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

Module 1: Mum's the word

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.

Select the button to learn about some accessibility tips and disclaimers.

Accessibility tips and disclaimers- *Refer to pages 5-6*

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 (C T R L – 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.

Select the tabs 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 1

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

In Module 1 you will meet a young woman with dual sensory loss and her mother as they engage in an encounter with a physician. You will learn some basics about legal blindness and sensory loss, and ways people with vision loss approach routine daily activities. You will be asked to identify factors in the interaction that influence the young woman's care, and to consider values, biases, and stereotypes that might influence your own assumptions and behaviours in similar situations.

Module 1 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:

- *Understand the terms "deafblindness" and "legal blindness" and their implications in daily life.*
- *Articulate practical strategies for communicating with people with dual sensory loss.*
- *Outline examples of stigma experienced in the healthcare system by people with blindness and vision loss.*
- *Explore where stereotypes come from, their impact, and how to start addressing them.*
- *Reflect on and develop increased insight as to how people with vision loss competently deal with routine tasks.*
- *Analyze a case scenario to identify possible improvements to improve patient care.*
- *Identify change strategies to apply to your own work.*

Course tools

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 tools.

Learn about each tools role in the course.

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: 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***

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

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.

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 spead

Select this button to change the playback speed.

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 Mum's the word

Video: Introduction to the case

This content was retrieved from Section 01, Slide 2 of 30 of the online learning module.

In this case, you will explore an interaction between Maria, her mother, and Dr. Forzley, a resident doctor. Maria is a pregnant woman with vision loss and hearing loss.

Watch the video to explore the beginning of the client encounter.

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 both vision loss and hearing 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:

[Dr. Forzley] Good morning Maria! I'm Dr Forzley and I'm the resident doctor working with Dr. Lee. Who've you brought with you today?

[Maria] This is my mom; my wife couldn't make it today.

[Dr. Forzley] Wonderful. First, let me say congratulations on your first child!

[Maria] Thank you so much!

[Dr. Forzley] You're so welcome! I see here that you're in your second trimester and oh- that you are- that you are visually and hearing impaired?

[Maria] Yeah, umm...

[Maria's mother] She's been swelling up like a blowfish. And I worry that she might have high blood pressure. And what's going to happen when the baby comes? I was a neo-natal nurse before I retired.

[Maria] It's nothing serious, mom. I think it'll be okay.

[Maria's mother] Better safe than sorry. You have enough on your plate as it is.

[Dr. Forzley] I think you're right Mrs. MacMillan. There are some additional factors that could add to the stress of pregnancy and parenthood. If there are any concerns with your daughter's caregiving ability due to her visual and hearing impairment, we have a large team here that could support you.

[Maria's mother] Oh, no! I'm more worried about the risk of preeclampsia and a preemie. I know how much of a strain that can be. What are you referring to?

End of Video Transcript.

Case question: Observations

This content was retrieved from Section 01, Slide 3 of 30 of the online learning module.

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

Case question 1 of 6: What did you notice about Maria and her mother? What are your observations about Maria's ability to participate in the appointment?

Feedback: Maria appears calm and confident initially. She seemed to startle and tense when Dr. Forzley brought up her hearing and vision loss. Maria's mother seems overall calm but is sharing some anxiety. Both react at Dr. Forzley's comments on Maria's capacity as a parent.

There is nothing to indicate Maria cannot participate in this appointment. Her mother jumped in early and has taken over the conversation.

Deafblindness and dual sensory loss

This content was retrieved from Section 01, Slide 4 of 30 of the online learning module.

The terms 'deafblindness' and 'dual sensory loss' refer to the combined loss of hearing and vision, “such that neither of the distance senses of vision and hearing can be used as a primary source of gathering accurate information. The combination of these sensory losses results in significant difficulties in accessing information, learning, communicating and participating” (Canadian Deafblind Association (CDBA)). This is especially true when the social situation or environment does not fit a person’s abilities and communication strategies.

In your ongoing analysis of Maria’s interaction, you will continue to learn about and reflect on dual sensory loss, starting by learning about the definition for legal blindness and debunking some common myths.

Reflection activity: Consider how you provide information to clients and how difficult it would be to get this information if someone had both blindness or low vision **and** hearing loss or full deafness.

