Increasing Accessibility in Healthcare Delivery for Persons with Vision Loss: Companion Guide

Module 4: Brushed Off

Unit 1: Building Positive and Respectful Relationships

Please note:

This Companion Guide is a resource created to complement the online modules.

This module was developed by a group of community members, healthcare providers, educators, and vision loss and blindness organizations in collaboration with the Queen's University Course Development team within the Office of Professional Development and Educational Scholarship. This project is made possible with funding by the Government of Ontario and through eCampus Ontario's support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit the eCampus Ontario website.

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Introduction

Please see the online learning module for the full experience of interactions within this document.

Improving the learner experience

This content was retrieved from Introduction Slide 2 of 9 of the online learning module.

This module has undergone accessibility testing, with a specific focus on screen reading software testing and how the module responds to visual changes. While the modules should work for screen reader users, we have come across a few unexpected compatibility issues that we will be looking into further.

Continue to learn about some accessibility tips and disclaimers.

Accessibility tips and disclaimers – *Refer to pages 4-5*

Accessibility tips and disclaimers

Subpage of Introduction Slide 2 of 9 – Accessibility tips and disclaimers 1/1

1. While the module appears compatible with standard screen readers, there are some compatibility issues with ZoomText screen magnifier's App Reader function.
2. The slides do not respond to all inverted colour schemes.
3. The zoom controls built into your device/browser may seem to be counterintuitive. For example, the keyboard shortcut for increasing the zoom (CTRL – PLUS SIGN) will make menu text larger, which will result in a smaller slide. Similarly, the keyboard shortcut to decrease the zoom (CTRL – MINUS

SIGN) will make the menu text smaller, and then make the slide larger.

Note: Additional resources to support your accessibility were made available together with this module in eCampus Ontario's Open Library. Please check in with your instructor/teacher who is sharing these modules and/or check out the website to discover more resources.

Introduction to Unit 1

This content was retrieved from Introduction Slide 3 of 9 of the online learning module.

Welcome to the **Building Positive and Respectful Relationships** unit of 'Increasing Accessibility in Healthcare Delivery for Persons with Vision Loss.'

In this unit, you will explore some basic principles to apply during initial interactions with people with blindness or low vision. Each module in the unit includes a case that illustrates key ideas. You will be guided to reflect on interactions between a person and a healthcare worker that are captured in case videos. You will also get a chance to explore new information to support your learning. The reflection questions in each module were created to help you identify strategies that you can apply in day-to-day interactions with all clients.

While you can choose the order in which you go through the modules, the modules have been organized in an order we feel will best support learners who are new to these topics.

A note on language

This content was retrieved from Introduction Slide 4 of 9 of the online learning module.

You will see a variety of terms used to refer to the experience of blindness or partial sight. Terms include vision loss, sight loss, low vision, blindness, and partially sighted. Deafblindness and dual sensory loss will be used when deafness or hearing loss is also present.

Continue to learn more about the language we chose to use in the modules.

“Vision loss" terminology

The single umbrella term “vision loss” will sometimes be used to represent blindness, low vision, and other types of vision loss. However, we know someone born with low vision or blindness may not have “lost” their vision so may not personally use the term “vision loss.” As such, the language in the module will sometimes switch between terms to find a balance between readability and representing different perspectives.

Language use and disability

In the modules, person-first language (person with blindness, person with vision loss) will be used instead of disability-first language (blind person, deafblind person, partially sighted person). Person-first language is used to recognize that everyone is a person first, not solely defined by blindness or vision loss.

However, clients you meet could use either approach. Disability-first language (“As a blind person, I ...” versus “As a person who is blind, I ...”) is often used to recognize disability as an aspect of diversity worthy of recognition.

Introduction to Module 4

This content was retrieved from Introduction Slide 5 of 9 of the online learning module.

Module 4 presents a woman who has vision loss that might be difficult for someone to detect in a brief encounter. In this scenario you will observe what happens when vision loss is overlooked, and learn factors that lead some people **not** to disclose their vision loss. You will gain skills for recognizing when someone has undisclosed vision loss, and learn about universal design as a strategy for making a clinical setting (and other settings) more accessible.

Module 4 learning outcomes

This content was retrieved from Introduction Slide 6 of 9 of the online learning module.

