

March 2007

Special Edition

DEAF ACCESS PROGRAM BROADENS COMPASSIONATE CARE

St. Vincent Charity Hospital's mission is to serve its neighbors, including underserved groups in our communities and in Greater Cleveland. Recently the Hospital sought and received a grant to provide specialized care to those with hearing difficulties. This year, the Deaf Access Program will improve the way Caregivers can help the D/deaf or hard of hearing.

To support Caregivers in building this program, Tracy Gretick, MSSA, LISW, has joined our care-giving team as the Deaf Access Program Coordinator. With 18 years of experience working with the Deaf community, Tracy will be teaching Caregivers how to work with D/deaf patients. "The goal is to make individuals who are hard of hearing or Deaf as comfortable as possible from the moment they make contact with the Hospital, throughout their visit. To do this, we will provide training and tools to give staff the confidence they need to best serve these individuals," she explained. Tracy will serve as the lead interpreter.

Our Deaf Access Program will change some of the ways we interact with patients. It will add tools for us to use in patient areas. This issue of Pacemakers will help you to better understand the unique needs of Deaf people and how you can do your part to provide quality and compassionate care.



Who Are The People We Will Help?

From this point forward, we will use the word "D/deaf" to include all deaf people: those who consider themselves part of the Deaf culture, and those who may define themselves as hard of hearing.

People with hearing difficulties may approach their hearing status in several ways.

- Some people are born unable to hear while others lose hearing over time.
- Some patients consider their situation as a loss while others view it as a way of life.
- Some people take a medical viewpoint while others consider deafness a cultural matter.

1. Individuals who define themselves as a part of the Deaf culture consider themselves to be **Deaf** with a capital "D." They use American Sign Language (ASL) as their main language and consider themselves to be part of a specific cultural group with its own history, customs, values and social patterns. Their language, ASL, is considered to be the native language of over half a million people in the United States and Canada. It is a recognized language quite different from English. The Deaf do not see their lack of hearing as a problem. Rather, they know that as long as they have an interpreter they can effectively communicate with hearing people.

2. Individuals who define themselves as **deaf** with a lowercase “d” view themselves as predominantly part of the hearing culture. They may see their hearing issues as being medical problems. These individuals may have lost hearing as they aged or they may have been raised with oralism, the system where they learned to communicate using spoken English and lip-reading so they do not rely on ASL or deaf services.

3. **Deafened** people were born able to hear but lost their hearing. Their primary language usually is English or whatever their hearing language was (Spanish, French, etc.) They may view their situation as a medical condition.

4. People who are **hard of hearing** can have varying degrees of hearing difficulties. They may speak, read lips and have some remaining hearing (often using a hearing aid). They may have learned ASL, but they consider English or another traditional language as their first language.

Regardless of their hearing status, the Deaf Access Program will reach out to each individual. “We are going to put a special emphasis on Deaf with a capital “D” and Deaf culture because that is the population that is most underserved, but it is open to all deaf people regardless of how they became deaf,” Tracy said.

“Our goal is to serve all with need, making it as smooth a process as possible, regardless of how they identify themselves culturally regarding hearing status,” explained Tracy.

If you want to know how patients view their hearing status, ask them to identify how they see themselves and how they prefer to communicate.

HOW DO DEAF PEOPLE COMMUNICATE?

Just as their hearing situations vary, so too do the ways that Deaf, deaf, deafened or hard-of-hearing people communicate. Some can read, write and understand English or another language as their first language. Some are comfortable speaking aloud while others prefer not to. Others communicate using ASL as their primary language. Still others may use signed English or a different version of sign language to communicate.

How can you know how to communicate with D/deaf or hard of hearing patients? When meeting someone, look the person straight in the face and ask them how they prefer to communicate. You can ask them:

- “How do you prefer to communicate?”
- “How did you communicate with your last doctor?”
- “Do you feel comfortable reading lips?”
- “Are you comfortable writing notes?”
- “Would you like to use a TTY or computer to type notes back and forth?”
- “Do you use ASL? Would you like an interpreter?”

Without an interpreter, you need to ask open questions or ask the individual to repeat what you said to them so that you know that they understand you. A D/deaf patient may understand you completely or just a bit, so it is important to constantly check with them about what they do understand.

Offer to help them and then get the help that you need through the Deaf Access Coordinator.

WHEN DO YOU CALL AN INTERPRETER?

As you assess a person who is D/deaf or hard of hearing, there are a few guiding rules about when you should call an interpreter for help:

1. Call for help when a patient needs any level of assistance to communicate. If you cannot understand the patient and the patient cannot understand you, no one is satisfied.

