

VISUAL TRANSCRIPT

The DEAF YES logo appears on a black background: yellow bold text with an ASL S handshape for the final letter in YES. Below the logo text are the words Center for Deaf Empowerment and Recovery in smaller white letters.

LOCATION: Studio with blue background.

NARRATOR appears on screen. The narrator is a deaf man with light brown skin wearing a blue collared shirt and black suit jacket.

NARRATOR 1 [Signs in ASL as captions appear at the bottom of the screen]:

This film contains sensitive content. It serves as a tool to teach healthcare providers how to effectively work with diverse Deaf patients through a series of clinical scenarios and narration by Deaf professionals. The clinical scenarios were designed based on real-life experiences of Deaf individuals in the healthcare system and incorporate sensitive content, including experiences of language deprivation, disempowerment, oppression, and trauma.

The screen fades to black.

LOCATION: Interior of a doctor's office waiting room with several patients sitting in chairs.

RUBY, a Deaf senior citizen, is standing at the reception desk. RUBY is a white woman with curly white and gray hair, wearing a clear window mask. No interpreters are present. The RECEPTIONIST, a white woman with glasses and brown hair, has her surgical mask pulled down to her chin as she smiles and signs "thank you" while speaking.

RECEPTIONIST:

[Overenunciating, slow, and loud] Thank you, Ruby! They will call you shortly.

RUBY looks around the room and turns back to the RECEPTIONIST.

RUBY:

[In ASL] Where are the interpreters?

The RECEPTIONIST doesn't understand, but thinks that RUBY is asking where to sit. She points to the waiting room.

RECEPTIONIST:

[Overenunciating, slow, and loud] Where? Oh! You can just take a seat right over there.

RUBY looks at the waiting room, searching for the interpreters, looks back to RECEPTIONIST.

RUBY:

[In ASL] No, one minute. (holds up finger)

RUBY types on her phone and holds it up to the window. In large letters it says “Where are Interpreters?”

The RECEPTIONIST finally understands.

RECEPTIONIST:

Oh! You’re asking about the sign language interpreter.

The RECEPTIONIST writes “Video” on a piece of paper and holds it up and points to the exam room.

RECEPTIONIST:

[Overenunciating, slow, and loud] Video interpreter.

RUBY turns away from the window looking shaking her head. The patient behind RUBY approaches the window as RUBY sits next to her husband RAY, a DeafBlind older white man with graying hair and glasses, and signs to him in tactile ASL. RUBY and RAY are sitting in chairs with their backs to the exam room entrance. The MEDICAL ASSISTANT, a Black non-binary person with short black curly hair and light brown skin wearing blue scrubs and a surgical mask, opens the door with a clipboard in their hand.

MEDICAL ASSISTANT:

Luke?

One of the patients in the waiting room stands up and joins the MEDICAL ASSISTANT, and they both exit the waiting room.

RAY:

[ASL] What’s up? Are there two interpreters for us?

RUBY:

[Tactile ASL] No, VRI...

[Caption: “No, a Video Remote Interpreter”]

RAY:

[ASL] Oh no...

RUBY:

[Tactile ASL] I know. So frustrating.

RAY:

[ASL] Yes, very. (pause) Did you bring your pill organizer to show the doctor?

RUBY:

[ASL] Yes. I think so...

RUBY rummages through her bag as the MEDICAL ASSISTANT enters the waiting room again behind RUBY and RAY with a clipboard in her hands.

MEDICAL ASSISTANT:

Ruby?

Ruby?

Several patients in the waiting room look at the MEDICAL ASSISTANT and shake their heads.

MEDICAL ASSISTANT:

No Ruby here today?

The MEDICAL ASSISTANT crosses off a line on her clipboard.

MEDICAL ASSISTANT:

Okay. Chris?

The scene of the waiting room changes to grayscale with the time 9:30 AM in the lower left corner. In fast motion, the MEDICAL ASSISTANT brings several more people from the waiting room into the doctor's office, and several new people approach the reception desk and sit down in the waiting room. The clock time advances quickly until it reads 10:25 AM.

RAY:

[ASL] What is taking so long?

RUBY:

[Tactile ASL] I'll ask, okay?

The screen fades to black, then shows a drone view of a large hospital building with a drive-up entrance and the sound of ambulance sirens.

LOCATION: interior of an emergency room. JACK, a white DeafBlind man with short brown hair, is being wheeled into the room on a gurney by two EMTs. Jack is clutching his chest, having a

hard time breathing, and is obviously in pain. Several ER staff are moving around the room while the EMTs speak to the ER DOCTOR about Jack. EMT 1 is a Black man with glasses and facial hair wearing a surgical mask, and EMT 2 is a Deaf Latina Woman with dark curly hair wearing a surgical mask.

EMT 1:

The patient is Deaf and called 911 through a texting app.

I couldn't ask the appropriate questions in the ambulance, but he's obviously suffering from severe chest pain and he's in distress.

EMT 2:

I feel bad - he keeps signing stuff, but we have no idea what he's saying...

JACK yells in pain as the ER DOCTOR, a woman with brown skin and her long brown hair pulled into a bun wearing a surgical mask, speaks to the MED TECH, a tall white man with pink hair and a short beard wearing medical scrubs and a surgical mask.

ER DOCTOR:

[Rushed] Got it. Thanks, guys. Let's get that interpreter thing?

MED TECH:

On it!

The MED TECH looks around as JACK tries to get the attention of the ER staff.

JACK:

[In ASL] So much pressure on my chest! It's painful! Help, please!

MED TECH:

Where is that video interpreter thing? I thought it lived in this room!

NURSE 1:

Ultrasound borrowed it yesterday. I guess they never brought it back.

MED TECH:

Ugh!

JACK waves to get the attention of the ER staff.

JACK:

[In ASL] I need an interpreter! Where's an interpreter?

The ER DOCTOR pulls her mask down and speaks loudly and slowly to JACK.

ER DOCTOR:
Can you tell me what happened?

JACK
[gestures while wincing in pain] Write on paper?

ER DOCTOR:
Is there paper and pen around here?

NURSE:
Yep, I got it. Here you go.

The NURSE, a Deaf Colombian-American man with short black hair wearing a surgical mask, grabs a piece of paper and pen and hands it to JACK as the MED TECH re-enters the room pushing a VRI screen on a rolling metal stand.

MED TECH:
Found it! Someone left it in the hallway.

JACK holds the paper close to his face and is struggling to write through his pain as the MED TECH turns on the VRI and looks intently at the screen.

