THE GUIDE TO ASSISTING STUDENTS WITH DISABILITIES

Equal Access in Health Science and Professional Education

Lisa M. Meeks · Neera R. Jain
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The Guide to Assisting Students With Disabilities
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Lisa M. Meeks, PhD

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Editors

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To my children, Kate and Chris: You are my world and I love you both; and to my amazing Cleveland and San Francisco friends who understand when I am “in the zone.”

also

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**********

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Kia kaha!

Neera
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Foreword

If you are reading this foreword, you are probably aware of the growth in the health care sector, the demographics of disability in higher education, and the trends in medical and health sciences education. My first thought after reading the description for this guide was, “Here is much needed and practical guidance.” I was not disappointed. As we approach the 25th anniversary of the Americans with Disabilities Act (ADA), I was reading the book primed to look for the broader themes that motivated this pragmatic content. For me, the theme of how far people with disabilities have come in the health sciences provides a context—a “Rosetta Stone”—for translating this guide into practice.

In September 1973, Section 504 of the Rehabilitation Act was signed into law. Concern about (resistance to) providing disability accommodations delayed implementation of the law until the spring of 1977. Two years later, the Supreme Court heard the first case under Section 504: Southeastern Community College v. Davis. Frances Davis, a Licensed Practical Nurse with a significant hearing loss, was denied admission to a Registered Nursing program and challenged the school’s decision in court. The same issues we face today—reasonable accommodations, technical standards, fundamental alterations, and patient safety—were addressed in the decision. Although the Court ruled that the school could legally bar Ms. Davis from enrolling based solely on her hearing disability, it recognized that this may not always be the case for future students:

We do not suggest that the line between a lawful refusal to extend affirmative action and illegal discrimination against handicapped persons always will be clear. It is possible to envision situations where an insistence on continuing past requirements and practices might arbitrarily deprive genuinely qualified handicapped persons of the opportunity to participate in a covered program. Technological advances can be expected to enhance opportunities to rehabilitate the handicapped or otherwise to qualify them for some useful employment. Such advances also may enable attainment of these goals without imposing undue financial and administrative burdens upon a State. Thus, situations may arise where a refusal to modify an existing program might become unreasonable and discriminatory.

Southeastern Community College v. Davis, 442 U.S. 397 (1979)
In this case the Supreme Court predicted that improvements in technology could give students with disabilities the ability to complete educational goals that were unattainable at the time. Society has advanced as well; the ADA passed in 1990 and was refreshed with amendments and new regulations in 2008 and 2010, helping to increase disability awareness, reduce stigma, and promote the inclusion of individuals with disabilities across all aspects of society. Today, with the provision of appropriate accommodations, students who have disabilities that were once considered insurmountable barriers regularly complete demanding programs in the health sciences.

Although challenges for the disability rights movement remain 35 years later, I want to highlight a few victories following the *Davis* decision to keep in mind as you read the following chapters addressing the laws, policies, and practices that have evolved since that decision. In 1992, a profoundly Deaf student was admitted to medical school at East Carolina University—just a little over 100 miles from Southeastern Community College that denied entrance to Ms. Davis—and other schools around the country have followed suit. More recently, medical students with significant hearing loss at the University of California, Davis, and the University of California, San Francisco, entered their surgical and anesthesia rotations, made accessible with technologies that the Supreme Court could not have envisioned in 1979.

What I find most notable about these examples is that the schools’ decisions to provide accommodations were based on their commitment to diversity, not on a court order. Faculty and disability resource professionals from those schools, as well as other schools, worked together to ensure a positive learning experience and a welcoming environment. To help further this interschool collaboration, in 2013, the Coalition for Disability Access in Health Science and Medical Education (“the Coalition”) was established. The Coalition facilitates the exchange of innovative ideas and promotes best practices for providing disability accommodations in the health sciences, helping move forward the agenda of inclusion. And while the climate has changed for the better, the courts, the Department of Justice, and the Department of Education continue to be active and instrumental across a range of programs and disabilities. Indeed, just this year we have witnessed a number of legal challenges involving accommodations for learning disabilities, amputations, blindness, depression, and vision. Such ongoing legal challenges continue to shape and inform the work of disability services providers.

I want to share one accommodation story from my own practice working with employees, which directly relates to the Supreme Court’s 1979 prediction. Health care providers, like many aging adults, may at some stage of their careers become persons with disabilities. A respiratory therapist who has worked for our medical center for a good number of years lost her hearing over time, moving from a standard stethoscope to an amplified one. The day came when the amplified stethoscope no longer did the trick. After a bit of research, we discovered that (indeed) there is an app for that! The app connects a stethoscope to a smartphone and graphs the sounds, then saves them
along with a synchronized recording. When we approached the department head and proposed this equipment as a disability accommodation for the respiratory therapist, his first response was, “The technical standard is ‘Must hear breath sounds.’” After I speculated that the standard was written at a time when cutting-edge technology was rolling up a tube of paper to place on the patient’s chest, he agreed the intent was to distinguish breath sounds. With his agreement, we purchased the equipment and the therapist was able to effectively return to work. A week later, the department head called and asked if I could provide his department with another visual stethoscope—he said all the other therapists were borrowing the respiratory therapist’s stethoscope so that they too could confirm their readings visually and upload a record to their patient files. As with many accommodations, what is good for the person with a disability is often good for all.

