University of Minnesota
Medical School
Driven to Discover℠

Empowering Tomorrow's Healers: Addressing Deaf Health Disparities in Medical Education

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BACKGROUND

Minnesota is home to one of the largest Deaf/Hard of Hearing (DHH) communities in the nation.[1] Even so, many medical students are unfamiliar with Deaf culture. For many, their first interaction with someone from the Deaf community takes place in a clinical setting. This gap in knowledge regarding Deaf culture and accessibility methods markedly contributes to the persistent health disparities affecting Deaf communities.[2]

To address this issue, we designed a new session for the Becoming a Doctor (BaDr) course. BaDr is a series of sessions designed to empower students with advanced clinical and communication skills, engage in reflective practice, and participate in activities that foster professional identity formation.

OBJECTIVES

Empower medical students with the tools to provide more equitable care for DHH communities by:

- Sharing community narratives
- Communicating the unique barriers that contribute to Deaf health disparities
- Addressing accessibility modalities and advocacy opportunities
- Contextualizing the history of DHH communities in Minnesota

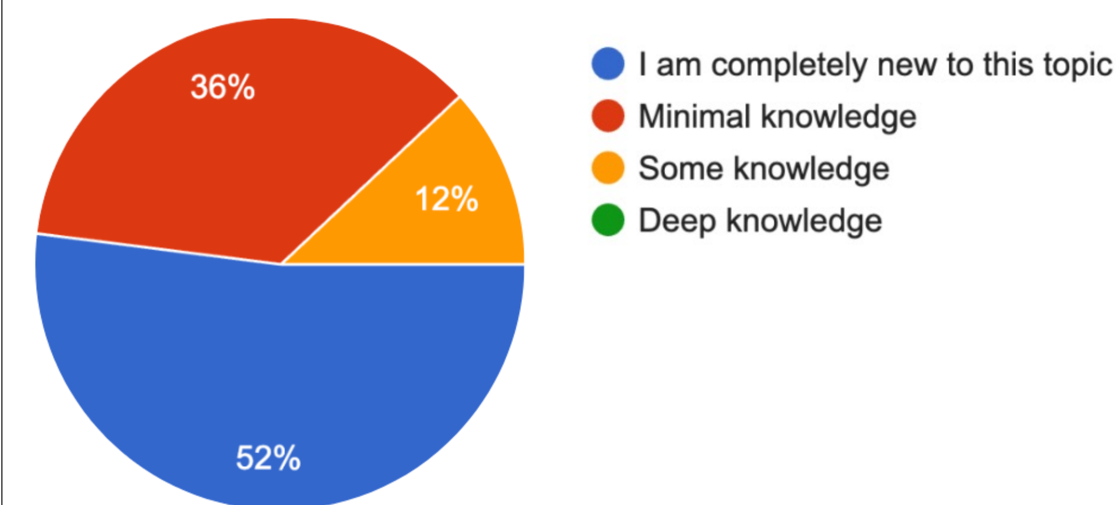
METHODS

Step	Stage	Details
1	Sought Collaborators	• American Sign Language Professor • Community Health Worker • Community Members
2	Proposed Idea	• BaDr Course Proposal • Grant to compensate collaborators
3	Co-created Session	• Basic terminology • Histories and disparities • Application of knowledge
4	Presentation & Feedback	• 3 sessions • Ensure accessibility • Collect student feedback
5	Proposed session expansion	• Propose session becomes required BaDr course • Scale up presentation

