>> Jimmy Fremgen: Well thank you again everyone for joining us this morning or this afternoon, depending on where you are joining us from. My name is Jimmy Fremgen. I am the Manager of State Policy here at RespectAbility. if this is your first time joining us here at RespectAbility, we are a national nonpartisan nonprofit that is dedicated to fighting stigmas and increasing opportunities for people with disabilities all across the country. RespectAbility works in a variety of practice areas - in workforce, in policy, in the entertainment news media space, faith inclusion and belonging, as well as helping to build an incredible bench of nonprofit managers and nonprofit experienced Fellows. We also have a leadership development department and a speakers bureau here at RespectAbility. But today, we will be looking specifically at some of the workforce development and policy angles that RespectAbility specializes in, and really highlighting, as part of our series of our Road to NDEAM, the medical professionals with disabilities sub-sector of the workforce.

And so today we are joined by three wonderful panelists: Jackie Anne Senz Blair, who is a nurse calling in, we have Dr. Peter D Poullos, and Dr. Adam Schmidt. And they will be joining us when -- sorry, they are here with us now, but they will be popping in to answer questions and to participate after a brief introductory presentation that we're going to get started here in just a moment. So thank you again for jumping in, and we're looking forward to answering any questions that you have. If you do have questions during the presentation, please feel free to put them into the chat or hold on to them for our panelists when we open it up to the entire group at the conclusion of the introductory presentation.

So in the United States, there are 61 million people that have a disability. And in the policy or in the workforce world, that means that if you're creating policies or rules that are going to affect more than three people, you need to be incorporating disability. And more often than not, you need to make sure that you are just incorporating disability from the start no matter what, because one in four adults have a disability. Anyone can acquire a disability at any time. When I'm speaking to legislators across the country, what I like to say is that all of us will acquire a disability at some point in our lives if we're lucky, meaning that you can receive a disability through an accident, trauma, illness, or if you're lucky enough to live long enough, we will all eventually acquire a disability from advanced age. So becoming an ally now can make a huge difference in making sure that if you do acquire a disability that you're able to adapt much easier to it. And people with disabilities are diverse and part of all communities. We are in every single city, state, county in the country, and every municipality in the world. People with disabilities are Republicans, they're Democrats, they're Independents, they're people that don't even vote. We're all across the political spectrums, the hobby spectrums, the professional spectrums, and we've knit together the largest non-gender-based minority in the country.

So what is a disability? The best definition we have for a disability comes from the 1990 passage of the Americans with Disabilities Act. And the ADA defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The key there is that this is in the eye of the person with the disability. It is not -- while there have been some legal test cases, it is not generally super constrictive. It is the kind of thing where if you go to your employer and you say that I do in fact have a disability that limits my ability to engage in this specific work task, you are legally entitled to an accommodation in the workplace. And your perspective on whether or not you have a disability can also change throughout your lifetime. I myself only recently started to view myself as a person with a disability, because I have lived my entire life with a congenital heart defect, and at one point, had to have a medical device placed into my body to make sure that I -- that my heart could beat if it decided to take a break or go on vacation. And I was mentioning this to one of my colleagues who utilizes a wheelchair, and he said "I can't think of anything more disabling than having your device fail and ending your life." And it really shook me, and I realized, oh wow, disability is a spectrum. It's different to different folks. And it's really on us as employees and employers to make sure that we are not only advocating for ourselves, but also advocating for those that are our colleagues and those that we employ. The definition of disability is intentionally broad in legislation. Like I said, it really comes down to whether or not the individual feels that they have a disability -- a physical or mental impairment that substantially limits one or more major life activities. Yep, thank you.

And when we go to put the law into practice, it comes down to a partnership in a lot of -- a lot of cases with a physician. And in the workforce -- here we have a great photo of Dr. Poullos -- in the workforce there are also accommodations for medical professionals that have disabilities. So for example, if a doctor can't do a physical exam, but is able to observe the exam and make a diagnosis -- without having to go hands-on, it makes perfect sense to have another colleague, such as a nurse or another practitioner -- in the practice assist with that exam. If a resident can't do overnight calls, there's no reason why they can't swap out as part of an accommodation to fulfill their residency requirements in a different way and keep that resident in the program. There are also functions that may be taken for granted as essential functions, but upon examination for accommodation, may not be considered truly essential functions for that specific individual. For example a physician may choose -- not choose -- a physician may struggle with the ability to chart because of a technological interface or because of some component of their disability, and having a colleague assist them with charting is a perfectly reasonable accommodation. Administering things like drawing blood, running IVs, vaccines -- you can perform these tasks under supervision of a physician or a nurse without having to be the actual person that's going hands-on, and disability should at no point become a disqualifier for being part of any profession.