In *Southeastern Community College v. Davis*, Frances Davis, the plaintiff, said her goal was to become a nurse in the Deaf community where, like today, both accessible medical care and professional role models are in short supply. Ms. Davis ultimately achieved her goal, albeit at a different institution—one willing to provide accommodations. The authors of this text—all members of the Coalition—are committed to helping institutions ensure their programs are accessible. With their guidance they invite you and your institution to be a part of the movement toward innovative approaches to accessibility in health science education.

*L. Scott Lissner*

ADA Coordinator

*The Ohio State University*

*Past President, Association on Higher Education And Disability*
Preface

The number of students with disabilities in health science programs is increasing rapidly. However, resources for assisting students, understanding accommodations, and maintaining legal compliance are scarce. This text offers a comprehensive look at how to meet and exceed the needs of students with disabilities in academic health science settings. The clear format allows the reader to use the book as a manual to help address a specific need, as a tool for training other school personnel, or as a guide to help students understand their role in the process. Legal explanations and examples of previous litigation are provided as a framework for each topic discussed. The text also provides sample forms and policies, including disability verification forms, letters of accommodation, e-mail communications, and syllabi statements. “Professionalism in Communication: A Guide for Graduate and Professional Health Science Students With Disabilities” is also available for download from Springer Publishing Company’s website: www.springerpub.com/meeks-jain.

This comprehensive guide provides the health science program administrator, dean, faculty member, and disability services provider with a richer understanding of working with this population of students. The reader learns, through example vignettes and legal cases, about best practices for good decision making, what happens when things go awry, and how to avoid problems by implementing strong accessibility-focused policies.

Written by some of the most educated providers on the topic, at some of the most prestigious health science schools in the country, this text is backed by years of practice and expertise and is written in an easy-to-read, engaging manner that makes disability, and disability law, accessible to all. To honor our commitment to improving access in the health sciences for students with disabilities, all proceeds from this book will go directly to the Coalition for Disability Access in Health Science and Medical Education.
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Students with disabilities in the health sciences: You teach us every day. You are the real experts.
Introduction

A CALL FOR EQUAL ACCESS IN HEALTH SCIENCE AND PROFESSIONAL EDUCATION

A few years ago I had to find a new primary care physician (PCP). I casually mentioned to friends and family that my new PCP is legally blind. Some people joked, “Really?! How does that work?” Others had serious questions about how a PCP who is legally blind would be able to perform examinations.

These kinds of comments are emblematic of the pervasive ableism in every aspect of society (Smith, Foley, & Chaney, 2008). Examples of ableism include questioning a person’s competency because of perceived difference and seeing normative abilities as superior to other modes of being and activity. As a disabled Asian American woman who has a congenital disability, I experience ableism daily and such comments are not unusual. People with disabilities are easily understood as “the patient” within the health professional–patient dyad and very rarely seen as “the professional.” Systemic and institutionalized ableism marginalizes people with disabilities by categorizing them as “vulnerable populations” that are “objects of care,” not “professionals with expertise.” The thought that a person with a disability can be a health care professional challenges, at minimum: (1) the notion of what comprises “typical” health care professionals (i.e., what they look like and how they perform their work); and (2) the low societal expectation that people with disabilities will attain a role with such authority, legitimacy, and competency.

The terms diversity and cultural competency are touted as important priorities in health science and medical education programs because having a diverse workforce is a social good that makes business sense and a way to reduce health disparities (Cohen, Gabriel, & Terrell, 2002). This is all true. However, the definition of diversity most often used leaves much to be desired. Universities aim to have diversified workforces and students by focusing outreach on women; racial, ethnic, and linguistic minorities; lesbian, gay, bisexual, transgender, queer, and other (LGBTQ+) individuals; immigrants; and veterans. With approximately 57 million Americans with disabilities in the United States—the country’s largest minority at 18.7% of the general population—people with disabilities are still often excluded from diversity initiatives, practices, and policies (Brault, 2012; McKee, Smith, Barnett, & Pearson, 2013).
INTRODUCTION

The Association of American Medical Colleges has included disability in its description of cultural competence for less than a decade (DeLisa & Lindenthal, 2012). One recent survey suggests that people with disabilities are vastly underrepresented in the health professions, with 2% to 10% of practicing physicians being individuals with disabilities even though such individuals make up about 20% of the overall population (DeLisa & Lindenthal, 2012). Societal attitudes, blatant discrimination, and access issues are several reasons for such low numbers, suggesting serious challenges to providing equal access to students with all types of disabilities in the health sciences and medical education.

