professional master's degree in teaching health sciences and the environment

TEACHING PRODUCT MANUAL: TRAINING WORKSHOP

PRESENTATION OF THE LEARNING PRODUCT PROPOSAL: CARE FOR PEOPLE WITH DISABILITIES (CPD): TRAINING PROPOSAL FOR HEALTH PROFESSIONALS

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Videos and files in PDF, TXT and JPG format relating to the product manual and the dissertation is on the website below

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Objective:

- We propose as a Learning Product the training course by undergraduate health students, addressing the care for the Deficiency. This training will be mediated by a meaningful learning strategy, based on Ausubel, and is adopting as a pedagogical strategy the playful mediation: more specifically, the game didactics will be used, based on the identification of errors. This playful form for learning purposes, we will be had as an example identified, the traditional seven-mistake game, commonly presented in children's almanacs, in which visual identification skills and logical-cognitive correction are tested.

Training objective to:

- To know the history of construction of ideas that identify the person with Disabilities (PcD).
- Understand the concept of Universal Design and Assistive Technologies and the relationship with the accessibility of the PCD.
- Identify good practices and practices considered erroneous in the approach of the PcD

Development of the training workshop – care of health professionals to patientes with disabilities(CPD).

METHODOLOGICAL DESIGN OF THE TEACHING PRODUCT

- The methodological path was adopted, first, the design of reflections that demonstrated the need for instrumentalization of health professionals on the treatment given to PCDs. The reflection that led these arguments, part of the evidence of the importance of the Unified Health System - SUS and the guarantees related to the right to health, of its importance to those who are on the margin of greater social vulnerability. Thus, the problematization of teaching and the acquisition of competencies related to the way PCDs are approached, obtains, on our part, the proposition of a teaching product aiming at this objective.

- The design of the teaching product followed the methodological path predicted by the so-called Arch Method by Charles Maguerez and the epistemological relevance of Ausubel's theory of learning (1918-2008). Thus, the didactic-pedagogical process, provided for the teaching product, was modeled in three meetings. The breakdown in three meetings was necessary because there are tasks that students should develop as raw material from one meeting to the next. The meetings sought to develop, as already stated, skills and competencies from problem situations.

- Tools were used in the form of image/video, produced by the author himself, in order to portray situations based on reports of PCDs and family members that were part of their professional history and that, when made available by the dancer of the meeting, had the perspective of promoting the problem situation that was intended to be addressed. The apprehension of the reality provided for the taking of images/videos, related to the approach of health professionals to PCDs, does not become restricted to the interpretation established by the previous knowledge that the student would possess, which means to say that the image/video has the property of bringing with it something provocative, with the function of destabilizing the spectator individual, allowing him to reflect, the reality itself. Thus, knowledge, taken as prior, should be understood as something to be problematized by the disturbing observation of reality. The whole process of training necessarily departs from the delimitation of the problem situation .

WORKSHOPS:

- Workshops had varied problem situations, either in the dynamics of their opening, when then the students should, themselves, simulate situations faced daily by people with disabilities, or even in another meeting, when they were confronted with images/videos, which bring other simulated situations, but constructed from the testimony of true accounts. Well, what is intended is for students to develop skills and competences to be more appropriate and sensitive to the approach of people with disabilities.

Thus, the workshops were organized so that their structure integrates: A - Observation of reality, B - Key points: problematization, C - Interpretation, D - Solution hypothesis and E - Application to reality, as topics that should be considered as well elaborated moments and conducted by the mediator in each of the three meetings.

A - Observation of reality

- The workshops were mediated by the observation of what is called reality. The term observation should be understood more comprehensively beyond its stricto sensu use, because attention is considered as something that should be used for the analysis of images and videos. Thus, the observation of reality should provide the emergence of memories to which the students resorted to understand the various situations faced by PCDs.

- In order for reality observation to be a tool with a view to developing skills with undergraduates, the opening workshop will implement a dynamic of interaction with participants. In it, they were led to simulate varied deficiencies so that they could be placed at least imaginatively, under the condition of A Person with Disabilities and thus develop better empathy. To this end, the observation of images/videos that simulate ways of relation to the performance of health professionals serving people with disabilities becomes the detonator element of the investigation that was carried out in all training meetings.