So if we zoom outside of -- zoom out and leave the medical profession for a second, we see that the disability community is a huge talent pool. In March 2022 we actually saw statistics back up the fact that working age people with disabilities became more engaged in the workforce following the COVID-19 pandemic. We are, as a community, showing up in the office in a lot of new and interesting and exciting ways, in part because of technological advances that came about because of the pandemic, in part because of changes in attitude and inclusion that came about during the pandemic when folks were forced to go remote, and also because, as the economy has shifted, more people with disabilities that may have been on the edge of deciding whether or not they were able to join the workforce felt the pressure and have had to identify ways and technologies in which they could jump in and work with their employer to be a part of that workforce. But the increase in participation rate is just a part of the story. We also see that people with disabilities are disproportionately underemployed compared to other minority groups, and we would like to see -- here at RespectAbility and across the country -- more people with disabilities have the opportunity to work in the fields of their choosing without having to deliberately self-identify or pursue or take any sort of adverse action to be included. There are tremendous value -- there is tremendous value to hiring a person with a disability. People with disabilities tend to be more loyal to employers, and as a person with a disability, you are likely to encounter challenges in your personal life before you get to work or outside of work, and so are used to solving problems in a creative way. It's a largely untapped talent pool, as I mentioned, disproportionately excluded from the workforce. And of course like I said because one in four Americans is a person with a disability, people with disabilities are your consumers. And so having people with disabilities in your -- in your field, in your office is going to give you an opportunity to more effectively engage with and consider the needs of people with disabilities, and the needs of your consumers that are in fact disabled.

So we want to set people up to succeed in the workforce. A reasonable accommodation is about enabling qualified individuals with a disability to perform the essential tasks of a job. And when we talk about essential, we're not discussing the ancillary tasks, right? You know, we mentioned charting as an example in the medical field. We mentioned blood draws as an example in the medical field. You might be an incredibly talented cardiologist and your patient might need to have an extensive chart done, and just because you cannot physically engage in that charting doesn't mean that you can't be part of the charting process for that patient as -- with an accommodation. Creating an atmosphere where all employees can identify as a person with a disability if they choose and ask for things that make them more productive is only going to improve the atmosphere within your workplace and also the productivity of your organization. And if senior managers are open about their disabilities or the tools or accommodations they use, that kind of leadership can encourage other employees to do the same. Here at RespectAbility we are a disability-led organization. We tend to be very open about our accommodations and about our disabilities, and that is an empowering sort of workplace to be a part of.

Healthcare is a popular field with workers --for workers with disabilities. There are roughly 400,000 people with disabilities in healthcare professions, and in 2019, a survey indicated that 3.1 percent of physicians identify as having a disability. And as we mentioned before in the general workforce, there are significant benefits to hiring disabled medical personnel. Normalizing the disabled experience is huge, especially because of the high proportion of patients that will have or do have disabilities in their life. Opening up opportunities for those who want to develop within the field. If you're a person with a disability or a person without a disability that wants to work and it's -- sorry, that wants to work in the field and wants proof that anyone can do, it is fantastic. Next slide please?

There are some field specific challenges. Of course there is ableist bias in every field and profession, and we'd like to talk a little bit about that today once we go to our panel about ways in which we've faced ableism and how we've addressed them. Also, the higher you go up the educational ladder, medical students with disabilities are more likely to leave their education practice or their education process, and even though medical schools and residency programs are doing a better job accommodating students with disabilities, it's still important to be self-advocates and also work in coalitions to ensure that their -- that these barriers are removed. And this is really about making accommodations to address challenges for everybody. Increasing disability awareness and the impact of ableism is incredibly key and important. Many individuals that engage in ableism are not aware that they're engaging in ableism. Education and awareness is key. Encouraging disclosure from students, residents, practitioners is all very helpful. And creating in a supportive environment where you feel comfortable with those disclosures and supported once you have made a disclosure is also incredibly key.

So employers cannot ask if employees have a disability pre-job offer but those of you -- [audio issues] However, disclosure of disabled disability status does not equate to a formal request for an accommodation. You do need to formally request from your employer for an accommodation often supported with a note from a physician in order to receive that accommodation. However once you have formally requested your accommodation, it is your legal right to be accommodated in whatever reasonable way can help you do the job, not to be excused from the job. So it's not that you request an accommodation and then you get a pass on those specific functions. It's here are the things we are going to provide you with, or what are the ways in which you need support in order to fulfill that essential function.

So we have a number of success stories to share with you today, and I'd like to focus on the second and third ones that we have, so if we skip through to one of our panelists. We'll be hearing from Jackie Anne Senz Blair, who is a nurse and is working in research at the moment, and is going to be sharing some of their experiences. And so I will actually toss it over to Jackie once we finish the presentation to kind of come back to this slide and talk through your lived experience, because I think it's much better done in your words than mine. And we also have a success story from Dr. Peter Poullos who is a radiologist who retrained after getting injured and receiving a spinal cord injury. And he will also be sharing his story.