Reference:

Canadian Deafblind Association. (n.d.). *Deafblindness: Did you know?* Retrieved December 2022 from https://www.cdbanational.com/did_you_know/

Legal blindness

This content was retrieved from Section 01, Slide 5 of 30 of the online

learning module.

Legal blindness is a term often used in determining eligibility for certain services or benefits (for example, the Disability Tax Credit).

Legal blindness is not total blindness. A person is legally blind if they meet one of two criteria:

- **Visual acuity*** in the better seeing eye is 20/200 or less when corrected (for example, with glasses)
- Remaining **visual field*** is less than 20 degrees

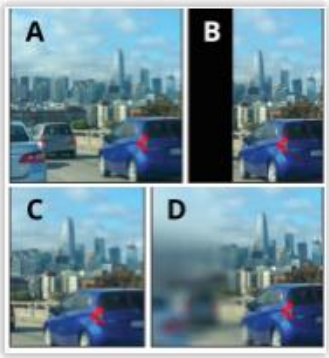
An eye doctor determines their visual function and if the visual condition is permanent.

Compare images simulating the two criteria for legal blindness.

Decreased visual acuity

Note: Images alone cannot capture all presentations of 20/200.

Visual field loss



Comparing the view of someone with no visual field loss (A) to different perspectives of what a person with visual field loss would see (B-D).

References:

Open Innovation Circularity. (n.d.). *Team 20 // CaneX*. Retrieved January 2023 from https://openinnovationx.dk/team-20-canex/

Adapted from Theis, J. (2020). *A Lesson on Neurologic Visual Field Loss*. Retrieved January 2023 from https://modernod.com/articles/2020-sept/a-lesson-on-neurologic-visual-field-loss?c4src=article:infinite-scroll

Defintions*:

Visual acuity: Sharpness of vision.

Visual field: How much you see at one time.

Question: Legal blindness

This content was retrieved from Section 01, Slide 6 of 30 of the online learning module.

Answer the question about legal blindness.

Question 1 of 2: Which of the following fits the definition of legally blind? Select all that apply.

a) Any person whose vision is 20/200 or worse even when they are wearing appropriate prescription glasses or contacts.
b) Any person whose level of vision loss results in the denial or removal of a driver's license (varies province to province).
c) Any person who has tunnel vision (missing peripheral or side vision) that is equivalent to looking through a paper towel roll.
d) A person who has significantly decreased visual function, regardless of the diagnosis.

The correct answers are: a) and c)

A and C are correct as they meet the first and second criteria of legal blindness, respectively.

B is not correct as drivers require much better visual acuity and visual field than the cut-offs for legal blindness.

D is not correct, as only visual acuity and visual field are considered in the definition of legal blindness, despite the fact someone could have low vision and other visual issues due to eye alignment, double vision, and loss of other visual functions.

Question: Dual sensory loss

This content was retrieved from Section 01, Slide 7 of 30 of the online learning module.

Recall from the case that while Maria has both vision loss and hearing loss, she also has some level of remaining vision and hearing function.

Answer the question by reflecting on your current understanding or experiences.

Question 2 of 2: When speaking with someone with vision loss who also has some hearing loss, but is not deaf, which of the following would be a good starting point in most cases? Select all that apply.

a) Speaking very loudly
b) Speaking very slowly
c) Describing your actions
d) Avoiding medical jargon
e) Looking at the person when speaking
f) Asking for direction on how to communicate best

The correct answers are: C, D, E, and F.

Navigate to the next slide for feedback on this question.

Communication strategies: Mythbusting

This content was retrieved from Section 01, Slide 8 of 30 of the online learning module.

When speaking with someone with vision loss who also has some hearing loss (but is not deaf), speaking very loudly or speaking very slowly are not always necessary or advised.

Continue to learn why these practices are not generally advised.

Speaking very loudly

While some clients may need you to speak loudly, others do not need you to speak loudly because they have have technology that assists them with hearing (for example, hearing aids, cochlear implants).

Speaking very slowly

Generally, speaking at a normal rate is sufficient. If your normal rate is very quick, you will want to slow down to an average rate.

