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# A glimpse into the world of the hearing-impaired RVN

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**ABSTRACT:** Being hearing-impaired in everyday life can be a challenge in itself; however, when I started at my current job I found the staff were fascinated by my implant. To me, my implant is a normal part of my life and quite often I forget that other people may have questions about how I hear compared to them. I thought I would try and answer a few of these questions on behalf of some of the other hearing-impaired Veterinary Nurses I have communicated with. Hopefully it will give some insight into how some VNs deal with being in practice.

### Introduction

Being diagnosed as “deaf” or “hard of hearing” in modern society brings with it its own set of challenges. For Registered Veterinary Nurses (RVNs) in particular, there are a lot of aspects of our profession which can throw hurdles in our way whether there is a hearing impairment present or not. Within the RCVS Code of Conduct for Veterinary Nurses it states:

“Veterinary Nurses must take reasonable steps to address adverse physical or mental health or performance that could impair fitness to practice or that results in harm, or a risk of harm, to animal health or welfare, public health or the public interest” (Royal College of Veterinary Surgeons, 2017)

Through contacting members of the Veterinary Nursing community online, I discovered that I am not alone. I am a hearing-impaired RVN who has a Bone Anchored Hearing Aid (BAHA) (see **Figure 1**). To build background knowledge on how other deaf or hearing-impaired RVNs coped in practice, I carried out some research with the help of nine other RVN members of the profession who kindly agreed to assist. Of these nurses, the majority (approximately 66%) were bilaterally hard of hearing with a mild hearing loss; 55% wore hearing aids while 45% went without. I am the only person involved with a BAHA to my knowledge.

### Communication and clients

Even the most routine tasks bring new hurdles to face and new ways to overcome them. For example, conducting consultations with clients can be daunting to some at the best of times, but can raise some other questions in the mind of a hearing-impaired professional. Lots of factors need to be considered, such as whether a client mumbles or speaks clearly. Will the client be asked to repeat themselves several times and how will they respond to this? Does the client look down at their pet while talking? One factor which must be taken carefully is whether the client has a strong accent.

Of the nurses who chose to assist, the majority (33%) overcame problems with client communication by simply ensuring the client is facing them while talking in order for them to lip-read. A lot of clients respond well to being told a member of staff has hearing difficulties; however, this is not always the case. In my personal experience, I find I apologise frequently to clients when I am aware I ask them to repeat things on numerous occasions during the same consultation. This is purely because I am concerned about the client becoming frustrated, although perhaps they have already been told about my implant.

The most common difficulty which can be presented during consultations,


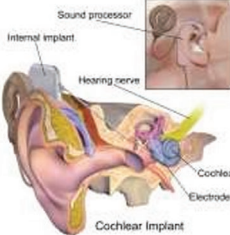

Conventional Hearing Aids	Cochlear Implant	Bone Anchored Hearing Aids
		
<p><a href="https://commons.wikimedia.org/wiki/File:Traditional_hearing_aids.jpg">https://commons.wikimedia.org/wiki/File:Traditional_hearing_aids.jpg</a></p>	<p><a href="https://commons.wikimedia.org/wiki/File:Blause_n_0244_CochlearImplant_01.png">https://commons.wikimedia.org/wiki/File:Blause_n_0244_CochlearImplant_01.png</a></p>	<p><a href="https://commons.wikimedia.org/wiki/File:Oti-con_Medical_bone_anchored_hearing_aid_sound_processor.PNG">https://commons.wikimedia.org/wiki/File:Oti-con_Medical_bone_anchored_hearing_aid_sound_processor.PNG</a></p>

Figure 1. Types of hearing aids

whether hard of hearing or not, is a client who mumbles. Tackling this situation in particular requires more delicacy than would perhaps be necessary when simply asking a Veterinary Surgeon (VS) to move their mask during a procedure. It can be worrying to try and gauge how particular clients will respond to being asked to speak louder or speak slower. However, this situation can be a frequent occurrence to hearing-impaired RVNs.

## Telephones

With consideration of verbal communication and telephones, there were a variety of responses. For myself, I am required to wear a Streamer device around my neck which will wirelessly stream phone calls via Bluetooth from a device connected to the main phone line.

Most of the nurses I contacted mentioned that dealing with phones in practice can be a struggle, particularly if there is a lot of background noise. A lot of the RVNs mentioned using their 'good ear' for phones, allowing the reduced function of the 'bad ear' to combat some background distractions. Before I had my BAHA placed, I was exactly the same with bilateral hearing aids. Only using my right ear for the phones meant that if the VS tried to talk to me at the same time, I was completely oblivious. More often than not, once the VS had realised, a rather sheepish look appeared on their face followed by an apology and a smile once they understood that I was not simply being rude and ignoring them!