2. Call when a person is having problems communicating despite having assistance, such as a hearing aid. Intervention can be as easy as a new battery for a hearing device.
3. In a healthcare situation, the best and most objective interpreter is a professional. When a D/deaf or hard of hearing patient has family members present to act as interpreters, contact the deaf access coordinator anyway. Family members can be subjective and emotional, or may not fully understand the medical situation. This can impact quality of care.
4. Call when you are unsure about what to do. Your questions and offer of help show that you care about your patient.

USING AN INTERPRETER

If a patient is having a hard time understanding you, call Tracy Gretick, SVCH's interpreter, during business hours at ext. 32517, or the Cleveland Hearing and Speech Center at night or on the weekends at 216-231-0787. Having an interpreter's help will enable you to give the patient the best of care.

Interpreters follow certain ethical rules. They agree to confidentiality, never discussing what they have interpreted. They are impartial, only interpreting between what you have to say and what the D/deaf person has to say. Their role is not to give opinions or take part in the conversation personally. They give a faithful interpretation of everything in the room, including the sound of a plane flying by, the one side of a telephone conversation and the fact that someone is knocking on the door; therefore, don't ask them not to interpret something you say to them.

Here are some tips for working with an interpreter:

1. Sit across from and facing the D/deaf person. The interpreter will sit next to you so that the patient's eyes can look easily between you and the interpreter.
2. Talk directly to the D/deaf person, not to the interpreter.
3. Speak normally as you would in a conversation with a hearing person.
4. Be prepared for brief pauses. The interpreter is always a few words behind what you are saying. After you say something, there will be a pause as the interpreter interprets it and the D/deaf person can then respond. Also, pause occasionally so the interpreter and D/deaf person can catch up and you can make eye contact with the patient.
5. The interpreter will need a short break after a long conversation because the work is physically and mentally demanding.

DEAF CULTURE IN CLEVELAND

Cleveland has traditionally had a large deaf population. Yet, educational methods promoted here over the years kept a strong Deaf culture from flourishing.

In the 1800s, interest in educating deaf people grew. The American School for the Deaf was founded in Hartford, Connecticut. The advanced education institute that became Gallaudet University in Washington, D.C., was opened. Sign language began to be taught in these schools.

Theories about the best ways to educate deaf children developed. In the Cleveland area, **oralism** was popular. With oralism, deaf children were taught to read lips and speak. Learning to communicate this way was believed to help them fit into the hearing world with fewer needs for special services.

The problems with oralism were many. Reading lips, or speech-reading, varies in success because it relies on many variables. A speaker's mouth could be obscured by a mustache, speakers could turn their heads away as they speak, or speakers may have facial impediments that make understanding them difficult. Different spoken sounds may look the same to the deaf or hard of hearing person reading lips. Even the best lip readers may only understand 75 percent of what is said to them, so reading lips can leave large gaps in the person's understanding. In addition, being able to speak does not guarantee that a deaf person can read lips effectively. Socially, oralism can promote the idea that deafness is a problem and people should become as hearing as possible, breeding a sense of negativity about being deaf.

In the 1970s, **total communication** became a popular education movement. Deaf children would learn to read lips, speak and sign at school. While this allowed deaf children to learn the ASL language, it was hard because English and ASL are two separate languages that do not really match. If someone is speaking English and signing in ASL, it is hard to convey the same things at the same time.

Introducing sign language was important, though. Learning ASL gave deaf students the ability to have deeper, more meaningful conversations in a language they could share with other deaf people. It was an entry into Deaf culture.

Another popular educational movement that began in the 1970s was the idea of the **least restrictive environment**. The goal was to allow any child to be integrated into a school system. For example, ramps would allow children in wheelchairs to navigate through a school building. But deaf children attending a regular school actually found themselves in a more restrictive environment because they couldn't fully communicate with others with sign language. At deaf schools, sign language flourished and children shared conversations and built their Deaf culture.

Because Northeast Ohio stressed oralism, total communication and mainstreaming children in least-restrictive schools, local Deaf culture did not develop as strongly. Unlike other large cities, Cleveland does not have as vibrant or political a Deaf culture. With people being expected to read lips and learn to speak, services for the deaf didn't develop as strongly. The places where strong Deaf alliances have flourished in our area have been in churches in Northeast Ohio. Deaf people come to certain churches and share their unique culture. Cleveland's St. Augustine Catholic Church, Christ Deaf Lutheran Church and Olivet Institutional Baptist Church are examples of places where Deaf people come and support each other.

