## Supplemental Digital Appendix 1

Survey Instrument Sent to Student Affairs Deans at 163 Medical Schools Accredited by the Liaison Committee on Medical Education or the American Osteopathic Association, 2010 and 2011

### **INSTITUTIONAL DEMOGRAPHICS**

Your school is a:

- [] Public institution
- [] Private institution

Your institution is:

- [] Part of a comprehensive university
- [] A free-standing academic health center

How many total medical students are currently enrolled at your school?

Several of the questions that follow will ask about your school's past experiences with the admission and support of students with disabilities. Please record here the NUMBER OF YEARS in the interval 2000 – 2010 for which you are able to provide this information on behalf of your school. This will most likely represent the number of years you have served as a dean for student affairs, or in a similar position with school-wide responsibilities.

\_\_\_\_ years

### Based on the time interval determined in question #3, please answer the following:

	Number of students
	(Best estimate)
How many students with a physical or sensory disability have <b>matriculated</b> at your medical school?	

How many students with a physical or sensory disability have	
graduated from your medical school?	

# APPLICATION PROCESS

Are you familiar with the AAMC publication Medical Students with Disabilities: A Generation of Practice (PDF available at www.aamc.org/members/gsa/ada)?

[ ] yes

[] no

What is the source of your school's published technical standards for the admission of disabled applicants?

[] AAMC Medical School Objectives Project Report 1: Learning Objectives for Medical Student Education 1998

[] AACOM Technical Standards Document (added for osteopathic schools)

[] Institutional (e.g. university or medical school) standards

[] Other (please specify)

When were your institution's guidelines last revised?

How do students with disabilities find out about disability accommodations at your school?

[] medical school website or brochures

[] student must request

[] other (please specify)

# **INSTITUTION'S POLICY**

For most situations, the cost of providing accommodations is paid for by the:

Copyright © by the Association of American Medical Colleges. Unauthorized reproduction is prohibited.

[] institution

[] student

[] both the institution and the student

[] other (please specify)

How do you confirm a student's reported physical or sensory disability? (check all that apply)

[] letter from treating clinician

[] determination of medical school official responsible for determining accommodation needs

[] determination of university official responsible for determining accommodation needs

[] self report of student

[] other (please specify)

Who works with students to determine necessary accommodations based on their disability? (check all that apply)

[] student affairs office

[] diversity office

[] faculty or staff at clinical affiliates

[] medical school official responsible for determining accommodation needs

[] university official responsible for determining accommodation needs

[] other (please specify)

## NATURE OF PHYSICAL IMPAIRMENT AND DISABILITY

Please estimate the number of students who have matriculated at your school during the time interval you recorded in the first section, with regard to the nature of their impairment.

Number of Students
(Best Estimate)

Copyright © by the Association of American Medical Colleges. Unauthorized reproduction is prohibited.

Difficulty with ambulation	
Difficulty with transfers	
Difficulty with physically using a computer or producing written communication	
Difficulty with activities of daily living (feeding, dressing, bathing)	
Difficulty with toileting	
Difficulty with vision	
Difficulty with hearing	
Difficulty with producing speech	

What underlying conditions have these students had?

	Number of students (Best Estimate)
Amputation	
Multiple Sclerosis	
Spinal Cord Injury	
Stroke	
Brain Injury (traumatic or non-traumatic)	
Cerebral Palsy	
Low vision/blind	
Hearing Impaired/Deaf	
Other, please describe below	
Do not know	

If you marked "other" in the above question, please indicate diagnosis. If there is more than one diagnosis, please indicate the number of students per diagnosis.

Of these students, how many had onset of their disability subsequent to medical school admission?

	Number of students (Best Estimate)
Amputation	
Multiple Sclerosis	
Spinal Cord Injury	
Stroke	
Brain Injury (traumatic or non-traumatic)	
Cerebral Palsy	
Low vision/blind	
Hearing Impaired/Deaf	
Other, please describe below	
Do not know	

If you marked "other" in the above question, please indicate diagnosis. If there is more than one diagnosis, please indicate the number of students per diagnosis.

### **ACCOMMODATIONS**

What accommodations has your institution provided for medical students with disabilities during the time interval you recorded in Section 1: Institutional Demographics? Check all that apply:

**Environmental Accomodations** 

[] ramps, lifts or other accessible entrances

## [] accessible restrooms

[] other (please describe)

#### Equipment

[] adjustable exam table

[] height adjustable chair

[] other (please describe)

Personal Assistance

[] personal assistant for physical exam skills such as palpation or auscultation

[ ] personal assistant to evaluate a patient's general appearance/observation of a patient

[] personal assistant for activities of daily living (such as toileting)

[] sign language interpreter

[] other (please describe)

#### Ancillary Aids

[] stethoscope attached to an oscilloscope for decreased hearing

[] large print, magnifiers, Braille for decreased vision

[] dictated lectures or audio recorded lectures

[] other (please describe)

#### Waivers

[] extra time to complete tasks or exams

[] excusing students from performing specific technical skills or sensory tasks

[] excusing students from overnight call schedule

[] other (please describe)

## SENSORY, TECHNICAL SKILLS AND EDUCATION REQUIREMENTS

	No	Yes without accommodation	Yes with accommodation
Complete Physical Exam Skills			
Basic Life Support			
IV Placement			
Central Line Placement			
ABG/blood draws			
Endotracheal intubation			
Lumbar puncture			
Suturing/Knot tying			
Removal of staples, sutures, drains			
Foley Placement			
Delivering a baby			
Other (please specify below)			

Are the following technical skills required as rotation or graduation exit objectives?

If "other" was checked, please specify:

## SUPPORT SERVICES FOR STUDENTS WITH DISABILITIES

What disability-specific support services does your institution offer (check all that apply):

[] disability-specific skilled guidance/counseling for pre-medical students

[] disability-specific skilled guidance/counseling during medical school

### [] peer support (fellow student)

[] support/mentoring from faculty or physician with disabilities

[] assistance in applying for accommodation from NBME/other external exams

[] counseling for choosing a specialty/residency

[] counseling for applying to residency

[] none

[] other (please

### **COMMENTS**

Please share any additional thoughts you have about providing accommodations for students with disabilities.