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JOSEPHINE AKINGBULU:
Hello, everyone. My name is Josephine Akingbulu, and I would like to welcome you to the autism intervention research network on physical health. This is our September 2022 webinar. Thank you all for joining us today.

Because of the number of participants, your audio will be muted throughout the call. However, you can submit questions at any point during the presentation via the Q&A feature. Or in the chat box on your webinar console.

Just as a friendly reminder, to please be respectful while communicating in the chat, and asking questions. And note that only questions or comments pertaining to the presentation will be addressed.

This entire webinar is being recorded, and will be available on the AIR-P website, which I will put in the chat. You may also view the presenters slide to follow the presentation on our Google drive archive, which I will also put in the chat.

There will also be a short feedback survey. In the interest of time let's get started. We would like to acknowledge the health resources, next slide.

The health resources and services administration of the funding source for the AIR-P.

And now it is my honor to introduce our presenter for today, Dr. Denise M. Nunez, MD, MPH. Dr. Nunez is a preventative medicine physician from UCLA. Her work with the neurodiverse population stems from her fellowship training in Leadership Education in Neurodevelopmental Disabilities, as a graduate.

During her training she explored the challenges of pregnant persons with autism spectrum disorder during prenatal and postnatal period.

She continues to advocate for the best advocate -- outcomes for all patients, and explores ways to improve patient care. Please join me in welcoming Doctor Denise M. Nunez.

DR DENISE M NUNEZ:
Hello everyone, it is so wonderful to see you all here. It is my pleasure to be with you, you for the wonderful introduction.

I will go ahead and get started.

So, again it is a pleasure to be here to discuss with you sensory inclusive clinical spaces. This is an overview of what I will be sharing with you today. First, we will reflect on the typical clinical

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environment, and why it is interfering with taking care of our patients.

Then I will present a case study of a hospital who did an amazing job tackling the matter of sensory sensitivity in their emergency room and hospital system.

I will then discuss how we can apply the lessons that they learned to the outpatient space, and later I will share a few tips and tools on how to apply sensory considerations, and the benefits to be derived from our patients and for patient care.

This framework is directed towards providers, but if you are a patient, or someone with sensory sensitivity, you can also use this information to make your clinical experiences more comfortable. And discuss with your provider, so we can work as a team to discuss this message and improve patient care.

Overall I intend to give you the basics on how to support patients with sensory sensitivity, and show you how simple changes can change everything.

Please take a moment and think about patients across the world seeking clinical support. Where are they? Most likely they are in a clinic or hospital to receive care. So, what do these spaces usually look like?

Think about the last time you visited one of these locations. Imagine a clinic or hospital, and think about… What are you seeing? What are you hearing? Are you perceiving any specific smells? Are you noticing any kinds of surfaces coming in contact with your skin? And do you happen to be tasting anything?

Sometimes people can sense tastes in the air, or feel a sense of taste that is quite strong in certain environments. So, did any of that happened to you the last time you went to a clinic or hospital?

Here is a visual to support your potential memory exercise. This is a typical waiting room for a busy clinic. As you can imagine, if you have not thought of this before, this wonderful location doing its best to take care of as many patients as possible, can be a source of multiple challenges for a sensory sensitive patient.

Take a moment, look at this picture, access your memory of your previous experiences, and think about what challenges a patient with sensory sensitivity may experience here. Or if you have them, and you know them quite well, so keep those in mind.

Overall, we can certainly agree I believe – that in most cases our clinical spaces are flooded with bright light. Blink with activity, and bubbling with sound. They are busy, noisy, and bright.
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For patients who are sick, they have abdominal pain, nausea, or other symptoms, for patients with sensory sensitivity processing in this busy, noisy, bright environment can stop them from getting medical care.

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Sensory sensitivity is just as it sounds. As an individual, if you have not heard of this term officially, it is an individual sensitive to their environment. They process sensory stimuli more strongly than others do. An example is people who may feel pain, or nausea when exposed to loud sounds.

Sounds can cause physical infestations that are quite uncomfortable and difficult to control. During period of injured -- illness, these can be worse. It is important in medical and healthcare systems that we keep these in mind.

Here we have some definitions of sensory sensitivity, also known as sensory processing sensitivity, or environmental sensitivity. It is important to note this is a biologically-based traits. So it is something that an individual cannot necessarily control. It is part of the way they process the world, it is part of the way they developed as children, so it is something that should be factored into medical care.

