Supplementary Material

Table S1. Additional supporting quotes.

Life Experiences		
Subtheme	**Description**	**Quote**
Culturally Diverse upbringing—influenced uunderstanding of disability.		P1: I guess, so being a Northlander, my Dad's Māori, but he's not from Northland, my husband is Māori from Northland, and I've gone to school up there and (…) the ethnicity up there, depends on what community you're in… never less than 30 percent[Māori] and in some places it is higher than 80 percent[Māori] depending on the community… so I didn't even really identify myself as Māori until I came to Dunedin and realised that I was not quite the same as some of the other Pakeha that were here… so I guess that is one of those things…so I speak some Te Reo Māori. P2: I feel like with the culture that I come from any sort of disability was kind of stigmatized. So especially physical ones, that people could see, also mental ones as well but, that was not something you can see easily or know someone having easily so there wasn't really talked about as well, like if I saw someone, obvious physical impairment or something along those lines and I'd asked my parents about it they would they wouldn't talk about it. P4: I'm Hindu which is a religion, but it's also like a culture, I guess, Indian culture. Um, so in our culture we're very spiritual people so …if something is wrong physically like it could be caused from something not right, spiritually, or something not right, mentally, so I think that's why it resonates so well because we do believe that like well-being like part of well-being, as you know, being spiritual and having a connection. P4: Anyone with like a disability is seen as less which, um, is quite hard because like even my parents still have that old school belief. Um, so, I think coming into physio like I definitely I don't particularly think… "Oh, this person is less or like not as good as me or anything because they have a disability", but I realized that it is a belief from my culture. P7: I grew up in Sri Lanka and Singapore and then my family moved around a lot. So, I've seen it from… different perspectives and like different cultures…we lived in the US for a bit and then Asia…Now, China…I guess. Seeing it from different perspectives like…for example, in like looking at… Western versus Eastern practices…it's more noticeable, at least in the past when I was younger, in Asia to see discrimination…Um, so I guess it's like just like different [between] Western and Eastern [way?] on how you perceive people with physical disabilities. P8: When I meet with people they would call it (MAYAIKU), which is like a disease caused by ghosts or a spirit. And the reason why they have [a disability] is because they must have done something in the past that triggered the spirits to, which made…them have a disability. P8: I'll just compare Samoa and New Zealand. So back [home] some disability and mental health are like really stigmatized like, they would think all the spirits have caused this. And then they will look at them in a bad way and mental health and disabilities.
Previous life experiences with DP enabled a more nuanced understanding of social determinants of health		P1: Some people get put off by, whatever that initial impression is and they get very, somehow that [the] therapist can't see their way past focusing on the disability. P3: If you've had like a chance to be educated in the system you would know better, like the health care resources available for you, like, you know, what is available for you. The benefits available and things like that and you'll be more likely to access this health care. And even …if the health care is not accessible to you, you would kind of like bring it up to relevant authorities and things like that so that you get what you need. So, you know, there's a better chance if you've been educated in the system that you know about things like that. But if you, you know, if you are not educated, then it's likely that you know you don't have access to health care because you're not aware and if you do need the health care, you know…You don't know how to get help for yourself. That's how I see it's like a vicious cycle. P3: I think it's quite a universal experience in the sense that like, someone having like a knee amputation they will probably go through a universal experience of like feeling depressed, you know, like feeling a loss of independence feeling like you know. Their a burden and things like