MED TECH:
And we have power!
Where is the menu on this thing? Oh, there it is...

JACK hands the paper to the ER DOCTOR. In shaky letters are the words DEAF INTERPRETER.

ER DOCTOR:
Yes! Soon, soon!

ER DOCTOR tries to point to the VRI as JACK moans and clutches his chest.

JACK:
[In ASL] What's happening to me?!

ER DOCTOR:
Oh! Let's get some pain meds on board please?

The MED TECH is still trying to get the VRI to work.

MED TECH:

And request video interpreter...Oh man, this thing is slow.

JACK moans again as the ER DOCTOR holds up the paper.

JACK:

[In ASL] OW! What's happening to me? Please help me!

The screen cuts to black and the words VITAL SIGNS appear in large white text. Below in smaller white letters are the words HEALTHCARE ACCESS FOR DEAF, DEAFBLIND, AND HARD OF HEARING PATIENTS.

LOCATION: Interior of a studio room with a wooden floor, a wall with white and gray panels, and a wall with a large dry erase board. Three NARRATORS are standing in the room. NARRATOR 1 / KRISHNA, an Indo-Canadian brown man with black hair in a bun and beard, signs while his name appears in the lower right and the camera view changes to show only him.

KRISHNA:

Hello! Are you prepared to work with a variety of Deaf patients?

Scene changes to show NARRATOR 2 / MILMAGLYN, a Deaf Puerto Rican woman with curly dark brown shoulder length hair, standing in front of the center of a blank dry erase board. Her name appears in the lower right, and the word DEAF appears in black text on the dry erase board above her head. As MILMAGLYN signs, the following words appear in blue text on the board to either side of her: Deaf, deaf, DeafBlind, DeafDisabled, Hard of Hearing, late-deafened, hearing impaired.

MILMAGLYN:

For this training, we use the term "Deaf" in an all-inclusive way to denote people with hearing loss who identify as culturally Deaf, audiotologically deaf, DeafBlind, DeafDisabled, Hard of Hearing, late-deafened, and hearing impaired.

A white deaf person with pink shoulder-length hair, a facial piercing, and a plaid shirt appears on screen. They look troubled, and sign EXCUSE ME? as the following spoken voiceover is played.

NARRATOR: Please keep in mind, an identity label that one person chooses may be perceived as harmful by another person. Never impose an identity label without the patient's consent.

Scene changes to show MILMAGLYN standing in front of the center of a blank dry erase board. The words INTERSECTING IDENTITIES appear in black text on the dry erase board above her head. As MILMAGLYN signs, the following words appear in blue text on the board to either side of her: race, ethnicity, nationality, gender identity, sexual orientation, and disabilities.

MILMAGLYN:

Deaf people also have identities that intersect with their hearing status, including race, ethnicity, nationality, gender identity, sexual orientation, and disability status.

Scene changes to show KRISHNA standing in front of the paneled gray and white studio wall.

KRISHNA:

This video will teach you essential information about Deaf people, how to identify appropriate communication methods for working with diverse Deaf patients, and how to effectively obtain and apply these communication approaches.

Scene changes to show NARRATOR 3 / MORRISON, a white non-binary deafblind queer with short brown hair and glasses, standing in front of the paneled gray and white studio wall. Their name appears in the lower right. As they sign, their image shrinks to the lower right corner while video clips play behind them of a black older man playing with a black child with a cochlear implant, an East Asian woman in a movie theater with an East Asian child wearing a hearing aid, and a child with curly hair and a tracheostomy tube signing with another child with curly hair.

NARRATOR 3 / MORRISON:

Deaf people are born into a wide range of backgrounds and linguistic experiences. Differences in family composition, medical approaches, and educational placements will result in complex Deaf identities. Ask your patients how they identify and respect the ways in which they describe themselves.

Scene changes to show MILMAGLYN standing in front of the blank dry erase board. As she signs, the words EARLY HEARING DETECTION AND INTERVENTION appears to one side. Her image then shrinks to the lower right corner while video clips and still images appear behind her: a white female doctor conducting an Auditory Brainstem Response test with a young baby, an older female doctor using an otoscope to look in a brown-skinned toddler's ear while they sit on their parent's lap, a young female audiologist looking through the glass of a listening booth at a young white boy wearing auditory testing headphones, a young woman enunciating into a microphone while a girl wearing over the ear headphones watches her carefully, a young boy wearing a beige cochlear implant, a young East Asian boy wearing two cochlear implants playing with a younger East Asian girl, a child with a cochlear implant wearing a mask and a backpack standing with a friend, and a close image of someone wearing a cochlear implant while someone speaks in the blurry background.

MILMAGLYN:

Here in the US, many states have Early Hearing Detection and Intervention laws, so most children born with hearing loss are identified by a few months old. Some doctors offer parents information about American Sign Language (ASL), but many only focus on hearing rehabilitation and spoken language development. Because of this, 80% of deaf children in the developed

world receive cochlear implants. However, depending on the individual, cochlear implants may or may not provide good access to speech. Their effectiveness also varies based on noise in the environment and the stress level of the situation.

Scene changes to show KRISHNA standing in front of the paneled gray and white studio wall. As he signs, his image shrinks to the lower right corner while still images appear behind him: a black boy with a cochlear implant playing with a tablet, a white child with a cochlear implant sitting across a table from an adult and looking bored, and the same white child sitting between their parents at the dinner table and looking at a smartphone while their parents talk to one another.

KRISHNA:

More than 90% of Deaf children are born to parents who hear and use spoken language, referred to as hearing by the Deaf community. Most hearing parents do not become fluent in ASL and cannot fully communicate with their children in sign language. Because of this, many Deaf people don't learn ASL until later in life.

Scene changes to show MORRISON standing in front of the paneled gray and white studio wall. As they sign, their image shrinks to the lower right corner while still images appear behind them: a line of children boarding a school bus, teachers signing with groups of young students, an East Asian girl wearing a bone-anchored hearing aid on a headband and sitting on a rug with a teacher and peers, a black boy sitting at a desk and signing HELP to his teacher, an East Asian boy with a cochlear implant reading in bed, a white student with a cochlear implant watching their classroom teacher, and a child sitting alone on a couch and looking at a phone while their parents play with a younger sibling across the room.

MORRISON:

When they reach school age, Deaf students may attend Deaf residential schools, Deaf day schools, hearing schools with a Deaf classroom, or hearing schools without Deaf peers. Regardless of educational setting, many Deaf children spend time catching up on fundamental common knowledge because they have not had the auditory access to learn by 'overhearing' their caregivers as hearing children do.

