McMaster University | Postgraduate Medical Education

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McMaster University – Resident Affairs, PGME
Accommodation Guidelines for Trainees

PGME aims to promote and provide inclusive and accessible training environments for all while ensuring trainees meet their programs' essential training and licensing requirements. Academic and/or clinical workplace disability-related accommodation for PGME trainees (residents and fellows) are assessed for eligibility and arranged through an Accommodation Provider (either the trainee's residency program director and/or their campus Resident Affairs Director). Such accommodation may be warranted when a healthcare professional indicates that functional limitation(s) related to a disability hinder the ability to perform postgraduate training-related tasks or activities. The accommodation process works most effectively when trainees, faculty members, and staff work together to ensure accommodations are appropriately designed, facilitated, and implemented.
This document outlines the basic process for trainees to follow when requesting disability-related accommodation(s).

This guideline is meant for information only. All related documents are available on the PGME Accommodations web page. Please review the ***PGME Policy for Accommodation of Trainees with Disabilities*** for the specifics of the processes described.

Submission of Request

1. The trainee must request accommodation(s) by contacting an Accommodation Provider and submitting the appropriate supporting documentation to them before an accommodation plan can be assessed, developed, or implemented; see ***PGME Accommodation Qualified Professional Documentation Form***.
    - Requests should be made to the trainee's program director unless the trainee feels there is a barrier to doing so. At any time in the process, Resident Affairs can support the trainee throughout the accommodation process including assisting with managing expectations for both the trainee and the program director.
2. Requests for information and/or supporting documentation from a qualified professional should include but are not limited to:
    - Confirmation by a health care professional that the trainee has a functional limitation arising from disability (without mandatory disclosure of the disability), including a description of the specific functional limitation(s) requiring accommodation.
    - The type of accommodation(s) recommended for the trainee to meet the essential requirements and duties of the Program.
    - Where relevant, prior accommodation(s) provided during education or employment.
    - Accepted health care professionals include, and are limited to: medical doctors, registered psychologists, registered occupational therapists, registered speech and language pathologists or other expert(s) deemed appropriate based on the nature of the functional limitation arising from the disability and accommodation request.

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3. If the ***PGME Accommodation Qualified Professional Documentation Form*** is not used by the provider, the requested information may be submitted by providing a letter or consultation note on letterhead with the date, name, and qualifications of the provider and the above information. Please see appendix for sample letters.
    - The letter must include:
        - Confirmation that there is a disability resulting in functional limitation.
        - A description of the functional limitation(s) that requires accommodation.
    - The letter MAY include:
        - Diagnosis or type of disability causing functional limitation or impa
        - Suggested recommendations for accommodation(s) that will allow the trainee to meet the program requirements.
    - The trainee should note that if the required information is not provided in the letter, there may be delays in implementing appropriate accommodations. This may be avoided by encouraging the trainee's qualified provider to use the ***PGME Accommodation Qualified Professional Documentation Form***.
    - The trainee should review the contents of the letter prior to submission and may choose to ask for revisions from their healthcare provider if there is any health-related information in the letter that the trainee does not want to disclose to the Accommodation Provider.
4. Note: Relevant supporting documentation must be submitted within a reasonable timeframe as soon as it is available. Interim accommodation may be recommended pending receipt and review of documentation.

Assessment of Accommodation Request

1. The trainee's request for accommodation and supporting documentation will be reviewed by the Accommodation Provider to ensure that the request falls within the scope of McMaster PGME Accommodation Policies and Procedures.
2. If the Accommodation Provider requires input from others (outside of Resident Affairs), written consent will be obtained from the trainee.
3. The Accommodation Provider may:
    - Request supporting documentation
    - Seek additional assessments or opinions
    - Implement an interim accommodation plan, in good faith, pending supporting documentation, further assessment, or other reason for delay in determining the most appropriate accommodation.
4. Either the trainee or the Accommodation Provider may request a meeting at any time during the assessment of the accommodation request. The Accommodation Provider will make every effort to schedule this within 10 working days of the request.
5. Once the assessment is complete, the Accommodation Provider will inform the trainee, and other related offices as required, in writing that the request:
    - Has been accepted and provide next steps for the development of the accommodation plan; or
    - Request further documentation or required materials; or
    - Has been denied and provide the reasons for denying the request.
6. If the request for accommodation is denied by the Accommodation Provider, the trainee may request a formal review of the accommodation decision.

