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This CET has been approved for one point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After member login, go into the secure membership portal and CET Online will be found on the L menu. **Questions will be presented in random order**. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the November 2021 issue of *Dispensing Optics*. The closing date is 8 October 2021.

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Optical practice and the **Deaf community**

By Maryna Hura MEd PGCE BSc (Hons) FBDO FHEA

Whether you are an optometrist, a dispensing optician or an optical assistant, try to recall last time you interacted with a Deaf patient, whose first language was BSL (British Sign Language) and who attended your practice without an interpreter. What sort of communication tools did you use? Were you satisfied that their sight test or spectacle dispense were comparable with the services a fully hearing patient would have received? Most importantly, what did the patient think of their experience?

Optical professionals endeavour to provide consistent service to all their patients; however, this is not always easy where different communication styles are concerned. The purpose of this article is to gain some insight into the deaf culture, understand the communication barriers faced by Deaf people, and consider the means of overcoming such barriers, within the context of primary eyecare.

UNDERSTANDING THE DEAF CULTURE

The term 'Deaf' (with a capital D) describes people who belong to the Deaf community and consider themselves culturally Deaf, just like hearing people consider themselves culturally British or Spanish, with British Sign Language (BSL) being their first language.

Being Deaf is more than just a person's ability or inability to hear; it is about being part of a community with its own history, values, specific customs and ways of behaving (**Figure 1**). The term 'deaf' is also used to describe someone who is profoundly deaf and may have lost their hearing as a result of an illness.

It is important to understand that Deaf people do not consider their lack of hearing as a disability, but rather see it as a part of their cultural identity. Many Deaf people are proud to be Deaf, have no wish to hear or be cured of their 'condition' and lead rich and full lives[1].

Deaf people in the UK and around the world continue facing inequalities across a range of domains, including educational attainment and employment. Research shows that Deaf sign language users generally leave school with lower levels of English literacy and Maths than their hearing peers, and are less likely to go on to higher education[2].

Approximately 90 per cent of deaf children are born to hearing parents, but only one in 10 parents learn sign language, which means that these children are more likely to miss out on early language acquisition[3]. There is still lack of awareness of the experiences of the Deaf population, which makes them more likely to experience mental health issues, present higher prevalence of specific health conditions, such as heart

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FIGURE 1: BEING DEAF IS ABOUT BEING PART OF A COMMUNITY

disease, obesity and diabetes, and be amongst the most socially excluded groups in society[2,3].

There are a number of myths which surround the Deaf community, mostly due to the lack of understanding of their unique culture by hearing members of society. For example, it is often assumed that every Deaf person can lip read, which is not true; however, only 30-45 per cent of what is being said in English is lip readable[1]. Lip reading requires a lot of concentration and can leave the person physically and mentally exhausted[4].

Another common assumption is that Deaf people cannot talk, yet some Deaf people can speak very well. Some hearing people may believe that the written method of communication is the most appropriate, which may be true in certain situations. However, it may not be suitable for some Deaf people, whose first language is BSL, or those who rely on non-verbal cues, such as facial expressions, gestures and eye contact.

Some Deaf people may prefer visual methods of communication, which includes images, signs and symbols. Offering a Deaf person paper and pen to aid communication, without them asking for it first, can be deemed as insulting; therefore, written notes should be used as a last resort[5].

Deaf people can be quite direct with their comments and questions, which is often considered rude by the hearing people. When giving criticism, a Deaf person might say "Rubbish! Not good enough", while a hearing person's feedback might be padded out with positive statements: "This was a good attempt but could be better. Your work may need to be improved to achieve a better grade".

This roundabout approach can result in mixed messages, which can be confusing for Deaf people, as it is not clear what message the hearing person is trying to convey[6]. The rules associated with physical contact, touching and pointing are also different in Deaf culture. It is important to remember that a Deaf person wants the same information as a hearing person would have and they perceive it as rude to be excluded from a conversation.

WHAT IS BSL?

Sign languages are fully functional and expressive languages, although they have little resemblance to spoken or written languages. According to the British Deaf Association (BDA), "BSL is a visual-gestural language with a distinctive grammar using handshapes, facial expressions, gestures and body language to convey meaning"[7].

Sign language has been in use in Great Britain for hundreds of years. One of the earliest records in the UK, dated 5 February 1576, was found in the parish book of St Martins', Leicester, where a wedding was conducted partially in sign language[7]. Research suggests that the history of sign languages goes back to ancient times; some references to its use by our ancestors can be found in the Bible and ancient Greek and Roman written scripts[7].

