

Communicating with Deaf Adults:

Implementation of a Provider and Staff Focused Educational Program In a Primary Care Center

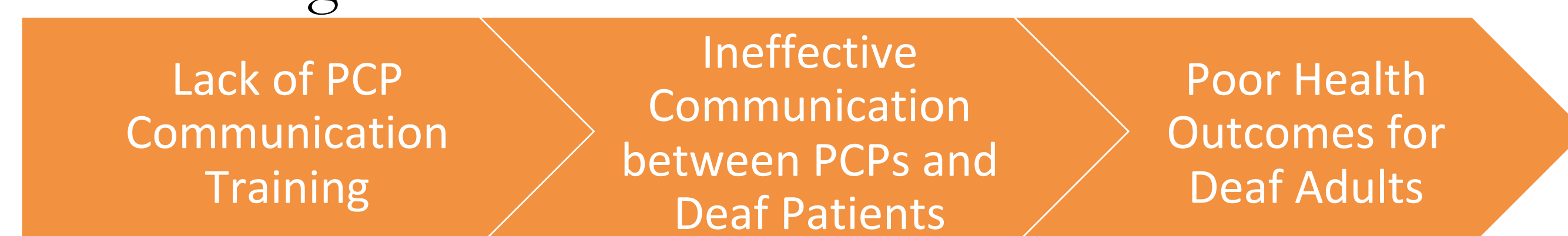
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Background

- Deafness transcends **all ages, races, cultures, genders, and socioeconomic backgrounds**.
- 1.9 million** Americans are functionally deaf.
- 38.3 million** have hearing difficulty.
- Deaf adults have **higher rates** of: CVD, cancer, obesity, suicide, IPV, sexual health, reduced access to preventive care.
- ADA law (2014)** requires PCPs to communicate effectively.
- PCPs receive little to no communication training increasing ethical and legal risk for errors.



Purpose and Aims

Purpose: To Improve Communication Between PCPs and Deaf adults through a provider and staff-directed communication training program

- Aim 1:** Increase staff's knowledge of Deaf culture and available communication resources
- Aim 2:** Increase staff's communication self-efficacy
- Aim 3:** Increase patient satisfaction scores

Methods

Design: Pre-/Post-Intervention Design

Setting: Privately-Owned Primary Care Practice

Sample Populations: (1) Providers/Staff (2) Deaf adults

Intervention: 90-minute communication training program

Data Collection: Project duration 12 weeks

Staff Data:

Knowledge Scores

Self Efficacy-12 Questionnaire

Patient Data:

Patient Satisfaction Scores

Results

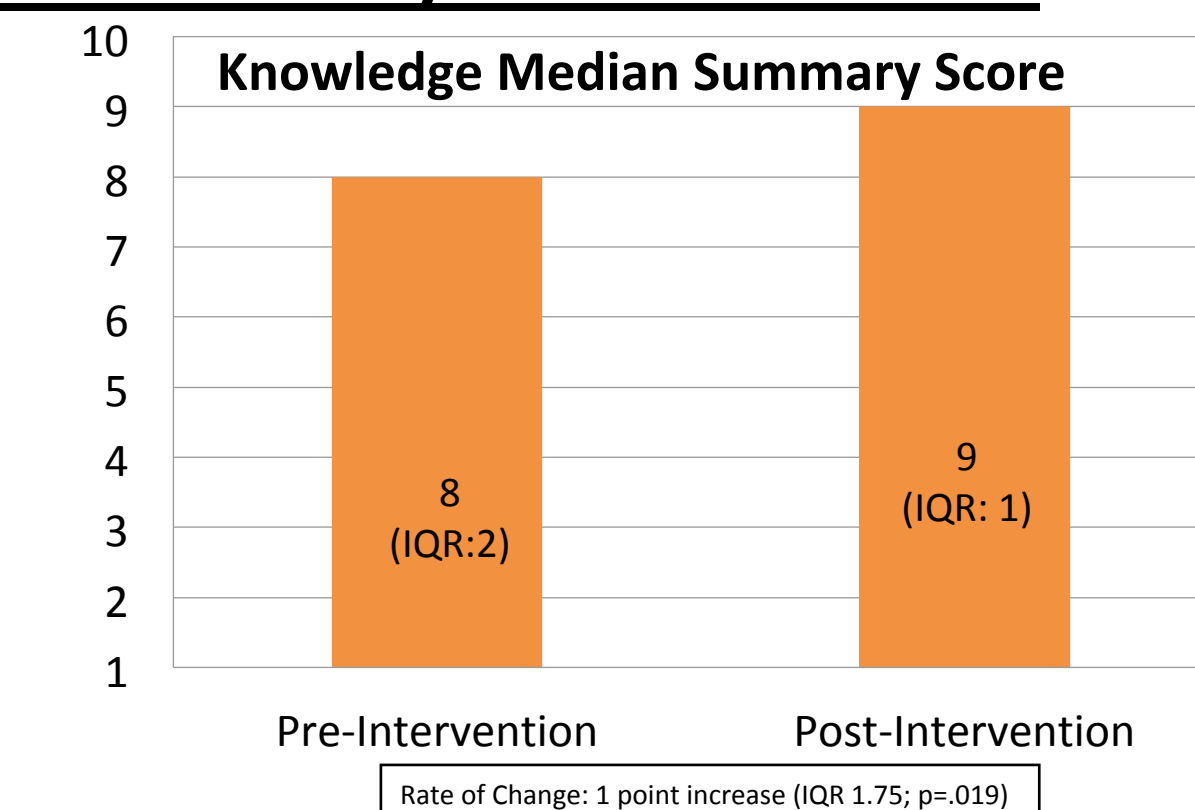
Aim 1: Staff Knowledge of Deaf Culture/Resources

