Cultural Literacy in Audiology: Audiologists' Perspectives and Attitudes

Presenter: Traci Brinkley, AuD

At this time, it's my pleasure to welcome Doctor Traci Brinkley. She is a clinical audiologist in the Washington, DC area. She received her doctorate at UT Dallas and completed her clinical externship at the University of Pittsburgh Medical center. Her clinical interests include diagnostics, amplification, vestibular assessment, and tinnitus. Doctor Brinkley has participated in the AAA conference presenting her research in ethics focused topics.

She is passionate about improving hearing health outcomes for historically underserved populations, as well as improving access to the field of audiology for minority students. Things we are also passionate about here at audiology online and continued. And so we are so pleased to have Doctor Brinkley with us today. Doctor Brinkley, over to you. Great.

Thank you so much for that introduction. So thank you also to everyone joining me today. I wanted to take a moment to express my gratitude for the incredible turnout, and it's always heartening to see so many people who are interested in learning more about cultural literacy and audiology. So, as we navigate a diverse patient population, it's essential to recognize that cultural factors can significantly impact how individuals perceive and experience hearing loss. Today, we're gonna explore what cultural literacy means in the context of audiology, discuss implications, and examine practical strategies for integrating these concepts into our practices.

With the growing emphasis on diversity initiatives in healthcare, it's important that we strive to provide care that's not only effective, but also respectful and responsive to the varied backgrounds of our patients. So I'm looking forward to sharing insights and discussing my research with all of you today. So let's go ahead and get started.

So here are my disclosures, you can take a moment to read over those and here are our learning outcomes for today. So after this course, participants will be able to describe the constructs of cultural literacy and identify relevant theories and considerations of culturally competent care describe the

extent to which audiologists incorporate cultural considerations into their practices, and explain the methods, results, and limitations of the research studies discussed.

So, here's a brief overview of what we'll be discussing today. We'll first begin by defining what cultural literacy means and why it's important in our practice. Next, we'll talk about culturally sensitive healthcare, focusing on how it relates to the patient centered health care approach. We'll talk about counseling and what role it plays in this care. Next, we'll review some key findings from the study titled Cultural literacy and audiology audiologists perspectives and attitudes, and we'll have a discussion about the challenges and strategies related to implementing culturally sensitive practices in our work.

Lastly, I'll provide you with some valuable resources that can help you take the next steps toward implementing culturally sensitive practices in your clinical settings. So before we jump into some of the information today, let's take a quick poll.

So the question here ask, in your experience, what is the biggest challenge related to cultural differences? One, miscommunication, stereotypes and assumptions, navigating customs, or building understanding. So these are just a few examples of some things that could cause barriers between providing a connection with the patient and providing culturally sensitive treatment options, as well as recommendations. So take a moment to answer to the best of your ability. Which one of these resonates most?

All write, so we have some answers. In miscommunication, about 33% of the audience responded that this was the biggest challenge. 38% state that stereotypes and assumptions are the biggest challenge that they encounter. 19% of you had said that navigating customs, and lastly, 10% had said building understanding. So these are just a few examples of some things that we can learn how to avoid and learn to better navigate so that we can provide more culturally sensitive care to our patients that have differing backgrounds from ours.

So before we dive deeper into our topic today, let's first start by defining culture. So culture can be broadly understood as an intricately woven tapestry that can encompass an array of characteristics, characteristics, and influences. This is an integrated pattern of human behavior that includes the thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, social, or other group. So some examples of how cultures can differ are communication styles. So cultural backgrounds can influence how people express themselves, whether that's through direct or indirect communication, nonverbal cues, informality, and language varying values such as collectivism versus individualism, impacting priority in relationships, work and community involvement social norms or expectations around behavior such as greeting, customs, gender roles, and family dynamics, which can all shape interpersonal interactions and relationships cultural practices such as holidays, ceremonies, and rites of passage, which can create shared experiences and reinforce community bonds and art and expression, as impacts of culture are made on preferences in music, art, literature, and other forms of creative expression shaping individual tastes and identities.