B – Key points: problematization

Through observation, the so-called key points were raised, which are the emerging concepts that most adequately translate what was observed and, consequently, problematized. Thus, the capacitant of the training asked the students to identify those aspects that were observed, highlighting the various concepts they considered most important, registering them in a data collection form. This phase is of paramount importance, because these concepts allowed the problematization of the observed reality. Problematization can be considered as teaching methodology, as indicated by the so-called Arch Method, by Charles Maguerez.

It can be seen that the survey of key points only has a function as a learning element when used for the elaboration of problems, these, in turn, should be significant, so that it provides some foundation as an explanation of the problematized reality. In the case of the workshop for the training of students for the development of competencies, what is at the center of this workshop is significant learning, the way Ausubel understands it and that enables a better conduct of the steps that were implemented in the workshops.

C – Interpretation of reality

It cannot be disregarded that problematization must necessarily lead to the interpretation of reality. Regarding this subsequent item, Ausubel's learning theory is again relevant. After all, the act of interpreting reality is in accordance with the said author, anchored in subsunçores, that is, the search for answers incited by the problematization that led the subjects participating in the workshop to find elements in their own consciousnesses that allow them to interpret reality, anchored by something they would already have, and that could relate to the object in question. Thus, the more elements available in this intellect arsenal, the better the level of interpretation of reality that the participant could develop and, consequently, validate.

Because it is a workshop with a view to solving specific problems in relation to the behavior that the physician should implement, as the most appropriate in view of the situations that he, in the sing, would experience when treating patients with disabilities, the exercises of interpretation of reality that simulates conflicting situations in loco, allows, from the previous problematization, to interpret that reality under the bias of knowledge that the student has.

Previous experiences from family environments, groups of friends, etc., have extreme relevance, especially when associated with knowledge coming from specialized material, which deals with legislation, the rights of the disabled, etc., made available during the workshops, help in the quality of arguments that seek to interpret the problematized reality.

D – Hypotheses of solution

Finally, the students presented the solutions they believed to be the most appropriate, considering the problematized and interpreted situation from the presentation of a simulation of medical care in the form of an image or video. Some elements are fundamental for the hypothetically presented solution to have been accepted and it can be validated from the perspective of what reason considered to be coherent.

These elements are anchored in areas of knowledge with which students are little close: law, ethics, psychology, anthropology, sociology, are examples that areas that support the arguments with a view to the foundation of the hypotheses of solution presented. This is also a step assigned to charles maguerez's Arch Method.

The proposition of hypotheses is not new as a consequence of the act of interpreting reality and proposing solutions to problems. Hypotizing can be considered a verb, that is, an act that implies action from consciousness that seeks to raise the possibility of solving a given problem. That is why the formulation of hypotheses puts the individual in the perspective of producing content with sufficient validity for the answer to become believable from the point of view of logic, since it would bring with it well-founded arguments.

E - Application to reality (practice).

The feasibility of applying the proposals to solve the problems enunciated by the perception of the images/videos raised by the students was submitted to the analysis. After all, if a solution, initially presented as hypothetical, became valid for reasons of various natures, its application still had to be analyzed due to the adaptation it implied to become applied to reality. Thus, the viable solutions were selected and their application learned, tested and practiced.

At this point in the student training workshop, with a view to resignifying the way patients with disabilities were approached and treated, the workshop sprinter can be considered an educator in the excellence of the term, because from the presentation of images/videos to the collective construction of solutions to the problems that patients with disabilities would face in consultations and other ways in which there is a doctor-patient relationship, the application to reality seems to be the last significant step of this path.

However, what would occur, in educational terms, is the realization of what can be considered Social Inclusion. After all, the portion of the population with varied disabilities can be considered vulnerable and minimize this vulnerability from a set of workshops, with a view to developing skills and competencies, with guarantees of success, implies the recognition that the subject who promotes an activity of such nature, can be considered an educator, in the sense more complete that the term would have.

