



Introduction

Kingston and St George's is committed to ensuring all students, including those with disabilities and specific learning difficulties, are supported in gaining equal access to their chosen course and facilities at the University.

The University recognises the social model of disability. The student's disability is not the source of any disadvantage, it is social barriers (such as the physical environment, methods of communication and prejudicial attitudes) that create this disadvantage.

According to The Equality Act (2010) a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

'substantial' means more than minor or trivial

'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)

'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Examples include

Physical impairments (eg Cerebral Palsy and Arthritis)

Sensory impairments (eg Visual and Hearing)

Specific Learning Difficulties (eg Dyslexia and Dyspraxia)

Mental Health Difficulties

Long-term medical conditions

It is unlawful for individuals with disabilities to be treated less favourably for a disability-related reason. To avoid placing disabled students at a substantial disadvantage, reasonable adjustments should be put in place on an individual basis.

HOWEVER

Any adjustments provided for students or guidelines provided for staff working with students with disabilities do not in any way replace decisions made through professional judgements regarding students' competence in practice. The needs of a student in relation to their disability must not over-ride professional requirements to meet the required level of competence

HEARING IMPAIRMENT

Over the past 10 years or so Kingston and St George's has acquired a very positive reputation with regard to the successful recruitment and training of nursing students with varying degrees of hearing impairment. Some may have only slight hearing loss in one or both ears, but others are profoundly deaf with little, if any, residual hearing. This guide has been developed for all supervisors/assessors working with students who have a hearing loss, but particularly for those supporting profoundly deaf students.

Deaf / hearing impaired nursing students on placement

When a deaf / hearing impaired student is coming to your area for placement, you will be informed as soon as possible. A specialist teacher for the deaf is available to come and visit you and the other staff on the ward before the student starts their placement to discuss their specific needs, should you or the student wish.

The following section provides guidance on some of important things to consider when preparing for the student's placement and while they are working in your clinical area. If you have any queries about this guidance in relation to the specific student who you will be supporting, take the opportunity to discuss them with the specialist teacher for the deaf when they visit you or contact your Practice Liaison Lecturer to seek advice.

1. How a student communicates

One of the first things you need to know is how the student communicates and what aids they use to facilitate effective communication.

- Some students use hearing aids to enhance their ability to hear.
- Many hearing impaired / deaf students need to lip read in order to listen effectively
- Others will be accompanied by a sign language interpreter for some or all of their time with you

2. Lip reading

- Many hearing impaired / deaf students are *dependent* on lip reading
- This means that staff need to ensure the student is able to be in a position to facilitate listening and enable lip reading, for example it is difficult to lip read someone who is sitting with their back to a light source (eg window)
- When speaking to the student always ensure that you have their attention first and ensure you give instructions directly to the student so that they know they are meant for them
- It is only possible to lip read one person at a time so consideration needs to be given to the student in group situations etc (see below)
- Lip reading is very tiring over the course of a shift so please ensure that the student has the opportunity for adequate breaks away from the clinical area

3. Group situations (eg handover, teaching sessions, multi-disciplinary team meetings, group therapy)

- The student will not always hear contributions made by other members of a group, particularly in situations where they cannot see the speaker or it is unclear who is speaking
- Enable the student to position themselves in the place in which they will be most able to listen and participate
- Ask other members of the group to indicate to the group that they are the person speaking – this could be by raising their hand or holding a specific item. If this is not possible, identify someone within the group who will point out the speaker to the student
- In group situations it is very helpful to introduce a new topic by clueing the student in to what is likely to be discussed by writing down key words (eg when the next patient is being introduced in handover) and new vocabulary or by using a visual aid (eg a piece of equipment).

4. Other considerations

- It is impossible to lip read and take notes at the same time so students should be given handover sheets / notes prepared in advance or allowed time to copy down notes made by another nurse in handover or meeting
- Hearing impaired students will not hear incidental comments and instructions unless they are directed at them. They may also miss jokes etc around the room unless they are actively included
- It is also really important to be aware of facial expressions which are very easily read by hearing impaired students. They may rely on your facial expression to try to work out what you are saying until they get used to your lip and communication patterns. Be aware of what your face is saying – frowns, unhappiness, sulks are very obvious when a student is so focused on your face

- Under equality legislation all fire alarms etc are required to be visual as well as audible – if these are not then the deaf / hearing impaired student must be provided with a pager or other device that indicates there is a fire or other serious event. Patient call systems generally have a visual sign as well as making a distinctive sound. Most deaf / hearing impaired students have heightened awareness of such systems and will respond in the same way as a hearing student.

- Appropriate strategies need to be in place for hearing impaired students who are unable to use the telephone to communicate with the ward (text phone number) and for use of the ward entry phone system (where applicable).

- If a hearing impaired student has not understood something you have said, rephrase it rather than simply repeating it. This can make it easier to lip read

5. Working with a sign language interpreter in placement

- Some deaf students use British Sign Language (BSL) as their preferred language. In order to facilitate communication and access information quickly they may be supported by an interpreter.
- A BSL interpreter is a conduit for communication and will change English into BSL for the student and change BSL into spoken English for the lecturer, supervisor/assessor or peer group etc.

Tips for working with an interpreter -

- Please direct your comments to the student but remember the student will be watching the interpreter.
- When the interpreter translates the student's sign into spoken English this is called 'voiceover' and will be almost simultaneous with the sign. NB.

'Voiceover' although you hear the interpreter's voice it is only a channel to enable the student's views to be heard. The comments are those of the student and NOT those of the interpreter.

- It is useful for both the student and interpreter that individuals identify themselves prior to speaking e.g. in group work. In such situations the interpreter and the student will choose the appropriate position for seating, lighting etc.

And finally

Here are some issues that have been raised during placements for past deaf / hearing impaired students

- hearing aids amplify everything so avoid meeting in the canteen to complete a student's document
- it is impossible to lip read everything, especially unfamiliar terms
- accents make lip reading more challenging so be prepared to take time and re-phrase things as required

- hearing impaired / deaf students cannot access any information if the speaker is wearing a mask, has their hands over their mouth or is walking away from the student whilst talking
- it is impossible to lip read someone demonstrating a technique / procedure – the student either has to watch the demonstrator's lips or watch the procedure, they cannot do both at the same time
- community nursing – any feedback or additional information to be given to the students must be given when you are not driving since the student will need to be able to lip read

Further information / guidance

Should you wish to discuss specific issues regarding a student please contact your Personal Tutor.

Jane Barden (Specialist Teacher for Deaf Students) jane.barden@surrycc.gov.uk

References

American Speech, Language and Hearing Association (2013) *Effects of Hearing Loss on Development* Available from <http://www.asha.org/public/hearing/disorders/effects.htm> (accessed 01/07/13)

Signstation (2012) *Ten things to know if you work alongside deaf people* Available from <http://www.signstation.org/index.php/ten-things-to-know-if-you-work-alongsidedeaf-people> (accessed 01/07/13)