



# **Providing Accessible Client Services in your Veterinary Clinic**

**Training for CVMA**

**December 3, 2024**

**Presented by: Trish Kelly  
and Nora Loyst from  
Untapped Accessibility**

# Territory acknowledgement

Untapped Accessibility's offices are on the unceded traditional territory of the x<sup>w</sup>məθk<sup>w</sup>əy'əm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) Nations.

We extend thanks, honour, and respect to our hosts.

# Accessibility for this session

- Accessible slides available.
- Captions and transcript are enabled in Zoom.
- Options to engage (unmute or use the chat).
- Kathy and Sarah will monitor the chat for questions. Sarah may answer some questions right in the chat. If needed, Kathy or Sarah will raise hand to let Trish know about the question.

# About Untapped Accessibility

We are the leading accessibility consulting agency in BC.

As a certified social enterprise, we draw on the diverse lived experience and professional expertise of our team to deliver comprehensive and innovative approaches to accessibility planning.

Our mission is to improve accessibility in Canadian organizations by:

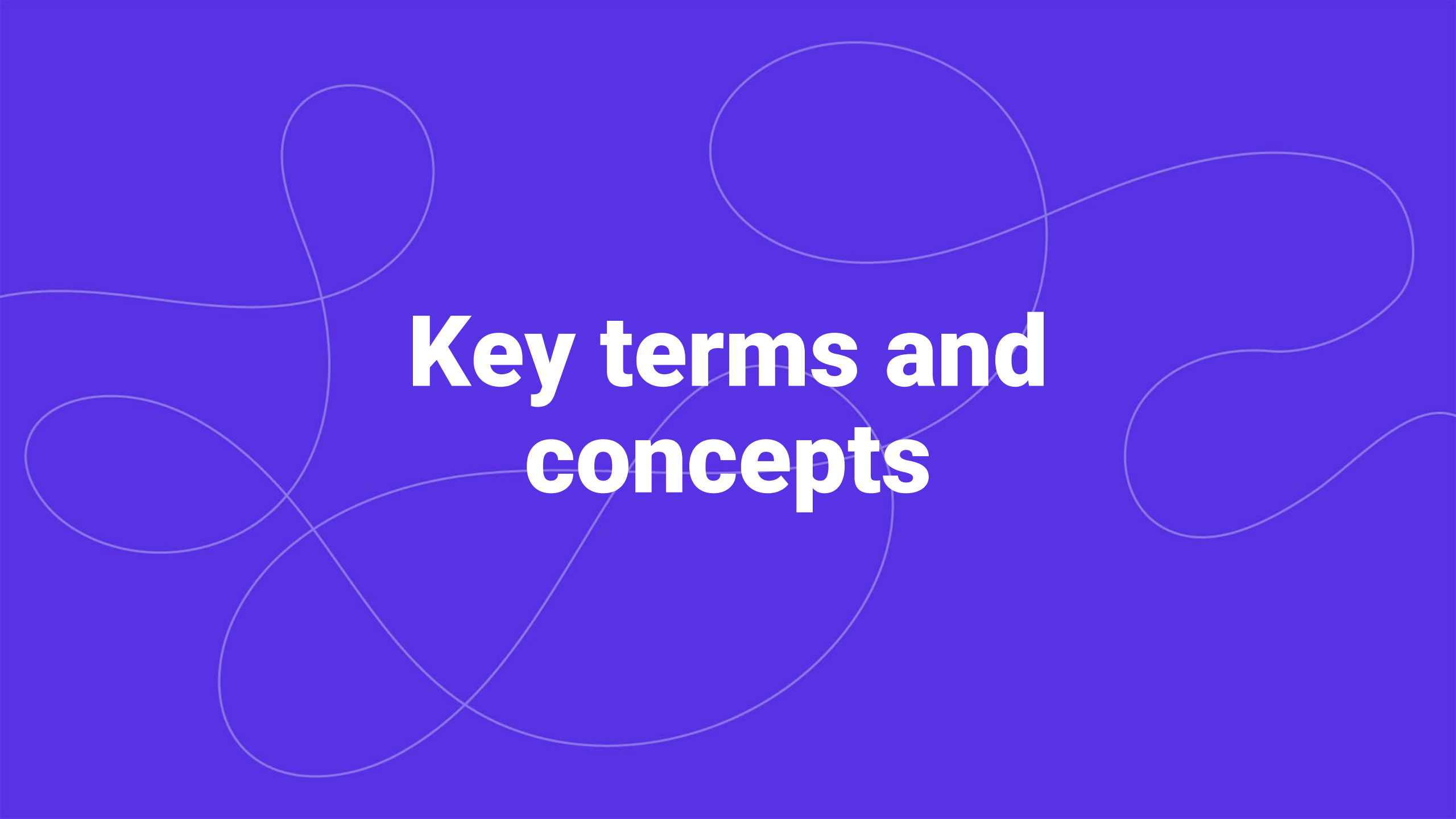
- ✱\* Creating work opportunities for professionals with disabilities.
- ✱\* Generating revenue for our non-profit parent Open Door Social Services Society.