Training workshop – Assistance of health professionals to the Disabled patient (PcD).

Target audience

We propose it as a didactic product privileged to be applied in the training of undergraduate students in the health courses.

This training was mediated by a meaningful learning strategy, having its foundation in Ausunel, and adopting ludic meditation as a pedagological strategy. More specificially, the game didatics will be used, based on the identification of errors. In fact regarding this playful form witha a view to learning, we have as an identified example, the traditional “seven mistake errors” commonly presented in children’s almanacs, in which visual identification and logical-cognitive correction skills are tested.

Thus, in our proposal, what is actually in question as learning is not, definitively, to establish a priori the concept of right or wrong in relation to the treatment of people with disabilities, but the ability to reflect on possibilities or circumstances that the scenes that the world presents daily represent to the subject.

Being able to answer the guide question, it imputes us to establish objectives that must be achieved with the students who participate in the training process:

- To know the history of construction of ideas that identify the person with Disabilities (PcD).

- Understand the concept of Universal Design and Assistive Technologies and the relationship with the accessibility of the PCD.

- Identify good practices and practices considered erroneous in the approach of the PcD.

Thus, the confrontation with reality can be explained in a dual way, because the scene apprehended visually, would confront another that the student's mind would have as the most appropriate. In this sense, we have two"images", which will be subjectively composing the scenes presented in the game with a view to perceiving the "right and the wrong" and a third will arise from the analogy of the previous two, this, finally, will be validated by the knowledge of a scientific nature, psychology, sociology, law and ethics, so that student, simulating medical pratice, at the end oh the reflection process can imagine himself exercising those skills necessary for reception and medical intervention for the afflictions of theses patients.

Training workshop - Care for Patients with Disabilities (PcD)

Public to which

Students of health courses are intended, preferably students who prepare for the follow-up of patients in clinic.

Menu of the Training Workshop- Care for Patients with Disabilities (PcD):

Main concepts and terminologies related to disabilities; History of disability; Diversity Recognition; Legislation and documents for the support of the PCD and the right to health; Ethics and respect for otherness applied to the medical clinic; Humanization of the approach and care to the PCD.

Objective

Develop competence related to empathy and appropriate techniques in the face of humanized clinical care of People with Disabilities.

Methodology of the Workshop

- Will be used the Methodology of Problematization, consigned to the Arch Method, by Charles Maguerez, based on Ausubel's theory of meaningful learning. The methodological resources to mediate learning are allocated to the adoption of active methodologies.

Programmatic Content

- The history of exclusion and inclusion in history

- Exclusion as a historical-social phenomenon

- Inclusion movement: Segregation, Integration, Inclusion.

- Basic Concepts: Diversity, Accessibility, Universal Design, Assistive Technology General and Educational Legislation applied to inclusion;
- National Policy: Intersectoral articulation with the health area
- Posture of the health professional in the face of the PcDs.
- Case Studies
- Evaluation

- The evaluation process will be carried out continuously, considering the participation and involvement of students in discussions of texts, debates, and other activities of use. It will consist of individual and group productions at the discretion of the plumber.

Number of participants

To provide an environment of excellent participation and given the implementation of various dynamics, the appropriate amount for better student performance is 40 people.

Dynamize Profile

Know Inclusion, Accessibility, Universal Design (DU), Assistive Technologies (TA), Legislation specific to the theme. If by chance, the facilitator has some pedagogical experience in welcoming disabled people, it will be of great significance to establish bridges with the students, providing an environment of exchange of experience.

Program Overview of the Course

Meeting I - Duration 1h30 '= 90 minutes

- 1st moment: Introduction - presentation of the mediator, presentation of the course objectives.
- 2nd moment: Experience in the form of interactive participation in dynamics.
- 3rd moment: Conversation Wheel around the experiences from the previous experience.
- 4th moment: Theoretical subsidies: History of disability and the problems related to the inclusion of People with Disabilities.