Some people consider themselves a highly sensitive person to an environment. So I wanted to provide some definitions here, for those who had not heard of an official definition before, or if this is a new concept for you.

So, when thinking about patients with sensory sensitivity, people may think of a person or child with autism spectrum tendencies. This list is a few examples of health conditions which are also associated with sensory sensitivity, which are quite variable.

If you take a look at these different conditions, most of us lucky enough to live a long and full life, we eventually may have a condition that leads to sensory sensitivity. Or we may already have sensory sensitivity.

This can change over time, with illness aggravating some of these sensitivities, or actually starting with some of these illness states. Some states can actually make it more prominent, such as pregnancy, so it is important not to determine this as a static and defined state. To continually check in with patients about this, as needed.

And if you have sensory sensitivities, understanding that that can change over time as well, with the way you process it, and the way certain conditions may impact you.

Looking at this list, I am pulling out a few examples, having a concussion can make use sensory sensitive. Having potential hearing loss can make use sensory sensitive as well, and some disorders can understandably make you more sensitive to certain textures, sounds, and such.

So I just wanted to extend the knowledge that this goes beyond our current topic at hand.

Our sensory rich clinical spaces do challenge our patients. Some of them have incredible resistance to seeking care. Studies have shown that these environments can be a barrier to healthcare. Here are a few quotes about what some patients with sensory sensitivity say about their healthcare experiences.

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For example, fear, anxiety, embarrassment or frustration keeps me from getting primary care. Or for example, "my behaviors are misinterpreted by by provider or staff," could be someone who is responding strongly to bright light or sound, and this is not understood that this is a way they are managing and trying to disperse discomfort.

Unfortunately, 30% of patients in a national survey say that the clinical environment actually contributes or exacerbates their sensitivities. So they could come into a hospital or clinic, not have any sensory sensitivity experience at the moment, once they enter the clinical environment they start to experience those sensations. Which is something we need to work on generally, in my opinion.

Another big point, for reviewing this, and picking about this, is that ignoring the needs of our sensory sensitive patients is not an option. If we only look at a group, a small group of patients, with sensory sensitivity, such as some of the patients with autism spectrum, according to the CDC, the prevalence of autism spectrum has increased from one in 90 children, to one in 44 children as of last year.

As our patients with autism spectrum may have other conditions, they tend to use services more often than other patients. It is estimated between 30-90% of patients have sensory sensitivities depending on the age group we are looking at, for those with autism spectrum.

In addition we are opening our patient care centers after COVID related restrictions. We have patients getting all medical care at home, who have not been triggered by the medical care environment during their care with remote services. So as they returned, it is likely that our sensory sensitive patients will experience exacerbated discomfort when faced with the clinical environment.

I also invite us to consider our management for patients with school challenges, such as those who require ambulation or supports, like placements of handlebars or Rams, and how much we attend to that.

Sensory sensitivity should be given the same considerations as best as we possibly can. Just as a physical matter can interfere with your ability to see a doctor, a sensory matter can also interfere.

So, let's discuss how to create sensory inclusive clinical spaces. I will start our journey in the emergency room. This is a clinical space that has been the most effective at tackling this issue nationwide.

Since in an emergency room they have to navigate the challenges of new patients in every shift, patients they are not familiar with, and they have encountered some issues with this.

I will present some lessons learned in the Children's Hospital of Alabama system.

So, at the Children's Hospital of Alabama Birmingham, they noted that their children who had autism spectrum tendencies tend to run into more trouble from what they noticed in the ED, with discomfort, with irritation. And families were more frustrated with the way the medical system was interacting with their children.

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They also had concerns of agitated patients, and stressed medical staff. They created a task force to investigate how to solve this matter. There has to be a way to improve Patient care in this sensitive environment.

They asked a group of families to volunteer to be interviewed, and explain their experiences, and to explore potential solutions and make represented -- recommendations.

This collective also led to granting environmental changes in the hospital, to reduce identified challenges.

So, the first thing they did was to apply environmental modifications. These were purpose resulting from the task force, list of here on the slide.

Firstly, they changed their blank yellow walls, full of notices, overwhelming potential equipment lined up against the walls, and they change the color of the walls to a combing paint color, "soothing blue". It seems that blue is the most popular color for soothing color for your environment.