Pausing between concepts is often helpful to allow time for processing. However, this is useful for anyone (regardless of their level of hearing), especially if sharing medical information or recommendations you want them to retain.

Communication strategies: Recommendations

This content was retrieved from Section 01, Slide 9 of 30 of the online learning module.

Select the tabs to reveal some of the recommended practices when communicating with someone with dual sensory loss.

Describing your actions

Communication often includes visual information like gestures that may be missed when someone has vision loss. By talking through your actions, you are providing that information in two formats to better allow the person to take in the information.

For example: "I'm placing your health card on the table beside your phone" or "If you hear me pause, I'm just taking down some notes."

Avoiding medical jargon

Avoiding medical jargon is useful for most people regardless of their visual and hearing function. However, using unfamiliar words like medical jargon, slang, or unknown acronyms may be more challenging especially if someone is not able to hear you clearly.

Facing the person

Some people with hearing loss lip read, and not all types of vision loss affect the ability to lip read. Your voice will also carry better when looking at someone.

Also, by facing someone, their facial expressions and other non-verbal cues may help you figure out if they heard and understood you.

Asking for direction

Each person may have their own set of strategies and factors that help with communication. Some people have good enough central vision to read lips, others do not. Some people may need you to speak louder, but others may not.

Asking for direction from the person themselves helps you know what to do to improve the communication.

You will learn more about communication strategies, including those that support people with deafblindness, in future modules.

Case question: Maria's experience

This content was retrieved from Section 01, Slide 10 of 30 of the online learning module.

Think back to the case of Maria and Dr. Forzley.

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

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

Feedback: Maria starts out smiling and appears relaxed on the surface. This changes when Dr. Forzley mentions Maria's hearing and vision loss and implies concern for Maria's parenting capabilities.

What messages might Maria be receiving and how might she be responding? She may be afraid about what could happen if the doctor thinks she cannot parent capably. She might also be frustrated (or feel other emotions) over how Dr. Forzley is communicating (speaking more to her mother, looking away).

Question: Capabilities of persons with blindness

This content was retrieved from Section 01, Slide 11 of 30 of the online learning module.

Many people have little experience with people with vision loss. Rate how confident you are about the possibility of someone who is blind independently doing each of the presented activities.

Question 1 of 1: I believe a person who is blind can:

Ratings:

- Confident this is true
- Suspect this is true

- Neither agree nor disagree
- Suspect this is false
- Confident this is false

Activities:

- Change a diaper
- Legally drive a car
- Use a computer
- Woodwork

Navigate to the next slide to learn more about the possibility of someone who is blind independently doing each acitivity.

Continue for Feedback to learn more about the possibility of someone who is blind independently doing each acitivity.

Feedback: Blindness and independence

This content was retrieved from Section 01, Slide 12 of 30 of the online learning module.

Select the buttons to learn more about how individuals with vision loss or blindness independently engage with various tasks.

Changing a diaper- *Refer to pages 20-21*

Driving a car- *Refer to page 21*

Using computer- *Refer to pages 21-23*

Wooodworking- *Refer to page 23*

Reflection activity: What surprised you about one or more of the examples? Write a reflection on how your experiences to date may have informed your responses (for example, examples in the media or in your life).

Changing a diaper

Subpage of Section 01 Slide 12 of 30 – Changing a Diaper 1/1

A parent or caregiver who is blind or has vision loss can change a diaper just like any other parent or caregiver.

Parents who cannot rely on visual information will use or learn strategies that do not rely (or rely less) on vision.

Some examples include:

- **Using other senses** to determine if the baby needs changing (for example, touch, smell)
- **Organizing supplies** so they can easily be found
- **Adding additional steps**, such as wiping a broader area and/or wiping more times (than someone who is sighted and visually identifies where to wipe)
- **Using technology**, such as a phone app that recruits a sighted volunteer to do a quick visual check

Legally driving a car

Subpage of Section 01 Slide 12 of 30 – Legally driving a car 1/1

Someone who is legally blind cannot drive a car because the visual requirements for driving are set higher than for legal blindness.

However, in certain provinces, people who do not meet these requirements may regain or obtain their vehicle license if they can demonstrate safety while using certain adaptations (for example, scanning towards the missing visual field, or using specialized telescopes to magnify signage).

