1.0 PURPOSE

The purpose of this policy is to outline the process whereby a resident or fellow in a graduate medical education program sponsored by Indiana University School of Medicine (IUSM) may request accommodation for disability.

2.0 POLICY

The Americans with Disabilities Act (ADA) of 1990 requires the IU School of Medicine (IUSM) to provide certain kinds of reasonable accommodation to qualified residents and fellows when necessary to provide an equal learning opportunity. Under the law, “reasonable” must be individually determined after an individual requests accommodation. The IUSM Office of Graduate Medical Education (GME) policy on Non-Academic Criteria for House Staff (Reference 1) describes the technical standards that residents and fellows are expected to meet in order to train in an IUSM graduate medical education program. IUSM Guidelines for Evaluation of Students with Disabilities (Reference 2) reviews standards for evaluation of a student requesting an accommodation for disability.

3.0 SCOPE

This policy applies to all GME Trainees in ACGME accredited, IUSM sponsored training programs.

4.0 DEFINITIONS

4.1 ACGME is the Accreditation Council for Graduate Medical Education.

4.2 A GME Trainee is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

5.0 PROCEDURE

A request for accommodation may be made at any time during residency training. In order for the resident to receive maximum benefit from his or her residency training time, a request for accommodation should be made prior to the start of training or as soon as possible after an event occurs that may affect a trainee’s ability to meet the non-academic standards. Request for an accommodation should not be made after the fact or in reaction to a negative evaluation or action taken by the training program.

The program director, necessary institutional staff, and the Associate Dean for Graduate Medical Education will coordinate with the resident to determine whether the requested accommodation
would be effective, reasonable, and enable the resident to perform the essential functions of the position and achieve the essential educational goals and program objectives, or make a good faith effort to negotiate another accommodation.

**Qualifying**

To qualify for an accommodation, a trainee must identify him- or herself to their program director and to the Associate Dean for Graduate Medical Education; declare the disability (or suspected disability) in writing; and request accommodation. It is also the trainee’s responsibility to obtain a thorough written evaluation from an appropriate professional, documenting the presence, extent, and ramifications of the disability. In addition, the documentation should explain what specific types of accommodation the evaluator believes might be most helpful in offsetting the effects of the disability to an acceptable extent in a graduate medical education environment. The goal at IUSM is to provide equal opportunity without undermining the integrity of any training program.

The trainee must obtain this evaluation at his- or her own expense and arrange to have the evaluation form and all supporting documentation forwarded to their program director and to the Associate Dean for GME. An evaluation performed more than three years earlier may not be acceptable. There are instances for which an evaluation must have been completed within a few months or even weeks.

After receiving the acceptable documentation, the Associate Dean will refer to the IUSM Disabilities Accommodation Committee (DAC) to review the documentation and consider the trainee’s request. If appropriate, they will approve a plan for accommodating the trainee.

If the DAC determines that the documentation provided does not meet its established standards, additional information will be requested. If further evaluation is required, it remains the trainee’s responsibility to arrange for that evaluation at his or her expense.

Once an individual has been approved for specific accommodations and has subsequently received those accommodations, that individual should be held to the same essential performance standards as all other trainees. Focus should be on the trainee’s performance in all evaluations. Written evaluations should not mention disabilities or accommodations for disabilities in any way. IUSM does not notify potential residency or fellowship programs or other employers about an individual’s disabilities without specific permission from the trainee.

**Policy Implementation**

When a disability has been acknowledged and a specific accommodation plan is approved by the DAC, the program director will meet with the trainee to discuss implementation of the plan. At that time, the program director will give the trainee a signed form outlining the approved accommodations. The trainee may then share a copy of this form with faculty or with other staff who have relevant responsibilities. If a trainee’s accommodation plan includes assistive devices or extensive supplemental aid, additional time may be required to make arrangements. The program director or designee will help to make those arrangements. The accommodation should be effective, reasonable, and should enable the resident to perform the essential functions of the position as well as achieve the essential educational goals and objectives of the program. If this
is not possible with the recommended accommodation, a good faith effort to negotiate another accommodation should be initiated.

Appeals

Any trainee wishing to appeal an accommodation decision made by the DAC should first appeal to the DAC itself through the Associate Dean for GME. The trainee should explain in a letter why he or she believes the prior decision was unfair or unreasonable, and should include any available corroboration information with the letter. The Associate Dean for GME will accept the letter and schedule a meeting of the DAC as soon as possible. It may be necessary for the trainee to meet with the DAC to answer questions.