Now, St. Vincent Charity Hospital is working toward full access to all its services for the D/deaf people in the community. Regardless of how they communicate, the hospital will provide interpreters and communication aids so that patients with hearing difficulties have the same experiences as hearing patients and are satisfied with their care.

CHANGES WILL MAKE DEAF COMMUNICATIONS EASIER

St. Vincent Charity Hospital will be helping all Caregivers to better communicate with patients who have hearing difficulties. Some of the new elements that the hospital hopes to use include:

- Staff training to raise awareness of the special needs of D/deaf patients and to facilitate Caregiver comfort and responsiveness
- Basic sign language lessons for frequently needed ASL signs
- Lessons in using the relay system in which Caregivers call a relay operator who can teletype and act as an interpreter between the Caregiver and a deaf person on another phone line
- Lessons in using TTY (teletypewriter) units to communicate, make appointments and share information with D/deaf patients
- Portable TTY units in patient rooms when needed
- Communication cards will be placed at all entry points providing instructions to reach the deaf access coordinator. Picture menus will be available at key departments and inpatient units so that patients can point to pictures such as "I am thirsty" or "I need to use the restroom." Caregivers will have picture options for communicating things such as "You need to have your medicine."

- Stickers for patient charts and intercom stations that identify patients needing hearing or communication help
- Lighted sensors on patient doors to alert deaf patients to someone entering their rooms

ETIQUETTE TIPS MAKE INTERACTIONS NICER

Making D/deaf patients feel welcome is easy with the proper etiquette. Caregivers will receive instructions on the appropriate ways to interact with this patient group. To be polite, practice the following tips.

- Show D/deaf people the same respect you would to anyone else; treat them the way that you would like to be treated.
- Be happy to meet them and be willing to do what you can to get them the help that they need.
- Flash lights in a room correctly to get a deaf patient's attention.
- Don't walk between an interpreter and a deaf person.
- Don't walk between two people who you see signing.
- Get in a deaf person's line of sight before tapping that person on the shoulder to get attention.
- Don't stomp your feet to get a deaf person's attention because it is considered rude.
- Don't use the terms "deaf and dumb" or "deaf mute" because they are considered insulting.
- Don't use the term "hearing impaired" because it negatively implies that something is broken.

CAREGIVER QUESTIONS AND ANSWERS

How do D/deaf people identify themselves?

D/deaf people will likely indicate that they are deaf by vocally telling you, pointing to their ears and shaking their heads or by writing to you on a piece of paper.

How will a D/deaf person ask for help in the hospital?

A D/deaf person will ask for help in the same way a hearing person will, except that the person will use signing, gestures, vocalization and/or writing.

If I encounter a person who identifies himself/herself as D/deaf, how do I help this person?

You would help this person in the same way as you would a hearing person except you would be mindful of the communication issues. You would refer them to the information desk or write back and forth with them to ascertain their needs, and/or you would call Tracy on her pager (5086) or extension (32517).

Do all D/deaf people use and understand sign language?

No. Many D/deaf people never learn to sign. Of those that do use sign, there are often vast differences in the way they sign.

Can all D/deaf people read lips?

No. Many D/deaf have never learned to read lips. Of those who have, some are more skilled than others.

If a D/deaf person indicates that he/she can lip-read, should I assume that he/she understands everything that I say?

No. Even the best lip readers will miss portions of speech. Make sure you face the deaf person and enunciate clearly.

Will there be some simple sign language classes that we can attend to learn enough sign language to say things like "hello," "goodbye," "one moment please," "come with me," and "I will find someone to help you"?

Yes. Dates for some classes will be determined. In the meantime, call Tracy with any signing questions that you have.

What are the resources to help deaf patients who only sign? At night? On weekends?

During regular business hours, call Tracy at 32517 or pager #5086. Otherwise, call the Cleveland Hearing and Speech Center at 216-231-0787.

Where would a doctor contact an interpreter?

At St. Vincent Charity Hospital for inpatient and outpatient interpreting assistance, contact Tracy Gretick, Deaf Access Program Coordinator, at 216-363-2517 or page her at 216-819-0052, in-house pager #5086. For your private office setting, call Cleveland Hearing and Speech at 216-231-0787 to arrange interpretive services.

Will all TVs be able to get the script across the bottom in the hospital?