Additional training and/or specialized assessments may be required.

Using a computer

Subpage of Section 01 Slide 12 of 30 – Using a Computer 1/2

All mainstream personal computers and most tablets and smartphones have built-in assistive technology features (or third party software programs) that can be used by people with low vision and blindness.

Explore computer features used by people with low vision and blindness.

Features that do not rely on vision

People with no or minimal vision often rely on other formats, such as speech or braille. Screen readers are software or apps that provide text and other information in an auditory format. For example, a screen reader can tell you what program you are in, how many links are on that webpage, if an alert has popped up, and so on.

A screen reader user can also read in braille if they have a braille display connected to their computer or device.

Features that rely on residual vision

People who have usable vision tend to use features that visually enhance images to meet their reading needs. Examples include magnification, colour inversion, and other settings to read, write, navigate, and interact with computers.

Often people with some remaining vision use a combination of features including both visual enhancements and speech features.

Assistive technology features

Subpage of Section 01 Slide 12 of 30 – Using a Computer 2/2

Accessibility plays a huge role in whether someone using assistive technologies can read or interact with documents. For example, poor organization and design of content may make documents harder to read or navigate if using a magnifier or colour modifications. A web page, document, or software program that does not have the right "tags" and markup will limit someone using a screen reader.

You will learn more about these technologies and what you can do to create more vision loss-friendly documents in future modules.

Woodworking

Subpage of Section 01 Slide 12 of 30 – Woodworking 1/1

Woodworking is a trade or hobby that has safety considerations for everyone.

Blind and partially sighted woodworkers often use the same tools as sighted woodworkers but will also use their other senses and additional adaptive skills to ensure safety.

Measuring may need to be done with a special measuring tape that provides measurements via speech or braille.

Blindness and vision loss stigma in healthcare

This content was retrieved from Section 01, Slide 13 of 30 of the online learning module.

According to the Canadian Mental Health Association (CMHA), stigma is a negative **stereotype*** and often leads to **discrimination***.

While many stereotypes are negative, stereotypes can also be positive or appear positive (for example, thinking that people who are blind have superhuman hearing after watching the movie Daredevil). However, even positive-seeming stereotypes can have an impact. If you presumed all people with vision loss have good (or even superhuman) hearing, you might communicate in a way that doesn't meet the needs of people with vision loss who also have hearing loss.

Learn about the experiences of people with vision loss during healthcare interactions.

Vision loss stigma in healthcare- *Refer to pages 24-25*

Definitions***:**

Sterotype: Generalizations about people-based characteristics that have been attached to a group to which they belong.

Discrimination: The act of treating someone unfairly based on their ability or identity.

References:

Canadian Mental Health Association. (n.d.). *Stigma and discrimiation*. Retrieved December 2022 from https://ontario.cmha.ca/documents/stigma-and-discrimination/

Ontario Human Rights Commission. (n.d.). *Overcoming the labels (fact sheet).* Retrieved January 2023 from https://www.ohrc.on.ca/en/overcoming-labels-fact-sheet

Vision loss stigma

Subpage of Section 01 Slide 13 of 30 – Vision Loss Stigma in healthcare 1/1

Multiple research studies have uncovered stigma experiences by people with vision loss during healthcare interactions.

Examples include:

- Physician comments that imply that the person with vision loss cannot manage their own care
- Health providers speaking to the family member rather than the patient

Some research participants reported that their healthcare provider seemed uncomfortable during the interaction, leading them to believe the provider did not know how to act around a person with vision loss.

Potential sources of stigma

This content was retrieved from Section 01, Slide 14 of 30 of the online learning module.

Research and theories on stigma have identified various sources of stigma in our society.

Select the tabs to learn some sources of stigma. Note that these are just examples.

Ambiguity

Feeling uncertain about how to interact with someone with a disability.

Overgeneralization

Assuming people with physical or sensory disabilities have mental disabilities.

Moral accountability

Thinking disability is punishment for sin or the actions of a person or family.

Not fitting 'the norm'

Deeming people with disabilities "not normal" based on presumed "standards."

Presumed emotional consequence

Thinking that disability is the worst possible thing and should be mourned.