If a trainee disagrees with the DAC’s decision after an appeal has been presented, the trainee may make a final appeal to the Dean of IUSM. Once again, the trainee should submit a letter describing the situation and indicating why the DAC’s decision does not appear to be fair or reasonable. The Dean will then consider the need and method for further review and study. The Dean’s decision is final.

Confidentiality

Disability information is considered private. All medical-related information will be kept confidential and maintained separately from other resident records. Faculty members, with the exception of those on the DAC, do not have the right to access a trainee’s diagnostic information. Ordinarily, faculty members and other relevant staff need to know only the accommodations that are necessary to provide an equal opportunity for trainees.

There are times, however, when certain faculty members and/or administrators may have a legitimate educational need to know about a trainee’s functional limitations. In such cases, the program director may speak directly with those individuals to ensure appropriate planning.

In addition, supervisors and managers may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.

This kind of direct communication by the program director happens if the DAC has decided that members of the IUSM community have an educational need to know about a trainee’s limitations, or if an issue arises that may involve the safety and wellbeing of patients, trainees, or staff. Trainees are also encouraged to speak with faculty as openly as possible to facilitate better understanding and support.

6.0 IMPLEMENTATION

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.
7.0 OVERSIGHT

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8.0 REFERENCES

1. The IUSM Policy on Non-Academic Criteria for House Staff can be found at: http://medicine.iu.edu/residents/gme-house-staff-handbook/non-academic-criteria-for-house-staff/

In accordance with the Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act of 1974, IU School of Medicine provides reasonable accommodations to qualified individuals with a disability.

The Graduate Medical Education Committee (GMEC) has specified the following non-academic criteria ("technical standards") that all residents and fellows are expected to meet in order to participate in the medical education program and the practice of medicine. As appropriate, individual training programs may add more specific standards to these criteria.

**Observation:** The resident or fellow must be able to participate actively in all demonstrations and laboratory exercises in the basic medical sciences and to assess and comprehend the condition of all patients assigned to him or her for examination, diagnosis, and treatment. Such observation and information acquisition usually requires the functional use of visual, auditory, and somatic sensation.

**Communication:** The resident or fellow must be able to communicate effectively and sensitively with patients in order to elicit information; describe changes in mood, activity, and posture; assess non-verbal communications; and effectively and efficiently transmit information to patients, fellow house staff, students, faculty, staff, and all members of the health care team. Communication skills include speaking, reading, and writing, as well as the observation skills described above.

**Motor:** The resident or fellow must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers; be able to perform basic laboratory tests; possess all skills necessary to carry out diagnostic procedures; and be able to execute motor movements reasonably required to provide general care and emergency treatment to patients.

**Intellectual-Conceptual, Integrative, and Quantitative Abilities:** The resident or fellow must be able to measure, calculate reason, analyze, and synthesize. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the resident or fellow must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. The resident or fellow must have the capacity to perform these problem-solving skills in a timely fashion.

**Behavioral and Social Attributes:** The resident or fellow must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, 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 and others. Residents or fellows must also be able to tolerate taxing workloads, function effectively under stress, adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, commitment, and motivation are personal qualities that each resident or fellow should possess.
IUSM Disability Documentation

The following is a statement of general guidelines regarding the type of documentation that is expected from students in connection with particular requests for accommodations. IUSM and its Disabilities Accommodations Committee (DAC) reserve the right to determine what documentation is adequate to support a determination of disability.

Guidelines for Documentation of Physical or Sensory Disabilities

1. The evaluation must have been completed within a reasonable time frame, depending on the degree of change associated with the diagnosed condition(s). Generally a reasonable time frame is not more than three years, but it may be much shorter in many instances.
2. The evaluation must be performed by a licensed professional with training in, and experience with, the diagnosis of like or similar conditions in adults. Appropriate professionals are usually licensed physicians, often with specialty training. Optometrists are appropriate for visual conditions addressed in their training. Allied health professionals (such as audiologists, neuropsychologists, or physical therapists) may be considered appropriate as well, often as part of a team.
3. Evaluations performed by members of the student’s family are not acceptable.
4. All reports must be signed by the primary evaluator, and should include a completed IUSM form (if feasible), as well as any additional information typed on letterhead.
5. The evaluation should be comprehensive with interview, history, and should include both description and evidence of impairment.
6. The evaluation should include a specific diagnosis(es).
7. The evaluation should accurately describe the current impact of the diagnosed condition.
8. The evaluation should briefly describe any current treatment plan.
9. The evaluation should describe the currently anticipated course of the condition.
10. The evaluation should mention any currently mitigating factors (e.g., medication or hearing aids).
11. Documentation should address any coexisting conditions, suspected coexisting conditions, or other confounding factors.
12. Documentation must indicate whether or not the diagnosed condition(s) rises to the level of a disability that would interfere with a student’s ability to complete the IUSM curriculum, including the competency curriculum.
13. Documentation should include recommendations for accommodations that are directly related to the functional limitations (and relevant to a medical school environment if possible.)
14. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.
15. If the student is considered a potential danger to self or others, including patients under his or her care, that information must be included. If there are only certain circumstances under which a potential danger exists, that should be explained as well.
Indiana University School of Medicine
Documentation for Physical or Sensory Disability

