

## Walk a Mile in My Wheelchair

AT 9 A.M. ON A RAINY FRIDAY MORNING last October, the entire Class of '10 — 163 first-year medical students — was funneled into three classrooms. They were there, they were told, to learn the meaning of empathy. Restless and weary,

means to communicate to his partner how to hold a cup of water so that he could take a sip.

The exercises form a key component of the School of Medicine's newly established Disability Curriculum, one of the



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they clearly wanted to be elsewhere, rather than performing “sensitivity exercises” designed to impart an appreciation of the daily challenges faced by more than 54 million disabled Americans.

One student, all five fingers of his dominant hand wrapped in masking tape and his other hand behind his back, tried to write a sentence dictated by his partner. Another student, her non-dominant hand cloaked in three layers of athletic socks and her other hand behind her back, tried to remove one sheet of paper after another from a stack of 15. Yet another student, both of his hands behind his back, tried to use non-verbal

first programs of its kind in the country. Students also meet with disabled people who volunteer to share stories about the daily dilemmas they face. The idea for the program jelled when alumna Dara Richardson-Heron, M.D. ('89) reinforced the Rusk Institute's lobbying efforts. After becoming Chief Medical Officer of United Cerebral Palsy of New York City, she needed to hire physicians. “None of the candidates had disability training,” she recalls. “Then I realized that neither did I.” Soon after making her case to the Dean's office, an initiative was piloted in the “Patient, Physician, and Society” course led by David L. Stevens, M.D.

('91), Clinical Assistant Professor of Medicine, and implemented in 2005.

“Research shows that for a variety of reasons empathy affects medical outcomes,” explains Alex Moroz, M.D. ('96), Director of Medical Education in the Department of Rehabilitation Medicine. “But medical education hasn't caught up with the distribution of disability in the population. NYU is ideally suited for such a pioneering program. The patient always comes first here, and the Rusk Institute has decades of experience working with the disabled.”

The 40 or so faculty members who participate also gain valuable insights. “Like the students, many of them, for the first time, are compelled to think about how they think about the disabled,” notes Julianne M. Chase, Ph.D., Associate Dean for Education. Felice B. Aull, Ph.D., Associate Professor of Physiology and Neuroscience, who teaches electives in medical humanities, sees the role of the Disability Curriculum as an integral one. “You can't be a superb clinician if you're not a humanistic physician-scientist,” she insists, “because otherwise you're not going to be fully aware of the patient's needs.” Matthew P. Sapolin, an NYU alumnus who serves as Executive Director of the New York City Mayor's Office for People with Disabilities, describes the program as “a model for medical schools nationwide.”

After the session, one medical student, Gilda Boroumand, shared a story about an incident earlier that day that, she said, put things in perspective for her. Boarding a bus that morning, she soon realized she would be late for class because the bus had to load a passenger in a wheelchair. Opting to walk the remaining blocks in the rain, she was exasperated by the time she arrived. But by the end of the disability exercise, Gilda had an epiphany. “I was late five minutes,” she said, “but now I think about that man in the wheelchair how he'll be inconvenienced for the rest of his life.”

— Thomas Ranieri