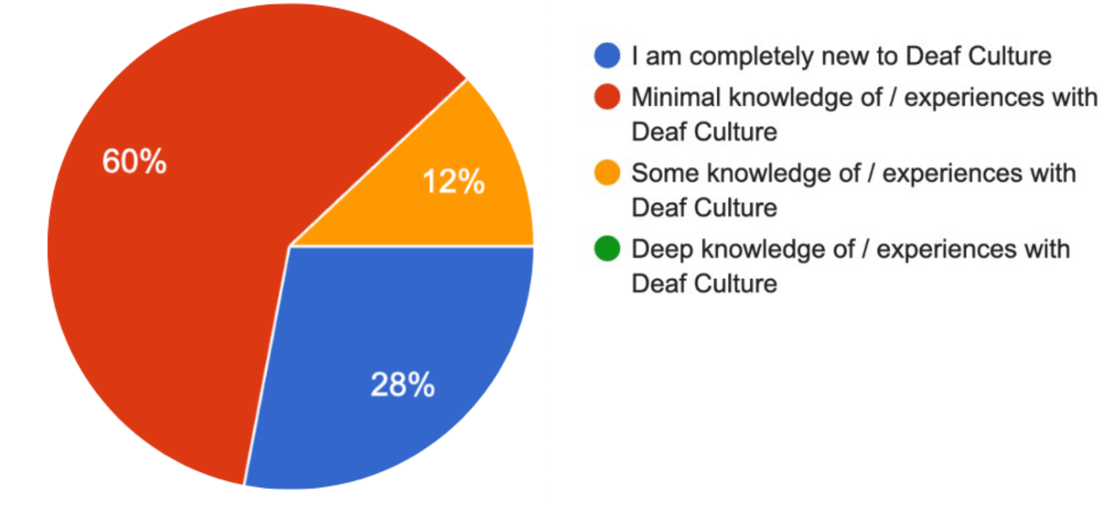
RESULTS

Pre-session survey

How familiar are you with health disparities affecting the Deaf community?
Responses: 25/30

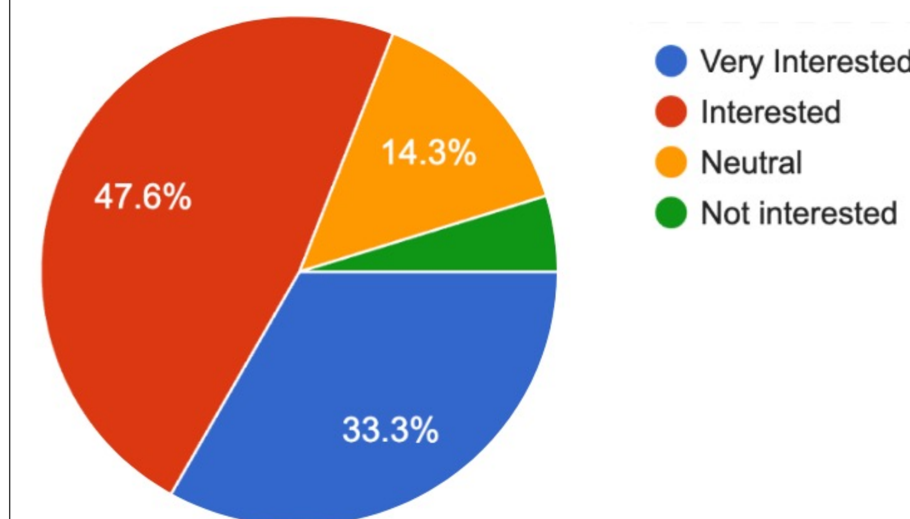


How familiar are you with Deaf culture?
Responses: 25/30



Post-session survey

Degree of interest in participating in a low-stakes simulated experience allowing students to practice applying the knowledge they learned and gain feedback? Responses: 21/30



