Deaf Patient Care
Transcript 60 min

Welcome to the MCarES Deaf Patient Care Training.

Deaf Patient Care is an interactive training designed to help health care providers better serve Deaf and hard of hearing patients.
You will gain perspective on the unique challenges and needs of Deaf and hard of hearing patients when seeking health care, and will challenge possible preconceived notions about individuals in the Deaf and hard of hearing community.

You will experience a variety of scenarios through the eyes of two Deaf characters, Jim and Kristen. As you make your way through the training, you will be accompanied by Dr. Michael McKee offering valuable context, perspective, and best practices. The materials were developed in collaboration with a variety of members in the Deaf, hard of hearing, and health care provider community. You will hear some first hand perspectives from this community as well.

Why was this training developed?

People with disabilities have significant health disparities and face barriers to accessing quality health care. Deaf patients are especially underserved and marginalized in health care settings. First, communication barriers with health care providers lead to fear, mistrust, and frustration among Deaf patients as well as to misunderstandings about their diagnosis and treatment. Poor communication is associated with lower satisfaction with health care quality and access and more preventative adverse events in acute care settings. Second, Deaf patients often have a limited knowledge of health information. Patients who were born Deaf or lost hearing prelingually have no access to incidentally occurring health information from family members, radio, television, or public health service campaigns. Unlike their hearing siblings, they often have no information about their family health history. Finally, Deaf patients with other minoritized identities (e.g., race, ethnicity, gender identity, LGBTQAI, etc.) are at a higher risk of marginalization and health risks. With meaningful training, health care providers can become more competent and comfortable providing quality health care to Deaf patients.

Before you begin

The Medicaid Care Experience Simulation (MCarES) Project is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this training are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.

The AAFP has reviewed Deaf Patient Care Training and deemed it acceptable for up to 0.50 Enduring Materials, Self-Study AAFP Prescribed credits. Term of Approval is from 09/01/2022 to 08/31/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMA/AAFP Equivalency:
AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 credit(s)™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

The following virtual reality simulation contains content that some people may find triggering. If you believe that you will find the material triggering, you may choose not to participate and you can withdraw at any time.

About the Training

This training was developed in collaboration with community partners, health care providers, and representatives of the Deaf and hard of hearing community through research and interviews.

You will see video testimonials gathered from healthcare professionals and representative members of the Deaf and hard of hearing community throughout the training sharing their personal and professional perspectives. Community members also helped shape the training materials, examples, and interactions.

Timing and Technical Requirements

On average, this training takes approximately 30 minutes or less to complete. The web-based training uses interactive 360 environments, scenarios, and supporting materials to show a variety of daily and healthcare experiences the Deaf and hard of hearing community may encounter.

You will progress through the following two major content areas covering:

Unit 1: Assumptions and Accommodation
Unit 2: Health Literacy and Family History

Each section begins with an overview of objectives and instructions for the interactive elements.

Through the training, Dr. Michael McKee will act as a guide. Dr. McKee is a physician, the Director of the Deaf Health Clinic at the Dexter Health Center, he also directs the MDisability program at the Department of Family Medicine and co-directs the Center for Disability Health & Wellness at the University of Michigan.

Learners will be presented with key concepts, terminology, and perspectives throughout the training.

At the conclusion of the training, you will be provided an opportunity to build a plan of continued action along with a variety of resources for further exploration.

Begin Training

Training Introduction with Dr. Michael McKee

Hello, I'm Dr. Michael McKee
Please take a moment to watch this video introduction from Dr. McKee. He will offer context, terminology, and helpful best practices through the training as you see the world through Jim and Kristen's experiences.

Visual description: Dr. Michael McKee is a white man with glasses standing against a dark gray background.

Hello. My name is Dr. Michael McKee, and I'm pleased to help present this training on how to best care for Deaf and hard of hearing patients. I am a family medicine physician and also conduct disability health research at the university of Michigan, where I also lead our Deaf health clinic.

I also serve on the board for the association of medical professionals with hearing losses as a physician with a hearing loss, I am very invested in improving health care and reducing health disparities for the Deaf and hard of hearing community. In this training, you will experience several situations Deaf and hard of hearing individuals may encounter in their lives around healthcare.

In addition, you will meet six people who will share firsthand accounts of their lived experiences as health care providers and members of the Deaf and hard of hearing community. Are you ready?

Introduction with Community Professionals

Hi, I'm Dr. Barbara Laroque. I'm a primary care physician and internal medicine and pediatrics at Primary One Health, which is a federally qualified health center here in Columbus, Ohio.

My name is Dedra Phelps. I'm a lead medical assistant with Primary One Health. I've been a medical assistant for approximately six years.

My name is Christina Wieg, and I'm a person who's hard of hearing. I had adult onset hearing loss. I am currently an attorney in Columbus, Ohio, and I'm a board member of Deaf Service Center.

My name is James Beaton. I was born deaf. I'm an accountant for 40 years. And I'm a former board member for the deaf services. I did not know I had a hearing loss until I was four years old. I had a lot of training in speech and just because I speak well, that doesn't mean I can hear well. So I rely on lip reading, and if I don't read your lips, I can't understand what you're saying.

My name is Mark Bird, and I'm a full-time social worker for Greenleaf Family Center here in Akron Ohio. I'm responsible for case management advocacy for the five northeast Ohio counties. I am also a part-time college professor at the University of Akron, I teach ASL1. I identify myself as deaf, gay, and male. Those are my identities.