By the end of this module, you will:

- Describe the implications of "invisible disability" and the choice to not disclose one's disability.
- Define universal design and identify examples.
- Reflect on factors that might impact how someone responds to offers of assistance.
- Identify change strategies to apply to your own work.
- Analyze a case scenario to identify possible improvements to improve patient care.

Course icons

This content was retrieved from Introduction Slide 7 of 9 of the online learning module.

As you navigate the 'Increasing Accessibility in Healthcare Delivery for Persons with Vision Loss' modules, you will come across these course icons.

Continue to learn about each tools role in the course.

References: This icon lives in the sidebar of the slide. Selecting it will reveal the references for content and/or images on the slide.

Definition: When you encounter a word that is bold with an indicator symbol, navigate to/select the word to reveal a definition. Select the 'X' to close the definition layer.
Example Definition*

Audio clip: This icon indicates the presence of an audio clip on the slide. To play the audio clip, select the play button. Full transcripts and closed captions are available.

Definition*:

Example Definition: This is an example of how the definition will appear on the slide.

Media features

This content was retrieved from Introduction Slide 8 of 9 of the online learning module.

Video and audio will be used throughout the modules.

Continue to learn about the different media features available to you.

Play/pause

Select this button to play or pause the media.

Timestamp

The timestamp indicates how long the media has been playing.

Volume

Select this button to change the audio volume.

Closed captions

Select this button to turn on closed captions.

Playback speed

Select this button to open the media in a new smaller window in the bottom right of the screen.

Pop-out layer

Select this button to open the media in a new smaller window in the bottom right of the screen.

Fullscreen

Select this button to expand the video to fullscreen.

Transcript

Transcripts are available for videos and audios. In some cases, you may need to select the indicated button to view the transcript.

Download your answers and feedback to questions

This content was retrieved from Introduction Slide 9 of 9 of the online learning module.

You will be asked questions throughout this module that will test your learning of module content and invite you to reflect on the videos in the case and healthcare scenarios in your work.

At the end of each module, you will have the opportunity to download your answers and feedback to the questions. Because many questions are designed to give you the chance to brainstorm ideas for application in your personal practice, you are encouraged to download your answers to questions for future reference.

Case: Brushed off

Video: Introduction to the case

This content was retrieved from Section 01 Slide 2 of 24 of the online learning module.

In this case, you will explore an interaction between Mrs. Karlsen, a client moving from one appointment to the next, and Diana, a receptionist in the hospital.

Watch the video to explore the case scenario.

Please see the online learning module to view this video.

As you watch: Consider the interaction from the perspectives of both the client and the healthcare provider.

Also, consider how the situation might be challenging for someone with vision loss, either because of how the environment is set up, the behaviour of other people, or what is expected of the client in that setting.

Start of Video Transcript:

[Jan] Okay Mrs. Karlsen, I'm going to leave you here with Diana and she'll get off to diagnostics.

[Mrs. Karlsen] Thank you dear, I don't want to be any trouble.

[Jan] You are no trouble at all, it's been a pleasure. Diana, can you please help Mrs. Karlsen get to her next appointment? She'll need a bit of guidance.

[Diana] Sure! I'll be with you in a jif.

[Mrs. Karlsen looks at the handout she's carrying holding it close to her face. Diana does not notice]

[Diana] Mrs. Karlsen? (Diana glances at the file that Jan hands her as Jan walks away). You are with diagnostics which is down this hall (she points with her hand only and it's subtle, without looking at Mrs. Karlsen), turn right at the blue door and keep going until you see the elevators. Go down one floor and then just follow the red arrows until you see the grey desk.

[Mrs. Karlsen] Is that the hall where they take my blood?

[Diana] No, here, [grabs a sheet of paper with a map on it and puts it on the counter, marking it with a red marker]. I'll give you a map. So we are here, and you are going there, but one floor down.

[Goes back to her paperwork.]

[Mrs. Karlsen holds the map close trying to see it, squints, then stands awkwardly trying to figure out what to do, sees Diana is still not paying attention, then walks away stricken]

End of Video Transcript.

Case question: Observations

This content was retrieved from Section 01 Slide 3 of 24 of the online learning module.

Answer the question by reflecting on the interaction presented in the video.

Case question 1 of 6: What do you notice about Mrs. Karlsen? Do you think she wants help or not, and how can you tell? Are there visual cues that she may need assistance?

