**After Action Report for:**

***Effective Communications Training for People Who Are Deaf or Hard of Hearing or Have Other Access and Functional Needs***

**Executive Summary**

This is the after action information from training sessions provided by St. Petersburg College’s Center for Public Safety Innovation (CPSI) in contractual partnership with the Florida Department of Health’s Bureau of Preparedness and Response. The training sessions included four half-day training sessions of “*Effective Strategies for Communicating with People Who Are Deaf or Hard of Hearing and Other Access and Functional Needs*.” Training sessions were held at the Florida Governor’s Hurricane Conference (GHC) in Orlando, FL, on May 12, 2015, (2 sessions) and the Broward County Emergency Operations Center in Plantation, FL, on June 3rd and 4th, 2015, (one session each day).

Terminal learning objectives of the training were:

* Explaining the importance of effective communication for people who are deaf or hard of hearing and other access and functional needs.
* Describing the various sub-groups, including the communication needs of people who are deaf or hard of hearing.
* Discussing the additional stress responders and health care workers may experience when communicating with people who are deaf or hard of hearing.
* Demonstrating ways to provide equal communication to people who are deaf or hard of hearing in emergencies or disasters

This course was taught by **Chris Littlewood, M.Ed. and Carole Lazorisak, M.A., CDI** who are both hard of hearing or deaf, respectively and who have extensive experience in public safety and with the disability or deaf and hard of hearing community at large. Professional biographies for both instructors are included within the training manuals provided to participants.

Training participants were each given a training manual for the course. Each contained extensive information on all covered topics and objectives. It was understood that the training manual would go into greater detail than instructors could provide during the training sessions. The extra detail in the manual was intended to be a resource for participants after the training, therefore content in the manual was intentionally not condensed to match the duration of the training session. Participants were also given brochures for “100 Signs for Emergencies” from Dawn Sign Press; <http://www.dawnsign.com/100-signs-for-emergencies> . Both of these documents were shared as resources for further learning or referral outside of the training session.

Several additional hard copies of the training manual were provided to the Bureau of Preparedness and Response, Florida Department of Health (DOH) as requested. Electronic copies of the evaluations and assessments were provided to the Bureau of Preparedness and Response, DOH, after each session period. Participant numbers and sign-in sheets are held by DOH.   
  
Trainings at the **Florida Governor Hurricane Conference** were both three-hour sessions. Participants all expressed benefit from discussions, experiences, and activities with two deaf and hard of hearing instructors. Evaluation was measured through a course evaluation and a summative assessment (pre-test/post-test). The pre-test average was 77.6% and the post-test average was 98.4% for the A.M. session. The pre-test average was 74.5% and the post-test average was 97.2% for the P.M. session. Overall training session satisfaction was above 90% for both the A.M. and P.M. sessions.

Training at the **Broward County Emergency Operations Center** were each 3 ½ to 4 hour sessions. Participants also expressed benefit from discussions, experiences, and activities with two deaf and hard of hearing instructors. Evaluation was measured through a course evaluation and a summative assessment (pre-test/post-test). The pre-test average was 69.1% and the post-test average was 97.2% for the June 3rd session. The pre-test average was 71.4% and the post-test average was 97.9% for the June 4th session. Overall training session satisfaction was 100% for the June 3rd and 92% or above for the June 4th sessions (whether the participant agreed or strongly agreed; all were one or the other).

All sessions’ cognitive objectives were measured through the pre-test/post-test.

Affective objectives were undocumented but included valuing, organizational beliefs, and characterization. Goals in these areas included making sure participants left with the belief that providing effective communication to people with communication disabilities (mostly people who are deaf or hard of hearing) or other access and functional needs was necessary and obtainable. Participants expressed either knowledge of their organization’s procedures or that they would leave the training and find out procedures for providing effective communication.

Participants were strongly encouraged to ask questions both in the class and after the class. Contact information was provided for both instructors. Finally, participants were encouraged to reach out to their local deaf and hard of hearing communities and seek policies within their own agencies for providing effective communication for people with disabilities.

The training sessions were delivered by the co-facilitators named in a lecture format with PowerPoint slides with activities, questions, and discussions.

