

British Sign Language: ensuring equality in patient care

Dental nurse **Charlotte Mercer** discusses how this skill can add a different dimension to patient communication and help to make your dental practice more inclusive



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I have been using British Sign Language (BSL) since I was a small child. My mum's sister is profoundly deaf, which means she cannot hear anything at all. She doesn't use hearing aids, so has no sense of sound at all.

When I was learning my words as a toddler, I would finger-spell as I was learning, and it became a really important part of my learning as a child.

In 2018, I did my Level 1 BSL qualification, and in 2020 I did my Level 2 qualification with SHBSL. I plan on continuing my learning of BSL over the years, with the goal of one day becoming a BSL interpreter.

BSL is a language in its own right,

with its own grammar and variations. Although it is a visual language, rather than a spoken language, the same things apply to learning BSL as to any foreign language – some people will find it easier than others, but there are elements that are very easy to adopt and that can be really helpful to use.

BSL has differences regionally, similar to having a Scouse or Geordie or Queen's English accent in spoken English. This means that, depending on where you are in the UK, you might have different signs for the same word, or different variations of it, just as you would if you were speaking out loud. Knowing and understanding these different variants is really important to anyone using BSL if we want to be certain that we are communicating with people in the best way possible.

What is the best way to learn BSL?

Just like any foreign language, there are different ways of learning BSL. You can take an online course, or you can book onto a local evening class and attend lessons in person. I find this the best way to learn.

I attend an evening class run by Steve of SHBSL. He is deaf, and a fantastic tutor. Learning as part of a group – where you can use the sign language in context and I am taught by a deaf tutor – is so much more beneficial to learning the language than it would be learning from YouTube videos on a short online course.

With technology, so many more resources are available online so it is easy to access information and education about BSL. However, there are so many aspects of BSL that you don't get from learning online, which are vital to communication with BSL users. For me, learning in person is always preferable.

The majority of online BSL courses are not accredited BSL courses. The course leaders are not qualified to teach BSL, and have never worked with deaf people. The courses also do not entitle you to hold any legitimate certification to BSL, and are just about counted as CPD. They are cheap for a reason, and the reason is that you don't get the quality of learning you would get with a registered tutor.

Registered BSL tutors are certified to teach BSL. By completing an accredited



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course, you will gain a certificate from awarding bodies such as Signature, who are the largest and most recognised BSL qualification provider in the UK. I'd say if you are interested in learning BSL, then finding an approved course in your area via the Signature website (<https://www.signature.org.uk>) is the best option.

Proper BSL tutors will be able to teach you in a way that will give you so much more than you get from taking an unaccredited online course. They are able to teach you facial expressions and body language (also known as non-manual features, or NMF). You can practise real-time conversations, and they can educate you on regional variations, information about deaf culture, and a lot more – all of which really enhance the conversational experience that you will be able to have, which is beneficial and much more enjoyable for everyone taking part in the conversation.

Can you learn at your own pace?

The platform of learning you choose to use dictates how quickly you can learn BSL.

If you are doing an online course, these are basic courses that are generally without deadlines. You are able to go at your own pace, but you will not be completing a full accredited course, and do not have exams at the end of them.

If you're learning from a certified course tutor at a class that you can physically

attend, you attend weekly for a certain number of weeks, so you follow the lesson plan set out by your course tutor. By the end of the course, you will be ready to take your exams – and qualify!

Do you think we all have a responsibility to communicate at a basic level using sign language?

I think everybody has a responsibility to learn a basic level of sign language – not just in the dental practice, but for all aspects of life.

Sign language is different to spoken languages in that a person can't just pick up the spoken language from absorbing the sounds and conversation around them. There are roughly around 150,000 people in the UK who use BSL, with roughly over 87,000 of those being deaf, (which does not include people such as interpreters or translators who do not use BSL at home, like myself). Being deaf is not something that people can change, so it is up to us (as hearing people) to help them with communicating with the hearing world. Sign language is also used by some people with other learning disabilities where spoken communication is difficult.

As hearing people, we have a duty to be inclusive to deaf or hard of hearing people by being able to understand and communicate with them without them struggling too much or feeling isolated.

How many other dental nurses do you know who can sign?

I know no more than one or two dental nurses who can use a small amount of basic sign language. They have done online courses and only know very basic vocabulary, and would not feel confident to use it with a deaf person.

I don't know anyone who knows BSL at a certified Level 1, Level 2, or higher level. I put a question out on my Instagram stories not too long ago to ask if any followers could understand what was written out in finger-spelling signs. Fifty per cent could. However, 'reading' finger-spelling when it is written on a screen where you can study it for a little while to figure out what it says is different to watching someone finger spell and trying to understand it in person.

It is likely that the majority of people who said yes to understanding the image on a page or on the screen, would not be able

to understand it if it was a moving image, or in person. It was really interesting to see the results from that and reiterates why I believe it is important to promote the BSL.

Do you think it should become a CPD skill?

I think basic BSL should be a required CPD skill. I think knowing how to sign your name, how to say please and thank you, or simply wishing someone a good day, is vital to daily communication for a Deaf person. I know that a lot of registered BSL tutors will happily organise workplace learning sessions, and I feel that this is such a good idea for practices to do, as this would encourage members of the dental team to want to learn BSL.

