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Featured Article

Use of Simulated Patient Method to Teach Communication With Deaf Patients in the Emergency Department

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KEYWORDS

simulation;
deaf patient;
communication;
qualitative study;
nursing students

Abstract

Background: Health care professionals should have the necessary communication skills in interacting with deaf patients.

Methods: This qualitative study revealed the communication experiences of senior nursing students with deaf patients and developed a pathway for nursing students to use when communicating with these patients. The participants were 22 senior nursing students who served as interns in the emergency department of a university hospital in Turkey. A standardized patient method using a simulation technique was performed and recorded three times. The recorded discussions during the debriefing sessions were transcribed and analyzed using the systematic text condensation method developed by Malterud.

Results: Seven main themes were identified: (a) patient preferences, (b) sitting position during training, (c) speech speed and content, (d) body language, (e) preparation, (f) eye contact, and (g) preparing a pathway for communication with deaf patients.

Conclusions: Conclusion: Repeating the simulation 3 times produced improvement in the students' learning of communication skills to provide services to deaf patients.

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Background

Approximately 5% of the population worldwide lives with disabling hearing loss. "Hearing loss/impairment" refers to

a partial or total disability due to pathology in some element of hearing. "Hard of hearing" patients are characterized by mild hearing loss, whereas profound hearing loss causes deafness which is characterized by disability in sound processing and the use of hearing for communication (Sommer & Sommer, 2002). Prelingual hearing loss is present at birth or before the completion

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of language acquisition; perilingual hearing loss emerges during the language acquisition period, and postlingual hearing loss develops after the individual has acquired language. Individuals with prelingual/perilingual hearing loss exhibit no or limited speech; they often use sign language

Key Points

- Health care professionals rarely work with deaf patients in Emergency Department.
- For health care professionals, not having the necessary communication skills to provide services to deaf patients may have negative consequences for patient safety.
- The findings from this research provide a pathway, which may be an effective tool for nursing students to use when communicating with deaf patients.

to communicate, which can cause poor linguistic performance and social adaptation (Kemaloğlu, 2014; Kirman & Sari, 2011). Postlingual hearing loss requires the use of equipment to aid hearing and the use of verbal communication is common, whereas lip reading is occasional and sign language use is rare. There are more than 100 types of sign language used worldwide but most forms have signs in common. Sign language also varies across countries (e.g., there are American, British, and Turkish sign languages), which has resulted in the development of Pidgin Signed English, a combination of American Sign Language and English. Turkish Sign Language was developed

in the early 1900s during the Ottoman Empire and has been used since (Akalin, 2013).

The loss of hearing ability is an obstacle for communication in the predominantly hearing world, and deaf individuals encounter various problems in their daily lives, especially when accessing health care services, communicating their health care needs, and purchasing prescribed medicines (Karas & Laud, 2014). Ringham (2012) stated that 19% of deaf patients had difficulty using medicine properly, and 28% and 26% had difficulty understanding their diagnosis and the advice of their physicians, respectively. Poor communication is responsible for mistreatment, misdiagnosis, and misguidance, which threaten patient safety (Sheppard, 2014).

Many deaf patients do not trust the health care system (Hoang, LaHousse, Nakaji, & Sadler, 2011) and avoid health care services (Richardson, 2014). They may experience medicine-related mistreatment based on poor communication, unethical acts, a lack of information, and informed consent (Chaveiro, Porto, & Barbosa, 2009). When deaf patients access health care services for serious health care problems or emergency situations, they tend to use written communication, body language, sign language, or family members as translators. Unfortunately, family members

can fail to give support, alter the patient's remarks, or otherwise unintentionally interfere with treatment (Halder, 2012; Hemsley, Balandin, & Togher, 2008; Steinberg, Barnett, Meador, Wiggins, & Zazove, 2006).

The United Nations' Disability Rights Agreement states that people with disabilities should have equal access to health care, educational services, information, and communication (UN General Assembly, 2004). Therefore, deaf patients should receive the same quality of health care services as hearing patients. However, studies have demonstrated that health care staff members are not aware of the needs and special characteristics of deaf patients, and there are no resources to support communication between these groups (Dickson, Magowan, & Magowan, 2014; Middleton et al., 2010; Orsi, Margellos-Anast, Perlman, Giloth, & Whitman, 2007; RNID, 2004). For example, most health care professionals think that deaf patients can read lips (Halder, 2012). However, lip reading is not common among deaf patients. Indeed, even deaf patients who know how to lip read generally prefer not to rely on this mode of communication; it is typically used to supplement another method of communication (Adib-Hajbaghery & Rezaei-Shahsavarloo, 2015).

These obstacles show that communication is the major concern among deaf patients when accessing health care. Communication skills are part of health care staff training (Liaw, Siau, Zhou, & Lau, 2014), but most medical and nursing curricula do not offer specific courses regarding communicating with deaf patients (Chaveiro et al., 2009). This does not mean that health care professionals do not work with deaf patients but that they do not have the necessary communication skills to provide services to deaf patients, which may have negative consequences for patient safety. Therefore, health care professionals should have the necessary clinical education in interacting with deaf patients. This study revealed the communication experiences of senior nursing students (SNSs) with deaf patients and developed a pathway for nursing students to use when communicating with these patients.

Methods

This study was designed and performed as a descriptive qualitative research study in Turkey. The participants were 22 SNSs who served as interns in the emergency department of a university hospital. Neither the faculty members nor the students were hearing impaired/deaf or able to use sign language. The data were collected in February 2014 after the emergency department granted institutional approval for conducting the research. Informing participants of the purpose of the study, a disclosure statement was provided and informed consent was obtained. In addition, all participants gave permission to be video recorded for subsequent review and critique by faculty and peers. The participants were also informed about transcripts of the tapes may be reproduced in whole or in

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