That is our introductory presentation. If you do have any questions, feel free to reach out to RespectAbility by emailing Matan -- Matan Koch, who is with the RespectAbility staff. His email is there on the screen, MatanK@RespectAbility.org. And we are also joined today by Hiram Helfman, who is a former RespectAbility Fellow for the policy team and helped to create this slide and put together this webinar, and so we thank Hiram for his contributions to RespectAbility during our Fellowship process. And he welcomes any sort of interaction or reach out that you would like as well. He can be reached at [Hiram.helfman@gmail.com](mailto:Hiram.helfman@gmail.com).

Thank you so much, and we will now invite the panelists to turn their cameras on and join us here for the next portion of our conversation. I want to welcome Jackie Anne Senz Blair, who is a Research Nurse Site Manager at Velocity Clinical Research Incorporated, Dr. Peter Poullos, who is the founder of the Stanford Medical Alliance for Disability Inclusion and Equity, and Dr. Adam Schmidt, who is an Associate Professor at Texas Tech and a physician. Thank you all for joining us today and thanks for being part of our conversation. If you wouldn't mind going through quickly, I'll invite Dr. Schmidt first to jump on and introduce yourself and share a quick -- a quick little introduction about yourself and anything that might have jumped out to you during the presentation that you want to share for the group before we get into questions.

>> Dr. Adam Schmidt: Absolutely, thank you. Thank you for the opportunity. So my name is Adam Schmidt, I'm an Associate Professor of Psychological Sciences. I'm actually a pediatric neuropsychologist, so not -- not a physician, but a PhD researcher and clinician. And I am visually impaired. I've been congenitally blind since birth. And so I have a -- unique perspective on this, especially now. I think we all have our individual stories, but I actually have a child who is seven years old who is also blind. So I have the experience of kind of seeing this from a different angles, as a practitioner dealing with patients with -- presenting with various disabilities, as a lived experience myself, and now -- now also seeing my child go through some of the same things that I went to. So it's a -- and how the -- you know, my thinking about this. And I think you mentioned this, Jimmy, in the presentation that, you know, perspectives change over time. And so I can definitely attest to that. One thing that stuck out to me, and I'm really appreciative of this is that you keep coming back, and I think it's a very important point, to essential functions. Essential functions -- and that's really, I think, the take-home message of this. What is the core of the position? What is it that you really need to be able to do? And really thinking about that and how to accommodate that in thinking about if someone can do those essential functions, then they're a good candidate for the job. And so that I think to me is a big issue that I think it's easy to lose track of, because we get -- and we all do this, we get trapped in the minutia, the daily, like, oh you know, charting or creating a -- you know, whatever it might be, doing a physical exam. For me in psychology and neuropsychology, doing testing. And you know, being able to administer questionnaires and stuff like that and score those. What -- okay, those are all parts of the job, but they're not in a lot of cases the essential function. So I really appreciated that point in the presentation of looking at those -- what is the essence of what you're being what a position is, be it a physician, be it a psychologist, a nurse, anything like those types of things. So I appreciate you bringing that up and I just wanted to echo that sentiment is really a very important thing.

>> Jimmy Fremgen: Thank you Dr. Schmidt. We're excited to have you here with us today, and I apologize for getting your credentials wrong.

>> Dr. Adam Schmidt: Oh, no problem, I just didn't want to take credit for being a -- [laughs]

>> Jimmy Fremgen: Well, we will pass it over to another doctor on our panel, Dr. Peter Poullos. Dr. Poullos, if you wouldn't mind introducing yourself briefly sharing a little bit about the work that you do, your journey as a medical professional with a disability, and anything from the presentation that caught your eye?

>> Dr. Peter Poullos: Yeah, hi. I'm a radiologist at Stanford, a clinical associate professor of radiology, and I'm also the founder and co-chair of the Stanford Medicine Alliance for Disability Inclusion and Equity. I had a spinal cord injury in 2003 that paralyzed me from the neck down. Luckily over time, I regained some abilities to walk and use my arms, but still, you know, quite disabled from a physical standpoint. My employers -- so I was in my first year of a gastroenterology fellowship when I had my injury, and I went back to work and I noticed immediately that I had this improved connection with my patients. I found myself asking different questions than I had before, and finding that I was a much more empathic physician. That said, I decided to leave clinical medicine and become a radiologist after that, because I wanted to be able to do my job completely independently. So, you know, I think it's totally reasonable for somebody with my exact same injury or disability to stay in clinical medicine and use an intermediary for their physical exam and for charting, but I just didn't want to depend on that, and I wanted to be able to -- so with radiology, I can use a mouse and a microphone and have the images on the computer, and I don't need any assistance with the essential functions of my job, and that's what I wanted. I was also -- I guess the thing that jumped out for me from a -- from a personal standpoint was that you described people paving the way. And I've just really grateful that people have looked at my story as one that is empowering. And I'm avoiding the word inspirational, because I don't like that word, and I don't like being inspirationalized, but if my story helps others with disabilities feel empowered that they too can complete their training and become a physician, then I'm very happy to serve in that role.