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Development of Accommodation Plan

1. The Accommodation Provider is encouraged to use the ***PGME Accommodation Plan Template*** to develop the accommodation plan.
2. The Accommodation Provider will provide the approved accommodation plan to the trainee in writing. If the AP is not the program director, the program director will also be provided the approved accommodation plan.
3. Either the trainee or the Accommodation Provider may request a meeting at any time during the development of the accommodation plan. The Accommodation Provider will make every effort to schedule this within 10 working days of the request.
4. The Accommodation Provider may:
    - notify the Assistant Dean, Resident Affairs, and/or the Associate Dean, PGME if there are any concerns or challenges anticipated related to the proposed accommodation plan. They may, in turn, consult with other University-based or external sources as deemed necessary.
    - request permission from the trainee to seek further information from the trainee's healthcare provider or request independent external consultation.
5. If the trainee does not agree with the finalized accommodation plan, they may request a formal review of the decision.

Implementation and Communication of the Accommodation Plan

1. The relevant aspects of the accommodation plan will be communicated, with consent of the trainee, on a "need-to-know" basis to clinical supervisors (for home program and electives outside of McMaster) and others (e.g., program administrators, chief residents) to implement and/or facilitate the implementation of the accommodation.
    - Communication of an approved accommodation plan will be done in collaboration with the program director and the trainee.

2. For rotations outside of their home program or electives outside of McMaster, the trainee will discuss the process of communication to the receiving supervisors with the program director.
    - If the provision of accommodation information is agreed upon, it is the responsibility of the program director and trainee to ensure that the receiving clinical supervisor is informed of the accommodation plan via the ***PGME Communication of Accommodation Plan Outside Home Program Template***.
    - If the trainee does not consent to have the relevant portion of the accommodation plan to be shared, the program director will determine if the outside rotation can proceed as requested by the learner. If there is concern around trainee or patient safety without accommodation, the rotation will not be allowed to proceed. If there is disagreement, the trainee may consult the Associate Dean, PGME for review.

3. If the trainee does not participate or denies the need for accommodation, the PGME office reserves the right to document the conversation with the trainee and/or obtain written acknowledgement from the trainee that the accommodation is not necessary. The PGME office may request the trainee obtain documentation from their healthcare provider that the accommodation(s) is not required.

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4. Trainees on medical leave must confirm with their Accommodation Provider:
    - at least two (2) weeks before their return, that their accommodation plan is still accurate so that the communication of the accommodation plan occurs in a timely way.
    - four (4) or more weeks before their return (or as early as possible), that they anticipate requiring modifications to their accommodation upon their return to the program so that the accommodation plan can be reviewed ahead of their return.
    - If significant modifications or complex new accommodation is required, there may be delays to full implementation and/or a change in the trainee's schedule.
    - Failure to notify the program as described may result in a delayed return from medical leave.

Maintenance and Monitoring of Accommodation Plan

1. Once the accommodation plan is implemented, it is the responsibility of the program director and trainee to periodically, and no less frequently than once a year, review the accommodation plan.
2. The Accommodation Provider, in consultation with the trainee, may amend the plan as required, at any time.

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Appendix 1:

Examples of letters from care providers and how the Accommodation Provider can use the information:

1) For a PGY 1 Pediatrics trainee (note – the diagnosis is not disclosed):

I am a family physician who has known Dr. Shoshanna Lee for the past 4 years. I can confirm she has a disability that results in limitations in executive functioning. She is currently on optimal treatment and these types of accommodation were beneficial for her in medical school.

The types of accommodation that will assist her in meeting the program requirements are:
1) extended time for exams or written assignments (25% more),
2) a separate, quiet space for exams,
3) the ability to record and/or review recorded teaching sessions such as academic half-day,
4) provision of slides or written presentation summaries ahead of teaching sessions (or immediately after the session if not available ahead of time),
5) written summaries of any rotation-related expectations,
6) no more than 1 night in 3 in house or home call (i.e., no Fri/Sunday call) to ensure adequate rest and recovery.

If the program had resources for coaching for time management, Shoshanna believes this would be helpful to her and has requested that I ask in this letter.

Sincerely,

Dr. Lily Xu, MD, CFPC

Notes on Accommodation Provider decision and implementation plan:

- These accommodations should be implementable very close to how they are written as they are clear and specific.
- The exam-related accommodations would not be communicated to clinical preceptors as they are only provided to individuals on a "need-to-know" basis.
- The accommodations about provision for recording and written information WOULD be sent to the clinical preceptor as this may help them ensure they provide the learner written information around teaching that they do with the learner. It may be helpful if the AP reworded these accommodations for the clinical supervisor (i.e., *Please provide written summaries of key teaching points during clinical teaching whenever possible*)
- The AP confirms with the CTU director that the trainee will be on a night float schedule. The trainee confirms that no accommodation is needed for night float.

