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

Module 2: Getting there!

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 page 3*

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.

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.

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.

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 2

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

In Module 2 you will learn about how sighted individuals can assist persons with vision loss as they physically navigate new environments. You will observe a clinic worker greeting and assisting a woman with vision loss as she enters the clinic. You will learn how to support a person with vision loss without invading their personal space, including guidelines for interacting with guide dogs, and how to respectfully obtain consent to provide physical assistance.

Module 2 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:

- Recognize some clear identifiers of vision loss or blindness, including those that also help persons with vision loss navigate physical environments.
- Describe some basic principles of 'sighted guide' and strategies for respectfully assisting persons with vision loss.
- Articulate etiquette for interacting with a guide dog, and appropriately supporting guide dog users.
- Outline strategies around getting permission and assisting someone with vision loss.
- 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 icons.

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.

Video and audio will be used throughout the modules.

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 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 Getting there

Video: Introduction to the case

This content was retrieved from Section 01, Slide 2 of 27 of the online learning module.

In this case, you will explore an interaction between Laurie, a patient on her way to her physiotherapy appointment, and Ivan, a staff member.

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 difficult for someone with vision loss, either because of how the environment is set up, the behaviour of other people, or what is expected of them in that setting.

Start of Video Transcript:

[Ivan] Hi, I'm Ivan! And who is this gorgeous little furball?

[Laurie] Please, don't touch my dog.

[Ivan] Oh, sorry, umm...

[Laurie] She is working.

[Ivan] I didn't know, sorry. Where did you need to get to?

[Laurie] I am just going to physio.

[Ivan] I can take you there!

[Laurie] No, I- I can just follow you.

[Ivan] Oh, okay. Umm, right this way.

So, what's you dog's name?

End of Video Transcript.

Case question: Observations

This content was retrieved from Section 01, Slide 3 of 27 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 Laurie? Do you think she wants help or not, and how can you tell? Are there visual cues that she may need assistance?

Feedback:

Laurie is entering the space confidently overall, but she does hesitate when inside, which could suggest she is seeking assistance or trying to get more information. As the scene progresses, her confidence seems to fade and is replaced by a reaction to Ivan's interactions.

Laurie has a guide dog which clearly identifies her as having vision loss.

Identifiers of vision loss

This content was retrieved from Section 01, Slide 4 of 27 of the online learning module.

In most cases, vision loss is an invisible disability. However, there are a few clear indicators that someone is blind or has vision loss.

Learn about the identifiers of vision loss.

White cane

White canes come in different shapes and sizes and are made for different purposes. Depending on the cane, it may be used to get information about the environment, support physical mobility, and/or to identify blindness and vision loss.

Whether it is a **mobility cane***, a **support cane***, or an **identification cane***, the white cane signifies blindness or vision loss.

Guide dog

A guide dog is a clear indication that the client is blind or has some level of vision loss.

Not all harness- or vest-wearing dogs are guide dogs. Some service dogs are trained to do tasks or provide alerts to those with hearing loss, epilepsy, diabetes, physical disabilities, etc. Other dogs may be emotional support animals - a separate category.

Usually a guide dog will have a handle that the owner will be holding when walking.

Button, sign, or other indicator

Some people will have signs or buttons that announce they have blindness or low vision. Signs are often attached to walkers and wheelchairs.

Definitions*:

Mobility Cane: A longer cane that provides tactile feedback on changes in the ground or floor and helps to detect obstacles.

Support Cane: A thicker cane used by some people with physical mobility issues.

Identification Cane: A thin cane often held in front of the body to identify oneself as having vision loss. An identification cane can sometimes be used to get information about the environment, but it is not as robust as a mobility cane.

References:

About the White Cane. CNIB. (n.d.). Retrieved December 2022 from

https://www.cnib.ca/en/about-white-cane?region=on

Guide dog eligibility

This content was retrieved from Section 01, Slide 5 of 27 of the online learning module.

For a guide dog handler, their dog is an essential partner or tool when independently moving around their community, including healthcare spaces.

Often **legal blindness*** is a requirement for having a guide dog. However, there are additional skills and abilities that are required to be eligible for a guide dog.

Developing a partnership with a guide dog is an intensive process. Guide dogs need a stable home and continuous reinforcement of their training.

Definition*:

Legal Blindness: Less than 20/200 vision acuity and/or remaining visual field less than 20 degrees.

