FastFacts

Medical and Allied Health Careers: Technical Standards and Individuals who are Deaf or Hard of Hearing

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Overview

Improved access and advancements in technology have allowed individuals who are deaf or hard of hearing, who might not have previously considered a career in the health care field, to now pursue this option. Nonetheless, barriers continue to exist, caused in part by the technical standards established by academia and training programs. Technical standards are a set of abilities and characteristics a person is required to possess in order to gain admission to an educational or training program.

Technical standards as a potential barrier

Many technical standards are written in such a way that they preclude individuals with disabilities from accessing medical and health care training, as well as employment. Dr. Robert Pollard from the Deaf Wellness Center at the University of Rochester offered the following insight on technical standards:

"The way many schools draft technical standards frequently creates discriminatory actions and results in unfortunate violations of the ADA. Schools typically will describe what sensory and physical abilities a student must possess as an integral part of how technical standards are written. This constitutes an 'organic' approach to writing technical standards, in contrast to 'functional' standards. Functional technical standards set forth what the candidate or student must be able to accomplish, with or without reasonable accommodations, not *how* those tasks must be accomplished.

Functional technical standards do not make reference to how well candidates or students must hear or see, or what motor or cognitive capacities they must possess in order to learn or provide patient care. It is incumbent on the candidate to demonstrate how they can accomplish those functions in light of whatever physical disabilities they may have." [1]

What sets a functionally written technical standard apart from a standard written more organically?

Technical standards written from an "organic" point of view often look like this:

A candidate should be *able to speak, to hear* and to observe patients in order to elicit both *verbal and non-verbal information*, and must be able to communicate effectively and sensitively with and about patients. Communication therefore includes *speech,* reading and writing. The candidate must be able to communicate effectively and efficiently in *oral* and written form with the patient, the patient's family, and all members of the health care team, including referral sources such as agencies and other physicians.

Technical standards written from a "functional" approach look like this:

The student must be able to *communicate effectively* with patients and family, physicians, and other members of the health care team. The communication skills require the ability to assess all the information including the recognition of the significance of non-verbal responses and immediate assessment of information provided to allow for appropriate, well-focused follow-up inquiry. The student must be capable of *responsive, empathetic listening* to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

The student must be able to *process and communicate* information on the patient's status with accuracy in a timely manner to physician colleagues and other members of the health care team. This information then needs to be *communicated in a succinct yet comprehensive manner* and in settings in which time available is limited. Written or dictated patient assessments, prescriptions, etc., must be complete and accurate. The appropriate communication may also rely on the student's ability to make a correct judgment in seeking supervision and consultation in a timely manner.

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The above examples, drawn from two postsecondary institutions, illustrate the differences between "organic" (how the task would be accomplished), and "functional" (the actual desired outcome or end result).

What are some specific examples of accommodations that meet functional technical standards?

In addition to the more common accommodations of interpreters, FM systems and real-time captioning, a number of unique, health career-specific accommodations have been successfully utilized. They include, among others:

- Remote captioning to a tablet in a surgical room at a hospital
- Remote interpreting to an individual using a laptop in a "one on one" counseling session
- Open-captioned media and visual displays with textual information
- Amplified and/or visual stethoscopes

The UC Davis School of Medicine created a YouTube video highlighting a student who is deaf using accommodations in a hospital operating room.
https://www.youtube.com/watch?v=AwDvgFrbY5w

Recently, a number of court cases have addressed technical standards, among them:

- *Featherstone vs. Pacific Northwest University of Health Sciences*
- *Argenyi vs. Creighton University*
- *Cannon vs. Palmer College of Chiropractic*

In each of these cases, the courts ruled that colleges or universities cannot refuse admission to a program based solely on an individual's disability, nor could they refuse to provide accommodations based on the wording of a technical standard.

Resources

Building Pathways to Health Care Careers for the Deaf and Hard of Hearing Community -
http://www.rit.edu/ntid/hccd/system/files/
FINAL_REPORT_Building_Pathways_March_2012.pdf

Technical Standards for Admission to Medical Schools: Deaf Candidates Don't Get Respect -
http://surface.syr.edu/cgi/viewcontent.cgi?
article=1079&context=lawpub

Healthcare Careers for the Deaf and Hard of Hearing Community -
http://www.rit.edu/ntid/healthcare/

The Association of Medical Professionals with Hearing Loss -
https://amphl.org/

References

1 Building Pathways to Health Care Careers for the Deaf and Hard of Hearing Community. Retrieved from http://www.rit.edu/ntid/hccd/system/files FINAL_REPORT_Building_Pathways_March_2012.pdf

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