

Module: **Visual Conditions and Functional Vision:
Early Intervention Issues**

**Session 1: Working With Families and
Eye Care Professionals**

Activity F: Role-Play

Participant Guidelines

The purposes of this assignment are to

- use role-play to simulate a family's experience during a medical visit and
- promote understanding of the importance of preparing families who are taking their children to see an eye care specialist.

Materials. Synopsis and script, to be provided by instructor to the four participants who will take part in the role-play.

1. Participants in the role-play

You have been assigned a role and provided with copies of the synopsis about Shirley and the script. Prepare for your role by reading over the synopsis and the script and considering how you will portray the character.

2. Participants observing the role-play

This activity involves observation and discussion of the role-play about a child named Shirley who has retinopathy of prematurity. Observe the interactions between Dr. Schwartz, the eye care specialist; Susan Moore, the TVI; Tonya Johnson, Shirley's mother; and Mrs. Keller, Shirley's grandmother.

3. Following the role-play

Reflect upon the following questions during the role-play in order to facilitate group discussion after the role-play is completed.

- a. Did Dr. Schwartz and Ms. Moore make the family feel comfortable or uncomfortable during the exam? Give examples to support your answer.
- b. Did Shirley's mother and grandmother feel they were a part of the treatment plan? Give examples to support your answer.
- c. What, if anything, should Ms. Moore have done differently?
- d. Do you think Ms. Moore was supportive of Shirley and her family? Had she assisted them in preparing for the eye exam? Give examples to support your answers.

Roles

Shirley is a 14-month-old girl with rosy cheeks and a dimpled smile. She was born at 24 weeks' gestation and spent 4 months in the neonatal intensive care unit (NICU) before coming home. At 1 pound 3 ounces, Shirley's start was a rough one, and she struggled to survive and gain weight. She has Stage 3 ROP in her left eye and Stage 4 ROP in her right eye. Shirley is visually interested in her world and especially enjoys watching her mother's and grandmother's faces. Shirley is beginning to reach for high-contrast toys and objects that are nearby. She will visually follow the family's dog and smile when he approaches her. She recognizes her bottle and will begin to make sucking sounds when she sees it. Shirley picks up finger foods and brings them to her mouth when they are placed on her highchair tray. She is able to roll from front to back and back to front. She rolls towards things that are within three feet of her.

Shirley and her mother, **Tonya Johnson**, live with Tonya's mother, Mrs. Keller. Tonya is 17 and is completing her GED. She has a part-time job at a nearby restaurant. Shirley's father is not involved with the family at this time.

Shirley's grandmother, **Mrs. Keller**, is her primary caregiver. She takes Shirley to the doctor's appointments and insists that Tonya go as well, unless she is working. Tonya has been reluctant to admit that Shirley's development is different from that of other children. When **Susan Moore**, the TVI, first started making home visits 4 months ago, Tonya was not interested in participating in the visits. She listened passively, if she was present, while the TVI and Mrs. Keller discussed Shirley's condition and activities. Tonya prefers to have her mother meet with the early interventionists. Susan and the other team members, Veronica the physical therapist and Maureen the nutritionist, have all worked at getting to know Tonya and gaining her trust.

Susan offered to accompany Mrs. Keller and Tonya to Shirley's eye exam with **Dr. Schwartz**. Dr. Schwartz follows Shirley every 3 months, and Mrs. Keller had shared that she did not enjoy appointments with Dr. Schwartz. Susan learned that Mrs. Keller felt the doctor was always in a hurry and didn't explain things clearly. With Mrs. Keller's permission, Susan sent a copy of Shirley's functional vision assessment report to Dr. Schwartz prior to the next scheduled visit.

Shirley role-play

EXAMINATION ROOM: Susan Moore (TVI), Tonya Johnson (Shirley's Mother), Mrs. Keller (Shirley's Grandmother), and Shirley asleep in Mrs. Keller's arms

Tonya: I wish the doctor would hurry up. Shirley's going to wake up hungry here any minute.

Mrs. Keller: Well, I brought her a bottle and some cereal, she'll be fine if she wakes up. Better for her to be awake, 'cause the doctor is going to need to look at her eyes.

Tonya: Well, that will surely put her in a bad mood for the rest of the day. She doesn't like being poked and prodded by doctors.

Susan: It will be OK, though. She's been through it before.

Tonya: I wish we didn't have to do this. Why does she have to have a vision problem anyhow? It's just not fair to my baby.

Mrs. Keller: This is God's will. You can't question it. You just got to love her and do right by her.

ENTER DR. SCHWARTZ

Dr. Schwartz: Shirley Johnson, right? Looks like she's just waking up from a nap.

Susan: Yes, she sure is. I'm Susan Moore, Shirley's teacher of children with visual impairments. I don't think we've met before. I sent over a functional vision assessment report. Did you have a chance to review it?

Dr. Schwartz: She's a bit young to be going to school, isn't she? I saw there was a report in here and got a chance to skim it this morning. Appears she is doing some reaching at near and fixating on familiar objects, but you have some concerns about distance? You completed the Teller cards with Shirley, right?

Susan: Actually, our district provides early intervention services in the home for little ones like Shirley. I've been seeing her for the past several months and working with her and her mother and grandmother. I tried the FPL cards with her twice, but, as you can see, there were some inconsistencies. The first time I got 1.3 cycles per centimeter and the second 2.4 cycles per centimeter.

Tonya: *(In a whisper to her mother)* What's the Teller thing?

Susan: Oh, the FPL, the Forced Choice Preferential Looking Test. I don't think you've seen them. Remember, Mrs. Keller, those are the gray cards with stripes we tried with Shirley?

Dr. Schwartz: (*Turning toward Tonya and Mrs. Keller*) Well, let's take a look and see what's going on. How's she doing today?

Mrs. Keller: I don't think she's seeing right.

Dr. Schwartz: What do you mean?

Susan: Well, we've noticed that the right eye is turning in more than it was a few weeks ago. I've seen a change in her reach as well, seems she is often under reaching. That's what you've seen—right, Mrs. Keller?

Mrs. Keller: Uh, yes, yes, that sounds right.

Dr. Schwartz: Yes, I did note a potential imbalance, perhaps the medial rectus muscle being too long and causing that inward turn.

Susan: Another one of my families has a child her age who has a patching program. Would patching potentially help rectify this for Shirley? (*Turning to Mrs. Keller*) Do you think she'd tolerate a patch?

Tonya: What kind of a patch, for what?

Dr. Schwartz: Let's not get ahead of ourselves. Let me take a look and see how she is doing.

DR. SCHWARTZ COMPLETES HIS EXAM

Dr. Schwartz: Well, the retinas are looking just fine. I do concur with the imbalance that you've noted Ms. Moore. (*Turning toward Mrs. Keller*) I'd like to try patching for two months. My assistant can explain the particulars of the program to you. Then we'll see her again and re-evaluate. Sound good?

Tonya: Why do you want to put a patch on her eye? I don't see what that is going to do for her.

Susan: Tonya, it can make a world of difference for her in that it will help her learn to use her eyes together. We don't want her to become amblyopic.

Mrs. Keller: What if she doesn't like a patch on her eye? She gets mad when I put a Band-Aid on her if she gets a scratch or bug bite.

Dr. Schwartz: My assistant will be right in and will get you ladies all squared away. This really is the best option for us to try first with Shirley.