



# **Inclusion of faculty and trainees with disabilities**

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**M**edical literature agrees that we best serve our diverse patient population when physician practices reflect the diversity of patients. Therefore, many institutions have implemented strong programs to foster Diversity, Equity, and Inclusion (DEI). Medical schools are now calling for trainee diversity in several capacities. Nevertheless, many underrepresented minorities are significantly underrepresented in the radiology physician workforce despite an available medical student pipeline. (1)

In addition to improving patient care, the respect of human dignity is the gas that keeps the DEI engine running. Although significant advances have been made, much work remains. Characters with disabilities in TV shows and movies have advanced representation and equity in mainstream culture. However, beyond Grey's Anatomy and Star Trek, do our reading rooms reflect neurodiversity and disability inclusion?

Despite existing challenges, people with disabilities are succeeding and actively changing the face of healthcare. Years of work have led to marked improvement in diversity among medical students, including diversity of abilities. In 2019, 4.6% (2,600) of students from MD programs in the United States self-reported a disability to their institutions (2). There is no data on the prevalence of disability in residents and practicing physicians, but we should be making changes to welcome residents and radiologists with disabilities into our hospitals, clinics, reading rooms, and procedure rooms.

Disability is broad, including physical, sensory, learning, psychological, and chronic health conditions that substantially limit one or more major life activities. (2) Some disabilities are present since birth (i.e. color-blindness) and others are acquired from motor vehicle accidents or chronic illness. Nearly everyone

will develop a temporary or permanent disability at some point in life. Disability is part of the human condition.

Once we understand that disability is an important dimension of diversity, we should integrate disability into diversity initiatives, efforts, and language. We should look at available materials that we can use for guidance. The AAMC Accessibility, Inclusion, and Action in Medical Education is a very rich manual with valuable recommendations that can be extrapolated from medical school, to residency, fellowship, and beyond. It recommends beginning with an assessment of services by an outside expert and through soliciting feedback from existing community members with disabilities. Trainees should be included in this process but should not be required to lead it. It is important to make sure that trainees are not overburdened.

A safe place where people are open to disclose their disability is an organization where disability has been normalized.

Normalization of disability is promoted with awareness training that highlights radiologists with disabilities, such as twentieth century neuroradiologist Giovanni DiChiro or Instagram's @doc.on.wheels. We should also offer training about the principles of disability and accommodations from a social-model perspective.,

Additional efforts include professional development training our faculty, trainees, and staff to communicate effectively with people with disabilities. This includes the use of inclusive language such as "person with a disability" or "person who uses a wheelchair" and to discard words that judge the recipient, such as "victim", "handicapped", "afflicted by a disability", or "wheelchair-bound". Also, captions should be provided for all video conferences.

Finally, culturally appropriate content about disability should be integrated into curricula, standardized-patient scenarios, and case

studies. The AAMC recommends evaluation of curricula and pedagogy to assess whether language and content reflect best practices in disability, are accessible, and are respectful to persons with disabilities.

We should be intentional in recruiting and retaining faculty, administrators, and clinicians with disabilities. People with disabilities with established roles in our institutions will contribute to a better understanding of disability and positively affect the culture toward disability. They may be willing to serve as skilled mentors for trainees or junior faculty with or without disabilities.

When inviting candidates for interviews, the policy for requesting and accessing accommodations should be clear and easily accessible in the invitation. A simple line that allows an applicant to request an accommodation demonstrates that disability inclusion is not an afterthought, but a valuable pursuit. When applicants with disabilities have matched in your residency program or you have hired a radiologist, consider discussing accommodations immediately after the match or after the job offer has been accepted to allow time for the program to effectively implement scheduling changes or accommodations. Furthermore, planned accommodations for orientation activities, retreats, and courses should be clearly stated, as well as the information for the contact person for additional accommodation requests.

The request for accommodations may be the moment of 'coming out' as a person with a disability for those whose disabilities are not evident. This disclosure has traditionally been associated with numerous stigmas and condescending preconceptions. However, trainee interviewees with disabilities noted the importance of being open about their disability during the admissions process to gauge the knowledge base of the school and share a critical part of themselves. We should be thankful for the trust given to our institution when accommodations are requested and we should

have a plan to address and provide the accommodations in a timely manner.

Clear roles should be delineated in the onboarding process of residents and faculty. Admission officers should not make program accommodation determinations. The designated point person handling accommodations should be a person with training in disability services and disability law, who also understands the specific skills and minutia of our job.

Diversity initiatives must explicitly include disability as an aspect of diversity valued in our institutions. Disability should be intrinsically integrated into diversity trainings. The number of trainees and staff with disabilities should be monitored to assess progress in inclusion of persons with disabilities. These metrics will serve as an indication of the effectiveness of our efforts and should guide future endeavors.

Additional practical actions to include and support trainees, radiologists, and other physicians with disabilities are:

1. Normalize help-seeking behavior. Make sure these are confidential and that medical health services have locations convenient to the clinical sites.
2. Facilitate the leave request process. An attestation from the supporting physician is all that should be required.
2. Spend time shadowing in the clinic to better understand the environment, in advance of the needs to determine accommodations for a new hire
3. Work with medical school administration to develop effective and reasonable accommodations for learners
4. Offer support to trainees who request examinations for licensing exams
5. Maintain privacy and maintain trust with physicians to support disclosure
6. Exchange ideas and knowledge with peer institutions.

## References:

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