Economic threat

Believing someone with a disability is a drain on resources or a burden.

Existential anxiety

Becoming anxious around someone with a disability because of fear of acquiring a disability oneself.

References:

Cupples, M. E., Hart, P. M., Johnston, A., & Jackson, A. J. (2012). Improving healthcare access for people with visual impairment and blindness. British Medical Journal, 344, e542–e542. Retrieved December 2022 from https://doi.org/10.1136/bmj.e542

O'Day, B. L., Killeen, M., & Iezzoni, L. I. (2004). Improving health care experiences of persons who are blind or have low vision: Suggestions from focus groups. American Journal of Medical Quality, 19(5),193-200. Retrieved December 2022 from https://doi.org/10.1177/106286060401900503

Livneh, H., Chan, F., & Kaya, C. (2014). Stigma related to physical and sensory disabilities. In P. W. Corrigan (Ed.), The

stigma of disease and disability: Understanding causes and overcoming injustices (pp. 93–120). American Psychological Association. Retrieved December 2022 from https://doi.org/10.1037/14297-006

Harrison, T.C., Mackert, M., & Watkins, C. (2010). Health literacy issues among women with visual impairments. Research in Gerontological Nursing, 3(1), 49-60. Retrieved December 2022 from https://doi.org/10.3928/19404921-20090731-01

Heydarian, N. M., Hughes, A. S., Morera, O. F., Bangert, A. S., & Frederick, A. H. (2021). Perspectives of interactions with healthcare providers among patients who are blind. Journal of Blindness Innovation & Research, 11(2), N.PAG. Retrieved December 2022 from https://nfb.org/images/nfb/publications/jbir/jbir21/jbir110203.html

Saulo, B., Walakira, E., & Darj, E. (2012). Access to healthcare for disabled persons. How are blind people reached by HIV services? Sexual and Reproductive Healthcare, 3(1), 49–53. Retrieved January 2023 from https://doi.org/10.1016/j.srhc.2011.12.004

Stereotypes

This content was retrieved from Section 01, Slide 15 of 30 of the online learning module.

Everyone holds some stereotyped beliefs. Some of these we are aware of and others are subconscious.

Explore how stereotypes originate and the impacts of stereotypes.

How stereotypes originate

Stereotypes can be learned through family, friends, community members, and information sources such as the news, television, movies, books, and social media. Sometimes a personal relationship may lead to a stereotype (for example, thinking a family member's experiences with vision loss apply to all people with vision loss). Sometimes you even hear stereotypes from people with vision loss themselves who have been taught those stereotypes their whole lives.

Impact of stereotypes

Some stereotypes have small impacts, others have bigger impacts. Either way, stereotypes can affect how you act towards certain groups. Sometimes this can result in unintentional discrimination.

You saw an example of discrimination in this case when the physician spoke to the mother rather than her patient.

Addressing stereotypes

Recognizing a stereotype exists is a good first step. In some cases, you could realize yourself; in other cases, you may get feedback on your performance. Then you can look for strategies to address stereotypes, either on your own or with others (like your organization).

Some examples might include:

- Exposure and exploration of people's stories and perspectives
- Learning about or meeting people that challenge the stereotype (for example, if the stereotype is "people with vision loss cannot safely parent," meeting parents with vision loss)
- Replacing stereotypes at the level of behaviour: **detecting** when your behaviour may be fueled by a stereotype, **reflecting** on where that behaviour came from and

alternative behaviours, and **using a new behaviour** next time

Reference:

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology*, *48*(6), 1267–1278. Retrieved December 2022 from https://doi.org/10.1016/j.jesp.2012.06.003

Reflection activity: Stereotypes

This content was retrieved from Section 01, Slide 16 of 30 of the online learning module.

Reflection activity: What are some beliefs you have about people with vision loss? Where did you learn these beliefs? Where could you go for more information to figure out if there's another way to look at things?

Remember, you are not alone. Everyone holds stereotyped beliefs. Figuring out your own stereotypes and looking for more information is a great first step to changing any stereotypes that might be affecting your behaviour.

Example: Stigmatization of blind mothers

This content was retrieved from Section 01, Slide 17 of 30 of the online learning module.

