Description: In this episode, Dr. Meeks speaks with Dr. Chris Sterwald, chief psychiatry resident at the University of Texas Southwestern about navigating medical training with a physical disability and creating diverse communities in medicine-- including disability.

Guest: Dr. Christopher Sterwald, Chief Psychiatry Resident, UT Southwestern

Lisa Meeks, Introduction intro:

Doctors with disabilities exist in small but measurable numbers. How did they navigate their journey? What were the challenges? What are the benefits to patients and to their peers? What can we learn from their experiences? My name is Lisa Meeks and I am thrilled to bring you the Docs with Disabilities podcast.
Join me as I interview Docs, Nurses, Psychologists, OT's, PT's, Pharmacists, Dentists, and the list goes on. I'll also be interviewing researchers and policy makers that ensure medicine remains an equal opportunity profession.

Sofia Schlozman:

Hello everyone! Welcome back to the Docs with Disabilities podcast.

My name is Sofia Schlozman, one of the show's producers, and today I have the honor of introducing Dr. Chris Sterwald, a current psychiatry resident at the University of Texas Southwestern. As you'll soon hear, Dr. Sterwald had a uniquely positive experience navigating medical school and residency with a disability.

In this episode, he and Dr. Meeks discuss his experiences, the support provided by his institutions that enabled him to succeed, and the importance of including diverse populations in medicine.

Dr. Sterwald, could you please introduce yourself?

Chris Sterwarld:
My name's Chris Sterwald. I'm chief psychiatry resident at University of Texas Southwestern. Before that I went to university of Miami for undergrad and Duke for medical school. So I've kind of been all over the place and I'm originally from Wisconsin.

When I was two years old, I was in a car accident, sustained a head trauma, and that resulted in me having a right hemiparesis affecting mostly my arm, but also my leg to an extent.

Basically my disability is weakness, not paralysis of my right side. And it goes out distally so the farther you get down my shoulder, the weaker it is. I can move my shoulder almost like pretty much full range of motion. My elbow joints are a little bit weaker. My wrist is pretty much immobile and my fingers are very difficult to move. My leg is not as affected, especially at my thigh and knee, but I really can't flex or extend my ankle that much.

It's been something I've been dealing with basically my entire life. Everything I've learned to do ever, basically I've, I've learned to do with a disability--- I don't know what it would be like to not have it.

Growing up, my education, going through school, going through med school, going through residency, that's all been kind of par for the course. It's, it's been me working around things, working with my disability, just, just how I have always done everything.

I'm fortunate that psychiatry, which is the medical specialty that I've really always been interested in, that's what I wanted to go to medical school for in the first place, is not a discipline that really requires much of you except your, your voice and your brain. But certainly, during medical education, I did have to figure some things out with my disability.

Lisa Meeks:
I love how you say, you know, I've had this my whole life. It's not really a barrier because the way that you navigate or develop your competencies in the world, the way you learn, how to do everything, part of that is having your disability. And one of the things that I don't think we do a good enough job in medical education is recognizing that the learner with a disability, especially those learners who have had disabilities their entire lives, they probably know more than we do about how to approach a specific task or how to learn a specific task.

We need to, to train the disability resource providers to ask questions about, you know, how, how do you drive your car? How do you listen to music? How do you engage with other things? Do you play video games? You know, how, how do you go about doing that and do different questions to try to get at the potential for how we could approach a specific procedure or competency in medical school?

Chris Sterwald:
That's a good point because I think without having done it, it's, it's kind of hard to imagine sometimes. even for me, um, it's hard to articulate the process with which I might do something.

Sofia Schlozman:
Dr. Meeks and Dr. Sterwald moved to a discussion about Dr. Sterwald experience in medical education: from navigating technical standards, to requesting and receiving accommodations, to a connection with a previous student with a disability from his institution and how that may have impacted the schools approach to inclusion.

Lisa Meeks:
I’m going to go straight to the big elephant, that's always in the medical school disability room, if you will. And that is the technical standards. And for so many students, the technical standards are kind of touted as the largest barrier to inclusion and medical education. And this is often identified or defined as a barrier because of some of the motor skills or sensory skills that are said to be absolutely necessary in the context of getting a medical education. And so one of those, just as an example for the audience, one of those might be the ability to, uh, stand all day long, you know, and, and long surgeries or the ability to, hear. When you were applying to med school, did you take special note of the technical standards? Was that something that you were concerned about?
Chris Sterwald:
It's hard to look back with probably Rose-colored glasses to some extent, but, I did look at that for each program and take note of how specific or how general they were, um, and kind of think about them.

It didn't really inform where I applied or, you know, whether I would apply to a particular program, but it was something I looked at and took note of in case it came up during an interview or something like that.

Lisa Meeks:
Did it ever come up?