They also asked children at local schools to make artwork that they thought would make children feel better. He placed these images in different rooms, and allowed lots of space tween the images so individuals could rest their eyes.

It was not a large exhibit of artwork, it was placed strategically throughout the patient rooms. If you have been to and emergency room you know there are constant sounds, alerts, within the patient rooms across patiently rooms, in the hallways, and nurses stations.

At the hospital they eliminated all alarms within the rooms, and they only allowed for noises and alerts to be sent to the nursing stations, to reduce noise. They also changed the lights in patient care rooms.

They previously had a fluorescent tubes overhead, which can be quite frustrating… I do not think anyone likes those fluorescent tubes, and they replaced them with LED bulbs with dimmers. So they can modify the light to accommodate each patient as needed.

They also had a sensory card, which is built with and stocked with supportive tools. I will describe this later. This cart would be driven to each room to share with patients in need.

The final point here, as noted in patient interviews, we as medical providers rely too much on our verbal abilities to explain. Many patients are visual learners who benefit from visualizing. So they created visual charts of common procedures to help explain these procedures more effectively.

Here are some pictures of the Children's Hospital of Alabama Birmingham, afflicting the applied changes. On the left there is a picture of a walkway, the entrance to the emergency room. This is the soothing blue. They added blue to the different pillars, to the walkway, so that as someone enters the emergency room, it is not a glaring and overwhelming, scary experience that is already is, adding to it.

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Also note the dim lighting leading to the entrance. This hallway is also an entranceway where families and patients can take a break from the emergency room if they need it.

On the right side there is a picture of inside the emergency room. It is a slight peak into a patient room on the left side. You can see the blue wall with teal color on the base, on the wall is mainly blank from what we can see.

They removed extra equipment to reduce clutter, and having patients feel overwhelmed.

So, after environmental modifications, another step in their work was to train their staff. Since the focus was on improving clinical care, specifically for children with autism spectrum, they had a component of the training dedicated to enriching provider knowledge.

They also emphasized modifications recommended for communicating, and methods of approaching patients. The major key that they emphasized, was to ensure all staff knew to ask about sensory sensitivities, and to factor that into the patient encounter as much as possible.

So, after the environmental modifications and the training, the main goal was to identify sensory sensitive patients early. So they created a workflow to support the identification of a patient, prior to admitting them to the emergency room.

The first step was signs like as you see in the slide, signs that indicated that they are autism and sensory friendly.

Then they created a sensory pathway for that identification, which I will show you in the next slide.

So, first when a patient or patient's family goes into the emergency room, a triage nurse, which is going to ask questions about health, asks and determines if this is a high level or low level emergency – this is what a triage nurse does – also asks for sensory sensitivity diagnosis.

If a parent or patient says yes, they will not be sent to the waiting room. They will be given a bed in an isolated room, meaning a room that is further away from the emergency room activity as possible. And while the family or patient is waiting in the room, they are given a survey to fill out, to ask them about specific sensory sensitivities, and plans for how to address them.

This is the summarized workflow for early identification. Parents described relief in this process, and filling out the survey empowers provider to be better engaged with the patient.

I will share an example of how a patient prompted sensory sensitivity modifications to improve their clinical experience. This example occurred during the transition to sensory sensitive implementation.

There was a nurse who was managing the case who had trained in this practice, and the physician was a per diem, so only hired her day to manage the emergency room, and did not receive training

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yet.

The patient that they saw was nonverbal, and considered to be not high function. He came in with a caregiver from a group home. The physician who saw him wanted a chest x-ray, but had a hard time examining the patient. The physician approached the boy in a typical way, try to interview him, tried to interview the caregiver, and tried to do a physical exam that did not go well.

When the radiologist arrived to take the child for an x-ray, he held the boys arm, and said "come with me to the x-ray room." At this point, the child had a meltdown, he did not know what was going on.

The nurse who had the training said let me go speak to the patient, talk to the child and caregiver, and understood that he is nonverbal. But he knows that that means he can still understand. So he tried to understand better what his sensitivities were.

The nurse learned that the child sensitivities were sound and touch. So the nurse told the child, the doctors want to do things to make sure you are helpful -- healthy.

The nurse asked if he wanted to go home, and the boy nodded. The nurse explained that the doctors are going to come in and take a big picture of your belly with a camera. After you take the picture then you can go home. Then the boy nodded again.