So it's important for us as healthcare providers to be aware of culture because it provides a framework for understanding identity and how beliefs can influence health related behaviors. Cultural factors can also affect perceptions of healthcare systems and the willingness for patients to seek care, which can lead to disparities in health outcomes. So by utilizing this understanding of culture, we can better inform our approach to health related decisions and actions. And with this foundation, we can explore how cultural literacy plays a vital role in providing effective and culturally sensitive healthcare. So what is cultural literacy?

This is the ability to understand the traditions, norms, activities, and critical background of a given culture and to participate fluently in formal and informal traditions, norms, and activities. Some key aspects of cultural literacy include effective communication, cultural sensitivity, reducing health

disparities, and it directly relates to providing patient centered care. Cultural literacy can positively impact the patient experience and improve health outcomes by enhancing the quality of care to diverse patients. It can result in improved communication so culturally literate healthcare providers can communicate more effectively with their patients, ensuring that the information is conveyed in a way that's understandable and respectful of cultural context. Also, when providers demonstrate an understanding of the patient's background, it can foster trust, leading to more open discussions about health concerns and treatment options.

Understanding cultural norms also can allow for the development of health interventions that resonate with specific communities, improving acceptance and adherence to recommended practices. It can also help to minimize misunderstandings that can arise from differing beliefs about health, illness, and treatment. So when patients feel like their cultural identity is acknowledged and respected, they are more likely to engage in their healthcare actively. Additionally, cultural literacy highlights the social determinants of health that affect different populations, allowing for more targeted efforts to address disparities and improve health equity. So overall, cultural literacy in healthcare aims to improve the interactions between providers and patients.

By embracing this, audiologists can tailor their approaches to address specific needs to their patients, ensuring that the treatment is responsive to the diverse backgrounds of those that they serve. Serve. Learning about cultural differences can be straightforward when approached with openness and support. Some ways that you can enhance your cultural literacy are active listening, asking questions, and having non judgmental attitude, as well as staying curious. I can think back on one specific interaction I had with a patient where I got to employ some of these strategies such as active listening and asking questions.

When a patient of mine had answered a phone call during an appointment and he had apologized for interrupting the appointment but explained how a big celebration had just started and he wanted to talk with his family member. Nauru or the Persian New Year had just begun as it was the first day of spring and I was curious to know about the celebration and further inquired about he and his family were planning to celebrate, so his spouse joined in and was excited to tell me about the customs of gift exchanges, cleaning their home, eating delicious foods, and appreciating nature in the springtime. We finished up with the appointment and said our happy New Year's wishes to one another as they left. So I did not celebrate the persian new year, but I was allowed to learn and participate and the patient's culture for those few moments and appreciated the opportunity to relate to my patient and now be aware of another cultural holiday. So employing culturally literate care can be as simple as asking a few questions or being open to listening.

So let's further explore what culturally sensitive care can encompass.

So this is one of the many components which falls under patient centered care. Healthcare model the patient centered care model emphasizes the creation of a power balanced therapeutic relationship between the patient and their healthcare professional. This involves active participation in their diagnosis and treatment options and differs from the biomedical healthcare model which the majority of the healthcare field has moved away from after the 1980s. This biomedical model focused more on biological factors that factor into health and illness, often excluding psychological, environmental, and social influence, placing the healthcare decisions at the hands of the medical professionals with less emphasis on patient participation. Some examples of providing culturally sensitive care can be language services, so providing interpreters or translated materials for patients who speak different languages to ensure that the communication is clear.

Inclusive policies so implementing non discrimination policies that recognize diverse cultural identities, including race, ethnicity, gender and sexual orientation. Community engagement so collaborating within organizations in the community to better understand local health needs and cultural nuances which can inform healthcare services. Tailored health education providing education that considers cultural perspectives using relatable examples and culturally relevant materials. Also, flexible appointment options are a way that you can implement culturally sensitive care, so offering appointments that respect cultural practices or holidays can improve access for diverse patient populations. These practices can enhance patient trust, improve satisfaction, and lead to better health outcomes by ensuring that the care is respectful and responsive to individual cultural needs.