Feedback:

Navigate to the next slide for feedback on this question.

Feedback: Observations

This content was retrieved from Section 01 Slide 4 of 24 of the online learning module.

There is no definitive indicator that Mrs. Karlsen has vision loss at a glance. Even in the video, there are only subtle visual cues that might indicate that Mrs. Karlsen has vision loss.

Continue to review some possible cues.

Holding materials closer

Watching Mrs. Karlsen in the video, you briefly observe her bring the handout and then the map closer to her face and seem to strain to read each. This happens very quickly and if you were not watching her in this moment, this small clue might be missed.

Questions and hesitations

Mrs. Karlsen's questions to Diana suggest she is uncertain and seeking more information.

Her body language after Diana provides directions also suggests she may not be getting the information or assistance she was hoping for.

Invisible disabilities

This content was retrieved from Section 01 Slide 5 of 24 of the online learning module.

The terms “disability” and “accessibility” often bring to mind people using wheelchairs or walkers and environmental features like ramps and grab bars. However, many people with disabilities who benefit from improved accessibility have **invisible disabilities**. This means that there might be parts of the environment that aren’t accessible to them, but this usually isn’t obvious from simple observation.

Unless someone has a guide dog or is using a white cane, vision loss is frequently invisible on first glance, and sometimes not obvious even with more in-depth observation.

Improving accessibility through universal design

This content was retrieved from Section 01 Slide 6 of 24 of the online learning module.

Because vision loss may be invisible to others, many clients who have an invisible disability report that when they ask for help, they often get brushed off and told “it’s over there” or asked “what, can’t you see?” in a condescending tone.

You can help prevent these situations by using **universal design*** to make the environments and situations more accessible. Because accessibility benefits everyone, this often results in more positive impacts than anticipated.

Continue to learn about some ways universal design has been added to make daily life more accessible.

Examples of universal design in daily life – *Refer to page 15*

Reflection activity: List some ways in which you’ve benefited from accessibility features of the environment.

Definition*:

Universal Design: The design of products, programs, services, and environments to be usable by all people to the greatest extent possible regardless of age, disability, or other factors.

Reference:

The Universal Design Network of Canada. (n.d.). About us. Retrieved December 2022 from https://universaldesign.ca/about-us/

Examples of universal design in daily life

Subpage of Section 01 Slide 6 of 24 – Examples of universal design in daily life 1/1

Universal design aims to make environments and situations accessible for people of all abilities, experiences, and characteristics. For example, a curb cut at the corner where the sidewalk drops down to the street level benefits people with wheelchairs, strollers, suitcases, delivery carts, and so on.

A change in ground texture in a high contrast colour is an additional accessibility feature. Similarly, announcements of bus stops on transit benefit more than just people with vision loss. Having information available in print and digital formats benefits many different people.

Reference:

McGeddon. (2013). London iBus display. Own work. Retrieved December 2022 from https://commons.wikimedia.org/wiki/File:London_iBus_display.JPG

Case question: Mrs. Karlsen's experience

This content was retrieved from Section 01 Slide 7 of 24 of the online learning module.

Answer the question by reflecting on the interaction presented in the video.

Case question 2 of 6: What do you think Mrs. Karlsen was experiencing during the interaction (this can include feelings, thoughts and memories, physical sensations, etc.)?

Feedback:

Navigate to the next slide for feedback on this question.

Feedback: Mrs. Karlsen's experience

This content was retrieved from Section 01 Slide 8 of 24 of the online learning module.

Mrs. Karlsen asks a question to try and clarify where to go, then demonstrates some uncertainty at Diana's directions (oh, um, okay...). She seems about to ask another question, but stops when she notices Diana is on the phone. She exits walking slowly, possibly hesitant as to how to proceed.

Mrs. Karlsen hasn't said she can't see the map or signs well, but the closely held handouts could be a clue that signs and landmarks could be challenging for her.

What would make someone continue to ask similar questions? How might someone feel if they aren't getting the information they need? What might make someone hesitant to share they have vision loss?

Choosing to identify

This content was retrieved from Section 01 Slide 9 of 24 of the online learning module.

There are many things that influence how people present themselves to the world. Some people will choose to share they are blind or have low vision, while others will not.

Identifying can be beneficial when it gives a sense of control and independence (for example, asserting a need and advocating for oneself) or alerts others in the environment when assistance is wanted or needed.