Meeting II - Duration 1h30 '= 90 minutes

- The memory of the previous meeting.
- Presentation of images/videos for surveys of alleged problems related to the doctor-patient with the disability approach.
- Record of the alleged problems raised by the students.
- 2nd moment: Theoretical exposition - contents related to Accessibility, Universal Design, Assistive Technologies, Welcome to the DWP.
- 3rd moment: Conversation Wheel around the experiences arising from the problematization that occurred in the face of the survey of supposed problems in the DWP treatment.
- 4th moment: Presentation of hypotheses to be tested on how the approach to the disabled patient should be. Presentation of the task for the next meeting - video production with the proposal of inclusive solution.

Meeting III - Duration 1h30 '= 90 minutes

- 1st moment: Memory of the previous Encounter.
- 2nd moment: Exposition of the material produced, containing the approach on how the disabled patient should be approached / care. The material may be produced in the form of video, photos or theater.
- 3rd moment: Conversation Wheel around the experiences from the production of the material and the enunciation of new possibilities.
- 4th moment: Presentation of synthesis in the form of a conceptual map of all the experiences developed in the workshops.

Introductory support material

Let's look at some milestones for the change we are seeing:

- Universal Declaration of Human Rights (1948). Although not a law, with this declaration the initiative is given to governments to create other mechanisms capable of “protecting man against man and nations against nations and whenever man and nations arrogate the power to violate rights” (BRAZIL apud CORRÊA, 2003).
- The Convention on the Rights of the Child, in 1989, which made clear, among other rights, those relating to people with special needs, thus led them to assume responsibility for valuing the child as an individual and being social.
- Another major step was the Salamanca Declaration (1994), which was held at the World Conference on Special Educational Needs, embodying the principles, policy, and practices of integrating people with special needs.
- The crowning of this historical process can be considered Law No. 13.146 / 2015 Establishing the Brazilian Law for the Inclusion of Persons with Disabilities (Statute of the Disabled). This Law is based on the Convention on the Rights of Persons with Disabilities and its Optional Protocol, ratified by the National Congress through Legislative Decree No. 186 of July 9, 2008, by the procedure provided for in Art. 5th of the Constitution of the Federative Republic of Brazil, in force for Brazil, in the external legal plan, since August 31, 2008.

Theme: INCLUSION

- Living socially is not simply being around people who have the same interests, or who perform the same tasks. Usually, at the beginning of any relationship, there is some strangeness, so when there are disagreements this adaptation becomes more complex and does not occur naturally or comfortably. Thus the relationship requires a change of mindset and attitude.
- Thus, it is necessary to include diversity in the space of relationships, understanding differences, transforming social relations, to build new spaces of rights for all. Social transformation must be a slow, responsible and collective work that finds in the laws the support for its accomplishment.
- Inclusion has been defined by many authors, but rather a general conspiracy to understand that inclusion is a new way of organizing people and values in all areas. And so inclusion is defined by many authors as:

- Masini

(...) in inclusion, the fundamental principle is the valuation of diversity. Each person has a contribution to make (...) It is a problem of society (...) and the solution has to be found in the social system (1999, p. 53).

- Mader

Inclusion is the term for a society that considers all its members as legitimate citizens (1997, p. 17).

- Mantoan

Inclusion does not foresee the use of specific school teaching practices for this or that disability and/or learning difficulty. Students learn to their limits and if the teaching is indeed of good quality, the teacher will take these limits into account and conveniently explore their possibilities (cited by CARVALHO, 2004, p. 14).

- Forest and Pearpoint

Inclusion is precisely about learning to live with another. It means being with each other and taking care of each other. It does not mean at all that we are all the same. Inclusion does celebrate our diversity and differences with respect and gratitude. The greater our diversity, the richer our ability to create new ways of seeing the world (1997, p. 137).

- Stainback

The goal of school inclusion is to create a world in which all people recognize and support each other (1999, p.408).

Accessibility

Ramps and elevators, for example, allow the free movement of people and their particularities. Thinking of accessible spaces favors the autonomy of all people, including those with disabilities or reduced mobility. Speaking of the right to access to health, leisure, quality education in mainstream school and full participation in the equalitarian social dispute before the laws, it is ensured by a series of regulatory milestones, including the Brazilian LBI inclusion law 2016. It cannot more to be denied under any argument on both public and private networks.

