



# Breaking Down Barriers: Assessing the need for audiologists to have access to clinically relevant signs

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# Background

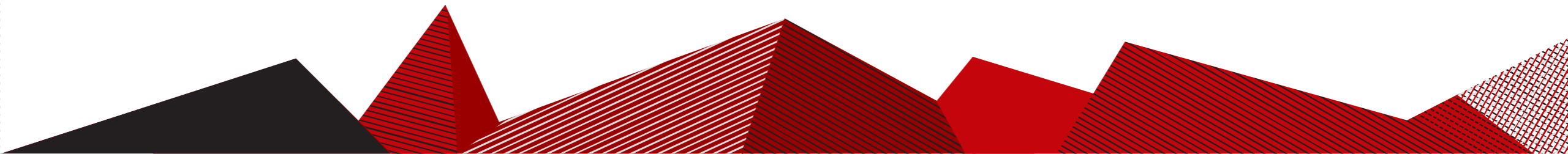
- Deaf vs. deaf criteria
- Undergraduate minor in American Sign Language
- Awareness of need for clinical signs



# Literature Review

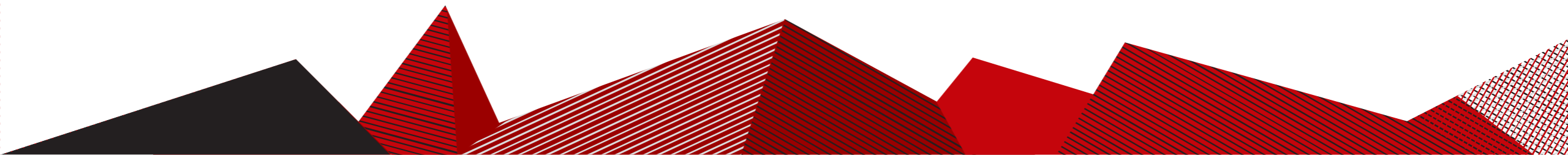
## Research Gap

- Disparity between audiologic vs. cultural view of D/deafness (*Kaplan, 1996*)
- Deaf patient negative perception when accessing health care through ineffective communication means (*Steinberg et al. 2006*)



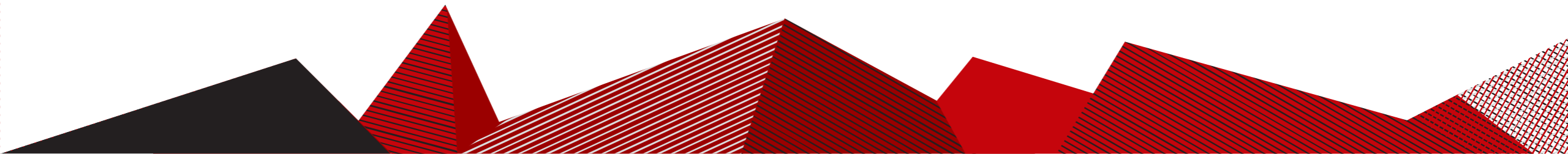
# ASHA Guidelines for Graduates

- Knowledge and Skills Acquisition Guidelines (KASA) mandated for each audiology graduate program
  - KASAA.17: Knowledge of American Sign Language and other visual communication systems
  - Lack of clarity regarding “knowledge” definition
- Common Practices across Graduate Programs
  - Lack of program consistency



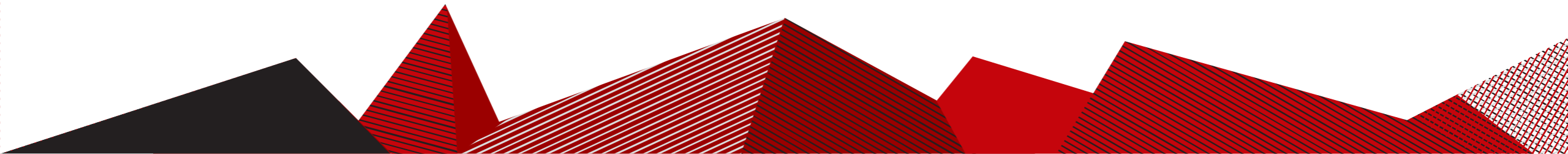
# Purpose

- Gain an understanding of:
  - Audiologists' experience of Deaf Culture and ASL
  - Audiologists' perceived need to improve signing
  - Audiologists' motivation to learn clinical signs



# Methods

- Data Collection
  - Survey
- Participants
  - Audiology students & audiologists
- Distribution
  - Facebook- Audiology Antics and Anecdotes
  - Kim Cavitt, Au.D. email



# Survey Development



- Survey Organization
- Survey Questions

Demographics

Education of Deaf Culture and ASL

Experience with Deaf Culture and ASL

Motivation to learn clinically relevant sign language

## Survey to Audiologists

### Demographics

- What is your current position?
- How many years of experience do you have?
- What setting do you practice in?