However, others may want to choose when they identify or hold back for other reasons.

Continue to explore why someone may not choose to identify.

Reasons to not identify

Someone might choose not to identify for many reasons, including:

- Feeling excluded from “the norm”
- Fear of others’ perceptions of their disability
- Societal stigma
- Their own level of acceptance
- Fear of identifying themselves as vulnerable
- Being tired of telling people

References:

Hogan, C. (2012). Stigma, embarrassment and the use of mobility aids. Vision Rehabilitation International, 5(1) 49-52. Retrieved December 2022 from https://sciendo.com/article/10.21307/ijom-2012-009

McGrath, C., Laliberte Rudman, D., Spafford, M., Trentham, B., & Polgar, J. (2017). The environmental production of disability for seniors with age-related vision loss. Canadian Journal on Aging, 36(1), 55–66. Retrieved December 2022 from https://doi.org/10.1017/S0714980816000623

WDHS. (2021, November 1). OBVI: Why would someone need a white cane? Wisconsin Department of Health Services. Retrieved December 2022 from https://www.dhs.wisconsin.gov/obvi/whitecane/information.htm#:~:text=A%20white%20cane%20alerts%20the,bills%20in%20the%20person's%20hand

Reflection activity: Stigma and stereotypes

This content was retrieved from Section 01 Slide 10 of 24 of the online learning module.

Reflection activity: Consider how stigma and stereotypes influence behaviour. Life experiences can play a large role in how someone responds to changes in their life and barriers in the environment.

Consider the differences in experiences between an adult who has been blind or had low vision since birth or childhood versus someone who begins to lose their vision in adulthood, often late in life.

Are there parts of your own identity or personality that you don't like to share in public settings like healthcare? What influences your decision during the times you hesitate to share?

Navigating vision changes in later life

This content was retrieved from Section 01 Slide 11 of 24 of the online learning module.

Adults with recent vision loss are transitioning from navigating the world fully sighted to encountering barriers and attitudes they may not have realized existed. Remaining independent and continuing valued activities may require learning new skills, changing how tasks get done, and occasionally asking for assistance.

Continue to explore a few research studies on adults who develop low vision/vision loss later in life.

Research spotlight: Navigating vision changes in later life – *Refer to pages 19-21*

Research spotlight: Navigating vision changes in later life

Subpage of Section 01 Slide 11 of 24 – Research spotlight: Navigating vision changes in later life 1/1

Some research studies aim to understand the thoughts and experiences of older adults with low vision.

Continue to explore some of these studies.

Maintaining independence while negotiating help

A research study by McGrath and colleagues engaged older adults with age-related vision loss to understand what they thought were markers of "good old age."

Some placed independence and self-reliance as key markers of "aging well." When they didn't feel independent, some reported feelings of fear, frustration, and resentment, and they experienced internal struggles when needing to rely on others.

Stereotypes as a barrier to engagement

A research study out of Quebec engaged older adults with low vision who shared how stereotypes impacted their social engagement. Participants shared experiences where sighted people responded to them with disgust, disrespect, lack of understanding, and rejection. Some of the older adults discussed wanting to hide their vision loss because of the negative responses.

Adjustment to vision loss

Adjustment to vision loss can impact emotional well-being, affecting how one views themself and interacts with others. Research studies have shown that some people accept and adjust to their life with vision loss, others accept their vision loss with reluctance, and still others fully deny that they even have vision loss.

Reflection activity: Consider how someone's striving to remain independent, past experiences of stigma, or acceptance of their vision loss, might impact how they respond if you offer them assistance.

References:

Fraser, S., Beeman, I., Southall, K., & Wittich, W. (2019). Stereotyping as a barrier to the social participation of older adults with low vision: a qualitative focus group study. BMJ Open, 9(9), e029940. Retrieved December 2022 from https://doi.org/10.1136/bmjopen-2019-029940

McGrath, C., Laliberte Rudman, D., Polgar, J., Spafford, M. M., & Trentham, B. (2016). Negotiating 'positive' aging in the presence of age-related vision loss (ARVL): The shaping and perpetuation of disability. Journal of Aging Studies, 39, 1–10. Retrieved December 2022 from https://doi.org/10.1016/j.jaging.2016.08.002

Nyman, S. R., Dibb, B., Victor, C. R., & Gosney, M. A. (2012). Emotional well-being and adjustment to vision loss in later life: A meta-synthesis of qualitative studies. Disability and Rehabilitation, 34(12), 971–981. Retrieved December 2022 from https://doi.org/10.3109/09638288.2011.626487

Case question: Diana's experience

This content was retrieved from Section 01 Slide 12 of 24 of the online learning module.