## Technology

In connection with technology, such as the Streamer I use, there are a range of devices available to help amplify sounds in practice. Multi-parameter monitors and

pulse oximeters are becoming increasingly commonplace within practice. These monitors can never fully replace what we see, hear or feel during procedures; therefore, it is actively encouraged not to solely rely on them (Bradbrook, 2013). The Association of Medical Professionals with Hearing Losses produced a chart comparing a variety of stethoscopes with amplification settings allowing professionals to gauge the most appropriate for their implant or hearing loss (Association of Medical Professionals with Hearing Loss, 2017). Not many of the RVNs I communicated with use specialised equipment and cope well with conventional stethoscopes. A few did mention using electronic stethoscopes to amplify the patient's heart and lung sounds while under general anaesthetic. I use a specialised device along with my Streamer, meaning that I am not required to put anything in my ears and am able to wirelessly hear the patient's heart and respiratory sounds through my BAHA. These stethoscopes have the advantage of blocking out background noise as well as amplification, allowing the individual to concentrate solely on the patient.

## Lip-reading

More often than not, people who have a hearing impairment will use some form of lip-reading. Lip-reading is a skill which involves watching the movement of the mouth, tongue and teeth while talking to someone (Hearing Link, 2017). It is a skill that involves being able to recognise and interpret facial expressions, words and sentences in order to interpret what an individual is saying. There are a lot of words which sound the same but have different lip movements, such as "fair" and "there", but some have similar lip movements *and* sound similar, such as "sat" and "cat". Every so often I have encounters at work where I have been asked for

one piece of equipment and handed over something else. This can lead to embarrassing moments, but it is important to be able to laugh at these.

Unfortunately, there are numerous factors which can make lip-reading a challenge, with some more difficult than others to rectify. Some of these are listed in **Box 1** (Scottish Sensory Centre, 2005).

### Box 1. Factors affecting ability to lip read

- Background noise
- Beards/moustaches
- Accents
- Lips
- Theatre mask
- Facing away
- Chewing gum
- Speaking too fast
- Mumbling
- Dogs barking/howling
- Children shouting

In a Veterinary Practice, asking a member of staff to move a face mask away can be easier in some procedures than others. For example, during a dental scale and polish the mask can be moved easily; however, during an orthopaedic operation or one which requires scrubbing in, it cannot be removed. I am very aware when I work with certain VSs or locums that it will take my ears a while to adjust to their particular accent and the way their lips form certain words. This can be someone who has spoken English their entire life but has a different regional accent or someone who has learned English as their second language. I find myself saying "I'm sorry. It's not you, it's me", if I am taking a while to pick up a certain word or phrase. I am aware it sounds like a dodgy break-up line, but it seems to work.

## Other forms of communication

British Sign Language (BSL) is another means of communication. It is more frequently used by deaf individuals; however, some hard-of-hearing individuals also use BSL. It focuses on a complex network of hand movements and gestures. I have never been taught BSL, but I do find that members of staff at work tend to invent their own signs and symbols to ask me for things they think I may mishear in a noisy environment. For example, scissors is commonly demonstrated as the index and middle fingers moving in a cutting motion. This genuinely helps, but can also be quite fun to try and decipher what the sign means and what the person is asking for if it is a sign they have invented themselves!

## Conclusion

The key points I hope people can take away from this is that deaf or hard-of-hearing RVNs have worked just as hard as

anyone else to achieve their qualification. There may have been extra challenges along the way, but they have still reached graduation and have the same passion and drive as any other RVN. It's important to be able to laugh at yourself and laugh with others if things are misheard rather than letting it get you down. If your ears are having a 'bad day' use other senses to your advantage, feel the pulse, watch the chest and feel the breaths.

Never make someone who is hard of hearing have to work even harder to understand you if there is an easy solution. In a noisy environment, find somewhere quieter if possible. Try not to become frustrated by being asked to repeat something five or six times; likewise, try not to feel embarrassed by having to ask. The main point is *not* to stereotype. Everyone copes with hearing loss in their own way; my way will be different to someone with a cochlear implant or hearing aids. Each hearing-impaired RVN has picked up their own coping mechanisms and

strategies over the years that are unique to them. My advice, speaking from experience, is that if you know you are working with someone experiencing hearing loss, ask them how to make things easier. Their response may be much simpler than you expect. Never assume everyone is the same; each RVN is unique, but we all share the same passion – that's what makes us special.

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