>> Jimmy Fremgen: Thank you Dr. Poullos, and you hit on something that is actually absolutely key to the work that we do here is that -- it's so tempting, often, to refer to people with disabilities as being inspirational. And that's a trope that even within the disability community we can fall into. And I think it's important to remember that people with disabilities are not here to be anybody else's inspiration. They're here to be a fully complete member of the community. We are your brothers and sisters and husbands and wives and friends and relatives, and there's no -- there's no need to trivialize somebody by making them a footnote in a story as a source of inspiration, but rather as a key member of your community. So thank you for touching on that. And last but certainly not least we have the nurse in the group, and as somebody who grew up with a nurse in the home, I'm especially excited to have Jackie Blair with us here today, a research nurse and the site manager at -- oh my gosh my notes went away -- the site manager at the velocity clinical research -- at Velocity Clinical Research Incorporated. Jackie, if you wouldn't mind jumping on, sharing with us a little bit about your story, and also anything that you want to highlight from the presentation.

>> Jackie Blair: Yeah, my name's Jackie Blair. I've been a nurse for quite a few years now. I've done different kinds of nursing. I started in the state group homes for New York State OPWDD - Office for Persons With Developmental Disabilities - which was a great place for me to start because obviously I have, you know, connection to that community being autistic. And it was, you know, a really great experience. I worked there, I worked outpatient clinics, I've also worked ER and inpatient nursing for a few local hospitals as well before I landed in research. And now I've been in research for almost two years. It's a very different land of nursing, but one of the great things about nursing is if you don't like the kind of nursing you're doing, there's 800 other kinds out there to, like, figure it out. And that's kind of something about health care in general -- that's why there is so much opportunity for people with disabilities, even though you don't necessarily -- I think it's hard to see people, like, not make that jump immediately, but there are so many different areas that, like, if you don't like what you're doing now, there's a lot out there to do, and it's easy to find a home where your skills are exceptional for what you're doing, so.

>> Jimmy Fremgen: I love that, I love that. I think that's really -- that's a really great insight in that, like you said, if you don't like what you're doing, there are going to be other options. And I think that's certainly the case within lots of different professions of the medical field. So we are starting to get questions in the Q&A. If you are following along and you want to ask a question of our wonderful panel, please drop it into the Q&A box. And in the meantime we're gonna get started with a question from Grace Ogden Parker, who is one of our Policy Fellows here at RespectAbility who asks, "how do we combat ableism when it comes to employers qualifying certain tasks as essential when it could be non-essential?" And Dr. Schmidt, I'm going to toss this to you first because you touched on that, but I'm sure that our other two panelists will be able to add something as well.

>> Dr. Adam Schmidt: That's a great question, and I definitely don't have -- I think there are probably a lot of different strategies. I think the best thing that I can say to that, just kind of from my own personal experience of having these conversations, is just to actually have a conversation kind of among people talking to the candidate or talking to the person, let's say someone has an acquired disability, and really discussing and kind of thinking about it and being very thoughtful and intentional. So many times I think there's an automatic reaction and it needs -- I think we need to just have that kind of an intentional, thoughtful, you know, dialogue about it, and really discussing it and really thinking of -- and I think Jackie hit on this point like, well, maybe this setting is maybe not a great fit, but maybe there's this other setting or this other position or this other type of work. And I'd also kind of related -- want to echo something Dr. Poullos said. I actually had a similar experience in terms of really wanting -- one of the reasons I'm in research instead of clinical practice is I didn't think that I made the choice. I wasn't forced into it. I made the choice of deciding for myself and having that kind of self-introspection of saying I don't think that I should be providing care to patients where I can't see them, I can't see how they're doing these tasks, I can't see how they're presenting. I can get a lot of information and I have enough information to instruct students of what to look for, but I couldn't look for it myself. And I made the decision -- and so I think part of it is really just having those dialogues within an organization, but also people with disabilities is really kind of -- I mean the introspection and understanding what their limitations are, because I do have limitations. I would be a terrible surgeon. I know that about myself. [laughs] So I think that's -- I don't know if that answers your question, there are probably a lot of people with a lot more experience in the policy front than I have, but that's just my thought.

>> Jimmy Fremgen: Dr. Poullos?

