



Appendix 1A: Example staff capability building program – Improving the experience of people who are blind or have low vision

Pre workshop: Knowledge about vision

- Review at least one online resource prior to workshop:
 - Complete My Health Learning Stroke Vision Screening training
 - Review Vision Australia website:
<https://www.visionaustralia.org/information/eye-conditions>
 - World Health Organization (WHO) definitions of blindness and low vision (4:34 minutes):
https://www.youtube.com/watch?v=Mzg_I1WpqiE&ab_channel=ICEHatLSHTM
- Review resource – from Royal Institute Deaf and Blind Children:
<https://deafnav.com.au/access/resources>
- Send participants information to read:
 - Definitions of blindness, low vision and include stroke-related vision impairments (refer to resources above)
 - [Staff TOP 5 training card](#) with quotes from gather phase and testing



Workshop: Building understanding of the lived experience

Background

- This session involves a series of demonstrations and activities to increase participants' understanding of the impact of being blind or having low vision in hospital and how the project solution aims to improve this for staff and people who are blind or have low vision.
- Scenarios will be drawn from gather phase and [What matters most to you? Information for patients](#) (Patient prompt sheet).
- The workshop will be fast and activity based. We're limiting how much time we have to share our experiences to get through a lot of content so that we can keep to a 30-minute session.
- This is a new workshop and any feedback you can give us would be greatly appreciated.

Logistics

- Location:
 - Confirm location of training, access for consumers and staff who will be participating and that there is sufficient space for activities.
- Duration: 30 mins
- Participants: 5
- Facilitators: 2

Aims of the workshop

Aiming for understanding that:

- the challenges faced by people who are blind or have low vision in hospital are significant
- [Prompt sheet](#) and [Requests for personalising care: Patient's TOP 5 needs for support](#) (TOP 5 tool) offer a valuable solution that should be tested further.



Example staff capability building program

Set up

- Set up meal trays and kidney dishes.
- Have the kit for people who are blind or have low vision ready for session.
- Put up butcher's paper on the wall including:
 - poster to record times and duration that participants wore the Vision Australia simulation glasses
 - the agenda and instructions for activities
 - post it notes for main lessons learnt.
- Disinfect tables and chairs and wipe down anything that will be reused.
- At start of session each participant should have:
 - post it notes and textas
 - kidney dish with small Rubik's cube, toothbrush, small toothpaste and other items to be distracting when trying to find something in the kidney dish
 - 2-3 participants to have a meal on tray
 - 2-3 participants to have meal order form and meal information slip
- After the first run through of activities, provide participants with a copy each of:
 - [Patient prompt sheet](#) (questions)
 - [TOP 5 tool](#)
 - [Personalising care for people who are blind or have low vision: Information for staff](#) (Staff prompt sheet)
 - [Staff TOP 5 training card](#)

Introduction and first facilitator demonstration (8 minutes including facilitator example)

- Give introduction about the session.
- Participants put on Vision Australia simulation glasses on arrival. These include simulations of glaucoma, diabetic retinopathy, cataracts, blindness and homonymous hemianopia (stroke related visual field deficit). Ask them to time how long they can keep them on (have poster on wall to record times).
- Ask them to record any key learnings or thoughts about the workshop on post it notes as they go (they can keep them until the end or stick onto butcher's paper on the wall).
- Ask them to find their call bell and other things in the kidney dish – one object to be the 'call bell' (could be a simulated button e.g. the mini Rubik's cubes, bells).
- Warm up – familiarise themselves with what's in front of them and talk about how glasses impact this to person next to them.



Activity – facilitator-led example

Communication

- Facilitator walks around room and behind different participants talks about them, demonstrating communications practices:
 - This lady is 85 and I'm worried about the falls risk, do you know if she's opened her bowels? Who can look after her when she goes home?
 - You need to come for an MRI scan, can you please go over there to the nurses' station?
 - Your TV remote is on the tray table.
 - Could grab the co-facilitator's arm and start a treatment without saying anything (e.g. take blood pressure or put on a bandage).
- Note that we are not saying staff routinely do this, but we have used the information gathered from people's experiences to present a worse-case scenario. Ask the person or people who were talked over what was it was like? How did they feel?
- Asks for others to give feedback what they could do differently – they can refer to the [Staff prompt sheet](#) and [Staff TOP 5 training card](#) although we would hope participants can volunteer how to communicate more effectively.
- Brief reflection – why is this important?

