Episode 122: Clinical Accommodations in Undergraduate Medical Education

Welcome to *The Stories Behind the Science*—an intimate conversation series with the authors of the *Academic Medicine* supplement on *Disability Inclusion in Undergraduate Medical Education*.

In each episode, we step beyond the printed page. You'll hear directly from the authors—their motivations, the lived experiences and data that shaped their scholarship, and the futures they imagine for a more inclusive profession. These aren't just studies or commentaries. They are stories of systemic change, and of a deep commitment to justice in medicine.

Together, we'll explore the supplement's six themes:

- The evolving landscape of disability inclusion
- The learning environment
- Disability at the intersections
- Barriers to entry and transition
- New frontiers in disability research
- And real-world case studies of inclusion in action

Through these conversations, you'll meet the people behind the work—their stories, their vision, and the communities that drive their scholarship. So, join us as we uncover the stories behind the science—stories that are reshaping medical education and, ultimately, the future of healthcare.

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I'm your host, Lisa Meeks—Today I'm thrilled to welcome two people pushing clinical training toward real accessibility:

Matt Sullivan, Assistant Director of Disability Resources at Washington University School of Medicine in St. Louis; and

Suchita "Suchi" Rastogi, former MD-PhD student at Stanford, now an MPH student at UIC and CEO of the Disability in Medicine Mutual Mentorship Program.

Together with a national team of learners and Disability Resource Professionals, they built a first-of-its-kind, vetted language guide for **clinical accommodations**—the

practical phrases and precise wording that turn “we support you” into “here’s exactly how we make this work.”

In this episode we discuss why specificity in language can make or break access; what an iterative Delphi process taught us about clarity, equity, and collaboration; and how students, DRPs, and leaders can use this resource *today* to align accommodations language with their mission, policies, and the clinical realities learners face. Let’s get started.

Matt Sullivan

My name is Matt Sullivan, and I am the Assistant Director of Disability Resources for Washington University School of Medicine in St. Louis.

Suchita Rastogi

Hi, I'm Suchi or Suchita Rastogi. I am a former MD-PhD student at Stanford, now a current MPH student at UIC, and I'm the current CEO of the Disability in Medicine Mutual Mentorship Program.

Lisa Meeks

Well, I have the pleasure of knowing you both fairly well and having worked with you for several years now. And I am really glad that the rest of the listeners get to meet you and find out about your interests and what drove this paper.

All right, so this series is called The Stories Behind the Science, and there's a good reason for that. It's really getting at all of the things that you can't capture from reading that article, right? What prompted the research? What were the challenges? Those types of questions. And who are you as researchers and individually that makes you really care about this work? So, my first question for you is, what inspired you?

Why did you pursue this line of inquiry and was there a professional or personal story that motivated the work?

Matt Sullivan

From a personal and selfish lens, There's a gap in existing literature, research, and practitioner-based work out there surrounding clinical accommodations, not only clinical accommodations as a structure itself, but the language surrounding those accommodations. When you...do a broad call out within the field of disability

resources, I just need a list of accommodations. Can somebody please just share with me what exists? There's typically going to be this canned response that states, well, everything's case by case and you need to work with students on a one-on-one basis. And like, yes, absolutely. I know that I've been in the field for over 15 years, but if I don't know what's possible or even that's been done before that level of creativity involved with clinical accommodations cannot be or may not be where it should be.

So, having an example at least for a starting point is something that I really wanted myself, but feel is also necessary for our field in order to view what is the next step. How do we actually promote access and inclusion within the field? And I think the first step to doing that is actually establishing the baseline.

Lisa Meeks

I love that answer and I'm sitting here thinking that's why I wrote most of what I wrote as a practitioner and as a researcher is because I want to know, right? I want to know and I need that resource. So that's a big driver of work and I'm really glad that you were curious and needed this because I do agree that it fills a gap. Suchi?

Suchita Rastogi

Yeah, to add the student perspective to this, so I am someone who had multiple chronic illnesses that started in my early 20s and they really came to a head in medical school. And while I was trying to navigate transitioning back from my PhD lab into the clinical presectorship sort of world, I found the accommodations process very confusing, and the clinical training environment and its expectations were very much this big black box and anyone that I kept asking at my institution for guidance about this also kind of found it to be a black box and they couldn't really provide answers.

And when I co-founded DM3P, the members that came to that community had similar or even worse experiences when they were trying to get their accommodations. And they kept asking me like, "hey, could you please put together a list of possible accommodations that we could at least go through." And this is something they've been asking me since 2020. It's now 2025. So, it was something that they'd been begging for very persistently for a very long time. So, I was really thrilled to have the opportunity to work with you both on this with your perspectives, your expertise. It was really wonderful to be able to deliver a small part of what they were asking for.

