



...working together to provide accessible services to patients who use sign language.

SIGN LANGUAGE INTERPRETER REQUESTS

813-785-1214 OR request@aqiservices.com

PLEASE PROVIDE THIS INFORMATION FOR EACH REQUEST:

- **Service Date with Start & End Times**
- **Patient's Full Name**
- **Reason for Patient's Appointment**
- **Location (details where interpreter should report)**
- **Requester's Full Name, Phone Number & Email Address**
- **Confirmation Information (Name & Email Address or Fax #)**

ABSOLUTE QUALITY INTERPRETING SERVICES, LLC

COMMUNICATION TIPS FOR MEDICAL STAFF

- Note **"Hard of Hearing"** or **"Deaf"** on the patient's chart. Most individuals with a hearing loss prefer these terms to "hearing impaired."
- Note **communication preferences** in the patient's chart. Examples might include *sign language interpreting*, *specialized telephones* (videophone, amplified phone, voice carry-over phone), *real-time captioning*, *note writing*, or *speechreading* (lipreading).
- Staff members should be made aware that a **qualified/certified professional sign language interpreter needs to be present for any significant interaction**, if this is the patient's preferred mode of communication. Wait for the interpreter before discussing complicated medical concerns, including consent for specific treatments. Family members or friends are not appropriate to serve in this role, as they lack the ability to participate in a neutral capacity.
- When working with a sign language interpreter, **speak and look directly at the patient**. *Do not talk to the interpreter*, using words such as "tell him/her."
- Note the on patient's chart **assistive equipment** such as *hearing aids* or *cochlear implants*.
- Allow patients to keep hearing aids, or speech processors (the external portion of a cochlear implant) and extra batteries handy, and provide the opportunity to access them before initiating communication.
- Communication with a patient with hearing loss *depends significantly on the ability to see*. Move **into the patient's line of sight and maintain eye contact**. If the patient wears glasses, make sure they are accessible. **Be sure lighting is sufficient** and remove surgical masks before talking to the patient.
- **Allow more time for communication**. In general, communication with a person who has a hearing loss is more effective if you **speak more slowly, rather than loudly with exaggerated mouth movement**.
- **Avoid restricting both hands at any time!** Even patients who do not use sign language often gesture to communicate. Ask in advance the patient's dominant hand and, if possible, avoid that arm for IV insertion or placement of blood pressure cuff.
- If you give important instructions, get verification that they are understood. **Do not assume your patient understands** something just because it is written down or there is a head nod—which might indicate an acknowledgment that you are speaking.
- In any waiting area, **locate and approach the patient rather than calling out a name**. Gently **tap a patient's shoulder or arm to get attention**, if necessary.