



TERRI SHIRLEY

I was admitted to the hospital in May 2019 for emergency surgery. During my hospital stay, I had to have a CAT scan. When the procedure began and the technician went out of the room, I suddenly realized the CAT scan machine was giving me instructions. Like any electronic or human voice I have never heard, it takes my brain some training to understand the voice patterns, and with so much of my energy focused on dealing with my pain, I had little energy left to focus on listening skills. I couldn't tell when to hold my breath or release my breath. Fortunately, when I was given a second CAT scan, the technician told me what to expect and also stood behind the machine to give me signals when to hold my breath and when to release.

Toward the end of my hospitalization, a patient advocate offered me the services of an ASL interpreter, despite the fact that I do not use American Sign Language, and a laminated poster of images to point to for me to communicate, despite the fact that I have no speech difficulties. After my discharge, I realized that I would have to go to my physician's office in order to access the results of important lab tests as he refused to use the patient portal to communicate with me, and I am unable to reliably understand the speaker when using a phone.

My experience demonstrates the need for training providers in the use of effective communication strategies when treating people who are deaf or hard of hearing from the very beginning of each health care experience. Technicians need to be trained when such individuals are on a CAT scan machine.

Terri Shirley serves on the Accessibility and Education Committee under the Colorado Commission for the Deaf, Hard of Hearing, DeafBlind and is a long-time contributor to the HLAA Kentuckiana Chapter and HLAA Boulder Chapter committees working on communication access.