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BREAKING DOWN BARRIERS: ASSESSING THE NEED FOR AUDIOLOGISTS

TO HAVE ACCESS TO CLINICALLY RELEVANT SIGNS

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>> SAMANTHA PANNING: All right, I think we're going to get started. My name is Samantha Panning. I'm a fourth‑year audiology doctoral graduate student from the University of Wisconsin‑Madison and today I'll be talking about assessing the need for audiologists to have access to clinically relevant sign language as part of my capstone research project.

My study was submitted and determined to be exempt from official review from the IRB with the submission listed here for your reference.

During my presentation, when I refer to "deaf patients," I'm referring to Deaf with a capital D. Meaning those who identify themselves within the cultural group and use American Sign Language, not categorized by audiologic criteria.

So a little personal background on me. During my undergraduate education at central University I minored in American Sign Language and developed a passion for signing and Deaf Culture and carried that passion with me to grad school. However, with a minor, when it came time for me to see my first Deaf patient clinically, I realized I didn't have knowledge of basic clinical signs, such as hearing aid or even audiologist.

And with this gap in my own knowledge I became curious of if other audiologists felt the same and if it caused barriers to the clinician‑patient relationship.

So first, I dove into the literature and what I found was a huge gap of research in this area, especially in terms of recent studies. However, I would like to note the following points. A key difference that may often lead toward an impaired relationship between Deaf patients and audiologists is not merely the language barrier but often the lack of a common goal during the audiology appointment, whereas audiologists may have technology that allows a patient to hear, they celebrate their deafness and in no way see it as a disability to be fixed.

Further, many Deaf individuals have a longstanding negative history when it comes to accessing healthcare. This happens when a healthcare professional uses ineffective communication strategies, such as not utilizing an interpreter or not speaking clearly and towards the Deaf patient, making it very difficult to read lips.

The last study also notes that even an attempt at signing or broken signing can help demonstrate respect for Deaf Culture, so overall literature isn't suggesting that all audiologists need to go out and become fluent in American Sign Language, but knowing a few clinical keywords and phrases can help bridge these potential barriers.

When looking at how audiologists are learning American Sign Language, we turn towards the knowledge and skills acquisition guideline mandated by each accredited graduate program. Specifically KASA A17 requires knowledge of American Sign Language and other visual communication systems.

Well, that's a rather ambiguous statement. With no clear definition of what "knowledge" means. Is it requiring graduate students need to know that ASL exists? Or do they need to be able to know ASL through signing?

With that lack of clarity, it's really left up to each school's individual determination.

When looking at how schools are typically fulfilling this requirement, I decided to email all 77 Au.D. programs. And I asked. 36 schools responded, and what the responses show is that most schools are either offering an ASL 101 course or they're accepting a transfer course from undergraduate education. However, if those transfer courses are any experience like my own, those clinical signs aren't necessarily being taught at that level.

And overall there's just a lack of a general consistency between schools.

So, the purpose of my study, I wanted to gain an understanding of audiologists' education and experience with Deaf Culture and ASL., their perceived a need to improve their personal signing, and lastly, if they're motivated to go out and learn these clinical signs.

To accomplish the before mentioned goals, I used a survey, which I'll talk a little bit more about. Participants eligible to complete the survey were either audiology students or audiologists. And I used a little bit of a unique distribution method. I used the audiology only closed Facebook group titled audiology anecdotes in order to reach participants with a wider educational background and practice settings. I was also connected with Kim Cavitt, former president of the ADA who volunteered to send out a link to the survey through her own professional email.

The survey was 21 questions long and took participants between five and seven minutes to complete. We broke down those questions into four different sections. We had demographics, education of Deaf Culture and ASL, experience with Deaf Culture and ASL, and, lastly, motivation to learn clinically relevant sign language.

And on this slide I've included a comprehensive list of those questions, but I will be highlighting a few specific in the upcoming results.

So getting started. We had 489 survey responses that were obtained and analyzed for this study. Of those, almost 80% of the participants were practicing audiologists. And years of experience was generally pretty evenly distributed with range of student and 30+ years. And most of the participants were somewhere between the 1 and 5 years, so recently new graduates.

In terms of setting of practice, we had a little over a quarter of the participants working in a private practice with an additional fifth in an ENT clinic setting.

Moving on to our next section...

The first thing I wanted to know is how many of the participants have at one point completed a manual ASL course. So how many of them were taught how to sign.