BSL was officially recognised as a language in its own right by the UK government on 18 March 2003, and was given legal recognition in Scotland in 2015. It is the fourth largest language used in the UK, after English, Welsh and Scottish Gaelic[3]. There are approximately 151,000 BSL users in the UK, 87,000 of whom are Deaf[7].

Contrary to common belief, there is no universal sign language, although there is a collection of internationally accepted signs (IS), which may be used during the international meetings of Deaf people. There are approximately 200 sign languages worldwide, 45 to 50 of which are used in Europe. Sign languages are not derived from the spoken languages of a country; for example, sign languages in Great Britain, the USA and Ireland are entirely different, with Irish Sign Language (ISL) being more closely related to French Sign Language (LSF), than to BSL[7].

LEGAL ASPECTS

Deaf people have the right to an interpreter, whenever important communication is taking place, for example in hospitals, at GP surgeries and other NHS service providers, including opticians and dentists. Furthermore, interpreting services may be required in banks, schools, colleges, universities, during job interviews, training courses, work meetings and when attending court or a police station[3].

The Equality Act 2010 states that all public and private service providers must make "reasonable adjustments" for people with disabilities to ensure that they are not given a substantial disadvantage when compared with someone without a disability[8].

A Deaf patient can be described as someone with a disability, therefore they are protected under the Equality Act. The practitioner must decide whether an interpreter is considered to be a reasonable adjustment, whilst keeping in mind that "clear communication with patients is essential when discussing matters concerning eye health"[8].

Of course, there remains the question of who should pay for the interpreter. Generally, BSL interpreters work in half or full day sessions; however, it may be possible to negotiate a 'short duration' fee. Depending on the region, these fees vary between £70-£115[9]. According to Citizens Advice, some funding is available through Access to

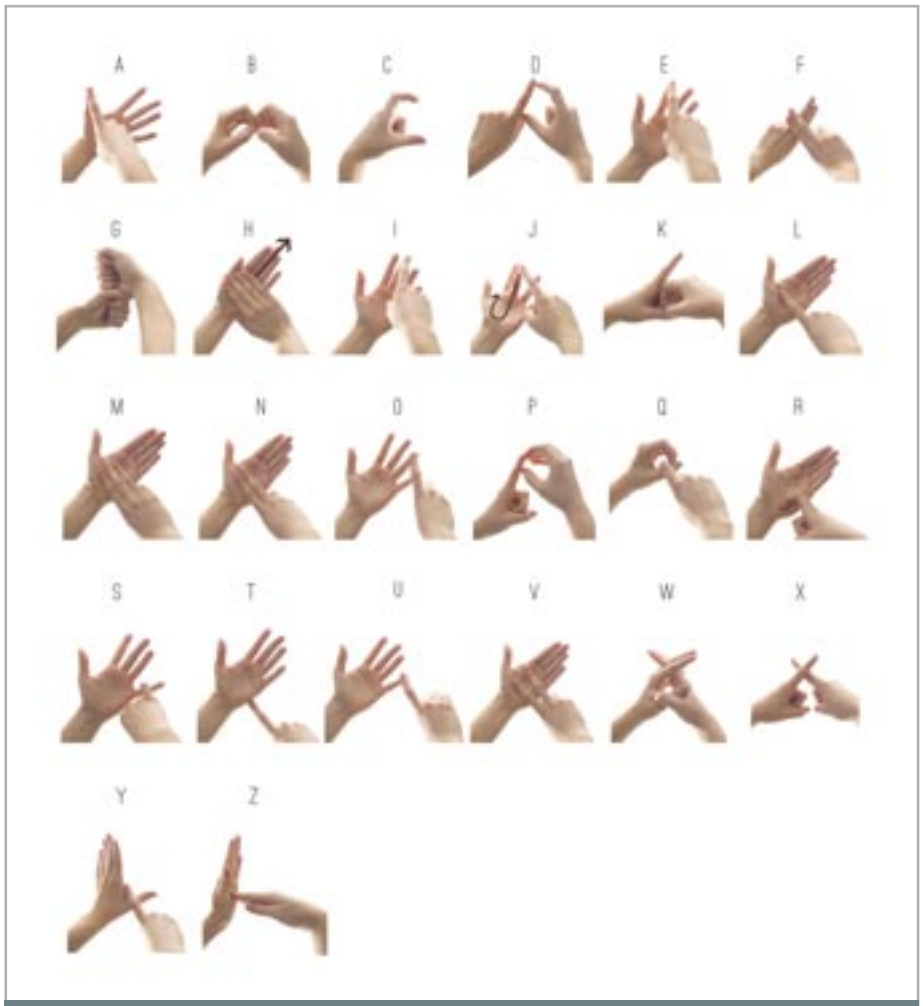

FIGURE 2. BRITISH SIGN LANGUAGE FINGERSPELLING

Work, Department for Work and Pensions and Disabled Students Allowance[3]. Hospitals have a centralised booking service for interpreters; in other instances, it is the responsibility of the individual service providers under the Equality Act 2010.