Chris Sterwald:
I think maybe only once. if my disability came up during interviews, it was usually, I mean, I wrote about it in my personal statement. It was usually in the context of, you know, something positive. Like I had overcome something or, or would understand something more about what certain patients go through or something it wasn't usually looked as like, okay, this is something we're going to have to figure out and work around.

Now as a psychiatrist, thinking about what I do, parts of the physical exam were really the most challenging, mostly things related to positioning or a holding most of like the actual, um, maneuver or technique the important stuff happens with, with one hand, but things like, you know, holding one set of muscles in place while you're manipulating another and the neurological exam, that kind of stuff was the stuff that might be challenging.

In terms of like procedures that's what I was really kind of struck by looking at technical standards for most places, most places are not like asking you to achieve proficiency or even competency in any sort of procedure, most of what the technical standards I've seen were mostly focused on things related to the physical exam.

Lisa Meeks:
It sounds like you had a pretty positive experience throughout the admissions process, which is wonderful. So, I have this burning question. you came into medicine, you had pretty much decided you were going to be a psychiatrist. And I assume that that interest was expressed as well in your medical school interviews

Chris Sterwald: mm-hmm

Lisa Meeks:
...and you were navigating through medical school.

I'm wondering if you have any thoughts about, if it would have been as positive of an experience, had you wanted to go into some sort of procedurally based specialty, or do you think that the fact that becoming a psychiatrist was your stated goal played any role in the level of accommodation going into undergraduate medical education or the willingness to accommodate?
Chris Sterwald:
I think it certainly didn't hurt that I had that interest, looking at it from the perspective of, like, are we worried? We won't be able to help this student match. Are they going to have difficulty matching into their chosen field? I mean, it was probably somewhat lower risk for me to say I wanted to go into psychiatry. They're probably pretty sure they could pull that off.

But I don't think it would have been too difficult or, or definitely not insurmountable had I wanted to do something else. I think I expect that would have still had support in doing so. I just suspect I would have had to put in more effort and time of my own, like practicing things in the skills lab, figuring things out if I had wanted to go into a more procedural specialty.

Lisa Meeks:
Can you tell us a little bit about the experience requesting and receiving accommodations? Did you need a lot of accommodations or was it really just figuring out ways to approach procedures or checklist items differently?

Chris Sterwald:
Duke has a disability coordinator or liaison associated with the medical school who helps navigate all this stuff. I think the accommodations we requested for me weren't very specific, they were mostly asking for me to be able to learn how to do certain things; I don't even think we said a list of things. I think it was just certain procedures or skills and left it general in safe, but non-standard ways or something like that. So I think it was less very open and kind of made it so I could figure out things as they occurred rather than trying to brainstorm every little thing that might come up.

When we were learning our physical exam course, certainly I, I made my, uh, physical exam instructors aware and they were very helpful and patient and, you know, acknowledged that I would be doing things that looked a little bit differently than what my classmates would. That really wasn't an issue. I never really felt like I was exercising or utilizing a specific accommodation at that point.

One thing is thinking about, even though I wasn't going into surgery, I still had to do a surgical rotation and it's not like I had to learn how to do any surgical procedures. Cause again, that's not something that's spelled out that you need to learn how to do a surgery or even that you need to learn how to be proficient at suturing, but things like scrubbing in, like dawning the gown in a sterile fashion. I had to have some support in doing that and it turns out scrub nurses are all trained in doing something called assisted gowning. And I guess for people that prefer to have their scrub nurses scrubbed them in rather than getting gowned themselves, that's a technique they're all trained in and know how to do, and they were all super nice about it and super helpful. That was the easy way to do that for me.

I never really felt any pushback. I can only think of one instance, I think where someone saw me doing that or scrubbing in that way and we're like, Oh, what are you doing? And I just said, I'm scrubbing in, I have to do it this way because yada, yada, yada, I have a disability. I don't even know if I said that much, but they were just like, Oh, okay.

Maybe I was just lucky. I was just kind of met with support.

The other big thing that I got, and I don't even really think of this as an accommodation either, it was just being put in touch with an alumni from my medical school that had done this before.

If I recall correctly, it was a person with a Quadriplegia, maybe even a little bit more than mine or triplegia. So it was similar kind of impairment which was really helpful, kind of at least giving me a starting point, you know, what are the chances you're going to meet with someone with exactly the same type of impairment and level of impairment by at least someone with something similar that, that had to figure a similar sort of thing, and that was really helpful. So that was really what I got more than like an accommodation was support.
Lisa Meeks:
Huge shout out to Duke for the positive experience.

I do wonder if the fact that your faculty in the school had already been through this with another learner, if that really removed or reduced their fears about having a disabled student in the medical school or clinical context.

I want to ask you, there are always these transitional barriers, right? So going from undergraduate education to medical school, and then again from medical school to residency, you know, it sounds like you had a phenomenal experience in medical school; when it came to going through the match did you have any of those same concerns that you had originally had about the disability or were those concerns put to rest?