# **Purpose of today's session**

1. Define disability, barrier, accessibility, and the three domains of the CAP (cognitive, affective, physical) framework
2. Identify common accessibility barriers within a veterinary practice environment
3. Identify ways to offer more flexibility in service delivery to increase access

# Agenda

- ✳️ Key terms and concepts – **10 minutes**
- ✳️ Using the CAP framework to understand common barriers in your veterinary practices – **5 minutes**
- ✳️ Using the CAP framework to increase the accessibility of your services – **5 minutes**
- ✳️ The domain balance – **5 minutes**
- ✳️ Applying the CAP framework – **15 minutes**
- ✳️ Naming what you know – **10 minutes**

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# **Key terms and concepts**

# What is a disability?

According to the [Accessible Canada Act](#):

- Disability occurs when an **impairment** interacts with a **barrier** and hinders someone's full and equal participation in society
- **Impairments** can be physical, mental, intellectual, cognitive, learning, communication or sensory
- **Impairments** can be permanent, temporary or episodic



# What is a barrier?

According to the [Accessible Canada Act](#):

- A **barrier** is anything that hinders the full and equal participation in society of someone with an impairment
- Barriers can be caused by:
  - The physical environment
  - Architecture
  - Technology
  - Attitudes
  - Communication
  - Policy or practice

# What is accessibility?

Accessibility is the intentional and proactive work we do to identify, prevent, and remove barriers for people with disabilities.

According to the [World Health Organization's World Report on Disability](#) (2011), accessibility ensures that environments, services, and products can be accessed by as many people as possible – in particular, people with disabilities.