Culturally sensitive care is comprised of these five constructs, cultural awareness, knowledge, skill encounters, and desire, so we'll go more into depth about each one of these five constructs next.

So cultural awareness involves a deep self examination of one's own cultural and professional background, recognizing biases, prejudices, and assumptions about those from different cultures. This awareness is crucial for healthcare providers to avoid cultural imposition, which is a tendency to impose one's own beliefs, values, and behaviors onto someone else's culture. Without understanding the influence of their own cultural values, providers can risk alienating patients and undermining effective care.

The second construct is cultural knowledge, so this involves the pursuit of a solid educational foundation about diverse cultural and ethnic groups. This knowledge encompasses three key health related beliefs and cultural values, so understanding a client's worldview is crucial as it shapes how they interpret their illness and influences their thoughts, actions, and overall well being, disease incidence and prevalence. So awareness how disease rates vary among different ethnic populations is important. Healthcare providers must consider biocultural ecology and utilize accurate data to inform

their treatment, health education, and screening strategies. Also, treatment efficacy is a key component in cultural knowledge and in the medical field.

This involves understanding variations in drug metabolism among ethnic groups, known as ethnic pharmacology, which providers should recognize that treatment responses can differ based on those who have differing cultural backgrounds.

The third construct is cultural skill, so this refers to the ability to gather relevant cultural information regarding a patient's presenting problem and to conduct culturally appropriate physical assessments. This skill is essential for providing effective personalized care in those diverse populations. It includes cultural assessment, which involves a systemic examination of individuals, groups, and communities to understand their beliefs, values, and practices. This assessment can help identify explicit needs and guides intervention practices that are respectful and relevant to those being served. It may also involve accounting for physical differences.

So when performing physical assessments, healthcare providers should consider how a client's cultural background can influence their physical, biological, and physiological characteristics. Understanding these variations can be important for conducting accurate evaluations. Some examples include differences in body structure, skin color, visible characteristics, and other variances that may affect treatment outcomes. More specifically, in audiology, some examples of these differences may be assessing and treating patients with varying ear shapes or patients with differing hair textures or hairstyles. This makes me recall a significant interaction during my graduate school clinical training, which involved a 17 year old patient, her mother, my clinical preceptor, and myself.

This patient was a cochlear implant user, but her data logging indicated notably low usage time. So when we further explored the reasons behind her inconsistent use, her mother shared that her daughter was experiencing retention issues primarily due to her hairstyle, which featured braids. One braid was

positioned almost directly over the magnet site, creating a challenge for proper device function and retention. The mother had mentioned she had contemplated cutting the braid to alleviate this issue as she was unaware of alternative solutions. Together, we brainstormed potential strategies, including modifying the breeding pattern and considering adjustments to the magnet strength.

This collaborative approach not only addressed the immediate concern, but it also highlighted the importance of culturally sensitive solutions and accounting for physical differences. In clinical practice, being able to consider these differences can directly translate and to improving outcomes for patients, so utilizing cultural skill is an important aspect of providing culturally sensitive care.

The fourth construct we'll go over is cultural encounters, and this refers to the process by which healthcare providers engage directly with other individuals from culturally diverse backgrounds. These interactions are essential for refining and modifying existing beliefs about different cultural groups and can help prevent stereotyping. Some key points on cultural encounters are engagement with diverse populations, so actively interacting with individuals from various cultural backgrounds can enrich the provider's understanding and fosters a more nuanced perspective. But keep in mind, it's important to remember that encountering just a few individuals from a specific ethnic group does not equate to expertise about that group. Intra ethnic variation means that the beliefs, values and practices can differ widely within a single group.

Awareness of linguistic needs is another key component of utilizing cultural encounters, so this can help determine communication needs based on that patient's background and can be a way to help you to effectively communicate. It's also imperative for an accurate exchange of information and can help with reducing misunderstandings. So overall, cultural encounters are a fundamental in healthcare as they facilitate a deeper understanding and more effective interactions with patients from diverse backgrounds.