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2) For a trainee in Family Medicine (PGY 1) with chronic anxiety and depression along with migraines (note – the diagnosis is not disclosed):

I am a family physician who has known Dr. Liana Smith for the past 2 years. I can confirm she has a chronic disability that is subject to exacerbations. These exacerbations can be triggered by situations leading to loss of day-to-day routines, sleep deprivation, and sometimes occur without clear provocation. Liana is limited by lack of endurance on a regular basis.

Regular accommodations that help Liana to meet her learning and work expectations are:
1) time off (~ 3 hours) for one appointment per month,
2) 2 x 30 min breaks per day in a quiet space alone,
3) access to text-to-speech technology for medical record keeping.

During exacerbations, Liana has benefitted from accommodations such as:
1) shortened work hours (6-8 hours a day depending on situation),
2) regular sleep and rest schedule including 2-3 days a week without work- or learning-related activities,
3) time off for up to 1 appointment a week (requires 3 hours).

Liana has required time off to attend to her health in the past. When this has occurred, she has required a graduated return to learning and work-related responsibilities.

Thank you.

Dr. Shreyas Sangaraman

Notes on Accommodation Provider decision and implementation plan:

- This letter has enough information to proceed, and the requests may need modification to be implementable.
- Long-term accommodations could include:
  1) ½ day off for appointments every month. Liana will notify program and supervisor as soon as time and date known.
  2) access to text-to-speech for documentation (*The AP has confirmed that the placements for this year all use EMRs linked to Dragon. The program will provide Dragon Medical for the learner if she is placed at a site that does not provide it.)*
- The program director has confirmed that none of the family clinics where the learner could be placed have any quiet space available during the day that is completely alone. The PD meets with Liana to review, and they agree that the family clinic location closest to her home would be the best fit and she will take a one-hour break and drive home for that break (it is ~ 10 min from her home). The clinic preceptors have agreed this is reasonable and implementable. The other option discussed was for Liana to use her car for breaks if she does not decide to go home. This is acceptable to her as a back-up plan & will be communicated to the clinical supervisor.
- The AP and Liana agreed to discuss ASAP if Liana believes she is having an exacerbation and the suggested short-term accommodations would be reviewed at that time.
- The AP has asked Liana to meet with them at least one month ahead of her hospital-based rotations to assess if there is a need for a short-term accommodation plan should it be required (thinking that it would be faster to have a "back-up" plan agreed to and in place rather than trying to determine the logistics during the rotation).

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3) For a surgery PGY 4 trainee with Inflammatory Bowel Disease and frequent flares (note – the diagnosis is not disclosed):

I am a Gastroenterologist managing the care of Dr. Sam Frank. Sam has been my patient for the last 6 months. They currently have a medical condition that we are working to stabilize. Until which time this condition is stabilized, Sam must have a schedule that allows non-disrupted sleep every night. They need at least 2 full days off every week and should not have excessively long days. Sam needs access to bathrooms in all work situations and needs to have regular breaks for nutrition and rest.

I will be seeing Sam every 2-4 weeks and will provide updates when and if these circumstances change.

Thank you.

Dr. Frederica Smolovitch, MD, FRCPC

Notes on Accommodation Provider decision and implementation plan:

- This letter has enough information to proceed, and the requests may need modification to be implementable.
- The specific short-term accommodation (until condition is stabilized) will need to be determined with the Accommodation Provider.
- They could include (the exact recommendation and implementation may differ depending on specific rotation characteristics and requirements):
  1) consideration of scheduling upcoming rotations that have no call or only "fly in" call. *Could there be a clinic-based block? A research block? Could Sam do "fly in" call if day off before starting (i.e., a 5 PM to 8 AM shift)?*
  2) no call past 11 PM OR shift-based work (i.e., night float) – *this would need to be discussed with Sam and possibly with his physician*
  2) maximum 1-in-3 call (specifically no "Fri-Sun" call),
  3) 2 x 30 min breaks per day in a quiet place alone where eating and drinking is allowed,
  4) easy access to bathrooms (*Request to clinical supervisor to provide Sam with locations, access codes etc. at beginning of rotation*),
  5) ½ day off for appointments approximately every 2 weeks. Sam will notify program and supervisor as soon as time and date known.
- All accommodations will be reassessed in 6-8 weeks when new information is available from the care provider.
- If longer-term work-hour accommodations are needed: could consider shift work (i.e., 12-hour day or night shifts instead of a regular day/night call schedule), could consider clustering "low call" based rotations for as long as possible with hope that condition will stabilize as anticipated.