**Florida Governor’s Hurricane Conference (GHC), May 12, 2015:**

**Overall class observations:**

* Participants shared that the biggest benefit of the course was seeing and hearing from two instructors who were deaf or hard of hearing. Firsthand experience explaining the use of technology and the communication barriers that existed on a day-to-day basis from two individuals who were deafened but used different methods to communicate.
* The number one comment for the training from participants and instructors was the time restraint. This course would benefit from expanding to a full day course. The main limitation in trying to condense the course is that participants do not benefit from hearing about the personal experiences of the instructors. Additionally, the Conference requirement of a 30 minute break during the morning made it extremely difficult to have meaningful activities.
* Training room was a bit small or little extra space at the front and rear of the room
* One DOH participant said many other local DOH participants would benefit from the training but registration cost for GHC was cost prohibitive.
* Language guidelines continue to sometimes be confusing because of how information is disseminated from federal, state, or local organizations. Clarification based on federal guidelines has been shared, which is the practice of SPC, CPSI. However, we are cognizant to state and local government or other organization guidelines who use different terms, whereas our teaching focuses on inclusion, representation, and access of people with disabilities and not on terminology used for groups.
* Participants in some cases commented that he/she had never seen CART caption or sign language interpreters working outside of television.
* Because of the course time limit (3 hours), many were very disappointed about not having more time. This only had a large negative effect on one or two participants because most came away with significant amounts of new knowledge for effective communication strategies. However, for future trainings, enhance focus should be made for module 4- “Emergencies, Disasters, and Public Information for people who are deaf or hard of hearing.” This course cannot be taught without foundations for people with communication disabilities which is why so much focus goes into earlier models. Extending the duration of the course should relieve this issue.

**Evaluation Strategies, Level 2 & Level 1:** <http://www.kirkpatrickpartners.com/OurPhilosophy/TheKirkpatrickModel>

**AM Session:**

**Pre-Test:  
Average incorrect answers:** 2.8 incorrect out of 14 questions = 77.6% average

**Post-Test:  
Average incorrect answers:** .2 incorrect out of 14 (14 got zero wrong, 4 participants -1, one outlier of -4) = 98.4% average

**Level-One Evaluation (Kirkpatrick Model):**

Overall all Likert scale recordings were SA-Strongly Agree; w/ a few A-Agree- 92.3% for “overall satisfaction.” Outstanding comments and feedback from participants. Exceptions include:

* **SD** – (1) , 1 (D)-3, *PowerPoint presentation matched the handouts* (PowerPoint followed same basic order of curriculum in hard copy handout. But training book went into more detail. This was explained to participants that would be the case in the interest of time management.
* **D**- Length of session (3)
* **D** or **SD** from 2 participants in several areas related to overall satisfaction, following lesson-plan, course environment and length of session (all of these seemed to stem from time restrictions and our need to cover so much in a very short period of time - 3 ½ hours).

**GHC, AM Session - Summary and excerpts from written feedback:**

Positive feedback, contributions to learning-

* “use of deaf instructor”
* “information was relevant and needed”
* “loved the class interaction”
* “depth and knowledge of instructors”
* “helped me to understand the needs and difficulties faced by D/HH individuals”
* “fantastic format/delivery”
* “knowledge of instructors”
* “the course was outstanding, Chris and Carole did a great job”
* “so much good info”
* “I learned a lot about how to interact w/ D/HH people. Not having prior contact, I was unaware of the tips given.”
* “Each aspect was good, but the icebreaker exercise at the beginning was extremely eye-opening and greatly contributed to my learning.”
* “very open atmosphere”
* “excellent use of pre-test/post-test”
* “Very good job, learned a lot. Opened my eyes having a deaf person (Carole) teaching.”