My name is Marshall Harris. I worked as a teacher's aide and moved to Ohio where I have been working at the Ohio School for the Deaf for close to three years now. I'm also doing a little bit of coaching there as well. And now I have another job working at Columbus State Community College and here at Ohio State, teaching ASL classes, basically an "Intro to the Deaf Community" class.

Sim 1: Meet Jim

Assumptions and Accommodation

Learning Objectives

By the end of Unit #1, you will be able to:

1. Demonstrate communication strategies to best meet the needs of the patient, seeking out and implementing resources, including interpreter services, to communicate effectively.

2. Respond competently to patient's language, race, ethnicity, sexual orientation, gender identity and expression, health literacy, and other cultural identities. Demonstrate awareness of intersecting marginalized identities.
    2.1. Recognize and mitigate implicit biases when working with Deaf and hard of hearing patients.
    2.2. Use clear language and patient handouts that are at an appropriate level of health literacy when communicating with patients.
    2.3. Promote health and function of the patient by encouraging healthy behaviors. (weight management, exercise, diet, smoking cessation, etc.)
3. Assess the social environment of the patient to understand the impact of significant relationships and social networks on the health outcomes of the patient.

Instructions

In this series, you will:

- Learn more about Jim by examining items in his home office.
- Interact with his wife and make an appointment to see the doctor.
- Communicate at the clinic at check-in via lip-reading and then try to work with a provider without any accommodation.
- Experience a productive and affirmative interaction with his doctor.

In each simulation, you will see tips at the bottom of the screen. You will be able to repeat the experience when completed to review any specific parts or you can "Continue" to the next section.

Meet Jim

We begin our experience seeing things through Jim's eyes. As you proceed, embrace and then challenge your assumptions about Jim as a member of the Deaf community. Use his environment and interactions to form a more complete picture of him. Notice also what a significant role accommodation plays in providing appropriate health care.

We are now viewing Jim's home office, with various objects located around the room to explore. Jim's laptop, family photos, diploma, and vacation photos allow us to learn more about him.

Laptop
The computer screen includes graphs and a schedule, demonstrating Jim's successful career in finance.

Family Photos
Looking around Jim's Office, his family, education, and work define him. He has two young hearing children.

About 2 to 3 out of every 1000 children in the United States are born with a detectable level of hearing loss in one or both ears. About 90 percent of children born to Deaf parents can hear and more than 90 percent of Deaf children are born to hearing parents.

Diploma
Jim completed his Master's degree in Finance at The Ohio State University.

Vacation Photos
Recent picture of Jim and his family at their favorite beach in Florida.

The simulation switches away from focusing on Jim's office, and Jim and his wife, Evelyn, come into the frame. Jim and Evelyn are illustrated avatars. Jim is a black man in his 40s, with short hair and a beard. Jim is wearing a green sweater with a white collared shirt underneath. Evelyn is a black woman in her 40s with shoulder length hair. Evelyn is wearing a purple sweater. Jim and Evelyn are communicating using American Sign Language, with an English transcription of their dialogue appearing in text boxes below. A mood meter appears on the screen that indicates Jim's emotional reaction to events during the simulation.

Evelyn
I'm a little worried about your snoring, honey. It's been getting worse every night for the past three weeks and last night you even stopped breathing for a little while! I think you're past due for a check-up with a doctor.

Jim
I suppose I have had a hard time staying asleep lately. If it will make you feel better, I think I'll call that new clinic down the street.

Evelyn
The one that just opened up on Cedar Avenue?

Jim
Yes. Just the other day, David, from next door, was telling me how well they took care of him. He said they had a really up-to-date office and that the staff was friendly.

Evelyn
Wonderful! I'm sure that will help both of us feel better. Now, I need to head to work. Let me know what the doctors say! Have a nice day, honey.

Evelyn moves out of the frame, and we see Jim at his laptop, on the clinic's website.

Jim clicks the "schedule appointment" button, but he gets an error message telling him to call the office.

Jim

How annoying... Looks like I'll just have to call the office. Jim becomes more distressed.

Jim starts to call the office, using a relay service on his PC. We see a female interpreter on his computer screen. In a separate frame, we see a clinic staff person answer the phone.

Clinic Staff
Good afternoon and thank you for calling Cedar Avenue Clinic. How may I direct your call?

Relay Service
Hello, this is Operator 2791; a customer is calling you through a relay service.

Clinic Staff
I-I'm sorry? A relay service? How can we help you?

Jim
Hello. This is Jim Spears, I need to schedule an appointment.

Clinic Staff
I'm sorry, but this doesn't sound like a 'Jim'. Must just be a scam caller…

Relay Service
The call has been ended. Jim's distress increases.

Quick fact:

ADA Responsibilities.

Title IV of ADA:
Title IV of the Americans with Disabilities Act (ADA) of 1990 mandated a nationwide system of telecommunications relay services to make the telephone network accessible to Deaf people, people who are hard of hearing, or people who have speech impairments. Title IV of the ADA added Section 225 to the Communications Act of 1934. There is no charge to either party for using video relay service.

Video: Reflection and Terminology / deaf vs Deaf

Understanding deaf vs Deaf [little d deaf and uppercase D Deaf]
This video is presented by Dr. Michael McKee.

