

# **Miscommunication or **Missed** Communication?**

*The Challenges of Hearing Loss for Caregivers  
and Healthcare Professionals*

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# Today's Program

- ▶ Introduction to NVRC
- ▶ Understanding Hearing Loss
- ▶ Hearing Aids: Some Limitations
  - ▶ Amplifiers and Apps
- ▶ Communication Environments and Strategies
  - ▶ Wrap-up/Questions

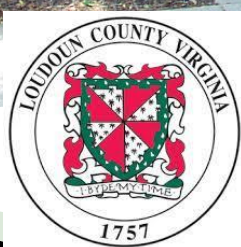
# NVRC

- ▶ ***Mission:*** Empowering deaf and hard of hearing individuals and their families through education, advocacy and community involvement.



- ▶ ***Services:*** Information and referral, outreach and education, mentoring, weekly email news, hearing screenings, ASL interpreting program, and advocacy for deaf, hard of hearing, late-deafened, and DeafBlind residents in Northern Virginia.
- ▶ Visit [www.nvrc.org](http://www.nvrc.org) to learn more about us.





Offering Keys to Communication

**VDDHH**



# Device Demonstration Room

People who are deaf, hard of hearing, late-deafened or DeafBlind can come in and try equipment before deciding to purchase.



*Contact our Technology Specialist, Debbie Jones, to make an appointment.*

*[djones@nvrc.org](mailto:djones@nvrc.org)*

NVRC does not  
sell equipment.  
We provide  
vendor  
information only.

# Demo Room COVID Requirements

- ▶ Must have a confirmed appointment between 10 am and 2 pm
- ▶ All visitors must wear masks
- ▶ Gloves required for handling equipment



# Understanding Hearing Loss: *the invisible disability*

# Continuum of Deafness/ Hearing Loss



Culturally  
Deaf

Oral  
deaf

Hard of hearing  
*from birth or childhood*

Late-deafened  
*gradually or suddenly*

- \* **Differences in communication preferences**, degrees and types of hearing loss, suddenness and age of onset
- \* Influencing factors: age, gender, culture, support system, financial stability, behavioral patterns and cognitive abilities, availability of resources