Suggestions for improvements-

* “more time”
* “examples of technology”
* “need more time”
* “I didn’t receive any new information…My module was #4 and started at 1145am. Waste of my morning.”
* “longer time for detail”
* “More info on interpreters and culture”
* “too short”
* “loud voices from classroom next door”
* “Spend more time on GHC related issues- not law enforcement, EMS, Fire, etc.”
* “Did not finish all materials…rushed…materials should match the PowerPoint. It was hard to follow which page they were on”

**GHC, PM Session PM:**

**Level-2 Evaluation:**

**Pre-Test:  
 Average incorrect answers: 3.5 wrong, 74.5%  
Post-Test:  
 Average incorrect answers: 0.4 wrong, 97.2 %**

**Level-One Evaluation (Kirkpatrick Model):**

Overall all Likert scale recordings were SA-Strongly Agree; w/ a few A-Agree- 100% for “overall satisfaction.” Outstanding comments and feedback from participants. Exceptions and summary of written comments include:

**Positive feedback:**

* “Having instructors who have communication needs assisted with the learning”
* “Visual- moving back & forth between instructors” (perspectives?)
* “interactivity”
* “interaction with D/HH instructors”
* “cultural aspect”
* “great first-hand knowledge”
* “the demo of interpreters and captions”
* “awareness of my deficiencies in communicating w/ D/HH/D-B

**Suggestions for improvement:**

* “extend the training”
* “noise from other classrooms”
* “blank LCD projector when crossing the screen”
* “This developed further” (more time?)
* “needs full day”

**For Both GHC Sessions -**

**Icebreaker observations:**

This activity was evaluated through discussion and verbal feedback. It clearly met the objectives which were to make participants aware of the limitations of verbal communication (limitations of lip/speech reading) and the need for using visual communication (gestures, pictures, sign language). Observations included seeing participants struggle to be understood. They showed distraught, surprised, or angry facial expressions. Many began to use visual methods to help communicate and be understood.

**GHC, Other Activities:**

**Head-to-Toe Assessment**

Participants were surprised and asked for assistance when verbal communication rendered ineffective.

**Speech reading and Gestures exercise**

Participants demonstrated and discussed awareness of the limitations of speech reading and how even if he/she did not know sign language, gestures could be an effective tool for visual communication in an emergency.

**Plantation, FL, Broward County Emergency Management Center**

**Overall class observations:**

* Co-facilitation teamwork continues to be successful with Carole Lazorisak and Chris Littlewood. Unique yet similar perspectives of the deaf and hard of hearing community and through experiences in public safety allows for an enhanced learning environment.
* The strongest asset of the training and team continues to be the experiences and stories of the instructors.
* The biggest liability of the training continues to be trying to fit as much curriculum as possible into a half-day training.
* Discussions have begun on making a section for the use of sign language interpreters independent of other curriculum objectives.
* There was a significant diversity in participant knowledge coming in; some had some familiarity with deaf and hard of hearing communication needs and others had no experience.
* Some expressed interest either verbally or on course evaluations for more training for other access and functional needs.

**Evaluation Strategies, Level 2 & Level 1:** <http://www.kirkpatrickpartners.com/OurPhilosophy/TheKirkpatrickModel>

**June 3, 2015**

**Level 2:**

**Pre-Test:  
 Average incorrect answers: - 4 wrong, 69.1%  
Post-Test:  
 Average incorrect answers: 0.4 wrong, 97.2 %**

**Level-One Evaluation (Kirkpatrick Model):**

Overall all Likert scale recordings were SA-Strongly Agree or A- Agree; 100% for “overall satisfaction.” Outstanding SA or A from all participants.

**Summary and excerpts from written feedback:**

Positive feedback, contributions to learning-

* “great, very educational”
* Need for eye contact
* “Challenges overcome by using simple gestures” (in some cases, I hope this person meant)
* “instructors were deaf – extremely valuable”
* “stories and examples”
* “how to contact/communicate with D/HH community in an emergency”
* “Icebreaker, head-to-toe assessment, video of public safety officers”
* “The fact that both instructors were HH and Deaf. It blew my mind.”
* Great class, great instructors

Suggestions for improvements-

* “more time”
* “More locations”, “hard to find” (class to enroll in?)
* “long lecture” (I think they meant too long)
* Limit repetition for more breaks
* “share more personal experiences”

**Evaluation Strategies, Level 2 & Level 1:** <http://www.kirkpatrickpartners.com/OurPhilosophy/TheKirkpatrickModel>

**June 4, 2015**

**Level 2:**

**Pre-Test:  
 Average incorrect answers: - 4 wrong, 71.4 %  
Post-Test:  
 Average incorrect answers: .3 wrong, 97.9 %**

**Level-One Evaluation (Kirkpatrick Model):**

Overall all Likert scale recordings were SA-Strongly Agree or A- Agree; 100% for “overall satisfaction.” – 92% SA. Outstanding SA or A from all participants.