Activity: Guide dog training

This content was retrieved from Section 01, Slide 6 of 27 of the online learning module.

Select whether each statement about guide dog training is true or false based on your knowledge or best guess.

Statement

a) Any dog can become a guide dog if they go through a rigorous guide dog training program.
b) A guide dog is trained on specific routes and makes the directional decisions for the handler.

Correct Answers: a) False, b) False

Both statements are false.

Continue for feedback on this question.

Feedback: Guide dog training

This content was retrieved from Section 01, Slide 7 of 27 of the online learning module.

Many people believe that once a guide dog is trained, they are trained for life. In reality, guide dogs need to be reinforced in their behaviour and roles consistently and throughout their life as working guide dogs.

Continue to reveal the facts about these training misconceptions.

Any dog can become a guide dog, if they go through a rigorous guide dog training program

Fact: This is not true. Guide dogs are trained from puppies and only certain breeds are selected; however, it is true that the training process is rigorous. The owner must do a significant amount of training to become a handler.

A guide dog is trained on specific routes and makes the directional decisions for the handler

Fact: This is incorrect. The handler is in charge of the routes and directional decisions. At times, a guide dog may take an action to ensure someone's safety, such as pulling back to prevent their handler from walking into traffic.

Guide dog etiquette

This content was retrieved from Section 01, Slide 8 of 27 of the online learning module.

A guide dog is only working as a guide dog when wearing their vest/harness. If the harness is off, they are not in "work mode"; when the harness is on, they are on the job!

When a guide dog has their harness on:

- Do not touch them, even if they are resting.
- Do not feed them.
- Avoid playing or showing excitement towards the dog.
- Keep your own dog or pet away to avoid distracting them from their work.

When a guide dog has their harness off, you may ask the handler if you can interact with the dog.

For your interest, learn more about guide dogs and guide dog programming.

Canadian Guide Dogs for the Blind

CNIB: Guide Dogs

Page Links:

https://www.guidedogs.ca/

https://www.cnib.ca/en/programs-and-services/live/cnib-guide-dogs?region=bc

Reference:

CNIB Foundation. (n.d.). *Guide dog etiquette*. Retrieved December 2022 from https://www.cnib.ca/en/guide-dog-etiquette?region=on

Question: Identifying guide dogs

This content was retrieved from Section 01, Slide 9 of 27 of the online learning module.

Answer the question using what you have learned about guide dogs by selecting all that apply.

Question 1 of 1: Which of the images show a person with vision loss and their guide dog?

a)

b)

c)

d)

e)

f)

Correct Answers: A and C

Feedback: Dogs in A and C have handles held by their owners. No other dog fits this description. B is a police dog. F seems to be a service dog. D and E appear to be pets (though could be

emotional support animals).

Case question: Laurie's experience

This content was retrieved from Section 01, Slide 10 of 27 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 Laurie was experiencing during the interaction (this can include feelings, thoughts and memories, physical sensations, etc.)?

Feedback: Laurie's expressions are subtle but may, in combination with her tone, suggest discomfort or frustration at times, especially when Ivan is interacting with her guide dog.

Laurie startles when Ivan grabs her arm. It is likely she did not see Ivan reach for her. She may have been startled or scared.

Patient experiences

This content was retrieved from Section 01, Slide 11 of 27 of the online learning module.

While healthcare experiences are varied, people with blindness and vision loss describe scenarios where they felt their healthcare providers believed them to be incompetent.

In a 2021 study by Heydarian et al., individuals with a visual impairment noted their clinician's discomfort when interacting with them, leading them to believe their clinicians did not know how to act around a person with a visual impairment.

References:

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

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

O'Day, B., Killeen, M., & Iezzoni, L. (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). Retrieved December 2022 from https://doi.org/10.1177/106286060401900503

Permission to assist

This content was retrieved from Section 01, Slide 12 of 27 of the online learning module.

Consent is fundamental in providing healthcare. Before assisting anyone, sighted or not, you first need to establish that they want assistance by asking for consent.

Continue to work through an example process for asking for consent.

Introduce yourself fully

As a starting point, introduce yourself and your role. If there is anything relevant about you that affects the interaction but could only be identified visually, consider providing that information (for example, if you have have an injury or disability that would prevent you from offering 'sighted guide' assistance to someone who may need help moving through a physical space, this could be relevant information to verbalize).