Student
Name: Last _________________________ First ___________________ MI _____
Date of Birth _____________________ Phone ____________________________
Address ___________________________________________________________

Certifying Medical Professional
Name _______________________________________________________________
Professional title Degree ____________________________ __________________
Phone ________________________________Email ________________________
Address __________________________________________________________
License, number, and state: _____________________________________________
Date of Report ___________________ Date of first student contact ______________
Date of last student contact _____________________________________________

Diagnoses:
Brief history (include onset of symptoms, progression to date, any trauma involved, and any previous accommodations):
Functional limitations (describe degree of impairment – mild, moderate, severe – for each):
~Please include any relevant test data with this form, as well as any additional clinical comments on letterhead.~
Suggested accommodation(s) in medical school (Provide brief rationale for each suggestion):
Is the course of this condition (or set of conditions) considered:
Permanent and relatively stable _____ Permanent and variable _____
Permanent and Progressive _____ Temporary _____
~If temporary, please indicate estimated time of impairment or disability.
~If variable, please characterize the expected fluctuations.
Does this student take medication or undergo treatment that may adversely affect performance or behavior? Yes ___ No ___ If “yes,” please describe:
How often should this student be reevaluated? 6 mos ___ 1 yr ___ 2 yrs ___
Other __________________________

In your opinion, does this student represent a potential danger to self or others, including patients under his or her care in a medical setting? Yes _____ No _____ Not sure _____
Explanation:
In your opinion, can this student, with the identified accommodations, complete the IUSM curriculum, including the competency curriculum, in the medical school environment?
Yes ______ No ______ Not Sure ______
Explanation:
Signature ________________________________ Date __________
Attention Deficit Hyperactivity Disorder (ADHD) Documentation Guidelines

1. The evaluation must be timely and generally must have been completed within three (3) years from the date of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. A diagnosis of ADHD first made after an individual reaches the age of 16 requires informant report of developmental history in childhood.
5. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
6. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
7. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
8. Test scores that are identified as supportive of ADHD must demonstrate clinical significance, typically 1.5 to 2.0 Standard Deviations (SD) or more below the mean or below approximately the 7th percentile of a normal reference sample.
9. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
10. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
11. The evaluation report should include sufficient documentation via interview, history, and test results to support Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis.
12. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student’s ability to complete the IUSM curriculum, including the competency curriculum.
13. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

Learning Disability (LD) Documentation Guidelines

1. The evaluation must be timely and have been completed within three (3) years of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
5. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
6. The evaluation should include assessment of appropriate domains of cognitive function (for example tests of memory, language, spatial skill, attention, executive ability) and part or all of a widely-used, nationally-normed academic achievement battery measuring reading, written language, and mathematics.
7. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
8. Test scores that are identified as supportive of LD need to be clinically significant, typically 1.5 to 2 Standard Deviations (SD) or more below the mean or about 7th percentile of a normal reference sample.
9. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
10. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
11. The evaluation report should include sufficient documentation via interview, history, and test results to support DSM diagnosis.
12. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student’s ability to complete the IUSM curriculum, including the competency curriculum.
13. The cause of any low academic achievement should inform the request for accommodations. If a student is low achieving due to poor study habits or substance abuse, treatments related to the root problem should be undertaken before accommodations like time-and-a-half for tests, single person testing rooms, use of scribes, note taking service, etc. are recommended.
14. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

Psychiatric Disorder Documentation Guidelines

1. The evaluation must be timely and have been completed within three (3) years of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and
intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.

4. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.

5. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.

6. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).

7. Test scores that are identified as supportive of the disorder need to be clinically significant, typically 1.5 to 2.0 Standard Deviations (SD) or more below the mean or about 7th percentile of a normal reference sample.

8. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.

9. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.

10. The evaluation report should include sufficient documentation via interview, history, and test results to support DSM diagnosis.

11. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student’s ability to complete the IUSM curriculum, including the competency curriculum.

12. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

Guidelines adapted with permission from Dartmouth Medical School