Scene changes to show MILMAGLYN standing in front of the blank dry erase board. As she signs, the words CRITICAL PERIOD OF LANGUAGE ACQUISITION appear above her head. A graph appears to one side with AGE 0-5 on the X-axis and EASE OF LEARNING on the Y-axis. The curve of the graph rises sharply then decreases again as it approaches the right side of the X-axis. The graph image fades and is replaced with the words LANGUAGE DEPRIVATION SYNDROME.

MILMAGLYN:

Birth to age five is a critical period of language acquisition. Because of systemic medical, cultural, and educational biases, Deaf children disproportionately miss out on accessible

language input during this time. The result is "language deprivation syndrome" - a range of lifelong challenges in linguistic, cognitive, and emotional development.

MILMAGLYN's image then shrinks to the lower right corner while still images appear behind her: an East Asian girl with a hearing aid looking at a tablet, a child with brown hair sitting in a chair and hugging their knees to their chest while being comforted by an adult woman, and a young adult sitting outside wearing a rain jacket and resting his chin on his folded hands.

MILMAGLYN:

For example, because of inadequate exposure to a first language, a Deaf child might start kindergarten with only basic vocabulary and struggle to express themselves for the rest of their life.

Scene changes to show KRISHNA standing in front of the paneled gray and white studio wall. As he signs, his image shrinks to the lower right corner while still images appear behind him: a boy with light skin, curly brown hair, and a hearing aid sitting at a table with his mother and an older white male doctor, a girl with brown skin and curly brown hair looking through an otoscope at a teddy bear's ear, and a child with brown skin and curly brown hair signing with a black female doctor.

KRISHNA:

As a healthcare provider, you may have opportunities to prevent language deprivation by prioritizing Deaf children's need for fully accessible communication.

KRISHNA's image shrinks to the lower right corner and still images appear behind him: an older East Asian woman looking at a document with a male doctor, an older black man wearing glasses and a mask holding up a smartphone and signing with one hand, and a woman with short curly hair and dark brown skin smiling and signing with a laptop open on a table in front of her.

KRISHNA:

You may also interact with Deaf adults who have been impacted by language deprivation. However, be careful not to assume that Deaf adults are language deprived if they use another sign language or dialect, especially if they recently immigrated to the United States.

LOCATION: Interior of a hospital. RITA, a Deaf Brazilian woman with straight brown hair and a surgical mask pulled down under her chin, is dressed in a hospital gown and sitting in a hospital bed. A hearing interpreter with short brown hair and wearing a clear mask stands in front of the bed. They are in mid-conversation.

RITA:

[hesitantly, in ASL] You... work... here?

INTERPRETER:

[ASL] No, I'm a freelance interpreter.

RITA:

[repeats the letters FL in ASL for freelance, confused] freelance? I don't understand...

INTERPRETER:

[ASL] It means I work in different places...

GABRIEL, Brazilian man with short graying hair and facial hair wearing a surgical mask, enters and pulls down his surgical mask to speak to RITA before sitting down next to RITA's bed. He's out of breath, and gestures to her as he speaks.

GABRIEL:

[Speaking Portuguese] Olá, Rita! Perdão, mas o trânsito estava horrível!

RITA:

[signing in LIBRAS to Gabriel] It's okay- sit down, relax.

[to the interpreter in LIBRAS] This is my primo.

The INTERPRETER repeats the sign, not understanding.

INTERPRETER:

[LIBRAS] Primo?

RITA:

[in hesitant ASL] Oh, sorry. Cousin?...

INTERPRETER:

[ASL] Cousin? Cousin - hi!

GABRIEL:

[English] Hi, nice to meet you. I can help you with interpreting.

The interpreter looks uneasy.

RITA:

[in ASL, slowly] Sorry- my ASL is so-so. Brazilian sign language is my first language.

INTERPRETER:

[ASL] Oh, you're from Brazil?! I wasn't made aware of that...

The GI DOCTOR, a man with black hair, a light beard, and darker skin wearing blue scrubs and a white doctor coat, enters before RITA can answer.

GI DOCTOR:

Hello, Rita! I'm Dr. Suarez. Very nice to meet you!

The INTERPRETER interprets, RITA smiles and waves.

INTERPRETER:

[ENGLISH] Hello!

The GI DOCTOR looks to GABRIEL, then back to RITA.

GI DOCTOR:

And...who did you bring with you today?

GABRIEL answers before the INTERPRETER has finished interpreting the question. The GI DOCTOR quickly shifts his gaze from RITA to GABRIEL.

GABRIEL:

Hi, I'm Gabriel, her cousin.

GI DOCTOR:

Oh, very nice to meet you, Gabriel.

GABRIEL:

Nice to meet you.

RITA is looking at the INTERPRETER interpreting, but noticing that GABRIEL speaks and interrupts, she switches to look at him.

GI DOCTOR:

Rita, umm, you are here for your first colonoscopy today?

GABRIEL:

I think she is...

RITA Looks back at INTERPRETER, who finishes interpreting the colonoscopy question. RITA looks confused, doesn't understand the sign or fingerspelling for colonoscopy.

The GI DOCTOR nods in response to GABRIEL and looks down at the chart. GI DOCTOR doesn't notice RITA's confusion. The INTERPRETER shows concern.

GI DOCTOR:

[to Gabriel, still looking down at chart] Did she receive the information packet on how to prepare for the procedure? She was supposed to drink a gallon of laxative and not eat anything after midnight.

Before the INTERPRETER finishes interpreting, GABRIEL answers.

GABRIEL:
Uhh...not sure...

The INTERPRETER is still finishing interpreting and fingerspells G-A-L for gallon.

RITA:
[spelling slowly, then in LIBRAS to Gabriel] G-A-L? I don't understand.

GABRIEL:
[Gesturing and spoken Portuguese] Oh, Rita, você bebeu? Galão. Todo o galão de remédio. Galão.

GABRIEL looks at RITA and mimes drinking the whole gallon. RITA looks confused. The interpreter looks even more concerned.

RITA:
[LIBRAS] I'm confused...

INTERPRETER:
[in ASL, to RITA] Excuse me, I need to have a discussion with the doctor.

RITA:
[ASL] Okay.

While the INTERPRETER speaks to the GI DOCTOR in English, RITA looks at GABRIEL, who gestures reassuringly to her.