So the last construct we'll go over is cultural desire and this refers to the motivation of healthcare providers to engage actively and becoming culturally aware, knowledgeable, skillful and experienced when interacting with diverse patients. Some key components include intrinsic motivation, so this desire can stem from a genuine wish to understand and appreciate diverse cultural perspectives rather than viewing cultural literacy as an obligation. Authenticity, so authentic engagement can foster trust between the healthcare provider and patients, making individuals feel valued and understood. Openness cultural desire involves being open to learning from others and accepting differences as well as identifying commonalities. This can create a more enriching interaction between the provider and the patient.

Lifelong learning so this journey of understanding and engaging with cultural differences is a lifelong process and is often referred to as cultural humility, which encourages continuous self reflection and openness to learning from others. Lastly, this desire is fundamentally linked to the concept of caring and further underscores that real cultural literacy requires more than superficial acknowledgement of a patient's values and practices. It requires a heartfelt commitment to culturally responsive care. So by fostering a genuine passion for understanding diverse cultures, healthcare providers can create more meaningful relationships with their patients, ultimately leading to better treatment and recommendations that are tailored for the patient's unique background. So now let's take a shift and look how these constructs come into play when directly interacting with patients.

So, employing cultural literacy can provide a foundation for a strong therapeutic alliance or relationship between the healthcare provider and the patient, leading to many positive effects on patient outcomes. By definition, a therapeutic relationship is a health being relationship based on mutual trust, respect and being sensitive to differences in assisting with physical needs of the patient. This relationship improves the degree to which patients follow the recommendations of their health professionals and engage in their care, ask questions and express concerns, ultimately leading to better understanding and

compliance. Supportive relationship can boost a patient's intrinsic motivation to change behaviors as well. This does involve effective communication in order to establish trust and rapport so that patients feel safe and understood, and encouraging open communication about their concerns and preferences and mutual respect, which involves recognizing and valuing each other's expertise, the healthcare provider's clinical knowledge, and the patient's lived experiences, strengthens this alliance.

Effective communication also fosters the successful creation of shared goals. Collaborating with the patient to establish these goals ensures that the care plan aligns with the patient's values and needs, enhancing their commitment to the process. There are, however, some factors that pose as an obstacle in building a therapeutic reliance and patient adherence to management plans, which include, but are not limited to, language barriers, financial burdens, and cultural differences. So it's important to strive to reduce these barriers in order to enhance outcomes, improve patient satisfaction, and foster long term improvements. So overall, building an alliance can provide many benefits to the patient.

There have been numerous research studies that have shown that counseling can play a significant role in those therapeutic alliances to improve outcomes of adults using hearing aid technology. Some examples found in the literature explore improvements such as increased hearing aid use. So counseling has been linked to increased average hours of hearing aid use, demonstrating that patients are more likely to consistently use their devices when they feel supported and understood and reduce negative self perceptions. So, effective counseling, while building a therapeutic alliance can help reduce negative self perceptions related to hearing handicapped. This improvement in self image can encourage individuals to engage more actively with their hearing health.

So, by focusing on building an alliance, enhancing counseling efforts, and reducing barriers, audiologists can significantly improve both the effectiveness of treatment and the overall experience for their patients. These strategies not only contribute to better hearing outcomes, but also foster a more

positive and supportive environment for individuals managing hearing loss. So, let's get into further detail about how counseling can provide positive effects on patient outcomes.

So it is important to realize that an overwhelming number of studies have found that counseling is a key aspect when aiming to improve treatment adherence and audiological care. Counseling has traditionally focused on two key areas of the patient and family needs in audiology the need for information and the need for support and personal adjustment information. Counseling involves educating patients and their families about the nature and effects of irrelated disorders, the workings of various interventions, and the effective implementation of different approaches. Adjustment counseling aims to assist patients in recognizing and overcoming barriers linked to their conditions, such as internal issues like denial, stress, and anxiety, as well as external challenges like acquiring new information. This support enhances learning, self efficacy, self management, and the application of new skills in patients everyday lives.