Get general consent/permission

Establish that the individual wants assistance by asking them. Then ask how they would like to be assisted instead of guessing. In cases where they are uncertain, you can offer options. Make sure to clarify if there are things that you cannot do.

Provide ongoing verbal description

As you provide assistance, explain what you are doing as you are doing it. Someone with vision loss may not see all of your movements and facial expressions. They may be less able to predict your next action or respond, resulting in discomfort (for example, touching someone who doesn't like to be touched).

The amount of information and how you provide it will depend on the person, their level of vision loss, and what you are doing.

You can learn more about verbal description in future modules.

Sighted guide

This content was retrieved from Section 01, Slide 13 of 27 of the online learning module.

Sighted guide is a technique for a sighted person to guide someone who is blind or has vision loss. While many people with vision loss travel independently, a sighted guide can be useful in certain situations (for example, a crowded lobby, new places), or for people who struggle to navigate and have not yet learned additional mobility skills.

For your interest, continue to watch the videos about sighted guide.

Video: Step 1 – Introduction to sighted guide (1:47)

Video: Step 2 – Basic sighted guide techniques (3:56)

Page Links:

https://www.youtube.com/watch?v=9Yk-jryD2Rk

https://www.youtube.com/watch?v=tzPnm3t4860

Reference:

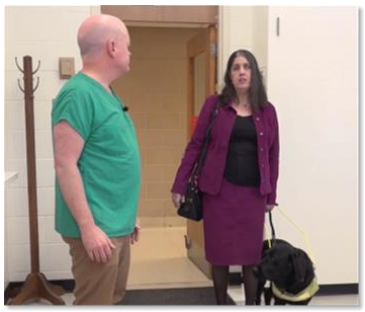
CNIB Foundation. (n.d.). *Guiding Someone*. Retrieved January 2023 from https://www.cnib.ca/en/guiding-someone?region=on

Sighted guide tips

This content was retrieved from Section 01, Slide 14 of 27 of the online learning module.

You will learn more about sighted guide in future modules, but a few basic tips include:

- If someone accepts your assistance, let them hold onto you, not the other way around – do not grab their arm and pull them along. This is disorienting and dangerous.
- Be specific when you are providing verbal descriptions of the path you are taking and of the surroundings (including upcoming obstacles like narrow doorways).
- When leaving the person, make sure they know where they are and have a solid object to hold or sit on – do not leave them standing in the middle of a room.
- Let the person know if you don't have training – many people who are blind will know the technique and may give you instructions on how to guide them.



Case question: Ivan's experience

This content was retrieved from Section 01, Slide 15 of 27 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 Ivan was experiencing during the interaction (this can include feelings, thoughts and memories, physical sensations, etc.)?

Feedback: Ivan seems enthusiastic and warm initially. His face conveys some discomfort and possibly some embarrassment when Laurie instructs him not to touch her guide dog or take her arm.

Consider that most people have good intentions, but they may not have enough knowledge to guide their actions.

Personalized help

This content was retrieved from Section 01, Slide 16 of 27 of the online learning module.

Healthcare workers often care about others' well-being, and have an instinct to help. However, not everyone needs help, or their needs are different than you expect. It can be easy to misjudge a person's ability due to stereotypes, lack of knowledge, and other factors.

Reflect further about people's want or need for help.

Individual wants and needs differ

Each person with a disability will have different wants and needs for support. Just like everyone, some people with low vision or blindness will be very independent in their daily activities, and others may prefer more assistance. However, even for the most independent person, there may be specific contexts where they want or need support. This is often because of how the

environment is designed or how society is organized (for example, communities with few sidewalks could present a travel barrier).

Wants and needs change over time

The need or want for assistance can change over time. For example, someone with new vision loss may need or want more help initially, but require less as they learn new ways of doing daily activities. Or someone struggling to come to terms with vision loss may initially refuse assistance but later, as they develop a new self-concept, become more comfortable asking for assistance as they recognize that "independence" doesn't mean never asking for help.

Note: Each person's needs in any given moment are unique. When you don't know a person and what they want or need, asking or letting them explain what they want allows you to be much more helpful.