Individual activity (15 minutes)

- Each person puts their glasses on (if they have taken them off).
- 2-3 people will do one of two activities. Place in front of them what is needed for the task:
 - A. Ordering food and reading**
 - Read a menu form (ideally the one that is used on that ward or hospital) and select the food they would like the next day.
 - Work out what food has been delivered by reading the receipt that comes with a meal.
 - Read the information brochure and find a specific bit of information (brochure dependent e.g. use of eye drops or outpatient appointment next Wednesday) or sign a consent form.
 - B. Opening and eating a meal**
 - Put food down and say here's your meal.
 - Tray with a meal, foil sealed drink, biscuits in wrapper on a white plate with white cutlery on plain tray - 'person who is blind or has low vision' has to open the meal and find the cutlery.
 - Could add oven mitt (person doing the simulation can only use one hand to simulate as if they have had a stroke or fractured wrist).



Example staff capability building program

Facilitator role during individual activities

- While participants are busy, the facilitator should move the kidney bowls and maybe take away some items.
- Record times if people remove glasses.
- After they have all progressed through the activity, we can pause and ask them to brainstorm ideas for what could be done to improve their experience and make things easier.
- At the same time, you can introduce the kit for people who are blind or have low vision, and give each participant:
 - A copy of the [Staff TOP 5 training card](#) and [Staff prompt sheet](#) including strategies on how to support a person who is blind or has low vision
 - A copy of the [TOP 5 tool](#).
- A facilitator is nominated to support people doing Task A or B. They should provide feedback and equipment. Participants complete the activity again but this time with extra strategies and equipment.
- One facilitator provides verbal support for Activity A: reading and meal ordering task:
 - “Would you like me to read the menu for you?”, “Would you like to use this voice recorder while you are here in hospital?”, “How would it be best for you to remember this information?” (review [Staff prompt sheet](#) and [Staff TOP 5 training card](#) for further ideas).
 - Participant could trial a magnifying glass and signature guide.
- The other facilitator provides verbal support for Activity B: participants completing the meal eating task:
 - Use ‘clock face’ to explain what is on the plate.
 - Get a high contrast mat out of the kit.
 - Do ‘out loud talk’ to explain what they are doing. “I’ve got your lunch and I’m placing the tray here to your left on a tray table that’s a bit higher than your bed. Today you have roast lamb and...”. Would you like any help to find or open the containers? (review prompt sheet for further ideas).



Activity: Making it better is using the What matters most to you? Information for patients prompt sheet and identifying the TOP 5 (7 minutes)

Introduce prompt sheet:

- Facilitators introduce [Patient prompt sheet](#) as part of the solution to work with someone who is blind or has low vision and identify how staff can best support them during their stay in hospital.
- Give each person a copy of the [Patient prompt sheet](#) and the [TOP 5 tool](#).
- They can keep them both but say you would like to record what they write on their TOP 5 if they are happy to do so (you can take photos).
- Facilitator to explain purpose of prompt sheet is to identify people who are blind or have low vision (who want to be identified) and collaboratively discuss how staff can best support them during their stay in hospital.
- Semi-structured interview guide for collaborative discussion. Need to consider:
 - nature and severity of vision impairment: blind, low vision or visual field deficit
 - cognitive impairment: stroke, dementia, Parkinson's disease, delirium
 - time since onset – since birth, long term or recent loss or change in vision.
- Talk about level of detail needed to understand each person's preferences using positive language (what to do preferred to what not to do).