Answer the question by reflecting on the interaction presented in the video.

Case question 3 of 6: What do you think Diana was experiencing during the interaction (this can include feelings, thoughts and memories, physical sensations, etc.)?

Feedback:

Diana only briefly looks at Mrs. Karlesen. Her responses are pleasant but abrupt, and she appears to be in a hurry.

Does Diana seem to realize Mrs. Karlsen is struggling with the directions and map? If not, what is getting in the way of Diana noticing?

Consider how stress impacts someone's ability to pay attention.

Public knowledge about vision loss

This content was retrieved from Section 01 Slide 13 of 24 of the online learning module.

Within the general population, there is variety in how much people know about vision loss. While many people have heard of blindness and certain conditions, many are unaware of some of the major causes of vision loss and a number don't know the term "low vision."

Based on this, you could hypothesize that many people working in the healthcare system will have an incomplete understanding of vision loss. They may not even consider that someone might have vision loss if they are not obviously blind or struggling to see something.

References:

Ahn, M. J., Frederikson, L., Borman, B., & Bednarek, R. (2011). Eye health in New Zealand: A study of public knowledge, attitudes, and practices related to eye health and disease. Health Education, 111(2), 147–155. Retrieved December 2022 from https://doi.org/10.1108/09654281111108562

Lupón, M., Cardona, G., & Armayones, M. (2021). Public knowledge of low vision and blindness, and readability of on-topic online information. Journal of Optometry, 14(3), 240–246.

Retrieved December 2022 from https://doi.org/10.1016/j.optom.2020.06.005

Scott, A. W., Bressler, N. M., Ffolkes, S., Wittenborn, J. S., & Jorkasky, J. (2016). Public attitudes about eye and vision health. JAMA Ophthalmology, 134(10), 1111–1118. Retrieved December 2022 from https://doi.org/10.1001/jamaophthalmol.2016.2627

Video: Interview with Mrs. Karlsen

This content was retrieved from Section 01 Slide 14 of 24 of the online learning module.

Watch the video to learn about the interaction from Mrs. Karlsen's perspective.

Please see the online learning module to view this video.

As you watch: Think about whether there is anything that surprises you or that you didn't anticipate.

Keep in mind, this video is a possible experience only. While the scenario is informed by real life experiences, different individuals may respond or feel differently.

Brushed off: Interview with Mrs. Karlsen

Start of Video Transcript:

[Mrs. Karlsen] You know, I can get really anxious when I go to the hospital.

I'm- I'm totally fine in my own home and places I'm familiar with, but new surroundings... huh, I can get so turned around in them. I get confused when I can't see a sign or the colour of the doors or the arrows I'm supposed to follow.

I usually try to arrive extra early because I can pretty much guarantee I'm going to get lost.

I think about- I could ask my son or a friend to come with me, but they're so busy with just life in general, kids, jobs, grandkids, and I really don't want to burden them anymore. And then there's the poor healthcare workers, who- they have so much on their plate and, you know, there's always somebody else that's way worse off than I am.

It's just- it's just so hard sometimes. And, you know, I just don't like to ask them for help. I don't want to be that burden and let's be honest, it can be really embarrassing for me sometimes too.

End of Video Transcript.

Video: Interview with Diana

This content was retrieved from Section 01 Slide 15 of 24 of the online learning module.

Watch the video to learn about the interaction from Diana's perspective.

Please see the online learning module to view this video.

As you watch: Think about whether there is anything that surprises you or that you didn't anticipate.

Keep in mind, this video is one possible experience only – different healthcare providers might feel differently or behave differently in the same situation.

Brushed off: Interview with Diana

Start of Video Transcript:

[Diana] How am I? I haven't had a vacation in months. We've had so many people that have been off on sick leave and stress leave, that I'm working two or three people's jobs. A patient's son called patient relations and said that his mother had low vision and got lost in the hospital after leaving our department. And I keep thinking it was that woman that I gave the map to. She did look uncertain, but I was so stressed, I just wasn't thinking. I really wish I had known.