The definition of disability, like that of diversity, has a narrow meaning for some. Having a disability is still considered by many as something purely related to health, disease, functional limitation, and impairment of the body, especially in the health sciences (Long-Bellil et al., 2011). However, there is a disability culture and there are disability communities everywhere (Robey et al., 2013). Increasing the number of culturally competent professionals with disabilities in the health sciences will broaden the knowledge base and breadth of experience within all fields, in addition to filling a critical shortage in the health care workforce. The increased presence and perspectives of people with disabilities will influence the way professionals view disability and the assumptions associated with it. Moreover, professionals with disabilities can improve patient care, impact research agendas and workplace attitudes toward disability, and reduce the significant barriers to health care, discrimination, and ableism experienced by people with disabilities (Disability Rights Education and Defense Fund, n.d.; Moreland, Latimore, Sen, Arato, & Zazove, 2013; Smeltzer, Avery, & Haynor, 2012).

An expansion of what the terms disability and diversity mean is a step in the right direction. Another critical step requires challenging the presumed abilities associated with being a student or professional in the health sciences (Association of American Medical Colleges, 2013). A student with a visual disability may need a microscope slide projected onto a screen rather than looking into the actual microscope. A student of short stature may use a step stool or an adjustable exam table to have access to a patient during rotations. These types of accommodations and adaptations do not take away from the patient experience or the student’s abilities. In fact, I would argue that exposure to these different ways of doing things improves health care in general. For example, other students may discover that having images projected from a microscope to a screen can reduce eyestrain and provide easier viewing. Adjustable exam tables that are meant for a patient or health professional with a disability can suddenly become popular and used by a wide array of patients and colleagues because of their ergonomic features.

University leaders need to initiate a policy and culture shift that encourages prospective students with disabilities and communicates that they belong and are needed in the health sciences and medical education.
Students with disabilities, particularly those with visible disabilities, in the health sciences are often one in a population of several thousand. Again and again they describe the implicit messages they receive from their schools: You are not part of this social landscape. Professional health science programs have such rigorous academic and physical requirements that it is going to be very difficult for you to succeed. People already wonder how you got into this program. Keep your head down; you already stick out enough. In short, their disabled bodies are made to feel out of place among the student and professional body.

While people with physical or visible disabilities deal with a limited presence, there are many more students with invisible disabilities, such as psychiatric and learning disabilities, who feel uncomfortable being “out.” Dr. Leana S. Wen (2014) recently wrote about her experiences in medical school:

As I saw blatant examples of unequal and insensitive care to patients with disabilities, I felt anger, then shame and fear. I knew that the right thing to do was to speak up, but I was so afraid that I would be exposing myself and my own disability. Throughout medical training, my greatest fear was that my supervisors would find out about my stuttering and deem me unfit to fulfill my dream of becoming a doctor. There were few doctors with disabilities to serve as role models; though one or two of my professors stuttered, they never talked about it. I don’t recall anyone else, not a colleague or superior, who was open about having a disability. (para. 21)

This fear and uncomfortable environment is real for students with visible and nonapparent disabilities whether they use accommodations or not.

Accommodations in educational and clinical settings are a right, not a privilege or “special advantage.” They facilitate learning and work, bringing out the full potential of students with disabilities, which benefits the entire educational environment. If students see faculty and staff treat accommodations as natural parts of the workplace, it could create a ripple effect, encouraging students to be open about their identity and disability-related needs.

This ripple effect of disability acceptance can happen when institutions practice what they preach. Academic institutions can take several steps to ensure equal access for students with disabilities in the health sciences and medical education:

1. Embrace people with disabilities as a culturally diverse group in hiring, recruitment, and admission practices.
2. Create a welcoming campus climate for students with disabilities (e.g., accessible built environment, staff and faculty familiar with provision of accommodations, resources for students with disabilities such as campus organizations, and an administration that is responsive to the needs of students with disabilities).
3. Re-frame accommodations as a diversity best practice that benefits the entire student body and campus community.
4. Establish staff and programs that provide streamlined services to students with disabilities once they are enrolled, including clear policies and courses of actions for students to take in order to access needed services and appeal or file grievances, if needed.
5. Highlight the visibility of staff and faculty with disabilities (who have already disclosed this information) working on campus.
6. Support early educational programs and outreach efforts that encourage young students with disabilities to go into the health sciences, similar to current Science, Technology, Engineering, and Mathematics (STEM) initiatives for girls and people of color.
7. Integrate disability culture within cultural competency curricula. (Thomas Smith, Roth, Okoro, Kimberlin, & Odedina, 2011)

The authors in this book describe how universities can serve students with disabilities effectively and provide recommendations and solutions for complex issues related to accommodations and communication about disability-related needs. As professionals who work with students with disabilities every day, these authors demonstrate how even the most difficult or seemingly impossible case can be adequately resolved through good working relationships with students, creativity, and flexibility—while maintaining rigorous academic standards.