Lisa Meeks

Thank you so much. I also want to point out one of the things I loved about this study. This was the perfect example of a collaborative effort where each one of us had a little bit of expertise, and funding, and time that really coalesced into this first time group project, right? With MSDCI and DM3P. and SMADIE and Docs with Disabilities and just the puzzle pieces seem to really come together in a beautiful way. And I really want to encourage people to collectively leverage all of the resources and expertise that they have to do these types of group projects because it brings really good stuff to the people who need it. And in this case, one of the things that I love about your paper and the guide that's coming is that it fills a gap, certainly Matt, but it fills a gap for a lot of people. A lot of different groups are going to benefit from what you've created. And I know I couldn't have created it without you. It certainly wouldn't have been as good of a product as it is with the student voice as part of it.

Okay. *Behind every study, every research project, there are challenges and oftentimes surprises along the way. What challenges or surprises did you encounter in this work?*

Matt Sullivan

When it came to the Delphi approach and the panels that we had arranged, this iterative nature of feedback, I would have been too naive to expect that after the first round of feedback, it would have been perfect, and nobody had anything negative about the accommodations that we sent over to either the student panel or to the expert panel. But it was a surprise that every single item came back as a no–not in this form. And it's not as if they were each the worst things that had ever been written, but there were really critical pieces of feedback that came into play that was constructive and positive surprises of, "well, I didn't think about it in this perspective or in this light when initially writing it, but it's absolutely true that writing it in this manner will promote more confusion than clarity."

So that painful process of going back through and constantly reviewing and revising was something that I did not anticipate would be so rewarding, because of knowing the intricacies of why it is so important to be intentional in how you're constructing and writing accommodations and how just a few words can be the difference between a student not needing to feel as if they're having to justify or that they have to constantly explain. And the difference of that and being absolutely clear and saying,

“nope, this is what they need, this is what they should get.” So those are the pieces that were really nice to kind of engage in at that deeper level.

Suchita Rastogi

Yeah, that was really interesting, actually, because I didn't know what it was like on the DRP side, Matt. I actually wasn't surprised to find that there was so much, or I guess such a lack of consensus at the beginning. And the reason I say that is because students are generally confused a lot by what the accommodations say and I'm hearing the stories of what didn't work a lot. And so, I was sort of already primed to think that however well-meaning accommodations were worded, there were sort of miscommunications or mismatches in understanding and how implementation is translated to from these accommodations.

But what I wasn't expecting out of this process was how much I learned about the norms that DRPs institute in their language. So, there was a point where I think it was in the second round, you guys came up with a list of what certain terms meant. And those definitions weren't obvious to me at all. And I thought that was really educational. So, the example that I keep bringing up is “student will use”, or “student requires” and the difference between those two phrases. So, “student will use” for those of you who don't know, and Matt might be able to correct me if I say it wrong, but student will use implies that the student has their own device or item and they have permission to use it in the clinical training environment. “Student requires” on the other hand means that someone from the institution has to provide that resource to the students that they will then use. And so, understanding that provides a lot of clarity about who is going to be doing what, and that really reduces the burden for everybody involved. So that was really cool to learn about, and I'm really glad that the guide is going to define that very clearly for people.

Lisa Meeks

I agree with both of you, the way that different schools communicated the accommodations was fascinating to me. And then the iterative process of making the language so concrete. And I really felt like the students added such a layer of...nuance to that as well and made sure that they understood it.

And I hope that the process collectively just made everyone appreciate and understand each other's roles and how important it is to work together. And I think this is something that's perhaps not happening on campuses and in medical schools.

There aren't these meetings of the minds to talk things out. Things are fairly siloed. So, I hope this also serves as a model for how things improve when people work together with the students.

All right. So, speaking of the students, and actually the DRPs, we have two groups here who are so distinct and yet rely on each other so much as far as communication goes. One of the questions that I had come up with for the stories behind the science was, *What is the human story underneath your findings and what stands out the most to you?*

Now, I imagine that will translate differently for each of you for your respective roles and the respective committees that you led. What is the human story here? When people read this and they go, okay, yeah, yeah, these are the accommodations. What's the human story? Why does this paper make a difference?