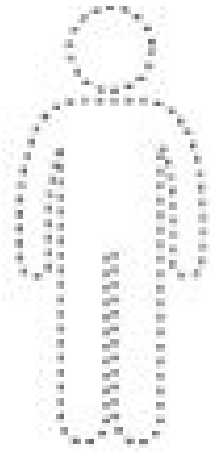
# Prevalence of disability



**27%** of Canadians  
15 years and older have at least one disability

**Source:** [Canadian Survey on Disability](#)

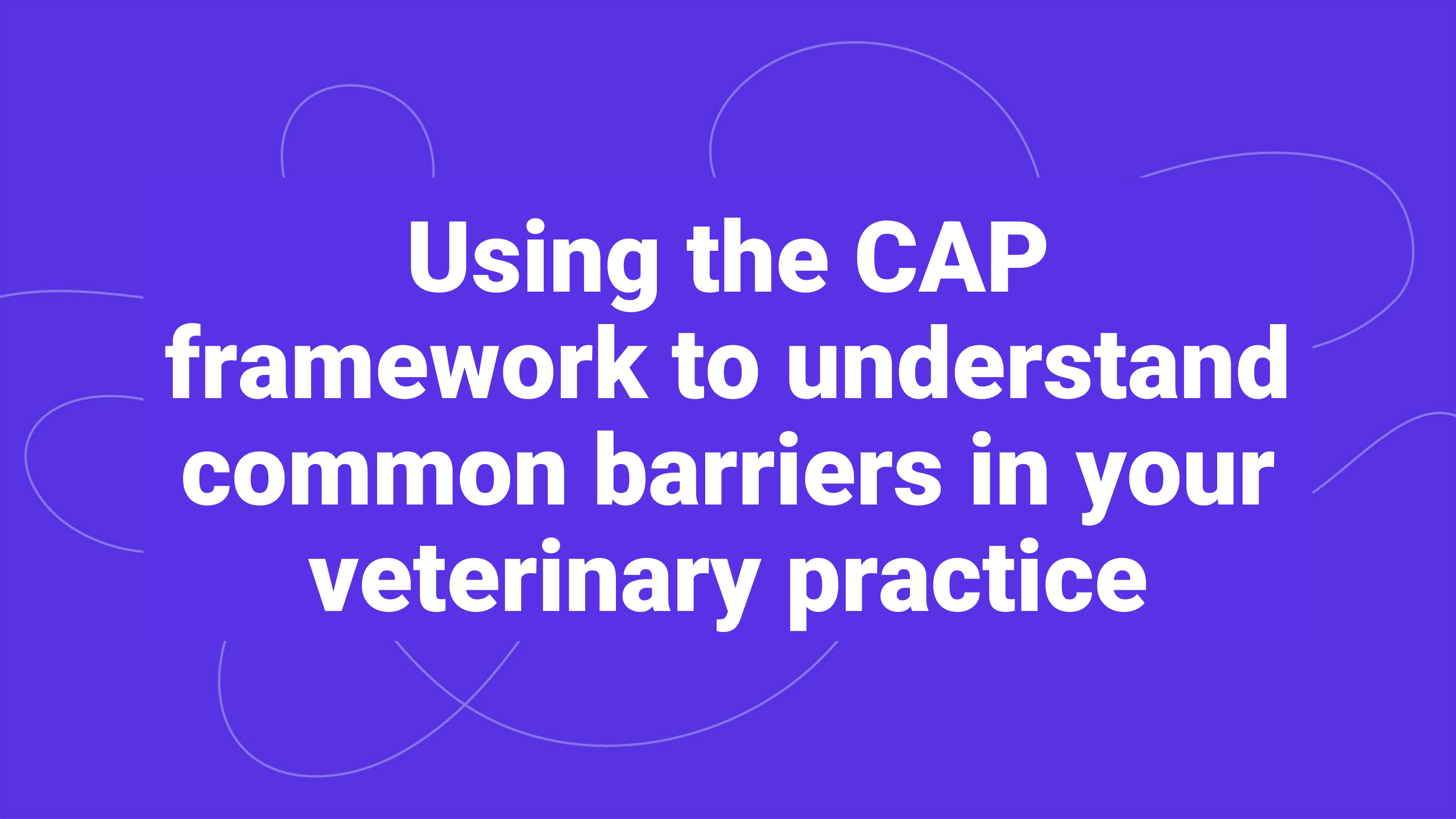
# Most disabilities are not apparent...



**70-80%**  
of disabilities are  
invisible (global  
estimate)

- \* Mental health conditions
- \* Autism and other neurodivergences
- \* Addictions
- \* Brain injury and memory loss
- \* Epilepsy
- \* Diabetes
- \* Arthritis
- \* Crohn's disease
- \* Dyslexia and learning disabilities
- \* Chronic pain
- \* Hearing loss

Source: [UK Parliament](#)

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# **Using the CAP framework to understand common barriers in your veterinary practice**

# Barriers and the CAP framework

- \*✿ The CAP framework provides a structured approach to understand and breakdown barriers in a particular context
- \*✿ It is based on the three domains of [Bloom's Taxonomy](#):
  - **Cognitive** – mental and thinking processes
  - **Affective** – emotions, beliefs, attitudes, and interpersonal interaction
  - **Physical** – physical and sensory function

Source: [University of Waterloo](#)

# Cognitive barriers

\*🌟 Barriers that challenge a person's ability to understand, process, or retain information

\*🌟 Examples:

- Medical jargon and technical terms in important information
- Complex instructions, like multi-step care routines
- Receiving too much new information at once
- Facing too many options for care
- Time pressure leading to rushed decision-making

# Affective barriers

- \*✿ Emotional or attitudinal factors that interfere with the ability to engage effectively, make decisions, or communicate
- \*✿ Examples:
  - Anxiety around anticipating the unwritten expectations of the situation
  - Stress related to a pet/animal's health
  - Fear of being judged or criticized for pet/animal's condition
  - Difficulty articulating concerns due to emotional overwhelm
  - Misinterpreting tone or body language of staff



# Physical barriers

\*✳️ Barriers that impact physical and sensory function

\*✳️ Examples:

- No way to get to the clinic if you don't drive
- Lack of wheelchair accessibility
- Front desk is too high, and exam rooms are too small
- Insufficient or harsh lighting
- Overcrowded waiting areas with limited seating options
- Clinic environment is sensory overload (sights, sounds, smells)

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**Using the CAP framework  
to increase the accessibility  
of your services**

# The pilot analogy

- \*🌟 Todd Rose, [the myth of average TedTalk](#)



