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## A Task Force on Deafness in the Education of Medical Students

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## **A TASK FORCE ON DEAFNESS IN THE EDUCATION OF MEDICAL STUDENTS**

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**SUSAN ROSE and WILLIAM YUST**

Medical education has placed a renewed emphasis on the humanization of the physician's role through active participation in the community. Health care programs have been established within the inner city and in rural areas to promote early diagnosis and overall improved health care. Numerous studies have been conducted on the health care needs of blacks, Chicanos, geriatrics and in early childhood development. The community of deaf individuals has traditionally been excluded from such studies and health care programs.

Historically, the physician's contact with deaf persons has been limited to crisis intervention. Robinson (1971) stresses the need for health care workers to become more aware of the social, educational and vocational implications of deafness and how those factors affect the health needs and the delivery systems available to the deaf community. Their specialized communication needs have by and large excluded the deaf person from awareness of community health care programs already available and from a personal, trusting relationship between patient and physician. In a study conducted by Harte, et al. (1953) the health needs of deaf persons residing in the Frederick, Maryland area were surveyed. Findings obtained through interviews with deaf persons and medical doctors indicated that physicians spend a great deal more time with a deaf patient than with a comparable hearing patient. Deaf persons tended to seek services from two physicians in the area. Community health care programs were not being utilized by deaf persons.

The purpose of this paper is to describe a project implemented in Rochester, New York to acquaint future physicians with various implications of deafness. As Cooper points out, "To get a fair share for their needs, the deaf and those concerned for them must expend heavy effort in public and professional education in order to create and maintain an enlightened community. . . Educating doctors is one small but essential ingredient" (Cooper, 1971, p. 10).

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Since 1969, the Department of Preventive Medicine and Community Health at the University of Rochester Medical School has administered a course in community health to first year medical students. The course consists of a series of lectures followed by task force experiences. Student experiences gained through task force assignments include skills in communicating and interacting with individuals who may be of different race or economic level or who have various physical or psychological problems.

A task force on deafness was established in 1970, with a counselor from the New York Bureau of Vocational Rehabilitation and a staff member from the Rochester Institute of Technology functioning as coordinators. Program implementation of the task force has been revised annually to keep pace with community health care programs and to increase the quality of learning experiences for the medical students.

The primary objective of the task force was to increase the number of medical doctors who have knowledge about deafness and how to deal with it. This objective was accomplished through the following:

- 1) To promote understanding of the meaning of deafness and its causes, as well as the educational and rehabilitative processes needed or available for deaf children and adults; to learn the rudiments of audiological and medical approaches to hearing loss; and to study the implications of deafness for the psychosocial development of the individual, as well as for the development of language and communication skill.
- 2) To acquaint medical students with community organizations and local, state, and federal agencies, that serve as resources to deaf persons.
- 3) To provide experiences for increased sensitization to deafness and deaf persons through interaction with deaf children, adolescents, adults, and their families.
- 4) To instruct medical students in the basic skills of manual communication.

During the 1973-74 academic year, the medical students participated in a series of activities planned in accordance with student time schedules. Specific activities included:

*Communication with the Deaf*

Communication classes were conducted by a deaf college student prior to the initiation of the Task Force on Deafness. Discussions and demonstrations focused on the various methods of communication used by deaf persons. These methods included oralism, the Rochester Method, total communication, manual communication, and general use of nonverbal modalities.

*Orientation with an Audiologist*

An audiologist from the National Technical Institute for the Deaf met with the medical students for two sessions. Decibel loss, audiograms,

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and types and causes of hearing loss were discussed. General referral and rehabilitation functions of the audiologist were also presented.

*Simulation of a mild hearing loss.*

The audiologist fitted each medical student with ear defenders followed by an audiological test with and without defenders. Individual audiograms were discussed with the students.

*Discussion with a member of the Committee To Study Health Needs of the Deaf*

This session familiarized students with problems deaf persons encounter in attempting to gain access to health care, problems encountered in admittance into the hospital or clinic and problems encountered in the doctor's office.

*Visits to schools and agencies serving deaf persons.*

Observations were carried out by the medical students at a residential school for the deaf, at elementary and preschool programs for the hearing impaired located in a day school setting, and at a comprehensive rehabilitation facility which serves deaf adults as well as other handicapped groups.

*Panel Discussion*

Experiences of interaction with the medical profession were shared with the medical students through a panel discussion. Members of the panel included a hearing mother of a deaf child, a deaf father of a deaf child and a college student who became deaf at the age of 15 years. Panel members discussed their perceptions of the quality of medical care they or their children received.

*A presentation by a Psychologist who worked with deaf clients.*

A psychologist who has spent a great deal of time in therapy with deaf children presented some of his findings to the medical students and shared information regarding psychosocial implications of deafness.

*Meeting with the staff of a Health Center serving deaf and hearing college students.*

The medical students met with the director of the Rochester Institute of Technology Health Center and a nurse on the staff who works primarily with deaf students. Perceptions were shared with the medical students regarding interaction with deaf patients. Practical suggestions were made as how to best assist the deaf patient with severe communication problems and those who have apprehension toward medical personnel.

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These activities were planned and executed by the two coordinators with the assistance of a deaf college student majoring in social work. The coordinators continually sought feedback from the medical students on the quality and content of the activities. They also met with the medical students periodically to answer questions, clarify aspects of the program and integrate activities through group discussion.

The Task Force offered medical students opportunities to interact with deaf individuals and professionals working in the area of deafness prior to crisis situations they may encounter in the future. Evaluations of the task force submitted by the medical students rated scheduled activities and experiences very informative and helpful. Sessions with the audiologist, medical personnel and interactions with deaf persons were rated as most favorable. True evaluation of the effects of the task force on deafness will be reflected in the services provided to the deaf population in the future.

The task force described in this report was designed to meet the needs of medical students and deaf persons utilizing the resources within the community. Due to the importance of quality medical care and the difficulty deaf persons have in finding appropriate medical services, local and state associations of the deaf, or other interested organizations may consider approaching medical schools in their states to investigate the feasibility of establishing similar programs.

### REFERENCES

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