Suchita Rastogi

What stands out to me is just how impactful it is to have really properly worded vetted accommodations language because it's not really just about technicalities in verbiage here. It's about clarity, because the wording translates to clarity and clarity translates to a cohesive system that really works together to support our learners. And we were just talking about how accommodation letters have certain problems with them. And a few of them actually that we didn't talk about before was it's pretty common for letters to inadvertently word accommodations as optional or like we said before, not being specific about who is expected to supply a certain support or resource to make the accommodation happen. And I've heard a lot of stories and have experienced myself, how this confusion that results ends up burdening the learners because it often does fall to them to pick up the pieces and make sure nothing falls through the cracks.

I can give an example. So I myself had the accommodation to have time on my feet limited and I needed to be able to sit down, and everyone was very readily willing to accommodate this. Unfortunately, though, it was my responsibility to locate the stools and chairs on the wards and then drag them to wherever they needed to be. And they were often located in very inconvenient places, or they were hidden and so I had to spend all this time walking around to try and find them. And that defeated the purpose of the accommodation. It was as if it didn't exist because the effort to locate the stool or chair sort of negated the time I would have been able to save on my feet.

So that's just one example. Matt, I'm really curious to hear your side of it because I am certain that there are examples of how things go wrong on the DRP side of things too, and also the administrator side.

Matt Sullivan

Oh absolutely! I kind of laugh at it because things going wrong is typical. I would say that that is probably more common, there are always things that could be done differently in ways we work to improve practices when it comes to this research and kind of the stories behind it.

Lisa, I'm not sure if you recall, but I sent you an initial draft of this work in June of 2023. So, a year before we even started this research paper, because we knew that there was this gap in understanding, even at that time. We've known for a long time, but trying to get it somehow out to the masses.

So, we began it then and around that same time, I did an initial outreach to just our circle of colleagues to say, "okay, I'm trying to consolidate some clinical accommodations. What exists?" What do you use at your school? And one of my colleagues had a call with me and they said, I am actually really embarrassed because I have not worked within the clinical realm needing to formalize accommodations at the same level as other people. And I really don't have examples to share. And that has stuck with me because that is the person who needs this information. It's not something to feel embarrassed about or shame intrinsically about. But I think when we work in this field, we feel as if we should automatically know how to support students or what's available or the exact right answers to give. And the truth is we don't.

And the real core behind being a DRP isn't that we have the right answers, is that most of us are just really good at finding them. And the challenge with this work is that regardless of how much we look, there is some stuff out there. There are some really good articles and chapters that exist. Suchi, you and Zainub had uncovered those within the Lit Review. But the truth of the matter is that there was no consolidated place where individuals could go to actually find what exists. And that's where I think of that interaction I had with my colleague. I think of my own experiences of just feeling as if what exists and not being able to find it and feeling lost because I typically am good about finding the answers, but being in a place where I couldn't find them because they weren't publicized and how scary that can be. And

wanting it to not be scary for the DRP because then there's a student on the other side of that table who is also scared and filled with uncertainty and not wanting to be like, “yeah, me too,”that doesn't help anyone. So, the more we can get this work out there, we alleviate that stress and that fear that the DRPs experience so that they can be the competent resource for the students who they're allowed to be afraid and scared because they're in their medical education and everything is new. Whereas for us, now that this content and information is out there, hopefully it can create some stability and structure just to help promote understanding and awareness.

Suchita Rastogi

Yeah, Matt, what you said, really reminds me of my very first meeting with my DRP. I think I might have been her first student in medical school. And so, I asked her, basically, I don't know what the wards are like. Could you please give me a little bit of context about how accommodations could play out in those settings? And she said, I'm sorry, I'm not familiar with the wards at all. I don't, we're going to have to learn together.

And based on what you said, it's clear to me that she must have felt all those emotions that you were just describing.

Matt Sullivan

Yeah, it's hard to admit it, but it's true. Like even the most expert of us in this field. I, sometimes I will put myself in that bucket and sometimes I will not because there are experts I do look to and colleagues I look to to saying, they have the answers. But I've also had really candid conversations with them when they're in circumstances of like, “absolutely not. I have no idea how this is going to be accomplished.”

And thankfully, even at my institution, when I feel that way, I'm able to lean on the program and my incredibly talented deans. But yeah, I don't think there's enough of this kind of communicated vulnerability in our field because so many individuals feel as if they should have the answers, even if they don't.

Lisa Meeks

I don't think that the average listener even understands what a DRP does. So, I really appreciate the additional context, Matt, and Suchi certainly, for the student experience, it is, I think it's frightening all the way around. And so anytime we can open up that black box and let everyone see what's happening, I think this is...a lever we've pulled

to equalize not only an understanding of what's happening, but equalize the potential of what can happen for everyone. I imagine that it'll get used not only by students, but I can easily see how this paper will find its way to a DRP's office or a student affairs office. But I actually see student affairs people bringing it to their DRP and DRP people bringing it to their student affairs folks. So, I think it's a very impactful paper.