References:

Braithwaite, D. O., & Eckstein, N. J. (2003). How people with disabilities communicatively manage assistance: Helping as instrumental social support. *Journal of Applied Communication Research*, *31*(1), 1-26. Retrieved December 2022 from https://doi.org/10.1080/00909880305374

Monin, J. K., Schulz, R., Martire, L. M., Connelly, D., & Czaja, S. J. (2014). The personal importance of being independent: Associations with changes in disability and depressive symptoms. *Rehabilitation Psychology, 59*(1), 35–41. Retrieved December 2022 from https://doi.org/10.1037/a0034438

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

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

O'Day, B., Killeen, M., & Iezzoni, L. (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). Retrieved December 2022 from https://doi.org/10.1177/106286060401900503

Video: Interview with Laurie

This content was retrieved from Section 01, Slide 17 of 27 of the online learning module.

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

Getting there: Interview with Laurie

Start of Video Transcript:

[Laurie] So, Raven is a great guide dog. She doesn't usually react to people approaching her, umm, but it actually is really potentially dangerous for the user if their guide dog gets distracted. Umm, and the thing that really amazes me and I don't understand is why would

people approach a strange dog? You shouldn't approach anybody's dog, let alone a guide dog.

So, when he grabbed me like that, my reaction was exactly like any reasonable person would expect. I didn't know he was going to touch me. Umm, it's really uncomfortable. It feels like a violation. Umm, and actually, when- when someone touches you without your consent it's assault.

I have had some really difficult experiences with healthcare workers who did not either know or want to hear it. So, I was at the hospital for a test and this person who was doing the test kept trying to drag me places by grabbing my arm. She actually tried to grab the dog's harness at one point. And I kept saying "No, please stop. Tell me where you want me to go. What do you want me to do? Give me instructions. Please use your words." I was so relieved when the thing was over, and I could tell Raven to go outside. I was so glad that's a- umm, a command she knows so well.

End of Video Transcript.

Video: Interview with Ivan

This content was retrieved from Section 01, Slide 18 of 27 of the online learning module.

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

Getting there: Interview with Ivan

Start of Video Transcript:

[Ivan] Well I felt a little embarrassed when she told me not to touch the dog. And I totally think I startled her, but I'm just making it up as I go along. I mean who could remember these trainings from forever ago with like videos and quizzes and that sort of thing? I don't know. Umm, I definitely don't remember the one about "let them take your arm, don't take their arm." They should train us on that stuff! I mean, I don't want to make anyone uncomfortable.

End of Video Transcript.

Case question: Factors influencing the healthcare scenario

This content was retrieved from Section 01, Slide 19 of 27 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 Laurie and Ivan.

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 20 of 27 of the online learning module.

Your answer might be influenced by the settings where you work or where you have experience.

Learn about factors that may be influencing the situation.

Training and hands-on practice

Given Ivan isn't following guide dog etiquette or sighted guide procedures, it is likely his training on these topics is limited, or may not have included enough hands-on practice (for example, misremembering who grabs whose arm because the skill was only taught, not practiced).

Without the training, his love of dogs and instinct to help seem to have guided his actions. A helpful instinct is not a bad quality, but his actions did not fit the scenario.

Healthcare policies and practices

Healthcare providers are typically thoroughly trained on how to collect consent (or permission) in order to provide treatment, complete medical exams or assessments, or share a person's information with other people. However, training on getting permission for general interactions may be lacking. Asking permission might be taught, but the "why" and the "how" of asking may not be well described in policies and procedures, which will impact training and practice.

No community input

People with vision loss may be absent from the conversation and planning around improvements in healthcare. This could easily

result in organization's managers and leadership not even considering policies, procedures, and training that could help their staff and subsequently be useful for clients with vision loss.

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 Laurie's experience

This content was retrieved from Section 01, Slide 21 of 27 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 Ivan, what might help you respond differently in the moment to improve how Laurie (or another client) was first interacted with at the hospital?

Continue for Feedback on this question.

Feedback: Reimagining Laurie's experience

This content was retrieved from Section 01, Slide 22 of 27 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.

Introduce yourself

Introduce yourself to Laurie.

During your introduction include your name and position. For example, "Hi, I'm [your name], one of the porters/technicians/counsellors/doctors here at the hospital."

You might then provide some context depending on your role. For

example, a porter might say “part of my role is getting people to different places in the hospital.”

While not always true, if someone has a guide dog or white cane, there is a good chance they can’t see your details that well. An introduction helps provide key information.

Ask first before assisting

Ask Laurie if she wants any assistance, and if she says yes, ask how she would like you to assist her.

People with guide dogs might have their dog follow you, take your arm for the sighted guide technique, or just want directions. In a situation where you think it is okay to interact with the guide dog (for example, dog out of harness), ask the person first, and be understanding if they say no.