The nurse got the radiology technician to bring a portable x-ray machine, a portable x-ray machine is not as effective as the x-ray machine that you can take a patient to, it is still very effective.

They arranged for the doctor to agree, and the doctor agreed to do a portable x-ray, so they brought the portable x-ray -- machine to the patient. This was better than taking the boy to another room that is cold, loud, and he is not familiar with. They brought in the portable machine, took the picture, and they left. The child was more comfortable, we were able to assess the patient and move forward.

This also led to the boy understand what was expected of him, and what was going to happen.

In applying these changes, patient care interactions improved at this hospital. And it led to application in the adult emergency room, and also throughout the hospital. They also found that patients came from other areas, just to receive care within this new framework.

And staff who were sometimes having issues, or having doubts about how to manage things felt more comfortable in doing so, now that they had knowledge about sensory sensitivities, and how to more successfully address them.

I hope you found that case helpful. Next I will discuss how to apply these concepts and lessons learned to an outpatient clinic, and give you some tools on how to create sensory inclusive clinical spaces.

Recall the image we reflected on at the beginning of this talk. Healthy, thriving clinics have similar

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challenges to the emergency room. Excessive visuals and sounds, even challenges to basic human needs like needing to eat, sleep, to avoid or go to the bathroom, can all be triggers, and can easily exist in the clinical setting.

Here are a list of sensory friendly solutions which I will discuss in further detail. Take a moment to reduce -- review the simplicity of this list. I hope it empowers you to feel more confident to apply these solutions at your clinical practice, and if you are a patient, to know there are ways to make yourself more comfortable if you have sensory sensitivity.

Please review the symbol and friendly messages here, and I will talk about how to apply them moving forward.

So, first, one of the most obvious challenges of a clinical space is a lot of noise, access sound. To reduce noise… Everyone shut up, right? Easier said than done. Babies have to cry, kids that have their moments, have nurses that may be needed to shout to have someone hear them better.

It is easier said than done, so it is better to use tools that will help to make it possible. If you have a clinic that is blessed with a large area, you can consider creating a separate waiting room were those who prefer less sound. If you do not have a large enough space to create two separate waiting rooms, you can create quiet zones where people can sit if they want to be more quiet.

If you cannot do that, or in addition to this, you can supply earphones or earplugs. Your plugs are very cheap, and can buy them in bulk. These can be helpful to those who are sensitive to sounds.

Another thing you can do is provide a sensory friendly map, especially if your clinic or area of service is large. You can have the map show patients where they can expect more sounds and noise, and also where it is quiet so they can seek respite.

So if they know they are going to a noisier area, they can seek those earplugs, or bring their own headphones, they can help to feel more comfortable if sounds cannot be reduced.

Finally, I think one of the most cost-effective, and effective solutions is to allow a patient to wait in the car until they are ready to be roomed. If they come in a car, of course if they did not come in a car they do not have access to this solution.

If they have a car where they can wait, they can receive a phone call or text when it is time to be seen. They can even enter Hollywood style… Through the back, bypassing the waiting room if possible, or if helpful.

Clinics can also have those blinding florescent lights that I mentioned, that were uncomfortable, and changed in the emergency room. They can be in various places in the clinic.

If you have a window with natural lighting him a this has been found to be the most helpful to those with sensory sensitivities to light. You can also have dimmable lights if possible, or lamps that can be

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switched on and off in different areas of the waiting room, or clinic, that can help with those who are sensitive to light.

A bathroom is essential. Those who do not have supports, or access to a bathroom, can cause serious challenges. So, make sure that in your clinic bathrooms are accessible. More than one restroom if possible, of course no one is expecting you to build a new bathroom, or anything like that. So use what you have come a but also in the restrooms, if there is an option for dimmable light, that could be helpful.

Because this could be a place where people can take a break from high sensory environments. Some parents take their children to a restroom to calm them if they are feeling overstimulated.

Some larger clinics may have a room available for patients to take a break if needed, but this is not something that needs to be designed if it is not currently available.

Another basic human need is food. Of course, especially if children are hungry, thirsty, and have irritability, it can cause an issue that is easy to solve for some patients. Having some snacks on hand, and a source of water can be key to helping patients.

It also helps hungry, thirsty, and busy caregivers, who may benefit from having a snack if they have not eaten while they are taking care of their beloved that they are exporting to the clinic.