Topic to reflect:

- Is accessibility a concept that is increasingly used to ensure that all people with disabilities or do not have access to the most diverse forms of their areas of living?

Make it clear that:

- There are attitudinal barriers. The importance and appreciation and recognition of coexistence with diversity must first take into account accessibility. Accessibility is NOT just a matter for architect or engineers, in the way to enable access to People with Disabilities, but related to spaces, furniture, urban equipment, systems, and media and information, when relating to people and objects.
- Thinking more broadly, it is expected that there will be preparedness and response to people with disabilities and that somehow openness to diversity and accessibility will be more present and accessible to the area that may come to fruition.

Universal Design

- The concept of Universal Design refers to a new way of constructing an object, environment, service, activity, and technology that involves human activity, and that in this use the person has convenience, convenience, security, usability, and accessibility in an equal and equivalent way. anyone.
- The D.U is not just a proposal that meets those who need it, but a proposal for all who use it must be attractive, have a sublime aesthetic that touches the sensibility. It is based on respect for diversity, including all people in the various activities, to respect their ages or skills, thus reaching a larger contingent of users, facilitating their lives.

Its principles are 7, namely:

1. Equal - equitable use be used by different people
2. Adaptable - flexible use to be used by any skill or preference, adaptable to any use.
3. Obvious - simple and intuitive use of easy understanding knowledge skill and language.
4. Knowledgeable - easy to understand your needs.
5. Safe - error-tolerant or minimize the error of possible consequences.
6. Effortless - low physical effort be used efficiently, minimal deflates.
7. Comprehensive - reasonable dimensions, appropriate for access and range, use.

Topic to reflect:

- How can I reflect on the universal design of DWP welcoming attitudes?
- Make it clear that:

The principles of Universal Design are not only appropriate in architecture or accessibility towards physical barriers. The concept has a much larger dimension. The concept of universal design is not just for the disabled.

Assistive Technologies

- Technology in recent years has facilitated the life of man, especially for the disabled allowing everything to be possible for them. It contributes to instruments that increase or restore human function and very urgently need to have its application very widespread in Brazil. What is lacking for this technology to be known is mass dissemination of these benefits, more user orientation, lower costs of this deployment, etc.
- Assistive technology refers to any item of product, equipment or system that leverages one or more series of possibilities for the development of persons with or without disabilities. These are alternative means of solving a problem for these individuals.

Steps for designing and producing assistive technology:

- Understand the situation involving the student
- Generate ideas
- Choose the alternative
- Represent idea
- Construct the object for experimentation
- Evaluate object usage
- Accompany Dare


ANEXES

Experience: We are all disabled: help me please?

Objective: To feel the difficulty of being disabled. And the need to dependency on the other without adapted resources.

Procedure: Provide opportunities for various experiences in simulators with disability conditions such as: sales, crutches, walking, wheelchair and thus, create through a playful activity a game in order to make the participant realize the conditions and needs of a disabled person.

Development: At this point the students will have to move from one region to another having to face their simulated disabilities and find out where the class will be. The mediator will be waiting for the students as a treasure hunt with clues and riddles or maps. The rule is the deaf asking for information, the wheelchair moving, being pushed by the blind, another blind having to use the tactile floor without a guide, the amputee having to open, handle the riddles or the treasure map (classroom).

Videos

- 1 HOME CARE
- 2 FALSE ACCESSIBILITY
- 3 ANAMNESE
- 4 THE REPORT
- 5 DEPRESSION
- 6 LEOZINHO
- 7 A SURDA
- 8 RECEPTION
- 9 A LOOK

Scene Description: 1

- Initial Credits:
- TITLE: “Home Care”

- **Part I**

- In the first part, Dr. arrives at the lady's house analyzing the characteristics of her residence in an invasive way, saying that the house has a good structure, without even looking at the patient Dona Marisa who is in fact the reason for her presence , even her daughter pointing to her, he continues to give importance to the infrastructure of her room and the house.
- **Part II**

- In the second part Dr. begins to consult Dona Marisa only after her daughter gives a cut in him, saying that the structure is very good but that she needed to look at her mother. Then, he begins the consultation in a way that forces a sympathy and a family intimacy, as if she were a little friend, without technical treatment or respect for her and her daughter. He answers his cell phone in the middle of the consultation, demonstrating his non-commitment to ethics as a doctor. Closing the service without defining a clinical framework for their loved ones.

