Technical Standards in Healthcare Careers

Overview

Improved access and advancements in technology have given deaf individuals the opportunity to pursue a career in the healthcare field. Nonetheless, barriers continue to exist, in part due to the technical standards established by academia and training programs. Technical standards define 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 healthcare training and 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 nonverbal information*, and he or she 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 healthcare team, including referral sources such as agencies and other physicians.

Technical standards written from a "functional" point of view look like this:

The student must be able to *communicate effectively* with patients and family, physicians, and other members of the healthcare team. The communication skills require the ability to assess all the information including the recognition of the significance of nonverbal 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.

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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 healthcare 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.

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

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

In addition to common accommodations, such as interpreters, FM systems, and real-time captioning, a number of unique healthcare-specific accommodations have been used successfully. The following are examples:

- 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: **www.youtube.com/watch?v=AwDvgFrbY5w**

Recently, a number of court cases have addressed technical standards, including *Featherstone vs. Pacific Northwest University of Health Sciences*, *Argenyi vs. Creighton University*, and *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 and they cannot refuse to provide accommodations based on the wording of a technical standard.

Related Resources

- Healthcare Careers for the Deaf and Hard of Hearing Community: **www.rit.edu/ntid/healthcare**
- Technical Standards for Admission to Medical Schools: Deaf Candidates Don't Get Respect: **www.tinyurl.com/schwartz2012**
- Association of Medical Professionals with Hearing Loss (AMPHL): **www.amphl.org**

Additional resources on this subject may be available at **www.nationaldeafcenter.org/resources**.

Reference

[1]Task Force on Health Care Careers for the Deaf and Hard-of-Hearing Community. (2012). *Building pathways to health care careers for the deaf and hard of hearing community*. Retrieved from **www.rit.edu/ntid/healthcare/task-force-report**