Format: True/False Quiz

Data Analysis: Wilcoxon Signed-Rank

Content Covered:

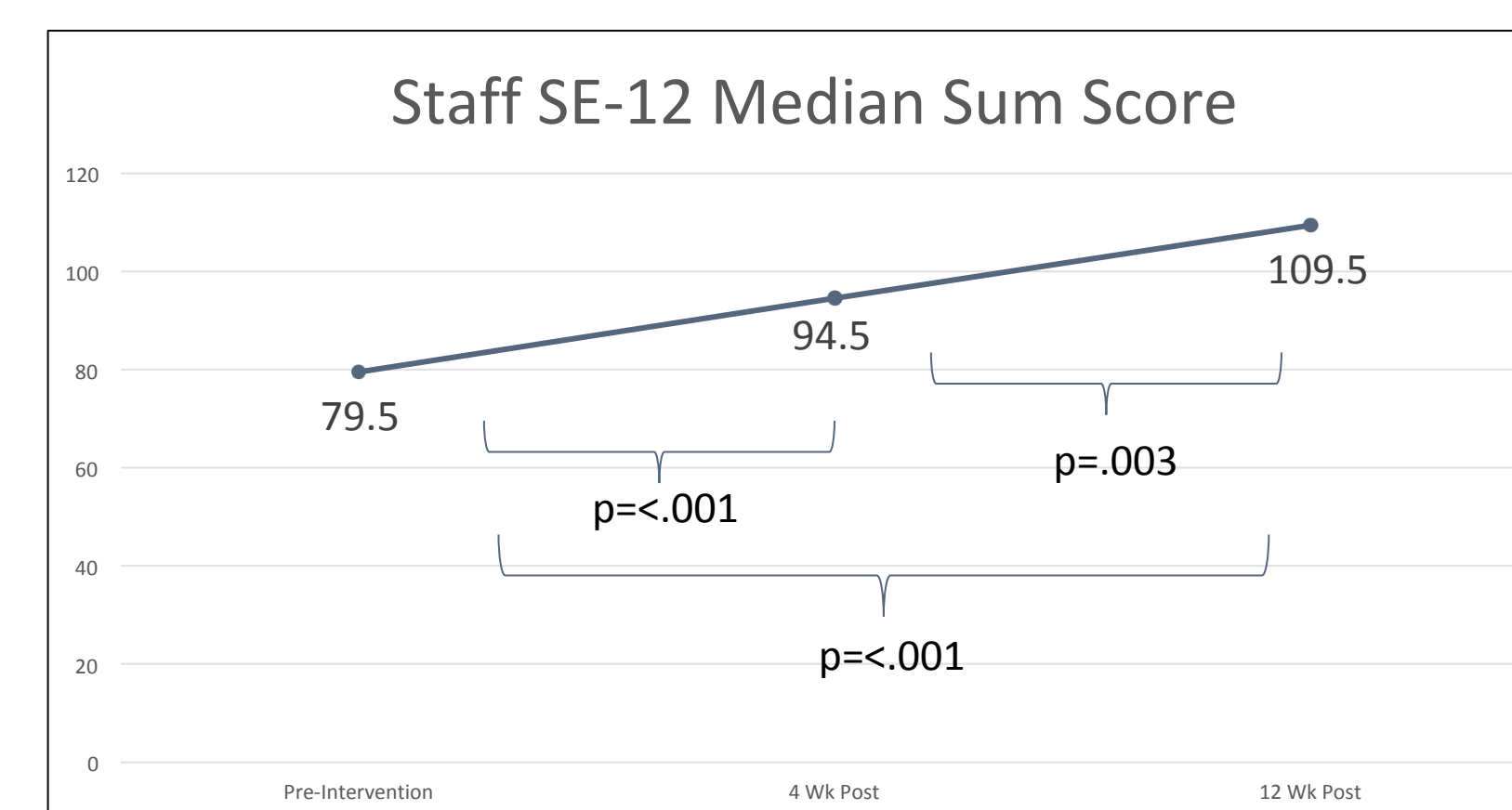
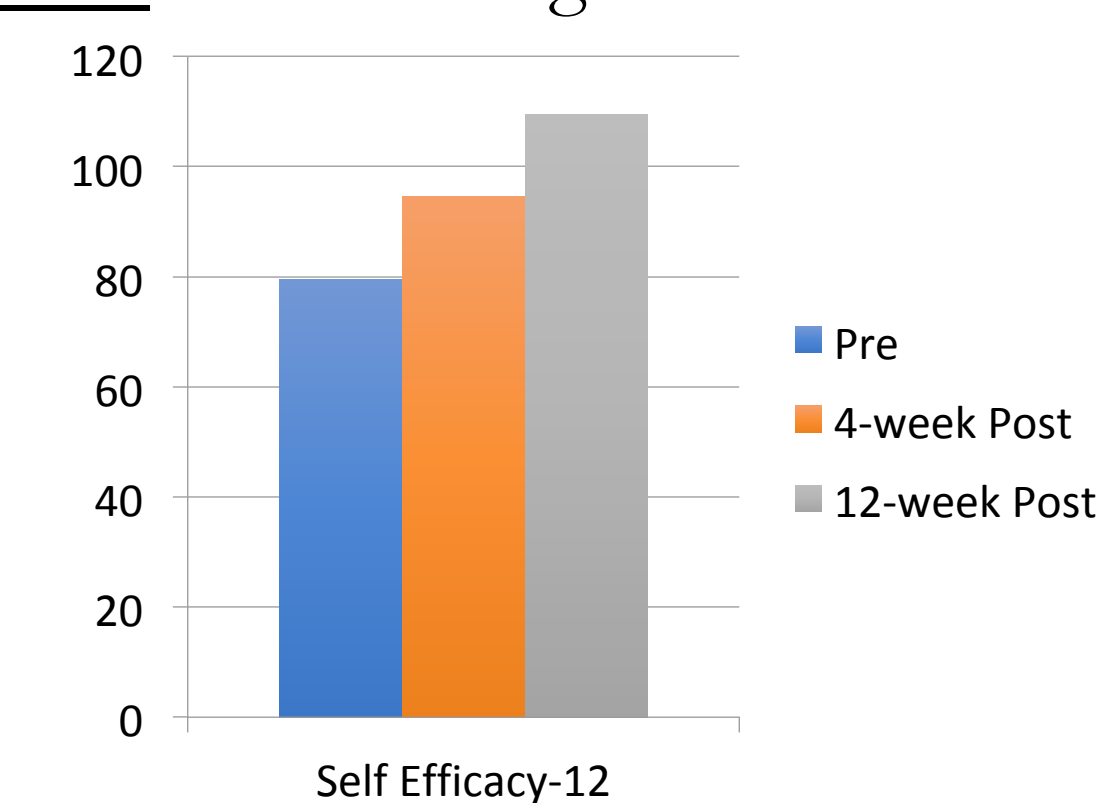
- Pathophysiology of hearing loss
- Locally accessible resources
- ADA-compliant communication techniques
- Cultural competence training specific to deaf community
- Federal/State regulations of disability accommodations