INTERPRETER:
[English, to the GI DOCTOR] Unfortunately, I'm unable to establish communication with the patient. Umm...Rita is from Brazil and uses Brazilian Sign Language. I didn't know that when I took this assignment. I work in ASL and English. It really would be best to reschedule this.

As the GI DOCTOR speaks to RITA in English, the INTERPRETER interprets in ASL and RITA shakes her head.

GI DOCTOR:
Okay. Uhh...Rita, what accommodations do you typically use for making appointments?

As GABRIEL responds, the INTERPRETER continues interpreting in ASL as RITA looks back and forth between them, increasingly confused and frustrated.

GABRIEL:

Well, the last time we went to a doctor, we had two interpreters. One was deaf that knows the Brazilian Sign Language and American Sign Language and the other one knows the American Sign Language and can also hear and speak English.

INTERPRETER:

[in English, to the GI DOCTOR] I'll get your office the number to call to assemble the appropriate team.

As the GI DOCTOR speaks to RITA, the interpreter continues interpreting in ASL and RITA looks back and forth between them all.

DOCTOR:

OK, uhh...we will make that happen. Rita, I want to make sure that you understand what a colonoscopy entails and can fully consent to the procedure.

RITA:

[LIBRAS, to GABRIEL] I don't understand!

GABRIEL speaks to RITA in Portuguese with some gestures for DEAF, SIGN, and HERE. RITA looks resigned and signs in a mix of ASL and LIBRAS to the INTERPRETER and the GI DOCTOR that she understands and will come back.

INTERPRETER:

She's saying, um, I get it. I'll see you next time.

LOCATION: Interior of the studio. KRISHNA is standing in front of the paneled gray and white studio wall.

KRISHNA:

Expectations and preferences for family member involvement in medical care may vary based on culture. When a family member or support person is present, check with the patient to make sure they want them to be part of the encounter.

Scene changes to show MILMAGLYN standing in front of the blank dry erase board. As she signs, the following appears to either side of her in blue bullet point text: obtain consent for others to be present, establish communication procedures, clarify each person's role, include the patient in all discussions, confirm collateral information with the patient.

MILMAGLYN:

If the patient consents to others being present, establish communication procedures and clarify each person's role. Include the patient in all discussions. Any collateral information should be confirmed with the patient.

Scene changes to show MORRISON standing in front of the paneled gray and white studio wall.

MORRISON:

Sometimes, the presence of others in a clinical interaction can be disempowering. If the other person consistently takes charge, it can decrease the patient's sense of agency, contribute to deficits in health literacy, and result in poor understanding of their personal health history.

LOCATION: Interior of a home. A hearing adoptive mother, GLORIA, and Hard of Hearing young adult, MARCUS, are sitting at a table together with a tablet propped up in front of them. GLORIA is a white woman with purple glasses and gray hair pulled into a bun. MARCUS is a Black man with glasses and a hearing aid, wearing a red hat and a black sweater. MARCUS has white bandages around his wrists, and as he pulls his long sleeves down to cover them GLORIA looks over and shakes her head slightly.

The scene shifts to show a virtual appointment on the tablet screen. Marcus and GLORIA appear on the bottom of the screen and a hearing mental health COUNSELOR, a white woman with long brown hair, appears on the top of the screen. No interpreter or CART are present in the virtual visit, and only the top half of the COUNSELOR's face is visible in her camera frame. As the counselor speaks, MARCUS shakes his head and GLORIA looks exasperated.

COUNSELOR:

Hello, Marcus! This must be your mom.

GLORIA:

Yes. Yes, I'm his mom. I'm Gloria.

COUNSELOR:

Marcus, I see from your chart here that you're hearing impaired?

MARCUS looks frustrated at the mention of the term "hearing impaired" and looks away from the screen with a sigh before responding.

MARCUS:

[In spoken English] I'm Hard of Hearing, not hearing impaired.

Scene shifts to show the COUNSELOR sitting on a couch in front of her laptop. She leans back and puts her hand to her chest, looking concerned. As she speaks, the scene shifts back to the tablet screen. MARCUS is looking away.

COUNSELOR:

I'm...I'm sorry, hard of hearing, okay. Umm...can you hear me okay?

Scene shifts to show MARCUS and GLORIA sitting at the table. While GLORIA speaks she grabs MARCUS' chin and turns his head to look at the screen. MARCUS rolls his eyes, then shuts them, and the scene shifts back to the tablet screen.

GLORIA:

Marcus. Marcus! Look! Look at the counselor. Can you hear her? Please do not give her a hard time, too...

GLORIA:

[to the COUNSELOR] Can you see what I'm dealing with?! [Sigh]

Scene shifts to show the COUNSELOR sitting on a couch in front of her laptop.

COUNSELOR:

Marcus, I know that this is difficult for you, and I don't want to proceed unless I know that we both understand each other.

Scene shifts to show MARCUS and GLORIA sitting at the table.

GLORIA:

All you have to do is speak clearly and he can read your lips.

MARCUS:

[Under his breath] Oh my god...

MARCUS shakes his head and looks away while GLORIA looks at him and back at the COUNSELOR with a frustrated expression. Scene shifts to show the tablet screen. While the COUNSELOR speaks, GLORIA nudges MARCUS on the shoulder and gestures toward the tablet.

COUNSELOR:

Marcus, is there anything that I can do to improve communication?

LOCATION: Interior of the studio. MILMAGLYN stands in front of the empty dry erase board. As she signs, her image shrinks to the lower right corner and a video clip appears behind her of RITA looking back and forth and shaking her head with a confused expression.

MILMAGLYN:

Historically, the health care system has not been an accessible space for Deaf, DeafBlind, and Hard of Hearing patients. While experiences vary, it is common for patients to experience poor language access, communication trauma, oppression, and lack of opportunity to be equal partners in their care.

Scene shifts to show KRISHNA standing in front of the paneled gray and white studio wall. As he signs, his image shrinks to the lower right corner and a video clip plays behind him of a white female doctor speaking slowly.

KRISHNA:

Deaf patients are linguistically diverse. Ask what their communication preferences and needs are instead of making assumptions. For example, asking a Deaf person, “Can you lipread?” is a loaded question. Skilled lip-readers only understand about 30% of the intended message and the task of lipreading requires significant cognitive burden.

Scene shifts to show MORRISON standing in front of the paneled gray and white studio wall. As they sign, their image shrinks to the lower right corner and a video clip plays behind them of RUBY and RAY sitting in the doctor’s waiting room using ASL and tactile ASL. The clip also shows the MEDICAL ASSISTANT crossing a line off on her clipboard and calling the next patient.