In audiology, there has been some research indicating that counseling practices can enhance outcomes for adults using hearing aids, leading to increased usage and improved self perception. While improving functional and psychosocial outcomes is vital for audiologists, studies also show that counseling is often not implemented effectively in clinical practice. Recent studies have highlighted a deficiency in the successful use of information and supportive communication skills by both students and professionals during audiological assessments and routine appointments for hearing technology. Some observed shortcomings include lack of empathetic responses to patients psychosocial concerns, dominating conversations, using technical jargon, and multitasking during discussions. Essential supportive communication skills such as attentive listening, acknowledging patient fears, and helping patient find personal motivation and confidence in the change were notably absent.

Insufficient training and counseling within audiology likely contributes to the audiologist not fully meeting those counseling needs and expectations of their patients and families. So this brings us into our next focus topic of this webinar, and that is looking further into some research addressing cultural literacy and how it's directly related to providing culturally sensitive counseling practices.

So we'll go over the cultural literacy and audiology study. This study was conducted by myself and my graduate program research mentor, Doctor Carol Coakley, in 2022 at the University of Texas at Dallas. The objective of this study was to gather expert consensus on the critical knowledge, skills, and attitudes that audiologists possess when it comes to providing culturally appropriate care to their patients. Furthermore, to investigate the degree to which audiologists are prepared and confident in delivering culturally sensitive care necessary for patient centered care, our goal was to help strengthen the foundation of culturally sensitive education, ensuring that future audiologists can be well equipped to meet the diverse needs of their patients and families.

So we'll go over the research questions of the study. The first research question is, what are the general perspectives of audiologists on culturally competent care and their self perceived cultural literacy? So this question seeks to understand audiologists overall viewpoints on culturally competent care and explores how audiologists perceive their own cultural literacy and readiness to provide care that respects diverse cultural backgrounds. The second question is, what is the extent to which audiologists believe their respective organizations address cross cultural challenges in the workplace? This question investigates the degree to which audiologists believe their workplaces and organizations are equipped to handle challenges related to cultural diversity.

It focuses on the organizational practices and support systems that are in place to promote culturally sensitive care. The third and final question is, what are the general experiences of audiologists in their graduate program related to cultural diversity education? So this last question explores the extent to

which cultural diversity was integrated into their curriculum, including the types of content covered and the effectiveness of the educational approach.

So we'll overview the participants that were included in the study, so all of the participants were required to hold an audiology degree, possess licensure in audiology, and be currently practicing in the United States. These audiologists were recruited through email and in person outreach to complete an online survey. A total of 57 audiologists participated, though not all respondents completed every survey question, resulting in response counts ranging from 48 to 57 for individual items. Now we can take a closer look at the demographic spread in more detail. Regarding the respondents of the survey, figure one has a display of some of the demographic information that we captured.

Figure one a respondent workplace we can see here that the majority of audiologists reported employment at a hospital, near nose and throat practice, or university setting. Figure one b shows the year of experience for the respondents. Figure one C shows the race, with the majority of audiologists reporting a white racial background, and figure 1D shows the geographic region of residence for these audiologists. So overall, these demographics do align with existing data for audiologists, highlighting areas needing more representation.

Next, we'll get into the procedures of the research study. An ad hoc's online survey link was disseminated via email and social media platforms to various professional groups, and data collection for this study occurred over a three month period from November 2021 to January 2022. This ad hoc survey was created based on the cultural competence self assessment questionnaire, or CCSAQ. Originally developed as part of the multicultural initiative project at Portland State University in 1995. This questionnaire is structured around several key subscales, which include knowledge of community, personal involvement, resources and linkages, staffing, organizational policies and procedures, as well as reaching out to communities.

There are 40 survey items addressing the following demographic information so, for example, age, gender, race, employment type respondents self perceived cultural literacy, so their ability to identify diseases and conditions associated with different groups of color or identify communities of color in their service area self perceived importance for culturally sensitive care, for example, rating how important it is for audiologists to consider a patient's cultural background when treating them. Other items address workplace accompanying accommodations, so the use of interpretation and translation services, diversity staff trainings, language specific assessment materials for culturally diverse patients, as well as the degree of exposure to these patients and staff in the workplace, and finally, graduate school experiences specific to cultural learning were investigated. So now we'll take a look at some of the results of the study.