Aim 2: Staff Self Efficacy Communicating with Deaf Adults

Format: SE-12 Questionnaire

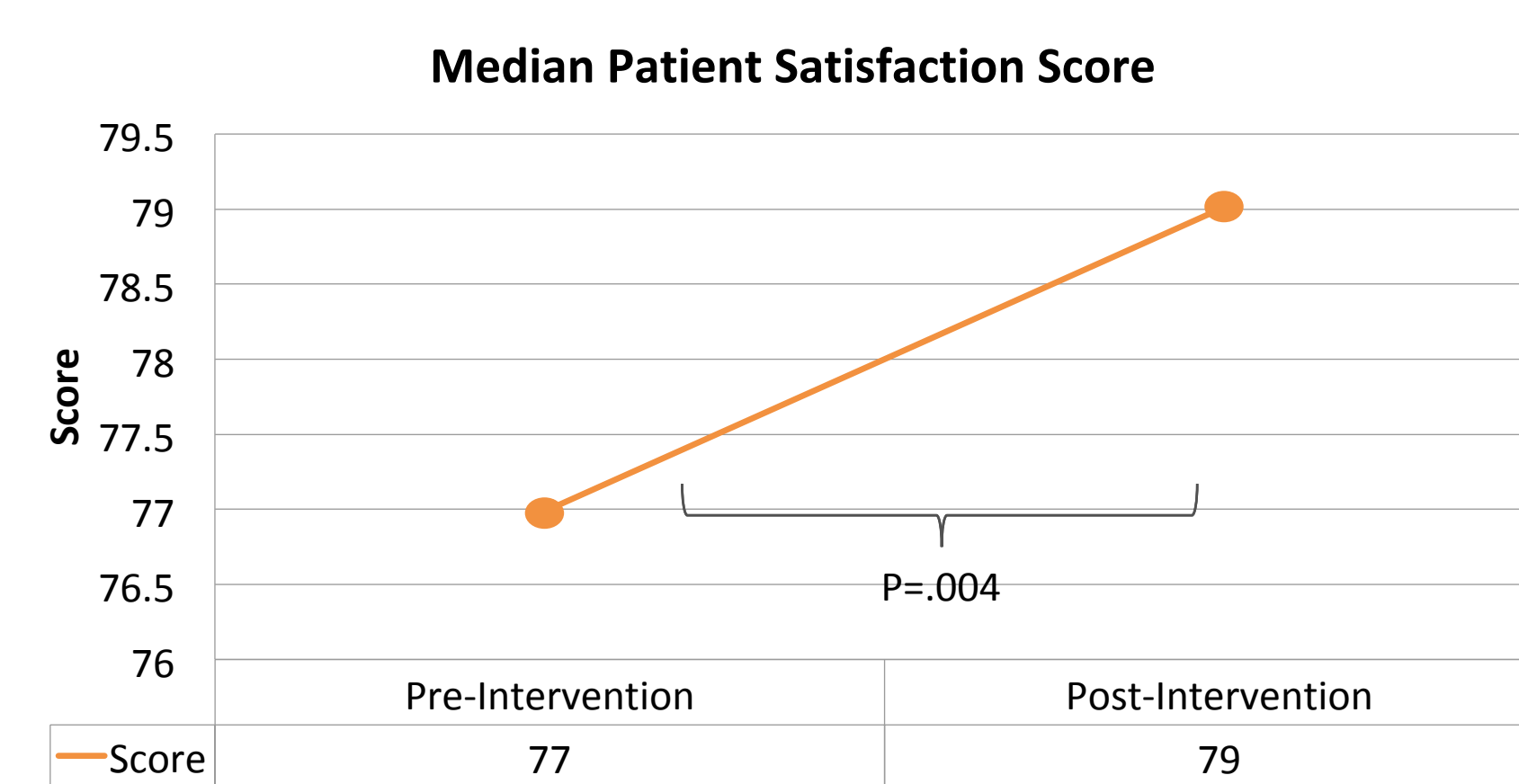
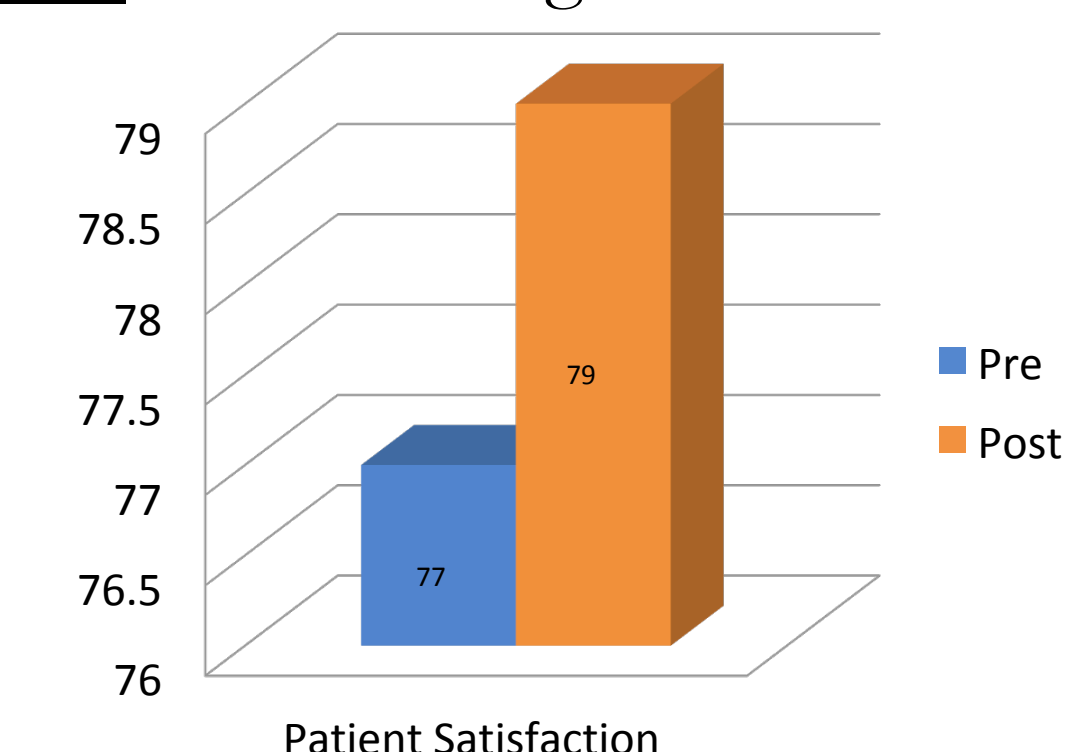
Data Analysis: Wilcoxon Signed-Rank