There are many commonly held stereotypes about people with vision loss and their abilities. Some untrue negative stereotypes include that people with vision loss are unable to participate in their own healthcare.

Many stereotypes cause significant harm, though some may have especially harmful consequences if the individual is presumed incapable of being able to care for themselves or others simply

because they have vision loss.

A U.S. research study looked at 26 blind mothers' experiences in healthcare.

Read through some of the experiences shared by mothers in the study.

Experiences of blind mothers in healthcare- *Refer to pages 30-31*

Reference:

Frederick, A. (2015). Between stigma and mother-blame: Blind mothers' experiences in USA hospital postnatal care. *Sociology of Health & Illness, 37*(8), 1127-1141. Retrieved December 2022 from https://doi.org/10.1111/1467-9566.12286

Experiences of blind mothers in healthcare

Subpage of Section 01 Slide 13 of 30 – Experiences of blind mothers in healthcare 1/1

Some of the experiences shared by mothers in the study include:

- Not being allowed to be left alone with her newborn while in the hospital
- Suggestions of giving the baby up for adoption
- Being referred to a social worker
- Designated as needing "100 percent assistance"
- Presumed to have put no thought into how they were going to raise a child
- Discouraged from breastfeeding
- Feelings of significant pressure to prove they were perfect

Having their child placed in foster care for no other reason than both parents were blind- in this example, it took nearly

two months to successfully challenge the foster placement and get their baby returned.

For your interest, read the article to learn more.

Between stigma and mother-blame: blind mothers' experiences in USA hospital postnatal care

Page Link:

https://doi.org/10.1111/1467-9566.12286

Reference:

Frederick, A. (2015). Between stigma and mother-blame: Blind mothers' experiences in USA hospital postnatal care. *Sociology of Health & Illness, 37*(8), 1127-1141. Retrieved December 2022 from https://doi.org/10.1111/1467-9566.12286

Case question: Dr. Forzley's experience

This content was retrieved from Section 01, Slide 18 of 30 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 Dr. Forzley was experiencing during the interaction (this can include feelings, thoughts and memories, physical sensations, etc.)?

Continue for Feedback on this question.

Feedback: Dr. Forzley's experience

This content was retrieved from Section 01, Slide 19 of 30 of the online learning module.

Dr. Forzley appeared to start out talking to Maria warmly, but

then after looking at the chart (just before commenting on Maria's vision loss and hearing loss) seems to change tone, possibly hesitating. She may not know what to do with the information or be processing thoughts about the information.

Dr. Forzley's attention in the conversation seems to have shifted to Maria's mother, so she may be struggling to not respond to someone who brought up a concern (instead of redirecting to the patient) or perhaps there was a change in her opinion of Maria's capability to participate in the appointment or her healthcare.

Video: Interview with Maria

This content was retrieved from Section 01, Slide 20 of 30 of the online learning module.

Watch the video to learn about the interaction from Maria'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.

Mum's the word: Interview with Maria

Start of Video Transcript:

[Maria] I love my mom but it's not helpful when she's overprotective and speaks for me in conversations. I've been worried this pregnancy because I've been reading a lot and hearing a lot about people in the deafblind community losing their babies or having their babies taken away from them.

When the doctor was talking to my mom instead of me, I couldn't here what she was saying very well but it also made me feel invisible. I feel impowered in so many areas of my life. I have a wife and I have a career and in moments like this when people talk about me rather than directly to me it takes all of that empowerment away.

End of Video Transcript.

Video: Interview with Dr. Forzley

This content was retrieved from Section 01, Slide 21 of 30 of the online learning module.

Watch the video to learn about the interaction from Dr. Forzley'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.

Mum's the word: Interview with Dr. Forzley

Start of Video Transcript:

[Dr. Forzley] I know I should be talking to the patient and not the mom, but I was thrown off. I realize now that I've- I'm way out of my depth. I've never met a visually impaired pregnant person before. And she has some hearing loss.

What does she need to be able to do this? How can she see if her baby has diaper rash? Will she be able to use the stove to heat milk if breastfeeding doesn't work? I know she's our patient, but the baby's our patient too and we have to make sure that the baby's going to be safe. I know I'm supposed to be treating people equally. Am I going to

get in trouble for voicing my concerns? What if something happens because I don't voice my concerns?

