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# Accommodating Medical School Faculty with Disabilities

## **Abstract**

More than ten years have passed since the Americans with Disabilities Act (ADA) mandated that all employers provide “reasonable accommodations” for employees with disabilities. This mandate applies to medical schools, but no systematic information is available to assess the accommodations provided to medical school faculty with disabilities. This Issue Brief summarizes anecdotal evidence from several medical schools about the experiences of faculty with disabilities, and the barriers they face in establishing and maintaining their careers. It also recommends practical steps medical schools can take to provide a welcoming and accessible academic medical environment.

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# LDI *Issue Brief*

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## ***Accommodating Medical School Faculty with Disabilities***

Editor's note: More than ten years have passed since the Americans with Disabilities Act (ADA) mandated that all employers provide "reasonable accommodations" for employees with disabilities. This mandate applies to medical schools, but no systematic information is available to assess the accommodations provided to medical school faculty with disabilities. This Issue Brief summarizes anecdotal evidence from several medical schools about the experiences of faculty with disabilities, and the barriers they face in establishing and maintaining their careers. It also recommends practical steps medical schools can take to provide a welcoming and accessible academic medical environment.

### ***Experiences of faculty with disabilities are largely unknown***

Medical school faculties include persons with disabilities who contribute daily to teaching, research, and clinical care. Although the law guarantees them equal opportunity in employment, the experiences of medical school faculty members who have a disability are unknown.

- Title I of the ADA bars discrimination against persons with disabilities in employment, and requires that employers provide reasonable accommodations that do not cause them "undue hardship." However, because disabilities, jobs, and potential accommodations are so diverse, no single standard exists to define compliance with the law.
- Most medical schools offer long-term insurance and extended leaves of absence for disability. Relatively few have policies explicitly addressing accommodations for faculty members with disabilities as they perform their jobs.
- Some medical schools monitor their progress toward gender, and racial or ethnic diversity, but faculty members with disabilities remain uncounted. Without the compelling evidence of numerical data, experiences of inclusion as well as discrimination have generally escaped notice.

### ***Faculty with disabilities interviewed in seven medical schools***

To begin to address this gap in information, the authors interviewed faculty in seven medical schools. The study expanded work initially begun at the University of Pennsylvania as part of a project examining promotion and quality of life for junior and mid-level faculty. The selection of individuals to interview was not systematic, and may therefore not be representative of more general experiences, but this endeavor is one of the first explorations of the issue.

- At Penn, a subcommittee explored faculty concerns relating to disabilities, and identified: (1) physical and nonphysical barriers in areas such as advancement and promotions, work satisfaction, and right to privacy vs. the need for and fear of disclosure; (2) accommodations that would provide equal opportunities; and (3) ways of improving recruitment, retention, and promotion of faculty with disabilities.

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- Subcommittee members spoke to 20 medical school faculty with physical or sensory disabilities, identified through personal referrals and outreach. Steinberg and colleagues broadened this work to include faculty at six other schools. Insights gained from these discussions formed the basis for recommendations to improve the academic environment for active faculty with disabilities.

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### ***Faculty described pursuing careers with “a silent and lonely tenacity”***

Medical school faculty with publicly known disabilities report mixed experiences concerning the acceptance of their peers and supervisors. Almost uniformly, respondents report that medical school administration and faculty are ignorant of and largely uninterested in disability, beyond compliance with the most basic of equal opportunity employment provisions.

- On an individual level, some faculty with disabilities report having supportive supervisors who recognize their talents and provide chances to succeed. A few respondents described active intervention and advocacy from mentors and peers that prevented academic careers from ending abruptly.
- Some faculty believed that lax institutional enforcement of ADA requirements, including physical access, demonstrates a tepid commitment to disabled persons. Some respondents saw little chance of improving institutional attitudes toward disability since “neither medical school faculty nor students are expected to have disabilities.”
- Because of institutional views and the absence of identified peers with disabilities, some faculty described pursuing and maintaining their careers with “a silent and lonely tenacity.”
- Some faculty did not disclose a disability or request accommodations, partly out of fear of harming their careers and chances for promotion. Such faculty revealed impairments only when hiding became impossible. Even some persons at high academic rank voiced these fears. Some refused accommodations because they perceive they must demonstrate toughness, trying to “prove themselves” despite their health.
- Occasionally, faculty members found themselves called “heroes,” although their supervisors simultaneously questioned why they would choose careers stressful even to those without disabilities. Despite its flattering intent, the “hero” moniker can raise unrealistic and unattainable expectations.

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### ***Physical access often difficult for wheelchair users***

Medical school faculty with disabilities reported encountering many physical obstacles, inconveniences and dangers in the workplace. Universities, their medical schools, and affiliated teaching hospitals are often among the oldest local institutions, with many buildings physically inaccessible.