Aim 3: Patient Satisfaction Scores

Format: Practice-based survey

Data Analysis: Wilcoxon Signed-Rank



Limitations

- Small sample sizes
- Lack of diversity in samples
- Practice-based patient satisfaction survey and staff knowledge test utilized do not have validity, reliability data available.
- High baseline staff knowledge scores may reflect true/false format being a less reliable way to evaluate baseline knowledge
- Lack of data collection tools designed specifically for deaf adults

Sample Demographics

Demographic Characteristics	Staff (N=28)	Patients (N=22)
Age, mean (SD)	36.1 (9.3)	62.7 (15.4)
Sex, n(%)		
Male	0 (0)	10 (45.5)
Female	28 (100)	12 (54.5)
Race, n(%)		
Asian	1 (3.4)	0 (0)
Black	0 (0)	1 (4.5)
Hispanic	8 (27.6)	1 (4.5)
White	19 (65.5)	20 (90.9)
Years Employed		
< 6 months	3 (10.7)	N/A
6 months-1 year	4 (14.3)	N/A
2-5 years	6 (21.4)	N/A
5-10 years	11 (39.3)	N/A
10+ years	4 (14.3)	N/A

Conclusions

Deaf adults experience unique challenges when communicating with primary care professionals. By implementing a staff-directed, mixed-method communication training program, this QI project resulted in increased knowledge and self-efficacy among staff and increased deaf patients' satisfaction.

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