All right, so we've established this is important work and we've established that it's filling a gap. What do you want the readers of this paper and now the podcast listeners to do and how do you want them to apply your work and practice. I know we want the podcast listeners to stop listening to the podcast when it's complete and go straight to the paper and read the paper. However, what do we want them to do after that?

Matt Sullivan

I would like DRPs when they're looking at the paper, even if they don't have any students who require or need clinical accommodations, even if they've never worked with students in medicine. So even for individuals who are in health sciences or who work in parallel programs, I want them to be able to pick up the paper and start using some of their transferable skills to say, "okay, in what scenarios would this accommodation potentially be applied?" how would I get to determining whether or not this was one reasonable or two necessary and start to situate themselves in that manner because the one thing that I know for sure is that these accommodations, even if you've never worked through them or needed to approve them at this point in time, if you work in the field long enough chances are very high that eventually you will have a student who uses a wheelchair. You will have a student who is deaf. You will have a student who has a chronic condition that either may require them to step out of the clinic for a day to address disability related needs or potentially have ongoing appointments where they need protected time to go to those appointments and then return. It's just, it's a fact of life.

Disability is a human experience. Therefore, our students will bring human experience with them into the clinical settings, and they will have needs associated.

Suchita Rastogi

That's really powerful, Matt. And I have kind of a similar vein for the students. How would I want them to interact with DRPs using this resource? So, I would encourage all students listening, all learners, to go to the appendix of the paper. That's where all

of the vetted accommodations are listed and peruse those options and say, okay, which of these could work for me? And how could I mishmash certain ideas proposed in this list? And how could I adapt them to my needs? And once you have kind of a clear sense of these options, just let it get the juices flowing for you and take that and say, "I can make it through medicine because there are all these people with such a variety of lived experiences and disabilities who have made it with these types of accommodations and adjustments before, so I can do it too."

And then I would encourage them to go into their DRP office and say, hey, here's this resource. I've been looking through all the options. Could some of these work for me? And might I be able to tweak them to suit my particular disability? And if a DRP hasn't read the paper, then Matt, can correct me if I'm wrong here, but I would assume that this creative thinking from the student would prompt creativity in the DRP too in being able to account for the institution's needs and limitations and use those to inform the tweaks as well.

I also have thoughts on how faculty and institutional leaders could use the information from my perspective as a student that this paper and the way it documents real accommodations that are happening on the ground shows that disability inclusion practices are within institutional reach. So, it's not an impossibility, it's not a dream, it's already happening.

And so, it might not look the same way at your particular institution. But again, you can look at these options and think about how to creatively work at your own solutions based on them. And so, I really hope that it provides institutional leadership and opportunity to think critically like that. I also know that there are tons of faculty out there who really, really want to be supportive of their students and they just don't know how because they don't have the tools. And so, I really hope that this resource can also help them feel more empowered to be a good ally to their disabled learners.

Lisa Meeks

Thank you so much, both of you have given really concrete ideas. And I would say to the leadership, to add to this that at the very least, the student affairs dean should be meeting with their DRP teams and reviewing this as a professional development exercise to say: 1. Had we ever considered this as an accommodation? How do we feel in the room, right? Reading this particular accommodation. If under any

circumstances we would have considered this unreasonable, why are nine other medical schools deciding that it is reasonable in some context?

So, while certainly what Matt was saying about, it's a case by case basis, the evaluation that we're doing with students, yes/and if there are a lot of accommodations being approved by a number of schools, we have to ask ourselves why it wouldn't be reasonable in our context, and this is also how we decide what's reasonable and kind of what drives some of our work that we're codifying in book chapters or in guides, it's you know what's happening in schools, but also what's happening with the courts. Where are the courts pushing back about what is and is not reasonable?

Music interlude

I am trying to think of questions that really get to the stories behind the science and the real things that people go through as they're doing research. I know as a researcher, I've had moments where I was...celebrating, I've had moments where I'm shocked, I've had moments where I was brought to tears by the things that I'm reading, mostly accounts from students. I'm wondering if there was a moment in the research process or in the writing process that shifted your perspective on disability in medical education or left a lasting mark on you.

Matt Sullivan

When we're going through that iterative process for the accommodation language itself, I am somebody who I've worked in this field for over 15 years, more than a decade of it has been within health science and medicine. And I've always felt behind. I've always felt as if, gosh, there's more we could be doing within the clinical setting. There's more that we need to do to support students. The accommodations I'm approving and providing something's missing. However, when we got the feedback from the panels, there were some comments that were very clear from the experts, but there were also comments that were very clear from the student panelists.