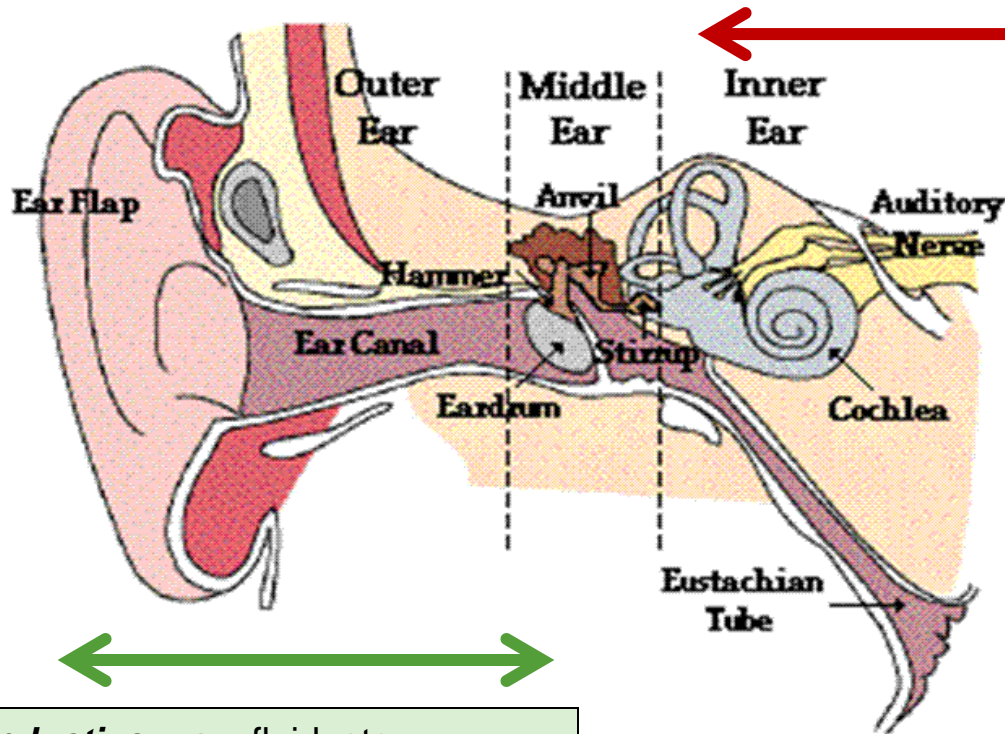


# Seniors and Hearing Loss

- ▶ 36-55 million Americans have some degree of hearing loss
- ▶ One in three over the age of 65
- ▶ Two in three over the age of 75
- ▶ In seniors, hearing loss is the third most prevalent and treatable condition after arthritis and hypertension
- ▶ *Left untreated, it can contribute to balance problems, falls, anxiety and depression, and early-onset dementia*

# Types of Hearing Loss

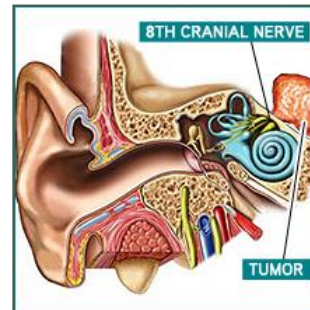
**Sensorineural:** hair cell loss, nerve damage. Permanent.



**Conductive:** wax, fluid, etc., often temporary.

**Combination** conductive and sensorineural.

# Some Causes of Hearing Loss



# Recognizing Deafness/Hearing Loss

- A *Deaf* person might:
  - Stare blankly
  - Point to mouth and ear to indicate Deaf
  - Ask for an interpreter
  - Write notes
  - *Wear a hearing aid or cochlear implant*
  
- A *hard of hearing* person might:
  - Seem anxious, confused, say 'huh?'
  - Ask for repetition, repetition, repetition
  - Focus on your lips/mask
  - Make an inappropriate response/comment
  - *Wear a hearing aid or cochlear implant*



# Is it early-onset dementia or hearing loss: a few similarities

- ▶ Lack of responsiveness
- ▶ Easily confused
- ▶ Disinterested
- ▶ Behavioral changes
  - Easily agitated
  - Aggressiveness
  - Withdrawal

90-year-old woman admitted to memory wing of assisted living facility; she was deaf.

# Example of Sound Visualization

- ▶ The rest room is upstairs to your right.
- ▶ Specials today include steak tartare and fish and chips with a special house sauce.
- ▶ Can I get you fresh towels and some soaps?

Yellow letters represent sounds in the high frequencies, blue letters represent sounds in the mid frequencies.

# Impact on communication: multiple challenges

- ▶ Without clear consonants, conversation can sound
  - Muffled
  - Garbled
  - Distorted
- *Easy to misunderstand, get confused, become irritable and impatient*