	that. So I think, culturally, there wasn't a much difference because I think it would be quite similar, no matter where you are in dealing with this kind of patients, you know, they'll probably be quite vulnerable at the start, and you probably have to approach it in the same way no matter what culture, you're in. So I think yeah, There isn't much to say about that for this example. P9: I was just looking at study link. And it's such a nightmare to try and get your student allowance. or anything, and I'm [a] reasonably educated person that knows how to use a computer. If they are indeed not knowing, which is I'm assuming they probably wouldn't… Yeah, it's probably just like a lack of… to be able to operate on some level that would allow them [disabled people] to…have the self-efficacy [to] put themselves on the right track to getting that sort of thing. No, like they don't have the right skill set, I suppose. Using a generalization… All the steps that go in between you getting that money and …the barriers in in accessing your benefits…and the government doesn't really seem to mind people flying under the radar like that. Probably helps [shore] up their budget, a little bit, might be a little bit cynical, but that seems like what's happening
PROFESSIONAL EDUCATION	
Subtheme	**Description** **Quote**
Awakened cultural, health and disability models knowledge	P1: I guess to me disability is more about function and health is more about sort of I guess the state of your ecosystem…I think health is about the status of your personal ecosystem, disability is about what you can do, what you need to do, not necessarily related to the state of your personal ecosystem. If you got me to go and stand on a stage and be an opera singer, I would have a disability (laughs) yeah, no, there's that, yeah, if you ask a fish to climb a tree, or, so um, I think it's entirely dependent on your environment and the scaffolding available. P2: I guess a disability comes into a part of health, if you are looking at a person health, then they could have a disability? under that? Like certain conditions, like they have a vision impairment then that's under health, like the whole well-being and that's just um, yeah something that makes a person who they are? I guess, yeah. I don't know if that answer made sense. P3: To me like disability is more of Um, I think, like I mentioned, it's kind of like a social construct like it's what society makes of it because, You can have, like, for example, like a like a knee amputation, but you might not see yourself as disabled. If you feel like you know you're able to do things are able to be independent and you're enabled to do things by yourself, but society may see you as disabled… So it's like a social construct. Like it really depends like on how define your own personal health. But this like disability…it's very personal, really like you know it's an opiniated kind of thing. P4: Health, um, I'd probably say, So this four parts to health and that makeup that they all together make up well-being. So, I would say, spiritual, mental, social and physical I'm pretty like, like that Māori health model. Which I definitely believe in. So that would be my definition of health. Um, I think disability has a negative connotation. And I think that, um, Sorry, I'm just thinking about it. P5: Um, I feel like they go hand in hand. Like personally I feel like. Obviously people who have a disability, they tend to have, not deprived but a bit disadvantaged in terms of their health, that's why they kind of need the help. It's not, I don't think it's like separate. I don't think, yeah. I feel like everyone deserves like good health. Yeah. P6: I think it's just all about the wellbeing. It doesn't have to be about like, It doesn't always have to be something about Medical condition, or medicine, but it's also about the emotion… like if people are like short-sighted, are they like disabled? I'm not sure. Yeah, I'm not sure yeah to be honest P7: I guess when you're thinking about health, you're thinking about, like, like if you're able to function…But like for some disabilities, it's different, like they were born with it. They know

	how to, like handle, and they're still healthy. And they have their health. I don't know (laughs) yeah P8: Health, well disability does come under health as disability is just an impairment. But however, you still maintain a really proper health and health is just your wellness how you maintain your body how you take care of yourself. P9: Well, they're not mutually exclusive. I don't think…I don't necessarily think there's too much overlap. You can be a perfectly healthy disabled person. But depends on, what their disability is and whether or not it's causing trouble. Yeah, you could be a healthy disabled person. Yeah.
Theoretical knowledge provided a foundation of disability concepts; yet knowledge was sometimes superficial or limited.	P2: I feel like at Uni, because we've been taught about the topic of people having disabilities and have had exposure to people with disabilities that it's helped with how I approach it…just because they have a disability they are still a person (laugh) so first and foremost treat people as a person like as if they were anyone else P2: Through our education or the education, I don't feel like we're being taught a lot about how people with disabilities get access to the things that they need? P3: To be honest, I don't know very much in detail about, you know, the policies available for people with disabilities, but I do know that the government definitely plays a huge like a massive role in facilitation of health care services for these people. Because I mean, after all, the government is the one setting all the policies and determining access and budgeting and things like that. So they're definitely the ones having a huge role in, you know, allocation of resources and things like that. But in terms of like full details about, you know, what kind of benefits and what kind of allocation of resources are going to people with disabilities. I'm not sure about that. P3: What we've been taught in physio school like to see the person as a whole. To be honest, I feel like, I don't specifically use any model. But if I had to like choose one, I'd say like Te Whare Tapa Wha, it would be the one that I have in the back of mind, the most because I feel like that one again like it aligns best with my personal beliefs. Like, it's very multi-dimensional. It's not just…even though we are physiotherapist…It's not just a physical aspect of it. There's like mental, you know, physical, spiritual and Environmental like many, many different things coming together. P4: I understand that those models are part of our teaching because we do have such a large Māori population and Pacific island population, but I think like…I don't know how to explain it. It was sort of forced on us a little bit. P4: I guess online there is information and in like a medical practice. There's like always pamphlets and stuff with information that but honestly. Aside from that, I don't know….I guess because I don't like, I don't have a disability. I guess I should know where to find it in case my patient needs information. (laughs). P6: I think it's just all about the wellbeing. It doesn't have to be about like, It doesn't always have to be something about Medical condition, or medicine, but it's also about the emotion and like also that is. It is also influenced by environmental factors. Like family, friends, like work, yeah P6: Like for like for like Pacific patient might be like, we have to learn how to connect with them…like know some background about their culture or ask them where you from, and like maybe we have to have a grasp of knowledge about that country…Maybe we have to pay a little bit more attention to them because they are like considered to have higher risk of not [accessing] the health care system compared to others. Yeah, so it's more like we have to build a connection with them, build a relationship with them…so we can help make them trust the health care system Yeah. P6: What I heard from my lecture or um my friends… most pharmacy they provide free delivery for disabled patient. So they do delivery for medicine, like, prescription. Yeah. So, but I feel like I'm not sure about government policy.

