



Communication 101: *Best practice for communicating with students around disability related needs.*

Dr. Lisa Meeks, *Asst. Professor, Director, UCSF School of Medicine*
Dot Mishoe, *Director, Student Disability Access Office, Duke University*

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Overview

It is our hope that upon completing this module faculty will be able to understand:

- The importance of appropriate communication
- Common pitfalls in faculty communication
- How to avoid communicating assumptions
- How to avoid unintended discrimination
- How to respond to student's disclosure(s)
- Verbal micro-aggressions and their impact
- Guiding principles for all communication



✓ Communication must be clear and respectful, with vigilant attention given to confidentiality.

✓ Maintaining professionalism in communication is vital to ensure that discussions do not slip into the realm of a clinician-patient interaction.

Common pitfalls in communication:

Faculty and Administration

- “Role confusion”
- Engaging in dialogue around disability specifics (e.g., diagnosis, treatment, prognosis)
- Minimizing a student’s disclosure, failing to refer them to the disability office, or advising students against disclosure.
- Engaging in micro-aggressions around disability (e.g., “outing” students to peers, referring to “special accommodations,” indicating that accommodations are a burden).

Avoid
**Engaging
with
Students
About
Disability
Specifics**



Ensuring an Accessible Environment

- It is everyone's responsibility to ensure a welcoming, inclusive, and accessible environment for all students.
- When students disclose their disability, faculty should:
 - Support the student
 - Avoid inquiring into *too many* details around disability.
 - Refer the student to the appropriate offices.
 - Reiterate that students with disabilities are welcome in their program.

North v. Widener University

- **A University argued that a student could not bring a complaint of being treated differently on the basis of disability because he had never officially disclosed that he had a disability.**
- **The student disclosed his diagnosis to his close friend and advisor—a faculty member in the program.**
- **He was told by a faculty member not to disclose that he had a disability because it would be “viewed as a sign of weakness and unsuitability for the program”**
- **Student failed comps by one point without accommodation and was dismissed from the program.**
- **Student sued school for discrimination.**

Checking for Understanding: Question

Which of the following should *NOT* be an approach when responding to a students' disclosure of disability?

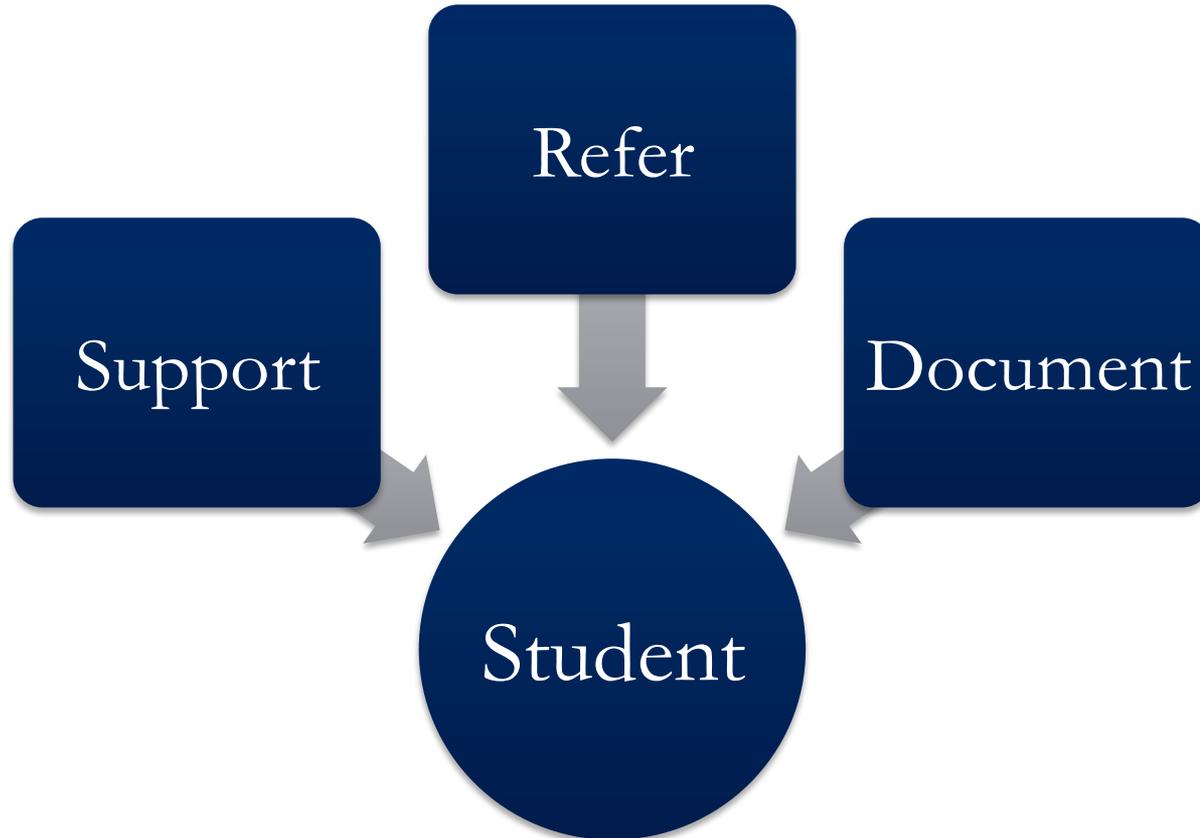
- A. Provide reassurance that the student is in a welcoming, inclusive environment.
- B. Reiterate that students with disabilities are treated the same as their peers.
- C. Gain specifics of the students' disability so you can clearly understand any limitations.
- D. Refer the student to the disability office or assigned administrator.