If the cost of interpreting services for a single patient is too high, it may be helpful to have regular contact with the local Deaf centres and utilise their social media to advertise eye health days. This tactic may allow an optical practice to book several Deaf patients on the same day; otherwise, the practitioner has to find alternative means of providing accessible information for their patients[8].

The interpreting services may be arranged through an agency or by searching free online directories accessible from the Association of Sign Language Interpreters, and the National Registers of Communication Professionals working with Deaf and Deafblind People.

There is a demand for skilled sign language interpreters, whose presence can make a big difference to the Deaf community and improve access to legal services, medical care, further and higher education, mainstream theatre and cinema, conferences and TV news. In 2015 there were 908 registered sign language interpreters and a further 234 trainee sign language interpreters in the UK[7].

PRACTICAL ASPECTS

People with hearing loss find the healthcare system, including eyecare, difficult to navigate. There is a potential for miscommunication between the practitioner and the patient, which can lead to errors, missed information and misunderstood advice. Patients may not want to be seen as unintelligent and might nod in agreement, in spite of not understanding[4].

Here are some simple tips which practitioners may find useful when communicating with a Deaf person:

- Use plain English, speak clearly in full sentences and substitute long words for short words, for example say 'buy', not 'purchase' and 'test', not 'examination'
- Be prepared to repeat yourself, as Deaf people may have different levels of lip-reading skills
- Do not be tempted to speak slowly, loudly or exaggerate your mouth movements, as this will distort your lip patterns
- Be responsive and use natural facial expressions and hand gestures, where appropriate
- Good eye contact is essential; do not turn away, cover your face or mouth
- Relax, be patient and wait until the person is looking directly at you, before you attempt to communicate
- Learn some basic signs and how to finger spell (**Figure 2**)[10]

Fingerspelling is used to spell out English words and letters. Each letter of the alphabet is indicated using a palm of one hand and fingers of both hands. It is used to support sign language to spell names, places and words that do not have established signs[11].

If there is an interpreter present during a sight test or spectacle dispense, it is important to remember to speak as naturally as possible and look at the Deaf patient whilst talking. Also, sitting next to the interpreter, opposite the Deaf person, is the most effective way of communicating. The interpreter acts as the Deaf person's voice and is able to listen and sign at the same time; however, they may ask the practitioner to repeat something that they do not understand[7].

It should be noted that Deaf people learn by seeing and doing; visual aids and images can help a patient understand better what is happening during an eye examination and the outcome of the consultation. Practitioners must not assume that their patients understand the medical terms and optical jargon; moreover, vocabulary related to eye health may be meaningless to someone whose first language is BSL[4].

DEAF PATIENTS' EXPERIENCES IN AN OPTICAL PRACTICE

Aim

In 2019, a small-scale study was carried out by the author, with a view to examine Deaf patients' experiences during their visit to an optical practice. The purpose of this research was to identify barriers to effective communication, and

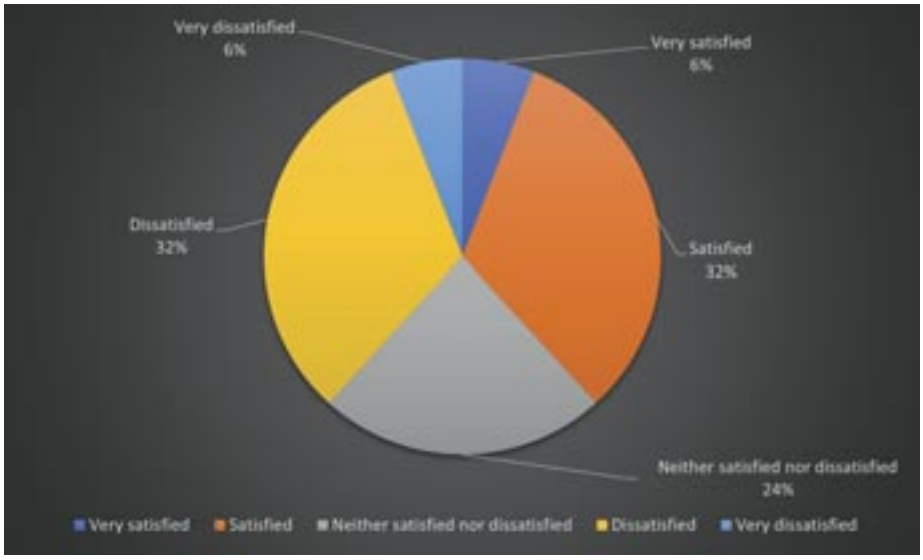

Figure 3. How satisfied were you with communication during your visit?

consider practical solutions to overcome such barriers.

