OBJECTIVES

1. Understanding the historical background of ASL and the importance of Body Language and Facial Expressions;
2. Enhancing intercultural communication and understanding cultural competence;
3. Learning several survival signs in the Healthcare facility to provide essential patient care;
4. Using interactive tools in gathering important information.
BACKGROUND INFORMATION

• Approximately 2.5 million deaf people in the US
  • Deafness vs Hard of Hearing
  • Types of hearing loss
    • Conductive
    • Sensorineural
  • There are degrees of hearing loss and not all individuals who have a hearing loss are encultured into the Deaf community;
    • Mild – (cannot hear below 45 dB) soft sounds may be difficult to distinguish
    • Moderate- (Cannot hear below 60dB) conversational speech is hard to hear, especially if there is background noise (such as television or radio)
    • Moderately Severe (cannot hear below 75 dB) – It is very difficult to hear ordinary speech
    • Severe (cannot hear 76-90 dB)- conversational speech can’t be heard
    • Profound (cannot hear 91 dB+)- almost all sounds are inaudible. Most people with profound hearing loss benefit from a hearing aid while some don’t
INTERVENTIONS TO IMPROVE HEARING

• When someone wears a hearing aid, not the same as someone who improves vision by wearing glasses, the hearing aid amplifies the sound, but does not clarify it;

• When someone wears a cochlear implant, has a sensorineural loss and may be like a radio that is not well tuned.
COMMUNICATION ROADBLOCKS

• As in able bodied patients, the overall intelligence levels vary among deaf & hard of hearing.

• Some deaf children will be educated through sign language or through lip reading;
  • Not all deaf individuals can lip read

• Deaf individuals’ writing skills may mirror that of ASL and therefore, if a hearing person in not experienced in ASL, may make it appear their writing is limited.

• Family dynamics also vary – just as hearing families; some family members will sign, others will not.
QUALITY OF HEALTHCARE IS DEPENDENT ON COMMUNICATION

• Evidence clearly links clinician-patient communication to patient satisfaction, adherence, and health outcomes.

• Communication is of one of the most significant obstacles to health care with deaf or hard-of-hearing patients.
  • Communication barriers put deaf and hard-of-hearing patients at risk for medical errors

• Communication challenges for the deaf or hard-of-hearing patient include understanding medical jargon, complex instructions for taking medication, and warnings about clinically significant adverse events
  • Communication difficulties often result in experiencing misunderstandings about their disease or treatment recommendations.
WHAT IS AMERICAN SIGN LANGUAGE (ASL)?

• Is an intricate, but complete language
  • Visual –manual modality used to convey meaning
• Differs from English grammar
  • ASL is distinct from English, having its own grammar, structure, and syntax
• The shape & movement of the hands, facial expressions and body movements, all play important parts in conveying information

• Like any language:
  • It takes time to learn
  • It must be practiced
    • With turning your voice volume to ‘silent’ while still signing
  • Requires getting more accustomed to collecting information through visual and not auditory modes of communication
AS WE PREPARE . . .

• Think about ASL as learning how to paint a visual image (Garcia, 2008);
• Need to think not signing ‘exact English’ we speak;
• Use body language, facial expression, body position, mouth movements and eye gazes in place of voice intonation;
• Use the area around us for ‘place’ and ‘move’ signs;
• Better signers are good at improvisational skills;
• Try to also think of the concept/idea wanting to be communicate as this assists in remembering or at using improvisational skills to communicate.

• Make eye contact with the person you are having a conversation with;
• Be aware each of us will develop our own ‘style’ of signing – some will sign fast; slow; fingerspell better, etc.
• Be cognizant your hands need to be able to be seen by deaf person;
• Practice with a partner (We will be grouping you throughout the course);
• Practice in public if you are able; or in front of a mirror.
THE BASICS

Recommendation #1: Maintain Eye Contact

Recommendation #2: Be Aware Of Body Language

Recommendation #3: Don’t Make Assumptions

Recommendation #4: Ask your patient which method of communication they prefer
KEEP IN MIND 

• Signing space – most signing will occur in an oval area from mid-chest to just above head (book, p.28)

• There are no synonyms for ASL – the word ‘pain’ can be signed and mean ‘injury, pain, hurt, harm, agony, distress’;

• Finger spelling – used:
  • To spell names, streets, store name
  • To offer a specific spelling
  • When ASL sign isn’t known by signer
  • By hearing people when they don’t know a sign

• Many young deaf with implants are not fluent in ASL.
UNDERSTANDING NON-MANUAL BEHAVIORS

• With yes/no questions raise brows; head tilts slightly forward → starts just before the sign and continues throughout the question;
• ‘wh’ questions – brows furrowed; head tilted forward slightly throughout the question;
• Nodding with signs creates affirmative answers or statements;
• Shaking head with signs indicates the negation of the answer or statement;
• Raising brow in conjunction with the sign to ensure listener is following along;

Examples
IS YOUR BODY LANGUAGE INVITING?
PRACTICING THE ASL ALPHABET
IT’S BREAKOUT TIME!