You may have noticed that our character Jim is referred to as Deaf with a capital D. In the Deaf community, we have what is called the big D and little d deaf. So people who are big D Deaf are people that see their hearing loss as part of their cultural identity. They generally prefer to communicate with American Sign Language and interact closely with other Deaf individuals. There is pride in being Deaf. Terms like hearing impaired, have a negative connotation and

should not be used. On the other hand, people who are little d deaf are more likely to view their hearing loss as a disability. They are more likely to use spoken English and other communication strategies, such as lip reading, wearing hearing aids, and so on. There is more than one way to live with hearing loss. So your Deaf and hard of hearing patients are going to differ in how they feel about hearing loss and how they prefer to communicate. Some may prefer to use their voice while others prefer to sign. Some may be able to lip read, but not everyone can rely on this. Some may not be comfortable with reading and writing English.

Review Barriers with Deidra Phelps

One big thing with the recent COVID pandemic and wearing the mask, a lot of deaf patients or hard of hearing patients are good at reading lips. So when we have masks over our lips, it makes it difficult for them to be able to read them.

Review Scheduling

Patient Anxiety

It’s common for patients to experience anxiety, including feelings of worry, fear, guilt, discomfort, etc., when visiting the doctor making anxiety a barrier to preventative care. The mood meter demonstrated how patience and appropriate accommodations might mitigate concerns about going to the doctor’s office for Deaf patients. Pay attention in following sections for more ways that the healthcare environment can be made more comfortable and less anxiety provoking for Deaf and hard of hearing patients.

Review Patient Perspectives: Patient Perspectives for the Hard of Hearing

Typically, whenever I make an appointment at a doctor's office, I tell them upfront that I'm hard of hearing, especially since the pandemic. The times that I have done that, I've had several doctors that have prepared their frontline staff to navigate that by having clear masks available for me, which does help the clear masks still muffle sound, which can make it difficult.

I've had other healthcare providers that have found face shields which is usually the best option for me. I have had other circumstances where the doctor's office has failed to provide accommodation upfront or scrambled in order to try to find face shields. And that can be particularly difficult, especially in a waiting room environment when they call out your name or such like that. It can be very difficult because I can't hear them.

Sim 2: Jim Arrives at Clinic

Assumptions and Accommodation Arriving at Clinic

We are now viewing the clinic's waiting room and looking around the room to see that it's a large open space.

Enter Lip-Reading Exercise.

Before you begin

Lip reading can augment communication, but it does not allow effective communication, especially in a healthcare environment. Even an experienced lip reader may only understand about 30% of a given statement.
The following exercise demonstrates the importance of proper accommodation, shows information that may be missed, and illustrates the inappropriateness of relying exclusively on lip-reading.

Instructions

Watch the video of clinic staff starting the check-in process. There will be no audio.

When the video pauses, choose which line of dialogue you think the clinic staff has just said.

Lip Reading exercise ⅕

Video of a woman speaking plays, with no audio.

Options given to user:

"What symptoms are you here for?"

"Do you have any questions about your procedure?"

"Hello! Can I see your insurance card?"

Correct option: "Hello! Can I see your insurance card?"

Lip Reading Exercise ⅖

Video of a woman speaking plays, with no audio.

Options given to user:

“Did you bring an interpreter with you?”

“What doctor are you seeing today?”

“Can you confirm what medications you’re still taking?”

Correct option: “Did you bring an interpreter with you?”

Lip Reading Exercise ¾

Video of a woman speaking plays, with no audio.

Options given to user:

“Can you confirm what medications you’re still taking?”

“Can you confirm your address please?”

“Do you need an interpreter?”

Correct option: “Do you need an interpreter?”

Lip Reading Exercise ⅘

Video of a woman speaking plays, with no audio.

Options given to users:

“What symptoms are you here for?”

“What doctor are you seeing today?”
“What procedure did they perform the last time?”

Correct option: “What doctor are you seeing today?”

Lip Reading Exercise 5/5

Video of a woman speaking plays, with no audio.

Options given to users:

“Do you have any questions about your procedure?”

“Do you need to schedule a follow-up appointment?”

“Please bring the packet back to the desk when you are finished.”

Correct option: “Please bring the packet back to the desk when you are finished.”

Wrap up:

Many people assume that people who read lips understand everything that is spoken.

Even the best lip-readers under the best conditions (e.g., when dealing with easy material that is spoken slowly, with repetitions, and is viewed under ideal visual conditions), typically miss more than two-thirds of words spoken.

Lip reading exercise exits the screen, and now the clinic front desk staff enters the screen.

Jim checks in at the front desk and asks about the ASL interpreter he had requested. The clinic staff member looks through some papers, shrugs, and explains that they were unaware that an interpreter had been requested. Jim’s level of distress increases sharply.

Review Online Patient Portals: Accessibility through Technology

When OSU came out with MyChart, I was pretty excited. I don't have to make a phone call. I can send a message, I can make an appointment. And if I want to ask my doctor a question with a specific issue that I had, all I have to do, send her the message. So it's very convenient for people like me. Who have hearing loss. We don't have to go through the phone and then wait for a transfer or put on hold.

Jim in Waiting Room

Screen fades to black and then fades back to Jim sitting in the waiting room.

Jim: “Well, this is certainly annoying. Now I’ll have to watch for my name being called.” Jim’s level of distress increases.

Jim is sitting, looking around for his name to be called.