	P7: Specifically, like I'm pretty sure this year, we haven't had it yet, but we have a module on like special needs patients and like how you go about treating them. P8: For frameworks for disability…We only learned one framework on how to approach people with a disability…It was the New Zealand Disability Strategy. P8: No, I think everything I've learned now was from education system here they've taught me a lot. And they made me understand a lot in terms of disabilities and mental health. Yeah, cuz back home. I did not understand anything. So I'm really happy that I came, I came here just to understand and learn more about it. P8: And we do have the Pacific immersion program in medical school. It's really hard for other people to understand what they're talking about. But when they teach me, I can understand and relate to what they're talking about. P8: There are a lot of policies that enable people with disabilities to get their health care of resources. There are a lot of people who support them, who stop discrimination. I think there's like the Human Rights Act. They [the government] do provide funding. Yeah I know they do provide funding in terms of providing health care for those with disabilities. P9: We learned a little bit about disability in in medicine and It's like, it's like the lack of a certain ability. Right. What dictates the abilities that you should have is the norm. So, um, for instance, what's making someone disabled is Often it's being disabled, because it's not cohesive to them being able to do what they want to do…Disability is bit broader than just lack of inability to do something… it's a wider environment that goes with disability and enables disability… But honestly, I just don't remember it.
Experiential learning deepened understanding of disability and provided the opportunity to apply theory to practice. This type of learning increased awareness of funding options, daily life of disabled people and the importance of developing therapeutic relationship and treating everyone equally. But there were challenges to applying theory to clinical practice too.	P1: They sort of become built in into your approaches, you use them, yeah, when you need to. Where it really does help is when you've got a TEAM of people where you're working with along and where you're trying to layout or compare input, you've got a lot of bits and pieces, um and also when there's lots of complexity in the social and wider environment, I find going through those models really useful or where I'm trying, where things aren't going right and having to go back to basics. So sometimes using that kind of framework gives you, a framework to start looking at those things and inevitably there'll be some glaring great bloody hole, you know. P1: I think, and this is really hard to do as a student, of course, you're trying so hard on not to forget stuff. like that's pretty much my whole time eh, well once pretty much a clinician, you've got a few automatic steps under your belt, that frees you up a little bit so kind of got that second part of your brain that can sit there and go, 'huh, I wonder about or whatever rather than just madly trying to not forget something' P2: I think for one placement I was told to fill out the ICF model for a patient… I would say mostly at the assessment, and then, uhh? I would, um, mostly during assessment and then throughout would be points where I would refer back to it to just see what else I need to consider when the patients progressing?, Yup,I would say fairly confident in applying the frameworks into real life? But like I said I haven't done it explicitly, I wouldn't pull up I haven't pulled up a framework and used it, um, in clinical practice. P2: So hearing impairment and it was very difficult to communicate with her and she also had dementia, um, so that made it more difficult just to get her to participate in physiotherapy…use different techniques such as like showing her physically, um , guiding her through exercises and then visual prompting and a lot of verbal prompting like making sure I was speaking loud and using simple instruction…So I guess the, what I was communicating was a challenge that I had to communicated or how I was communicating it, yeah so I had to communicate a message in many different ways sometimes before she could understand it. P3: But in a rehab in the longer-term setting. Then see why you want to use it with a patient or a person You know, like to get the goals of the patient. Um kind of like, you know, clarify the goals and work towards them make plans, you know, find out what kind of body structure and function um, Limitations are contributing to the condition and what kind of activity and participation limitations, stuff like that. That's why I feel like I don't use it that much because, you know, it's quite detailed…So you can have everything like, Nicely down on the paper and everything, but if you just keep it to yourself. There's not much use to it really. It's more of like,

