Improving Communication Access in Medicine

BY JOSEPH MONTANO

A trip to the emergency room can be a great source of stress for everyone. Patients are faced with a medical condition requiring treatment, health care staff are trying to help multiple patients at the same time, families are anxious as they wait to find out the result of their loved one’s care and all activity seems to be fast-paced. Add to that equation a person with hearing loss and you have a situation that can be catastrophic. Will the patient be able to hear and understand the medical information being provided? Will the physician have the time to be able to make necessary accommodations? Will the family be able to effectively communicate and participate in the patient’s care plan? These dilemmas are occurring every day in emergency departments and physician’s offices for people with hearing loss. In most situations, communication access is either unavailable, insufficient, or the worst-case scenario, unidentified as an essential determinant of the health care outcome.

Individuals with hearing loss have been fighting this battle for access for many years. While there have been great achievements in many areas such as entertainment, improvements are few and far between in health care provision. To combat this inequity, the goals of accessibility, accommodation and action need to headline our advocacy.

Accessibility
Communication accessibility refers to the ability of a person with hearing loss to be provided with the same communication information that is available for all individuals despite interference because of the loss. It requires that all individuals have the same opportunity for their interpretation of communication information, interactions and services that may be provided to others.

When we examine the typical medical interaction of a person with hearing loss, we find that most attempts at improved communication are either not at all performed or cryptic efforts are made such as writing parts of what is being said, repeating only some information, or reducing content to make the situation easier. In order to ensure communication accuracy during these encounters, we need to encourage the use of accommodations.

Accommodations
Accommodations for people with hearing loss are meant to facilitate communication by removing the barriers and enhancing the environment to allow information to be presented completely without alteration. In some situations, it might be as simple as moving the conversation to a quiet room or providing an assistive listening device to increase audibility. But at other times, it might require live transcription or technological interventions. For individuals with profound hearing loss who might use American Sign Language, the use of interpreters is probably better understood by most in health care provision than the need for accommodations for those people with hearing loss who do not use ASL. Since communication access needs to be available for all regardless of the level of hearing loss, there needs to be a call for action to make this happen.

Action
Communication access for people with hearing loss is not going to happen by itself. Members of hearing loss advocacy groups such as HLAA have been working tirelessly trying to improve medical communication in hospitals and health care facilities. This advocacy must be a group effort not only performed by the individual with hearing loss but their friends, families and hearing health care providers. A group effort is necessary to spread the word to health care providers. Consumers and family members can educate their physicians, clerical and professional staff, every time they go for an appointment. Audiologists can help provide assistive technology options to medical offices, provide community in-service education and work with hospital and health care facilities administrations.

Individuals with hearing loss must be proactive and visit their health care providers already prepared with hearing solutions. If you wear hearing aids, take the time to inform your providers that you use them and instruct them on the best practice for communication in their environment. Live speech-to-text applications are becoming more and more popular on smartphones. Download the app in advance and instruct your physician in its use. Request your health care provider to use a remote microphone if you have that available technology with your hearing aids. It is important for you, the person with hearing loss, to determine what best works for you in communication situations and instruct those around you.
When I turn on captioning on my television, the words appear on the screen, music notes indicate there is music in the background and birds tweeting indicates the sound of nature in the scene. It shows the entire message, the whole picture and lets the person experience the complete event. Let’s bring this same concept to medicine. Together, the person with hearing loss, their families and their hearing health care providers need to join forces to continue to educate the medical providers in hospitals, clinics and private offices about the importance of access, accommodation and action to allow communication to be completely available to all; and yes, with music notes when applicable! HL

Joseph Montano, Ed.D., CCC-A is a professor of audiology and director of Hearing and Speech at Weill Cornell Medicine. He served as ASHA vice president for Standards/Ethics in Audiology, past president and holds Honors of the Academy of Rehabilitative Audiology (ARA) and served twice as coordinator of ASHA Sig 7 Aural Rehabilitation and its Instrumentation. Dr. Montano is a past member of the HLAA Board of Directors. He volunteers in an advisory capacity on the boards for the Hearing Rehabilitation Foundation (HRF), Hearing Education and Awareness for Rockers (HEAR), Children’s Hearing Institute (CHI), the Acoustic Neuroma Association (ANA) and the Hearing Loss Association of America (HLAA) — New York State Association (NYS). In addition to numerous presentations and publications, he is the co-editor of the book Adult Audiologic Rehabilitation, now in its 3rd Edition. Email Joseph at jjm2003@med.cornell.edu.

Program Update — Summer 2022

HLAA has been breaking down barriers in health care communication access for years. We now invite all stakeholders — providers, administrators, staff, researchers, policymakers and patients — to collaborate in replacing existing barriers with consistent, systemic solutions for effective communication in all medical encounters.

Join us at our new web pages for program updates and calls to action, an archive of Communication Access in Health Care columns from Hearing Life magazine, information on relevant research, educational materials, the Guide to Effective Communication in Health Care and most important... to read your stories which help us understand the issues and inspire us to achieve results. For more information, email healthcareaccess@hearingloss.org.

Patient Access and Communication Access Realtime Translation (CART)

BY HALEY BRUCE

Individuals with hearing loss continue to meet challenges to access adequate patient-provider communication. Medical facilities provide interpreter services for health care professionals to converse with patients in their primary language; however, there is a lack of services for patients with hearing loss to effectively communicate with providers. In turn, the extra effort and burden of facilitating communication falls largely on the patient or caregiver. With the introduction of mask mandates, patients and caregivers with hearing loss are faced with a greater disadvantage without lipreading. These frustrations experienced by individuals with hearing loss are poorly understood across the health care setting.

The cochlear implant team at Weill Cornell Medicine focuses on each individual’s unique communication needs — providing written materials, typing information as we deliver it, using clear face masks, preparing the patient with information ahead of time and utilizing patient’s speech-to-text apps. However, obstacles such as time constraints, technical limitations and speed at which information is delivered may limit the discussion.

I recently incorporated a service called Communication Access Realtime Translation (CART), also known as real-time captioning, into a cochlear implant activation appointment as a method to provide reliable and effective communication with the patient. CART translation is provided by a captioner who translates spoken words and environmental sounds in real-time onto a screen, thus remaining effortless for the provider while maximizing communication with the patient and limiting stress. CART services can be beneficial in all health care settings, from office visits to operative care.

Unfortunately, there are still a complicated set of barriers within the health care system which limit awareness and access to CART services. Audiologists and health care providers should continue to advocate for a broader application of communication access and accommodations, such as CART services, across the health care setting in order to improve the patient/provider experience.

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