• We are moving into 2 smaller rooms for practice;
• Each presenter will facilitate a room;
• We will come back as a main group when we have completed our practice in the smaller rooms.
PRACTICE!!

• Without seeing the pictures, can you recall?
  • Fist letters: A, E, I, O, S, T, N, M
  • Practice entire alphabet A-Z - first with me, then on your own, use the handout only if needed
  • Practice letter combinations – first with me, then on your own
  • Can you spell your name?

<table>
<thead>
<tr>
<th>sa</th>
<th>so</th>
<th>se</th>
<th>st</th>
</tr>
</thead>
<tbody>
<tr>
<td>an</td>
<td>en</td>
<td>in</td>
<td>on</td>
</tr>
<tr>
<td>ta</td>
<td>ti</td>
<td>to</td>
<td>te</td>
</tr>
<tr>
<td>ma</td>
<td>me</td>
<td>mi</td>
<td>mo</td>
</tr>
</tbody>
</table>
PRACTICE MORE FINGER SPELLING...

- Muscle
- Bone
- XRAY

- WHEN ALL ELSE FAILS _ USE PICTURES!
PRACTICE NUMBERS

• Let’s review numbers 1-10
  • First with me, then practice on your own

• What does 11-20 look like?
• What does 20, 30, 40 look like?
EMOTION EMOJI

• Sad
• Frustrated
• Sick
• Angry
• Scared
• Confused
• Aha
• Surprised
• Tired
• Happy
## LET’S LEARN SOME BASIC ASL

<table>
<thead>
<tr>
<th>‘W’ Questions</th>
<th>Pronouns</th>
<th>Nouns</th>
<th>Action words</th>
<th>Action words</th>
<th>Action Words</th>
<th>Adjectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who</td>
<td>me</td>
<td>Medicine</td>
<td>Pain, hurt</td>
<td>Improve</td>
<td>Understand</td>
<td>Allergy</td>
</tr>
<tr>
<td>What</td>
<td>you</td>
<td>Fever</td>
<td>Happen</td>
<td>Decline/get worse</td>
<td>Exercise</td>
<td>Better</td>
</tr>
<tr>
<td>Where</td>
<td>Him, her, them</td>
<td>Water</td>
<td>Tell</td>
<td>Eat</td>
<td>Clean</td>
<td>Fine</td>
</tr>
<tr>
<td>When</td>
<td>Hospital</td>
<td>Feel</td>
<td>Wait</td>
<td>Help</td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td>Why</td>
<td>Doctor</td>
<td>Play</td>
<td>Want</td>
<td>Come</td>
<td>Tired</td>
<td></td>
</tr>
<tr>
<td>How</td>
<td>Ambulance</td>
<td>Swell</td>
<td>Finish</td>
<td>Here</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient</td>
<td>Play</td>
<td>Vomit</td>
<td>Drink</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PUTTING SOME IDEAS TOGETHER

• Hurt where?
• Hurt how?
• Hurt when?
• What happened?
• Me hurt/pain
• You hurt?
• They hurt
• He/she hurt
• Debriefing from smaller breakout rooms
• Challenges
• Other?

• Bingo review!
• Let’s play a game to see what you can recall
• Use this link to generate your own BINGO card: https://bingobaker.com/#f30f3f6f6f27a25
CLOSING THOUGHTS . . . .

• Language acquisition is easiest when we are younger (ie. 5 years old!) → don’t let that deter you;
  • ASL is as much knowing the sign as it is your facial expression & body language
• PRACTICE! PRACTICE! PRACTICE!
• We have only spent two hours with you, know there is so much more – as there is with any language;
• If/when you have the opportunity to communicate with another person/patient using ASL, we hope you take the chance to do so!
• Thank you for your interest in coming to our session. . .
RESOURCES . . .

- Suanne Maurer-Starks – smaurer@bridgew.edu
- Wanda Swiger – wswiger@keene.edu
- Health Vocabulary ➔ https://www.youtube.com/watch?v=Nf_0FxqO1WM
- Medical and Disease Signs ➔ https://www.youtube.com/watch?v=8X63m7mq7rY
- Medical Sign Language Part 1 ➔ https://www.youtube.com/watch?v=CoC7Hyfn6ZE
- Medical Sign Language Part 2 ➔ https://www.youtube.com/watch?v=7vfEOmeA3qE