And of this question, 82.2% responded, yes, at some point I've been taught how to sign. And additionally, from this number, almost 40% noted that they have taken three or more signing courses. It was a lot more than I necessarily would have expected. However, I come to our next question. I asked...

How many of you have been exposed to clinically relevant signs? And what I mean by that is signs that you're able to use to further the audiologic appointment, with whether that be vocabulary, like "hearing aid," "audiologist," "tinnitus." Or phrases. "Now it's time for the hearing test. I'm going to look in your ears."

So even though audiologists might be taking one, two, three or more courses, they're not learning those clinical signs that they're actually able to use in the future with their Deaf patient base.

Next, I wanted to know how audiologists rated their own signing abilities. And I wanted to know how they felt about their expressive abilities. So being able to sign, but also their receptive abilities, being able to understand sign. And they rated their abilities on four different categories. None. So I don't know any sign.

Five to 20 signs, knowing it at the word level.

We defined proficiency at the sentence level. So being able to say "hi, my name is...."

And fluency, being able to sign at the conversation level.

As you can see, both of these graphs mirror each other rather nicely, with the majority of participants saying they rated themselves at that word level or somewhere between 5 and 20 signs.

However, if you think back to my last graph, what are the chances that those 5 to 20 signs are clinically relevant and able to conduct that audiology appointment. Now they have a widened gap of knowledge and use of signs in audiology appointments.

Next, I wanted to know how the participants are typically communicating with their Deaf patients. There's a pretty wide range of responses on this graph.

First off, we start almost 20% are able to conduct the appointment with almost all signing. And then we the next two columns, almost 50% of the participants are utilizing an interpreter, which is wonderful.

So whether that's speech with a little bit of sign and interpreter, or orally with an interpreter, there's still one present and being used.

What is alarming, though, are these last two columns. They're titled orally with no interpreter and speech and relying on ineffective communication strategies like lipreading or then written information. So audiologists write something, pass it to the Deaf individual and they write something and passes it back.

Not only do these last two hold certain ethical ramifications, but according to Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 and the Affordable Care Act, there are certain legal ramifications for not using those effective communication strategies.

The last section is perhaps the backbone of my study. Here is when we asked audiologists: Do you perceive a need to improve your signing abilities?

And as you can see here, over half give a definitive "yes" with an additional saying, "yeah, perhaps." That's a large amount of participants admitting there may be a deficit to clinical care when it comes to serving this population and wondering if they need to do something about it.

What we know, though, it's not enough to say, yeah, I could do better at this. You need to be motivated to go out and accomplish that. Which comes to the next slide. And that's exactly what we asked. Are you motivated to go learn those clinically relevant signs?

And as you can see, almost three‑quarters of the participants rated that they are either highly or somewhat motivated to accomplish this.

Which is wonderful. Because what that is saying is not only are they perceiving that need to improve but they are motivated to go out and help better serve the Deaf patient population.

Something to note. I think it would have been really interesting to be able to tease out the reasoning for "no, I don't perceive a need to improve" or "I'm highly unmotivated." Is that because the participants are already fluent in sign so they don't necessarily feel they need to improve their signing abilities? Or perhaps a general disinterest in the subject?

So we know that participants have said that they need to improve their signing abilities, they're motivated to do so. The last graph I would like to share with you is: Are you aware of any resources to help accomplish this?

And as you can see, an overwhelming majority said, no, they didn't know of any resources to help learn these clinical signs. Which helps to open up to the future directions in this area.

So, this survey supports the need of a comprehensive ASL resource. Theoretically, if I think of this resource, I think it could be something along the lines of a video featuring a fluent signer going over those key clinical words and phrases to help accomplish audiology appointments. That way, if an audiologist sees they have a Deaf person on their schedule, they can pull up the video, go over a quick review of some of those signs to help further facilitate better communication.

If we think back, the literature is not suggesting that audiologists need to go out and become fluent in sign, which is rather unrealistic, but just knowing those key clinical signs and phrases to help further bridge those barriers.

I would like to note a couple of limitations of the study. There can be some variability regarding the social media distribution, which I found. And what I mean by that, depending on what else is being posted that day and what else is in popularity and being liked and commented on helps to determine what is going to stay up near the top of the page for more people to see it.

So I was rather lucky the day that I posted my link, not a whole lot of other people were posting on that group. And with a lot of liking and tagging and commenting, the post was able to stay up near the top for a few hours, allowing more people to see it.