### Education of Deaf Culture and American Sign Language

- Have you taken a Deaf culture specific course?
- Have you taken a course that discusses Deaf culture?
- If having completed a manual course, the primary focus of instruction was:
- Have you taken an ASL course in undergraduate/graduate school?
- How many ASL instructional courses have you taken?
- What courses in your undergraduate/graduate schooling exposed you to information about Deaf culture/ASL?
- In courses taken, were you exposed to clinically relevant signs?
- Have you been exposed to Deaf culture environments outside of the classroom?

### Experience with Deaf Culture and American Sign Language

- How would you rate your expressive signing abilities?
- How would you rate your receptive signing abilities?
- On average, how many Deaf patients do you see on an annual basis?
- Of the Deaf patients you serve, what are your primary means of communication?
- Of the Deaf patients you serve what are their primary means of communication?
- How would you rate your comfort level when serving a Deaf patient?

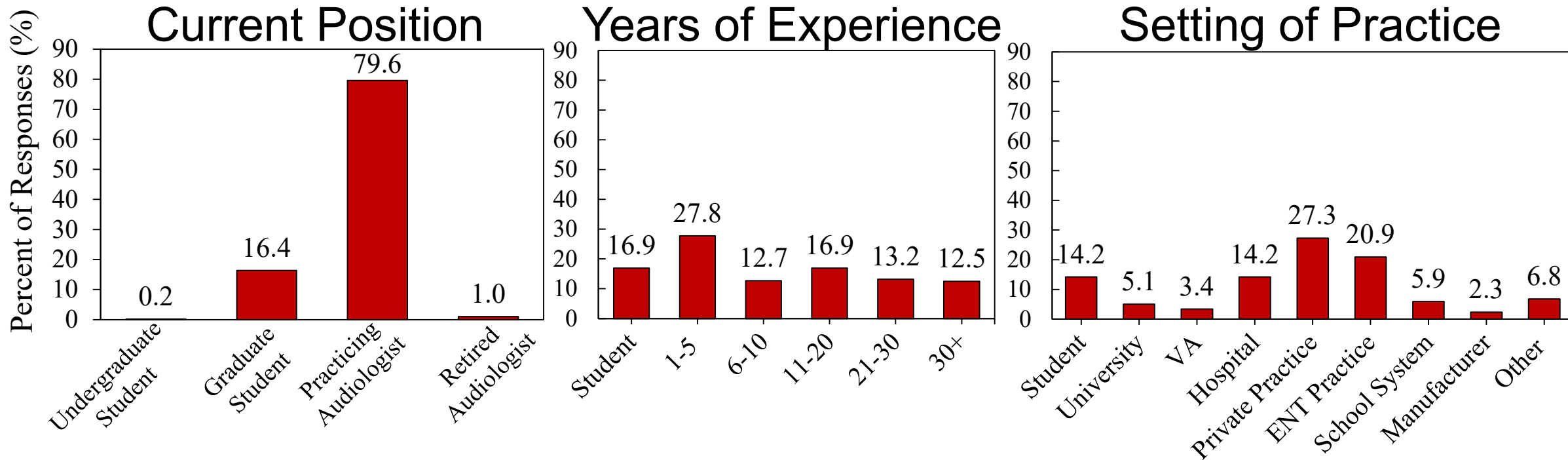
### Motivation to learn clinically relevant sign language

- Do you feel there is a need to improve your signing abilities?
- Are you aware of any resources available to learning clinical signs?
- How would you rate your motivation to learn clinically relevant signs?
- If you had access to a resource of clinically relevant signs, would you be motivated to use it prior to appointments with these patients?