- Title III of the ADA requires that facilities be physically accessible, but invokes a “readily achievable” standard. If renovating existing structures is infeasible or too costly, organizations must find other ways to make services physically available.
  - Some faculty with physical disabilities reported needing to enter campus buildings through loading docks and finding themselves trapped in locked buildings after hours, unable to access library stacks, stuck on ramps deep in snow, struggling with heavy doors, and unable to locate accessible toilets.
  - Some respondents noted that modifications to enhance access, such as ramps and automatic door openers, were sometimes poorly maintained, and wheelchair access routes were often not clearly marked.
  - Although these physical access issues are not unique to medical schools, continually facing such barriers is exhausting and demoralizing for faculty members using wheelchairs.
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### ***Faculty reported other obstacles to success***

Medical faculty reported many other concerns raised by their disabling conditions, including promotion deadlines, travel requirements, and impediments to practice. Notably, many of these concerns could be addressed with small and inexpensive accommodations.

- Those seeking promotion as investigators face timelines often difficult for faculty without disabilities, although some medical schools explicitly permit delays in the “academic clock” for illness.
- Many schools demand evidence of a national or international reputation for promotion to associate or full professor. This requirement may necessitate travel to give lectures, serve on committees, or as visiting professors. When traveling, faculty who use wheelchairs spend many extra hours (for example, to meet preflight airline requirements and arrange ground transportation) not spent by nondisabled colleagues.
- Active clinicians must also negotiate accommodations with their practice sites. These activities may involve modifying clinical schedules, obtaining more practice assistance, and modifications to the clinical environment.
- Faculty reported that simple accommodations that could help overcome these obstacles are generally unavailable. Few facilities have telecommunication devices for the deaf, Braille signage, voice activated controls on elevators, or hands-free telephones. Not all accommodations are technological. Extra secretarial assistance for faculty with low vision or physical disabilities is especially critical when confronting tight deadlines for grants or publications.

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### ***Recommendations for accommodating faculty with disabilities***

Drawing on recommendations that emerged from the University of Pennsylvania subcommittee, the authors point to educational initiatives, institutional infrastructure, and job accommodations needed to overcome these barriers to equal opportunity for faculty with disabilities. They note that faculty members with disabilities are neither heroes nor more vulnerable than their peers, but require legally-mandated accommodations to succeed.

- To address attitudinal barriers, educational efforts could target senior faculty (including chairs of departments), members of committees on appointments and promotions, and university ombudspersons with basic information about disabilities including rights to voluntary disclosure, preemployment equities, conducting an effective job interview with persons who have visible disabilities, reasonable accommodations, and appropriate adaptive strategies for individuals who have a disability.
- Support for the equal recruitment and retention of persons with disabilities should be clearly stated in the mission statements of universities, medical schools, and departments in language that is similar to that used for minorities and women.
- A faculty member with a disability should be a permanent member of the institution’s committees involved with architectural planning, plants, and operations.
- Affirmative action offices should maintain a database of faculty who have disclosed their disabilities and given permission to include that information. These data will provide information about the recruitment, retention, and promotion of faculty with disabilities. The database can also be used to develop a mentoring program for junior faculty among senior faculty who have an understanding of disabilities.
- Potentially useful job accommodations include adjusting timelines for promotion decisions; reassessing promotions requirements that inherently require extensive travel; improving physical access to teaching, research, and clinical sites; and modifying clinical and teaching schedules.
- Adaptive technologies may be needed to allow the individual to perform essential job functions. A small proportion of university budgets should be set aside for the purchase or rental of such equipment.

*Continued on back.*

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## **POLICY IMPLICATIONS**

Academic medicine must begin to address issues of disability openly, thoughtfully, and productively, recognizing the intellectual, professional and interpersonal benefits of fully including diverse and valued colleagues. By their example, faculty with disabilities can implicitly teach others not only how to live gracefully with impairment, but also how to achieve despite barriers.

- Academic promotion for faculty with disabilities must meet the same standards as for nondisabled faculty. Nevertheless, medical schools should review their processes to ensure that faculty are not judged on abilities or assessed on skills that are irrelevant to their actual responsibilities. The need for accommodations should have no impact on evaluation and promotions decisions.
- Although the ADA requires that employers provide accommodations only when persons with disabilities request them, these findings suggest that some medical school faculty fear reprisals and loss of job opportunities if they do so. Academic leadership should encourage open communication by first recognizing the legitimate fears of disclosure. Alternative pathways for assistance, such as an ombuds office, should be available for faculty fearing retribution within their departments.
- Identification of reasonable accommodations should be a product of negotiation. The process must address the needs of the individual, and avoid undue hardship for the institution. Reasonable accommodations should confer neither advantage nor disadvantage based on disability.
- Systematic data are needed to assess progress toward the goal of equity in the academic medical workplace. This article was based on anecdotal evidence only. A database of faculty with disclosed disabilities could provide the basis for future research that tracks institutional improvements and measures success in providing reasonable accommodations.

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