

**Taking it to the Next Level:
Advancing Awareness and Equity of Medical
Trainees with Invisible Disabilities**

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Agenda

- Introduction
- Overview of the Project
- Preliminary Findings
- Creating Change

*Take active steps to ensure that the healthcare
practitioner community mirrors society's gender,
racial, ethnic and disability profile.*

Jordan Cohen, MD
President, Association of American Medical Colleges (2003)

Benefits of Diversity

- Ethnic
- Racial
- Gender
- Gender Identity
- Age
- Disability

Stories of Diversity

- Ethnic
- Racial
- Gender
- Gender Identity
- Age
- Disability

What's Different about Disability?

Models of Disability

Medical Model	Social Model
Problem is with person who has disability	Problem is with the environment
Disabilities need to be fixed	Disability is part of human experience
Professionals are the only hope for a cure or normalization	Anyone can create change in the environment
Over-coming and normality are the goals	Goal is to change the environment to create options and access

Overview of the Project

- Rationale
- Partnership between the University of Minnesota's Disability Services and the Medical School
- \$75,000 grant from the Marcus Foundation for Faculty Development
- 3 year project – beginning September 2009

Overview of the Project

- Project goals
 - Promote welcoming and inclusive learning environments for all medical trainees, including those with invisible disabilities (psychiatric, attentional and/or learning)
 - Identify best practices

Overview of the Project

Project Staff:

Marilyn Becker, Ph.D.

U of MN Medical School, Principal Investigator

Donna Johnson, MA, MS

U of MN Disability Services, Co-Principal Investigator

Barbara Blacklock, MA, LISW

U of MN Disability Services, Project Director

Susan Aase, JD, MS

U of MN Disability Services, Outreach Coordinator

Overview of the Project

- Project Elements
 - Project Staff (5% to 10% of work time)
 - Advisory Committee
 - Focus Groups
 - Electronic Survey
 - Online and in-person educational training
 - Evaluation
 - Faculty Guidebook

Preliminary Findings

- 8 Focus Groups
 - Medical students
 - Medical residents/fellows
 - Undergraduate Medical Educators (UME)
 - Graduate Medical Educators (GME)
- 81 participants

Preliminary Findings

- Knowledge/Skills
- Attitudinal
- Process/Structure

Preliminary Findings

	Medical Students	Residents/Fellows	UME	GME
Knowledge/Skills	Disability Conditions	Information on disabilities and resources	Broadly share information from well-being survey	Identification of disability conditions
	Disability Disclosure	Approaching trainees with serious problems	Clear processes and procedures	Interventions & accommodations
	Difficulty Approaching Faculty		Lack of student insight	Safety concerns
	Multiple evaluation methods			

Information Needed

- What is an invisible disability?
- How and what should be disclosed?
- What are the consequences of disclosing?
- What tools or supports can faculty use when they need to discuss concerns with a medical trainee?
- What are the resources and supports faculty can use when a medical trainee discloses they have a disability?

Preliminary Findings				
	Medical Students	Residents/Fellows	UME	GME
Attitudinal	Internalized stigma	Internalized and externalized stigma	Internalized and externalized stigma	Internalized and externalized stigma
	Perfectionism	Perfectionism	Increase awareness of physicians with disabilities	Perfectionism
		Motivation to hide issues	Disclosure at point of crisis	Lack of student insight

Questions to Answer
<ul style="list-style-type: none"> • How to find physicians with invisible disabilities who are willing to share their stories? • How to connect disability (especially invisible disabilities) with diversity? • What are the facts? (Incidence of divorce, suicide, mood disorders.)

Preliminary Findings				
	Medical Students	Residents/Fellows	UME	GME
Process/Structure	Medical School Pressures	Clinical advisor for trainee, residents as mentors	Promote student resources	Relationships, mentoring
	Supportive Medical School staff	Boundaries for confidentiality	Each rotation like a silo	Program barriers and modifications
	Medical School supportive of student well being	Quality evaluations, feedback re problem areas	Learn to give difficult information or feedback	Learn to give difficult information or feedback
		Problems associated with accommodations		

Benefits for All

- Identify and implement tools that support student well-being
- Promote and update student resources
- Develop procedures for timely feedback with options for remediation

Preliminary Findings

Most important issue discussed

	Medical Students	Residents/Fellows	UME	GME
Knowledge/Skills	Building awareness	Addressing work performance issues	Faculty training needs	Early identification
	Understanding invisible disabilities	Understanding/identifying invisible disabilities	Tools to support student insight	Incidence of invisible disabilities
	Understanding /utilizing resources	Understanding /utilizing resources		Awareness of services and accommodations

Preliminary Findings

Most important issue discussed

	Medical Students	Residents/Fellows	UME	GME
Attitudinal	Stigma	Stigma	Internalized and externalized stigma	Barriers to asking for help
	Culture of perfectionism	Culture of perfectionism		

Preliminary Findings				
Most important issue discussed				
	Medical Students	Residents/Fellows	UME	GME
Process/Structure	Early identification/Intervention	Resident workload	Longitudinal mentoring	Early intervention
	Disclosure	Compensation for extra coverage	Improved processes for performance monitoring	Solutions for problem identification and resolution

- Most Important Topics**
- Awareness of invisible disabilities
 - Early identification and intervention
 - Lack of awareness of effective resources and supports
 - Acknowledgement that faculty have training needs
 - Internal and external stigma exists

Preliminary Findings		
Unexpected Benefits		
All	Trainees	Faculty
Awareness that invisible disabilities exist	Awareness that they are not alone	Exchange of strategies to support wellness for residents
Appreciation for the importance of the topic	Acknowledgement that others do not think less of them	Appreciation for learning about situations others had dealt with
	Insight that international residents have additional challenges	Acknowledgement of confusion on process and procedures
	Awareness that options exist for coverage when a resident is on leave	Awareness that a wellness survey had been completed but findings not shared

Barriers

- Stigma
- Lack of knowledge about invisible disabilities
- Perceived culture of perfectionism
- Lack of tools for providing quality feedback
- Lack of knowledge about effective resources for support or intervention

Potential Strategies

- Increase awareness of physicians with disabilities
- Provide mentoring
- Promote social model of disability
- Provide education to medical trainees and faculty
- Provide multiple evaluation methods
- Develop and implement tools for intervention and support

Creating Change

- Obtain interest and buy-in from administration
- Share data
- Dispel myths
- Highlight benefits to all
- Survey stakeholders

Sharing Strategies

- Awareness of physicians with disabilities
- Mentoring
- Effective training to reduce stigma for medical trainees and faculty
- Examples of multiple evaluation methods
- Effective tools for intervention and support