Make sure you welcome caregivers, and let them know what resources are available. They may be busy and overwhelmed themselves, and have no idea that there are these resources, snacks, access to the bathroom, a way to dim the light… An area for them to take a break, and have a quiet moment…

So you can consider discussing that with them. Having a handout, or something on the wall that indicates that those supports are there for them, and their patients, and loved ones.

As mentioned in previous studies, we rely too much on our ability to explain verbally. Making sure that we have clear, concise instructions with supportive visual tools can be key to any visit. Especially if there are stressful procedures involved, something like a vaccination, or even a throat swab can be stressful for patients.

You can also consider providing images and explanations even before the visit. Maybe long before the visit, if this will help your patient. If you are a patient of a child and consider it helpful for preparing them, even for an adult.

Another great tool that is an excellent piece of toolkit… An excellent piece for your toolkit is to provide sensory friendly appointments. This is welcome for patients of all ages. So you select times during clinical encounters where there is less patient density. Usually early in the morning, or later in the evening, though this can be busy for certain clinics. So depending on what your scheduling is like, select those times.

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During that time you can schedule appointments specifically for patients who have sensory sensitivity. You can also provide extra sensory supports during those visits, like dimming the lights more, no music if you have overhead music, you could turn it off at that time.

And if you are seeing children, you can provide more sensory toys available. But at that time, and at any time, you can ask parents or patients to bring their own tools to help with the visit.

These visits can be a great success to reduce the barrier for adult patients as well. Previous research that I worked on on experiences of sensitive people who are pregnant, many questions and trying to touch the belly could be overwhelming. Sometimes they need a moment before their appointment, so just having less potential for that can really help them feel more comfortable.

Providers should also consider that visits during this time may be longer, since modifications may be required. So consider adding extra time to those visits.

Here are some additional considerations for adults in the outpatient setting. As seen in the process with the emergency room, you might consider placing a sign about sensory sensitivity, and knowledge of that, and welcoming/endorsing that. And potentially providing a survey for patients to review their sensory sensitivities.

Some patients that I spoke to appreciated having a separate room, one room to speak to a doctor, ask questions, review the clinical plan, and another room which is a typical clinical room where they will be examined or have procedures.

The separate room which was set up like an office, with a great peace of mind knowing that they will not be touched during this time. No procedures will be done here, I am just here, fully dressed, waiting and speaking to my provider and having a conversation.

When we switch to the other room, that is where I need to prepare myself for some things that may be uncomfortable. So that is also another tool you can use.

Questions are key. Allowing time to process information about the care and procedures that are about to happen are really important. Again, if you have an image of the procedure, or some documentation that a patient can review, even prior, it can be helpful.

You can have the patient create a sensory planet during their procedures or visits. For example, if they are sensitive to loud sounds, and there is equipment that will be loud, such as an x-ray, they could have earplugs, headphones, or music set up. If they are sensitive to bright lights, you could bring sunglasses, or have them bring their own sunglasses so they can cover their eyes, to make the procedure or process more comfortable.

For providing care, use the resources you already have. There are plenty of things in clinics that can be modified to improve the environment. And then, in taking care of patients, ensure the team that is

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caring for the patient knows of their sensory sensitivities.

Encourage them to accommodate as much as possible. If possible, limit the number of staff so you can reduce anxiety and additional triggers of multiple people involved, and having to go through this process multiple times.

If you are lucky enough to have a child life specialist, social worker, or therapist, or physical therapist, they can get involved in some of these visits to help support the patient. Interactive techniques will be discussed next.

So, these are the major guidelines for interacting with patients with sensory sensitivities. If you are able to provide a survey or questionnaire, or just a document for patients to say what their sensory sensitivities are, if you them. If you did not, please ask. Ask patients if they have sensory sensitivities before you begin, especially a physical exam, or any type of contact.

Explain the process that will happen in the clinical visit, and maintain space. Sure the patient can interact with you, but give them the certainty that you are keeping your distance until it is time for starting the procedure, or physical exam.

Allow patients to have time to process what you're saying, ensure understanding by allowing them to ask questions, and avoid physical contact until necessary.