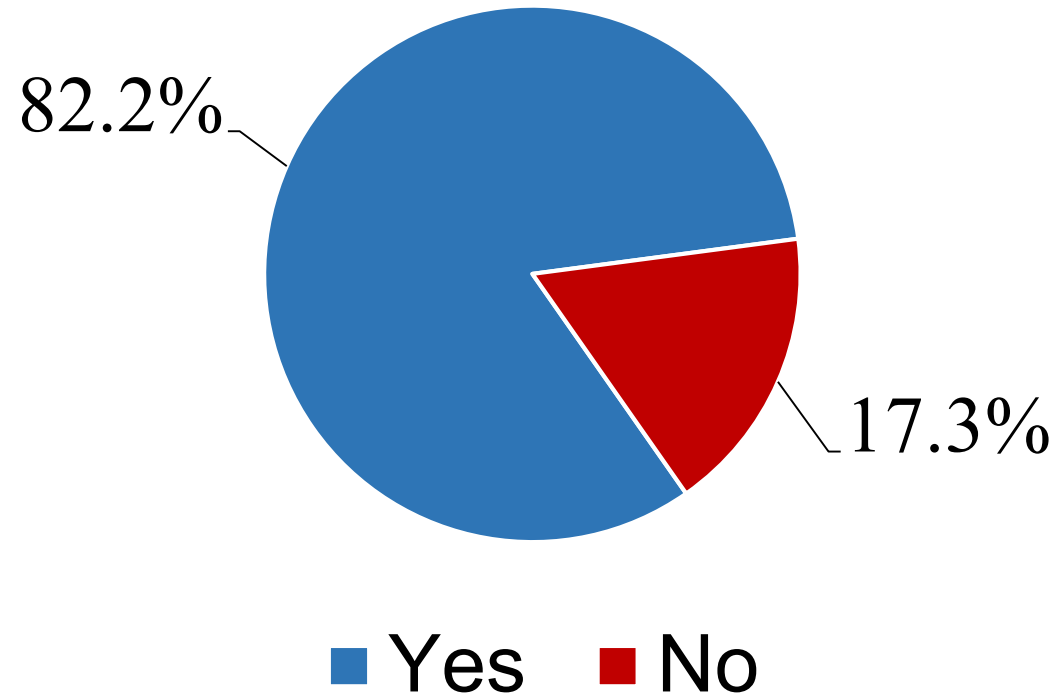
# Results: Demographics

- 489 survey responses were obtained and analyzed

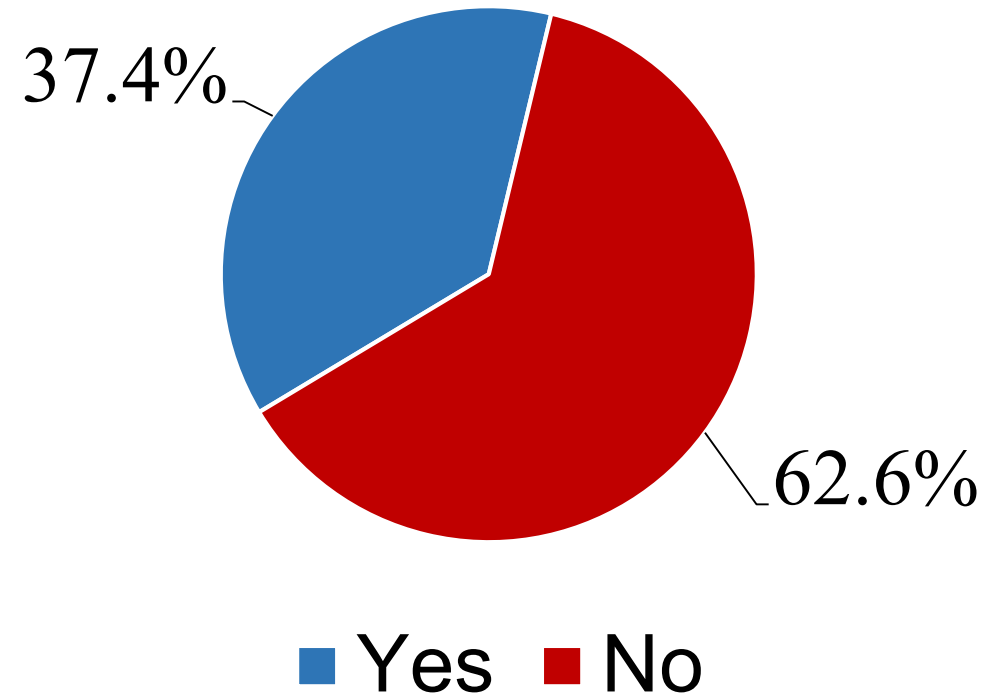


