

Surviving the Call of Medical School and Residency

Michael McKee, M.D.

Wendy Osterling, M.D.

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Thinking about medicine?

- Shadow a physician/volunteer at a free clinic to see if it is a career you will enjoy
 - Long educational track (college/ 4 years of medical school/ residency and/or fellowship)
 - Long and stressful working hours
 - Not as financially rewarding as it was in past
 - Family/friend conflicts (scheduling/emotional detachment)
- Network (AMPHL, NOISE, deaf physicians, etc.)
 - Get helpful advice about their favorite assistive devices-saves money/time
 - Learn and prepare for upcoming barriers
 - Learn their strategies for success



Thinking about medicine

- Research assistive technologies (stethoscopes, etc.)
 - Numerous types- most will not be effective
 - Be patient and willing to experiment
 - Researching helps to save cost and frustrations
 - Look for those with money back guarantees
 - AMPHL conference stethoscope exhibit
- Ensure adequate college curriculum- required courses will need to be completed for medical school
 - Look for majors you will enjoy (“pre-med” is not the only major sought by medical schools)
- Good GPA and MCAT scores
- Follow your heart



To Medical School and Beyond!

- Benefits:
 - Intellectually challenging career
 - Hands-on career
 - Social career
 - Job security
 - Financial rewards
 - Ability to make a difference
 - Meet influential people
 - Prestige



Medical School and Beyond!

- Hard for everyone, harder for us with hearing loss?
- Years 1&2 – mostly classes, labs, and group work
- Years 3&4 – finally in the hospital! Pre-rounds, rounds, clerkships, communicating with patients



To Residency and Beyond

- Deciding on a specialty
 - Balance between what's practical and following your heart
- Research early
- Find a good residency advisor
- Network!
- Apply early!!!



Applying to Residency Programs (and medical school)

- Programs should be evaluated by:
 - Quality training/educational programs
 - Deaf culture/deaf organizations readily available?
 - Size of deaf and hard of hearing population
 - Disability accessible environment (both for city and hospital/clinic)
 - Faculty/residency relationships
 - University hospital versus community hospital



Application Processes

- Standard ERAS application
- Mention deafness or not???
 - Checkbox, personal statement, letters of recommendations
- When and how to mention?
- Will it help or hurt?



Setting up Interviews

- Be truthful and proud of your hearing loss on your application.
- Evaluate need for personal accommodations - ask the residency director what to expect during the interviews (one on one meetings versus group meetings versus combo)
- Request the necessary accommodations - request early, be persistent and educate them on the reason for this request
- Request specific opportunities (meet with call site) or spend a day with one of the residents.



Typical Interviews

- Orientation (done with group of applicants versus single applicant) with residency coordinator
- Personal meetings with residency director, 2-4 residents (different years) and faculty
- Tour of clinics and hospital
- Out to lunch with residents or lunch lecture



Interview Show Time!

- Bring information about your accommodations (assume they do not know much about it)
- Bring information and talk about your medical school education (advertise your ability)
- Be open about yourself and your hearing loss



Interview Time!

- Show them your stethoscopes and other “toys”
- Ask about the hospital computer, dictation, and paging systems.
- Get a sense of the layout/structure of the hospital and program.



Interview Time!- cont.

- Discuss accommodations you will need and how those needs can be met.
- Meet with different level residents (interns and second years often have the most updated information)
- Evaluate if your text pager and cell phone of choice will have good reception.



Residency Match

- Select programs that show willingness to accommodate.
- Express your interest in their programs (this will help you match with the program of your choice).



Setting Up For Residency

- Educate your peers/faculty on your hearing loss and your accommodations.
- Set up pager/phones
- Set up on call rooms (door knocker alarms, etc.)
- Set up order of rotations to familiarize yourself with the hospital (ex. Family Medicine Inpatient first)
- Learn the details of each upcoming rotations to get a better grasp what your accommodations may be (ER, Surgery, etc.)
- Orient yourself with support system in the community and in the residency program



Setting Up for Residency

- Exercise regularly and eat healthy (keeps you more alert and minimizes depression/illnesses)
- Allow time for social opportunities with other deaf individuals and with your peers.
- Outline residency/career goals for yourself and discuss this with your residency advisor.



On call

Barriers:

- Phone barriers
- Text pager reception
- Lag time for relay service/answer service
- Equipment failures



On call

- Talk with the call center
- Prepare a plan to accommodate yourself with phones (TTY/Relays/Wireless loopsets for cell phones/direct phone input for cochlear implant and hearing aids, etc.)



Running Codes

- Barriers Faced:
 - Overhead announcement- Code Blue!
 - Crowded conditions at scene
 - Multiple people talking at once
 - Loud equipment
 - Danger of shocks
 - Unknown patient
 - Unknown staff (little awareness of your hearing loss)



Running Codes

- Practice codes
- Vibrating pagers (notification of code blue)
- Prompt arrival (increase ability to situate yourself and gather info more easily)
- Find and establish your role
- Situate yourself in a vantage spot (for interpreter or to lipread)
- Notify staff of your hearing loss
- Repeat statements to decrease confusion



Morning Rounds

- Barriers faced:
 - Multiple speakers
 - Different accents
 - Walking rounds versus sitting rounds
 - Abbreviated or new medical terminology



Morning Rounds

- Interpreters (oral vs. sign language)
- Notification policy before speaking
- Printed out census of patients and/or copies of admission notes
- Sit at a vantage point with reserved seating for interpreter



Emergency Room

- Barriers faced:
 - Noisy environment
 - Fast pace
 - Hostile/inebriated/unconscious patients
 - Overhead speakers



Emergency Rooms

- Close doors/curtains to muffle sounds
- Gather information from nurse/EMT records to assist with uncooperative patients
- Interpreters



Operating Room

- Barriers faced:
 - Face masks
 - Noisy environment
 - Sterile field (difficult to bring in assistive devices)



Operating Room

- Interpreter
- Clear mask (future development for face masks)
- Making the team aware of your hearing loss
- Usage of sterile pens to write



Accommodations

- Interpreters (sign language versus oral)
- Transcription service (CART)
- Amplified stethoscopes
- Auscultation Systems (Bloodline Technologies and Stethographics)
- Text pagers
- TTY/Relay Service/Special phones



Funding Accommodations

- Options become more limited but still available
 - Residency options:
 - Residency Departments/Hospital (main source for interpreters or more costly accommodations)
 - Personal Book/Supplies/CME fund
 - Work related expenses (tax deductible)
 - Medical School options:
 - Office for Students with Disabilities (OSD)
 - Vocational Rehabilitation (VR)
 - Medical School



Refusal of Accommodations

- Find out reason of refusal (most are due to lack of awareness)
- Educate them of your rights
- Document everything
- ADA Office (many large universities have one)
- Department of Justice (DOJ)
- Personal attorney

Interpreters

- Medical terminology experience
- Energetic
- Motivated to learn
- “Young and single”
- Single or team of interpreters
- Hourly vs contracted
- After hours
- Female vs male



Interpreters

- Assisting interpreters
- Medical vocabulary/terminology
- “SOAP” note/templates
- Feedback (instant/delayed)
- Boundaries
- Debriefing



The “E” Key to Success

- Think of the 5 E’s
 - Enthusiasm
 - Education
 - Expect (the unknown)
 - Energy
 - Empathy (Compassion)



GOOD LUCK!!!

Questions???

