



Women with Disabilities

education program

Women with Disabilities: An Introduction to the Curriculum Discussion Questions:

Social Context

1. Discuss societal stigmas (attitudes) relating to gender and disability.
2. Discuss societal barriers related to gender and disability.
3. Identify healthcare providers' biases and stereotyping.
4. Discuss the impact of the above on health care and health outcomes for women with disabilities.

1. Attitudes vs. actions, misconceptions regarding quality of life.
2. Limited choices, transportation, limited availability of personal assistants, isolation.

Videotaped interviews with both patients and physicians discussing biases and various stereotypes—examples include (but are not limited to) the following: that no disparities exist, care is taking place, gender attitudes and biases, no issues of DV exist, pregnancy, motherhood issues.

Videotaped interviews with both patients and physicians—relate back to Section I with disparity data (make this section personal).

Quality of Life

1. Discuss the importance of understanding the fact that patients decide their own quality of life.
2. Discuss the difference between self-determination and independence.

1. Who decides and provider influence, self-determination vs. independence, changes over time.
2. Define quality of life, influence, respect, understanding.

Videotaped interviews, but really is more structured towards defining and understanding, not deciding.

Use exact language from quality-of-life literature for definitions—reference included—then use two or three of the patients above to talk about quality of life on a personal level.

Cultural Competency

- 1. Discuss the impact of membership in concurrent cultural groups (ethnic, class, gender, sexual orientation) on the care offered/provided to women with disabilities.**
 - 2. Discuss the impact of membership in concurrent cultural groups on healthcare outcomes.**
- 1.) Academic Medicine article of 2004, there are no single cultures, hard to do it, do not teach the "culture of disability" theory—exception is the D community of deaf—this article was controversial, really presenting another side of it.
 2. Look at ACGME literature and language; draw on existing data.

Collaborative Care

- 1. Describe the importance of education for both health providers and patients in maximizing informed choices and the importance of partnering.**
1. Existing literature, in context of existing diseases—good example is arthritis—appropriate format, accessible format, reading level.

Videotaped example is of inappropriate reading level material and inaccessible format – just show several examples of incorrect format—videotape of ASL interpreter discussing material for the deaf community. Discuss one example of partnering here—swing toward advocacy.

Professional Etiquette

- 1. Describe principles of professional etiquette in interacting with women with disabilities.**

Videotape of patient discussing this issue and wrap-up by the reader.
Identifying yourself, touching, asking, respect, privacy issues, misconceptions.
Example: Two nonverbal patients in the room getting Pap smears, specifically address any third party in the room, equal treatments, make no assumptions, just ask, do as you would do in your general practice.