talking to the patient through the subject of interview getting all the information and you might go back and do the ICF on your own

P3: And also a few I've encountered with spinal cord injuries. So, things like getting them onto the wheelchair teaching them how to Use the wheelchair, making sure that you know they're safe and they know how to navigate, stuff like that. Yeah. So those are the experiences I've had. Make things functional for him [patient] in the sense that will give him like mobility strategies like teach him how to move like from the bed to the wheelchair using like a banana board or sliding board, you know, things like that. Teaching him how to move around in bed now that he doesn't have legs anymore. So, like just giving strategies to enable him to become independent once he gets discharged from the hospital because it was really like such a new thing for him. It was so shocking and, you know, he just felt like he lost all of his independence and he wouldn't be able to do things for himself. But it was just more of showing him that he actually can use certain strategies and use certain equipment or aids to help him, to regain his mobility.

P3: Even though I feel like in practice it is. I mean, yes, it is useful, but I feel like you don't have the time to use the ICF on every patient that you might come across. Maybe it might be more useful for patients in the rehabilitation setting where you know patients are in for longer term, and you might have more time to work with them. With their goals and stuff. But it will be let's say like possibly less useful in an acute setting where things are very fast paced and like, you know, the main priority is to discharge the patient, you know, just discharge, like get the patient home. So, then the ICF wouldn't be too important.

P4: I just sort of like I saw that she was having like, her Mental Health perhaps wasn't as good. So then I was like okay this is sort of like impacting her physical health. So let's try and work on that. So I wouldn't say I use the Te Whare Tapa Wha model like explicitly but it was definitely part of my thinking. And yeah, particularly the participation and activity part of the ICF model like directly correlates to the goals, that the SMART goals that we set, me and the patient.

P4: Like, yeah, I was just like, that sort of thing, like I think it took me back because I haven't had a patient not understand those subjective questions. So I think like In my mind, it seems like, oh, they're, they're pretty straight forward questions, but like for him. They weren't and so yeah.

P5: The dental side, it was weird, because I remember the older lady and it was kind of hard for her, she was always, uncomfortable when she laid down on the chair, like my dentist was trying very hard to make her comfy, but obviously there is only so much you could do for like in terms of like back pain. I was just like, oh, and obviously some people don't like keeping their mouth open for that long, especially older people, 'oh, that's like uncomfortable'. Which is fair enough because they're old. Yeah you have to make them feel comfortable and have some empathy. And also…I don't want them to feel like their useless kind of thing, you know when they are actually like so capable.

P6: Yeah. Like, especially if they are Māori or Pacific people, I might have like trouble in reading their names. Like, I still couldn't see myself using all the points from the health model… The thing is more, especially in community like we have a limit of time. Most patient, they don't think they would want to spend a lot of time in pharmacy…. So like, it's quite difficult to know each country specific culture. Especially like for international student like me because, I'm not familiar with the um, the culture like I haven't seen many of them like, We just have two Pacific students So yes, kind of, difficult. Yeah.