And then, of course, as we know, people who are interested in areas such as ASL or Deaf Culture might be more finally attuned to completing this type of survey versus someone who maybe doesn't hold those interests quite as well. Which could influence the results.

So, in conclusion, the survey demonstrated that although audiologists are taking American Sign Language courses, clinical signs are not routinely being taught.

This leads towards limited knowledge and low use of ASL in clinic with Deaf patient populations, potentially inhibiting that clinician‑patient relationship.

Audiologists responded that they not only felt a need to improve their signing but they also were motivated to do so. Unfortunately, due to a lack of readily available resources, audiologists lack that opportunity to learn those clinical signs. So overall having an easily accessible resource to help supplement clinical sign education would not only help to support the Deaf patient, the audiologist relationship but also help provide quality patient care for this population.

Lastly, two project advisers were unable to make it today, but they helped me form and complete the study, starting three years ago. So I want to give them just a huge thank you, because I could not have done it without them.

And with that, I would like open it up to questions.

[Applause]

>> AUDIENCE MEMBER: My name is Lee Belf, an audiologist from Mayo Clinic, and I think your idea for the study is great, and I think that the Deaf population truly appreciates the fact that audiologists are able to sign with them a little bit during the appointment.

So while I can sign some, and while I can speak Spanish, some, I would no way complete an evaluation for medical legal reasons unless I was absolutely fluent in those other languages. And that's why video interpreters are available and Spanish interpreters and Somali interpreters and etc., etc.

But I agree, I think it's a really nice gesture to do some signs, and with the help of an interpreter, because for legal reasons, you could be in a lot of trouble. It's why you don't use family members to interpret for their parents or siblings or whatever.

>> SAMANTHA PANNING: Yes, absolutely, and I would like to say in no way would I want the little bit of knowledge audiologists should have to replace a certified interpreter. An interpreter absolutely should be used at all times to facilitate effective communication.

>> AUDIENCE MEMBER: Exactly.

>> AUDIENCE MEMBER: So I am a late‑deafened audiologist, fluent in sign, and I was just talking with the two interpreters that this would be really great for interpreters. So, to answer her question, you know, like and to address her issues, if we can take... like how do you sign bone conduction? I watch how they sign earmolds and how they sign frequency and all of that. Let's use a resource like that and give it to interpreters, the medical interpreters, so that they can conceptually accurately convey... you know, like these concepts that we're talking about as audiologists. I can see it really ‑‑ I was just saying, I would love to give a workshop. Just like there's accents. Some people say soda and some people say pop. How do you sign some of these things we talk about? And I think this is ‑‑ and I'm kind of really excited because I want to talk with you, because I think this is going to be a really, really great thing, and it's going to help all our patients, you know, if we can talk about these things and give them even better access, if we can educate the interpreters.

>> SAMANTHA PANNING: Absolutely. Thank you.

>> AUDIENCE MEMBER: Hello, I'm an audiologist as well. My experience ‑‑ well, first I'm waiting for that video resource as to when it comes out...

[chuckles]

... but second, my experience is more with Spanish‑speaking families than Deaf patients, but whatever little we know, they really, really appreciate if we try. And I think that that was the main point that you were getting at. Not that we don't use the interpreters, but that any effort we make is very much appreciated, in my experience.

>> AUDIENCE MEMBER: I think the points that have been made are excellent. And I think what you have done here is excellent as well. And I think just the goodwill gesture... you know, I just want to re‑emphasize that... will go a long way given kind of some of the historical interactions between, like you said, the health communities and the Deaf Community. I think it's a step in the right direction. Thank you.

>> AUDIENCE MEMBER: So my question for you: So, I would love to be able to learn sign language, but some of the ways in order to become fluent usually require to pay for it. Do you know of courses that are somewhat intensive either for free or some reduced cost?

>> SAMANTHA PANNING: I don't.

>> AUDIENCE MEMBER: What do you know? I totally agree with your interpreter thing. I have to teach Spanish interpreters, audiologist... I don't know Spanish. And I can understand, I just can't speak. And they will be saying "the thing, the thing"... no, no... what are you saying? Not "the thing."

>> SAMANTHA PANNING: When I was doing my own literature review, I was able to come across a couple resources, but like you said, they cost money. So, unfortunately, that's probably not going to help audiologists be motivated to go out and learn. But maybe you have other resources.

>> AUDIENCE MEMBER: So ASLuniversity.com is a pretty good resource. The teacher is ‑‑ his name is Bill Bicar. He has like 100 different lessons and there's vocabulary words that you will learn. And then there's also infusion about talking about Deaf Culture. It's a good beginning. It's free. That's a fun, free resource. So if you... there are several now. I think things are changing. There's apps that is you can learn different things and so there are ways to learn, but I think...