MORRISON:

Deaf sighted people rely on visual information to understand their surroundings; DeafBlind people rely on tactile information. Calling our name or knocking on a door doesn’t work for us. In a waiting room, ensure that administrative staff have a system in place for communicating that a Deaf patient is in the waiting room and needs a visual notification, or a DeafBlind patient needs a tactile notification.

Scene shifts to show MILMAGLYN standing in front of the empty dry erase board. As she signs, her image shrinks to the lower right corner and a video clip appears behind her of an older black woman sitting down alone on a bed and massaging her forehead.

MILMAGLYN:

Repeated negative experiences like these lead many patients to mistrust doctors and avoid seeking preventative healthcare. For these reasons, health problems may accumulate over time, contributing to substantial health disparities compared to the general population.

LOCATION: Interior of a doctor's exam room. RUBY and RAY are sitting and waiting. Scene shifts to show a video remote interpreter on a tablet screen interpreting for a knock on the door. As the DOCTOR, a Black man with a modest beard and short black curly locks of hair, enters the room and begins speaking, RUBY signs to RAY in tactile ASL that there was a knock on the door.

DOCTOR:

Hello, Ruby! And this must be Ray?

Scene shifts to show the DOCTOR sitting down at a small desk with a computer. The VRI screen is attached to a rolling stand next to where the DOCTOR is seated. RAY keeps one hand on RUBY's hands as she signs, and also greets the doctor in ASL. The scene shifts back and forth between showing RUBY and RAY and the DOCTOR sitting next to the VRI screen.

INTERPRETER:

[interpreting for RUBY] Hello, Doctor. Yes, this is my husband, Ray. He's DeafBlind.

DOCTOR:

Oh!

INTERPRETER:

[interpreting for RAY] And this is Ray saying, "Hello, Doc, nice to meet you!"

DOCTOR:

Likewise! So, Ruby, what brings you in today?

As RUBY responds, the VRI screen freezes.

INTERPRETER:

[interpreting for RUBY] Well, I'm here today because I have a question...[sound cuts out]

DOCTOR:

I'm sorry...the sound cut out. You have a question about what?

The INTERPRETER is moving again and asks RUBY to repeat herself. RUBY repeats herself, signing slowly.

INTERPRETER:

[interpreting for RUBY] I have a question regarding my medication.

RAY taps RUBY's hand to get her attention, and they sign to each other as the INTERPRETER speaks.

INTERPRETER:

And this is Ray saying, "Ruby, why don't you show him the pill organizer?"

And Ruby is saying, "Okay, you're right. I will."

RUBY scoots her chair to the side, away from RAY, and reaches down to retrieve a long pill organizer, which she holds out to the DOCTOR. The scene shifts to show the VRI screen with

the INTERPRETER waving to get RUBY's attention and looking concerned. RUBY signs CONFUSED in ASL and the DOCTOR responds as the INTERPRETER tries again to get RUBY's attention and ask her to move over.

DOCTOR:

Oh! The medication is making you dizzy? Does that mean dizzy?

INTERPRETER:

This is the interpreter speaking. I actually can't see the patient. Would you mind asking her to be in front of the camera?

DOCTOR:

Oh...Ruby, yeah...that's right.

RUBY notices the INTERPRETER waving and moves her chair back to be next to RAY as the DOCTOR gestures for her to move over. The INTERPRETER signs that RUBY wasn't visible, and that now she's in a good place again.

INTERPRETER:

Okay.

The DOCTOR looks at the pill organizer, then at his computer screen. As he speaks, the scene shifts to show his hands holding the pill organizer, with several pills in each compartment.

DOCTOR:

Uhh...Oh! Apparently we're taking two warfarin on some days where you should be taking one.

The DOCTOR opens two of the compartments and moves pills between them as he speaks. The INTERPRETER attempts to interpret as the DOCTOR speaks, but adds to RUBY that they can't see the pills he is describing. The scene shifts back and forth between the pill organizer, the INTERPRETER on the VRI screen, and RUBY holding up her hands and looking increasingly desperate.

DOCTOR:

I'm gonna put this over here, and this should be there...And the rest look good to me.

As RUBY signs, the scene shifts back and forth between her and the DOCTOR, who is holding the closed pill organizer.

INTERPRETER:

[interpreting for RUBY] What color pill?

DOCTOR:

The orange. The orange pill.

INTERPRETER:]

[interpreting for RUBY] But they all look the same to me.

[Sigh] I don't understand!

RUBY takes the pill organizer back from the DOCTOR and puts it in her bag as RAY tries to get her attention.

INTERPRETER:

[interpreting for RUBY] This is so frustrating and Ray is saying, "What's going on?"

And this is Ruby saying, "I'm sorry, this is not working! We are having a communication breakdown. The video remote interpreter doesn't understand what's happening in the room, she can't see what's happening. And I can't understand what you're trying to tell me. We need in-person interpreters. That's our legal right! C'mon, Ray - let's go!"

RUBY and RAY stand up and walk out of the exam room. The scene shifts to show the DOCTOR looking around helplessly as they leave.

DOCTOR:

Umm...uh...can...uhh. [breathes out]

LOCATION: Interior of the studio. MILMAGLYN is standing in front of the blank dry erase board. As she signs, the following appears to either side of her in blue text: Americans with Disabilities Act, Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act.

MILMAGLYN:

Under Federal Civil Rights law, Deaf people have the right to healthcare access.

As MILMAGLYN continues signing, the previous text fades and is replaced by the following text: hospitals, doctor's offices, clinics, psychologists, dentists, chiropractors, nursing homes, pharmacies.

MILMAGLYN:

These rights extend to covered public and private entities, including hospitals, doctor's offices, clinics, psychologists, dentists, chiropractors, nursing homes, and pharmacies.

Scene shifts to show KRISHNA standing in front of the paneled gray and white studio wall. As he signs, the scene changes to show a video clip of the GI DOCTOR, accompanied by two interpreters, asking RITA "How did the prep go last night?" His question is interpreted into ASL by the hearing ASL INTERPRETER as the words HEARING ASL INTERPRETER appear on the screen. The voiceover of KRISHNA's narration continues throughout the video clip.

KRISHNA:

There are a variety of accommodations for Deaf patients to access healthcare. Just ask the patient, “What are your communication needs?” Here are the most commonly used approaches. Some Deaf people use ASL, so you will need to provide a hearing ASL interpreter. ASL involves the hands, face, and space, and is grammatically distinct from spoken English.

