



## A Customized Encounter in Psychiatry

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Standing in the room was a young male, Mr. A, who was hard of hearing and needing psychiatric care. Until that point, I prided myself in establishing a rapport with most patients I encountered. However, in that moment, as I waited on an American Sign Language (ASL) interpreter, I felt stripped of the confidence I walked into the room with. I had just encountered a different kind of competence, which I not only lacked but was entirely unaware of.

As the reality of the situation settled, I immediately felt like the connection I could have made with him had been lost. I wondered if I was going to get that back and, perhaps, if he might distance himself, thinking I was incapable of caring for him. I also wondered if that was because I was just another health care professional who could never understand the norms and nuances of interacting with a person who is deaf. He would not have been wrong if those were his thoughts. I suppose I only saw the world through the eyes of racial disparities, without ever considering that other forms of disabilities could impact health outcomes.

I may have felt very inadequate in meeting Mr. A's needs, given I encountered a steep learning curve in an instant, but as we waited on the ASL interpreter, I was determined to educate myself in things relating to the culture and norms of the deaf community, so I could better serve him and others like him [1].

I took to self-learning ASL, so I could interact and engage with him. Soon, I was able to make simple greeting signs,

prior to assessing for his safety with an ASL interpreter. I was able to pick up signs during conversations between him and the ASL interpreter but also worried about what was lost in translation. Truth be told, I was not very good at it, and I most definitely misinterpreted things as well, at which he would chuckle. However, I felt like I had finally made a connection with him, because I gave effort to developing a therapeutic alliance [2]. It gave me a sense of accomplishment and, hopefully, may have undoubtedly made him feel like he was more than just another patient. He was “my” patient, and though he had the “ear” of the ASL interpreter, more importantly, he had found an advocate in me.

Mr. A was finally discharged after his psychiatric needs were met, and I left that encounter with more than just an interest in ASL. I gained the skill of intentionality, particularly with involving him in his treatment plan. Being deliberate in my interaction with every patient was something I learned early on in residency, given this experience. I wondered if patient encounters such as Mr. A's, can be personalized for a better experience, where the utilization of patient-informed care creates more inclusive encounters. Would it help if residency programs promote inclusiveness by training residents on how to personalize encounters with something as simple as a deaf awareness training [3]?

While that encounter was similar, yet different, from needing a translator for a patient speaking a different language, given that the opportunity to quickly build therapeutic

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alliance just by the patient being able to hear the compassion in my voice could have been missed, I consider the encounter a successful one. It took personal effort to elevate that encounter, and although that may not always be feasible, and not without its challenges, it is achievable when done with intention.

### Declarations

**Disclosures** The author declares no conflict of interest. Patient details are masked to protect confidentiality.

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