Activity and evaluation

- Ask participants to write a TOP 5 idea for how they could improve the experience based on their experience during the workshop (and/or providing care to someone who is blind or has low vision).
- If they could record their key learnings and take home messages from today's workshop on a post-it note that would be great – we can add them to a piece of butcher's paper on wall.
- While they are doing this the facilitator could suggest they think about their experience and how the kit and conversation may make a difference for them and for people who are blind or have low vision (including stroke-related visual field impairment):
 - how hard it is to read forms and follow lots of written information
 - signing a form and knowing what it says
 - not knowing where food is
 - how to open containers without the use of both hands.
- Three questions with Likert scale (see [Appendix 1: Workshop evaluation](#)):
 - I've learnt strategies I can try with people who are blind or have low vision.
 - I've learnt more about the lived experience of a person who is blind or has low vision.



Example staff capability building program

- I understand that the solution may help me provide an improved experience.
- Facilitators take photos of their TOP 5 if they are happy to share it.



Appendix 2: Video resources for further learning

Please refer to these optional useful video resources for further information.

Guide Dogs NSW/ACT:

Vision loss and eye conditions (2:38 minutes)

https://www.youtube.com/watch?v=6JDgzAqxJyA&ab_channel=GuideDogsNSW%2FACT

How to help someone with vision loss (4:31 minutes)

Includes ordering food in cafe and placement of food and objects using clock face description.

https://www.youtube.com/watch?v=eLLS6qb0xD8&ab_channel=GuideDogsNSW%2FACT

Macular Disease Foundation Australia

Managing eye health and vision loss in residential aged care facilities (7:89 minutes)

https://www.youtube.com/watch?v=JbghMQyOSj8&ab_channel=MacularDiseaseFoundationAustralia

Oxford Eye Hospital

What is vision impairment? - Vision awareness training part one (11:25 minutes)

Explains types, causes and the impact of vision impairment and what can help a person with vision impairment. Provides guidance on supporting a person with vision impairment in hospital.

The sighted guide technique – Vision awareness training part two (3 minutes)

https://www.youtube.com/watch?v=14rKBHl5Ntg&ab_channel=ouhnhs

The sighted guide technique - Vision awareness training part two (3 minutes)

https://www.youtube.com/watch?v=dnTRtWDFz84&t=112s&ab_channel=ouhnhs

Other resources

The American Foundation for the Blind (2:08)

Older video (2008) but provides good example of what people with vision impairment can see and includes stroke.

https://www.youtube.com/watch?v=DwtH1mO4eE0&ab_channel=TheAmericanFoundationfortheBlind

Westmead Glaucoma Institute (3:16 minutes)

Visual impairment simulation

https://www.youtube.com/watch?v=KT9eW809gNA&ab_channel=TheWestmeadInstituteforMedicalResearch

Episode of the Beauty of Me: Every way being blind makes my life different (Ft. Molly Burke) (25:41 minutes)

Molly Burke talking about the impact of blindness on her life.

https://www.youtube.com/watch?v=zE9U7zuLDFI&ab_channel=Allure



Appendix 3a: Example run sheet for facilitators (in text format)

Prior to workshop (duration 15 mins)

- Set up and arrange room
- Adhere to COVID-safe precautions
- Put up butcher's paper x 2 on wall and session times and post-it notes
- On table: kidney bowls, glasses, activity resources, hand sanitiser and wipes, post-it notes, pens
- Ready to hand out: kit/s for people who are blind or have low vision, strategies sheet, copies of [Requests for personalising care: Patient's TOP 5 needs for support](#) (TOP 5 tool) and [What matters most to you? Information for patients](#) (Patient prompt sheet)

At 2.30pm promptly, introduce workshop and run communication activity (duration 8 mins)

- Introduction
- Put on Vision Australia glasses – keep time
- Participants to familiarise themselves with what's in front of them – find call bell
- Demonstrate poor communication
- Ask for feedback about what could be done differently (look at [Staff TOP 5 training card](#))

At 2:38pm start simulation activities (duration 15 mins)