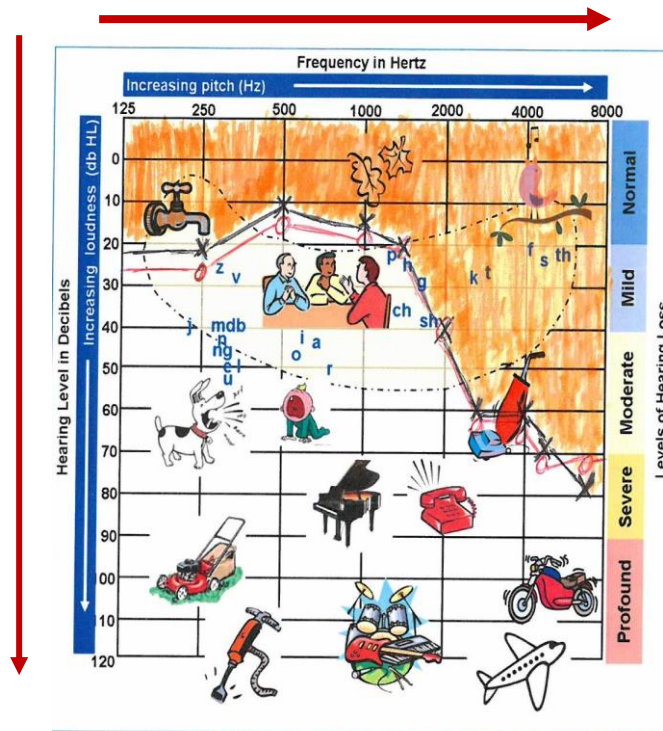
# Audiogram/Degrees of Hearing Loss

## ➤ Mild:

- Difficulty with normal speech
- Listens with extra effort

## ➤ Moderate:

- Difficulty understanding loud speech
- Will need line of sight
- Will speechread



## ➤ Severe:

- Can only understand amplified speech
- Needs to speechread
- Needs to write notes
- Might use sign language

## ➤ Profound:

- Difficulty understanding amplified speech
- Needs aural rehabilitation, speechreading, ASL



"It's windy  
here."

"No, it's  
Thursday."

"I'm thirsty  
too, let's  
make tea."



# Impact on everyone



FATIGUE



# Some Common Myths

“But she’s wearing a **hearing aid**, so she should be able to hear me just fine. Right?”



“He’s wearing a **cochlear implant**, so he can hear as well as I can. Can’t he?”





# 1. Hearing Aids and Cochlear Implants are Like Glasses for the Ears



Limitations include:

- ❖ Distance from sound source
- ❖ Clarity of speaker
- ❖ Difficult speech patterns
- ❖ Background noise/other environmental challenges

## 2. Deaf and Hard of Hearing People can Lipread/Speechread

- *Lipreading:*

- Focus on lips

- *Speechreading:*

- Focus on lips, teeth, tongue, jaw, eyes, facial expressions, body language

- Only 30% of English is discernible on the lips.....which means 70% is not!

- Thousands of words look and sound the same:

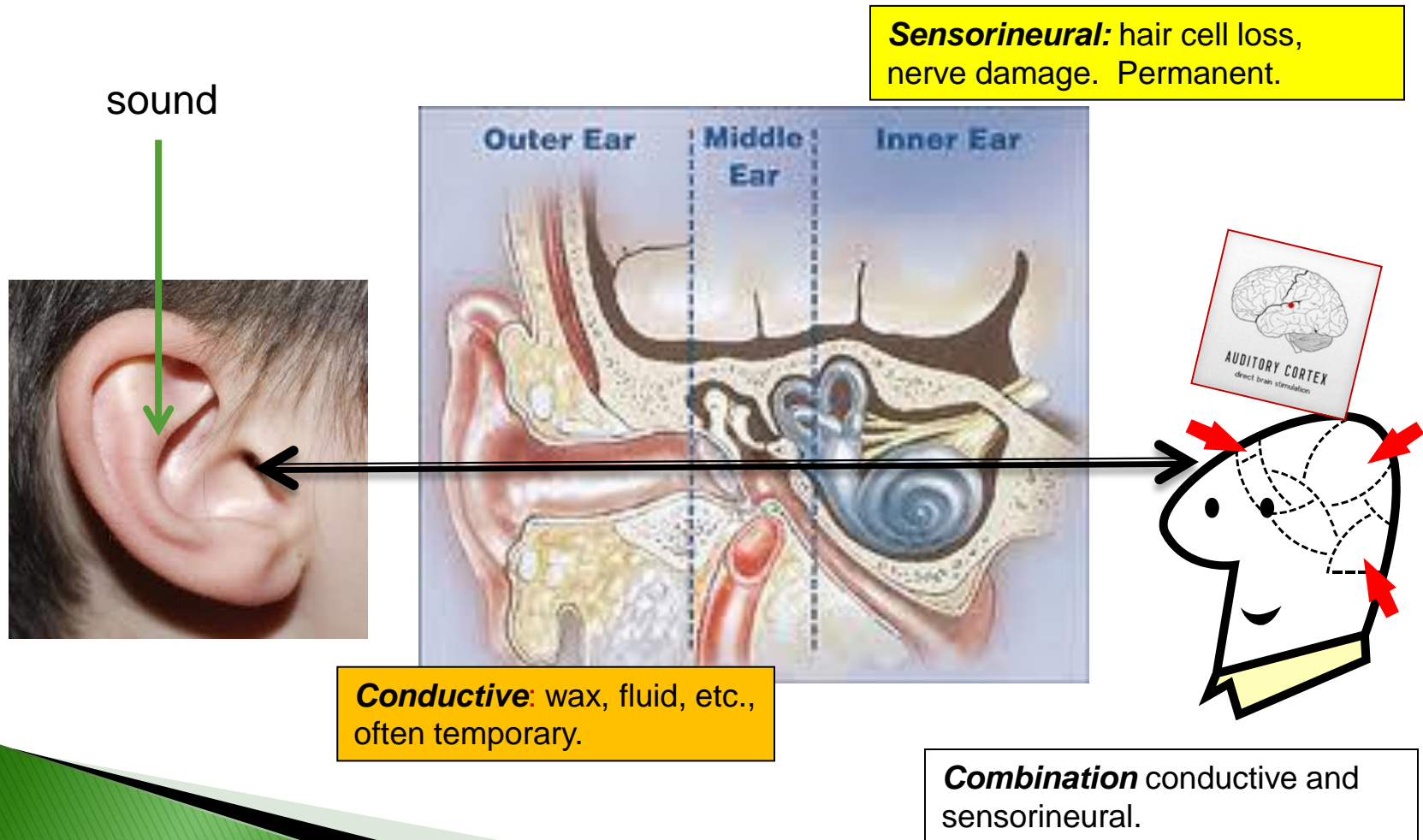
- Time/dime \*\*\* coat/goat \*\*\* service/surface \*\*\* shoes/choose