Scene Description: 2

- INITIAL CREDITS:
- TITLE: “False Accessibilty”

- **Part I**
- The patient arrives at the office for an appointment, presents himself and the secretary indicates that he must wait to be called. After flipping through a magazine, ask for the bathroom and go to the bathroom, everything happens in a common place and very natural.

- **Part II**
- When a second wheelchair patient arrives and identifies, the secretary for everything and turns totally to the newcomer with an "exclusive differentiated approach", warns that he must wait and soon is willing to help, even if he realizes it is not necessary, wishing to be useful, the same dispensation. The secretary turns to the patient wanting an approach chat. When the first patient returns from his trip to the bathroom, the patient Roberto asks for the bathroom, and the secretary, without him asking for help, already takes the intention of pushing him in his chair toward the bathroom. Upon arriving at the bathroom, the patient realizes that the bathroom offers ineffective accessibility.

- NOTE: In this scene it is interesting to emphasize that creating accessibility without true reception, without commitment, just by law does not welcome anyone, we mention a real accessible bathroom, thoroughly thought out, following all the regulations studied to better welcome. Then, the debate wheel exposes the video, calling into question the group whether they wish to be like an ineffective accessible bathroom or a professional who thinks of his patient in a thorough and welcoming way.

Scene Description: 3

- INITIAL CREDITS:
- TITLE: “Anamnese”

- **Part I**

- In the first part the doctor calls the patient from inside the room, without going to her, even knowing the difficulty of locomotion that the patient has. So, Jessica stands at the door of the room in a very fearful posture, and even then, she does not go to her thus starting a subtle game of blackmail, for the progress of the consultation with her at the door, the doctor then asks some questions of anamnesis. The doctor to be able to take the exam uses bargains, goodies to buy the patient's trust thus managing to perform the exam.
- Note: It is worth mentioning, in this scene, that the doctor cannot establish links to an ethical, reciprocal and compromising relationship between professional/patient. Although the professional can perform the clinical part.

Scene Descripition: 4

- INITIAL CREDITS:
- TITLE: “The Report”
- **Part I**
- The consultation begins only with the very distressed mother telling of her difficulties in relation to her child's behavior, both at school and at home. The doctor listens to the mother's reports about her son's behavior. A moment later, he begins to describe the behaviors of a child that the doctor suggests fits a picture of autism and the mother states that the child presents such behaviors. And show him a video on his cell phone. Even without seeing the child already defines the diagnosis, and explains with half words to the mother what this question would be. The mother is expected and the doctor prescribes a tranquilizer, for the mother and child and asks that a new consultation be made, now with the presence of the child, already diagnosed.

Scene Descripition: 5

- INITIAL CREDITS:
- TITLE “Depression”
- **Part I**
- Roberto arrives at the office and waits to be called, when it comes his turn the doctor greets the companion who is already an acquaintance and she presents Roberto as her husband only after an intimate conversation where the patient is in the background, with a certain difficulty and without due attention , the patient and his/her companion enter the office. The wife reports on the complaints her husband faces and both do not direct attention to who should and the doctor begins to examine him. The intimate conversation between them continues in the midst of parallel procedures, the doctor makes his personal phone available in a clear attitude of personal interest and then prescribes a medication to the patient directing attention to the companion, in a clear action of disregard and respect.