Nurse: “Jim Spears? We are ready to see you.”

Jim does not see this nurse, so he does not respond.

Nurse: “Jim? Is there a Jim Spears present?”

Jim, again, does not respond. The nurse grows frustrated and calls out for Jim one more time.

Nurse: (Impatiently) “Jim Spears? Mr. Spears? We are ready for you.”

The Clinic Staff Member comes back into frame, ushering the Nurse over to them.

Clinic Staff Member: “Oh, that is Jim over there. (Whispers) I think he may be deaf. Or at the very least, he’s hard of hearing.”

Review Legal Requirements: Legal Requirements for Healthcare Providers

As a healthcare provider you're required to comply with ADA requirements, which include providing reasonable accommodation to those that are hard of hearing or deaf. And that can vary depending on the circumstances, but it's something that both the healthcare provider and more importantly, the frontline staff needs to be aware of. Some offices have preemptively taken into account deaf and hard of hearing individuals and accommodation during the scheduling process. Intended or not, one example that I found that some healthcare providers do to accommodate those with hearing disabilities or hard of hearing is they have multiple ways to communicate with their office to schedule appointments or to have follow-up communication. I have several doctors that actually have kind of a multifaceted way to communicate with their patients via email, or you can set up appointments on their websites and such like that, which is definitely something that I look for.

When it comes from a customer service perspective. I've had bad customer service based on healthcare providers' inability to provide me with accommodations. And I've literally left practices over it. So it's something to take into account in order to have a successful healthcare practice is just think about your customer needs.

Review Communication: Communication, Preferences and Jargon

First of all, please don't make the communication choices for us.

Always ask the patient, the client, the consumer…ask them, "What are your communication preferences?"

Don't assume.

Don't decide for them.

Ask them.

It will save you a lot of headaches.

Another issue is language deprivation.

I know doctors and nurses sometimes say these big words, medical jargon, and different types of medical terminology. Many of my peers and the clients that I serve don't understand that type of medical terminology.

Review Communication: Benefits of Proper Interpretation Services

Using a qualified interpreter in American Sign Language is a good step to ensure good communication between you and your patient. Asking a family member to interpret is not very ideal, especially when you're communicating medical information that the non-qualified person who's interpreting might not be familiar with.

For example, I had a patient who was a teenager she had normal hearing, but her parents were deaf and she was communicating with them using American Sign Language. So I had to rely on that patient to be able to communicate what I was saying to her parents. And I couldn't always be sure that that was being done appropriately.

Again, you know, I understand these things can take time, but it really is important to be able to communicate well with your patients.

Review Cost of Interpreters: Tax Benefits of Interpreter Services

If you hire an interpreter for your deaf patient, it is tax deductible as a business deduction. So you need to check with your accountant and see how you can keep track of all the invoices that you have paid for interpreters.

Patient Quality of Life
Disability, being associated with poor quality of life, is a common, damaging, and false assumption among health care providers. In a 2021 study, over 80% of physicians rated quality of life as worse for people with disabilities compared to those without. Only a little more than 40% felt very

confident about providing the same quality of care to patients with disabilities.

https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01452?journalCode=hlthaff

https://pubmed.ncbi.nlm.nih.gov/20415284/

Review Negative Interaction: Patient Perspectives Focusing on the Patient Needs

I went to see my doctor, my primary care physician looked me over and said, okay, you have an ear infection. And the doctor gave me a medication for that. And then, that weekend, I was taking my medication following the doctor's orders, but I wasn't getting any better. Me and my mom went to the ER.

We went through the regular protocol, asking why I am here, taking my blood pressure, and taking my temperature again. At home, I received a temperature of 102, but in the ER, they got 105.

And so I knew it was very serious.

So the nurse said, "okay, All right. Well, we'll call the ENT."

And oh my gosh. The ENT then showed up, and right away the vibe was not right.

The first thing they said was, "Oh, I see that you're deaf. Have you ever thought about getting a cochlear implant?"

And I was taken aback by that. I said, "Wait a minute, how is my fever related to a cochlear implant?"

And I did ask the doctor, I asked the question. I said, "How does that relate to the reason that I'm here?"

And the doctor kind of got this attitude and said, "Well, you know, it could be."

And I was thinking, "No, I don't think so."

I would stay in the hospital. And then, two days later, I had to get surgery to remove the infection in my neck. I was a little bit, I don't know, not really wanting to have that particular ENT, but I was stuck with them because, you know, I couldn't request somebody else.

But the issue really came after the visit because once I had that surgery, you sometimes have to go back to see the doctor in their office for checkups.

And I remember when I went into the doctor's office, first of all.

There was no ASL interpreter that was provided.

There was no access to communication whatsoever in sign language.

So did we actually understand each other?

At the doctor's office, they really focused so much on just the ear, being able to hear, hearing aids, cochlear implants, you name it, all about the ear and hearing, but nothing about sign language, nothing about the deaf community, nothing like that whatsoever.

So I went back again to that doctor twice, and I was supposed to go back for a third and fourth visit just to make sure that my scar was healing from the surgery. But after the second time, I decided that that was enough. I didn't want to go back.

Video: Reflection / Accommodation and Legal Requirements

Discussing Legal Requirements
This video is presented by Dr. Michael McKee.

