

# Appendix D: Provider Letter/Report

## Writing Prompts and Examples

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The following guidance is for medical or diagnostic service providers. It provides specific NBME expectations to avoid 1) denials based on missing information or 2) delays resulting from the submission of incomplete information.

### Patient overview

1. How long has the patient been under your care?
2. What is the diagnosis?
3. When was this first diagnosed?
4. General description of the student's symptoms, including those that may only happen in episodes (e.g., depression, seizures, loss of consciousness, some type of paralysis, neurological, or muscular effects, etc.)
  - a. If disability results in episodes or flares:
    - i. How often do these occur?
    - ii. When was the onset of the last episode/flare?
    - iii. How long do episodes/flares last?
    - iv. If the test situation is likely to bring an episode on, state so
    - v. What helps episodes to resolve?

### Daily life

- How does this condition affect the patient's everyday life (e.g., sleep, waking up, mobility, GI issues, focus, memory)?
- What other areas of the student's life are impacted (i.e., home, school, social, work)?

### Treatment

- What treatment is the patient receiving?
  - If medication is involved, indicate the specific medication, dose, side effects, and any negative interactions with other medications or any side effects.
    - Do any side effects impact the students functioning such that they would be impaired or slowed down during a test, necessitating the extra time?

- Are there any additional treatment modalities beyond medication? If so, describe them and any side effects from them.

## Differential diagnosis

- How was the diagnosis made?
  - It is important to specify the assessments, instruments, or measures that were used in the differential process (i.e., bloodwork, CT scans, MRI, lab values, symptom checklist, etc.).

## For visual disabilities

- Include actual scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment to visual functioning (visual acuities, visual field printouts, specific tests of accommodation, vergence, and reading eye movements). If specific to only one eye, provide data to demonstrate reduced functioning in the fellow eye, such as accommodation (focusing) or reading eye movements (saccades).

## For hearing disabilities

- Include actual scores and results from all tests, procedures, measurements, and scales administered. Specify whether hearing loss is static or changing and how the impairment would impact the individual's ability to access the examination. Include what therapy, assistive devices, or communication strategies are being used and the effectiveness of these interventions.

## Need and impact of disability on the USMLE exam

*USMLE Step exams are typically eight to nine hours and administered over one day, and among the most stressful events for students. The NBME requires justification of the need for the accommodation. Consider the following questions in relation to the student's disability.*

- Does the pressure/stress exacerbate the student's condition or cause slowed processing?
- Does an element/symptom of the condition make it harder to focus or recall info (e.g., it takes more time due to drifting and refocusing or needing to reread)?
- Does the student need to use the restroom more often or have frequent breaks to stretch or prevent episodes of general fatigue?
- Does the length of the exam prevent the student from participating in all exam sections and demonstrating their level of knowledge?

## Specific recommendations

- What accommodations do you recommend for this patient in a high-stakes, time-limited test situation?
- How would the recommended accommodations provide access to the exam? In other words, why is each accommodation necessary?

## Examples

**Poor example:** Patient X experiences panic attacks on a regular basis and requires extra time when this occurs. Given the high-stakes nature of this exam, this student will require additional time under the ADA.

**Strong example:** Patient X is a patient of mine and has been under my care since July 10, 2020, for generalized anxiety disorder (F41.1) and panic disorder (F41.0). The patient requires one and a half time (1.5x) on the USMLE Step 1 examination. This reasonable accommodation is necessary to allow the student to utilize interventions in the event of a panic attack. These attacks are unpredictable but more likely to occur during high stress events, such as board exams. The panic attacks result in increased heart rate and palpitations, profuse sweating, cognitive disruption including “mind going blank,” dizziness, and intrusive ruminating thoughts of impending doom. When an attack emerges, it requires an immediate response on the part of the student to mitigate the effects of the attack, including pausing to engage in deep and controlled breathing, positive self-talk, and onboarding of rescue medication (Alprazolam 0.5mg). The student may also require water or a restroom break to address nausea and other physical symptoms of panic and will need a period of time to allow the medication to activate. These episodes can last anywhere between 15 to 30 minutes from onset to resolution. These attacks occur during periods of high stress at a rate of 4 to 5 times per week, with the last panic attack occurring within the last week. The USMLE Step 1 examination is considered among the highest-known stressors for medical students. As such, I anticipate that Patient X will have between 1 to 3 attacks during the 8-hour testing period that will require significant intervention. Given this, additional breaks will also be necessary. In sum, the student will require additional breaks and testing time to allow for self-mitigation of symptoms during a panic attack. The need for rescue medication is high and carries side effects, including trouble concentrating, dizziness, and sleepiness, which will all reduce processing and response time for the student. In order to reduce the likelihood of escalation once the panic sets in, we are endorsing a private testing room to allow for self-talk and breathing techniques used to stave off the need to onboard rescue medications.