>> Dr. Peter Poullos: Yeah I think that it can be helpful in combating ableism in the workplace and getting to expand people's minds about what is reasonable and what can be accomplished is to demonstrate other examples of similar people with similar disabilities having accommodations and succeeding. So I think, like, being able to tie into the network of healthcare professionals with disabilities and say to your employer, look, there's this -- there's a doctor at this place who's paralyzed from the neck down, and he has an extender doing his exams. And there's another position at this hospital. Those sort of -- those sorts of things I think can be comforting people. I think often are -- can be narrow-minded through no fault of their own about what is accomplishable because they haven't seen it before and can't imagine it themselves. But once you show it to them, it can open their eyes to the possibilities. I think education is also key, educating people on the ADA. You know, the leadership of an organization can be on board with disability inclusion, but individual supervisors or managers on the front lines may not be. And so I think disability inclusion needs to be incorporated into all the other mandatory trainings that people have to do when joining a new organization. You know, we have to take very important modules on sexual harassment, and and race and ethnicity, and gender equality. Those are important. But the part on disability is at the end and it's optional, and it shouldn't be optional. It should be mandatory.

>> Jimmy Fremgen: Yeah, I think that's great feedback. And I want to incorporate part of a question that we just got as a follow-up in the Q&A, and Jackie, I'd love to -- I don't want to cut you off, I'd love to hear your perspective as well, but I'm going to add in this extra flavor here. If you can share any sort of accessibility barriers that you might have encountered in the facilities you've worked in or during your education -- and I think that fits in here because our basic question here was about ableism, right? So ableism represents in physical ways, but it also represents in terms of mindset. So what kind of barriers have you encountered in your career, and in the preparation for your career, and how have you tackled them?

>> Jackie Blair: So one of the things I always go back to is nursing school was one of the hardest -- I finished, I did great, and it was wonderful. It was very difficult for me. A lot of it was learning a lot of new stuff. It was -- I think at that point I was also -- I had had my diagnosis for autism for quite a few years at that point, but I was still really accepting that of myself, that that was something that was there. And then I was in this environment that was very overstimulating, and it was very obvious it was there. And so things like call bells and different medical machines, just kind of setting off those sound stimulations that I had in the beginning was really kind of difficult to adjust to, and I had to figure out my own way to kind of get used to that. But it also ended up being a benefit in the long run, because you always hear something in the hospitals working as either a provider or a nurse about call bell deafness, how after a while it just becomes this routine sound that you ignore. That's never just a background sound for me. It's always obnoxious and it's always gonna be there and it's gonna be something I have to go to, because it's -- it's just there and it's always ringing and that deafness that happens, doesn't happen there. So kind of figuring out your own way and that stuff, but to kind of piggyback on a lot of the other things. I think one of the most important things is getting people with disabilities in your hiring practices. I'm gonna be much more willing to accommodate someone with a disability as someone who is a people manager and who makes hiring decisions, than people who just see it as a barrier, as something they have to do, as -- this is an equipment I have to buy, this is another thing I have to do, whereas I know that, you know, we can be a great asset, and it's an investment. And I think really reframing that as an investment as opposed to a barrier from the very beginning starts with getting that diversity in your hiring practices.

>> Jimmy Fremgen: Yeah, I think that's a great point, and definitely something to be aware of, you know, regardless of what your position within a company is. If you are sitting on a hiring committee, you need to be aware of your own implicit, explicit bias, and how it factors into who you're bringing on to your team. Dr. Poullos, I saw that you unmuted, I'd love to bring you in if you had something to add there, if it wasn't just an accident.

>> Dr. Peter Poullos: No it wasn't an accident, although I decided not to make the point, but I guess I will now. And I just wanted to piggyback off of what Jackie said is that representation matters, and it matters a lot. And people with disabilities are not -- not only focused on themselves and bringing in more people with disabilities into the organization. I think in general they're more committed to diversity on the whole, improving representation to everyone. I think that that we are good allies to all other minoritized populations. And people with disabilities are out there working on improving health equity for our patients with disabilities also, and for health equity for all people who are not -- you know, who have been neglected or discriminated against in our system. So I just -- that representation matters is what I was going to say.

>> Jimmy Fremgen: I'm glad you didn't -- you didn't bail on that point, because I think it's worth underlining. I wanted to ask Dr. Schmidt and Dr. Poullos to also piggyback onto -- Jackie mentioned some of the accessibility barriers that have been -- that you've encountered in your career. I was wondering if you could be specific. And I ask especially because we have -- I know for a fact that we have members of our audience here that are -- are people with disabilities, and a number of whom are early in their careers. And so it could be empowering for them to hear some of the barriers that you might have encountered and how you've addressed them in your own lives. Dr. Schmidt?