And for accommodations that seemed so natural and necessary on an ongoing basis that I would probably classify as more typical were accommodations that some of the individuals were responding back saying "this would never be available at my institution or this isn't something that could be provided in any circumstance." And it just made me realize that clinical accommodations still are not common components, or I guess for lack of better words, no brainers, so to speak of just like, yeah, of course they exist.

I would like to think in medical education when it comes to disability support in the student population that people would just automatically assume that yeah, clinical accommodations exist, but that narrative is not present to the extent that I even assumed it was. And I think in fact, it's probably less present than we actually are aware of. And that's what was really enlightening to me. And I'm hopeful that this paper will address that, but it's something that still sticks with me, that there is still this experience from individuals within the field, throughout the nation, who are at their institutions thinking, "clinical accommodations still aren't something that we should be doing or can do." So it's not even a should. There were comments that were, we can't do it. When it's like, this is super simple, actually, and it is necessary, and it is an accommodation. So those were some of the pieces that came to my mind.

Suchita Rastogi

Yeah, Matt, I feel like my comment gets at similar points to yours, but from the student perspective. And I don't know, sometimes I wonder if I'm reaching an opposite conclusion because I came in from a very grassroots perspective. And so, I was hearing stories of students getting denied and learners at other higher levels also getting denied. And my assumption then was all denials were from ableist reasons.

And so, it was by working with you and Lisa that I realized not all the denials come from ableism. Some of it really does come from institutional constraints and from constraints imposed by the curriculum, and some of those constraints are valid. And what was so cool was I got to observe how you, Matt, just in the way you were talking about how to approach accommodations in our team meetings, as well as during the first webinar of the work being explained to our public, how you respect those constraints, but still provide this humane menu of options that learners can use to address their underlying need and how committed you are to making sure that that underlying need is addressed, even if it isn't addressed in the exact way that the student proposed. And I feel like that balance is really key. Both sides have to do some perspective taking. And when I say sides, I mean the learner, but also the institution. And I feel like DRPs are the bridge to helping that happen, but it's unclear to institutional representatives and to the learners what the other is going through. And so it was really cool to be able to use this project to do some perspective taking on my part and see what institutions have to consider.

Lisa Meeks

I'm wondering how you see your work, this paper, really fitting in to advancing the broader conversation of the kind of totality of disability inclusion in medical education.

Suchita Rastogi

So I haven't read the entirety of the supplement and I'm also not as familiar with the whole breadth of the literature that you've produced in Docs with Disabilities. But from my perspective on what I've been able to read so far, the literature before the supplement does a really great job at highlighting the inequities and the disparities that people with disabilities in the health professions, whether they're learners or otherwise, what disparities are they regularly facing in their work and training and the impact it has on their professional lives? So, it's really great at characterizing the problem.

From my perspective, the supplement adds to this, and it takes things a step further by starting to propose actionable solutions. Our paper, I think, adds to the solutions-oriented approach because it provides a really practical, concrete resource to bring about inclusion. And this is specifically by providing examples about how to adequately or properly articulate accommodations for learners. And it provides all these examples of how accommodations like this are actually being used across the country.

And so, it's meeting a very specific and dire need. There are many other actionable ways to promote disability inclusion but figuring out the whole accommodations process and giving people tools to have those accommodations in hand, that's a really dire and also specific need that many people ask for first when coming to the disability inclusion and health professions space.

Matt Sullivan

And I'm going to hop on board to that as well, Suchi, because the term you're using and being this actionable aspect in this grand scheme of the supplement, I think is so, so crucial. And I appreciate you really reinforcing that. I have not read the entire supplement. The reason why I have not is because it is such a comprehensive work within the field that hasn't existed before.

I think, Lisa, when you first started talking about the supplement and that you were editing this new venture within academic medicine, in my brain for some reason, like, yeah, that'll be great. It'd be like seven articles, and it'll be really nice and it'll be really good to have as a solid resource as a professional.

And when it came out, I did not understand the gravity of what was happening. And this is one of the first works that really encompasses all aspects of disability and medicine from both the theoretical and the practical. Moving away from disability as this human lived experience into this aspect of intersectionality when it comes to disability and practitioner or physician. And how can these two lived realities and human identities exist at the same time and how do we make sure that we're not creating this realm of medicine where we have to continuously think about it, but how do we move into this fact that no, this is just a natural existence?