Scene shifts to show MORRISON standing in front of the paneled gray and white studio wall. As they sign, the scene changes back to the video clip of RITA. She is sitting in a hospital bed with GABRIEL sitting nearby. The scene shifts to show a DEAF INTERPRETER, a woman with light skin, long brown hair and glasses, signing the DOCTOR’s question in LIBRAS as the words DEAF INTERPRETER appear on the screen. RITA responds in LIBRAS and the voiceover of MORRISON’s narration continues throughout the video clip.

MORRISON:

Some clinical encounters may require a qualified Deaf Interpreter in addition to an ASL interpreter. Deaf Interpreters are frequently used with patients who have been impacted by language deprivation, those who are not fluent in ASL, those who are DeafBlind, those who have other disabilities, and Deaf children.

Scene shifts back to MORRISON standing in front of the paneled gray and white studio wall.

MORRISON:

Additionally, some patients may feel more comfortable and have a greater trust in healthcare professionals when a Deaf Interpreter is present. A Deaf Interpreter is trained to work as a team with a hearing ASL interpreter. They bring expertise and lived experience as a Deaf person to the interpretation.

Scene shifts to show RITA and the DEAF INTERPRETER signing in LIBRAS. The hearing INTERPRETER conveys the interpreted message to the GI DOCTOR.

INTERPRETER:

Yes, I did it all, and it is definitely not my idea of a good night!

GI DOCTOR:

[laughs] You’ve got that right!

Scene shifts back to MORRISON standing in front of the paneled gray and white studio wall.

MORRISON:

They are cultural and linguistic specialists who use communication strategies that go beyond formal language, leveraging non-linguistic strategies to optimize communication access.

LOCATION:

interior of the hospital emergency room. The MED TECH is attempting to set up the Video Remote Interpreter while the ER DOCTOR watches with a concerned expression.

MED TECH:

Uhh...it says it's connecting...

Scene shifts to show the black VRI screen with a loading circle and white text that reads 'connecting to VRI'. A male VRI INTERPRETER with medium brown skin, short black hair, and a mustache wearing a white collared shirt and a bow tie comes on screen and introduces himself.

VRI:

Hi, I'm interpreter number 3636.

Scene shifts back to the MED TECH and the ER DOCTOR. The MED TECH moves out of the way so there is a clear line of sight between JACK and the VRI screen. An ER NURSE taps JACK and points toward the screen. As the ER DOCTOR addresses the VRI INTERPRETER, the view shifts back and forth between the screen and JACK, who is grimacing and rubbing his chest.

MED TECH:

And we have contact!

DOCTOR:

Can you hear me, interpreter?

VRI:

If you could, please speak up a little bit louder and more clearly?

Scene shifts the JACK's point of view: everything is cloudy and pale. The VRI screen is very blurry and hardly distinguishable from the wall behind it.

DOCTOR:

[clears throat] Is this better?

Scene shifts back to JACK, who is grimacing and signing toward the VRI screen. As he signs, the scene shifts back to a wide angle view of the VRI screen, with the MED TECH and the ER DOCTOR looking between JACK and the VRI INTERPRETER.

VRI:

One moment, the patient is saying, "I can't see! I have limited vision! I need a Deaf Interpreter - a tactile interpreter. I want an interpreter in person - not a Video Remote Interpreter!"

Scene changes to show MILMAGLYN standing in front of the center of the blank dry erase board. As she signs, the words Video Remote Interpreter (VRI) appear beside her in blue text. That text is then replaced with a bulleted list: emergency situations, temporary use until interpreter arrives, if the patient requested VRI.

MILMAGLYN:

Each patient has different ways of communicating. This may mean that an ASL interpreter is not the right or only route to effective communication. It may also mean that an in-person interpreter is necessary, as opposed to Video Remote Interpreting (also called VRI). In general, VRI is considered appropriate only for emergency situations, temporary use until an in-person interpreter becomes available, or if the patient specifically requests VRI.

Scene shifts to show MILMAGLYN on the screen of a laptop computer. As she signs, the words Communication Access Realtime Translation appear in blue text next to her and CART captions appear at the bottom of the screen.

MILMAGLYN:

Some Deaf, DeafBlind, and Hard of Hearing people communicate through written English, in which case you can arrange for Communication Access Realtime Translation (CART) services.

Scene shifts to show a CART PROVIDER, an African American woman with chin-length natural hair and wearing a navy blue ribbed knit dress, sitting in an armchair and transcribing while looking at the laptop screen. As she types, the view shifts back to the laptop screen to show the laptop screen and the captioner's hands typing. On the laptop screen, KRISHNA is standing in front of the paneled gray and white studio wall. As he signs, CART captions appear on the bottom of the screen.

KRISHNA:

When possible, prepare in advance for your appointment by asking the patient about their communication needs. For scheduling purposes, keep in mind that an interpreted interaction may take one and a half to two times longer than an interaction without an interpreter.

LOCATION: interior of the studio. MORRISON is standing in front of the paneled gray and white studio wall.

MORRISON:

If a Deaf patient arrives in your setting and accommodations have not been arranged in advance, writing back and forth may not be the best strategy. For many Deaf people, sign language is their preferred method of communication and they may not fully understand written English. Written English should only be used if it is specifically requested by the Deaf patient.

Scene changes to show MARCUS and GLORIA and the COUNSELOR in the virtual appointment. MARCUS is looking down, away from the camera, and shaking his head while GLORIA looks exasperated and gestures for him to look at the screen.

COUNSELOR:

Marcus? Is there anything that I can do to improve communication?

Scene shifts to show the COUNSELOR sitting on a couch and typing on her open laptop, then shifts back to show the virtual appointment. The COUNSELOR's question appears in the meeting chat in the lower right of the screen.

MARCUS:

Well, you can turn the auto-captions on.

The scene shifts to show the COUNSELOR's hands and laptop as she enables the automatic captions in the meeting, then back to the virtual appointment. As the COUNSELOR speaks, her words appear as captions at the bottom of the screen.

COUNSELOR:

Oh...auto-captions...oh, is that good? Oh!

Scene shifts back and forth between a full-screen view of GLORIA and MARCUS in the virtual appointment and their video feed below the COUNSELOR. As MARCUS speaks, GLORIA rolls her eyes. Several incorrect words are present in the automatic captions.

MARCUS:

And close the blinds behind you? It's too bright.