### 3. Low Background Noise will not Bother Someone who is Deaf or Hard of Hearing



- ❖ \*any type of background noise is a distraction
- ❖ \*Someone who is deaf can often hear environmental sounds, feel vibrations

## 4. People with Hearing Loss Can Process Sounds Quickly and Easily





## 5. Use of Amplification Benefits People with Hearing Loss

- ▶ Speech generally sounds distorted to someone with a hearing loss
- ▶ Amplifying that speech through a PA system can make it worse by making it louder, not clearer



FALSE

- ▶ A direct feed to the ear/s can be much more helpful
- ▶ FM system, I & R, hardwired



PockeTalker Pro

TRUE

## 6. A Deaf Person should rely on a Family Member or Friend to Interpret in a Medical Setting

- ▶ Lack of impartiality
- ▶ Unfamiliar with vocabulary
  - ▶ Emotionally involved
  - ▶ Stress on relationship

## 7. Everyone with a Hearing Loss Needs an Interpreter

- ▶ Not necessarily
- ▶ Later-deafened individuals or those who are hard of hearing and never learned sign language will not benefit from an ASL interpreter
- ▶ Reading text is generally a better solution; an oral interpreter could also be beneficial

# Hearing Aids and Cochlear Implants: Imperfect Solutions

# Some Limitations

- Amplify sounds, but don't always help with clarity
- Do not overcome background noise
- Must be programmed or mapped properly
- Don't overcome distance
- Do not help with understanding challenging speech patterns/habits





# Does the person wear hearing aids?

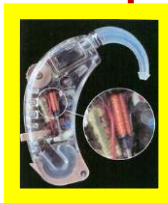
- ▶ Are the batteries fresh?
- ▶ Are the batteries in properly?
- ▶ Are the hearing aids in properly? If not, they are likely to whistle.
- ▶ Are the hearing aids clean, free of wax?
- ▶ Does the person have rechargeable hearing aids?