Once you have decided that you will do a physical exam or procedure, explain what will be done prior to doing so. Even though you explained before hand, make sure you were understood, you need to reiterate what you're doing next, what is the next step. You can also explain on the caregiver, you can use another appendage. If you're going to put a stethoscope on their chest, you can put the stethoscope on their caregivers chest or forearm, to show them what will happen. So they will feel more comfortable knowing what to expect.

Once you start, make sure you move slowly, and perform your exams proximal to distal.

For patients, especially if they are nonverbal, assume their competence. There is some way they are able to communicate ideally, in most cases if not all. If they are nonverbal ensure a method of communication, such as paper, symbols, or an iPad. What ever method, it should be a major tool in the clinical and examination process.

Also, when you're speaking, use simple phrases and age-appropriate or cognitive appropriate terms. Get a sense of what will help your patient feel most comfortable, if the caregiver is present. Sometimes our patients with sensory sensitivity things they do to make themselves more comfortable.

It could be a movement, they could rock back and forth, rub their hands, ripped an object… If they do repetitive movements, or become fixated on an object, as long and is it safe do not interrupt unless necessary. This is a way that they cope with discomforts, and hopefully something you anticipate from your discussion about sensory sensitivity and how they process it.

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Please notify the patient as soon as possible if they will need a procedure that they are not prepared for, or if you need to move to a different room. For all of these techniques, it is ultimately to prevent them from having discomfort.

Some patients that feel challenged or uncomfortable may become self interest, or have white or flight responses. They may have a horrible psychological experience from this clinical encounter, and not come back to the clinic. This is the last thing we want, to make sure you keep these in mind when you go over your patient encounter.

Another way to review how to support patients with sensory sensitivities is SCRAMBLE. If you like mnemonics I thought it was cute, if you do not like them then do not worry. SCRAMBLE so you do not scramble your issue -- your visit. A lot of these review what we mentioned before.

Sensory management to reduce stimuli. Communications kept simple, and as clear as possible. Reduce the amount of staff. Allow for extra time, as needed, if possible.

If extra time is not possible see if you can create a second visit, or a follow-up phone call, or phone call beforehand if that will help. Medication reconciliation, which is going through the list of medications and making sure everything is going OK. Having sensory support items if possible. Make sure you are listening, and making any modifications.

Just as in the emergency room, where they change the x-ray all the way to the x-ray room – they changed it to a portable x-ray to make the patient more comfortable – that is possible, do things like that.

For example, if a patient wants to stand up while you take their blood, let them stand. If you are able to draw blood while they stand, then let them do that. There are different ways you can take a patient's blood, they are more comfortable standing, let them do so.

If they are sensory sensitive, please try to accommodate them as much as possible. Here are some additional tools that can help support our patients with sensory sensitivity.

There is something called a hospital passport. This was created by the National autistic Society, and it was updated in 2022.

This is a passport, basically a little pamphlet, which is digital, you can have a paper/hard copy. Where you go through different aspects of sensory sensitivity, and some aspects that providers should have in mind. As could be filled out, and be taken with them to every visit.

Or it can be available in the hospitals or clinics, as part of the patient's file. So they can fill them out. Here are some of the prompts… How I experience pain.

If the patient experiences pain in a way that is worth describing, not just crying, maybe withdrawing or

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becoming silence. It is important to know that.

How do they communicate pain? Are they going to explain it, or not explain it? Is it very difficult for them? And then some aspects of what causes them distress, in what ways to avoid distress.

So there are already resources there for providers to see… Loud noises, strong spells can cause distress, and these are the ways to help avoid this distress, though it can already be accounted for in the visit – this can be quite helpful.

Other solutions, as I previously mentioned, a patient can benefit from having sensory support objects. It could start with a coping plan, which could include these objects. But the objects can just be available as needed.

So for someone who is going through either a procedure, a sensitive medical examination, or any medical examination… Maybe they just do not tolerate medical examinations well. Can encourage a coping plan.

You can talk to them about what helps them to relax, breathing exercises can be encouraged. You could help them refocus with some thought exercises such as… Saying, let's stop everything, tell me five things you see right now. For things that you hear, three things that you feel, to that you smell, and one thing that you taste. Just to help them recenter if they are getting overwhelmed.

You could also have a code word, if they need to take a break. So they could say any word, and you will stop

Or discontinue the process. That could also be considered in a later appointment. Most sensory programs do include a sensory box or kit. Any tools could be purchased at the dollar store, or stopped by patients who have extra supplies. You could even leave their sensory support object at the clinic so it is available for them every time they visit.

