

Perioperative Clerkship Design for Students with Physical Disabilities: A Model for Implementation

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20%

Of US Population With A Disability ¹

4.6%

Of Medical Students Disclose A Disability
And Only **3.4%** Of Those
Are Students With A **Physical Disability**

¹ Barriers to Disability Inclusion In Med Ed

- Lack of Education About Disability Accommodations ¹⁹
- Lack of Guidance on Design Curricula
- Restrictive, Outdated and Ableist Technical Standards. ²

Increasing disability in the physician workforce helps realize the promised benefits of diverse groups including improved outcomes for patients ^{2,19}

Clerkship Design

- To increase the number of seated cases, this student's time on general surgery was divided between general surgery, vascular surgery, otolaryngology, and hand surgery. For each specialty the student was scheduled for multiple days with specific attendings to maximize continuity and enhance communication about accommodation needs.
- In the OR, the student was able to participate in a variety of cases. The articulating wheelchair allowed for elevated in seated positions. The majority of suturing occurred during hand and otolaryngology cases. Both hand and instrument ties were allowed to be used for best positioning.
- During anesthesiology the student was able to successfully mask via the two handed technique intubate using direct and video laryngoscopy, insert IV, and assist with ultrasound guided nerve blocks.
- In the urology procedure suite with hydraulic tables the student was able to assist in cystoscopies and ureteral stent removals. With proper table and bed placement the student was able to insert foley catheters using clean technique at the bedside.

A third year medical student with a thoracic spinal cord injury successfully completed an eight- week surgical clerkship at the *Department of Surgery, Rocky Mountain Regional Veterans Affairs Medical Center* completing all required procedural and clinical skills utilizing reasonable accommodation. The student achieved a grade of honors for the rotation.

Table 1. Process for Scrubbing, Gloving and Gowning for Sterile Field

Prior to scrubbing
1. Student elevated the chair to maximum height to best visualize the surgical field
Sterilization (The student utilized instant hand antiseptic exclusively)
1. An assistant engaged the foot pump to dispense the topical antiseptic (two applications prior to gowning).
2. After hand wash, the student, with chair fully elevated and assistance from the circulating nurse, was relocated to the scrub nurse.
3. Scrub nurse who helped with gowning and gloving.
Gowning and Gloving
1. The gown fully covered the student's lap and wheels, while the back of the wheelchair was undraped
2. The student relocated to the surgical table, ensuring not to turn their undraped back towards the operating field until ready to position.
3. The student used the draped portion of the table to pivot in chair and the circulating nurse could pull out of the surgical field by the back of the chair if needed



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