RESEARCH LETTER

Prevalence of Self-disclosed Disability Among Medical Students in US Allopathic Medical Schools

Studying the performance of medical students with disabilities requires a better understanding of the prevalence and categories of disabilities represented.1–4 It remains unclear how many medical students have disabilities; prior estimates are out-of-date and psychological, learning, and chronic health disabilities have not been evaluated.5 This study assessed the prevalence of all disabilities and the accommodations in use at allopathic medical schools in the United States.

Methods | From December 2014 through February 2016, an electronic, web-based survey was sent to institutionally designated disability administrators at eligible allopathic medical schools who have a federally mandated duty to assist qualified students with disabilities. Eligible schools were identified through a registry maintained by the Association of American Medical Colleges (AAMC); new schools and those with probationary accreditation or on probation were excluded. Participation was maximized through direct emails to disability administrators, AAMC outreach to students affairs deans at eligible schools encouraging participation, and phone calls to nonresponding schools after 6 and 9 months.

The survey was designed by experts in medical school disability administration based on provisions of the Americans with Disabilities Act and prior research. The survey was pilot tested by 5 schools and refined. The survey assessed the following domains: (1) total number of self-disclosed or registered students with disabilities receiving accommodations, (2) demographic characteristics of students with disabilities, (3) categories of disabilities, and (4) approved accommodations. Disability categories included attention-deficit/hyperactivity disorder (ADHD), learning disability, psychological disability (adjustment disorder, anxiety disorder, obsessive-compulsive disorder, posttraumatic stress disorder, bipolar disorder, depression, eating disorder, cognitive disorder, schizophrenia or other psychotic disorder, and other psychological disability), mobility disorder, visual impairment, other functional impairment, deaf and hard of hearing, visual impairment, mobility disability, chronic health, and other functional impairment.

Survey results were linked to the AAMC’s Organizational Characteristics Database, which provided additional information about regional, ownership, and financial characteristics of the medical schools. Descriptive statistics were used to summarize survey results. The study was deemed exempt by the University of California, San Francisco, institutional review board because school-level data were analyzed in a deidentified manner.

Results | One hundred forty-five schools were identified; 12 were excluded. Of the 133 eligible schools, 91 completed the survey (68.4%) and 89 reported complete data and were included in the analysis. Most schools were located in the south (32.6%) and were publicly owned (57.3%) (Table).
Responding schools were similar to nonresponding schools on geographic region, public vs private ownership, community-based status, research intensity, and financial relationship with the parent university.

Respondents identified 1547 students with disabilities (43.3% male), representing 2.7% of the total enrollment and ranging from 0% to 12%. Of these students, 97.7% received accommodations (Table). ADHD was the most common disability (33.7%), followed by learning disabilities (21.5%) and psychological disabilities (20.0%). Mobility and sensory disabilities were less common. School-based testing accommodations were most frequently used (97.8%); clinical accommodations were less frequently used (Figure).

Discussion | This study identified a higher prevalence of disability among students in US allopathic medical schools—2.7%—than prior studies (0.3% to 0.6%),3,5 These results underscore the limitations of studying isolated subtypes of disabilities (ie, only mobility impairments), which may underestimate this population. The preponderance of students with ADHD, learning disabilities, and psychological disabilities suggests that these disability subtypes should be included in future research efforts, such as studies assessing the performance of appropriately accommodated students.

Schools reported incomplete student demographic data, precluding analysis. Also, students who did not self-disclose were not captured, nor was severity of disability—however, medical documentation is required for disability registration.

Given the stigma surrounding psychological disabilities, it is plausible that these disabilities were underrepresented. Schools responding to the survey may not be representative of all allopathic medical schools, and the results may not generalize to osteopathic schools. Finally, these prevalence estimates rely on the accuracy of the data reported by schools; however, schools are under a federal mandate to document communication and decision making regarding students with disabilities, supporting the accuracy of these data.

Lisa M. Meeks, PhD
Kurt R. Herzer, PhD, MSc

Author Affiliations: University of California, San Francisco School of Medicine, San Francisco (Meeks); Medical Scientist Training Program, Johns Hopkins School of Medicine, Baltimore, Maryland (Herzer).

Corresponding Author: Lisa M. Meeks, PhD, Department of General Internal Medicine, University of California, San Francisco, School of Medicine, 533 Parnassus Ave, U266, PO Box 0454, San Francisco, CA 94143 (lisa.meeks@ucsf.edu).

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