Many physicians are not fully aware of their legal requirements when it comes to caring for Deaf and hard of hearing patients, the Americans with disabilities act is a civil rights law that protects people with disabilities, including Deaf and hard of hearing individuals from discrimination, healthcare providers are legally required to provide reasonable accommodations, to give patients with disabilities equal access to healthcare.

This includes making healthcare facilities physically accessible and providing accommodations to ensure effective communication. For many Deaf and hard of hearing patients, providing effective communication may mean providing a qualified ASL interpreter or providing assistive technology, such as an amplifier or speech to text translation and wearing a clear mask.

Establishing a relationship of trust and respect with your patients is essential to quality care. Providing accommodations when requested will allow for effective communication and will foster a trusting relationship with your patient. Lack of effective communication can lead to errors in diagnosis and treatment, which can harm patients.

For example, inaccessible communication for Deaf and hard of hearing individuals increases emergency department use, higher hospital readmissions, lower adherence to recommended treatments, and reduced receipt of preventive services.

Sometimes hearing children or the spouse of Deaf patients are asked to interpret during healthcare appointments. This is called proxy interpreters. This is not appropriate because these individuals may not fully understand the medical information being shared. They may not be impartial and they may not be clear. There may be uncomfortable and embarrassing situations such as a private exam being needed or confidential information being disclosed.

Sim 3: Jim Meets Doctor

Assumptions and Accommodations / Ineffective Communication

View of Jim and the doctor in the exam room.

Jim is now in the examining room with the doctor. The nurse tells the doctor that Jim is Deaf and didn't bring an interpreter.

Doctor
"Good morning, Jim. I am so sorry that you weren't provided with an interpreter. I won't be able to understand you, much less treat you, without one."

"Let me try to find an interpreter now; otherwise we may need to reschedule."

The office was unable to find an interpreter for Jim. He went home and was able to reschedule but had to wait one month for the next appointment, during which time his snoring goes unmanaged and his worry about his sleep increases.

Sim 4: Jim's 2nd Appointment

Appointment a Month Later

One month later…

Scene opens up with the doctor, Jim and an interpreter in the exam room. Jim's distress level is low.

Jim
So, my wife encouraged me to come in today. She and I have been concerned with my snoring. When I talked about it with a coworker, he suggested that it could be sleep apnea.

Dr. Roberts
Well we'll try to find out what's going on. So, er... what do you do for work?

Jim
I am a senior financial analyst here in town.

Dr. Roberts (Internally)
Wow, I am surprised that a Deaf man could have a successful career.

Dr. Roberts
How long have you had these symptoms?

Jim
My wife says it's been getting louder over the last few months, and apparently the other night, I stopped breathing for a little while.

Dr. Roberts
Do you have any allergies? History of asthma?

Jim
No, neither of those things.

Dr. Roberts
Hmm. Alright. Do you mind if I take a quick listen to your chest?

Breathe in and out for me slowly. Nice, deep breaths.

So, you are sounding a bit labored in there. Would you happen to be a smoker?

Jim
Yes, I have been since my late teens. I know, I know. It's an awful habit. But I have been trying to cut back more recently.

Dr. Roberts (Internally)
Under these circumstances with a normal patient, this would be where I warn him about the dangers of smoking. Especially with how long he's been taking it up.

But, I don't know. It seems like it would be downright cruel on my part to ask him to give up one of the few simple pleasures he has going for him.

Quality of Life Pop-up

In a 2021 study, over 80% of physicians rated quality of life as worse for people with disabilities compared to those without. In fact, people with disabilities report enjoying about the same quality of life as people without disabilities. Wrongly assuming that a group of people has poor

quality of life can have a negative impact on clinical care. Only a little more than 40% felt very confident about providing the same quality of care to patients with disabilities.

Dr. Roberts and Jim are wrapping up their appointment.

Dr. Roberts
Okay, Jim. You're just about taken care of! I want you to see a specialist for sleep study so that we can better figure this out for you. Do you have any questions for me? Jim's distress decreases?

Jim
Yes, actually. If it's possible, I'd like to know more about sleep apnea. What it is, how it might affect me, and ways that I can help lessen the severity.

Dr. Roberts
Of course. Here is a handout that goes over sleep apnea and some treatments you can try at home to minimize your discomfort. Keep in mind, though, that we won't know if it's sleep apnea for certain until you go in for the study.

Jim
Great! I will be sure to read this over as soon as I get home. Thank you for seeing me today, Dr. Roberts.
Dr. Roberts makes a note in Jim's chart indicating that an ASL interpreter must be arranged for each visit.

Unit 1 Reflection

Reflecting on the learning objectives for this simulated encounter, how did Dr. Roberts and their clinic do? Was there anything that the staff or Dr. Roberts could have done to help Jim feel more welcome and comfortable as a new patient?

<u>Learning Objectives</u>
1. Demonstrate communication strategies to best meet the needs of the patient, seeking out and implementing resources, including interpreter services, to communicate effectively.
2. Respond competently to the patient's language, race, ethnicity, sexual orientation, gender identity and expression, health literacy, and other cultural identities. Demonstrate awareness of intersecting marginalized identities.
2.1. Recognize and mitigate implicit biases when working with Deaf and hard of hearing patients.
2.2. Use clear language and patient handouts that are at an appropriate level of health literacy when communicating with patients.

2.3. Promote the health and function of the patient by encouraging healthy behaviors. (weight management, exercise, diet, smoking cessation, etc.)
3. Assess the social environment of the patient to understand the impact of significant relationships and social networks on the health outcomes of the patient.