- Individuals to do one of two activities (2 or 3 people per task. Use hand sanitiser.
- One facilitator per activity:
 - A. Ordering meals and reading written material
 - B. Eating meal
- Participants start activity
- Facilitators introduce blind or low vision support kit, strategy list and demonstrate suggestions you could offer a person e.g. clock face, Can I read this aloud for you?
- Apply hand sanitiser
- Participants try same activity again and see if it's easier

At 2:53pm, introduce prompt sheet and do evaluation (duration 7 mins)

- Introduce [Patient prompt sheet](#) and [TOP 5 tool](#)
- Participants to record the TOP 5 things from their experience in the workshop or clinical experience
- Complete evaluation:
 - Top learning on post-it notes
 - Likert scale (3 questions)
- Facilitators ask permission and take photos of TOP 5

At 3pm, thank you and farewell

- Pack up and return space as found it
- Facilitators record notes on session – what worked well, what would they change (use for next session)



Appendix 3b: Example run sheet for facilitators (in table format)

Start time	Duration	Activity
Prior to workshop	15 mins	<ul style="list-style-type: none"> • Set up and arrange room • Adhere to COVID safe precautions • Put up butcher's paper x 2 on wall – times / post it notes • On table: kidney bowls, glasses, activity resources, hand sanitizer and wipes, post-it notes, pens • Ready to hand out: Kit/s for people who are blind or have low vision, strategies sheet, copies of Requests for personalising care: Patient's TOP 5 needs for support (TOP 5 tool) and What matters most to you? Information for patients (Prompt sheet)
	8 mins	<ul style="list-style-type: none"> • Introduction • Put on Vision Australia glasses – keep time • Participants to familiarise themselves with what's in front of them - find call bell • Demonstrate poor communication • Ask for feedback about what could be done differently (look at Staff TOP 5 training card)
	15 mins	<ul style="list-style-type: none"> • Individuals to do one of two activities (2 or 3 people per task). Use hand sanitiser • One facilitator per activity A. Ordering meals and reading written material B. Eating meal • Participants start activity • Facilitators introduce blind or low vision support kit, strategy list and demonstrate suggestions you could offer a person e.g. clock face, can I read this aloud for you • Apply hand sanitiser • Participants try same activity again and see if it's easier
	7 mins	<ul style="list-style-type: none"> • Introduce Patient prompt sheet and TOP 5 tool • Participants to record the TOP 5 things from their experience in the workshop or clinical experience • Evaluation: <ul style="list-style-type: none"> – Top learning on post-it notes – Likert scale (3 questions) <p>Facilitators ask permission and take photos of TOP 5</p>
		<p>Thank you and farewell Pack up and return space as found it Facilitators record notes on session – what worked well, what would they change (use for next session)</p>



Appendix 4: Additional ideas for workshop activities

Design sessions that involve a series of demonstrations and participatory sessions. This can help increase participants' understanding of the impact of being blind or having low vision in hospital and how the project solution aims to improve this for staff and people who are blind or have low vision. These could be tailored to specific ward or setting of care.

Relevant scenarios to be drawn from gather phase or [What matters most to you? Information for patients](#) (Prompt sheet).

Paired activities (15 minutes)

- Divide into different pairs.
- Each pair does one of two activities. With longer time, could do both and pairs take turns to be the person who is blind or has low vision and staff member.
- The staff member has a script and instruction for the scenario.
- The person should put their glasses on prior to the activity.

Activity 1: Meal time

- First staff member provides hospital foil sealed drink and snack for person on white plate, white cutlery, white tray: saying "here you are".
- Could add oven mitt (simulate that they can only use one hand e.g. from a stroke or fractured wrist).
- 'Person who is blind or has low vision' has to open the meal, find the cutlery.
- Staff member to describe how to do things e.g. open container, offer help.
- Reflection: impact of not knowing where food is, how to open containers, lack of use of both hands.
- Second 'staff member' delivers tray with equipment from kit and instructions and assistance (may not have time for this so only person might be the staff member).