P7: Yeah, so, you have a lot of barriers like grades and like trying to finish up our degree… This especially towards the end is like we're all just like rushing to get our clinical requirements so that we can pass and move on to the next year. It depends on the cases like sometimes and myself included, I know, me and my peers, like we get blinded by the fact that we sometimes see clinics as just a thing for us to, like, you know, graduate and pass. So sometimes we forget that like these patients are humans and we like tend to rush things and we don't like sometimes like sit the patient down and explain…So I think some of us like forget

that we should be putting the patient before us because we're too scared of our tutor and passing, so, Yeah.(laughs) so I feel like we need to remember that these patients are here to seek treatment and need to be treated nicely. And not just like our grade.

P7: Like, This isn't really a disability but like I had a patient that needed an Arabic translator and like, I didn't know that we could like hire translators. (laughs) Until a friend told me, I was like, freaking out because I'm like oh my god ! I need to find something that speaks Arabic in our class! like I don't know what to do. And they're like, oh, no, you know, you can just like hire someone, but that school will do it for you. And I'm like, okay, it's just like, things like that, you know, and I'm sure. It's like with disabilities as well.

P7: So, I think, um, Just like with that example of communicating with his son to, like, make sure that the patient is comfortable And like understands what's going on and then like for someone with like a mental disability, such as like clinical depression. I guess it's just making sure that the patient is comfortable, like always knows what's like going on like what we're going to do next. Just so like nothing like scares them or gives them like anxiety and just like, I guess. Coming down to their level, if that makes sense. So, like what we're always taught is like don't talk down to them, like sit down and look at them at eye level.

P7: I guess it's just making sure that the patient is comfortable, like always knows what's going on like what we're going to do next. Just so like nothing like scares them or gives them like anxiety and just like, I guess. Coming down to their level, if that makes sense. So, like what we're always taught is don't talk down to them, actually, like, sit down and look at them at eye level…for someone with like a mental disability, such as like clinical depression. I guess. I know like some of my like clinical buddies that have had, like, people that come in in wheelchairs and stuff. We have like wheelchair accessible chairs and we also have like the chairs able to, like, move down and up, so it's easier for us to like hoist or like help a patient, get on the chair. Um, yeah, stuff like that, I guess, making sure there's like not too many like loud noises for patients that get scared easily, um, Yeah, I guess.(laughs)…Yeah, I think, though, it's, it's something you definitely need in any health profession, I think. But like, especially like dentistry, because people are scared. (laughs)

P8: Yeah, [coming] to the patient's level…before you judge them from their past history. Um, so I had a patient…with schizophrenia… he had intimidating behaviour and he would threaten them. Um, so I had to approach him calmly with, um, my consultant, and he was able to interact with me if I spoke to him in a calm way.

P8: I guess I used to follow the Te Whare Tapa Wha model mostly, during my time at the mental health unit, um, yeah, its quite helpful. So, um, when you take a history I divide sections, I would always talk about first interview them about the associated symptoms. So that will come under biological And in psychological I'll move on to mental health and see what's causing them to be stressed, causing them to act this way and then social I'll move on to ask. Ask about like housing financial education. Yeah, so it's like a systematic order that you take your history

P8: Anyone with a disability, apart from the mental health unit Invercargill, and I was never able to take a consistent history. With an individual who had an intellectual disability. Because he was in very agitated state, and he was not, he was not supposed to be there because there was a different whole different environment there. Um, so I was not able to talk to him, but I witnessed my consultant, talk to him. In a calm manner and um he she was able to calm him down first…She started well by just having that conversation in the beginning, just to get to know him.

P9: Um, well. Reasonably confident I think I'd probably print them out and have them on my wall [cultural health model]. Yeah, I think that would just look over and now just learn them pretty easily based on that, But then, Some of the four Aspects of health as described in Te Whare Tapa Wha, that I think You can be made aware of the other things like racism, colonization, marginalization and people's, People's context. Based on that…so if I saw some I know, think about how I could have done better, what their context is what their environment is what activity their environment is more conducive to all the things that go with being them, I suppose

P9: I just tried to be nice to them and smile and I don't know… that was pretty much it really.