On his first visit to the clinic, Jim was not provided an ASL interpreter despite having requested this accommodation. Not only was this visit a waste of his time, it caused a significant delay in delivering needed care, during which time his symptoms worsened. Dr Roberts did advocate to secure a sign language interpreter and even noted the need for interpreter services in Jim's chart so that the clinic can plan for effective communication in the future.

However, Dr. Roberts was surprised that Jim was a successful financial analyst and was reluctant to talk with Jim about smoking cessation, thinking, "wow. I'm surprised that a Deaf man could have a successful career," and "Under these circumstances with a normal patient, this would be where I warn him about the dangers of smoking. Especially with how long he's been taking it up. But, I don't know. It seems like it would be downright cruel on my part to ask him to give up one of the few simple pleasures he has going for him." The implicit assumption that disabled patients are incapable of having jobs or have a lower quality of life than non-disabled patients, are likely examples of ableism. Ableism refers to discrimination or prejudice against individuals with disabilities. As a healthcare provider, Dr. Roberts should have talked with Jim about smoking, encouraging him to quit or referring him to tobacco cessation resources, regardless of Jim's disability, race, ethnicity, or other marginalized identities.

UNIT 2

Sim 5: Meet Kristen

Family History and Health Literacy

Learning Objectives

By the end of Unit #2, you will be able to:

1. Demonstrate communication strategies to best meet the needs of the patient, seeking out and implementing resources, including interpreter services, to communicate effectively.
2. Respond competently to the patient's language, race, ethnicity, sexual orientation, gender identity and expression, health literacy, and other cultural identities. Demonstrate awareness of intersecting marginalized identities.
3. Recognize and mitigate implicit biases when working with Deaf and hard of hearing patients.
4. Use clear language and patient handouts that are at an appropriate level of health literacy when communicating with patients.

5. Promote the health and function of the patient by encouraging healthy behaviors. (weight management, exercise, diet, smoking cessation, etc.)
6. Assess the social environment of the patient to understand the impact of significant relationships and social networks on the health outcomes of the patient.

Instructions

In this series, you will:

- Learn more about Kristen by examining items around her home.
- Interact with her family around the dinner table.
- Learn about “Dinner Table Syndrome” and the impact it can have on patient health
- Communicate with the health care providers.
- Review the unique role Health Literacy and Family History may have for Deaf and hard of hearing patients.

In each simulation, you will see tips at the bottom of the screen. You will be able to repeat the experience when completed to review any specific parts or you can “Continue” to the next section.

Meet Kristen

Deaf individuals experience day to day life differently, even with their family. In health care, family history can play a key factor.

You will see how different simple family interactions can be for Deaf family members and the resulting impact that has on personal health literacy.

Video: Dinner Table Syndrome

Discussing the conversations that are missed.

This video is presented by Dr. Michael McKee.

Dinner Table Syndrome is a phenomenon commonly experienced by many Deaf and also hard of hearing individuals. Most Deaf individuals are born to hearing parents and conversations at the dinner table are often inaccessible. A Deaf individual may not understand what is being spoken. This deprives Deaf and hard of hearing individuals a rich, incidental learning opportunities, including learning about health information or about their family history.

Imagine if the family is talking about a family member who had a heart attack, they may also add comments such as "I wish he didn't smoke so many years and took better care of himself." This loss of information on how to protect yourself, likely contributes to the lower health knowledge and health literacy.

Sim 6: Kristen's History

The Family Dinner Table

We are now viewing a living room, clicking on different items to learn more about Kristen.

Family Photo
Photo of a mother, a father and a baby.

Kristen as a baby with her parents.

Basketball Team Photo
Photo of a basketball team huddling together.

Kristen and her high school basketball team- she played Varsity power forward.

Graduation Announcement
Flier of an invitation to a graduation party.

Kristen recently graduated from high school.

Prom Photo
Photo of two girls in prom dresses laughing and linking arms.

Kristen and her girlfriend thoroughly enjoyed prom this year.

The living room fades, and three people enter the scene. The three people are Kristen, Kristen's mom and Kristen's girlfriend, Sam. They are illustrated avatars. Kristen is an 18 year old white woman with blonde hair, wearing a gray t-shirt. Mom is a middle aged white woman with brown hair and glasses wearing a purple polo shirt. Sam is an 18 year old white woman with brown hair, wearing an orange shirt. Mom appears to be talking with Sam but there is no audio or captions and they are not using ASL, so Kristen is left out of the conversation

Mom
…

Sam
…

Mom
…

Sam
…

Kristen (internally)
Great. So now Mom and Sam are talking and aren't even signing. It's like I don't exist sometimes! *. Kristen's mood meter on the screen decreases to display a drop in mood.*

Kristen (internally)
I hate that I never know what they are talking about! Could be me, for all I know…

Sam
Your mom was just saying that she was planning to go check on your aunt after her surgery tomorrow, maybe help out around the house. Do you think we should get her a 'get well' card?

Kristen (internally)
Surgery! I didn't even know she was sick.

Kristen
Oh, yeah, maybe. What kind of surgery did she have again?

Sam
Something to do with her ovaries. She had a bunch of cysts, I think. I hope that never happens to me.

Kristen
Yeah, me too. I hope the surgery helps her.