# How does this relate to client service?

- \*✳️ There is no “average” service experience to design for
- \*✳️ Everyone has different barriers and access needs
- \*✳️ These things impact how people engage with the demands of your service
- \*✳️ When you understand these demands, you can create your own “adjustability” in how people choose to engage with your service

# Where does the CAP framework fit in?

The domains of the CAP framework can help us:

- Anticipate and prevent barriers
- Build “adjustability” for various cognitive, affective, and physical needs

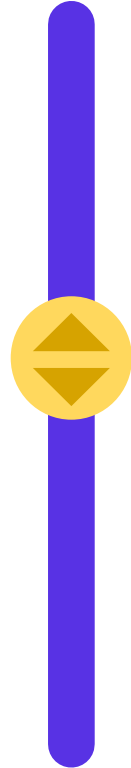
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# **The domain balance**

# Understanding the domain balance 1

Consider someone who experiences barriers in the **affective** domain.

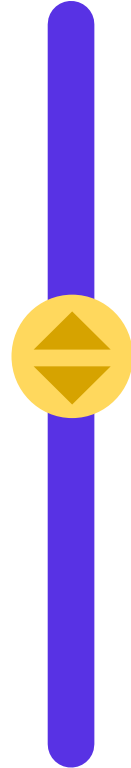
The affective demand of a task may naturally be higher than the cognitive and physical demands.



**Cognitive**



**Affective**

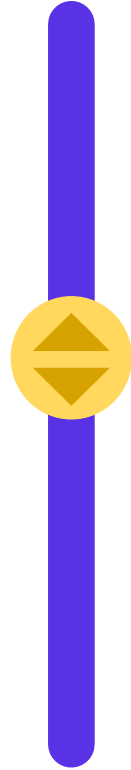


**Physical**

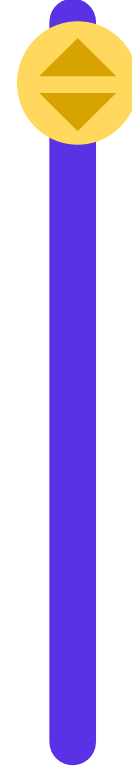
# Understanding the domain balance 2

They may rely more on their **cognitive** domain.  
To reduce affective demand, we could offer:

- A more detailed description of the event
- More verbal instructions



**Cognitive**



**Affective**



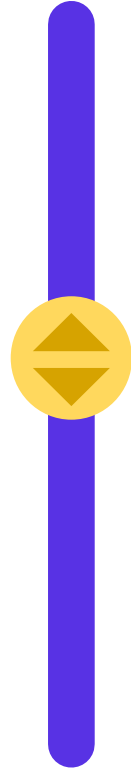
**Physical**



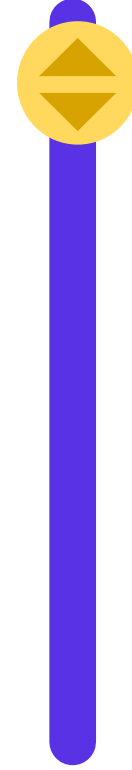
# Understanding the domain balance 3

Or they might rely more on their **physical** domain. To reduce affective demand, we could offer:

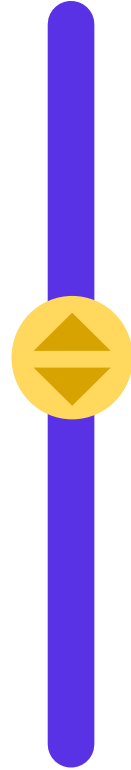
- Movement opportunities during the service interaction



**Cognitive**



**Affective**



**Physical**

# Understanding the domain balance 4

Providing options in both the **cognitive** and **physical** domains could reduce the affective demand even more.



**Cognitive**



**Affective**



**Physical**

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# **Applying the CAP framework**

# How does the CAP framework work?

The CAP framework helps you:

1. Break down the different cognitive, affective, and physical demands of your service
2. Build adaptability and flexibility into the way you deliver services
3. Promote your accessibility practices

# Cognitive demands

Tasks with cognitive demands require mental effort, problem solving, memory, focus, or decision-making. Examples include:

- \*✳️ **Remembering** the date and details of an appointment
- \*✳️ **Understanding** instructions for a new process and **applying** this learning
- \*✳️ **Analyzing** and **evaluating** treatment options to make an informed choice
- \*✳️ **Creating** something new based on what you've learned