	SOCIETAL EXPOSURE
	P5: I know, is it the physio school, not the government but the education, you know the physio school in Otago, they have that wheelchair access now (laughs) that's all I know, I don't know much.(laughs)…And always like it Triggers me!, Like going up to Sim [simulation] clinic, by the Dent school…I always think like, 'oh my god, if someone is in a wheelchair, crutches, it was just hard, for them to get up the stairs, how can they even get there' , especially like when you're a student obviously you want to learn but you're like disadvantaged like in supporting in terms of like you're learning and it just annoys me, it's always just kind of okay (laughs) trying, but you know, you should try harder. P6: I don't know what it's called but like when they can't write their own answer right, when they can write and so They have to speak to someone, a note taker or note taking or something
Societal Exposure University inclusiveness, environmental accessibility and media.	P3: It's pretty nice seeing like sometimes, you know, you just see messages around like people with disabilities or, older people, people who are pregnant…Like they just get, how do I say, like priority access. So, I've seen like things like that around before, but I'm just not sure of, like, you know the exact details like what they're getting. The specifics of it. Yeah P4: Don't know much about it, to be honest. Yeah, Um, I yeah or like the only thing that comes to mind is like how there is, how now there has to be access to all buildings. For people who can't walk up steps and like, so there's elevators and buildings for people with like, who are in a wheelchair and there's ramps. P6: I think, New Zealand, as a country, they have a quiet good system for disabled people. On the bus, like transportation…the drivers…a person on the wheelchair, they would like level down the bus and like,…I never seen this before in Thailand... in my opinion, I don't think disabled people would have trouble to come to pharmacy or to GP clinics like, on the entry, you would see the that the whatever, like the ramp,…most of the pharmacy, they are on ground level…Especially like on pathway, you can see the,... The indicator on the grounds for blind people. P7: Well, I get that sense it's like all these people with disabilities and just thinking of life example like TED talks that I've watched of these [disabled] people. Like a lot of them are saying like 'disability doesn't hinder who I am'. Stuff like that. So I guess like watching those kinds of stuff in the media changes your perspective and just reminds you that they're just human beings as well…So I think that's like a good reminder through the social media…I think now, more so than ever, people are more accepting of people with disabilities. Like mental health issues. So, like, yeah, the media is really like shining light on that. I think P8: But the media. Yeah, it does have like a role in stigmatizing disabilities, you know, like the school shootings back in America. There was stigmatized and say, oh, this person has a mental health disorder. This person has a disability. But really on the statistics shown, there's nothing involving in disabilities. It's just how the person was raised…but yeah, I think the media does play a role in making people with disability feel as if they're not part of the society not part of the community. P9: Maybe the fact that disabled people aren't really in the University, Makes them a bit of a pariah in some, in some way, not saying they are but, It's like they're excluded. And therefore, seeing them as like a bit more shocking than it should be, perhaps, So maybe the fact that they're not represented. Maybe that's maybe that's probably a problem, Less approachable, less humanized.
Comparing health and disability concepts	P1: I guess to me disability is more about function and health is more about sort of I guess the state of your ecosystem? That's a stupid word, like, yup, health sort of more of a biological function, or a biological status, I guess, that's me being more limiting though, yeah, but there's a really got quote that said something , "unless understood so widely as to be a state of perfection or something", I'll find it and email it to you. There's a really good quote, and I think it depends on the purpose, are you healthy, yes I'm healthy but then there's all sorts of detail underneath that. That's really hard, ok, I think health is about the status of your personal

ecosystem, disability is about what you can do what you need to do, not necessarily related to the state of your personal ecosystem. You got me to go and stand on a stage and be an opera singer, I would have a disability (laughs) yeah, no, there's that, yeah, if you ask a fish to climb a tree, or, so um, I think it's entirely dependant on your environment and the scaffolding available.

P2:I guess a disability comes into a part of health, if you are looking at a person health, then they could have a disability? under that? Like certain conditions, like they have a vision impairment then that's under health, like the whole well-being and that's just um, yeah something that makes a person who they are? I guess, yeah. I don't know if that answer made sense.