Kristen (Internally)
If Aunt Jane has something wrong with her ovaries, and had to have surgery, maybe I really better talk to a doctor about my heavy periods…

Scene ends

Review Family Perspectives: Personal Perspectives Family History and Health Education

It seemed as though a lot of us in the deaf community, when it comes to our families, our families don't share information. They tend to just not share. I don't know if it's because of embarrassment or maybe some shame; honestly, I really don't know, but I found it really interesting. I started looking into it just because I was serious about trying to take care of myself.

I didn't know that my grandmother was diabetic and had heart problems and some other medical conditions. My grandfather had medical issues. I didn't know any of that. I always just

thought everybody was healthy. And then I found out that my mom has diabetes, and then that made me think, "oh, am I going to get diabetes?"

And two years ago, I found out that I'm also diabetic now, that caused me to reach out, to find out okay, what some of our history and try to get some of that figured out.

I do have mixed feelings when it comes to medical doctors because when they ask questions, it seems as though it's coming from a place of judgment.

I'm here to learn.

I don't know anything about diabetes, and this is new to me.

I asked, what do I need to do? What sorts of things I could eat? Are there injections? That only the doctor can give me the answers that I needed to be answered. If they have a patient that walks in that doesn't know about diabetes, the doctor is still there to just provide that information.

To give us as much information and knowledge as they are willing to share because it helps me realize how serious this is; if you're just giving just a little bit of information, then I'm going to go on with my day and think, "oh, it's not a big deal. I can just keep doing what I'm doing." But if you're giving me as much information, as much knowledge as I need to know, then that allows me to know the seriousness of this disease and what steps I can take. You know, whether it be research or resources to help ourselves to manage our diabetes. Then also, to help me understand. I went to diabetes education classes to learn about what foods I needed to eliminate from my diet. I'm eliminating all my favorite foods as I'm finding out.

Learning just how to kind of adjust my lifestyle. So far, over the last couple of years, I'm eating a lot more healthily. I lost 20 pounds. I just try to maintain that positivity, and hopefully, my sugar levels remain stable.

Video: Reflection and Terminology / Health Literacy

This video is presented by Dr. Michael McKee.

When working with a Deaf or hard of hearing patient or any patient, it's very important to consider their health literacy. Health literacy is the ability to obtain, read, understand, and use healthcare information in order to make appropriate health decisions and follow instructions for treatment. Deaf and hard of hearing individuals are much more likely to have inadequate health literacy.

This is due to the loss of incidental learning opportunities, lack of tailored health information, and inaccessible health communication with their physicians. Much of the information that the

general population receives is through listening. Videos are often not captioned or available in American Sign Language, and accommodations are infrequently provided at healthcare settings.

It's important that we think about accessibility first and foremost, with any health information that we share with the public. Since Deaf and hard of hearing individuals often do not have the opportunity to learn about health information, I would recommend a few strategies:

1. Make the communication accessible.
2. Use plain language.
3. Use visuals to help support the information you are sharing.
4. Summarize the information at the end.
5. Consider using teach back to ensure comprehension.

Sim 7: Kristen with Doctor

Scene begins with Kristen, Dr. Morrison and Kristen's interpreter in an exam room. The interpreter is interpreting the conversation between the doctor and Kristen.

Dr. Morrison
Hi Kristen, it's nice to see you again. I noticed looking at your charts that we need to fill in some family history. Mind if we do that before we begin?

Kristen
Sure.

Dr. Morrison
Do any of your family members, immediate or otherwise, have any history of cardiovascular disease? Or maybe high cholesterol? *Kristen's distress increases.*

Kristen
Um... I'm not sure if I understand. Those signs are not familiar to me.

Dr. Morrison
My apologies. Let me rephrase. Does your family have a history of heart problems? *Kristen's distress decreases.*

Kristen
Oh. I'm not sure. My family doesn't really have those types of conversations with me.

Dr. Morrison
That's okay. I will just mark those as unknown, then.

Kristen
Doctor, maybe I should say, I did just find out recently that my aunt had to have surgery on her ovaries. That's partly what encouraged me to come in today.

Dr. Morrison
That's helpful to know, Kristen. Do you happen to know if she has a specific diagnosis?

Kristen
No, sorry. I think she had cysts.

Dr. Morrison
Alright, now that we have that out of the way, what brings you in today?

Kristen
I've been having heavier periods than normal. Like, really heavy. And that isn't normal for me.

Dr. Morrison
I see. How long has this been going on?

Kristen
Maybe four or five months? But my periods don't always come at the same time.

Dr. Morrison
Kristen, is it okay if I ask you some more sensitive questions about your sexual health? I ask all my patients these questions.

Kristen
Sure.

Dr. Morrison
Are you on any form of birth control?

Kristen
No.

Dr. Morrison
Are you currently sexually active?

Kristen
Um, yes. With my girlfriend.

Dr. Morrison
Do you know if you've ever been screened for sexually transmitted infections?

Kristen
I don't think so.

Dr. Morrison
Thanks for sharing that with me, Kristen. I do recommend that all my patients get screened at least annually for chlamydia and gonorrhea. We can do that here today.

We could also consider putting you on a daily birth control pill, as that could help control your bleeding and regulate your cycle…

Sometimes what's happening in our lives can affect our cycles. Have you been under any stress lately?

Kristen
Actually, yes. I graduated this year and I'm having a hard time finding a job. I've put in so many applications but I never seem to hear anything back.