Right now, where we are, is that we are solidifying this research base so that these questions can continuously occur and hopefully in 10, 15, 20 years this research will be outdated. When it comes to this practical, actionable aspect of clinical accommodations for disabled learners, I hope in 20 years this is the worst piece of work that exists in the field. I hope that because how I envision this supplement being the diving board for the future is that everyone expands upon it. Everyone creates these universal design constructs. But also that even if not universally designed, individuals feel empowered and equipped to be able to implement these supports to allow learners to have access within both the didactic components of the program, but specifically and especially within the clinical constructs that they will experience throughout education.

So, I don't say that it's horrible now. I think it's really actually game changing work that we have done with promoting these accommodations in the manner that we have done it. But my wish is that in 20 years I can look back and say, that's really not great. And I hope to be able to say that because the work that exists at that time is so spectacular, it puts this to shame.

Suchita Rastogi

Yeah, I agree. Like, to be able to look back and say, yeah, that was really basic. We've come a long way now and we can, we can talk about things in a much more sophisticated and comprehensive way. That would be the dream.

Matt Sullivan

This has never been done before. And that's what blows my mind is that since the legal foundations of the ADA in the 1990s, this is the first time this type of work has been done. This is pivotal, necessary and critical work. And it's so fantastic that we get to live and be a part of it and kind of experience it to this nature. But it just creates this hope within me that this is what can be done now. If it continues and if new individuals start to adopt it and take it over and really run with it, that can only be better as we move forward.

Lisa Meeks

So we want my work to be irrelevant and basic. Okay, moving on.

Matt Sullivan

Well, I mean it's not now, so it's always my goal to be worked out of a job.

Lisa Meeks

I hope 20 years from now, people are saying, of course, I don't know why, why would this, I hope nobody's bringing these articles into a DRP office or into a student affairs office in 20 years. That would actually be tragic. You're right. And I do, you know, I appreciate the work where it was when it was there, but there are things I look back on now and I think, "oh, I didn't say enough." you know, "I didn't push enough." But we have to move the needle in a way that's responsible and that is digestible so that the actual movement is sustained movement so that we don't slide back.

Okay, you know, I love to cheerlead people and I love to give people the opportunity to cheerlead others. I'm all about recognizing the people who helped you get to where you are. And I know for me, I've been saying, you know sometimes it's a reviewer, reviewer number one, reviewer number three, and I don't know their names, I don't know who they are, but they planted a seed, right? There's someone or something that helps either with the idea generation or catalyzes you being able to do it.

I know I'm really grateful to you and Zainub for saying there's this grant. And Matt and I had been sitting on this work saying, we've got to do this, we got to do this, we got to do this. But having funding to do it and a timeline and responsibilities, you know, really helps.

Who were your cheerleaders? Who, behind the scenes, they don't have to be authors, they don't even have to be in medicine, but who helps you get inspired to do the work and to do the work, and who are your cheerleaders?

Matt Sullivan

Suchi and Zainub, the two of you and the example you set from the start was not only inspiring because everyone knows, I mean, Zainub going through the residency application process and interviewing Suchi, you reestablishing yourself and continuing research, you guys were so motivational throughout this entire process because it made me kind of realize, okay, we have to keep moving. We have to keep promoting positive work from grant submission to literature review to the panels. You were leading it every step of the way. And that leadership was so strong and made me feel as if I was a part of something, but also as if I knew to step my game up.

But in addition to that, from a practitioner's side, Grace Clifford, one of my close colleagues and collaborators who works for David Geffen School of Medicine at UCLA, she was someone there with me the entire time. And then also I would be completely remiss if I did not thank my own institution. So WashU, in St. Louis , School of Medicine. My colleagues and the deans I get to work with on a daily basis in medicine who constantly challenge me asking incredibly poignant questions that make me reflect about my practices. It's something that is so necessary in this field because we can't just step back and rely on, well, it's the law. Because ultimately, that's not always the correct answer when it comes to disability and compliance. Sometimes it is a, nope, here is the thorough aspect of work that's been done to get to this conclusion. And also sometimes it opens up the door to saying, no, it's not the law, but this is what's right.

And when you have a committed team of individuals, it makes that conversation so much easier. And I really have to thank my deans because they are always looking at what our student experience and how we can make sure that we're upholding the integrity of our program while also making sure our students are getting the experiences they deserve.

Suchita Rastogi

Wow, Matt, I was not expecting this level of shout out. So, thank you. I really appreciate it. Honestly, I have a lot of people to thank. I thank you because when I brought this project to Lisa, you were the first person I was connected with. And so,

you were really instrumental in helping me think through this really big muddle of ideas that I wasn't quite sure how to put together. And Lisa, when you came in at the end and said like, “hey, we need to restructure this so that it's truly evidence based.” It was really this amazing opportunity to develop myself as a researcher and a practitioner because I didn't have social sciences research experience. I just had my lived experience as a student. And I was so privileged that you guys decided that it was a good idea to include me in the fold. I'm very, very grateful for that.