End of Video Transcript.

Case question: Factors influencing the healthcare scenario

This content was retrieved from Section 01 Slide 16 of 24 of the online learning module.

Many different factors can influence interactions between a client and their provider. This may include the knowledge, experiences, and situations of **people directly involved** (client, family, support or healthcare workers) and **people not directly involved** (managers, decision makers, society), as well as **the environment and systems** (such as the physical space, funding, policies and procedures).

Answer the question by reflecting on the interaction presented in the original video and considering the interviews with Mrs. Karlsen and Diana.

Case question 4 of 6: What are some possible factors that are influencing the situation?

Feedback:

Navigate to the next slide for feedback on this question.

Feedback: Factors influencing the healthcare scenario

This content was retrieved from Section 01 Slide 17 of 24 of the online learning module.

Factors relating to the workplace, its employees, and the format of information may influence the situation.

Continue to learn about these factors.

Staff management

Staffing and how the services are organized might play a role (for example, absent team members, understaffing in the schedule). Diana may have too many things on her plate, affecting her ability to pay attention to Mrs. Karlsen and pick up on subtle cues that assistance might be needed.

Scheduling of appointments might also result in certain times being busier and more chaotic making it harder to offer individualized help.

With work demands, Diana may miss things she needs for her own health and stress management (for example, meal/snack, water, rest, etc.), which could further impact the situation.

Information format

The paper with information handed to the client does not seem to be readable by the client. There are many factors that influence the accessibility of printed information. For example, standard templates for patient handouts that start with small print may be difficult to read. Maps may be overly complex and are visual information by nature.

Space/location

Aspects of the space may make navigation difficult. For example:

- The size or complexity of the building
- The lighting in the rooms and halls of the building
- The signs in the building might not be clear (depending on the size, contrast, colour) or useful (choice of words, shapes, and images)
- Renovations, repairs, or cleaning signs blocking pathways
- Social factors like how crowded or noisy the space is

For anyone new to the space, these accessibility barriers may make it even harder to find their way around.

No community input

Given that a few things seem visually inaccessible, there may not have been community input or consultation from people with vision loss and accessibility experts (in guiding the design of the handouts or signage).

Training and practice

Diana may not have been given enough training on the ways to communicate with clients who have vision loss (for example, being aware some people can't see gestures, not having learned to provide information in multiple ways).

Even if training was provided, changing how we communicate can take a lot of practice and repetition. That additional practice and mentorship may not have happened in this case. Alternatively, Diana may have training and knowledge, but given how busy she

seems to be, stress may make it hard to remember or apply this knowledge.

Reflection activity: Do any of these apply to your setting? Did you come up with other examples of factors that may affect this scenario?

Case question: Reimagining Mrs. Karlsen's experience

This content was retrieved from Section 01 Slide 18 of 24 of the online learning module.

Answer the question by reflecting on the case and what you have learned so far.

Case question 5 of 6: If you were Diana, what might help you respond differently in the moment to improve these types of situations of how Mrs. Karlsen (or another client) receives assistance?

Feedback:

Navigate to the next slide for feedback on this question.

Feedback: Reimagining Mrs. Karlsen's experience

This content was retrieved from Section 01 Slide 19 of 24 of the online learning module.

There are many possible actions one could do in the moment to help ensure a positive interaction.

Continue to learn about four possible actions you could consider.

Pause to Consider - Pause to consider why Mrs. Karlsen is continuing to ask questions and doesn't leave right away to find her destination following Diana's directions.

Acknowledge the situation - Acknowledge the situation and offer some level of help. As needed, ask additional questions and provide your focus to allow the client to explain.

If the client has been explicitly asking for help and your response doesn't seem to be helping, acknowledge that you want to help, but may need some more direction to provide the information they are looking for.

Communicate limitations - Communicate any limitations, such as how long before you can provide assistance, or explaining if another team member needs to step in. For example, "I can take you to diagnostics, but I can't leave reception for 5 to 10 minutes. Alternatively, I can call one of our friendly porters."

Consider that you might need to normalize the alternatives you are offering. This could be especially helpful for someone who is embarrassed about getting "special treatment" or feels like a burden. For example, "This building is a maze, and many people like having someone to get them back to the lobby.