And things have been tense with my girlfriend. Sam doesn't want to come out to her parents, so we're always hanging out at my house, and it's stressful having to hide our relationship from her family... Sorry, I guess you probably don't want to hear about that. *Kristen's distress increases.*

Dr. Morrison
No need to apologize, Kristen. That's all important. You know, our patients routinely work with all kinds of services. I could refer you, if you ever want to talk to a counselor about finding a job or your relationship.

Kristen
Hmm, okay. I'll think about it.

Dr. Morrison
I'm also going to send you for some bloodwork. Whenever you have time, you can go to the lab and get it done, okay?

Kristen
Oh, sure, I guess. Do we have to? I mean, what's it for? *Kristen's distress increases.*

Dr. Morrison
I want to check your hormone levels, to see if that could be contributing to your abnormal cycles. Are you afraid of needles?

Kristen
Yeah, kind of.

Dr. Morrison
I hear that a lot. So much so, I actually have a print out ready describing a breathing exercise you can do to stay calm. *Kristen's distress decreases.*

I'm also going to give you a print out on irregular cycles, how stress, hormones, and other factors can affect them, and treatment options. *Kristen's distress decreases.*

Kristen
I'm sorry... I have trouble reading content like this.

Dr. Morrison
That's okay. We can spend some time going over it together. There's some diagrams we can reference too. *Kristen's distress decreases, and her mood overall is now positive.*

Sim fades to black. Scene complete.

Unit 2 Reflection

Reflecting on the learning objectives for this simulated encounter, how did Dr. Morrison do? Would you have done anything differently?

<u>Learning Objectives:</u>
1. Demonstrate communication strategies to best meet the needs of the patient, seeking out and implementing resources, including interpreter services, to communicate effectively.
2. Respond competently to the patient's language, race, ethnicity, sexual orientation, gender identity and expression, health literacy, and other cultural identities. Demonstrate awareness of intersecting marginalized identities.
2.1. Recognize and mitigate implicit biases when working with Deaf and hard of hearing patients.
2.2. Use clear language and patient handouts that are at an appropriate level of health literacy when communicating with patients.
2.3. Promote the health and function of the patient by encouraging healthy behaviors. (weight management, exercise, diet, smoking cessation, etc.)
3. Assess the social environment of the patient to understand the impact of significant relationships and social networks on the health outcomes of the patient.

Dr. Morrison asked open-ended questions about Kristen's family history and sexuality. She did not express surprise or judgment towards Kristen's sexuality, health literacy or lack of familiarity

with medical terms. In fact, Dr. Morrison offered to review health information with Kristen to ensure understanding. Asking about stress and offering to provide resources for employment and counseling services is important to building trust in the doctor-patient relationship and increases the likelihood that Kristen will confide and accept needed help in the future.

Video: Family History

Discussing Family History
This video is presented by Dr. Michael McKee.

Since many of my Deaf and hard of hearing patients do not know about their family history, I encourage them to text or email their family to obtain this. In some cases, this is not doable. This means that screenings may need to be more aggressively done, especially if there are questionable symptoms.

Review Mental Health: Mental Health and Domestic Violence

Medical professionals need to be aware that domestic violence is very common in the deaf community.

Just yesterday, I got an email saying that there was a 38 percent increase in domestic violence cases right here in Ohio, within the deaf community because of COVID-19.

Additionally, many deaf people need to be screened for depression.

I work in the mental health field, and I'm seeing a lot of individuals out there.

So many people are misdiagnosed because they don't have access.

Video: Community Perspectives / Possibilities

Four perspectives on what it means to be Deaf or hard of hearing and how it impacts an individual’s potential.

This video is clips of four different individuals against a blank black background. Christina Wieg is a white woman with long blonde hair wearing a white blouse and black jacket who is speaking. Mark Byrd is a white man with short brown hair and glasses wearing a blue sweater who is signing. James Beaton is a white man with short gray hair and a beard wearing a purple long sleeved button up shirt who is speaking. Marshall Harris is a black man with short black hair, glasses, and a beard wearing a light blue long sleeved button up shirt who is signing. There are English voiceovers for Mark and Marshall’s clips.

Christina Wieg

There's absolutely no limitations of what we can do, besides the fact that we have difficulty hearing.

Mark Byrd
Many hearing people out there, when we have been introduced, then they start asking me questions about me and my education and I say, yes, I have an MSW (Masters of Social Work). And many of them are shocked by that. And I'm like, That's nothing. It's not that big of a deal, I'm just a regular person. I went to college like everybody else. I got through it. I stayed up all night. Just like everybody else.

James Beaton
I would say to everybody, we could do everything except we can't hear. I'm an accountant for 40 years. I've been involved in organizations for many years. We love to help other people and we like to help our providers to work with us.

Marshall Harris
Healthcare Providers always think I'm hearing because I do have the ability to speak for myself sometimes. And then they make the assumption that, "Oh, you can speak, that means you can hear well." And so I have to always identify myself as Deaf. You can't make assumptions, because I can speak well for myself doesn't necessarily mean I'm hearing everything you're saying. A lot of hearing people assume that Deaf people are hearing impaired. And I am like, "wait no", I'm not hearing impaired, I am Deaf. We're not robots. We don't need to be fixed. We're human beings. That's from CJ Jones. We Deaf people can do anything except hear. You can do anything. Just because you can't hear, doesn't mean you can't do whatever you want to do in your future.