I did not choose my current PCP because of his disability or “in spite of” his disability. I chose him for his excellence as a doctor who listens well and actually “gets it” when I communicate my access- and disability-related needs. My PCP may do these things well as a result of his training, his education, and his lived experiences as a person with a disability—one cannot separate these elements. And this is why diversity is so valuable.

Diversity by disability matters beyond mere representation—it provides a critical counterbalance to the health care experience, benefiting patients, professionals, and communities. For me, it is simply an issue of power and equity.

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INTRODUCTION

This chapter discusses the role of the designated campus office for determining and implementing student accommodations, and how that office can work with other academic departments and student services. It also distinguishes the more limited role of the designated campus ADA coordinator, which is required by law, but is often entirely distinct due to its focus on managing compliance and related complaints. Finally, the authors discuss disability in the context of multiple student support programs, such as learning resources, tutoring programs, program advisors, veteran’s services, first-generation initiatives, and multicultural resource programs.

In our own work and meetings with colleagues around the country, it is clear that health science and medical education programs are experiencing an increase in the number of students who self-identify as having a disability. Potential reasons for this trend include the legislative broadening of the term disability, which increased early interventions in primary and secondary education, as well as changes in the climate or stigma around having a disability. The increasing number of students with disabilities studying the health professions adds to the diversity of our student bodies and to a diverse workforce in the health sciences.

Despite the increasing number of students with disabilities, many institutions identify one university official responsible for coordinating services and accommodations for these students. Oftentimes this individual has multiple roles within the institution, instead of a dedicated role as a disability provider. Given the multitude of settings in which accommodations are needed and the nuances of clinical health science and professional education, it is difficult for one individual to support students with disabilities from admissions through graduation. Therefore, support for this growing
population of students must be a shared effort, especially for schools with a one-person disability services (DS) office. This chapter explores how disability providers can build effective campus partnerships that pave the way toward a more accessible, inclusive environment, and identify those offices that provide additional supports for students with disabilities.

THE ROLE OF DISABILITY SERVICES

The office responsible for services for students with disabilities falls under a variety of names (e.g., disability resources, disability services, access services). Regardless of the name, each institution identifies a department (or person) that serves students with disabilities. The role of this office (or individual) in supporting students is three-fold: (1) determining and coordinating academic adjustments, reasonable modifications, and auxiliary aids; (2) ensuring students have equal access to all aspects of the university experience; and (3) helping students understand their civil rights as members of a protected class. Of equal importance is the office’s support for faculty and staff in understanding the rights of students with disabilities and preserving the integrity of a professional program by recommending reasonable adjustments that do not fundamentally alter the nature of a program or challenge academic rigor. This multifaceted role requires DS staff to have a thorough understanding of state and federal laws, professional and technical standards in health science programs, and best practices.

It is important to acknowledge that despite the best efforts of faculty and administration, many students simply are not aware that DS resources exist. Faculty, staff, and administrators can be excellent referral sources, but often feel unqualified to answer detailed questions and are often uncomfortable with the term disability or the legal definition, which uses the word impairment. Furthermore, many administrators may not recognize their students as having a disability, given that students may be quite accomplished, especially those enrolled in graduate programs. Although talking about “disability” carries negative connotations for some, disability is an integral and positive aspect of identity for others. When referring a student to the DS office, administrators and faculty should focus on the barrier the student is facing, not the student’s disability or presumed disability (see also Chapter 7, Professionalism and Communication About Disabilities and Accommodations). Faculty and staff can also work to normalize the DS office by including it as one of many resources available to students on campus. As this chapter illustrates, the DS office is a support for students with disabilities; it is not, however, the only one.

LEGAL COMPLIANCE RESPONSIBILITY

Numerous offices in each school oversee implementation of policies in accord with disability laws and regulations. DS providers work with these offices and their representatives to support students with disabilities and prevent
KNOW YOUR CAMPUS RESOURCES

1 TABLE 1.1 Compliance, Grievances, and Formal Complaints Offices/Officers and Their Roles

<table>
<thead>
<tr>
<th>Institutional Office/Officer</th>
<th>Role in the Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Americans with Disabilities Act (ADA) coordinator</td>
<td>Oversees planning, compliance, and implementation regarding the ADA as well as Sections 503 and 504 of the Rehabilitation Act of 1973, in addition to other federal and state regulations.</td>
</tr>
<tr>
<td>Equal Employment Opportunity (EEO) office</td>
<td>Charged with ensuring that the school does not discriminate in employment against anyone with regard to race, color, religion, sex (including pregnancy), national origin, age, disability, or genetic information, or as retaliation for a complaint of discrimination in any of the former categories.</td>
</tr>
<tr>
<td>Title IX coordinator</td>
<td>Oversees university compliance with Title IX, which deals with claims of gender-based discrimination, including sexual misconduct (harassment, discrimination, and assault), misconduct against someone who is pregnant or parenting, and misconduct against someone because of sexual orientation or gender identity. This covers employees and students.</td>
</tr>
<tr>
<td>Risk management office</td>
<td>Reviews policies and practices to ensure adherence to relevant laws and regulations and offers guidance to decrease the likelihood of an adverse outcome (e.g., litigation or harm).</td>
</tr>
<tr>
<td>General counsel office</td>
<td>The university’s legal department. Works with all relevant offices to provide legal advice and represent the university in any administrative or legal proceeding.</td>
</tr>
</tbody>
</table>

discrimination (see Table 1.1). In some institutions, one or two administrative officials fill these roles; on other campuses, a wider range of officials or a staff is charged with these tasks.