P3: Um, I guess, I don't know exactly how to explain it, but to me like disability is more of Um, I think, like I mentioned, it's kind of like a social construct like it's what society makes of it because, You can have, like, for example, like a like a knee amputation, but you might not see yourself as disabled. If you feel like you know you're able to do things are able to be independent and you're enabled to do things by yourself, but society may see you as disabled. Just because that you know you don't have legs. Things like that. So it's like a social construct like it really depends like on how you see how you define your own personal opinion but health is more of like a, you know, You're either healthy or, you're not, like, I don't know how to say it like you know it's quite defining in the sense that like their medical criteria. And you know, you can be diagnosed for something like a mental problem or physical health problems, things like that. Yeah and you know when you're well. And when you're not well but this like disability…it's very personal, really like you know it's an opiniated need kind of thing. That's how I see it.

P4: Health, um, I'd probably say, So this four parts to health and that makeup that they all together make up well-being. So I would say, spiritual, mental, social and physical I'm pretty like, like that Māori health model. Which I definitely believe in. So that would be my definition of health. Um, I think disability has a negative connotation. And I think that, um, Sorry, I'm just thinking about it.

P5: Um, I feel like they go hand in hand. Like personally I feel like. Obviously people who have a disability, they tend to have, not deprived but a bit disadvantaged in terms of their health, that's why they kind of need the help so they kind of need the same, I wanna say same rights, but kind of the way of living that we can, as much as possible. I feel like health and disability does go hand in hand, it's not, I don't think it's like separate. I don't think, yeah. I feel like everyone deserves like good health. Yeah

P6: I think it's just all about the wellbeing. It doesn't have to be about like, It doesn't always have to be something about Medical condition, or medicine, but it's also about the emotion and like also that is, Is is also influenced by environmental factors. Like family, friends, like work, yeah
Yeah, yeah. I'm not sure I like because like some people like there wouldn't need health professional like for example like, um dietician is but like they don't have any like have any impairment, like they don't, they're not just for like, yeah, so it's kind of like difficult to like, yeah. Yeah, so I'm still like, Yeah, the word is still like fighting on my head. Like if people are like short-sighted, are they like disabled? I'm not sure. Yeah, I'm not sure yeah to be honest

P7: Differences? Um, I guess when you're thinking about health, you're thinking about, like, like if you're able to function. Like, for example, like, Is your heart like working or something. Well, I get that sense it's like I know like, like back to when I was like saying like how the social media like you're saying like all these people with disabilities and like just thinking of life example like TED talks that I've watched of these people. Like a lot of them are saying like this disability doesn't like hinder like who I am. Stuff Like that. So, like, I guess, in that sense, like those disabled people still might be healthy, if that makes sense? Like, just because um, They have like I don't know, for example, like a growth like disability like something that hinders