Some examples are liquid motion relaxation toys. Tablets like an iPad, if you have the funds for that. Stress balls to squeeze, pipe cleaners to play with, fidget games, coloring books, you can go to a $0.99 store and buy a lot of these supplies to stock your sensory box.

It is not limited to children. Also adult boxes can be provided, it can include things like warming blankets, pillows to prop them so they feel more comfortable, water bottles, sunglasses, earplugs, headphones…

Again, you can encourage your patients and families to bring their own tools to these visits, so they have something they are already familiar and comfortable with.

Did you know that you can ask an ambulance to approach your location without flashing lights or sounds if you have sensory sensitivity? When you call for here, you can provide this information to reduce the loud noise and flashing lights that can make a patient fearful, or potentially trigger an

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uncomfortable aspect of emergency transport.

If you are in the hospital, or you have a patient in the hospital, you can get on occupational therapist to help with these sensitivities but the occupational therapist could walk the patient through all the examinations and procedures expected, and create a sensory plan, to help them be more comfortable with their sensory sensitivity. That can be quite helpful.

Other tips for providers, in terms of presence, do your best as a provider to reduce items that divide you from your patience. Like screens, computers or other tools. Minimize going back and forth. Try to have everything you needed near you, so you can demonstrate, explain, and you're not bouncing back and forth, which can be anxiety-inducing.

Of course apply the interaction techniques that we mentioned earlier, and modifications as we become more comfortable. Also you should note that your environment should be comfortable for you as well. If you are comfortable, this will add to your patient's benefits, and bridge into the way you want your patient to feel.

Maybe your clinic could be a beautiful, minimalistic space with gorgeous windows and natural light… This beautiful clinic is in Tokyo, Japan. They have a lovely set up! It does not even seem like a clinic, but even if it cannot look like this, you can do your best to reduce things in the environment that can be triggers.

Maybe you can provide blankets in rooms that could be called. Maybe even a fresh-baked cookies in the back, if cookies are something your patients like (Laughs) That is a Joke, maybe you cannot provide cookies…

There are benefits that are for providers and patients, and there is no reason why the spaces we used to care for patients should become a reason why a patient will not receive essential care.

The incredible bonus here is that all patients benefit. So even if you are not sensory sensitive, feeling ill can place you in a sensitive state, that will help you benefit from these options.

I find most impressive, that these solutions generally do not require a complete recall. They may require a low investment in finances, but they can be completely free. How can you go wrong in investing in things for free, that makes patients feel more comfortable? And make us all feel more comfortable? Here's my simplify plan, even simpler than the original list, or the SCRAMBLE.

If you like simple, I tried to make it as simple as possible. Three steps. One, soothing environments. Create the most soothing environment you can, with the resources you have. These do not try to buy a whole bunch of things or renovate a clinic. Work with what you have first. Try to reduce bright lighting, lowering the sound if possible, less people, things like that.

That is the first step. The second step is to provide tools to help patients when a trigger is present or predictable. So having a sensory box with toys, having sunglasses, earplugs, headphones, blankets,

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food, snacks, and a patient space if needed. This can be very helpful.

Finally, as a provider, providing clinical care that is soothing, calm, and clear, and considers a patient's sensitivities. Overall provides clarity to methods you are going to approach, including visualizations. Lots of patients benefit from that.

My aspiration is that with this talk I have made a case for the importance of considering sensory sensitivity, and that I have given you the confidence to create an environment in patient care, that supports all of our patients.

Or that you provide -- have found a way to feel more comfortable in the spaces. You for your attention and consideration, and I hope we can look forward to a clinical world that provides care for all patients with all needs. Thank you.

JOSEPHINE AKINGBULU:
Thank you so much for your presentation and your work in this area! We now have time for questions and answers from the audience. So we could maybe start from those already submitted.

Please feel free to use the chat box if you have any questions.

Maybe I will start, while folks are thinking. What kind of guide, or where did your interests lie as you dove into this area? Thank you again for your presentation.

DR DENISE M NUNEZ:
I pleasure, thank you so much for having me, and thank you for your interest and support of all of our communities. To get a better experience overall, in life, and in our development and all that.

I really respect the work that you all do, and the initiatives you support. Thank you for the question.

