

Simulation Workshop/Immersive Learning

Disability Education Simulation Workshop Scenario 4: Kay Weisner (Mammogram)

The following role description was developed for use by the actors or volunteers who will play the roles of “Kay Weisner” and her son in the simulation workshop. It’s important that the person playing these roles 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 actors/volunteers 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: “Kay Weisner”

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
 - Accessibility of the screening centre
 - Best practices in novel care situations
 - Scope of responsibility around providing patients with disabilities with assistance
- General communication

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

“I have a question. I had this one patient, I was just thinking about it. She had a disability. She was elderly. She had a cane. And she wanted to go to the bathroom, and she wanted help to go to the bathroom. But I can take her as far as the bathroom, but I, like... if they ask you to be in there while they do their, whatever, like, can you say no? Or do you... or is there someone that we can call? Because I don't... that's awkward. I got her as far as the bathroom. I was just afraid that she was going to ask me to go in there. But, like, she was able to go to the bathroom and do her whatever. And I just waited outside with her bag and stuff. And she needed help walking. I was just leading her out. And her daughter also did have a disability and so was in a wheelchair. And they came with a caregiver, her daughter in the wheelchair, and herself with the cane and her bags. I just wanted to know, like, where... like if they did ask us or if it should ever happen again, like what do you do in a situation like that?”

Background Details about “Kay Weisner”:

Kay is a 56 year old woman who has a medical diagnosis of Multiple Sclerosis and uses a walker. She is married and lives a comfortable, suburban life. Her husband is an engineer. Before she got married, she worked at an environmental advocacy organization doing media and press communications. She stopped working at the age of 30 to raise her son and daughter full-time. She started developing symptoms of MS at the age of 38. She's been working part-time for the last eight years (once her children entered high school and university). Her daughter is now 26 years old and works in finance, while her son is 24 and works as a carpenter. Martha's son has an invisible disability.

Kay has always had a very motivated “can-do” attitude towards dealing with her disability. She uses a walker. She's very slim and muscular.

The following quotations from focus group participants from the Gateways I Project provide insight into “Kay's” disposition and habits:

“My name is K, I am 56 years old. I spend half the day exercising at the YMCA. Probably the reason that I'm walking still, is that I exercise regularly. I just started going to a massage bed where I go every day. I'm on their holistic medicines. I'm on the City of Mississauga for their accessibility. We check whether washrooms are accessible, etc. The other committee I'm involved in is the Next 15 Year Plan. Soon, 1/3 of Mississauga will be seniors so we have to look forward to that. I work part-time and live with my brother. My educational background is college and university education and my degree is in communications. My parents are Polish. They came here right after the war. My mother was taken from her family at the age of 12 and put in a forced labor camp in Germany...”

“I limit the amount of meat I eat and I should eat more fish but I take a lot of vitamins and Omega 3. I try to hydrate myself. I exercise every day. I do a lot of swimming and although I am not a swimmer, I exercise in the deep end. I am trying to build the strength of my stomach by walking in the deep end. I have been totally constipated for 50 years of my life. I’ve been going to the doctor. At the YMCA, I have a social club and speakers come in. a fabulous nutritionist came in one time and suggested that you go to the Indian store and buy pure Cilium Husk and drink it with hot water morning and evening. I go every single day now – that is unbelievable. The diet changed and I am no longer constipated... Right now I am overdosing on Vitamin D. ...I go to a lot of doctors and I do my own research and I’m finding that I really know more than the doctors. I find that my illness is unique (just as many different types of cancers are unique).”

“I get screened every year. I started last year. I go to the [Hospital name removed]. They have a nurse examine my breasts manually and after that I have a mammogram. I don’t have to ask my doctor when I go for a physical for a breast exam because they automatically contact me. I’m very vigilant about breast cancer screening because my mother died of breast cancer. She was 40 when she got it. She died at 66. When I was about 23, I had a lump in my breast which was benign. But knowing my mother had cancer, I was very vigilant – it grew very fast with her. I had mine removed immediately as was very fortunate that it was benign. Where I go, it is accessible. I take my walker; I can get into the building. People are very accommodating. Not everyone has problems with accessibility but they know I do. They pull out a chair for me to sit in. I’m very pleased with the facility.”

Set up for Scenario 4

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

Scenario 4: A Patient Comes for a Mammogram

Scenario Stem: A patient is here for a mammogram.

Presenting Situation: A 56 year old woman with a disability arrives for a mammogram with an adult son accompanying her. He has an invisible disability. She needs support changing and toileting. She uses a walker, and her gown is draped over the front of it.

Kay’s Opening Line: “I am here for the mammogram”

Kay’s Follow Up Line: “ Before we get started, I need some help going to the bathroom”. (Kay then pulls an adult sized diaper out of her purse).

Kay's Behaviour Affect: Very bright and cheerful. Extremely talkative and explanatory, occasionally to the point of not letting others speak. Interrupts, talks over people, speaks very quickly. If people assume her son is there to support her, she's inclined to say something like, "Why should he do that? That's your job!", or even, "Um, he doesn't want to take his mother to the bathroom! Hahahaha!" but not angrily. Very upbeat, and unaware of other people's discomfort.

Son's Behaviour Affect: Quiet and reserved. If people assume he is there to support his mother (particularly with toileting), is inclined to look shocked by the suggestion and say something like, "I can't do that! She's my mother!"

Empathic Challenges for Participants:

- Kay is extremely talkative and explanatory, will interrupt and talk over other people. She is unaware of other people's discomfort.
- Kay is matter-of-fact about everything. If the participant seems confused or doesn't understand, Kay will talk louder or slow down a bit.

Successful Outcome of Scenario: The healthcare provider asks Kay what kind of support she needs and is willing to work with her to negotiate disability accommodations. Kay knows she will receive the specific support she needs from the healthcare provider with toileting and changing - help undoing and refastening buttons and zippers (she is otherwise independent). Kay feels comfortable moving forward with the mammogram procedure.

Learning Objectives/Skills for Participants

Learning Objectives:

- Healthcare providers should come to understand that women with disabilities do work to arrange and attend screening because they often want these tests.
- Healthcare providers should learn that some women with disabilities have multiple needs and that it is essential to ask what kind of accommodations women need to create a welcoming, accessible environment.

Skills Learned

- General communication
- Best practices in novel care situations
- Scope of responsibility around providing women with disabilities with assistance
- Asking, listening and collaborating with women about what they want and need