	their growth. Doesn't mean that they're like not a functioning healthy human being. Yeah, so I guess that's something to understand as well. Like, even though, like in dentistry. For example, when we do that medical history, we're just checking off boxes like do you have this, do you have that you have that, like, even though they might have like certain like, like a growth disability. For example, it doesn't necessarily mean that they're not healthy. So I guess they kind of go hand in hand, like, even though like I guess some disabilities like can affect like your organs are like your mental health. I don't know, but but like for some disabilities, it's different, like they were born with it. They know how to, like handle, and they're still healthy. And they have their health. I don't know (laughs) yeah P8: Difference between the two. Health, well disability does come under health on disability is just an impairment. But however, you still maintain a really proper health and health is just your wellness how you maintain your body how you take care of yourself. P9: The differences between Disability and Health. Well, they're not mutually exclusive. I don't think There's two different, I don't necessarily think there's too much overlap. You can be a perfectly healthy disabled person. But depends on, What their disability is and whether or not it's Causing you Trouble. Yeah, you could be a healthy disabled person. Yeah.
Students' recommendations on improving teaching on disability	P1: I think, maybe breaking those questions down more, um, and also using some of those strategies from communication around normalising experiences because sometimes the way we ask a question can seem prerogative and just the fact that we are asking it, kind of thing, um, so I think um, probably more practice, it's great to have the high level stuff, I know as a student I always find it really useful when one gives me specific ways of asking, or when I want to know this, these are kind of the ways I might frame it or if that's not going down well and down to using like specific words, oh, other people that I've talked to are having similar difficulties to you have also reported issues with overusing their pain medication, um, is that something that's come up for you, yet? No, Yes, explore further kind of this, as opposed to saying, you know, do you misuse your medication, I don't know, yeah, does that make sense? I really like the practical breaking down components on how people do things and not just the high level, it's important to do these things. What you want us to do and what that looks like in practice, and some modifications of it, because it's not gonna work the same for every person that we interact with…So I think the way we teach about all components of the human condition, should not be prioritising one, but noticing, the positive and negative components of these presentations, yeah, anyway, so that is one of the things I see it all the time in Medicine obviously too, yeah, and some people are better at presenting that than others, I mean others people have obviously have no reference range to include the rest of it. Yeah P2: maybe getting people to actually do them [use health and disability models] on clinical placement? In a real life setting, whereas I see in most clinical placement you do, do assessment with patients with that in the background, like what the frameworks in the background or at least in my mind, but I'm not explicitly using it and going through the frameworks P4: Because I do remember we had a lecture on like how to talk about people with disability. So like perhaps there was information in there. But if it wasn't, then that would be a good place to put it… I feel like on placements.is the best time to like give us these resources because I think we're in the moment. We are seeing relevant cases and yeah I like I'm known for fact that when I'm on placement. That's when I learn the most And that's when I want to learn the most as well. Somewhat more receptive to any kind of information that's relevant. So, I think like maybe clinical educators and supervisors would be a good place. So if they know where to find the information they can you know, Inform us. P5: I feel like they should have like one whole lecture just on health and disability. I'm not gonna lie, it's not only one whole lecture at the moment, they just do it like one slide of a lecture…I feel like, it should be something like, once every semester, they should maybe like refresh them.

P6: Um, so like we would have, um, so like we would take the. Um, so like. Maybe like we just break down the idea of the health model and, like, how, how can we use that model to approach patients, and apply to pharmacy setting? …Yeah. So I think if we have, something that is more hands on, like definitely of course we have people from Pacific and Māori centres to teach us each Model, but like these people, they are familiar with the health system it would be nice if we can talk to actual, patients who have no idea about health model. So, we would get [to] know how to approach them.

P7: I guess it [would] be kind of cool if they like taught us like different scenarios and like how the [disabled] patients might react. I mean you can never predict like you can always like find something new, like patient can decide to do something different, each day, but it'll be cool if like they decide like oh I say react like this, like this is what you should do…And like [showing] what is available to us like I know that's something that Dent school struggles with is that they don't tell us, like the resources available to us. Especially if it was like disabilities and stuff. What resources are available to us. I feel like if they made like If they like sat us down and told us, like all you can use this, this, and this….I think mainly is that, I wish it was emphasized more in our curriculum, like it's one thing to teach it to us in a lecture. But it's another thing to, like, make sure we're bringing the concepts into our clinical practice. Like, for example, like we'll learn like how to do a filling in a lecture. And then our tutors and clinical sometimes like you know randomly quiz us to see if we know what we're doing. I think it'd be cool if they did that for like the disability concepts and like how you approach a patient and stuff. I know…And I think that's something some tutors and some students forget, is that, yes, we are looking at the patient's teeth but like you have to think about the patient's overall well-being, as well, so, yeah, I think it's just like thinking about the patient as a whole and treating them nicely. And that, and don't discriminate.

P8: Yeah, I feel like this should be all throughout the course to remind us on the different frameworks to remind us on how to approach patience. Theory into practice because theory is just words eh, like, you don't really know you need the experience first before you implement it in practice. So I feel like though during those four weeks, we should have gotten A person with a disability to just to interview them and see what their views on how to interview them are.

P9: Um, I don't know, they're a Little bit dry to learn, but I think they're done as, reasonably, as well…maybe work them into like, like history taking like if you had a Māori or Pacific person. Um, They could be a follow up question. And then, but then put it into the exams like how you would respond to them based on that …. I think that might actually be already in in the course, later on. Yeah, you have to have taken history from Māori person go through the Hui process and everything so, um, But we haven't done that yet.