End of Video Transcript.

Case question: Factors influencing the healthcare scenario

This content was retrieved from Section 01, Slide 22 of 30 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 Maria and Dr. Forzley.

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

Continue for Feedback on this question.

Feedback: Factors influencing the healthcare scenario

This content was retrieved from Section 01, Slide 23 of 30 of the online learning module.

Learn about some factors that may be influencing the situation.

Social stereotypes

The general population's understanding of vision loss is relatively poor. Unless Dr. Forzley has done learning outside of her school

and medical training, her beliefs may have been shaped by stereotypes about the abilities of people with vision loss.

Training and mentorship

Beyond medical topics like anatomy and physiology of the visual system, training on the lived experience of blindness, vision loss, or deafblindness may have been lacking. Lack of training could be a missed opportunity to correct any societal stereotypes Dr. Forzley holds.

Also, practicing redirection skills may be needed to maintain focus on a client while managing a family member jumping into the conversation.

Staffing and scheduling

Staffing and the set-up of appointments impacts how much time is available to spend with clients. With limited time, Dr. Forzley may feel pressured to get the information she needs as quickly as possible (from a family member) instead of spending extra time to ensure the client is an active participant in their care.

Healthcare policies and practices

How the healthcare organization or system is set-up will impact this scenario. For example, the health record for a client could include a field for specific communication or accessibility needs to be reported. If Maria's preferences were easily available to review, Dr. Forzley may have been able to better prepare for the interaction.

Professional norms and standards

As a doctor, Dr. Forzley might be expected to handle situations independently without needing to ask for guidance on "soft skills" like communication.

Healthcare providers are obligated to report risks to child safety.

This responsibility, societal stereotypes, and a misunderstanding of Maria's capabilities might be factors in Dr. Forzley jumping to conclusions before having enough information to reach a correct interpretation.

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

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

Case question: Reimagining Maria's experience

This content was retrieved from Section 01, Slide 24 of 30 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 Dr. Forzley, what might help you respond differently in the moment to improve these types of situations and Maria's (or another client's) experience of care?

Continue for Feedback on this question.

Feedback: Reimagining Maria's experience

This content was retrieved from Section 01, Slide 25 of 30 of the online learning module.

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

Learn about three possible actions you could consider.

Proactively empower the client

Directly addressing the possibility of a family member/support person jumping in.

This might look different depending on the provider and setting. One example might be to start off the appointment by saying that sometimes family members have questions, and then asking the client how they want the appointment to go with respect to family member participation.

One might also set the stage by saying that they will focus on the client first and then address additional questions afterwards.

Prepare to re-direct

Having a plan and possible responses prepared in advance to use in situations where a family member/support person takes over a conversation.

A plan might include having an idea of what you would say in this type of circumstance, as well as how you will say it (considerations around being empathetic towards everyone involved, nonjudgmental tone, etc.). This builds on the ability to pause in the moment when a conversation is not going as planned.

Pause and reflect

Take a moment to pause and reflect before deciding on a course of action (including getting more information).

Paying attention to gut responses can be useful, but sometimes gut responses can lead you astray if stereotypes are present. If you have limited experience with people with deafblindness, you could ask yourself if you would respond this way to any client – could Maria's mother just naturally be protective of her daughter, like many other parents?

You might need a moment to think and collect your thoughts, so having ready strategies to take a pause can be useful (for example, "excuse me while I check something in the chart").

Case question: Creating change

This content was retrieved from Section 01, Slide 26 of 30 of the online learning module.

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

Case question 6 of 6: If you were Dr. Forzley, 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?

Continue for Feedback on this question.

Feedback: Creating change

This content was retrieved from Section 01, Slide 27 of 30 of the online learning module.

Creating change sometimes goes beyond individual actions.

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

Debrief and advocate

Bringing up the situation with your team could let you reflect on improvements together. It might also be a place to start making suggestions on how to change policies or practice (for example, scheduling and time available).

Request training

Requesting additional education around relevant topics (for example, the diversity in the blind and vision loss population) is a good starting point. This would be most effective if provided by people with vision loss.