Form solutions with the client - Work with the client to come up with a solution that works for them. For example, the solution may lie in how you are providing the directions, or it may be that different supports are needed. Some clients may want to suggest a solution themselves, and others would prefer to hear the available options. Where possible, try and offer all of the options available because the client will likely have the best idea of what would be most useful to them.

Case question: Creating change

This content was retrieved from Section 01 Slide 20 of 24 of the online learning module.

Answer the question by reflecting on the case and what you have learned so far.

Case question 6 of 6: If you were Diana, what changes might you suggest within the healthcare facility or system so that other service users have a better experience? What could you do to advocate for change in the workplace environment, policies, procedures, and/or culture?

Feedback:

Navigate to the next slide for feedback on this question.

Feedback: Creating change

This content was retrieved from Section 01 Slide 21 of 24 of the online learning module.

Creating change sometimes goes beyond individual actions.

Continue to explore some actions you could take to make things better in the future.

Raise your concern

One option is to bring up the situation with your manager or team, so you can look for improvements together (example, training needs, scheduling). Staffing-related factors could be complicated, so in some cases, focusing on the concern for client care may help make it a problem to solve together versus a request that might seem motivated by your own interests.

Provide feedback

Provide feedback about the handouts or signage in the building if you realize they aren't visible to some clients. Even if no specific incidents have come up, it is likely they will in the future.

Community input

Ask if clients who are blind, deafblind, and partially sighted are included in the consultation and planning processes for quality improvements in your setting. Suggest they be included.

Video: Mrs. Karlsen shares what works for her

This content was retrieved from Section 01 Slide 22 of 24 of the online learning module.

Watch the video to explore Mrs. Karlsen's perspective and to learn about some strategies that work for her in this kind of situation.

Please see the online learning module to view this video.

As you watch: Consider how you might implement some of the strategies Mrs. Karlsen identifies in your own setting.

Note: When she refers to "paperwork," she is describing additional information that she can review before her appointment to prepare and get a sense of the route she will need to take.

Brushed off: Mrs. Karlsen shares what works for her

Start of Video Transcript:

[Mrs. Karlsen] If I have an appointment at a hospital or clinic, I can get a little anxious before arriving because I'll be worrying about whether I'm going to find my way around or not. I'll often leave early so that I have lots of time to orient myself. It's even better, it's actually,

it's perfect if I have received paperwork the night before or previously so that I can review it. And that really makes it easier for me to find my way around. It can also be a huge relief for me when a provider picks up on my anxiety or my needs without me having to ask for help because that can be embarrassing for me. At the same time, it's a real fine line. I want to ask for help, but at the same time, it can just be really embarrassing for me because I don't want to appear different. I'm also just so aware of the busyness of the providers and the healthcare workers in the system these days in particular, and I just don't want to add to their workload.

End of Video Transcript.

Video: Diana shares what she learned

This content was retrieved from Section 01 Slide 23 of 24 of the online learning module.

Watch the video to explore Diana's perspective after she gained more information about the situation and thought about what things she could do to improve it.

Please see the online learning module to view this video.

As you watch: Think about what the goals of the interaction might be, and how understanding a person's needs might help achieve the desired outcome. If this takes extra time, in what ways could time be saved in the long run?

Brushed off: Diana shares what she learned

Start of Video Transcript:

[Diana] I'm still stressed, but I told my manager with all this extra work, it's just really hard to pay attention to patient requests and

unspoken needs. She kind of gets it, so I'm really hoping that things are going to change. But for now, I'm doing my best to pay attention, or if something they say doesn't quite make sense to me, you know, because maybe there's something they need that they really aren't directly saying. There have been a couple of times I've caught someone trying to ask for help, but it was super subtle.

End of Video Transcript.

Video: Case with a better outcome

This content was retrieved from Section 01 Slide 24 of 24 of the online learning module.

Watch the video to explore how the scenario could have gone if Diana had paused and asked how best to help Mrs. Karlsen or provided her with more options.

Please see the online learning module to view this video.

As you watch: Think about how this might apply to your setting – are there any situations that might be similar and benefit from new approaches?

Brushed off: Interview with Diana

Start of Video Transcript:

[Doctor] Okay Mrs. Karlsen, do you have your paperwork?

[Mrs. Karlsen] I do, yes. Thank you.

[Doctor] Perfect! This is Diana and she'll get- help you off to diagnostics.