Method

The data was collected via an online survey, which consisted of quantitative (Likert scales) and qualitative questions. The survey link was shared via social media platforms (Facebook, Messenger and WhatsApp), with help from regional Deaf centres and the author's BSL tutor. The survey was aimed at the Deaf BSL users who had ever visited an optical practice to have an eye exam, purchase glasses or both.

Results

Thirty-six partially completed surveys were received. The results showed that four respondents (11.43 per cent) had an interpreter present during their visit, whilst 20 (57.14 per cent) relied on lip reading and 14 (40 per cent) used written notes. Although 13 participants (38.24 per cent) stated that they were dissatisfied or very dissatisfied with the quality of communication, the same number of respondents stated that were satisfied or very satisfied with their experience (**Figure 3**).

When asked to rate effectivity of communication, if optical staff could fingerspell or use BSL, 25 participants (73.53 per cent) felt that fingerspelling skills would be effective in some way. However, 32 respondents (94.11 per cent) stated that they would find communication effective if one or more staff were BSL users. Nevertheless, the worth of acquiring fingerspelling skills by optical staff should not be undervalued, as only 5 respondents (14.71 per cent) claimed that it would not at all be effective (**Figure 4**).

The participants were asked to share their thoughts and make recommendations regarding the minimum list of BSL vocabulary, which optical professionals could learn in order to communicate more effectively. A number of responses were around the need for Deaf awareness, fingerspelling and basic BSL and how such staff training would make a big difference. One participant felt that learning the basics would be easy "*Only if they* [staff] *are wanting to learn and help*".

Another respondent said: "*Please use simple words, because elderly deaf people 78/79/80 are possibly deaf from birth and learning difficulty and congenital rubella syndrome, glaucoma may be a late development from this. There was epidemic of rubella, German measles in 1939/40 causing this and education of these people was not good*".

Some of the vocabulary suggestions included: basic greeting signs, medical terminology, numbers, directions (left/right), colours (red/green), better/worse, glasses, short/long sighted, contact lenses, appointment, size, design, money related vocabulary, questions such as why/what/when/how.