So, first, we'll examine the cultural literacy and its importance ratings. On this graph displayed, you can see the self perceived cultural literacy represented in green, while the importance of providing culturally sensitive care is shown in orange. Ratings for both of these measures were determined using a five point Likert scale with a high rating being greater or equal to 3.5 out of five. This study revealed that the percentage of audiologists self reporting a high cultural literacy varied between 11% and 27%. In stark contrast, the readings for the importance of culturally responsive care classified as high range from 76% to 100%.

This discrepancy underscores a notable gap between the audiologists perceive cultural literacy and their importance of culturally literate care. Furthermore, a chi square analysis indicated that self perceived cultural literacy did not significantly correlate with years of practice, nor did it differ based on race, so white versus non white racial background caseload diversity, so having 50% or greater diverse population served or language proficiency, so english versus bilingual providers. Overall, audiologists in this sample acknowledged that recognizing cultural differences in patients is important. However, their self reported skill level did not meet the level of importance.

Now, we'll take a look at workplace considerations on this graph. Here is an overview of the percentage of respondents who reported availability of the following accommodations in their respective workplaces, interpreter translator services, non english assessment materials, mandatory diversity training, and diverse clinic media materials. We can see that the majority of respondents indicated that their workplace provided diverse assessment materials when 90% reporting their organization had at least some non english assessment materials, 87% offered interpretation and translation services, 64% had mandatory diversity training in their workplace, and only 12% had diverse clinic media materials. Overall, most respondents indicated that their workplaces did address diversity and clinical care in practitioner training. However, the representation of culturally diverse individuals in clinic media materials so, for example, brochures, lobby videos, websites, were reported to be very low.

These findings highlight a need for improved representation in media materials to reflect diversity a little bit more accurately.

As the underrepresentation of diverse populations and clinic media materials can inadvertently contribute to health disparities. As marginalized communities may feel less inclined to seek care in environments that do not reflect their identities and experiences, clinics may consider revising their media materials to include diverse imagery that authentically represents the communities that they serve. Engaging with diverse communities in the development of these materials can provide valuable insights and also enhance their effectiveness. Representation can enhance trust and comfort as well, making patients feel more seen and understood.

Now we'll take a look at the results regarding educational experiences, so we wanted to look at different experiences that could provide the opportunity of cultural learning in both the classroom and clinic. We can look at the percentage of respondents who reported having course content and diversity of topics, diversity of their patient caseload during their graduate school, clinical rotations and outreach

programs, and opportunities to engage with underserved populations during their audiology program education. So most participants reported that at least 30% of their caseload during their audiology program included a diverse population. Diversity related course content was limited as only 25% of respondents reported having these topics incorporated into their graduate education, and then over 50% of participants engaged in local and non local outreach targeting underserved populations. These findings suggest that while there is some exposure to diverse populations, the educational content on diversity audiology training programs needs to be more widely implemented.

Expanding this content will equip future audiologists with the necessary knowledge and skills to understand and address the diverse cultural backgrounds of their patients, so we'll take a closer look into that course content that was offered by AUD programs. We can see the percentage of participants in the graph who reported having more than one topic on diversity and their graduate curriculum grouped by the years of experiences. This allows us to see a trend in those who attended graduate school more recently versus those who attended many years ago, so we can see that almost 90% of graduates having less than three years of experience reported having diversity content areas. We can also see that most of the graduates from over three years ago reported having one single content area and this was focused primarily on deaf culture. So these results indicate that there is an improvement as we can see the trend upwards in education and more recent audiology programs providing more topics on diversity within their graduate educational programs.