COUNSELOR:

Sure! Marcus - thank you for your patience and I am so sorry for not arranging accommodations before today's appointment. Just let me know what you need and we'll reschedule as soon as possible, okay?

MARCUS:

Well, you could hire a remote captioner, it's called CART. C-A-R-T.

COUNSELOR:

CART - okay. In the meantime, I'm gonna give you the text number for the National Suicide Prevention Hotline. It's something I give all my clients to have them save in their phone, okay?

MARCUS: Thank you.

Scene shifts to show MARCUS and GLORIA sitting in their home with the tablet in front of them on the table. MARCUS looks troubled as GLORIA looks back and forth between him and the tablet screen.

LOCATION: Interior of the studio. MILMAGLYN standing in front of the center of the blank dry erase board.

MILMAGLYN:

If you need to obtain accommodations, start the process early to avoid delaying the appointment.

Scene shifts to show KRISHNA is standing in front of the paneled gray and white studio wall. As he signs, his image shrinks to the lower right corner and a video clips plays behind him of an overhead view of a large hospital next to a highway and a river.

KRISHNA:

Each healthcare system is different and may have their own procedures. If you work at a large hospital or medical center, there is likely an Interpreter Services Department or Language Department that arranges medical interpreting and translation for various spoken languages and ASL. Additionally, there may be an ADA or Accessibility Office that works to meet the access needs of patients with disabilities.

LOCATION: Interior of a hospital emergency department hallway. An office-style phone sits on a counter near stacked tray mailboxes, a printer, and a large monitor. An ER NURSE, a short white women with salt and pepper hair wearing blue patterned scrubs and a surgical mask, dials a number into the phone and waits impatiently while it connects.

INTERPRETER COORDINATOR:

Hospital Interpreting Services.

ER NURSE:

Hi! Uh, yes, we have a patient in the ER who's Deaf and he's also low-vision. He's requesting a Deaf Interpreter. A tactile interpreter? Do we know what that is?

INTERPRETER COORDINATOR:

I sure do. I'm on it.

ER NURSE:

Okay, good. Oh! And he wants an in-person interpreter, not Video Remote Interpreter.

INTERPRETER COORDINATOR:

Okay. Sure thing.

ER NURSE:

Okay, great, thank you.

The ER NURSE hangs up the phone, leans against the counter, and releases an audible sigh of relief before walking away.

LOCATION: Interior of the studio. MORRISON is standing in front of the paneled gray and white studio wall.

MORRISON:

If you work at a clinic or hospital without an Interpreting Department or Accessibility Office, you or your office staff will need to request an interpreter or CART provider directly through an interpreting agency. Ask the Deaf patient if they have a preferred agency, interpreter referral service, or preferred medical interpreters. Do your best to accommodate their preferences.

Scene shifts to show MILMAGLYN standing in front of the empty dry erase board. As she signs, the url www.RID.org appears above her head in blue text.

MILMAGLYN:

If the patient does not have such preferences, you can use www.RID.org to search for certified ASL interpreters, Deaf interpreters, and interpreting agencies in your state.

The voiceover narration continues while the scene changes to show the RECEPTIONIST from RUBY's doctor office sitting in front of a computer. The scene shifts to show the computer screen with a search bar open as the RECEPTIONIST types the words 'Registry of Interpret' and predictive results appear in a dropdown menu below the search bar. The first result is 'registry of interpreters for the deaf' and the mouse tracker hovers and clicks on it. The mouse tracker then clicks through the result link for the RID website. The scene then shifts back to the RECEPTIONIST, who nods and looks away from the screen to write something down.

A general online search for interpreting agencies in your state may also be helpful.

Scene shifts back to MORRISON standing in front of the paneled gray and white studio wall.

MORRISON:

Health outcomes are directly influenced by the quality of interpreters you hire. A qualified interpreter will possess specialized vocabulary and content-specific knowledge relevant to the setting in which they are interpreting - in this case, a medical setting. An interpreter's certification can also be confirmed through the RID website.

LOCATION: Interior of a doctor's office waiting room. The RECEPTIONIST is sitting behind her desk. As she speaks, the scene shifts to show RUBY and RAY standing in front of the desk. They are accompanied by a white female ASL INTERPRETER and a hispanic male DEAF

INTERPRETER. The ASL INTERPRETER signs to RUBY while the DEAF INTERPRETER signs in tactile ASL to RAY.

RECEPTIONIST:

Hello, Ruby! Nice to see you again!

RUBY signs to the RECEPTIONIST as the ASL INTERPRETER voices, and the DEAF INTERPRETER continues signing to RAY in tactile ASL. As RUBY finishes signing, the scene shifts to show the RECEPTIONIST sitting behind the desk and nodding.

ASL INTERPRETER:

Good morning! I'm glad to see on-site interpreters with us today. How wonderful!

LOCATION: interior of the studio. KRISHNA is standing in front of the paneled gray and white studio wall.

KRISHNA:

Once you obtain high-quality accommodations, here is some guidance to help you work efficiently as a team with the interpreters and your patient.

Scene changes to show the GI DOCTOR standing between the ASL INTERPRETER and the DEAF INTERPRETER. As he speaks, the scene shifts to show RITA sitting in the hospital bed with GABRIEL sitting nearby. The voiceover narration continues while the GI DOCTOR's question is interpreted into ASL and LIBRAS, and then RITA's answer is interpreted into ASL and then spoken by the ASL INTERPRETER.

GI DOCTOR:

Rita, is this new communications team working for you?

NARRATOR:

Look at and address the patient directly, not the interpreter. For interpreted interactions, keep in mind that there may be lags in response time as the communicated message moves from you to the interpreters to the patient and back.

ASL INTERPRETER:

Yes, I understand perfectly, thank you!

The GI DOCTOR gives RITA a thumbs-up, which she returns.

LOCATION: interior of the studio. MORRISON is standing in front of the paneled gray and white studio wall.

MORRISON:

Give sufficient time for the interpreter and patient to decide where to stand or sit during the assignment.

The scene shifts to show JACK in the ER bed with a black female DEAF INTERPRETER with short curly hair and glasses standing at the bedside. JACK gestures for her to stand closer and to the side until she is in an accessible position, as a white male HEARING INTERPRETER with short dark hair interprets his requests into spoken English offscreen. Both interpreters are wearing clear masks. The voiceover narration continues as the video clip plays.

HEARING INTERPRETER:

The patient's asking her to move a little bit closer or, no...a little bit closer to the bed.

NARRATOR:

They will make sure that the lighting is appropriate and the room is arranged to allow the patient to see the interpreter clearly.