ADA Coordinator

Any institution with 15 employees or more that receives federal funds is required to designate an employee whose responsibilities include coordinating compliance with disability discrimination laws. This person is typically referred to as the Americans with Disabilities Act (ADA) coordinator,

1 28 C.F.R. § 35.107(a); 34 C.F.R. §104.7.
although the individual’s job title may vary, and he or she may have other duties beyond ensuring disability compliance. The ADA coordinator is responsible for coordinating an institution’s compliance with its obligations under Section 504 of the Rehabilitation Act of 1973 and the ADA through planning, assessments, and trainings. The ADA, Section 504, and their regulations outline an institution’s responsibilities to its multiple constituencies (e.g., students, employees) and in multiple environments (e.g., buildings, stadiums, websites). ADA coordinators often advise administrators on multiple aspects of an institution’s business, ranging from construction to event ticketing to website design. The ADA coordinator also is required to manage the investigation of complaints alleging discrimination on the basis of disability or failure to comply with disability law. The ADA coordinator’s name, office address, and telephone number must be made available to the public.2

Equal Employment Opportunity Office
Like all large employers, universities typically have an Equal Employment Opportunity (EEO) office charged with overseeing nondiscrimination in hiring and employment. This office, which may be part of the human resources department, ensures that the school, as an employer, will not discriminate on the basis of race, color, religion, national origin, age, or genetic information, or retaliate against any individual who makes a complaint. This office also oversees nondiscrimination on the basis of sex (including pregnancy) and disability. The duties of the EEO office and the DS office often parallel one another, with the DS office assisting students with disability accommodations, and the EEO office assisting employees and job applicants. Because of this parallel, there are inherent benefits in developing a relationship with the EEO office. A strong relationship will ensure that both offices are aware of, and have shared access to, new developments in best practices, the latest in technology, and campus resources.

Title IX Coordinator
Title IX of the Education Amendments of 1972 (Title IX)3 prohibits discrimination on the basis of sex, including sexual harassment of or discrimination against individuals who are pregnant, parenting, or nursing. This law applies to employees (including faculty) and students. Every school that receives federal funding is required to designate a Title IX coordinator who is responsible for coordinating the school’s legal responsibilities, including investigating allegations of gender discrimination.4 Frequently, the Title IX

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2 28 C.F.R. § 35.107(a).
4 34 C.F.R. § 106.8.
coordinator is also tasked with educating the campus community about Title IX responsibilities and facilitating broader compliance with Title IX through formal training. Because discrimination may occur based on multiple aspects of identity (gender, race, disability, etc.), resolving discrimination complaints on a campus often requires collaboration between the ADA coordinator, EEO office, and Title IX coordinator.

**Risk Management**

Larger campuses often have a risk management office that identifies and assesses liability risks to the institution; its duties include crafting policies and procedures, reviewing contracts, and participating in key decision making to protect the school from litigation where possible. On some campuses, the risk management office can be a critical partner in working toward changing the culture around disability in an effort to reduce the incidence of disability-related litigation.

**Legal Counsel**

All colleges and universities have some form of legal representation in place. Larger schools usually have a legal department or general counsel’s office consisting of attorneys, paralegals, and other colleagues who stay abreast of all regulations applicable to postsecondary education. Smaller schools may have a lawyer or law firm on retainer to provide legal counsel as needed. As these firms and individuals have the ultimate responsibility of defending the university in any legal proceeding, legal counsel should work closely with the DS office to review cases that might later become subject to an Office for Civil Rights (OCR) complaint or litigation. Heeding the advice of legal counsel can prevent contentious situations from moving toward formal complaints and litigation. Schools that use outside counsel should establish a protocol for when these individuals should be brought in to consult on a DS issue; paying for a small amount of an attorney’s time early on can help avoid an expensive legal issue down the road.

**STUDENT SUPPORT OFFICES ON CAMPUS**

Although understanding the available resources on campus is important for any student, it is of particular importance for a student with a disability. DS providers should familiarize themselves with the resources available and be able to refer students to the appropriate offices for assistance as needed. As well, DS providers should ensure that other support offices are familiar with the DS office’s role in supporting students and encourage these colleagues to refer students to the DS office as appropriate.