So there were, of course, some limitations to this research study. Self report data was one of the limitations as reliance on these measures may introduce bias. Sample size was relatively small, so this limits the generalizability of the findings. There also was a lack of representation from various cultural groups, which may affect how comprehensive the study findings are and lastly, the assessment of cultural literacy. So there is no definitive method to assess cultural literacy in real world clinical settings.

The ad hoc survey based on the cultural competency self assessment questionnaire was used for this study, but there are many other methods that could be used to assess cultural literacy, including interviews and focus groups, simulation and role playing, observational assessments, and case studies.

So, to discuss everything that we have reviewed from the research study, what we found is that gaps do exist. So there is a notable discrepancy between self reported importance of culturally responsive care and self reported skill levels. We can also conclude that counseling theories may help explain these discrepancies in perceived importance versus actual capability as there is a lack of foundational education regarding the cultural sensitive counseling practices and audiology programs, which would help to equip students to feel more confident in utilizing this skill. We also saw that most workplaces do report offering accommodations for culturally diverse patients, but interestingly, clinic media is not diverse. Lastly, we noticed that there is a movement toward changing audiology course curricula to better address culturally sensitive practices.

So these findings highlight the need for improved training and education and cultural literacy within the field of audiology.

So that brings us into thinking about what we can do next. So, now that we're aware of some of the implications of cultural literacy training and its implementation in audiology, graduate education, and the clinic, what are we going to do next to address some of the gaps in culturally responsive care? Well, now we'll take a look at some potential solutions.

The first solution could be cross cultural education, so this is an area where we can direct our focus to improve cultural literacy and audiology to enhance cross cultural healthcare encounters. Healthcare models such as the learn model and the four habits model of highly effective clinicians have been proposed. Both models emphasize the importance of investing time at the beginning of clinical interactions. For example, greeting patients in their native language, using respective titles, and

maintaining a friendly demeanor can all foster a more personal connection. So we'll go into more detail over these two healthcare models.

On the left, you can see the learn model, which was created by Berlin and faux in 1984, involves five key aspects. The first is to listen, so listening with sympathy and understanding to the patient's perception of the problem. By actively listening to the patient's concerns, you can better understand their perspective on the problem and also form a foundation that can build trust and rapport. Next is to explain your perception of the problem, so sharing your own insights and understanding of the issue, providing medical context that might help the patient understand the situation are both some effective ways to help the patient to reach the treatment outcome goals. Next is to acknowledge and discuss the differences and the similarities, so recognizing any differences or similarities in perspectives can help validate the patient's feelings while also bridging gaps in understanding.

Next, you can recommend treatment, so offering treatment options based on that discussion and making sure to present choices that align with those patients cultural values and preferences. The last step is to negotiate an agreement with the patient, so collaborating with the patient to agree on a treatment plan that respects their needs and incorporates their input. Now we'll take a look into the four habits model of highly effective clinicians. This was created by Frankel and Stein in 1999, so it is comprised of four steps to be mindful of. The first step is to invest in the beginning.

So this means establishing rapport from the start, being friendly and open for patient interaction. The second step is to elicit the patient's perspective so you want to understand their view of the illness. The third step is to demonstrate empathy so you want to show your concern and commitment to the patient's well being while also being an active listener, being responsive to their concerns. Lastly, you want to invest in the end, so you want to validate our understanding and agreement on the treatment plan with the patient. So overall, engaging with patients in this way not only improves the overall

communication, but it can also ensure that their unique perspectives on the illness are considered, leading to better health outcomes and reducing disparities.

Another area that shows a need for improvement in order to further implement cultural literacy and audiology is effective counseling guidelines. So current practice guidelines in audiology, such as those from the American Academy of Audiology or the American Speech Language Hearing Association ASHA, reveal a notable deficiency in the depth of their counseling content. These guidelines, while comprehensive in many areas, may leave some expectations for counseling education and training vague and underdeveloped. This gap indicates that counseling competencies are not adequately emphasized despite being essential skills for effective audiological practice. Just as audiologists are trained in technical skills, counseling competencies require intentional and structured learning to be effectively acquired.

So the importance of this training has been acknowledged by the various organizations emphasizing the need for a robust framework that supports the integration of counseling into audiology education.