# Results: Education of Deaf Culture and ASL

Completion of manual  
ASL course

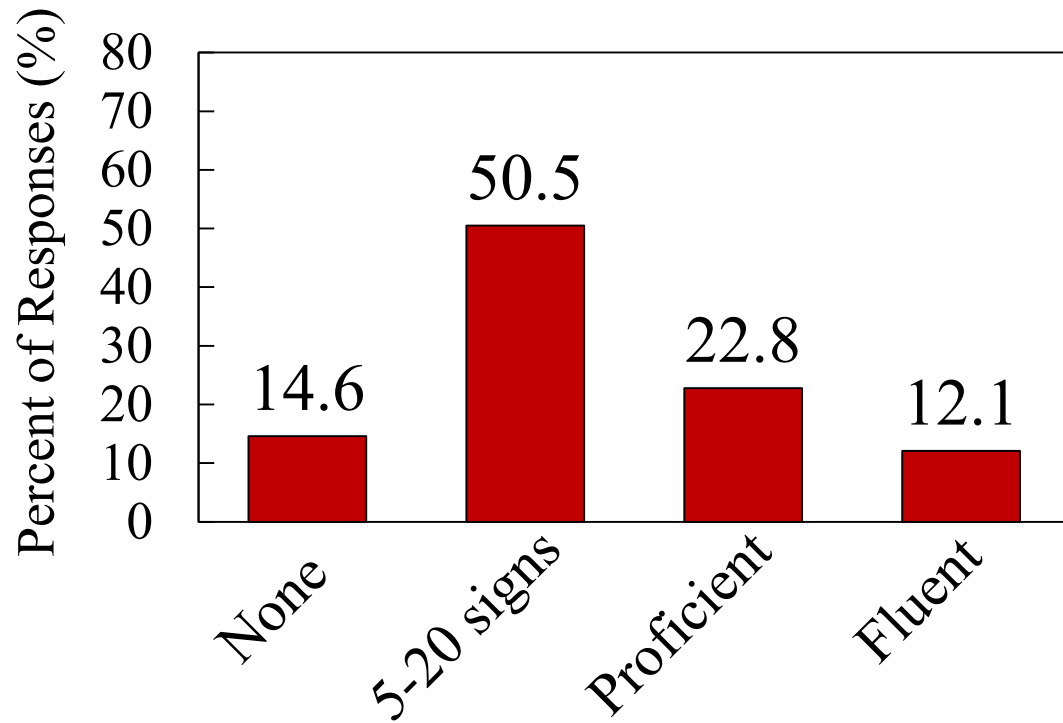


Exposure to clinically  
relevant signs