**Summary and excerpts from written feedback:**

Positive feedback, contributions to learning-

* “first-hand experience and knowledge brought depth and understanding”
* “will make visual cue cards and cheat-sheets for my to-go bag”
* “Instruction on how to communicate during emergency-tools I could incorporate in special needs shelters”
* “I will check our policies and incorporate this info into them.”
* “usage of different methods of teaching; the actor portrayal in the head-to-toe assessment
* “clear teaching of deaf culture”
* “The knowledge and care given by the instructors were wonderful.”
* “It was very helpful to have interpreters & CART in the room so you could truly understand the difficulty they have in communicating.”
* “applicability to national/state/local level conversations to help improve services and delivery services”
* “stories, examples, and hands-on”
* “Everything in this training was valuable. Seeing both interpreters and CART being used was a big plus.”
* “hearing about the personal experiences of the instructors”
* “The icebreaker was brilliant. The instructor made the audience comfortable to ask questions without ‘offending’ or creating barriers.”

Suggestions for improvements-

* “other disability trainings would be helpful”
* “Room was too cold, hard to stay focused” (this is a comment generally that is not worth sharing unless many people comment on it; someone is always too cold or hot. However, most participants wrote “n/a” or “none” for “What aspect of the course inhibited your learning?”)

**For Both Broward County Sessions:**

**Icebreaker Observations:**

This activity was evaluated through discussion and verbal feedback. Objectives were met including making participants aware of the limitations of verbal communication (limitations of lip/speech reading) and the need for using visual communication (gestures, pictures, sign language). Observations included seeing participants struggle to be understood. They showed distraught, surprised, or angry facial expressions. Many began to use visual methods to help communicate and be understood. Although most immediately understood what they needed to do, the activity started rather chaotic. A few stopped participating and then jumped back in because they believed they thought of solutions. Some did better than others and it was interesting to watch members attempt to help each other with suggestion of visual cues.

**Other Activities:**

**Head-to-Toe Assessment**

Participants were surprised and asked for assistance when verbal communication rendered ineffective. Some volunteers panicked when they saw that their methods were not working. The activity also provided the opportunity to explain the importance of not leaving someone with a communication disability alone. This exercise was viewed as a more successful exercise with a bit more time. However, the extra time spent with this exercise left instructors rushed at the end of the session.

**Speech reading and Gestures exercise**

Participants did either OK or terrible with the speech reading exercise. It was easy to demonstrate the importance of using gestures or visual methods. Because the PowerPoint slides did not always manually advance as needed, on a few of the speech reading words, the answers were given before intended. This can be corrected in the PowerPoint slide for future classes.

**Conclusion:**

The *Effective Communications Training for People Who Are Deaf or Hard of Hearing or Have Other Access and Functional Needs* was an overall success. Cognitive and affective goals were met with near perfect scores in most areas. Noteworthy goals included exposure and communication with members of the professional deaf and hard of hearing community, dispelling myths and fears of communicating with people who are deaf or hard of hearing, and preparing emergency responder and health care professionals to provide effective communication to people with access and functional needs, especially people who are deaf or hard of hearing.

Successful training was not without noted areas for improvement for future classes. The biggest consideration is for the expansion of the overall timeline of the training. Strict time management prevented instructors from sharing stories of communication barriers from their own experiences, which could have enhanced the learning. A full-day model for future trainings with relatively unchanged objectives is strongly encouraged. Consideration for updated presentation slides that focuses exclusively on the needs of working with sign language interpreters in its own section will also be reviewed.

**Special Thanks:**

CPSI and instructors would like to express gratitude to several individuals who were instrumental in the success of this training.   
  
First, the Florida Department of Health, Bureau of Preparedness and Response, especially Janet Collins for her constant support, inquiries, openness, ideas, flexibility, and leadership. Without Janet’s coordination of these training sessions, the Effective Communications training would not be possible. Janet has proven to be a staunch ally to the disability and access and functional needs communities. Her work for inclusive emergency and disaster planning in Florida is outstanding.

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