All TVs built after 1992 have captioning capabilities. To access this, just go to the menu of the TV and select the captioning option. Sometimes, this is its own category; sometimes it is listed under "language options." Keep in mind that not all TV programs are captioned so the captioning may be on but not appear. To check if the captioning is working, turn the TV station to either a soap opera or daytime talk show. Most, if not all, of these are captioned.

Will the phones light up and not just ring for the D/deaf?

No. Only the phones that have a light bulb will light up. Special adaptors can be purchased that will enable a lamp to light up when the phone rings.

Will the phones that allow a D/deaf person to communicate be available?

TTY's are presently available in Telecommunications and the Nursing Office.

Will there be a time lag while we wait for these resources?

Tracy is in house and available, and Cleveland Hearing is available 24 hours a day. Otherwise, staff training and more extensive technology will be introduced as the program progresses.

How will the secretary communicate with the D/deaf with a call light?

We will have stickers available that can be placed on the call light system that will alert the secretaries that someone must respond to the room and not utilize the intercom to communicate with the patients.

Will patients be able to use laptops in their rooms and be able to pick up the Internet?

Currently, the hospital is not outfitted with wi-fi or land-based internet access in patient rooms.

HELPFUL SITES YOU MIGHT ENJOY

If you are interested in learning more about American Sign Language and Deaf culture, here are several Web sites that may be useful.

<http://commtechlab.msu.edu/sites/aslweb/browser.htm>

This site sponsored by Michigan State University contains an animated browser that lets you look up a word and see it being signed. Words can be searched alphabetically.

<http://www.lifeprint.com/asl101>

This ASL University site contains self-study lessons on American Sign Language including a section on "First 100 Signs."

http://en.wikipedia.org/wiki/American_Sign_Language

This Wikipedia site discusses the development of sign language and its use in our country. Wikipedia also has sites on Deaf culture and other deaf-related topics.

NEED HELP? CALL FOR AN INTERPRETER.

When you have a patient who cannot hear you and/or understand you, it's time to call an interpreter for help.

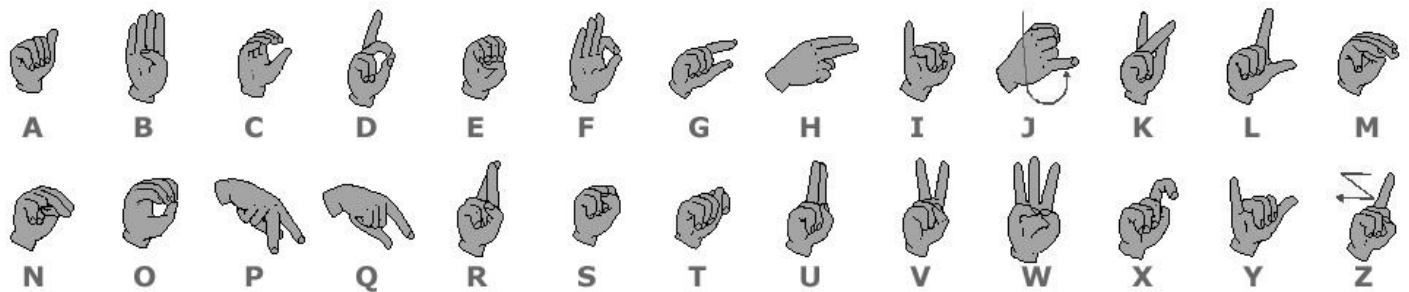
Call **Tracy Gretick**, our Deaf Access Coordinator and interpreter, at
Ext. 32517 or Page 5086

Monday – Friday from 8 a.m. - 4 p.m.

When you need assistance from an interpreter after hours or on the weekends, call:

The Cleveland Hearing and Speech Center 216-231-0787

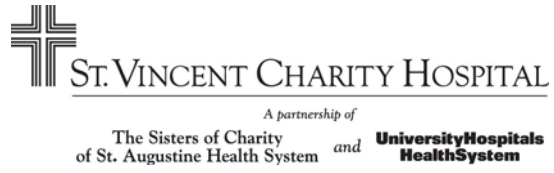
If you have a question or concern for Tracy, you may also send her an e-mail at tracy.gretick@csauh.com or MOX her. She is happy to answer you!



The One-Hand Alphabet in General Use

Source: The Project Gutenberg EBook of Scientific American Supplement, No. 530, February 27, 1886, by Various.

Supplement VII. Miscellaneous [AMERICAN ANNALS OF THE DEAF AND DUMB.] – Notes on Manual Spelling – By JAS. C. Gordon. – Origin of Finger Spelling. – Finger alphabets. – With engraving of American alphabet.



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