And Zainub, I consider her sort of like, maybe she doesn't know this, but she is sort of my big sister in the disability inclusion in medicine space. She's always the person I am aspiring to be because of the way she leads her organization and the way she's shown up in the field. She's kind of everything I want to be doing. So, it was just this wonderful opportunity to be able to work alongside all three of you. And then there are also people outside of our core research group who really deserve elevation. I think top of the list is the community of people who come to DM3P meetings because they're the ones who kept motivating me to work on accommodations. Sometimes as an organizer, it gets very overwhelming to think about what could be possible because we too get stuck in the mud and it's sometimes difficult to dream when there are all these organizational responsibilities in addition to our own professional ones, but they kept asking for an accommodations database. And while we couldn't really deliver a whole database to them, this was a really important step in the right direction. And they were really responsible for me coming to you guys and proposing that we use the money for this purpose.

And then there are also the people who were on the Delphi panels. They were awesome. So, I got to know a few of the students. I didn't really get to know the inclusion leaders, but I did get to see some of the comments offhand after we had all submitted our rounds. And that was a really great learning experience. I'm really grateful to them for pouring their expertise and their passion into the work, because it really created a much better product. So, it was really cool.

Lisa Meeks

That's awesome. You have really good communities. And I would endorse the Grace Clifford love and the Zainub love, as well. It's just a really good group. A group that had enough of a pre-existing relationship that there was a lot of trust. That even at the...even in the times when it was hard when we were going back to the third round,

right, that we had to trust the process and you had to trust the experts and everyone was anonymous to one another behind the scenes, right, all the feedback. And you just had to trust that people would take it very seriously. And I know they...Well, we all know they did because there was lots and lots and lots of feedback. And I would like to thank the committees, the learner committee and the DRP committee as well. Lots of great people on those.

We're at our last two questions. If you could leave trainees, faculty or leaders with one take home message from your paper, what would it be?

Matt Sullivan

When it comes to this work, I think the one take home that I really hope individuals keep close to them is that access is not one individual's responsibility. It is truly a team component that does include the student, the faculty, the DRP, and a community that sometimes even goes beyond the institution. I know that even from the work that we were doing within the Delphi panel and my colleagues who are so instrumental in this work, who I neglected to provide appreciation to previously, but all nine of them there are nine of us total going through these accommodations and constantly reiterating and revising, this work would not exist without them.

So, it's not just about your immediate team at your institution, but this network is so broad. And when you start to feel as if the weight is only on your shoulders, take a step back and start to bring people into the process because when it comes to access, It is a team sport. We have to make sure that we're always crowdsourcing and bringing individuals in because that's how we can move forward.

Suchita Rastogi

I have kind of a two-part answer. So, I had already said earlier in this conversation that disability inclusion in medical education isn't just some aspirational hope. It really is already happening at certain institutions. And that to me means that an inclusive future really is within our reach if we all work together. And the second part of my answer involves what it means to work together.

So, the hard work of building an inclusive future in medical education necessitates including disabled voices and putting them at the center of the process. And this was one project that really did well at doing that. Making disabled people central drivers

isn't just helpful, but it's a core tenet of disability justice and it leads to really sustainable solutions that actually work for everybody involved.

And so, I think this research is an example of what can happen if we actually abide by that saying nothing about us without us.

Lisa Meeks

Fantastic. All right, last questions.

One of the great things about being a researcher, and I think this is how most people get lured into this profession, or as a clinician gets excited about the prospect of doing research, because I've never left a research project without more questions and more ideas.

What is next for you? What stories or questions are you most eager to explore?

Suchita Rastogi

I have a few that came to mind that we discussed as a team. So, it could be me parroting what we all collectively came up with in our future directions. But there are also a few kind of tangential questions that relate to the issue. So, I think the things that we came up with together are how we could extend this research to include DO schools. All of our accommodations were based out of MD granting institutions but not DO granting institutions so that would be really helpful. I would love, although I don't know if it's possible right now, to extend this type of project and this model to other health professions like nursing and occupational therapy, physical therapy, etc. Of course, that would require a network of DRPs at those institutions and a network of experts that are familiar with professional education in those environments, but one day that would be my dream.

I'm also extremely interested, and this is the tangential part, in other examples of how we could use this work to work together with institutional representatives and leaders. I'm really curious to know what their response to this research would be and how we can use this work and then other work as points of dialogue and future collaboration and ways that we could craft research questions together.