Scene Descripition: 6

- INITIAL CREDITS:
- TITLE: “Leozinho”

- **Part I**
- In the first part, Leozinho arrives with his girlfriend and his mother to be attended by Dr. Edgar, but the doctor ends up not following the proper conduct of first calling people with needs, and calls the other patient who was in line.
- **Part II**
- In the second part, Dr. Edgar, when calling Leozinho for the consultation, treats him in a infantilized way, talking and touching him as if he were a child, passing his hand on his head (something he hates). At no point does he ask him how he's feeling, and addressing his mother ignores him.
- **Part III**
- In the third part, Dr. Edgar continues to treat Leozinho with childishness inside the office, and addressing only his mother, asks about his complaints, remembering that Leozinho is already 17 years old. Even as he examines him, Dr. Edgar keeps referring to his mother, without asking him how he is feeling, without even looking at him, at last, without dealing with him. It is worth mentioning that at no time does the Doctor address Leozinho's girlfriend who accompanies the consultation.

Scene Descripiton: 7

- INITIAL CREDITS:
- TITLE: “The Deaf”
- Part I
- Part I In the waiting room there are three people waiting. The doctor calls a patient, but no one answers and starts calling the next one. After the first appointment, call the first patient again, but unanswered calls the next one who already enters. When the second consultation ends, the doctor then asks the girl if she is the patient he calls, without noticing that she is a deaf person, she then somehow understands the situation states that yes and enters. However the doctor still not realizing that she is deaf keeps talking while she sits in the chair. Thus, that the patient begins to gesticulate then he realizes the difficulty of it, continues to speak fast, loudly in an attempt to establish communication and understand what she is feeling. Not worrying or not knowing how to deal with the patient's limitation, the doctor does not look at her, does not move his lips when talking, speaks back, disregarding his difficulty and continues as if nothing is wrong, while the patient is lost and without understanding what he is talking about, thus compromising the care.

Scene Descripition: 8

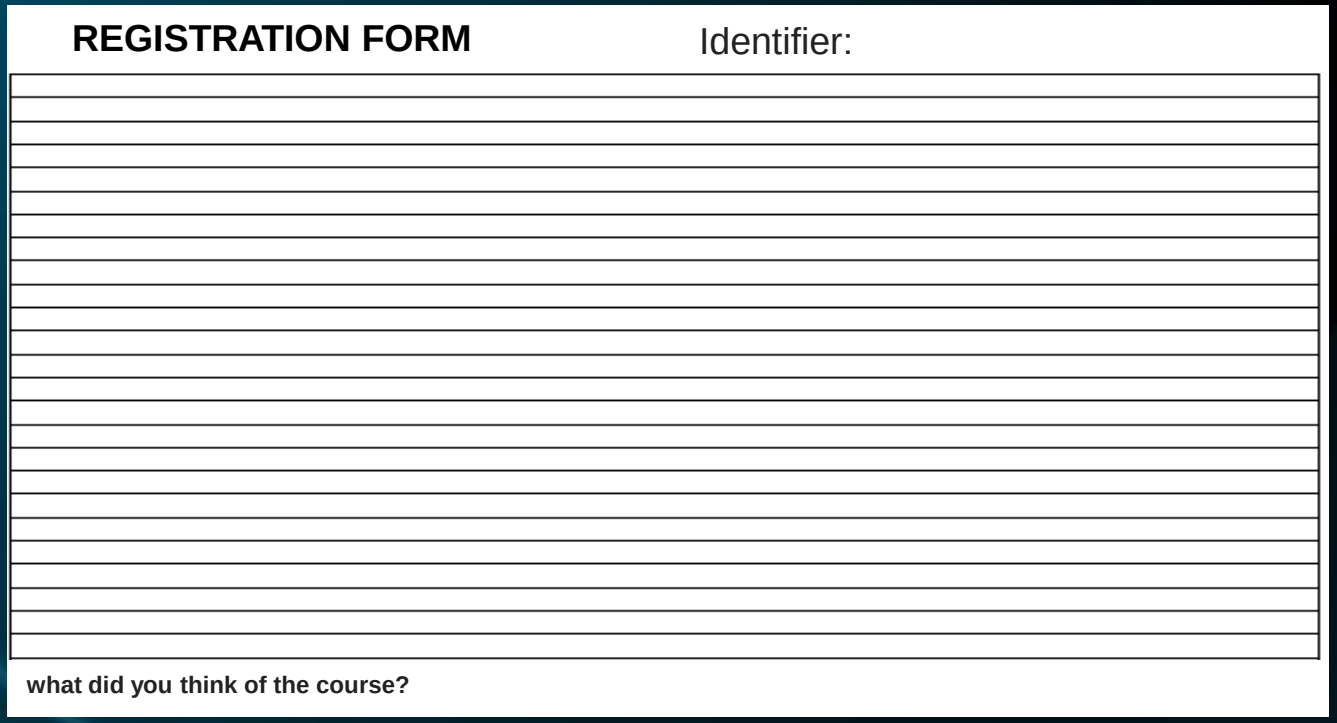
- INITIAL CREDITS:
- TITLE: “Reception”
- Part I
- A patient arrives at the office walking with difficulty, warns that he has an appointment and the secretary asks him to wait. Even seeing the patient's difficulty, the secretary reparates his physiognomy and begins to make inappropriate comments. When he is called, he cannot get up and the secretary yells at the doctor, who looks disdainly at him and begins to ask where it hurts in a harsh way. Soon the doctor asks the secretary to take the wheelchair and the doctor helps the patient to sit on it, but he sees that he may not be able to sit in the chair because it is not suitable for his size and encourages him to walk. He goes out making gestures to the secretary and doesn't help the patient and doesn't even care if he'll make it to the consultation room. The doctor looks at the cell phone, just asks questions and doesn't even touch the patient to closely examine his pain. He passes an examination for the same to perform, does not help him to get up or walk, but reviews the physiognomy of the patient, also making inappropriate comments regarding his biotype.

