



IMPAIRMENT

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LEARNING DISABILITIES AND THE ADA

Learning impairments frequently remain undiagnosed until adulthood; consequently, it is not unusual to find some residents with learning disabilities (LDs). In most cases, the condition will not be severe enough to affect medical training, or the resident will have found ways to compensate. Most residents will not qualify for coverage under the ADA, as they have demonstrated ability for learning well above the average individual. Consider, for example, that such individuals have been quite successful in completing college as well as gaining admission to and completing medical school. When an LD does emerge, it undoubtedly constitutes a response to the pressures and time constraints of residency.

If an LD materializes or is suspected, the resident should be directed to specialized services by the mentor, the program director, the employee assistance program, or others. This situation should be managed as are all others. Let us use as an example inadequate knowledge as demonstrated on standardized testing. First, define the problem. Intervene with constructive counseling, and provide direction for accessing appropriate resources. Draw up a timeline for improvement. Note that any expectation for demonstrating competence in the testing situation will not change, but some modifications, such as extending the testing time, may be an option. Some boards have a specific process that must be used for accommodations such as extended time to be granted to the trainee. Others leave this up to the discretion of the program director. Some boards have a process to consider accommodations, such as extended time for the actual Board examination. In some cases, one of the elements of required documentation is whether the trainee received similar accommodations on the in-service training exam.

All residents, as with all employees, must be offered the opportunity to explore coverage under the ADA. However, even if the resident is not deemed a covered individual, a program may elect to make accommodations, such as allowing the resident more study time to take an examination, a certain number of retakes, or oral (versus written) examinations. Such a step should be taken with great care, after insuring such permission is within the ability of the program to grant (and doesn't require a formal process from the distributors of the in-service examination. In addition, such a step may set a precedent that will alter a program's residency standards.

Programs should develop technical standards regarding what their residents are specifically required to do (e.g., what lifting and repetitive motion, what auditory acuity and communication skills are required for education and patient safety). The following are just a few examples of technical standards that might be adopted, and by no means cover the range of physical and mental skills and abilities needed for successful completion of a medical school curriculum:



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1. Observation
 - Observe materials in the learning process (e.g., written documents, microscopic examination of microorganisms, audiovisual presentations, diagnostic images, etc.)
 - Observe patients (requires vision, hearing, sensation)
2. Communication
 - Speak, write, hear, read, use a keyboard
3. Motor
 - Use palpation, auscultation, and percussion to elicit information from patients.
 - Be able to move as required to give general medical care and emergency treatment, e.g., coordination of gross and fine motor movements, equilibrium, and sensation.
4. Work long hours (up to 80 hours per week) with on-duty periods of up to 30 hours at a time with no control over scheduling breaks
5. Be able to multi-task—to set priorities quickly among many competing demands in high-risk situations, many of which are largely outside of the individual's control
6. Respond to honest feedback regarding areas for improvement
7. Develop progressively more independence in learning, identifying one's own weakness, and knowing the necessary learning plans to address

A list similar to the above should be individualized and added to, encompassing the full range of abilities required (e.g., intellectual, attitudinal, psychomotor, social, and emotional) to complete residency.