Do patients appreciate you using it? Does it help to build rapport?

Patients really appreciate it if you use BSL when talking to them. I have had patients attend in the past and I have successfully been able to book them an appointment without needing to use their interpreter to help.

I had a lady attend my practice who was thrilled that I was talking directly to her and was able to engage in the conversation herself without talking via her interpreter. I told her in that conversation that I had passed my Level 1 BSL qualification, and that I was just about to start Level 2, and she wished me good luck, and thanked me for my help. The interpreter thanked me for understanding and helping. It made me feel amazing that I was able to use my skills to help someone in a public setting engage without the need of their interpreter. It also made me feel more confident that what I was learning, and the amount of money I had spent on courses, was worth it.

This is just one example of when I have used BSL in my workplace, but it's not the only time, and it's guaranteed not to be the last. If anything, now that I am educated to a higher level, I would feel even more confident engaging in a conversation with a deaf person at work, or in a supermarket, if they needed assistance.

I feel that if a member of the dental team has engaged with the deaf patient using BSL, then the patient is going to feel comfortable and reassured about returning to our care, which I think is important.

Do you think signing is part of a dental professional's duty of care?

I think understanding basic BSL is really important for anybody to know but, as a dental professional, it can be an important part of good communication with patients. Now that everyone has to wear face masks in their day-to-day life, the ability for deaf people to lip-read has been taken away, and they can feel even more isolated than they were pre-COVID-19. Any sign language we can use to aid inclusion is therefore vital.

Even with a basic knowledge of BSL, I still think it is incredibly important for deaf patients to attend with interpreters where possible. The language we use in the dental practice can be complicated and confusing, even for hearing people, so I feel it is important to have interpreters present to enable us to communicate everything effectively to our deaf patients.

But having an interpreter there should not discourage us from thinking about using sign language. I have seen people ignore deaf people, just because they can't hear them. They will respond as if they are not there, fail to engage with them, not make eye contact with them, and talk straight past them as if they weren't in the room. This makes me feel so upset, as I see the struggles that Deaf people face with communication, and ignoring them makes them feel even more excluded.

It is important to talk to your deaf patients as if you were talking to a hearing person. They will pick up on your body language, and your attitude, and also try to read your lips (if you're not wearing a mask) to try to understand you better. This will make them feel like you are actually talking to them. Talk slowly and clearly, without too much professional complicated words as this will be harder to understand and translate.

The interpreter will 'translate' to the patient what you have said and in the right manner. The deaf person will communicate back to the interpreter who will relay back to you at the same time. It is important for us to be looking at the deaf person throughout this process in order to observe body language and behaviours – both of which are important for efficient communication. We need to ensure they feel included in the conversation and listened to, so they are comfortable in the dental setting.

The GDC Standards for the Dental Team states: '2.3.3 You should recognise patients' communication difficulties and try to meet the patients' particular communication needs by:

- Not using professional jargon and acronyms
- Using an interpreter for patients whose first language is not English
- Suggesting that patients bring someone with them who can use sign language
- Providing an induction loop to help patients who wear hearing aids.'

By reducing the amount of professional words that are used, we make it easier for everyone to understand what is being said without getting lost in translation.

We can incorporate the use of induction loops for hearing aid wearers with the relevant settings, to enable staff to talk more directly to the patient while reducing background noise, making it clear for the patient to understand.

Organising interpreters, or having them bring someone along who can



translate, is really important to ensure full communication and understanding between the patient and dental staff.

Without patient understanding the, it is very difficult to gain accurate and informed consent, which means we would be unable to inform and advise them properly, and this could cause a lot of problems from a dento-legal perspective.

All you need to know !

British Sign Language, or BSL, is a visual language which is used as a preferred language by Deaf people in the UK. It uses a range of hand shapes and gestures, along with facial expressions and changes in body language to make conversation. BSL has its own vocabulary, grammar and sentence structure. It also has regional variations, such as accents in spoken English. Some words do not have a specific sign, so are just spelled out instead. Some words just don't exist in BSL, such as connection words like 'and', 'is' or 'the'.

Sign language is not universal, and there are somewhere up to around 300 different sign languages around the world today. Countries that may speak the same spoken language do not necessarily use the same sign language, such as America and the UK, whose sign languages are very different. One example of BSL (British) and ASL (American) that are different is that the alphabet in BSL is all done with two hands, but in ASL it is only on one.

In March 2003, BSL finally became recognised as an official language in its own right by the UK government.

Some deaf people will use hearing aids or have cochlear implants, and may still use BSL, despite being able to hear some things, and many of these deaf people will find it easier or more comfortable to use BSL as well, especially if they are communicating with other deaf people. Deaf people can 'hear' things via the sense vibrations to determine volume or to enjoy music.

Other sign language variations in the UK are Makaton, which is often used with young children, and particularly with special needs or verbal communication problems. There is also Sign Supported English (SSE) that uses the English language, grammar, and sentence structures, with the addition of signs alongside it.