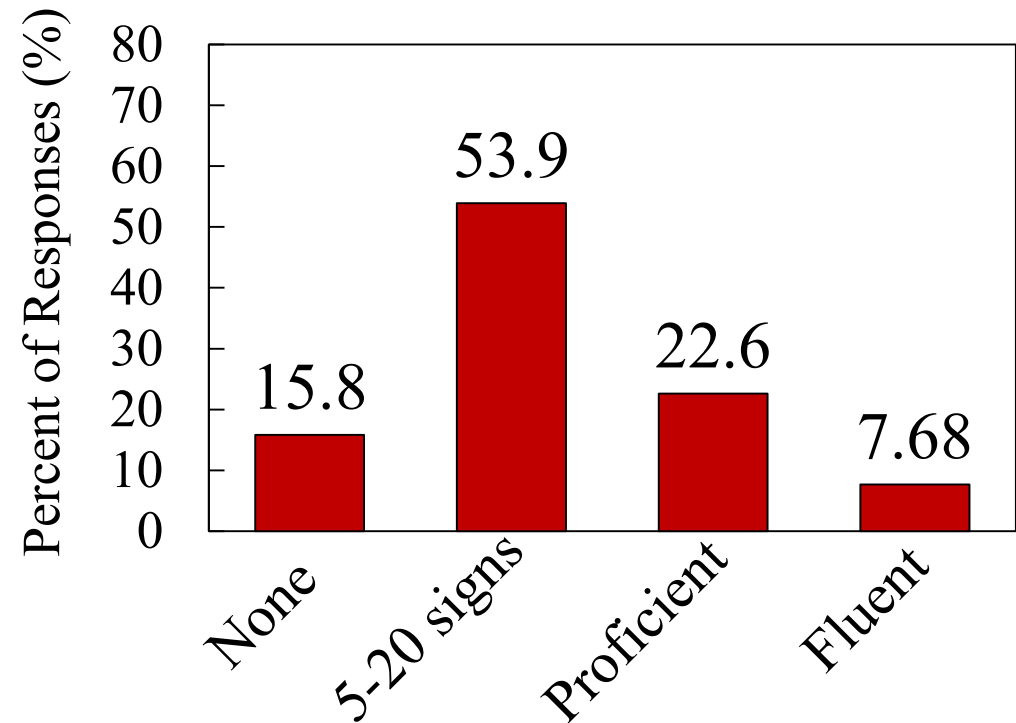


# Results: Experience with Deaf Culture and ASL

## Rating of **expressive** signing abilities

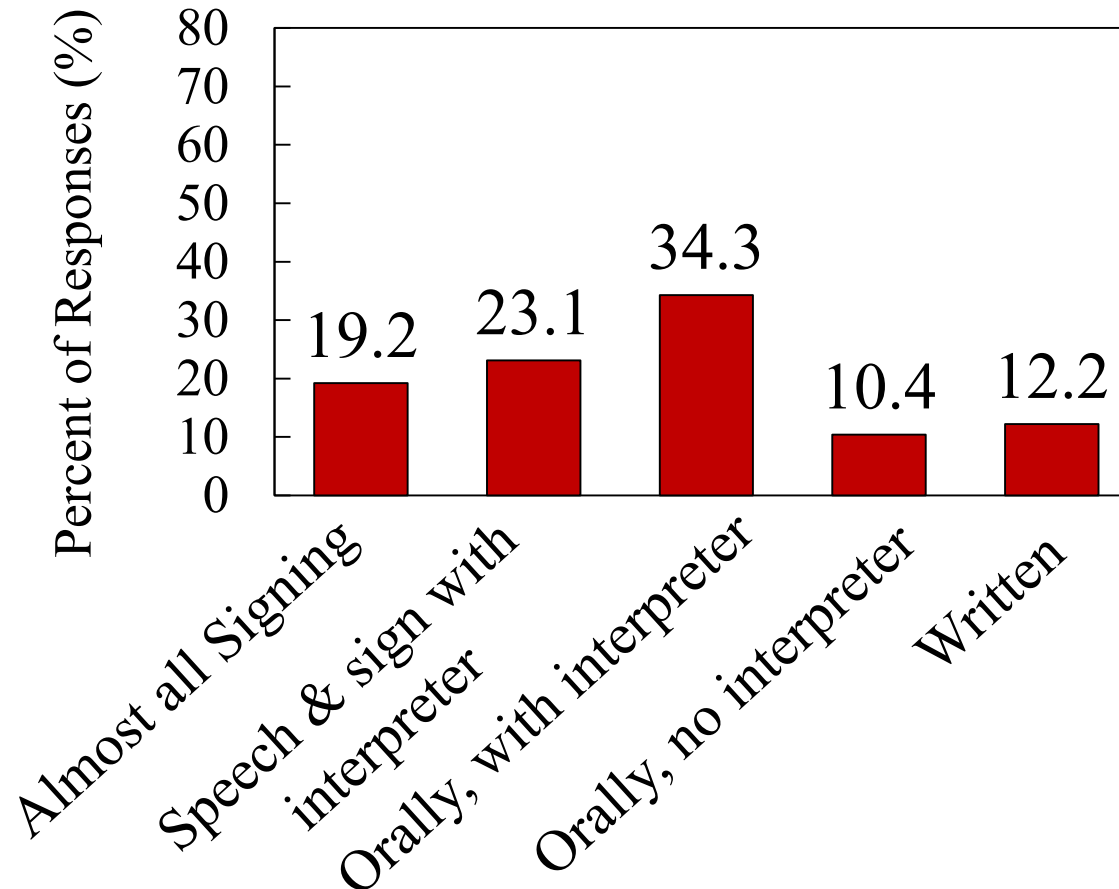


