



Communicating with Your Deaf Patient

Methods of Communication • Environmental/Sensory Barriers • Communication Barriers

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from diverse cultures. **Every person is unique; always consider the individual's beliefs, needs, and concerns.** Use Culture Clues™ and information from the patient and family to guide your communication and your patient care.

How does your deaf patient communicate?

- Most deaf people communicate with hearing professionals through a combination of methods such as signing, writing, speech, and lip reading.
 - **Assess the best method for communication by asking your patient about their preference.**
- If your patient relies on American Sign Language (ASL), make sure that an interpreter is present.
- Do not assume that when a deaf patient nods their head in acknowledgment, that they have heard or understood you. Your patient may be relying on family present to explain later.
 - **Use open-ended questions to make sure that the patient has understood.**
- Be aware that in ASL, the word positive is closely linked to good. Stating that a test result is positive may be interpreted that a test result is good news.
- To express heightened emotions, your patient's signing may be made with larger, quicker, and more forceful motions. Your deaf patient's language conveys emotions such as urgency, fear, and frustration in this way.
- Your own body language is an important way to enhance your communication. Use pantomime and facial expressions. Be aware that your patient may use facial expressions to assess the gravity of the situation.
- Demonstrate respect and understanding by attempting to learn a few key phrases in ASL. Become familiar with the manual sign language alphabet for when an interpreter is not available to communicate.
 - See www.aslpro.com/cgi-bin/aslpro/aslpro.cgi for an animated dictionary of the ASL Language.

How do I limit environmental and sensory barriers to communication with deaf patients?

- For patients who prefer speech or lip reading, make sure that you have the patient's attention before speaking.
 - **Tap your patient on the shoulder, wave, flick a light, or use another visual signal.**
- If lip reading is your patient's preferred communication method:
 - **Use your regular voice volume and lip movement.**
 - **Maintain eye contact when you speak. If you turn your head, you could obscure the view of your face. Taking notes or writing in the chart while talking with your deaf patient can hinder your patient's view.**
 - **When speaking to your patient, don't place things such as pencils, gum, or food in your mouth. Remove your facemask before speaking.**
 - **Avoid standing in front of a light or a window. Overhead lighting limits shadows.**
- If writing is your patient's preferred communication:
 - **Writing can be fatiguing and time-consuming, resulting in communication that may be incomplete.**
 - **Note that American Sign Language does not follow the order and syntax of written and spoken English. It may be helpful, therefore, to use short precise clauses, pictures, and diagrams. Allow for the increased time needed.**
 - **Be sure the patient is provided with writing tools. A small white or blackboard is useful tool, for all communication modalities.**

How can I reduce the communication barriers with my deaf patient in our medical environment?

- Some deaf people consider English their second language after American Sign Language. Always ask your patient about comfort with written language when you are using this mode of communication.
 - Your patient may have limited experience with medical terminology. Sometimes deaf people do not have the opportunity to gain incidental information, and may not have the same common knowledge that hearing people have. Topics such as causes of illness, prevention, allergy, average body temperature may not be familiar. Your patient may not have full knowledge of their medical history.
 - Deaf patients often do not receive adequate explanations about their illness or treatments. Hospital staff tend to talk to family members rather than to the adult deaf patient.
 - **Give thorough explanations, explaining terms and procedures. Ask open-ended questions to ensure understanding. Use pictures and diagrams when possible. Use Physician Desk Reference to show color and size of pills.**
 - If signing is the preferred communication method, intravenous lines should be placed in the non-dominant side and arm restraints should be avoided. If arm restraints are necessary, release the dominant hand for communication when patient is calm.
 - When performing procedures that place you out of view of your patient, explain the procedure ahead of time. When possible, adjust your seat to improve the line of vision with your patient's face and/or make sure that there is a certified interpreter in the room who can help with communication.
 - Be aware of technology available to assist patients with their medical care and after being discharged from University of Washington Medical Center.
 - Always have written materials to reinforce verbal information given to your patient.
-

Culture Clues[™] is a project of the Staff Development Workgroup, Patient and Family Education Committee
Contact: 206-598-7498/Box 359420/pfes@u.washington.edu

The *Deaf Culture Clue*[™] was developed with thanks to Morag McDonald and Patrick Feeney.

© University of Washington Medical Center
Published: 08/2003, 04/2007, 01/2012

The La Crosse Medical Health Science Consortium adapted this information with permission from the University of Washington Medical Center. 6/2016