The scene shifts to show the DEAF INTERPRETER and the HEARING INTERPRETER standing on the opposite side of the bed as JACK signs and the ER DOCTOR waits by the foot of the bed.

HEARING INTERPRETER:

And now he's asking about me, if I'm in the right position. He's checking to make sure we are in a good place. And now...okay, great. Let's go ahead.

LOCATION: interior of the studio. MILMAGLYN is standing in front of the empty dry erase board.

MILMAGLYN:

Before you start, explain how the appointment will proceed.

Scene changes to show RUBY and RAY sitting in the doctor's office. The DEAF INTERPRETER is sitting next to RAY, and the ASL INTERPRETER is sitting across the room from RUBY next to the MEDICAL ASSISTANT. As the MEDICAL ASSISTANT speaks and the voiceover narration continues, the view shifts to show the ASL INTERPRETER signing to RUBY, RUBY nodding, the DEAF INTERPRETER signing to RAY using tactile ASL, RUBY responding in ASL, and back to everyone in the room together.

MEDICAL ASSISTANT:

I will be weighing you, checking your blood pressure, and checking your blood oxygen levels. And then the doctor will be in to see you.

NARRATOR:

Describe what you are doing before and after each procedure to keep the patient fully informed.

INTERPRETER:

Ok, thank you.

MEDICAL ASSISTANT:

You're welcome.

NARRATOR:

Provide adequate time for the patient to ask questions. Then, use the teach-back method to check for full comprehension.

Scene shifts to show MORRISON is standing in front of the paneled gray and white studio wall. As they sign, scene shifts to show RUBY and RAY in the doctor's office with the DOCTOR and the two interpreters. The DOCTOR watches as RUBY moves pills between compartments in her pill organizer, then gestures to her that she's done it perfectly. RUBY responds with an enthusiastic thumbs-up.

MORRISON:

Provide adequate time for the patient to ask questions. Then, use the teach-back method to check for full comprehension.

INTERPRETER: We did it!

[DOCTOR laughs]

Scene shifts to show MILMAGLYN standing in front of the empty dry erase board. As she signs, the scene shifts to show JACK in the ER bed with the two interpreters and the ER DOCTOR standing next to the bed. JACK is holding a tablet and zooms in on an image with the words 'Costochondritis Symptoms' above it.

MILMAGLYN:

Use visual aids and tangible models to further support understanding as needed.

ER DOCTOR:

See? It's not a heart attack.

The ER DOCTOR's message is conveyed to JACK by the two interpreters. JACK smiles and lets out a sigh of relief as he signs.

ASL INTERPRETER:

Ah! What a relief!

Scene shifts to show MILMAGLYN standing in front of the empty dry erase board.

MILMAGLYN:

After the appointment, check in with the patient.

Scene shifts to show a nonbinary, mixed Black VRS INTERPRETER with long curly purple hair and silver nose piercings. They are sitting in front of a large monitor and wearing a headset.

VRS INTERPRETER:

Good afternoon, I have connected your call and the line is ringing. I'll let you know as soon as someone answers.

Scene shifts to show the RECEPTIONIST sitting at her desk and wearing a surgical mask. She is holding an office phone.

RECEPTIONIST:

Thank you.

Scene shifts as the voice narration continues. RUBY is in her home. The lights flash to indicate an incoming VRS call. RUBY sits down in an armchair and uses a remote to bring the VRS call up on a large monitor. As the VRS call and narration continue, the view shifts between RUBY sitting in her armchair, the VRS call on RUBY's monitor, the RECEPTIONIST in the doctor's office, and a split screen of RUBY signing and the RECEPTIONIST listening to the VRS INTERPRETER.

NARRATOR:

Office staff should either message the patient through the online patient portal or call the patient directly to ask if they would like to work with the same interpreter again.

VRS INTERPRETER:

Hello, this is Ruby.

RECEPTIONIST:

Hello, Ruby! This is Sasha calling from Dr. Robbins' office. I just wanted to check in with you and see how your recent visit went.

NARRATOR:

The patient may have feedback about the interpreter's qualifications, which should be communicated back to the referral agency.

RUBY and the RECEPTIONIST are shown side by side in split screen as RUBY signs, the RECEPTIONIST nods, and the INTERPRETER speaks in voiceover.

INTERPRETER:

Hello! It went really well. I wanted to thank you for hiring qualified interpreters for me and my husband. I really appreciate that.

Scene shifts with the image wiping to the right, replaced by MARCUS, GLORIA, and the COUNSELOR in a virtual meeting. There is a CART provider present in the virtual meeting, with their video feed turned off. Captions appear on the bottom of the screen and do not show any errors.

COUNSELOR:

Hi Marcus. Again, I am so sorry for our last appointment. I was able to get a remote CART provider for today, so hopefully this will go much better this time.

GLORIA:

I can stick around to help.

MARCUS turns to GLORIA and smiles.

MARCUS:

I got this. I got this.

GLORIA:

Oh, okay. Fine. Bye.

As GLORIA stands and walks away, MARCUS waves and turns back to the camera with a smile.

COUNSELOR:

Thank you, Gloria!

[to Marcus] So, how are you feeling today?

As MARCUS responds, his smile fades a little and he gestures with a so-so motion.

MARCUS:

Just alright.

Scene shifts to show MILMAGLYN standing in front of the empty dry erase board. As she signs, the following appears next to her in blue bulleted text: ask, don't assume, be flexible to meet patients' needs, work as a team with deaf patients and community partners.

MILMAGLYN:

It is possible to achieve high quality, accessible healthcare with a variety of Deaf patients. Just remember these three key points: ask, don't assume; be flexible to meet patients' needs; and, work as a team with Deaf patients and community partners.

Scene shifts to show KRISHNA standing in front of the paneled gray and white studio wall.

KRISHNA:

Build partnerships with Deaf-led organizations in your area to ensure that your healthcare setting is prepared for Deaf patients' diverse language and communication needs. These collaborations can go a long way towards fostering trust and effective care with Deaf patients.

Scene shifts to show KRISHNA standing in front of the paneled gray and white studio wall.

MORRISON:

Now you know how to work effectively with Deaf patients! It may seem daunting at first, but like any new skill, the more often you practice, the easier it becomes.

Scene shifts to show MILMAGLYN, KRISHNA, and MORRISON standing together in the studio room. Together, they smile at the camera and sign THANK YOU.

NARRATORS:

Thank you!

Screen fades to black and the Deaf YES logo appears.

END