

Simulation Workshop/Immersive Learning

Disability Education Simulation Workshop Scenario 3: Martha Robbins (Mammogram)

The following role description was developed for use by the actor or volunteer who will play the role of “Martha Robbins” in the simulation workshop. It’s important that the person playing this role receive this information well in advance of the workshop so that they can prepare. We also advise that you and your team meet with the actor/volunteer in advance of the workshop so they can practice being “in character” (including physical and behavioural affect) and role-playing the scenario. This practice will give you and your team an opportunity to work with the actors/volunteers to refine their role-playing and strategize how to handle various participant interactions that might come up during the workshop in order to achieve the learning objectives.

Role: “Martha Robbins”

Scenario: A Patient Comes for a Mammogram

Background Information

Rationale for the Scenario:

This scenario is inspired by learning needs of health care providers as identified from the focus groups we conducted in the Gateways II Project:

- General communication
- How and when to offer help to patients with disabilities
- The need to offer, rather than give help to patients with disabilities
- General information about disabilities
- Information about the different life perspectives and experiences of patients with disabilities

The following quotation from a focus group participant illustrates some of these learning needs:

“So I have my experience, and I know what [my colleague] was saying, in terms of, like, you don’t want to cross the line and say, ‘Oh, do you need help’ too much. And you do want to assist [patients with disabilities]. Sometimes at the desk, like when you’re checking them and you see the double doors they have to go through, and you’re sitting there. It’s like, you want to run and go open the door, but then you don’t want to... you know what I mean, you don’t want to cross the line by asking, ‘Can you get the door?’. It’s a little bit hard.”

Background Details about “Martha Robbins”

Martha is a 65 year old university professor with a medical diagnosis of Rheumatoid Arthritis. She uses a motorized scooter, and will use crutches and/or a walker when she needs to go places that are not accessible on her scooter. Martha teaches history and classical studies. She is extremely articulate and well-spoken. She is a successful academic but has frequently struggled with disability discrimination.

The following quotation from an article about the lived experience of an academic with Rheumatoid Arthritis provides insight into Martha’s situation:

“In my particular case, th[e] devaluation of disabled academics seems to have been exacerbated by the fact that I am not able to be as physically present on my campus or in my office as are able-bodied professors (due to mobility problems, pain and fatigue) and have to do most my work in a home office (greatly assisted by electronic mail and an excellent secretary!). Sadly, some colleagues have assumed that if they don’t see me in the “normal” workplace for “normal” periods of time, then I must not be making academic contributions. It doesn’t seem to matter that all the evidence contradicts this view...”
(Vera Chouinard)

Martha lives alone and is self-sufficient on her income. She has never married, has no children and has a small and close network of female friends. When she is not in a flare-up she drives her own mini-van with attachments on the steering wheel and gear shift to accommodate her limited joint mobility in hands and wrists. She takes 11 pills a day to modify her immune system and manage her pain. Every two weeks she goes to a local clinic to get an injection from a nurse. She has known this nurse for 15 years now and trusts her more than other healthcare professionals (HCP).

Martha is not currently having a flare-up of her Rheumatoid Arthritis. However, being “handled” by other people can still be extremely painful and upsetting for Martha.

Martha had a severe juvenile arthritis flare-up at the age of 8 (in 1953). At the time her parents’ couldn’t cope, and there was no appropriate out-patient treatment. She was constantly in an intolerable amount of pain and couldn’t walk at the time. As a result, Martha grew up in an institution and is very uneasy in hospital environments and with HCPs in general.

The following quotation from one of the focus group participants from the Gateways I Project provides insight into the kinds of experiences Martha had while growing up, and her attitude towards healthcare professionals.

“I had to have [a pap smear] when I was a teenager. It was not a good experience and I swore I’d never go back again. My doctor tries to get me to go and has that disappointed look that I won’t do it, but I just can’t. He keeps advising me to talk to a nurse practitioner. I say I’ll do it one day. Just because it was a bad experience. I’m not comfortable even with putting on a tampon if I have to... Maybe a kinder person would’ve changed my experience. If I’d had a more understanding, better doctor, it would’ve been better... We used to live in a home and a lot of residents were highly active. So to make sure that no one was in trouble... we had to have them. It was part of the physical... It was just done because there were some people in the home that were very active. And this is back 25 years ago. It was really to protect people. The one thing they didn’t want is an article in the paper talking about people getting pregnant.”

Through Martha’s teen years the arthritis would flare intensely for months and then for stretches of days, weeks and/or months subside to the extent that she was in no pain at times, and could move (although stiffly, due to joint damage from the flares). She was extremely motivated to move by herself in these periods and engaged in intensive physiotherapy to increase her mobility. By the time she reached adulthood (1963) she was mobile enough to start university. She still lived in a group home at this time, although it was close enough to school that she started to feel very independent. Through most of her twenties her arthritis pain was tolerable, although her joint stiffness still limited her mobility and she used her scooter for long stretches. She was able to use crutches and/or a walker when she needed to go places that were not accessible on her scooter.

Set up for Scenario 3

- An exam room with a chair for the participant playing the role of mammography technologist, and a stool for “Martha Robbins”.

Scenario 3: A Patient Comes for a Mammogram

Scenario Stem: A patient is here for a mammogram.

Presenting Situation: A 65 year old woman with a disability and medical diagnosis of Rheumatoid Arthritis enters the exam room to have a mammography. She is already wearing a gown. She is of average height, of weight in excess of 200 lbs, and uses a motorized scooter. She can transfer herself to a stool or chair without assistance. She has a traumatic history with healthcare providers. She is waiting for direction from the mammography technologist. Will the technologist ask if she can transfer herself, or assume this isn’t possible?

Martha’s Opening Line: “So what happens next?”

Martha's Behaviour Affect: Martha is mostly very quiet and is more likely to passively aggressively refuse to cooperate than she is to outright object to anything at the outset. She isn't actually aware that she's being uncooperative though – in healthcare encounters she's preoccupied with her anxiety about where the encounter is heading. If Martha is touched without permission she will recoil, and possibly shout "What are you doing ?!"

Empathic Challenges for Participants:

- Martha is passive aggressive and will likely ask the following types of questions:
 - I have to sit on that? (referring to the stool)
 - Show me how this is going to work?
 - Have you done this before?
 - Do you know what you are doing?

Successful Outcome of Scenario: The staff member patiently and gently explains what is going to happen. The healthcare provider has asked Martha if she needs help and explained to her what is going to happen in the procedure. It is important to be respectful and not patronizing. Once Martha feels she has enough information to feel safe getting onto the stool and moving forward with the mammogram procedure she will transfer herself from the scooter to the stool. Again, it's important to focus on the experience of the patient—if this is positive, Martha will be able to cooperate and collaborate effectively throughout the procedure.

Learning Objectives/Skills for Participants

Learning Objectives:

- Healthcare providers (HCPs) should come to understand that women with disabilities (WWDs) have complicated histories with HCPs and the healthcare system in general, and are at risk of being re-traumatized during clinical encounters.
- HCPs should gain a new understanding of the self-advocacy and self care many WWDs routinely do and are capable of.
- HCPs should learn about the different life perspectives and experiences of women with disabilities

Skills Learned:

- General communication
- How and when to offer help to women with disabilities
- The need to offer, rather than give help to women with disabilities