanced and specialized practices in this area. Each month, a guest writer from the Coalition brings tested and sage advice to the readers from some of the most experienced disability services providers in the country.

Learn more at <https://www.hsmcoalition.org/> and on Twitter: @hsmcoalition. ■

Potential accommodations for learners with ASD

Accommodations for learners with ASD must be approached individually, and may include the following:

- Extended time on examinations (50 percent or 100 percent additional time).
 - Extended time for writing clinical notes (100 percent additional time).
 - A testing environment with minimal distractions.
 - Ability to use a word processor for essay examinations.
 - Note-taking for didactic lectures.
 - Audiotaping of didactics.
 - Use of Live-Scribe Smart Pen (*see article in the Sept. 2017 issue, p. 7*).
 - Weekly specific feedback, in writing, from clinical preceptor/supervisor or designee.
- Learners with ASD may require more modeling or scripts for patient and medical team interactions and benefit from shadowing clinicians skilled in bedside manner or one of the following:
- A clinical communication coach to provide feedback to the learner about patient interactions.
 - Videos of exemplar learner/patient interactions to present as models of effective communication.
 - Review of learners' videorecorded Objective Structured Clinical Examination with specific feedback and discussion.
 - Scripted interactions for learners to help them navigate patient and family interaction. ■