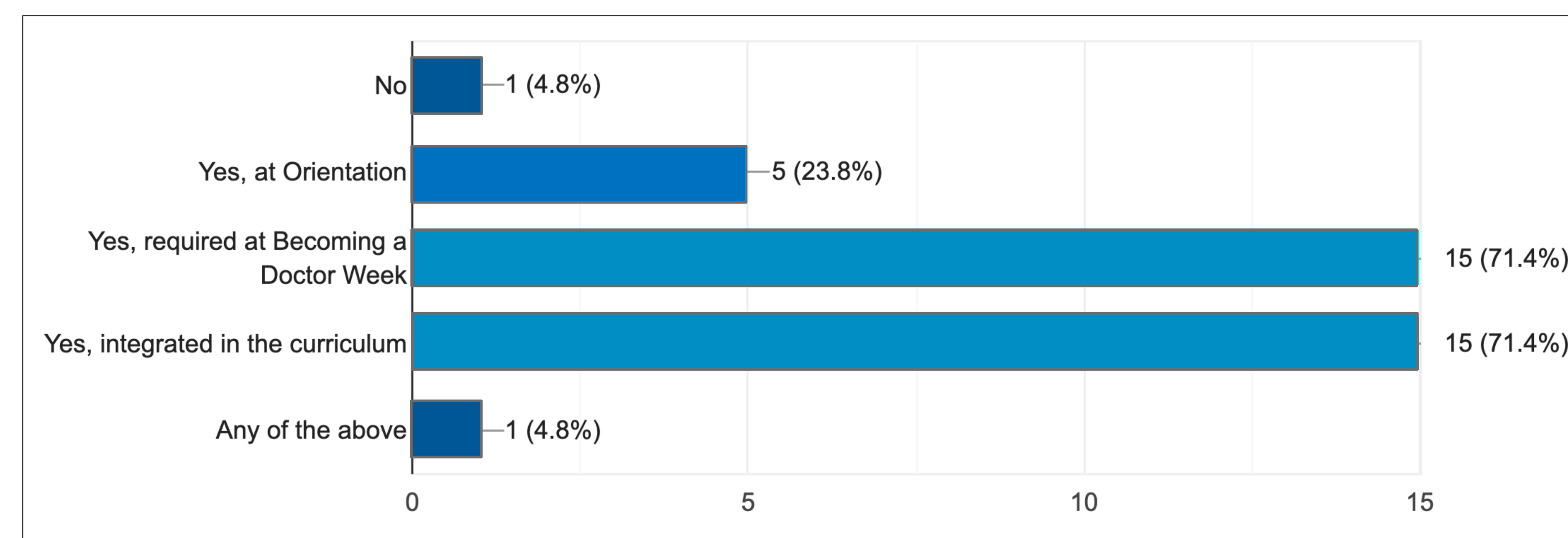
Positive Feedback

- Applicable tools for effective communication with Deaf community
- Diverse perspectives from presenters
- Inclusive and relevant to medical students
- Appreciation for learning basic ASL phrases
- Breadth and depth of topic coverage
- Informative, well-organized, deserving inclusion in the curriculum

Constructive Feedback

- Incorporate a break into the session
- More time to practice basic ASL phrases
- Additional resources for providers

Do you think this session should be part of the pre-clerkship curriculum?



DISCUSSION

Deaf and Hard of hearing (DHH) individuals often receive inadequate and disparate care due to ineffective communication with health providers.[2] Communication is often suboptimal because providers do not have a basic understanding of Deaf cultural norms and health disparities affecting this community.[2]

Our study supports these findings, with 88% of medical student attendees reporting minimal to no knowledge of these topics. The consequences of this knowledge gap have been associated with mistrust, delayed healthcare seeking, and worse health outcomes.[3] Our educational session sought to bridge this gap.

Based on student feedback, this session was well-received and found to be readily applicable. Students also provided valuable insights, highlighting key takeaways related to disparities resulting from language deprivation, cultural norms, oralism, and the creation of accessible spaces. These comments aligned with our objectives, indicating successful knowledge acquisition.

In addition, 71% of students supported making this session a mandatory BaDr course. Medical students agree that education about our DHH community has a place in medical education and has crucial part in eliminating health disparities for this community. As such, we strongly advocate for the transition of this session from elective to required.

FUTURE DIRECTIONS

- Scale up session to accommodate 240 students
- Recruit presenters, group facilitators, and students
- Organize a simulated session for students to practice applying their knowledge in a safe space with feedback from DHH standardized patients

REFERENCES

1. Deaf & Hard of Hearing in Minnesota. Culture Care Connection. (2024, January 5). https://culturecareconnection.org/cultural-responsiveness/deaf-hard-of-hearing/
2. Harmer, L. (1999). Health care delivery and deaf people: practice, problems, and recommendations for change. *Journal of deaf studies and deaf education*, *4*(2), 73-110.
3. Lesch, H., Burcher, K., Wharton, T., Chapple, R., & Chapple, K. (2019). Barriers to healthcare services and supports for signing deaf older adults. *Rehabilitation Psychology*, *64*(2), 237.

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