## Rating of **receptive** signing abilities



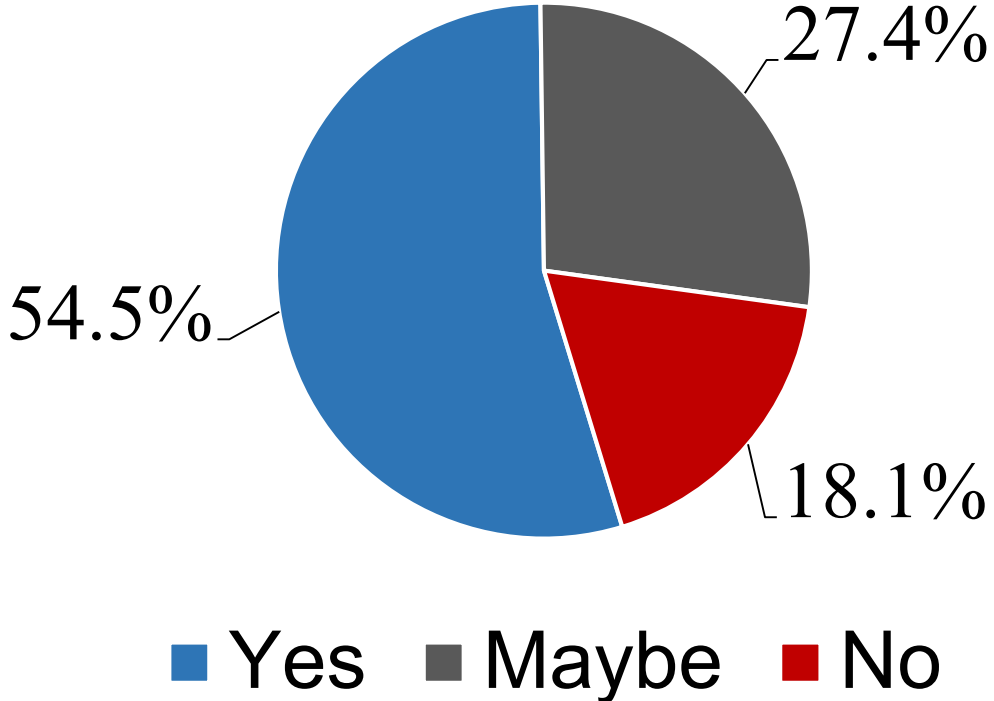
# Results: Experience with Deaf Culture and ASL