Scene Descripiton: 9

- INITIAL CREDITS:
- TITLE: “The look”
- Part I
- In the office the mother states that the child feels stomach and headaches. Several times the doctor asks the same question about where it hurts to the mother while examining the patient without giving him the least attention treating h an object.

SUGGESTED RECORD SHEET OR DATA COLLECTION.

- Instrument by wich sutdents will make punctual records during the course.
- It will be delivered to students at the first meeting and collected after the Na folha de registro não se usa nome,e sim um identificador ou codinomeworkshop, which can be collected at each meeting or at the end for an analysis of the relevance of the topics covered.
- The record sheet does not use a name, but an identifier or codename.



SEVEN MISTAKES GAME
(Game record sheet suggestion)

7 MISTAKES GAME

DATE:

video title:	
point out what would be the errors?	what is suggested as correct?

video title:	
point out what would be the errors?	what is suggested as correct?

video title:	
point out what would be the errors?	what is suggested as correct?

TEXTOS

1- History of the Political Movement of Persons with Disabilities in Brazil / compiled by Mário Cléber Martins Lanna Júnior. - Brasília: Human Rights Secretariat. National Secretariat for the Promotion of the Rights of Persons with Disabilities, 2010.

2- BALLESTER Denise Inclusion of the Patient's Perspective in Medical Consultation: A Challenge in Medical Education

3- René Barbier (Paris 8 University, CRISIS) Sensitive Listening in the training of health professionals http://www.barbier-rd.nom.fr/ Conference at the School of Health Sciences– FEPECS – SES-GDF

4- BATTISSTELLA Inclusion in the medical course: Comprehensive Health Care for People with Disabilities. COSTA. Luiza Santos Moreira da. Rio de Janeiro, october 2015.

5- Teaching About Disability to Medical Students: What's in the World?

6- CARLETTO, Ana Claúdia e CAMBIAGHI, Silvana – Universal Design: A Concept for Everyone, http://maragabrilli.com.br/wp-content/uploads/2016/01/universal_web-1.pdf

7- NASCIMENTO , Sergio Paulo – Accessibility and Universal Design: trends and challenges.

Support Videos:

Short vídeo of the history of disabilities
https://www.youtube.com/watch?v=dGaaVtYekIU
What was the circus of horrors
https://www.youtube.com/watch?v=0tV1qJ2SX-k
Where the disable were sent
https://www.youtube.com/watch?v=4aWvGbGjvLA
Today Still in the Century XXI
https://www.youtube.com/watch?v=RQfowzRa0L8
Example of Accessible Bathrooms Review of NBR 9050/2015
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