# Affective demands

Tasks with affective demands often require empathy, emotional regulation, and social interaction. Examples include:

- \*✳️ **Receiving** information from a Registered Veterinary Technologist (RVT) about surgery aftercare for your pet/animal
- \*✳️ **Responding** to the VA with questions and concerns about aftercare
- \*✳️ **Internalizing** the aftercare information by relating it to your daily routine
- \*✳️ **Organizing** and comparing aftercare instructions with other information you've heard from friends or found online
- \*✳️ Using your **values** to drive your decisions and actions around aftercare

# Physical demands

Tasks with physical demands require physical and sensory effort. Sensory efforts involve processing visual, auditory, tactile, or other sensory stimuli and using this information to respond appropriately.

Examples of both include:

- \*🌟 **Movement** – walking from the parking lot to the veterinary clinic
- \*🌟 **Strength** – retrieving a heavy bag of pet food off a high shelf
- \*🌟 **Endurance** – standing in a long line to pay for the pet food
- \*🌟 **Perceptual ability** – maintaining focus while you speak with the Client Service Representative in a noisy office environment

# 1. Breaking down service demands (example 1)

Service activity	CAP breakdown
Requesting medication refill by phone	<p><b>Cognitive:</b> Memory and recall; Articulation and listening skills; Clearly communicate a request; Respond to questions on the spot; Attention and focus; Multi-tasking; Make decisions and problem-solve</p> <p><b>Affective:</b> Manage tone throughout the interaction (balance politeness and urgency); Manage self-judgement for not knowing exact medication details; Manage emotions that arise from unexpected complications</p> <p><b>Physical:</b> Hold and use phone, physically navigate automated menus, record information, make sense of auditory stimuli</p>



## 2. Building flexibility into your service

- \*✳️ Once we've broken down the demands of our service interactions, we can consider ways adjust these demands
- \*✳️ Questions to ask yourself:
  1. Can I increase the number of ways someone can access this information or service?
  2. Can I create balance between the domains so people can engage with the service in a way that works best for them?

## 2. Building flexibility into your service (example 1)

Service activity	CAP breakdown
Requesting medication refill by phone	<p><b>Cognitive:</b> Memory and recall; Articulation and listening skills; Clearly communicate a request; Respond to questions on the spot; Attention and focus; Multi-tasking; Make decisions and problem-solve</p> <p><b>Affective:</b> Manage tone throughout the interaction (balance politeness and urgency); Manage self-judgement for not knowing exact medication details; Manage emotions that arise from unexpected complications</p> <p><b>Physical:</b> Hold and use the phone, physically navigate automated menus, record information, speak and hear</p>

# 3. Promote your accessibility practices

- \*✱ Good news!
- \*✱ Once you've considered alternatives and built flexibility into your service design, you have improved accessibility
- \*✱ Your next step is to tell people all the ways they can engage with your service
- \*✱ We call this “naming what you know” about accessibility

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**Naming what you  
know**

# Why do we name what we know?

- \*🌟 Naming what you know is an important part of accessibility
- \*🌟 It signals that your organization:
  1. Values accessibility
  2. Anticipates clients will have different needs

# Why do we name what we know? Continued

- \*🌟 Naming what you know also helps potential clients know what accessibility features are available
- \*🌟 This allows people to:
  1. Understand what accessibility features are available so they can plan accordingly
  2. Make informed decisions about any additional accommodations they might need

# Naming what you know example

## Accessibility features for requesting medication refill

We've designed our medication refill request process with accessibility in mind. Here's what you can expect:

- 1. Ways to complete the request** – you can submit by phone, text, email, or in-person... [include detailed info about all options]
- 2. Instructions are written in plain language** – we've done our best to make instructions as plain as possible. But we understand you may have questions. If anything is unclear, please call, text, or email... [specific contact]
- 3. Here are some questions you will be asked** – [describe questions]

# Naming what you know example (continued)

## Accessibility features for requesting medication refill at our office

4. **Our online form works with screen readers** – it has been tested with the following technologies... [insert specific tech]
5. **We understand that this could be an emotional experience** – our team is trained to anticipate complex emotions and help you through the request. However, we will not tolerate disrespectful comments directed towards our staff.
6. **Did we miss anything?** Please let us know if there's anything else you need to complete this process! You can call, text, or email... [specific contact]



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# **Post-session worksheet**

# Session evaluation



Your feedback

[surveymonkey.com/r/CVMAAccess](https://surveymonkey.com/r/CVMAAccess)