



Women with Disabilities education program

Communication: An Introduction to Barriers and Solutions Discussion Questions:

1. Please describe barriers to communication between women with disabilities and healthcare professionals, including provider barriers, patient barriers, and structural barriers.

Provider barriers include different definitions of quality of life—definitions that may impact upon the care that an individual receives; lack of shared decision making—the provider does not view the woman with a disability as an autonomous person, questioning the authenticity of the woman's experience; the physician's disbelief of the patient symptoms including chronic pain, provider lack of knowledge of disability or the disability experience, or lack of knowledge about the woman's specific healthcare or communication needs.

Patient barriers include negative past experiences in the healthcare system; negative social attitudes resulting in internalized oppression; the flight response, such as failure to make and keep doctors' appointments, failure to comply with treatment regimens, and failure to disclose pertinent information; the fight response, such as responding in an overly aggressive or angry manner.

Structural barriers include lengthened appointment times sometimes necessary to serve a woman with a disability, extra cost of accommodations or accessible medical equipment, and requirements of the provider to serve in a gatekeeper role for needed services and supports.

2. List some rules of etiquette in communicating with someone with a disability.

Offer assistance to a person with a disability if you wish, but wait to see if your offer is accepted and listen to any instructions about the best way to help. Don't touch a person's equipment without asking first.

Speak directly to a person with a disability rather than through someone accompanying her.

Identify yourself and others who may be with you when you greet a person with vision impairment.

Look directly at a person with hearing loss and speak slowly, clearly, and expressively.

Take time to be sure people with cognitive disabilities understand you. Use simple words and add gestures. You may need to write down information or draw a simple picture.

3. What are some of the accommodation needs for women with disabilities?

Women may need accommodations for special equipment, such as larger examination rooms or adequate space in the waiting room.

Women with difficulty with vocalizations or behavior challenges may need extra appointment time.

Some women may require physical assistance, such as transferring to the exam table or a guide to the exam room or bathroom.

Introduce each of your staff and assistants to the woman, particularly those with low vision.

Warm hands or instruments before touching a woman with sensory impairments.

Allow a woman with low vision to feel the instruments, and communicate to her what each step will be before beginning an exam or procedure.

Address the need for accessible equipment, such as motorized height exam tables. Provide assistance with filling out forms.

Have information handy about public bus routes, accessible parking, and other transportation. Work flexibly with a woman who is using paratransit services.

4. Please describe the gatekeeper/advocate role you may be asked to play for a patient.

Doctors may be asked to assist with determination of eligibility for income benefits, accessible transportation, or other services. Doctors may also be able to mediate between a woman and the health insurance/managed care organization to obtain needed adaptive equipment or assistive technology. Doctors should act as advocates for patients but feel comfortable saying no when the request is not truly needed. Doctors should learn how to write prescriptions for adaptive equipment that will be approved by health insurance companies and provide appropriate referrals to accessible resources.