UB Graduate Medical Education Policy on  
Accommodation for Residents With Disabilities 

Approved: January 2013

It is the policy and intent of UB Graduate Medical Education and its affiliated teaching hospitals that an otherwise qualified person with a disability shall not, by reason of his or her disability, be excluded from participation as a resident in a residency training program (Program) sponsored by UB or be subject to discrimination as a result of such participation.

UB Programs will not discriminate against any resident or Program applicant because of physical or mental disability in regard to any position for which the resident or applicant is otherwise qualified. This includes, but is not limited to, recruitment, selection for training, training, evaluation, corrective action or other disciplinary action, including without limitation non-promotion, non-renewal and termination. A resident is qualified if he or she can perform the essential functions of his or her Program, with or without a reasonable accommodation.

The term "person(s) with disability(ies)" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. A person with disabilities is "substantially limited" if there is a significant restriction on his or her ability to perform his or her duties as a resident in a reasonably independent manner. Whether a person has a substantial limitation will be determined under applicable law, based on the specific facts and circumstances. A person does not have a disability for purposes of this policy if he or she (i) has a current condition of addiction or (ii) has a currently communicable disease or infection that is a direct threat to the safety of patients or other persons or makes the resident unable to perform the essential functions of the residency position.

A request for reasonable accommodation may be made at anytime prior to or during residency training on the Form ADA-100 (Resident Request for Accommodation Under the Americans with Disabilities Act (ADA) attached to this policy. This form also is available on line at http://wings.buffalo.edu/smbs/GME/ or at the Office of Graduate Medical Education (GME Office), and should be submitted to the resident's Program Director and/or designee, with a copy to the GME Office. Requests may also be made verbally if directed to the Program Director and/or designee. The GME Office will arrange for a prompt response. Any request for accommodation that is unduly costly, extensive, substantial or disruptive, or that would fundamentally alter the nature or operation of the Program, will be considered an "undue hardship" for which there is no obligation to make a reasonable accommodation.

Residents should be able to perform their duties in a reasonably independent manner. The following represent fundamental standards or prerequisites required for participation in a UB Program:

**Observation:** Residents must have sufficient senses to be able to observe patients to determine appropriate examination and treatment.

**Communication:** Residents must be able to effectively and efficiently communicate verbally and in writing with patients, patient family members, faculty, colleagues and staff.

**Cognitive Skills:** Residents must exhibit reasoning abilities sufficient to analyze, synthesize, and apply information from a wide variety of sources in order to render patient care by solving difficult problems and making diagnostic, therapeutic and patient care decisions in a timely fashion.

**Behavioral and Social Skills:** Residents must have the ability to develop and demonstrate mature, sensitive, and effective relationships with patients, patient family members, faculty, colleagues and staff, and must adhere to the UB Resident Code of Professional Conduct.
Motor: Residents must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients in accordance with currently acceptable medical/dental practice for the resident’s medical/dental specialty.

The UB GME Director of Resident Health Services (GME Health Director) will work with UB Programs, affiliated teaching hospitals and other approved training sites to ensure access to and use of all GME sponsored programs, services and activities by residents with disabilities. The GME Health Director is a resource for information and advocacy toward a resident’s effective participation in his or her Program. All medical-related information will be kept confidential in accordance with all applicable laws, and maintained separately from other resident personnel records. However, Program Directors and their designees, faculty and GME Office administrators may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation.

Please contact the UB GME Director of Resident Health Services at 961-9412 or the GME Office at 829-2012 with any questions on this policy.
Resident Request for Accommodation under the Americans with Disabilities Act (ADA)

Resident Requesting Accommodation: _____________________________________________

Level of Training: __________________________ Training Program: ____________________________

Work Address: _________________________________________________________________

Work Telephone Number: __________________________ Home Number: ____________________________

Program Director: __________________________ Phone Number: ____________________________

Accommodation being requested: (add additional sheets as necessary)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Reason for accommodation: (identify condition and functional limitation(s) for which you seek an accommodation:)

Condition: _____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Functional limitation(s): _____________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Instructions for Employee

Please attach or promptly provide documentation from an appropriate health care provider describing your functional limitations and specifying the medical condition causing the functional limitation(s). Submit to your program director.

Resident Signature: ___________________________________________________________ Date: __________

Cc: Employee Health Director