Matt Sullivan

I would say that there is this, there's always this inquisitive nature of what's next and what do we look into deeper, but I don't know how to actualize it, but the questions

that come to my mind right now are the separations of institutions for those institutions who are scared, nervous, whatever it may be regarding students with accommodations, what is driving that fear? Or why are you scared to open the door to promote this? And granted, there are many valid and legitimate things to be scared about, especially if potentially, you know, in the back of your mind, we do not have a physically accessible school of medicine or there are constructs outside of our control that our goal is always to make sure there's a student experience that is positive and we can't guarantee that with this student. Like those are really valid fears to have. But behind that, like truly, like what is creating the most apprehension to doing this type of work? But then also for the other side of the coin, what excites you? I've had the opportunity to work with many clinical educators who are truly excited to promote innovation and change and disrupt the system to see how we can make this possible for the XYZ student or XYZ population.

And that's always so fascinating. And I really want to bring those two groups together, just so that they can be exposed to those extremes to see what happens. And that's where I say, I don't know how to actualize this, but I want it to happen because I am always so enlightened, both when I experience, whether it's apprehension or fear of like, "oh gosh, I guess this still exists to this extent", which is fair in many ways, but I'm also so delighted when I'm preparing for a conversation I think is going to be really tough. Like, "okay, well, I have to make sure that I have my bullet list of all the things to go through" and then I walk in the door and then the clinical director said, yeah, no problem, we can do this and this and this and this, or we could do this. What do you think is needed? I'm like, "well, I guess I move to page nine of what I was going to say because this seems to be much more of a, let's be innovative type of conversation than a, me what I have to do and tell me why I have to do it type of conversation." But I want to bring those two groups together just to see if there could be a change of heart or perspective or thought or just approach to medicine.

Suchita Rastogi

Yeah, I agree. The dialogue between different stakeholders, different institutions so that there isn't siloing and somehow turning that into a research question would be so cool and so innovative and really impactful.

I don't yet have all the research training I would need to devise a strategy, but it's something I'd like to kind of, it's something I've been thinking about in my own work within the mentorship program.

Lisa Meeks

Thank you so much for sharing your story behind the science and helping our listeners understand all of the work that goes into developing a paper that they don't understand or don't get just from reading that paper. It's been an absolute pleasure.

Suchita Rastogi

Thank you so much.

Matt Sullivan

Thank you.

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Lisa Meeks

Thank you, Matt and Suchi, for a thoughtful, candid, and genuinely energizing conversation. Today's discussion reinforces a simple truth: access isn't abstract—it's embedded in the words we use and the systems we build to communicate accommodations. Clear, vetted accommodation language turns intention into implementation and support for all of our parties.

This work—and the guide behind it—maps concrete gaps and immediate opportunities for medical schools to translate their values into practice for current and future students.

One small action you can take this week:

- **To our Leaders & our faculty:** Set a 30-minute meeting with your DRP to review these accommodations and Ask: "Would this work here—and what would need to be changed if it doesn't?"
- **DRPs & student affairs:** Audit your template letters. Replace vague phrasing with precise, assignment-of-responsibility language (e.g., "student requires…" vs. "student will use…").
- **Clinical educators:** Identify one rotation where a simple tweak in the way you operate would remove a common barrier.

- **Students & trainees:** Browse the appendix, note two or three accommodations that actually fit your needs, or language that better define your needs and bring them to your DRP to review and see if these would work for you.

Share this episode with a colleague and send us your stories—because lived experience is data, and it's where the best scholarship begins. And one final thought: inclusion isn't static; we've said it before, its dynamic, it's a practice. Let's make the language and the way we communicate about accommodations truly inclusive.

Be sure to subscribe so you don't miss future episodes of *The DWDI podcast*. And we'll see you soon.

Resources:

Dhanani, Zainub MD, MS; Rastogi, Suchita PhD; Sullivan, Matthew PhD; Betchkal, Rylee MA; Poullos, Peter MD; Meeks, Lisa M. PhD, MA. Standardized Language for Clinical Accommodations in U.S. Undergraduate Medical Training: Results From a National Modified Delphi Consensus Study. Academic Medicine 100(10S):p S92-S97, October 2025. | DOI: 10.1097/ACM.0000000000006150

https://bit.ly/ClinicalAccommodations_AcadMed

Meeks, L. M., Jain, N. R., & Laird, E. P. (2020). Equal Access for Students with Disabilities: The Guide for Health Science and Professional Education (2nd Ed). Springer Publishing.

https://www.docswithdisabilities.org/equal-access-guide