Such collaborations can take many forms. For example, consider the case of a first-year medical student with attention deficit hyperactivity disorder (ADHD; see Example 1.1).
EXAMPLE 1.1 • Multioffice Collaboration to Support a Medical Student With Attention Deficit Hyperactivity Disorder

A first-year medical student arrives at school with documentation of her disability and recommendations for testing accommodations. She reports that those accommodations worked very well in her undergraduate education, and the institution approves and implements these accommodations in her first-year courses. After failing the first two quizzes in one of her classes, the student returns to the DS office. She is upset and feels overwhelmed by the volume of material in medical school, and reports difficulty in organizing and prioritizing her studies.

Potential Collaborations for Example 1.1

In this case the DS provider has the opportunity to refer the student to multiple campus resources:

1. A learning specialist or academic support center to explore alternate study strategies
2. A peer-tutoring program that can help the student prioritize material
3. A psychiatrist in the student health or counseling center, who can discuss the use of psychotropic medications to mitigate symptoms of inattention
4. A therapist in the student counseling or wellness center to help the student work on executive functioning skills and identify ways to reduce any anxiety

The referral process works both ways to benefit students—when the DS office is a known resource, colleagues in other offices will feel comfortable referring students there (see Example 1.2).

EXAMPLE 1.2 • Student Referral From the Counseling Center

A student visits the campus counseling center and shares concerns about the behavior of faculty and perceived concerns about access. The student is unaware that the DS office exists. The staff counselor, who understands the DS office and its mission, refers the student to DS and informs the student that assistance regarding disability access is available from this office.

The DS office should take special care to collaborate with other campus resources that support students from marginalized groups. It is important to ensure that students’ multiple identities are respected and supported (see Example 1.3).
EXAMPLE 1.3 • Working to Support Students With Multiple, Diverse Identities

An African American student with a disability shares feelings of stress about adjusting to the health sciences environment. He states that he has not found a community of students who understand where he is coming from, and feels that all of his time is focused on academic achievement and addressing accommodation needs. The student laments that his social support group is lacking and that he has not found a comfortable and supportive community.

Potential Collaborations for Example 1.3

It is important to remember that students have identities outside of being students with disabilities. In fact, their identities as students with disabilities may be the identity that least affects their academic success. The case in Example 1.3 affords the DS provider an opportunity to connect the student to other university resources, for example:

1. Referral to the multicultural resource center to meet and network with students from all programs on campus
2. Referral to the student activities office to learn more about campus groups and activities available to connect with other students outside the academic environment
3. Referral to program-specific diversity initiatives both internal and external (e.g., Association of American Medical Colleges [AAMC], American Association of Colleges of Nursing [AACN])
4. Referral to mentorship programs on campus or other specialized programs (e.g., First Generation to College, Veterans Affairs)
5. Referral to the counseling center to address feelings of loneliness, depression, or anxiety

Ensuring Effective Support

Partnerships with other support offices on campus (see Table 1.2) will not only benefit students already registered with the DS office, but will help other offices identify students with disabilities not yet registered with the DS office who might otherwise fall through the cracks. A collaborative approach to supporting students with disabilities ensures that issues such as accessibility and universal design continue to be a part of the conversation, and eventually the campus culture.

SUPPORTING STUDENTS EXPERIENCING DIFFICULTY

Helping students identify effective resources and ensuring that they have appropriate disability accommodations can go a long way toward preempting
### TABLE 1.2 Student Support Offices on Campus

<table>
<thead>
<tr>
<th>Office</th>
<th>Services</th>
</tr>
</thead>
</table>
| Tutoring/writing center                     | • Assistance in keeping up with course work  
• Individually focused attention  
• Support for editing and the writing process |
| Learning specialists and academic coaching  | • Assessment of learning styles and current study habits  
• Design of individual learning strategies for the student  
• Suggestion of multiple ancillary study materials and approaches  
• May refer for more specific neurocognitive testing |
| Career services                             | • Assistance with job applications and résumés  
• Practice interviews for clinical placements or employment |
| Student health center                       | • Provide medical care  
• Refer to specialist care when necessary  
• Knowledge of campus medical resources |
| Counseling center/wellness center           | • Support for students  
• Assess and sometimes treat psychiatric conditions  
• Refer to or provide mental health care  
• Foster wellness  
• Mindfulness/meditation education |
| Veterans support office                     | • Familiarity with military-service–related disabilities  
• Benefits and programs  
• Scholarships and financial assistance  
• Community building and peer support |
| Financial aid                               | • Individualize a financial aid plan to account for expenses associated with disability  
• Knowledge of scholarships or other financial assistance |
| Diversity offices, including:              | • Peer support and community building  
• Networking  
• Advocacy  
• Safe space to discuss multiple identities |

(continued)
academic difficulties. We must remember, though, that many students will experience academic difficulty at some point in their education, regardless of their disability status. The DS office can assist students with identifying the appropriate resources for a given issue. When working with students who are experiencing academic difficulties, there are several key points to consider:

1. Do the difficulties relate to the disability?
2. Is the student receiving appropriate accommodations?
3. Does the student have the appropriate resources to study (including time)?
4. Who else on campus might have the expertise to assist?

