



OP-ENS Newsletter

Our Peers – Empowerment and Navigational Supports

Reflecting After A Healthcare Appointment

This is your final newsletter from the OP-ENS project. We'd like to take the time to thank you for your time and contributions to the project.

This month's newsletter has a checklist to help you think about your healthcare experiences, including what went well and what you might improve in the future.

If things went well, you can figure out how to build on those successes.

If things didn't go the way you would like, you can decide on your next steps. This might include advocating for yourself to:

- Your provider
- Your healthcare clinic
- Your insurance provider

Making your concerns known can help improve the quality of your care and may even help educate providers on how to improve care for all people with disabilities.

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Your 13 Month Interview is coming up!

An OP-ENS research assistant will reach out to you soon to schedule a time for your final interview.

After the interview, you will receive \$25 for your time and contributions to the project.

You can also call us at 312-355-0906 to schedule your interview.



**Program for Healthcare Justice for
People with Disabilities**

Appointment Review Inventory



Accessibility and Accommodations



I was examined on the examination table. ☐Yes ☐No

Notes:

I was weighed. ☐Yes ☐No

Notes:

The restroom was accessible. ☐Yes ☐No ☐Not Sure

Notes:

The parking lot was accessible and the travel distances were reasonable. ☐Yes

☐No

Notes:

The waiting room was accessible. ☐Yes ☐No

Notes:

My provider give me the assistance I needed. ☐Yes ☐No

Notes:



Respect



My provider showed respect for what I had to say. ☐Yes ☐No

Notes:

The office staff treated me with curtesy and respect. ☐Yes ☐No

Notes:

Appointment Review Inventory



Communication



My provider explained things in a way that I could understand. ☐Yes ☐No

Notes:

My provider listened to me carefully. ☐Yes ☐No

Notes:

My provider answered all my questions to my satisfaction. ☐Yes ☐No

Notes:

My provider give me all the information I wanted about my health. ☐Yes ☐No

Notes:

My provider encouraged me to talk about my health concerns. ☐Yes ☐No

Notes:

My provider give me instructions on how to take care of my health? ☐Yes ☐No

Notes:

Things that I did well

1.

2.

3.

Things I would do differently next time

1.

2.

3.