# Amplifiers and Apps

# Personal Amplifiers

PockeTalker

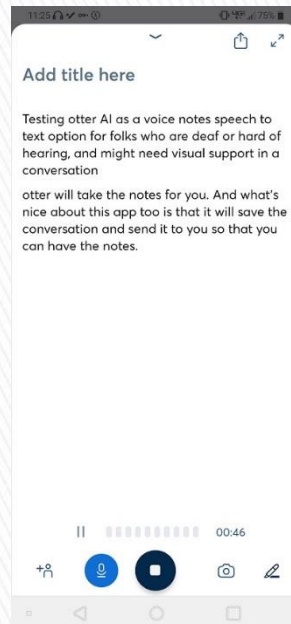


Comfort Duett

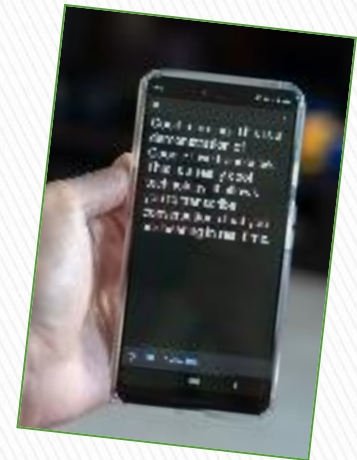
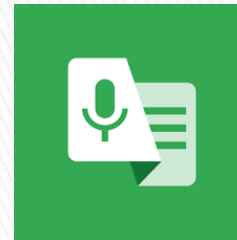


# In-Person Communications

- ▶ Otter for iPhone and Android

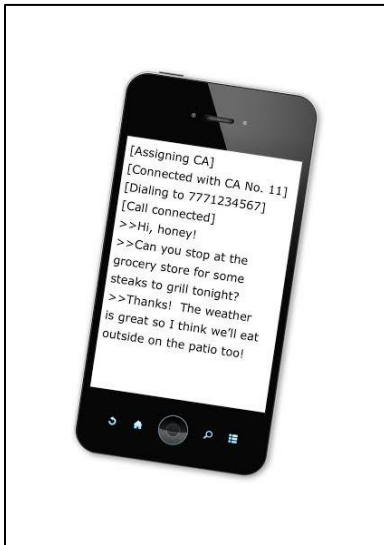


- ▶ Google Live Transcribe for Android



# Anesthesiologist!

# Captioned Calls



[www.innocaption.com](http://www.innocaption.com)

<https://hamiltoncaptel.com/mobile-apps-for-smartphones-and-tablets.html>



# Communication Environments and Strategies

# Communication situations are complex

Hearing loss may be compounded by problems with:

- The speaker
- The listener
- The environment
- The message

# Communication Environments

- Large, high ceiling rooms
- Limited lighting
- Low maintenance floor and wall surfaces
- No visual alerting systems
- No amplified or caption phones or access to relay services

Unfriendly

- Smaller, low ceiling rooms
- Good lighting
- Carpeted floors, drapes
- Acoustic ceiling tiles
- Visual alerts
- Amplified or captioned telephones

Friendly

# Can you Change the Environment?

- ▶ TV or music on in background
- ▶ Room too hot or cold
- ▶ Too much light behind the speaker
- ▶ Too many people talking at the same time

*Problem*

- ▶ Can you turn it off?
- ▶ Can you open or close the window/door?
- ▶ Can you close drapes or move the speaker away from the light?
- ▶ Can you ask group to be quieter?

*Solution?*

# If not, Change Environment**S**

Too much echo?



Find a quieter setting





# A Word about Poor Acoustics: Too much **Echo** in the Room! Too Much **Noise** in the Halls!

- ▶ Causes stress for patients
  - ▶ Causes stress for staff
  - ▶ Affects speech intelligibility among staff, patients and between staff and patients
  - ▶ Can make sleeping difficult
  - ▶ Can affect patient behavior
- 
- Sound Control for Improved Outcomes in Healthcare Settings
    - Anjali Joseph, Ph.D., Roger Ulrich, Ph.D.

# Avoid Standing in Front of Bright Light



It is difficult to speechread with glare or in shadow

# Get their Attention Before you Start Talking



They need to be in on the conversation from the beginning

# One-on-one Communication

- ▶ Face the person
- ▶ *Rephrase* rather than repeat
- ▶ Speak at a comfortable pace
- ▶ Light should be on you
- ▶ Don't look down or walk away when you are still talking





Seek best possible acoustics  
– room with sound  
absorption and **no echo**

Make sure light is NOT  
behind you but **on your face**

Have **printed materials** if you  
are giving instructions

Offer **captions!**



# If the Person has Dementia

## ► The Basic 6:

1. approach from the front
2. establish eye contact
3. call the person by name
4. get down to eye level if needed
5. let them initiate touch
6. give directions one step at a time

# If Person is in a Wheelchair...



# What would be helpful in a hospital room?

Can TV be muted if  
it's on?