**Identifying the Issue**

When a student encounters academic difficulties, it is often helpful to have the student “walk” the DS provider through the course or clerkship activities, describing his or her experiences and challenges, in order to isolate the problems or barriers that the student is experiencing. The DS provider’s knowledge of the health sciences curriculum is especially important when working through these issues. In addition to the student’s self-described difficulties, it is often necessary to elicit the expert assistance of a faculty member from within the department or to see the environment firsthand in order to determine whether reasonable accommodations might address the student’s difficulties.

**Working as a Team**

Although DS providers mainly focus on classroom and clerkship environments, it is important to remember that students’ disabilities do not impact them in a vacuum. Their disabilities may affect them outside of school, or the functional limitations may come as a result of other life issues—not the disability. For students studying the health professions, time is a precious resource. The DS provider, alongside other campus resources (e.g., learning specialist, academic coach, mental health services), can help a student strategize regarding time management and practicing good self-care.
academic difficulties are the result of another aspect of students’ lives or identities, connecting them with the appropriate support on campus can be a crucial link, particularly if students have a good relationship with DS providers and trust their recommendations.

Effective collaboration allows DS providers to garner the expertise of campus partners in order to ensure students have equal access to all aspects of their university experience. The result brings together existing resources to ensure effective and high-quality services for students. Although each student is different, Figures 1.1 and 1.2 offer examples of how multiple campus offices can come together to meet student needs.

**Academic Standing**

In the health sciences, a student who continues to experience academic difficulty, or failure, is typically brought before a review committee to determine the student’s academic future (e.g., placed on probation, suspended, dismissed). Each school within the institution has a committee that reviews the student’s academic progress and fitness for promotion to the next level of study (e.g., promotion committee, fitness committee, student review committee). DS providers do not sit on these committees as a matter of standard practice; however, it may be beneficial to include DS providers in an annual meeting in order to inform them about the academic review process. Observing the process will expand the provider’s understanding of the types of concerns raised about student performance, as well as general barriers students experience and how they are managed. It can also help to highlight the understanding (or lack of understanding) faculty might have about

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**FIGURE 1.1 Example of Collaborations: Deaf or Hard-of-Hearing Students**

- **Educational Technology**
  (Amplified stethoscope, pager for hospital, access to phone system, captions for lecture podcasts and videos)

- **Disability Services**
  (Sign language interpreters or CART, education of clinical staff, community resources)

- **Housing**
  (Ensure accessibility: strobe light doorbell and fire alarm)

- **Student Activities**
  (Developing a plan to provide CART or interpreters for clubs and student events)

CART, communication access real-time translation.
• FIGURE 1.2 Example of Collaborations: Student With a Learning Disability

Disability Services
(Coordinate accessible textbooks and exam accommodations, loan reading software to student)

Writing Center
(Assist with outlining and editing writing projects)

Learning Specialist
(Assist student to refine learning and study strategies for the new curriculum and clinical environment)

Library
(Ensure databases and library holdings are available in accessible formats)

Information Technology
(Ensure course management and electronic medical record systems work with speech-to-text and text-to-speech technologies)

Disabilities and accommodations, and inform future training to build the skills and understanding of faculty.

Disability Claims in Response to Academic Sanctions

In some cases students might disclose a disability at the last minute as a means of staving off an academic sanction or dismissal. These students should enter the DS office’s registration process and be evaluated in the same manner as a student who enters without impending sanctions. The information about the disability as assessed by the DS provider may not change the academic outcome, but can help the committee members to incorporate any relevant disability information—along with all other information—into their decision-making process. It is also a show of good faith to examine disability claims immediately and in line with published procedures, should the situation later result in a grievance or complaint.

Above all, it is important to inform all students early and often about the process for declaring a disability, requesting accommodations, and determining eligibility for disability services (see Chapter 2, Disability Law and the Process for Determining Whether a Student Has a Disability).

GRIEVANCES AND FORMAL COMPLAINTS

Internal Complaints

Institutions of higher education that receive federal funds are legally obligated to “adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution
of complaints. The designated ADA coordinator is obligated to receive and process disability discrimination complaints, but the school can designate any other campus offices or individuals it would like to be part of the grievance procedure, and can determine the process it would like to use, as long as due-process standards are maintained. Public universities that employ more than 50 people are also legally obligated to publicize the grievance procedure; most schools post the grievance procedure on the school’s website.

It is important for DS providers, and the university as a whole, to objectively evaluate a grievance, viewing it as an opportunity to evaluate the institution’s practices and make improvements that lead to positive changes for students and the school. Grievances can serve as opportunities to grow or change a practice, or they can confirm that existing practices are effective and legally sound.

In the case of a grievance, DS providers should enlist the assistance of the risk management office and/or the institution’s legal counsel, as they can be tremendous assets when reviewing relevant laws, regulations, and guidelines. Risk management and legal personnel can ensure that the university is appropriately evaluating risk and possible outcomes of a specific grievance and provide pressure to address matters when issues become stagnated.