>> AUDIENCE MEMBER: [ off microphone ]

>> AUDIENCE MEMBER: So the comment was, for the CART writer, are there any things where you can have like a conversational partner so that you can practice?

Not that I know of that are free. I think if you're interested, maybe contacting someone in your Deaf community to see if they have any Silent Suppers. That would be a good way to immerse yourself.

>> SAMANTHA PANNING: And then in the back...

>> AUDIENCE MEMBER: Hi, I'm Andy, an audiology student at Gallaudet. I know you said you contacted all the Au.D. programs and you said they, like, offered an ASL class. I was curious if you got responses on how many required an ASL class and how many had or required a clinical ASL class.

>> SAMANTHA PANNING: So, unfortunately, I didn't get a whole lot of information. I wanted to make it as simple for the programs as possible, and I simply asked how are you fulfilling KASA A17. I had bullet points, ASL, Deaf experience, known previously, and we didn't get quite as many responses as we hoped out of the 77, we only got 36 back. It would have been interesting to see absolutely more detail, though.

>> AUDIENCE MEMBER: I'm just curious if you sent the results to the programs that you initially contacted to let them know, there's a need here, and consider that going forward. I don't know if there's ‑‑ I'm just a parent, so I don't know if there's ethical ramifications.

>> SAMANTHA PANNING: I haven't, but that's a wonderful idea just to support this even more.

>> AUDIENCE MEMBER: ASHA just put out an ASL statement, out for comments, and so maybe partnering with a group like ASHA or AAA. And, again, with the interpreter programs, like RID might be a way to collaborate going forward.

>> SAMANTHA PANNING: That's a wonderful idea. I think we have one other question over here.

>> AUDIENCE MEMBER: I was just going to commend you on an excellent presentation without your mentors here.

>> SAMANTHA PANNING: Thank you.

>> AUDIENCE MEMBER: I was curious, if an audiologist were to learn a couple signs, how would ‑‑ and you have an interpreter, how would that interaction going, if you're using a couple and the interpreter is there, where is the patient looking? Is the interpreter kind of filling in the gaps for you? And secondly, you mentioned, there are, unfortunately, appointments where there is no interpreter present. If you're using half‑baked sign language, are you, like, risking miscommunication or something falling through there?

>> SAMANTHA PANNING: Absolutely. So in my experiences, I use an interpreter, and I would like to tell the interpreter, I just know a little sign, do you mind if I introduce myself? And that way we're saying that, I'm demonstrating that respect that I'm making the effort, but then I kind of... sorry... give it over to the interpreter for the remainder of the appointment. I also have had a couple experiences, which unfortunately, due to messed‑up schedules or just lack of communication, an interpreter is not there, and I am over at a hospital right now and it's not very easy to get into that hospital, and I will just go over to the Deaf patient and I'll say, my name is Sam, I'm a student, I'm not an interpreter, I know a little ASL. If you feel comfortable, we could conduct the appointment. If not, I'm happy to help you reschedule. I really leave it up to them. There have been times that due to that kind of lack of communication and messed‑up schedules, the interpreter is not there and they needed something simple like hearing aids cleaned. I like to use an interpreter whenever possible, but there are things where things happen and having just a little bit of knowledge can help fill in the gaps.

And I think one last question, then I think we might be out of time.

>> AUDIENCE MEMBER: Hi, I'm Kelsey, an audiology student at Gallaudet also. I fully support that every audiologist should know sign language. I know at Gallaudet it's required that you know up to ASL3, and then we take two clinical sign classes, which have been very, very helpful.

>> SAMANTHA PANNING: That's wonderful!

>> AUDIENCE MEMBER: Yeah. My question is: So, we have some audiologists at our school who also are learning sign language, and we don't use interpreters often. And my question is, at what point do you bring in an interpreter? Like what skill level should you have before bringing in an interpreter? Because I know there is some communication breakdown if, you know, we're also learning sign language with our Deaf clients, so...

>> SAMANTHA PANNING: That's a wonderful question. And this is going off of just my thoughts purely. I feel like you should be fluent in sign if you are not utilizing an interpreter, but once again, I support the use of an interpreter for almost everyone, unless the patient says, no, I'm okay. That's just me.

All right, I think we're out of time. So thank you, everyone, for your questions.

[Applause]