If you do not have training in the sighted guide technique, you could arrange for a trained team member to assist. If trained staff aren’t available, let the person know you do not have training and ask them how best you can guide them.

Provide ongoing verbal description

Give Laurie any details that might be essential to orienting her to what you are doing.

If you end up guiding Laurie to her appointment, you can describe any relevant information to orient her to your actions or the environment. For example, “We are just approaching the clinic. There is a small step up in the doorway. How would you like me to proceed?”

You will learn more about verbal description and sighted guide in future modules.

Case question: Creating change

This content was retrieved from Section 01, Slide 23 of 27 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 Ivan, 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 24 of 27 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.

Request training

Bringing up the situation with your manager or team lead might be a way to ask for more training on interacting with guide dogs and hands-on sighted guide training. Involving people with vision loss as part of the training team may also provide you with new perspectives and possibly the opportunity to get real feedback.

Training should ideally be organized through your workplace, but you can also independently reach out to local blindness/vision loss organizations to inquire about their resources or training they might have available.

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: Laurie shares what works for her

This content was retrieved from Section 01, Slide 25 of 27 of the online learning module.

Watch the video to explore Laurie'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.

Getting there: Laurie shares what works for her

Start of Video Transcript:

[Laurie] So, what would be really helpful to me, umm, in healthcare and by healthcare workers, is to actually ask and talk to me as you would talk to anybody else. Umm, you know, when you want to approach, approach calmly and don't speak too loudly, or if you ask if somebody needs help, they can tell you yes or no and if they indeed need your help, you can ask "How can I help? What would work for you?" Something like that, umm, would make the person feel safe and respected.

So, I've had lots of positive experiences in healthcare. I've had lots of experiences in healthcare, not always good. Umm, but I always think that if I'm coming to an appointment I want to feel safe. I want to be able to concentrate on things. If I have been grabbed or not had the proper help, I can't concentrate and the appointment is not so helpful.

It's not my job to educate everybody about guide dogs. It's really the job of the hospitals and healthcare providers to train their staff to work with everyone. But on the other hand, if somebody wants to help me and asks me how they can help, I'm very happy to tell them and that way we can get there together.

End of Video Transcript.

Video: Ivan shares what he learned

This content was retrieved from Section 01, Slide 26 of 27 of the online learning module.

Watch the video to explore Ivan's perspective after he has more information about the situation and thought about what things he could do to improve it.

Please see the online learning module to view this video.

As you watch: Think about what you and Ivan have learned and how it could impact clients.

Getting there: Ivan shares what he learned

Start of Video Transcript:

[Ivan] Well, I feel a lot better now that I know what to do when we get a blind person coming in. When I talked to my manager, they brought in a trainer right away and we did this awesome training. We used a quieter area of the clinic to even practice with people.

Umm, I really cringe when I think of how I startled that woman and- but I do use it as a reminder of what to do. So, now I make sure that I ask if I can help and follow their lead.

End of Video Transcript.

Video: Case with a better outcome

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

Watch the video to explore how the scenario could have gone if Ivan had let Laurie finish her request for help.

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?

Getting there: Case with a better outcome

Start of Video Transcript:

[Ivan] Welcome! Hi! Have you been here before?

[Laurie] Yeah, I just need a second to get my bearings.

[Ivan] Ahh, no problem. My name's Ivan by the way.

[Laurie] Hi Ivan, I'm Laurie.

[Ivan] Is there somewhere I could help you get to?

[Laurie] Yeah, I'm going to physio.

[Ivan] Okay. Umm, what would be the best way to get you there?

[Laurie] I could take your arm.

[Ivan] Alright my arm's right in front of yours. It's just up- up ahead here to the left.

I bet you guys get up to all kinds of adventures together!

End of Video Transcript.

Module Conclusion

Module 2: Summary

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

In this module, you explored an interaction between Laurie, a patient on her way to her physiotherapy appointment, and Ivan, a staff member. You learned about some common identifiers of vision loss and learned ways to respectfully assist persons with vision loss. You also learned some key facts about guide dogs and how to interact with them and their owners. Through this case, you reflected on the importance of asking for permission to assist someone and some tips about what to describe and when.

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.

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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:

- Laurie: Karoline Bourdeau
- Raven: As herself
- Ivan: 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.
Select the button to provide feedback on the learning experience and accessibility of this module.

Feedback Survey

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