Can you close curtains  
if you have to stand on  
that side of the bed?

Better to stand on this  
side of bed so light is  
not behind you.



# Intercom to Nurse's Station



aaowodogooo  
boodoowoodod  
odoooieue...

Perhaps a note at the nurses' station that informs the shift about a patient in Room\_\_\_\_\_who is deaf or hard of hearing? If they ring for help, do not answer, just go to their room?

# The COVID Mask – An Impenetrable Barrier

- ▶ Impossible for lipreading
- ▶ Speech sounds are:
  - Blurred
  - Eliminated
  - Reduced
  - Garbled



For people who are deaf and hard of hearing, it's like ***living in a foreign language film without subtitles***

# Dos and Don'ts

- ▶ Be patient and sensitive to the situation
- ▶ Try rephrasing and speaking slower if they are hearing you at all
- ▶ Write notes or use an app

Please Do!

- ▶ Get up close to the person
- ▶ Raise your voice or shout
- ▶ Walk away in frustration

Please don't!



# Resources for Deaf-Friendly / Hard of Hearing-Friendly Face Coverings

- ▶ ClearMask:  
<https://www.theclearmask.com/>



- ▶ Safe'N'Clear  
<https://safenclear.com/>



Face Shields are also popular



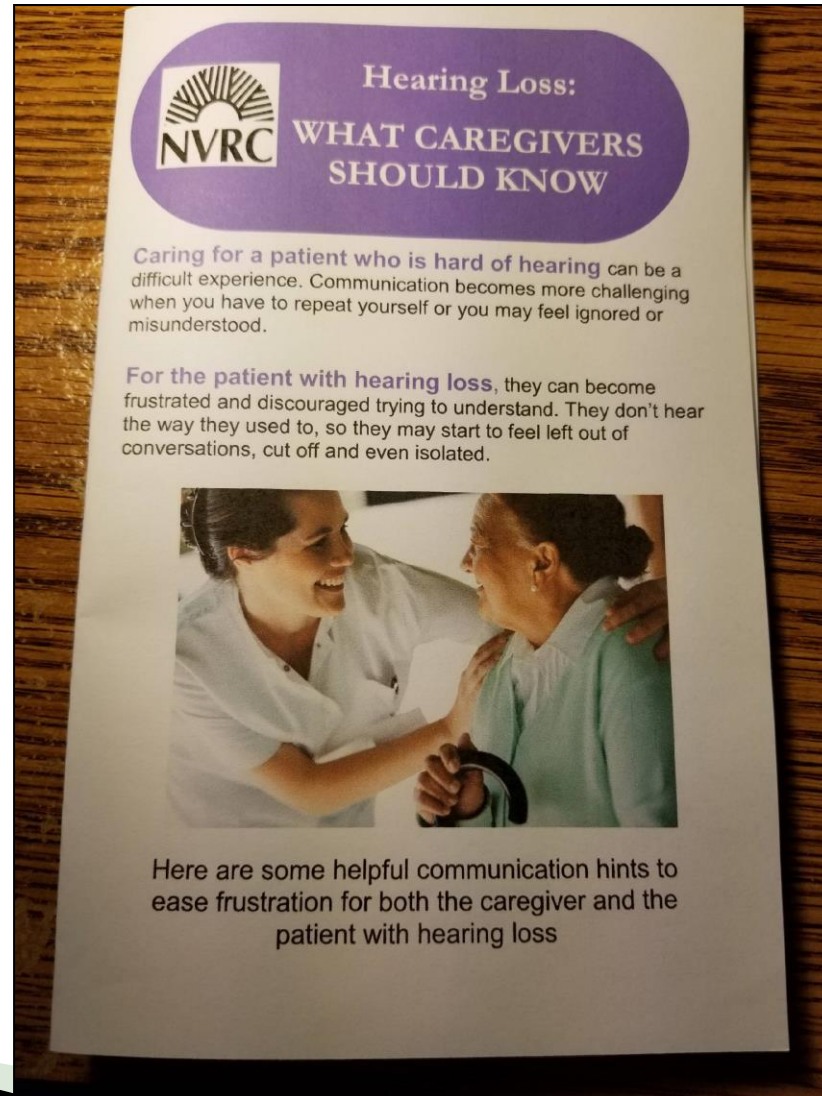
**Other Options: Homemade mask with cloth and clear vinyl, Etsy, Amazon.**