Activity 2: Guided walking and environmental set up

- Could do a demonstration of participants guiding facilitator to walk through the room when wearing glasses or blindfold (have 'course' agreed so they need to navigate around furniture etc).
- Each pair then decides who will be the person who is blind or has low vision and guide and walk through the room or to a fixed location (agree based on room layout and equipment).
- While this is happening, the facilitators move the items on the coloured mat in front of them ('call button', cup etc.).
- Call time once they reach the destination about obstacles faced a what they tried to overcome them.
- Provide written instructions on guiding someone who is blind.
- Partners swap and they try guiding other person using new or revised methods.



Example staff capability building program

Reflection:

- Facilitators share guiding tips and tricks (e.g. explain to the person how the doors open so they know how to reach and can hold onto the door or door handle etc.) either through discussion or during a demonstration. Include asking the person how they like to be guided and what makes it easier for them, highlighting the person who is blind or has low vision as the expert. The guide may say “I’m not sure how best to guide you, can you please tell me about the best way for you” (could have script for this).
- Ask people to find their ‘call button or a certain item (some have moved, some taken away) – they may need to take off their glasses to do this. Reflect on the importance of keeping items in same place, barriers to this in a busy ward.

Activity – Facilitator-led example

Communication

- Facilitator walks around the room and behind someone and talks about them demonstrating poor communication with the person who is blind or has low vision. Could grab the co-facilitator’s arm and start a treatment without saying anything (blood pressure, bandage).
- Asks the person who is acting as the person who is blind or has low vision about how they feel.
- Asks for others to give feedback what they could do differently - refer to [Staff TOP 5 training card](#).
- Reflection – why is this important?

Facilitator-led activity

- Take blood pressure without telling the person who is blind or has low vision who you are or what you have come to do.
- Person who is blind or has low vision: Reflection on experience of this being done to them.
- Talk about how this could this be improved.
- Demonstrate using [Staff TOP 5 training card](#)



Appendix 5a: Equipment for workshop (in text format)

- Vision Australia simulation glasses
- 3 x Black or red placement mats or darkest liners
- 3 x Trays with white plates, cutlery, food, drink, biscuits
- 3 x Food menu and order form
- 3 x MRI order forms, from ward
- 5 x Signature guides
- 5 x Kidney bowls with belongings – to locate things in it (toothpaste on toothbrush)
- 3 x Hand mitt and headphones
- 5 x [Requests for personalising care: Patient's TOP 5 needs for support](#) (TOP 5 tool)
- 5 x [What matters most to you? Information for patients](#) (Patient prompt sheet)
- 5 x [Personalising care for people who are blind or have low vision: Information for staff](#) (Staff prompt sheet)
- 5 x [Staff TOP 5 training card](#)
- 5 x Pens and thick felt tips and textas
- 5 x Post it notes, enough for 3-5 notes for each participant
- 2 x Butcher's paper (top record the times people kept glasses on)
- 1 x Timer
- 5 x Consent form for participating in training
- Consent for audio recording session and **photos** (if required)
- Disinfectant wipes
- Hand sanitiser
- Face masks

After this page the same information for the checklist, Staff TOP 5 and equipment list are repeated in table form



Appendix 5b: Equipment for workshop (in checklist format)

Equipment needed	Number	Source	Person responsible
Black or red placement mats or darkest liners			
Trays with white plates, cutlery, food, drink, biscuits			
Food menu and order form			
Signature guides			
MRI order forms (from ward)			
Kidney bowls with belongings – to locate things in it (toothpaste on toothbrush)			
Hand mitt and headphones			
TOP 5 tools Patient prompt sheets Staff prompt sheets Staff TOP 5 training cards			
Pens and thick felt tips and textas			
Post it notes (enough for 3-5 notes for each participant)			
Butcher's paper – to record times people kept glasses on			
Consent form for participating in training			
Timer			
Consent for audio recording session and photos			
Disinfectant wipes			
Hand sanitiser			
Face masks			
Resources from Royal Institute for Deaf and Blind Children – <ul style="list-style-type: none"> • Vision Australia glasses • Understanding Vision Impairment: Visual Acuity Simulations 			



Example staff capability building program

<ul style="list-style-type: none">• Understanding Vision Impairment: Near Visual Acuity Simulations			
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