A shift in perspective is also necessary. So, as audiologists, we should view counseling not as just an adjunct skill, but as a critical component of professional identity, so it should have more emphasis on our clinical care objectives.

For effective implementation of counseling skills, it's vital to establish consistent terminology and clear expectations regarding the audiologist's role in counseling. This approach can guide the development of training programs that define the specific knowledge, skills, and attitudes that are necessary for effective counseling, as well as creating a cohesive curriculum that aligns with the evolving needs of patients and the healthcare landscape. So, in summary, addressing the lack of depth in counseling training within audiology is imperative. By prioritizing structured education, fostering a shift in perspective, and establishing clear guidelines, the audiology profession can enhance the quality of care

provided to patients and their families.

So expanding our worldview and background knowledge around cultural literate practices is another step that we can take to ensure patients from diverse backgrounds receive culturally sensitive care. So, as we wrap up today, I wanted to provide a resource for you all that may help in fostering continued learning about culturally sensitive healthcare practices. So I wanted to provide you all with this resource called access for everyone. The center of Excellence for Integrated Health Solutions offers this resource, which is aimed at promoting health equity and addressing disparities in healthcare. They have provided an online, self paced toolkit that can be utilized by both individuals or organizations to help address racial inequalities and associated stigmas.

This toolkit includes six training modules with the information the supplement knowledge in the following areas. The first module goes over health equity, so this is the understanding of the principles and strategies of health equity in order to promote equal access of care for all individuals, regardless of their background. The second module goes over health inequity, so this examines the systemic barriers that lead to unequal health outcomes, including socioeconomic and structural factors. The third module discusses health disparities and social determinants, so this explores how these, such as education, environment, and income, can contribute to health disparities among different populations. The fourth is health literacy, so this focuses on the importance of health literacy in establishing patients and enabling patients to understand and make informed decisions about their health.

The fifth training module goes over cultural and linguistic literacy, so this emphasizes the need for providers to be culturally and linguistically competent in order to effectively communicate and connect with their diverse patient population served. The last training module goes over racial equity and social justice, so this addresses the intersections of race, equity, social justice within healthcare, highlighting the importance of advocacy and systemic change. So these modules all provide a comprehensive

training opportunity for organizations who are committed to fostering an inclusive environment that prioritize equitable healthcare delivery. By implementing these training plans, organizations can better serve those diverse communities. I also wanted to point out that there are even more resources on this website as well.

So there are some videos also included in the toolkit as well as different training modules apart from this access for everyone. So it's a really good resource to look into if you want to know more information about the background of why cultural literacy is so important and how that plays a key role in providing patient centered care for our diverse patients. So I encourage you to take a look at these resources or pass them along to colleagues, co workers, administrators, and throughout your organizations.

All write, so here are my references and I just want to thank you all so much for joining me today in my webinar course. I generally hope you found some valuable insights to apply in your roles as audiologists. It's been an honor for me to share this important topic with each of you today, and if you have any questions or want more information about this topic, feel free to reach me on the LinkedIn platform. I'd love to connect with other professionals who are interested in sharing ideas and knowledge about improving cultural literacy in our field.

Thank you so much Doctor Brinkley. This was an outstanding presentation and I had never heard of this last resource that you included, the National Council for Mental Well-being. Those modules sound great and I'm definitely going to check them out and recommend them to our folks here at continued thank you for that. If anybody has questions, please type in the Q and A. We do have a couple of quick minutes for questions and then just a quick housekeeping item.

Please remember if you're earning ceus to take your CEU exam, if you're attending the live webinar today, sometimes it does take about 15 minutes to show up, but if you're watching the recording, you'll

be able to take that at any time. You go to your penny courses and then choose take exam. Let's take a look at the Q and A. We had some things come in earlier. Great presentation.

Thank you.

I'm not seeing anything else come in. So just again Doctor Brinkley, our thank you to you. We hope to have you back again on audiology online.

And that's a wrap for today's course. Thanks everybody for attending. Hope to see you soon in another webinar.