# Writing Notes can Help



When all else fails, write it or type it!

# NVRC'S Caregiver Flyer



## Hearing Loss: WHAT CAREGIVERS SHOULD KNOW

**Caring for a patient who is hard of hearing** can be a difficult experience. Communication becomes more challenging when you have to repeat yourself or you may feel ignored or misunderstood.

**For the patient with hearing loss**, they can become frustrated and discouraged trying to understand. They don't hear the way they used to, so they may start to feel left out of conversations, cut off and even isolated.



Here are some helpful communication hints to ease frustration for both the caregiver and the patient with hearing loss

**For Major Communication Needs  
of Patients at any time:  
Interpreters, Captioners, Hearing Assistive Technologies,  
Languages**

**Please Contact:**



**Language and Disability Services**



**Support**

- **Page 98824** (call 703-889-2280 or visit [XTend Paging](#))
- If you don't receive a call back within 15 minutes, please call the **Hospital Operators** and ask to be connected via our emergency numbers, listed under **Interpreter Scheduling**.



NVRC Medical  
Placard for  
Deaf/HOH/DeafBlind

Side A

**DEAF/HARD OF HEARING/DEAFBLIND - MEDICAL PLACARD**

I AM:        DEAF        HARD OF HEARING        DEAFBLIND

**I DO NOT UNDERSTAND YOU WITH YOUR MASK ON.**

MY NAME IS: \_\_\_\_\_

DO YOU NEED MY IDENTIFICATION CARD / DRIVER'S LICENSE, INSURANCE INFORMATION?

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

My allergies: \_\_\_\_\_

My medications :

\_\_\_\_\_

My insurance information: \_\_\_\_\_

**PLEASE SPEAK INTO MY SMARTPHONE.**

*I am using an automatic speech recognition app to understand you*

**I MAY NEED ACCESS TO THE HOSPITAL WiFi;**

*Please put me in an area with strong WiFi.*

**PLEASE RESPECT MY LEGAL RIGHT TO UNDERSTAND YOU AND  
PARTICIPATE IN MY CARE BY ALLOWING ME TO USE THE SMARTPHONE.**




**IF MY SMARTPHONE IS NOT WORKING WELL OR AT ALL,  
PLEASE WRITE DOWN WHAT YOU ARE TELLING ME.**



Prior to visiting a hospital, record the information above and use the back of this card for communication tools. Keep the card in a visible location.

# NVRC Medical Placard

## Side B

 <b>Cough</b>	 <b>Fever</b>	 <b>Shortness of Breath</b>
Abdominal pain	Family/caregiver	Paper/pen
Admit/Discharge	Fever/Chills	Phone/charger
Allergic	Headache	Question
Bad	Help	Scared
Bathroom	Hot	Sick/ injured
Better	Hurt	Throat swab
Chest Pain	Interpreter	Tightness in chest
Cold	IV	Time
Cough	Kleenex	Ventilator
Covid -19	Medicine	Video Call
Doctor/PA	More	Wait
Don't want	Nauseous	Want
Draw Blood	Nose swab	Wash
	Nurse	
<b>YES</b>	<b>Maybe</b>	<b>NO</b>



Questions?

Would you like a copy of this PowerPoint,  
the Caregiver flyer,  
or have a virtual meeting?

Contact me at

[boleary@nvrc.org](mailto:boleary@nvrc.org)

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