Chris Sterwald:
During the application process, absolutely no one really thought this going to be a challenge or anything, I didn't get that from anywhere. If anything, people kind of saw it as a positive.

I think the thing that I had been worried about is maybe an inkling of worrying about getting through my off-service rotations in neurology and internal medicine. If I would have to do procedures then that I had learned how to do in medical school, because I didn't need to, or running a code, but that's not stuff you really, at least at the programs I was talking to, it didn't seem like anything that would be an issue and I had seen how an internal medicine service works. I had seen how a neurology service works in medical school and I was not that worried about it.
Lisa Meeks:
It’s just phenomenal. I'm sitting here with the biggest smile on my face to hear about, you know, the lack of barriers in your pathway.

Sofia Schlozman:
In this final section, Dr. Meeks and Dr. Sterwald discuss the far-reaching impact of creating diverse communities in medicine and the importance of including disability in our conceptions of diversity.

Lisa Meeks:
So, one of the, one of the theories that I've kind of put out into the world a little bit is that if a person with a disability is working in a space that the impact on the perception of disability extends beyond the peer-to-peer kind of relationship. So you being in that space of having a disability and having a positive experience changes the perceptions that your peers, your immediate near peers have about disability. It changes any negative perceptions that your attendings or PD may have, but it also can impact patients. It can impact patient families. It can impact nurses and OTs and PTs and everyone that you work with in your environment that you just, by being in that environment, we'll do a little, even if you did nothing to advocate for disability inclusion, that just simply by being in that environment, you will have impacted the perception of disability.

I wonder if looking at your story, if there's not a bigger story, right? You have this physician, that's a wheelchair user that attends Duke and through the course of their education comes up with some adjustments to the way they approach things, clearly has a positive relationship with the folks there. So you come along and you're viewed as not a problem to be solved or a potential liability, but you're viewed as, you know, somebody who can positively contribute. It's an asset. Your disability is an asset.

They connect you with this person and you have this positive experience and, it allows you to go through your training, go through the space, not being that disabled student, but rather just Chris.

And then it probably also changed the way that you viewed that experience, because it sounds like residency was also a positive experience and that you weren't as worried about it. After having experienced the four years of medical education, and now course you're in your residency and, um, again are being received with, without cause or concern for safety or whether or not you'll be able to perform. It's, it's just kind of the, one of the positive aspects of diversity.

If someone with a disability came to you, uh, to your program, applying and wrote about it in their personal statement, how do you think that would be perceived or received?
Chris Sterwald:
Speaking, just in terms of my program, we really value diversity of all types and I think prioritize that in our admissions process. So,I would imagine we would be very receptive of individuals applying with a disability.
Lisa Meeks:
I love how you said, you know, that your program is committed to diversity in all of its forms. And specifically, when you say all of its forms, one of the things that we know is that so often disabilities is kind of left out of that equation when you talk about diverse populations. So, it's really nice to hear that it's included.

Chris Sterwald:
And I think that when you're talking about including disability and that discussion of diversity, the hard part sometimes is that there are so many disabilities out there that aren't obvious like mine is apparent when you see me, but I know for a lot of people, that's not the case. So just remembering to be inclusive about that too, when, when someone like that decides to open up and share that they might have a disability, that's not immediately visible.

Lisa Meeks:
Making space that is not only inclusive, but that feels safe and feels respectful is incredibly important. Uh, if you are to recruit and retain diverse populations. And I think certainly being in a program that sees the value of you having had this lived experience is refreshing to me, for sure.

So, the aim of the podcast is to provide some mentoring to students that are thinking about coming into medicine and in all of its forms. So, whether they're thinking about going to nursing school or, or becoming a speech language pathologist, or an occupational therapist or a physician, um, that they have a sense of what would have been helpful to you or other interviewees that we have, you know, if you were to go back and talk to your pre-med self, what advice would you give to that person?
Chris Sterwald:
Knowing what I know now and having seen how I kind of progressed through my training, I think if I could go back, I would just tell myself to worry less. Still make sure you're like looking into everything and, you know, going through the process correctly and checking all your, um, check boxes, but just don't worry so much is what I would tell myself.

I would say too, just don't if you, if you really have a passion or interest in something, I think in this, this is coming from somewhat a place of privilege as someone who's has a dream or had a goal that I could meet. I guess I can imagine scenarios where there's a lot more challenge or adversity in doing that, but I would say, you know, really consider what you want and what's important to you. Um, and if that's what you want to do, I think the disability stuff will, you can kind of figure out if, if it's, if it's really that important to you, you can figure out the other stuff. And, and, and at least in, in most cases, I think,

Sofia Schlozman:
Thank you all for joining us today!

To Dr. Sterwald, thank you for sharing your journey and perspective. Your story is a hopeful example of positive change in the medical community. To our audience, thank you for listening or reading along to this episode! We hope you will subscribe to our podcast and join us next time.
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