Checking for Understanding: Question

Which of the following should *NOT* be an approach when responding to a students' disclosure of disability?

- A. Provide reassurance that the student is in a welcoming, inclusive environment.
- B. Reiterate that students with disabilities are treated the same as their peers.
- C. Gain specifics of the students' disability so you can clearly understand any limitations.**
- D. Refer the student to the disability office or assigned administrator.

Direct Disclosure-Faculty Actions



Example Email Response to a Student Alluding to a Disability or Difficulty

Dear Student,

I am sorry to hear you are having difficulty. You may want to seek assistance with the student support offices available, including the learning center, the counseling center, and the disability services office. These offices may be able to provide some support for you academically, and many students find them helpful.

Best Regards,

Dr. Smith

Follow-up Email after Student Self-identifies

Dear Student,

Thank you for meeting with me today. Because you self-identified as having used disability-related accommodations in the past, I wanted to follow up with information about the Office of Disability Services here at Jones Medical College. I have also copied the Director of Disability Services, Jane, on this email, as you expressed interest in speaking with a disability staff member. I encourage you to make an appointment with Jane to explore the possibility of using accommodations. I hope you find this resource helpful.

Best,

Prof. Smith

Poor example faculty follow-up email:

Dear Student,

Thank you for coming in today. After our discussion, it sounds like you will be fine in the course without any accommodations. If you need them the office is always there, but hopefully you keep working hard and will not need them!

Best,

Prof Smith

Examples of Verbal Micro-aggressions:

- Using the terminology: “suffers from or confined/restricted to”.
- Referring to “special accommodations” or “accommodated test-taker.”
- Questioning accommodations, “They are not going to get extra time in the “real world”.
- Threats to “out” the student, “If I’m writing you a recommendation letter, I’ll need to include the fact that you used accommodations.”
- Using Commonplace, albeit potentially offensive phrases such as, “the blind leading the blind or don’t have a leg to stand on”
- Attempting to communicate that “you get it”: I’m totally OCD about my files!
- Minimizing: You have a disability? Which one? It must be mild!
- Challenging: You don’t have a disability. You’re too bright.

Communication as a Barrier

“At my exit interview at the end of my XX clerkship, the clerkship director asked me if I had ***really needed*** extra time on the OSCE. She also asked me if I have trouble passing shelf exams. I really felt that these questions communicated judgment -- she either thought that I was getting extra time I didn't need (essentially cheating in some way) or that if I needed extra time I must be struggling academically.....

I have my own internal conflicts about whether I should have extra time on tests, whether I'm taking advantage of the system in any way, whether it's fair for me to get extra time if I'm doing well....I have all these worries without a clerkship director putting these ideas in my head! I did very well on the XX shelf exam, and my first reaction was to wonder if it was because I got extra time.”

Checking for Understanding: Question

Which of the following statements could be construed as a verbal micro-aggression?

- A. I'm sorry you are anxious, don't worry everyone in medical school is anxious.
- B. We have a lot of resources to support student wellness, I am happy to send you information and you can reach out to them as needed.
- C. I reviewed the feedback from your first clerkship-I'm amazed at what you've been able to accomplish despite your limitations.
- D. We are so happy you accepted our offer of admissions. We had another handicapped student here and he was an exceptional student.

Checking for Understanding: Answer

A. I'm sorry you are anxious, don't worry everyone in medical school is anxious.

C. I reviewed the feedback from your first clerkship-I'm amazed at what you've been able to accomplish despite your limitations.

D. We are so happy you accepted our offer of admissions. We had another handicapped student here and he was an exceptional student.

Guiding Principles for Communication

- Be clear and concise.
- Communicate and follow up in a timely manner.
- Refer students to the appropriate offices.
- Don't ask! Students are not obligated to disclose personal information unrelated to arranging accommodations to faculty or administrators.
- Avoid committing verbal micro-aggressions against students with disabilities by being mindful with your communication.

References

- May, Alison (2016). The impact & Alleviation of Micro-aggressions & Unconscious Bias with Students with Disabilities in Health Science & Medical Education. Health Science and Medicine Conference. San Francisco, CA.
- Meeks, L. M., & Jain, N. R. (2016). Helping faculty find the balance: Communicating with students with disabilities. *Disability Compliance for Higher Education*, 21(9), 7-7.
- Meeks, L. M., Jain, N. R., Phair, E. K., & Acteson, S. (2015). Professionalism and Communication About Disabilities and Accommodations. *The Guide to Assisting Students With Disabilities: Equal Access in Health Science and Professional Education*, 141.
- Meeks, L. M., & Jain, N. R. (2015). *The Guide to Assisting Students With Disabilities: Equal Access in Health Science and Professional Education*. Springer Publishing Company.
- Steinberg, A. G., Iezzoni, L. I., Conill, A., & Stineman, M. (2002). Reasonable accommodations for medical faculty with disabilities. *JAMA*, 288(24), 3147-3154.