[Mrs. Karlsen] Okay, thank you so much. You've been lovely. I really didn't want to be any trouble to anyone.

[Doctor] Oh, you're no trouble at all. Diana, this is Mrs. Karlsen. Can you please help her get to her next appointment? She will need a bit of guidance.

[Diana] Okay, just a sec.

[Diana] Okay, Mrs. Karlsen, you are with diagnostics. So that's just out the blue door, down the hall to the elevators, then go down one floor, follow the red arrows, and you'll come across a blue- a light blue desk.

[Mrs. Karlsen] Okay... Is that the hallway where I get my bloodwork taken?

[Diana] No, it's not. I could give you a map or I could call a volunteer who would be more than happy to escort you to your appointment if you would like.

[Mrs. Karlsen] Oh, yes please! A volunteer would be so helpful. Thank you very much.

[Diana] Alright, we can certainly do that. I know the hospital is a maze and even I find it difficult to find places sometimes.

[Mrs. Karlsen] Yeah, yeah. Thank you.

[Diana] Just one moment.

End of Video Transcript.

Module Conclusion

Module 4: Summary

This content was retrieved from Conclusion Slide 2 of 7 of the online learning module.

In this module, you explored an interaction between Mrs. Karlsen and the receptionist Diana. Although Mrs. Karlsen did not have any definitive signs of low vision, you learned about some of visual cues she displayed that were indicators of low vision.

You explored the definition of invisible disabilities and the societal experience of those with invisible disabilities. You were then briefly introduced to universal design and learned how applying this principle can make the environment more accessible for everyone.

The choice to identify as blind or low vision is a personal decision. You reflected on some of the reasons why a person may or may not choose to identify.

You then returned to the case to explore additional factors that might be influencing the way the interaction played out and learn methods to improve the situation in both the short- and long-term.

The module concluded with a reflection on what Diana could have done differently to result in a better outcome.

Export your answers and feedback to the questions

This content was retrieved from Conclusion Slide 3 of 7 of the online learning module.

Select the "Your answers" button to view your answers to questions from this module.

Once your answers are presented, select the "Download responses" button to export your answers. This will open your compiled answers in a new browser window. Here you may choose to print or save your answers as a PDF in the printer destination options.

Credits

This content was retrieved from Conclusion Slide 4 of 7 of the online learning module.

This module was developed by a group of community members, healthcare providers, educators, and vision loss and blindness organizations in collaboration with the Queen's University Course Development team within the Office of Professional Development and Educational Scholarship.

This project is made possible with funding by the Government of Ontario and through eCampusOntario's support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit the eCampus Ontario website.

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Contributors: Content Curation

This content was retrieved from Conclusion Slide 5 of 7 of the online learning module.

This project would not have been possible without a large team of people who shared their experiences, expertise, and time.

Members of the community were involved at all levels of the project providing their insight and expertise or sharing their experiences of navigating the healthcare system as someone with blindness, deafblindness, low vision, or other types of vision loss.

Healthcare providers, healthcare students, and educators were also involved at all levels of the project sharing their own learning experiences and learning preferences, their expertise with this population, and/or insights into content delivery.

A full list of project contributors is available with these modules in the eCampus Ontario Open Library.

Contributors: Case Videos

This content was retrieved from Conclusion Slide 6 of 7 of the online learning module.

The case scenario is a work of fiction. However, the scenario comes from real life experiences shared during the development of these modules, and from experiences published in the literature. The following people played a key role in creating the case videos for this module.

Actors:

- Mrs. Karlsen: Lori Cox
- Diana: Jayne Graham
- Healthcare provider: Janushan Hariharan

- Healthcare provider in office: Dan Walmsely

Creative team:

- Lead script writer: Gillian Davis
- Assistant script writing: Project team members and actors
- Videography: Media Services Team, Queen's Faculty of Health Sciences Information Technology
- Director: Dan Walmsely
- Creative Directors: Julia Foster, Rosemary Lysaght

Feedback

This content was retrieved from Conclusion Slide 7 of 7 of the online learning module.

We are interested in your feedback on how we can support you and other learners in going through this content and applying what you learn to practice. If you would like to provide any feedback on your experience of going through this module as it relates to learning preferences or accessibility, please send us some information via our survey.

Provide feedback on the learning experience and accessibility of this module.

Feedback Survey

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