Complaints Outside the School

OCR Complaints—What to Expect

In addition to the internal complaint processes, students with a grievance have the right to make a formal complaint to the federal Office for Civil Rights (OCR) in the Department of Education within 180 days of any alleged discrimination on the basis of disability or within 60 days of the conclusion of an internal grievance procedure, if one was filed with the institution (OCR, 2010). The OCR is the office responsible for investigating complaints alleging discrimination on the basis of disability in education, in accordance with the Rehabilitation Act of 1973 and the ADA. In the event of an OCR investigation, the university’s counsel, working with the director of student disabilities and sometimes with the assistance of additional outside counsel, will represent the school in the proceedings. Disability services documentation will become critical in these procedures. A timeline of events including dates of requests, contact, responses, and additional information about decision making concerning accommodations should be made available to legal counsel. It is always best to resolve any complaints quickly and in a manner that supports the student while upholding academic and technical standards.

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5 34 C.F.R. §104.7; 28 C.F.R § 35.107(a).
6 28 C.F.R § 35.107(a).
7 28 C.F.R § 35.107(b).
If both parties are amenable to resolving the complaint without the OCR conducting a full investigation, the parties will likely pursue the OCR’s Early Complaint Resolution (ECR) process. This process allows the OCR to identify terms that are agreeable to the complainant and the institution, thereby settling the grievance. If all parties agree to the terms of a resolution, the OCR will cease its investigation. However, if the university fails to comply with the agreed-upon terms, the student can file another complaint within 180 days of the date of the original incident or within 60 days of the date the student learns of failed compliance—whichever is longer.

In the event of a full OCR investigation, a letter is sent to the head of the institution describing the basis of the discrimination complaint. Institutions are asked to provide all pertinent policies, procedures, and guidelines, as well as communications and files that apply to the student’s complaint. OCR investigations seek to determine if the institution was violating the law. If the result of an investigation concludes that an institution was discriminatory in its behavior or policies, the OCR can, for example, order that the institution refund tuition, readmit the complainant (i.e., student), or award damages to the student. Investigations also frequently result in mandated training, clarification of policies and procedures, as well as strict timelines to resolve barriers to accessibility—even if the findings do not conclude that the institution was wholly in violation of the law.

The OCR retains, at its discretion, the ability to broaden an investigation to become or include a complete compliance review. For example, the OCR may consider a complaint filed against a college a “compliance review” if a school is part of a larger system of colleges or universities and the OCR determines that it would be worthwhile to assess compliance in the broader system.

Similarly, the OCR might take a complaint alleging noncompliance in one sector of the institution and decide to conduct a compliance review in light of information gained during an investigation. For example, a student might file a complaint alleging discrimination in admissions procedures, but the OCR could decide to conduct a compliance review of the accessibility of all website materials. Because of the potentially broad scope of a compliance review, many institutional legal services act swiftly to engage in the ECR process.

**Private Litigation**

Although it is less common, students may sue a school if they believe they were discriminated against on the basis of disability. The designated legal counsel will represent the school to defend the lawsuit (see previous Legal Counsel section). Once a lawsuit has been filed, the DS office should carefully

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8OCR Case Processing Manual, Article II.
9OCR Case Processing Manual, Article V, Section 501-2.
follow any instructions from the school’s counsel, including instructions about communications with the student and retaining documents.

**Disability and Diversity**

Administrators are wise to be aware of compliance concerns in serving students with disabilities, but “disability” is *not reducible to a compliance issue*—it’s an aspect of identity for many students, and an aspect of diversity on college campuses. In common with other marginalized populations, many students with disabilities identify with a culture rooted in a civil rights struggle. On many campuses there are groups that work to build community for broad disability activism, Deaf culture, and students on the autism spectrum, to name a few. These groups celebrate the culture around disability and disability identities, thereby working to promote awareness, inclusion, and protection of their civil rights.

Since the 1970s, Section 504 has required institutions receiving federal funds to provide notice that they do not discriminate on the basis of disability. Recently, many institutions and employers have gone further by actively seeking applicants with disabilities. As of March 24, 2014, changes to Section 503 of the Rehabilitation Act of 1973 require nearly all federal contractors to recruit and hire a workforce of employees of which 7% identify as having a disability. This should translate to hospitals and other federal medical facilities intentionally seeking out applicants with disabilities. Similarly, the National Institutes of Health is providing supplemental funding in its grants to support research conducted by students, post-doctoral students, and investigators with disabilities (National Institutes of Health, n.d.).

Students with disabilities are an underrepresented minority in higher education, research, and the workforce. There are reasons to be hopeful that increased awareness and revised legislation can play a role in correcting this. People with disabilities want and deserve empathic health care professionals with disabilities. By working together, departments in health science programs can support students in achieving this goal.

**REFERENCES**


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10 34 C.F.R. §104.8(a).
11 41 C.F.R. § 60–741, et seq.