>> Dr. Adam Schmidt: Sure I can start. So for me a lot of the -- I guess I have two answers to this. One is very very practical, and the very practical answer is barriers that I still encounter. Technology for me is a double-edged sword. It's really important for me and sometimes everything works for me, but I find with everything becoming more graphic in terms of, you know, graphical interfaces and websites that look really pretty, some things don't work. Even something as basic as medical records software and electronic medical records -- EMR software is not accessible, so it's a really concrete barrier that I face. I don't face the EMR stuff so much since I'm not in a hospital, but it was a problem when I was in my training. You know, but even here -- even here at a four year university it's, oh, this new platform for training, or this new platform for scholarships, or admissions, or whatever it might be. Organizations are not so good as a rule -- I don't want to pay with a broad brush, but a lot of organizations when they think about accessibility for technology, they don't think about it until there's a problem. So it's a real concrete barrier. I think -- and we mentioned this earlier, it's just the perception -- actually it was funny when you said -- introduced me as a physician, I actually applied, I was considering, and I did all the requirements for pre-medicine in college, and was considering going into medical school to become a psychiatrist. And I hit some -- I did not proceed with the application process because I got a lot of really mixed messages when I'd contact admissions offices and say this is what I want to do, here's my situation. There was -- there was a lot of, I don't want to say pushback since I never went through the process, but there was a lot of kind of hand waving and not a lot of encouragement, and I just decided I don't know if I want to be in that system or if I want to -- if I want to kind of pursue that. I don't know, maybe now if I was in the same position I'd make a different decision, but that was a decision I made at time. And it was kind of this barrier of people not understanding or not -- you know, having the experience. Dr. Poullos, you mentioned that earlier, I think, because they don't they don't have any experience, so they can't conceptualize what that would be like. And that was kind of the -- in a sense a harder barrier, because it's not a specific barrier, but it's just -- or it's not necessarily a concrete barrier, but it's sort of ill-defined as this kind of general uncertainty. And so that was something that I definitely came across in that experience -- and I don't know if that same kind of barrier ever was a problem when I was on the job market, or when I was applying for post-docs. It may have been, but I don't have any proof of that, but it definitely was kind of at the beginning of my career. So I think that's the hard part is really at the beginning finding a place where you're going to be accepted and you're going to be valued. And I think it's so important, because you can find -- if you can find that niche, and everybody can, sometimes it's just you have to look a little harder -- that's so important.

>> Jimmy Fremgen: Thank you very much.

>> Dr. Peter Poullos: Yeah that's so interesting what you said about -- so I find, you know, in general perhaps two different reactions to a person with disability trying to enter the profession. One is like, this is impossible, it'll never work. And the other is like, wow, what if we could try train a blind man to be a psychologist, what an amazing psychologist he would be, and how he would be able to connect so empathically with his patients, and this would be a huge accomplishment. Let's do it. You know -- that's the response that I have when I hear about somebody with a disability applying to medical school or to residency. Like, what an opportunity that we have here to -- to bring somebody into the profession with such a powerful personal story. To answer your other question about negotiating accommodations and disclosure, I think this is, like, a very complicated question and a sort of complicated dance that people often do. And so for me, what I needed to balance was, like, not being seen as a quote-unquote "burden" and not asking for like quote-unquote "too much," just the bare essentials of what I needed to get by, so that my accommodations wouldn't make me look bad or like put unnecessary extra "burden" quote-unquote on my colleagues. So you know, I think that's always in the back of people's minds, not wanting to ask for too much, but needing to ask for something so that they can, like, literally survive in their profession. For me, there's an additional factor which is, like, a doctor's experience matters. So you know, I didn't want to see fewer patients in my training than my peers, because when I graduated residency, I would have seen fewer cases, I'd have less experience, and I wouldn't be as good of a radiologist as my colleagues. And so that was the additional factor I needed to balance. So for me, scheduling was one thing. So like our -- my classmates would be on call overnight for two weeks at a time. It's called night float, and they would work from 6 PM to 8 AM, so 14 hour shifts for 14 days straight. And I -- there's just like no way I could have accomplished that from a fatigue standpoint, from a medication schedule standpoint, from a personal care point of view. I just couldn't do it. So instead of doing that, I would take call from 5 PM to 10 PM every Wednesday. And so mine would be, you know, shorter shifts at more frequent intervals to sort of approximate the number of hours that my colleagues would have, and those are typically the busiest hours anyway in the ED for, you know, reading emergency cases. That was one thing. The other thing is I couldn't do procedures, and so what I did was I held the console phone on Interventional Radiology. So I would take in -- which is a job that nobody else wanted to do. So I would take phone calls from the clinicians and review the imaging and talk to the attending, and then you know, somebody else would do the procedure and I would just observe. And so this is kind of a win-win situation for my colleagues, right? I'll do a job that they don't want to do, and they get to do something that they want to do, and -- in the meantime, my accommodation needs are met. And so I guess I say that to illustrate that creative thinking is important, creating win-wins in the system is important. I also have a pre-medical volunteer program, where pre-med students shadow me and act as my personal assistants throughout the day. Ad so I don't -- have to ask for any help from my department or the hospital to give me, like, the personal attendant that I need, but these pre-med students, they get an amazing experience working one-on-one with the physician. I write them letters, I mentor them, etcetera, and that's another example of creating a win-win situation.

