Deafness and Medicine: A Pilot Program for Increasing Medical Student Awareness of the Deaf Community

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Background

Problem

- Hearing loss is one of the most common childhood disabilities that physicians in pediatrics and family medicine will face[1]
- Communication and cultural barriers lead to health disparities in the care of D/deaf individuals across healthcare specialties[2]

Aims

- Curate a five-lecture series at Jefferson for medical students throughout the fall semester on topics in Deaf culture and American Sign Language (ASL), with a focus on application in medical settings

Hypothesis

- A longitudinal pilot program addressing cultural aspects of Deafness can improve medical students' awareness of this community and bridge communication gaps that lead to health disparities for this population

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Health Disparities Faced by Deaf Individuals

Communication Barriers
Language deprivation, lack of inclusion in family conversation around health, and Audist healthcare system drive disparities[1]

COVID-19
Masking and the current pandemic have exacerbated communication barriers and contributed to disparities[6]

Stigma
Stereotypes and harmful misconceptions surrounding the Deaf foster discomfort and mistrust of the healthcare system[4]

Health literacy
Nearly 50% of Deaf individuals have inadequate health literacy due to lack of healthcare materials translated into ASL[4]

Geography
Deaf individuals in rural areas face increased difficulties accessing interpreters[3]

ED Utilization
Deaf individuals are **97%** more likely than their hearing counterparts to incur higher healthcare costs as "frequent flyers" in the ED[5]

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Methods

Study Population

- Pre-clinical medical students currently enrolled at SKMC

Speakers

- Deaf-Hearing Communication Centre
- Local D/deaf artists
- Audiologists

Intervention

- Five 2-hour-long lectures over the Fall 2022 semester on topics ranging from:
  - Deaf sensitivity training
  - Deaf culture
  - American Sign Language
  - Deaf history
  - Deaf artists
- Pre- and post-test surveys assessing demographic information and beliefs about Deaf culture and American Sign Language

Implications

- Future workshops with D/deaf standardized patients to mimic communication in a clinical setting
- Improved quality of care and access to care for D/deaf patients at Jefferson
- Improved physician communication in other populations (immigrants/refugees)

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