<table>
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<tr>
<th><strong>Title of Project</strong></th>
<th>Communicating with Deaf and Partially Hearing People: Video and e-learning package</th>
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<tr>
<td><strong>Project Leader</strong></td>
<td>Tiffany Wade &amp; Dr. Elaine Gill</td>
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<td><strong>Lead Department</strong></td>
<td>Division of Medical Education</td>
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</table>
| **Other contributors/Departments** | **King’s College London (KCL) Leads:** Tiffany Wade & Dr. Elaine Gill  
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* denotes research team  
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**Voice over for Paul Ntulia:** Tom Mould  
**BSL Alphabet:** Jeanette Wright  
**Videos:**  
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Project management: Jenna Mason (Eye-D Creative), Tiffany Wade (KCL)  
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**‘Working with a BSL interpreter’ Deaf health and best practice consultant:** Herbert Klein  
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**A special thank you to:** The King’s College London College Teaching Fund and Health Education South London/South London Membership council for funding this important resource

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**PROJECT DETAILED**

### Outputs: What has been produced?

This project developed an innovative deaf awareness e-learning package featuring:

- D/deaf and HOH patient e-narratives
- e-training guides illustrating effective communication strategies
- BSL fingerspelling references
- A ‘Working with BSL interpreters’ e-guide
- e-medical information

http://ehealth.kcl.ac.uk/tel/deaf-awareness/login/

The package (link above) was designed in collaboration with students, academics, healthcare professionals and people who have hearing loss via steering group participaion and focus groups utilising action research and qualitative methods. Information gathered from the focus groups informed the development of the e-learning package, more specifically, real life healthcare experiences were unearthed via these group interviews in order to develop the simulated/interactive communication training scenarios and filmed patient narratives. This action research element utilised an Experienced Base Co-Design (EBCD) approach, which ‘enables staff and patients (or other service users) to co-design services and/or care pathways, together in partnership’ (The King’s Fund, 2013).

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### Outcomes/Impact: To what extent have you achieved the original aims of the project? Please include examples where possible.

**The project was hugely successful in the following areas:**

- The package has been produced to a high quality and has been successful in engaging students in a creative and reflexive way.
- Incorporating a wide remit of involvement from D/deaf and hard of hearing patients, academics, healthcare students and clinicians and allowing for the balancing of perspectives. A total of more than 90 people took part in the creation of the resource. This participation established on-going networks and links with individuals and organisations (including Action on Hearing Loss, National Deaf Services) beyond the project.
- Adhering to the agreed timetable, milestones and budget
- Developing a high quality, professionally produced resource based on patient and healthcare professional's/healthcare students’ experiences and suggestions
- Establishing the package within the Faculty of Medicine’s core curriculum
- Developing networks with individuals, organisations and charities involved in hearing loss issues

**Student experience was enhanced through:**

- Active involvement and ownership of the programme and e-package development.
- Developing research experience (students were involved in conducting student focus groups and the associated data analysis)
- Medical students who utilised the package reported increased D/deaf awareness, as did their understanding of effective communication strategies. This is particularly important, as they will interact with an ever-increasing number of patients with some form of hearing loss (Action on Hearing Loss, 2012).

Please refer to the table below for a detailed description of achieved aims within the project:

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<tr>
<th>Aims</th>
<th>Achievements</th>
<th>Comment</th>
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| **Project Phase 1:** (Sep-Dec 2013) Focus groups will be conducted with: D/deaf and HoH patients, health professionals and healthcare students. Information gathered from the focus groups will inform the development of the e-learning package and the specific healthcare scenarios utilised. | Three 1-1 interviews were conducted to pilot the focus group interview schedule.  
Three focus groups were conducted in November 2014 with the following participant cohorts:  
D/deaf/ HoH patients (n=10)  
Qualified health professionals (n=7)  
Students studying healthcare (n=10) | The focus groups were successful in unearthing health experiences of  
1) D/deaf and HoH patients  
2) Healthcare professionals experiences treating this patient group  
They also determined what post qualified and undergraduate learners wanted from an e-learning resource.  
This was achieved via agreed thematic analysis/coding by 5 researchers (including students) on the steering group.  
The student focus groups were conducted by student researchers (who formed part of the steering group), which seemed to create an open atmosphere of sharing thoughts about e-learning and deaf awareness within clinical practice.  
Focus groups seemed to be a positive way to include all three cohorts regarding 1) learning needs 2) patient experience 3) reflective practice |
| **Project Phase 2:** (Dec-June 2014) Development of the e-resource to include:  
A) 4 D/deaf and HoH patient narratives (10 minutes) to provide a patient perspective of healthcare services experienced by this population  
B) 6 video-casts involving hearing, Deaf and HoH actors (approximately 10 minutes). They will demonstrate, through interactive scenarios, key components of common communication break downs that can occur involving a range of consultation, prescribing, dispensing, social and care issues that impact the | The project sucessfully developed an innovative deaf awareness e-learning package featuring:  
A) 4 D/deaf and HoH patient narratives (10 minutes) to provide a patient perspective of healthcare services experienced by this population  
B) 4 video-casts involving hearing, Deaf and HoH actors (approximately 5 minutes each). They demonstrate, through interactive scenarios, key components of common communication break downs | Alternations to package:  
A) Patient narratives were altered slightly. Rather than a 10-minute narrative, learners would click on a range of questions for each patient where the patient would answer the question via a recorded interview format.  
B) Based on focus group data, it was agreed via the steering group that 4 short communication scenarios of around 5 minutes in length would be more appropriate compared to 6 clips of around 10 minutes in length. |
<table>
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<tr>
<th>Patient experience</th>
<th>That can occur involving a range of consultation, prescribing, dispensing, social and care issues that impact the patient experience</th>
<th>Both decisions (A &amp; B) were made to 1) allow for learners needs to met by reducing the length of the training to around 1-1.5 hours in order to maintain engagement and 2) budgetary restrictions (i.e. creating a lower number of scenarios at higher quality).</th>
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<tr>
<td>C) 'How to work with a BSL interpreter' e-video cast guide</td>
<td>D) Best practice communication techniques related to various types of hearing loss</td>
<td>An additional recoded interview was held with a principle speech and language therapist within GSTT’s hearing implant team in order to give specific medical information about cochlear implants, and to dispel misconceptions that healthcare professionals may have about referring people to the team</td>
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<td>D) Best practice communication techniques related to various types of hearing loss</td>
<td>F) Medical information on hearing loss</td>
<td>Scenario scripts based on the focus groups were then written by the lead. Qualified Healthcare professionals, a BSL interpreter and a Deaf community member edited the scripts to make sure that they were realistic in practice.</td>
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<td>F) Medical information on hearing loss</td>
<td>G) A BSL finger-spelling guide</td>
<td>Due to focus group feedback and the fact that no one size fits all communication technique applies to all D/deaf and HoH patients, the pre and post formative tests were not included. Instead, reflective exercises more in alignment with reflexive healthcare practice have replaced this concept.</td>
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<td>G) A BSL finger-spelling guide</td>
<td>H) Pre and post e-learning formative tests will evaluate student learning</td>
<td>Project Phase 3: Focus groups will also be conducted in the final phase. These together with self-completing evaluation forms will provide an opportunity for stakeholder feedback. Alterations to the package will then be made in light of this data (June-Sep 2014).</td>
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A follow up focus group and 1 to 1 interviews with the same participants from the first phase were conducted. Example package layouts, rough edits of scenarios and patient interviews were shown to students, health professionals and patients for comment/feedback. Whilst it was relatively straightforward to arrange a follow up interview with the student cohort, it was less so with both qualified health professionals and patient cohorts. Thus 1-1 interviews were arranged to solicit feedback from these groups. Self-completing forms were also useful.
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<th><strong>Process of developing the package:</strong></th>
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<td>Given that the project is an interprofessional staff, student and patient/community collaboration the process of developing the package is an output in and of itself. It would therefore, act as a model of interprofessional working/learning and community engagement, which could inform other projects.</td>
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<td><strong>This aim was an important achievement, given the wide breadth of involvement in the construction of the package (approximately 90 people took part at various stages).</strong></td>
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<td><strong>A crucial element that will inform future projects is the need to run one of one interviews with patients rather than focus groups. Given that D/deaf and hard of hearing patients often have quite a number of barriers to health services it is likely that each person will have a lot of experiences to share (as was the case during the first focus group with this cohort). As such a focus group of 90 minutes was a bit of a challenge in order to adequately listen to everyone equally.</strong></td>
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<tr>
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<td>This package could be the springboard for KCL to become a flagship Deaf Awareness Centre of Excellence that could lead the way for other health schools.</td>
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<td><strong>Several meetings have taken place with Action on Hearing Loss (the largest hearing loss charity within the UK) about developing a joint Centre of Excellence. The Business and Innovation team has been involved and negotiations are underway to make this a reality.</strong></td>
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<th><strong>Staff/Student development</strong></th>
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<td>The project would strengthen liaisons between academic schools and links with KHP. It would also create opportunities for staff/student development in the area of D/deaf Awareness. Furthermore, the project would produce D/deaf Awareness champions and networks, both hearing and D/deaf within the College, across the community and through the CAGs.</td>
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<td><strong>The following faculties/academic departments, clinical teams and organisations took part in the project: Division of Medical Education (KCL), Faculty of Nursing and Midwifery (KCL), Department of Physiotherapy (KCL), Department of Nutrition and Dietetics (KCL), GSTT Physiotherapy services, GSTT Hearing Implant Centre, National Deaf Services (NHS England), Action on Hearing Loss, Deafinitely Theatre, National Cochlear Implant Users Association and Stage Text.</strong></td>
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<td><strong>Additionally 3 Deaf Awareness student champions, who either have learnt British Sign Language at KCL and/or have a hearing loss themselves were members of the steering group, acted as research assistants and were awarded a stipend to continue their Deaf awareness training.</strong></td>
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**Supportive factors:** What were the main factors that contributed to the successful outcomes of the project?