>> Jimmy Fremgen: I love that. I love innovative solutions to complicated problems, that's very cool. So since this is in preparation for National Disability Employment Awareness Month, I want to kind of pivot a little bit to hiring, and I would ask each of you to take a stab at what should employers know about hiring medical professionals with disabilities, and I'll go to Jackie first.

>> Jackie Blair: I think the most important thing is knowing to be open to it and making yourself at the point from the beginning it knowledgeable that you're open to it, that it's something you're accepting of, that it's okay for people to come to you with their disabilities from a hiring standpoint. And I think a lot of that can just be the way -- questions are phrased. So certain questions can't be asked of you in an interview, but you can be like, you can ask if you're able to do a task. And the question should more be phrased like what can you do, and not like are you not going to be able to do this for me if this is a task at hand. And that's kind of -- something as simple as knowing how to bring that question to people from the very beginning can really tell us whether you're a safe employer.

>> Jimmy Fremgen: Yeah, that's a great point. Dr. Schmidt?

>> Dr. Adam Schmidt: Yeah I think that's a really good point. I think even something simple -- I think they're a lot better now, but even 10 years ago when I was on the job market, you'd read these EEOC statements. And at the time maybe about a third to a half would specifically mention disability. I think it's better now, but even something simple like that. Like oh, okay they -- you know, I remember filling out these voluntary questionnaires about veteran status or race/ethnicity, and often those would not include disability. And I finally got to the point in my life where it's like I wouldn't fill those out unless they had disability. So even something like that simple, and it really doesn't actually mean much, except it just is that initial like, okay, well this is an employer who's at least thinking along these lines, I think, is helpful. And also you know, not -- I think the key thing with -- for me with accommodations is it's usually people, by that level of being a professional, they kind of know what they need. And to me, maybe this is just my opinion and my experience, it is sometimes helpful for someone to come to me, too, to kind of at least start the conversation, like what is it that you think you may need? It kind of -- in my view at least, flips it. Instead of I'm asking you for this, you're asking me, and it's just a helpful -- again, with that kind of being open to disability, I think that's a simple thing that maybe can be done in part of hiring.

>> Jimmy Fremgen: And Dr. Schmidt, for employers, is that an appropriate conversation to have? I think some people are often intimidated --

>> Dr. Adam Schmidt: I think if someone discloses and it's -- you know, like with me, I travel with a guide dog [laughs] so I don't know -- I'm not speaking legally, so I actually don't know the legal answer to that --

>> Jimmy Fremgen: Yeah no I'm sorry -- I'm not asking you to give legal advice. As an individual with a disability, how do you feel about it?

>> Dr. Adam Schmidt: Yeah I mean, I don't know. I guess it's a dance. I would be fine if someone were to ask me because I have a physical disability in a very -- you know, it's not invisible -- a non-invisible disability. I think with invisible disabilities it maybe gets a little bit trickier, more questionable. With me, I would have -- I personally would have no problem with someone saying after a job, after there's been an offer made, for example, saying you know, here's the offer, maybe even accepted. Maybe after even the offer has been accepted, what accommodations do you need at that point? I don't know the legal answer to that, so I want to steer away from, that but -- I think it's something to at least consider. I don't -- I understand from the kind of perspective of HR, maybe you don't want to get embroiled in that, or maybe there's some legal issues to kind of take account but I -- don't know. I still think if you have a non-invisible disability, it could be useful after -- again, maybe after the job has been accepted.

>> Jimmy Fremgen: And I'm getting a shout out in our chat that that is -- the process you described, Dr. Schmidt, is in fact the process that we model here at RespectAbility, our HR department is letting me know. So we are trying to lead by example here, and it sounds like that's the way to go about it, because we have plenty of lawyers that are involved over here, so. [laughter] Dr. Poullos, do you have anything to add, and specifically around if you have feedback on how agencies or organizations can present themselves so that people with disabilities feel comfortable and know that they're going to see an equitable process?