Community input

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

Video: Maria shares what works for her

This content was retrieved from Section 01, Slide 28 of 30 of the online learning module.

Watch the video to explore Maria'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 these ideas might apply to your work with clients in the healthcare system.

Mum's the word: Maria share what works of her

Start of Video Transcript:

[Maria] If I'm seeking medical attention, I will bring up my hearing and vision loss if it's relevant. My loved ones can be very overprotective, so I always hope that healthcare professionals will set the tone by speaking to me directly and bringing up my disability only when it's relevant. This impowers me to share my concerns because I know the focus is on my health not my disability.

End of Video Transcript.

Video: Dr. Forzley shares what she learned

This content was retrieved from Section 01, Slide 29 of 30 of the online learning module.

Watch the video to explore Dr. Forzley's perspective after she had 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 you and Dr. Forzley have learned and how it could impact future clients.

Mum's the word: Dr. Forzley shares what she learned

Start of Video Transcript:

[Dr. Forzley] I learned a little bit more about blindness and deafblindness. I still can't picture what exactly some of the parenting tasks will look like when blind, but I know a lot of my day-to-day tasks are completely doable without hearing or seeing. Some might just be done differently. And a lot of young people with vision loss have kids.

I need to remember not to jump to conclusions when I don't have enough knowledge. I also know that sometimes when I freeze, I tend

to go back to the chart, which isn't helpful for someone with hearing loss. I still forget sometimes but am working on being better.

End of Video Transcript.

Video: Case with a better outcome

This content was retrieved from Section 01, Slide 30 of 30 of the online learning module.

Watch the video to explore how the scenario could have gone if Dr. Forzley had maintained focus on Maria and treated her as a competent future parent like any other pregnant client.

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?

Mum's the word: Case with a better outcome

Start of Video Transcript:

[Dr. Forzley] Good morning Maria! I'm Dr. Forzley and I'm the resident doctor here working with Dr. Lee. I see you have hearing aids. What's the best way for me to communicate with you?

[Maria] Thank you Dr. Forzley! I really appreciate you asking. The way you're speaking is perfect, speed is great. I'll just ask that you make sure you're facing me when you speak so that I can read your lips with the little bit of vision that I do have.

[Dr. Forzley] Of course. Thank you. First, congratulations on your first child! I see you're in your second trimester. Are you experiencing any issues?

[Maria] Umm, well...

[Maria's mother] Her feet are swelling up like blowfish and I think she may have high blood pressure. And I also worry what's going to happen when the baby comes? I was a neo-natal nurse before I retired.

[Maria] It's nothing serious, mom. I'm sure it'll be fine.

[Maria's mother] Better safe than sorry. You have enough on your plate as it is.

[Dr. Forzley] Every pregnancy comes with challenges and we have a great team here that can help support parents through pregnancy and after when the baby comes.

Alright, so we'll start with asking some questions for you, get your measurements, and then we'll go from there. Does that sound good?

[Maria] Sure. And I really don't mind if my mum asks questions as well. I'm an only child, I was a preemie, and this is actually her first grandchild. So, she's worried, I get it.

[Dr. Forzley] Okay, great!

End of Video Transcript.

Module Conclusion

Module 1: Summary

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

In this module, you observed an interaction between Maria, a pregnant individual with vision loss and some hearing loss, her mother, and Dr. Forzley, a resident doctor in an obstetrics and gynecology clinic.

You learned a couple of definitions (legal blindness, dual sensory loss) and determined some initial recommendations for communicating with people who have low vision and some hearing loss. You then reflected on your beliefs about what a person who is blind can or cannot do, and learned about some of the ways people who are blind complete certain activities.

In this module, you also learned about some examples of how stigma, discrimination, and stereotypes can impact people with blindness and low vision during their interactions with healthcare providers.

You concluded the module with reflections on the environmental factors that may play a role and what could have been done to improve the initial interaction in similar scenarios.

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 (select to view).

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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:

- Maria: Natalie Shearer
- Maria's mother (Mrs. MacMillan): Anonymous
- Dr. Forzley: Serena Ferzli

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.
Select the button to provide feedback on the learning experience and accessibility of this module.

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