My original insight into this, was while I was training, I did some research on the expense of pregnant mothers with autism spectrum tendencies.

When I first found out that their rates of healthy pregnancies were not as expected, even for young women that had no other medical conditions I was like… How is this possible? Let's explore that.

There was data to support that it was the clinical experience but our moms were having them a our patients who were pregnant were having, during the experience. That it was a lot of the sensory experience.

Persons who are pregnant to have sensory sensitivity, prior, or if it is developed during their pregnancy, it can be quite severe. They can feel severe pain and discomfort, disorientation. It is really shocking how the sensory aspect of play can be quite dramatic.

Especially in the clinical space. So there are providers doing really sensitive examinations on pregnant

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persons, and not knowing that they cannot stand the feeling of touch. They actually want to throw up, or have nausea when they are touched in certain ways. They are very uncomfortable.

So they have to have these uncomfortable exams, regularly. And they are constantly a target of questions, and though it is all well intended, some of the pregnant persons with sensory sensitivity feel overwhelmed. And there are no resources that I found available to support them.

So I did more research, and created a plan to help pregnant persons with sensory sensitivity. Then I started to learn that this clearly goes beyond a pregnant person. Children experience this, adult experiences, any gender experiences this.

Many diagnoses may have sensory sensitivity aspects. So I thought, we are missing the mark in the medical field. I did not learn this in medical school, I was not taught this. I actually found it on my own. And I really wanted to advocate, that it is something that we should know about.

And how simple it is to support this. You do not need to learn a whole system, or by a whole bunch of equipment. But you need to learn a new language. It is simply understanding how someone's senses can cause issues, it could be sensory sensitive, or sensory seeking. But understanding how this plays into medical care is so important.

Some patients just cannot tolerate basic examinations. If you acknowledge that and try to help that, they will do their best to accommodate you because they know you are trying to help them. So it is trying to improve the experience for patients, and having medical care being more effective.

I thought it was so easy and so simple. Some providers who were doing this did not even realize they were accommodating sensory issues. They just thought that some patients like them to go slow, or stay away from them until it is time for the exam. I was able to interview some of the providers and let them know, these are sensory sensitive patients.

You may not know that that is what is going on, but you have been accommodating them. Some physicians are very in tune it to patient needs. Some sensory sensitive patients go to those doctors, whether or not those doctors know what they are accommodating for.

JOSEPHINE AKINGBULU:
Thank you so much for sharing that. For the sake of time maybe we will take one more question. And I guess you talked a little bit about enhancing some of the health workspaces, or health facilities to be able to provide some of this care.

Do you foresee any inhibitions, how receptive's have health facilities been? Is this feasible across the country, or the world? To do some of these enhancements that you mentioned?

DR DENISE M NUNEZ:
Great question. It really depends, there are different tiers to applying these supports. The very basic… Just being aware of it is something that generally is accepted. Understanding that this is something

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that is out there, and making modifications that are not using resources in your clinic, or hospital, these are also easier. Because there is no cost investment.

As far as I have experienced, no provider, clinic, or hospital space has been resistant. It has just been a matter of training them, ensuring how big of a priority it is. Unfortunately we found that some providers may feel apprehensive.

Like… They are not understanding why their patient is having a strong reaction. And they are not asking the right questions. So they may not provide the full care that they would want to. Or maybe they would opt out of seeing certain patients if that was an option. We want to eliminate that.

We want to reduce all Sigma -- stigma, and provide supports. We want to facilitate people, and clinics, and they tend to be quite receptive. It is feasible and practical, it is just a matter of sharing the message with different providers. Again, I was not taught this in medical school.

Some medical schools teach aspect of this, but it is a tight curriculum, and there is a lot to teach. So emphasis may not be made to the way it should be. So sharing the message and helping people understand that there are different tiers, and if they are asking these questions they are only going to and if it to the patient and improve the clinical experience for everyone.

JOSEPHINE AKINGBULU:
Amazing, thank you so much. Again this was very insightful. Maybe we will go to the next slide. I know we have a few announcements.

We want to invite you all to register and attend our October women are that will be presented by Dr Laura Crane. Feel free to register in the link provided in the chapter.

And again, thank you for attending this webinar. The links for the previous recordings are also in the chat. We look forward to seeing you at the next webinar.

And if you have any future questions, these feel free to reach out to us here at AIR-P, or to the speaker directly.

And have a great day!

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