>> Dr. Peter Poullos: Yeah, I mean messaging matters from start to finish, from that important inclusion statement on the website, to an accessible application, to asking people before the interview if they need any accommodations for the interview, encouraging them to disclose any disabilities at the time of a job offer, and continuing to to ask people what they need sort of at all stages of the game -- it normalizes it for everybody. And so I think that that is key to recruitment. I would say that turning the question around a little bit and speaking to the disabled people who are trying to be hired that it's -- it can sometimes be helpful to turn the tables and say, you know, display your disability as a strength, and you know, to talk more about what you can do than what you can't do. I was -- I was emphasizing during my interviews all of the things that I had done since my injury to make sure that I could get back to work. So I would say I worked with a rehabilitation technologist from San Francisco State who set me up with voice recognition, and I can control my computer by voice, and I have these special input devices, and it's not going to be any problem, you know, doing the computer. And just to portray, like, even your experience as something that has made you stronger and that will be an asset to your employer, not a liability.

>> Jimmy Fremgen: Love it. Well thank you all so much for joining us today. I want to give you each an opportunity to provide us with a key point that you might have to share maybe for our audience here as far as folks that are pursuing employment. One thing that I think would be particularly helpful if you want to include in your wrap-up is we talked a little bit about red flags and things that -- negative things that we had seen in hiring practices, but as a job-seeker with a disability, what are some of the green flags that you would look for or that employers could maybe model? But I'll go ahead and start with Dr. Schmidt in the arbitrary [laughs] in the arbitrary order that is my Zoom window and then I'll work my way down.

>> Dr. Adam Schmidt: Thank you -- thank you again for this opportunity. Wonderful presenters with a lot more experience on the topic, Jackie and Dr. Poullos, so thank you so much for the chance. You know, in terms of green flags I think -- and I think folks have mentioned this earlier, I think it's really important, you know, representation. If you are someone with disability and you see a hiring committee or the person you have initial contact with also has a disability, maybe not the same disability, but just that kind of evidence of inclusion from the get-go, I think is a really huge kind of green flag. Like oh, okay, this is an organization that's definitely open. You know, and like Dr. Poullos was saying, on the website, the inclusion statement and making sure disability is part of that -- of the DEI statement. I think that's really really important. I think the key takeaway for folks who are kind of seeking jobs and seeking to enter the profession is just kind of keep trying and keep finding different avenues, keep finding -- because there are a lot of really open -- you know, oh hey, this is an incredible opportunity. There are a lot of folks with that perspective. I don't want to say it's the norm, but it's also not incredibly -- it's not rare. So I think just keep trying and trying different kind of avenues to different organizations, different individuals. You know, I think I got to grad school -- where I was, honestly my advisor told me this, he's like, oh yeah, I wasn't worried about you, you know, being blind and being able to do the things, because my roommate in college was blind. I mean, it was just kind of a random interaction, but he was -- I think the point of that is he was familiar, and he saw what was possible. So I think the more organizations, the more people you interact with, the -- the more of a network you can build, you're gonna -- encounter people like that where it's not a problem, it's an opportunity and not a deficit. I hope that answers your question.

>> Jimmy Fremgen: It does, it does. Jackie, any last thoughts for us here in our last two minutes?

>> Jackie Blair: I just -- I'm gonna agree with what Dr. Schmidt said. I think having that diversity right in your four point is really what's gonna get that. And just being willing to change with the times in general. Sometimes healthcare, despite needing to change because health care is changing, and then particularly the research world where I am -- it can very much be very stagnant in certain areas. So being willing to change with things with -- just across the board, being willing to have that diversity there, in not only disability, but you know, all your other areas as well. Is it obvious that you're open to different, you know, LGBTQ people? Are you also open to different races and ethnicities? Or are we seeing the same board we always see? You can see that kind of in hospital systems and in research and all this stuff, so it's important to just make sure that you're willing to change as time comes.

>> Jimmy Fremgen: Okay thank you. And Dr. Poullos, we've got about 30 seconds left before we lose our interpreters here, but I'd love to hear any last thoughts you have.

>> Dr. Peter Poullos: For me community has been very important in my journey to accepting and understanding my disability. We have a mentorship program called the Disability in Medicine Mutual Mentorship Program or DM3P. We're on Twitter and we're on the web, and we encourage people from all levels of training -- pre-med, medical students, residents, fellows, attendings -- to join our group and to become a part of this community that supports one another and helps answer a lot of these tricky questions and helps navigate these situations.

>> Jimmy Fremgen: Well thank you to the three of you for joining us today. It has been an absolute honor to share this space with you. And thank you for everybody that has signed on to join us from the audience. We hope that our session today has been helpful and informative. Please keep an eye on the RespectAbility website for future sessions on NDEAM. We do have one coming up on September 27th on Veterans with disabilities in employment, and you can sign up for the next two webinars at RespectAbility.org/category/events. Thank you everybody for being here today, I look forward to working with you and seeing what you accomplish in the future. Take care.

>> Dr. Peter Poullos: Thank you!