## Means of communication with Deaf patients



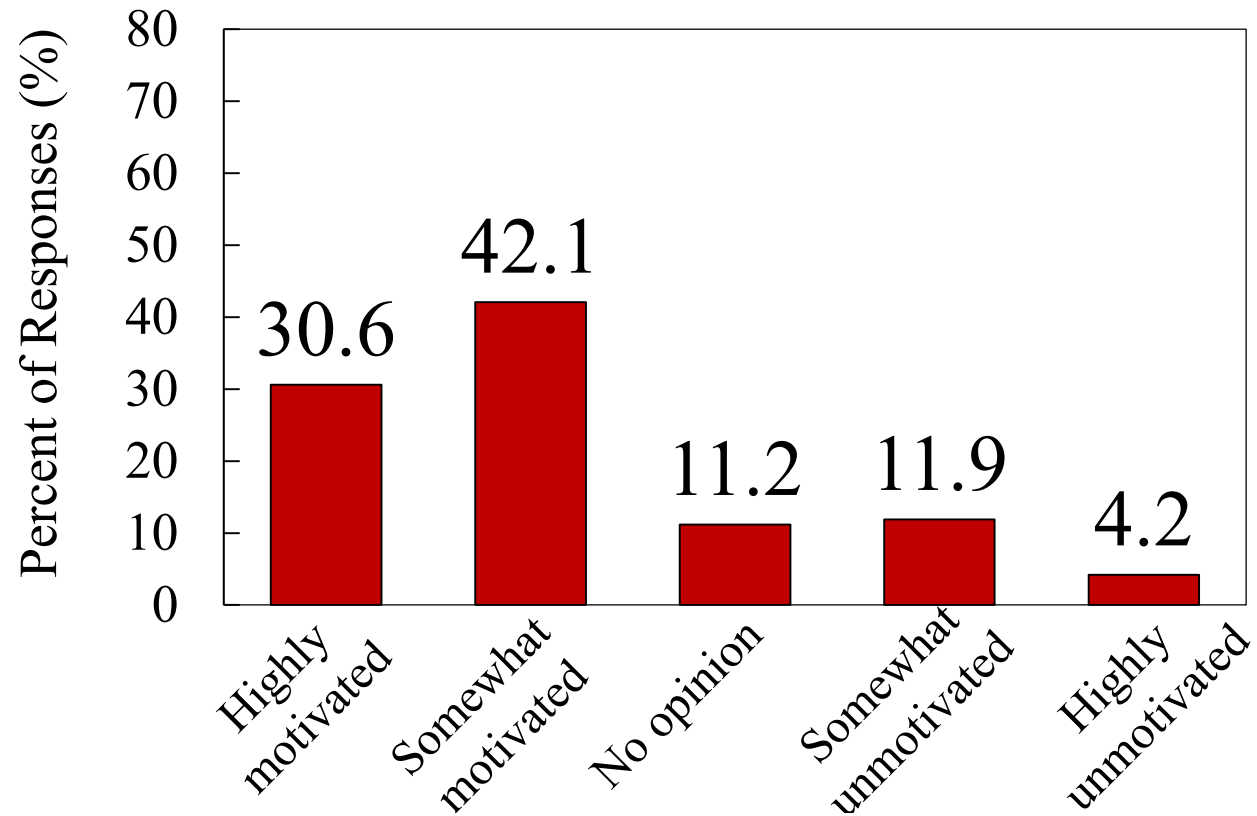
# Results: Motivation to learn ASL

Perceived need to improve signing abilities



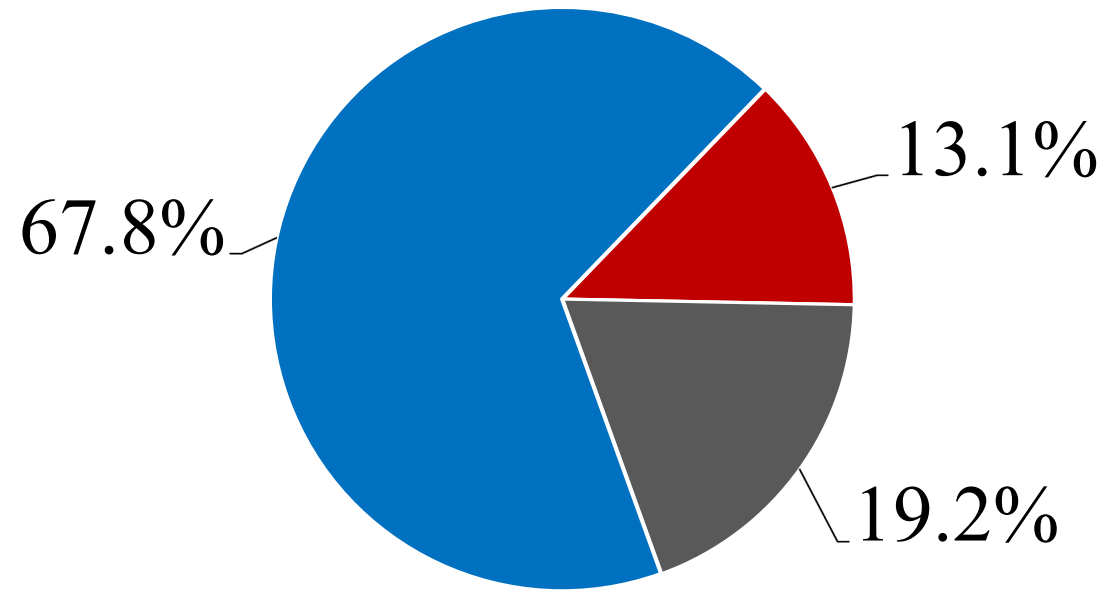
# Results: Motivation to learn ASL

## Motivation to learn clinically relevant signs



# Results: Motivation to learn ASL

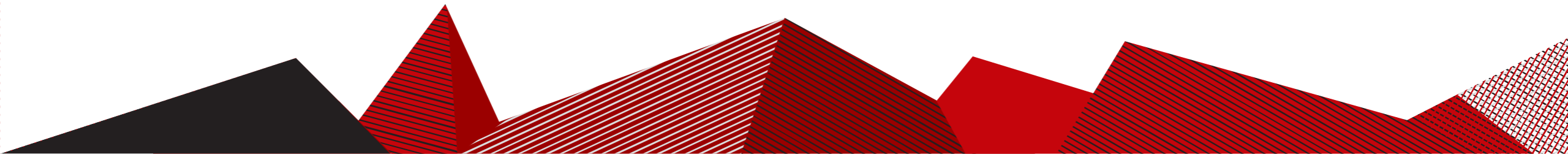
## Awareness of resources to learn ASL



- Yes, and I have made use of them
- Yes, but I have not made use of them
- No

# Future Directions

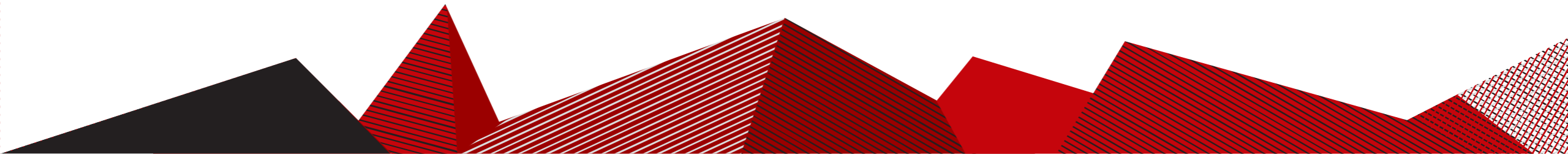
- Need for an ASL Comprehensive Resource
  - Expanded Vocabulary
  - Video with fluent signer





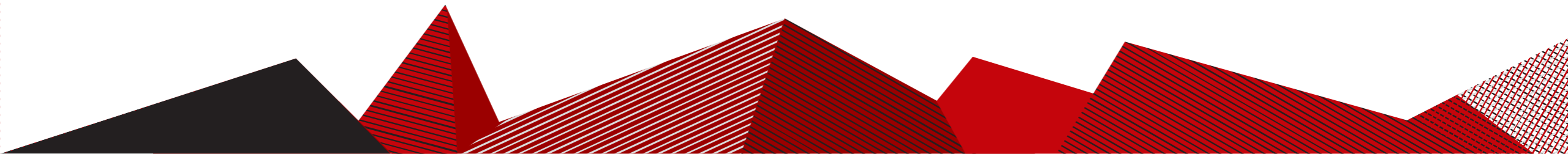
# Limitations of Study

- Variability regarding social media distribution
- Participant interest bias



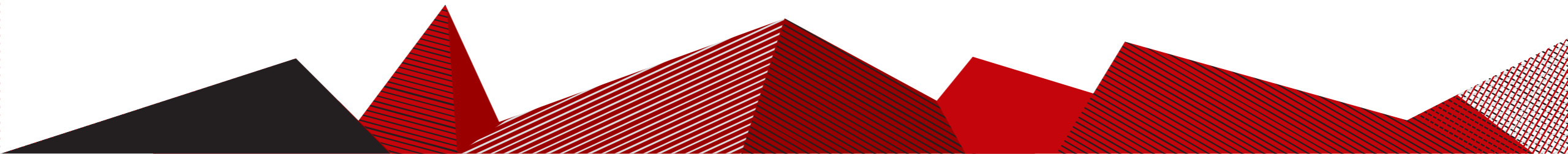
# Conclusions

- Gap between education of ASL and sign utilization in clinic
  - Need for Clinical Sign Education
  - Need for readily available resources
- Benefits of a clinical sign resource
  - Fosters audiologist-patient relationship
  - Provides quality patient care



# Note of Appreciation

- Project Advisors
  - Rachel Lee, Au.D., Sara Misurelli, Ph.D.



# References

- Kaplan, H. (1996). The nature of Deaf culture: Implications for speech and hearing professionals. *Journal of the Academy of Rehabilitative Audiology*, 29, 71-84.
- Steinberg, A., Barnett, S., Meador, H., Wiggins, E., & Zazove, P. (2006). Health care system accessibility: Experiences and perceptions of Deaf people. *Journal of General Internal Medicine* 21, 260-266.
- Qualtrics. Copyright 2017. Version 6.17. Qualtrics, Provo, UT, USA. [www.Qualtrics.com](http://www.Qualtrics.com)
- Pictures
  - <https://www.bemidjistate.edu/offices/its/knowledge-base/qualtrics-bsus-and-ntcs-survey-solution/>
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