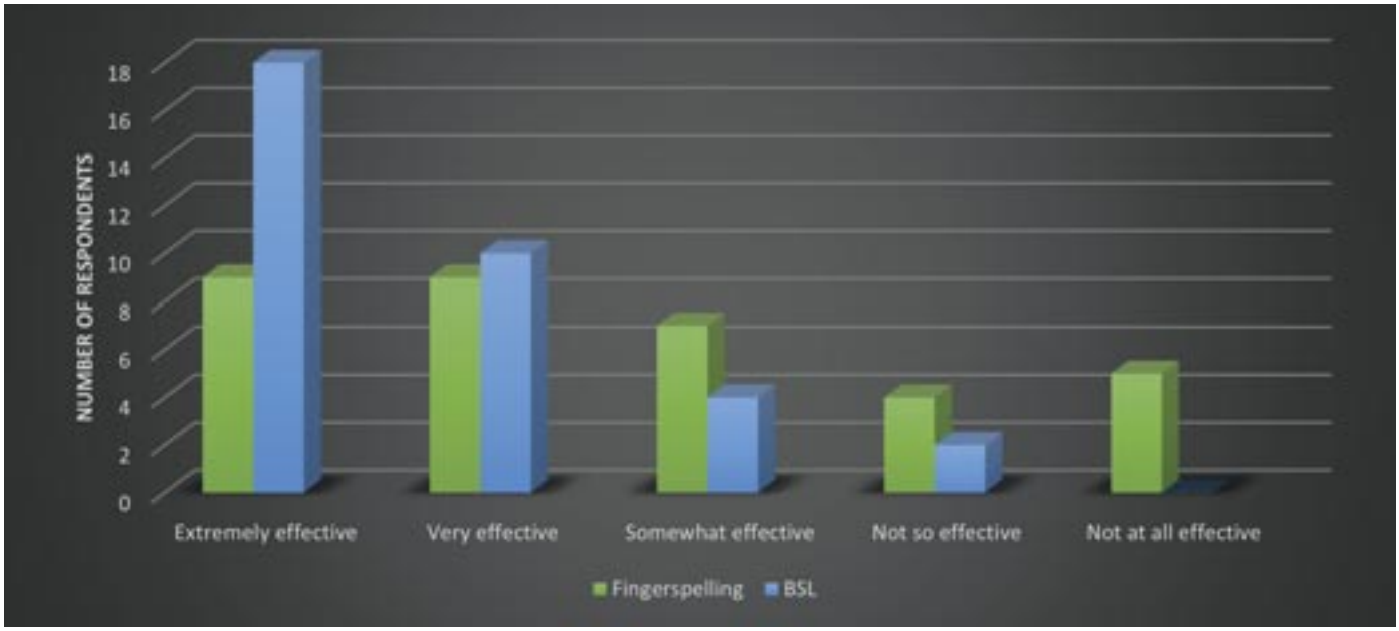

Figure 4. How effective would you find communication if one or more staff members could fingerspell or were BSL users?

One respondent commented that they were a lipreader and did not use sign language; therefore, hearing people should not assume that all deaf people could sign. Another patient mentioned that some staff are easy to lipread, while others are hard to understand.

Based on further comments, it is possible to offer some simple practical advice to the optical professionals:

- Check how well the patient can see without their glasses, before asking them to remove spectacles, as this can impair their ability to lip-read
- Consider the level of lighting in the testing room, as good light is essential for lip-reading; refrain from speaking while testing in the dark
- Patients would feel more comfortable in the clinical environment if they were familiar with the equipment, which surrounds them
- Some Deaf patients may find written material too brief and lacking information, whilst the use of BSL ensures fuller understanding

Despite a low response rate, the survey attracted participants from a range of age groups, across different regions. One of the main limitations of this study was that the survey was in a written form. A member of staff from the Deaf Hub in Wales raised a valid point that the best way to get engagement would be to conduct face-to-face sessions. She suggested that often surveys were left unanswered because some English terms were too complex and difficult to understand for the Deaf BSL users. Further research is required to obtain more in-depth qualitative data, preferably through interviews or focus groups.

Conclusion

There is a need to recognise the barriers that the Deaf patients face when accessing eyecare services. Deaf awareness training and basic BSL skills are necessary for all optical staff, so that they become culture competent and confident at delivering quality care to the Deaf community.

THE FUTURE

Eyecare professionals should continue to explore the resources available to them, such as Deaf awareness and basic sign language courses, and encourage their colleagues to learn new skills. Some practitioners may find useful online tools or mobile phone apps, which allow them to explain eye conditions and spectacle lens options through images and videos. Live Transcribe is a speech to text app, which could be suggested if a patient was happy with using written communication. Sign BSL is another app, which is a video-based dictionary and offers a wide range of vocabulary.

However, it should be noted that, whilst all optical principles can be described in BSL, literal translation is not always possible. For example, there is no sign for 'cataract'; instead, the word would need to be finger spelled, with a further explanation of 'clouding of the natural lens of the eye'. Similarly, the is no sign for 'bifocal glasses', so the word could be finger spelled and explained as 'glasses having two foci'[12] or possibly 'half-and-half glasses'. In both instances, appropriate images and videos could support the practitioner's explanation.

It may seem impractical for all optical professionals to learn sign language, as an average practice will have few Deaf patients. Learning any language, including BSL, can be costly and time-consuming. However, by attending a short Deaf awareness course and learning the BSL alphabet, together with few basic signs, the practitioner could make further progress towards bridging the gap between the Deaf and hearing communities. These small steps may also help to decrease patients' anxiety, as a patronising attitude remains an easily surmountable barrier to health care for the Deaf population[4].

There may be a scope for the ophthalmic dispensing and optometry course providers to incorporate optional sign language modules within their curriculum. Exposing optical students to sign language: "will go a long way towards making the profession relevant in providing service to a community that puts more value to their vision than we can imagine"[13]. Some progress is already being made on a national level, for example, a GCSE in BSL could be introduced in the UK before the next general election, as a result of an ongoing campaign[14].

Evidently, there is a need for collaboration between optical professionals, interpreters and members of the Deaf community to develop subject-specific vocabulary, organise local events to raise eye health awareness amongst Deaf people, create easily accessible resources explaining what to expect during a visit to an optical practice and more. We need to act, as an industry, to diagnose preventable eye conditions early and offer every patient the best eyecare possible, because the Deaf population rely mostly on their eye sight to make up for their hearing loss[13].

In 2019, there were approximately 390,000 deafblind people in the UK, with this figure set to increase to more than 600,000 by 2035[15]. Efforts of a handful of individuals might not make a significant impact. However, commitment and engagement of the optical workforce on a larger scale can make a difference and help to shape the landscape of eyecare for Deaf people.

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