- Additional funding from Health Education South London (HESL) allowed for the project lead to dedicate a significant amount of her time (.5 FT) to the creation of the resource which was fundamental to creating a high quality resource with professionally produced simulated videos based on the qualitative findings unearthed through the research aspect.
- A total of 90 people (academics, students, D/deaf and Hard of Hearing patients and clinical staff) took part in the creation of the resource. This participation established on-going networks and links with individuals and organisations (including Action on Hearing Loss, National Deaf Services) beyond the project.

**Challenges:** Have you experienced any barriers or challenges in developing your project? What could be done to support innovation in the curriculum?

- Three main challenges existed:
  1) The involvement of such a wide range of individuals was invaluable to creating a resource with such depth and breath. However as British Sign Language interpreting professional conduct is an emerging area of study, there were some disagreements about how to train medical staff in this specific area (i.e. how to work professionally with an interpreter given certain codes of professional conduct, such as confidentiality). It was a challenge to balance the perspectives of patients (who often disagreed amongst themselves), interpreters, clinical staff and published journal articles about specific behaviours whilst adhering to project deadlines. However the team took a balanced approach and believe that we were able to address these concerns for the most part whilst adhering to published articles.
  2) Challenges also existed between balancing the educational needs of current students, qualified professionals and the research needs of the University. For example, pre and post e-learning formative quizzes appeared desirable at the start of the project. However focus group data suggested that this may be a hindrance to the package being utilised, particularly for qualified health care professionals; many of whom are not given allocated training time and may be put off by these aspects. Whist students often desired to be ‘taught’ best practice, qualified professionals desired to ‘reflect’ on their practice, understanding that many times no one size fits all solution exists. Therefore the decision was made to build in a reflective component rather than being ‘tested’ over communication techniques (which can come across as patronising and unrealistic).
  3) As previously mentioned, whilst the focus group with D/deaf and Hard of Hearing patients was a success, it was evident that in future the ideal situation would be to interview patients one on one in order to get more detailed information and experiences.

The project has highlighted the following key points:
- The lack of training time offered to healthcare professionals post qualification
- The lack of specific deaf awareness training amongst undergraduate and postgraduate healthcare education when 1 in 9 people in the UK has a hearing loss.
- It was clear through the focus groups that students and professionals often find e-learning text heavy and boring. Additionally, they usually find this platform lacking in creativity, design and level of production. This was useful to know in order to safeguard from making the same mistakes in this project. As such, student involvement in the project (via steering group and focus groups) cannot be underestimated.
- It is important to remember that the majority of students are from a generation where engaging with technology is key to how they access and digest information (particularly for students who are visual learners). Thus investing in more projects that allow student choice and ownership in package design would be recommended.

**Dissemination:** How has the project been shared with colleagues within and beyond the institution?

- The package has been used by the Division of Medical Education at King’s College London and...
incorporated within the departments Year 2 Deaf Awareness module (delivered to approximately 500 students annually) and within it’s Deaf Awareness and British Sign Language Student Selected Components for students in Years 3 & 4.

- Agreement to establish the packages use within the following faculties curriculums is underway: Nursing, Physiotherapy, Dietetics and Midwifery.

- Discussions are taking place about partnership with Action on Hearing Loss (AoHL), the largest hearing loss charity in the UK about packaging/marketing the e-resource together with the Nursing Tool Kit (a hearing loss too-kit for Trusts, created by AoHL).

- Attendance at the Sick of It Conference (for Deaf Health) and Deaf Health Champions Conference (Birmingham)

- A package launch is planned for King’s Health Partners (Guy’s and St. Thomas’, King’s College Hospital and South London and Maudsley) in April to disseminate the resource to qualified healthcare professionals.

- Further funding will be sought to roll out the package to KHP trusts