Back to School Q&A;: Insights from TODs, EdAuD, and Clinical AuDs

Presenters: Kimberly Szabo, Laurie McFadden, Laurie Winter, Michelle Kraskin, Sammie Levy, Hilary McManus, AuD

All right. Hi, everyone. Thank you so much for joining us for our presentation on enhancing supports for pediatric patients. This is meant to be just an enjoyable, kind of like a coffee chat with some audiologists from across the country. Both are educational audiologists, teachers of the deaf and clinical audiologists.

So we're just really glad to have you here today. My name is Alicia Wooten. I am the auditory technical specialist team lead for Oticon Medical, and I also supports the training efforts within our company as well. And I am a pediatric audiologists by training. And so I am so glad to be here with all of these wonderful audiologists and teachers of the deaf so that we can better supports individuals in our classroom, so that we can really help them to be able to get the most out of their educational experience.

And then I also have Shelby Peeler here. Shelby, you want to go ahead and introduce yourself? Hi, everyone. I'm Shelby. I'm also an auditory technical specialist with Oticon Medical, and I'm also a pediatric audiologists by trade.

And I'm really excited for this conversation. I know this topic was something that I always felt like would be really beneficial to dig deeper into with the whole team approach versus me just being a clinical audiologists. There was always a lot that I felt like I could stand to learn. So I'm really excited. Thank you, Shelby.

So I just want to welcome everyone. We're so glad that you're here, really. The purpose of today's presentation, and our goal is to help audiologists here at audiology online to better understand how to supports each other and our colleagues and then, of course, students throughout the school year, which we just discussed. But these are things that are really near and dear to our hearts, and we know that we're not alone. So this really isn't material that's Otakon medical heavy.

It's really more geared towards supportsing all of us in our continuing education efforts and just really helping to feel prepared when you head back to when your students or your patients, when they head back to school this fall.

So I'll go ahead and introduce our panel here. So we have four great people here to help us to talk about this very important topics. We have Michelle Kraskin. And, Michelle, would you like to go ahead and introduce yourself?

Sure. I'm Michelle Kraskin. I'm the director of our audiology program here at Weill Cornell Medicine in New York City. Great. Thank you so much, Doctor Kraskin.

And, Sammy, would you like to go ahead and introduce yourself as well? Sure. I'm Sammie Levy. I'm the educational specialist and cochlear implant program coordinate at Weill Cornell Medicine, also in New York City. Thank you, Kimmy.

Hi, Kimberly Szabo. I'm the educational audiologists. I work for the New York City Department of Education. Thank you. And, Lori, would you like to go ahead and introduce yourself as well?

Sure. Hi, I'm Lori Winter. I'm a teacher of the deaf and hearing impaired itinerant for the East Meadow School district. So we are all so glad that you. That you agreed to help us with this effort, and we're really looking forward to these conversations.

So we'll go ahead and move on here just to give you guys a little bit of a basis for. For what we're going to be talking about. I'm going to hand it over to Shelby, and she'll give us some definitions so that we're all on the same page about each of our roles. All right, so this is just kind of to define maybe scope and the main focus that each of the different roles would have. But, of course, as we're discussing our questions later, we can always pipe in and, you know, add or speak more to these.

So the role of the clinical audiologists is to diagnose and treat hearing imbalance disorders in patients of all ages. So clinical audiologists are going to be doing hearing assessments, fitting hearing devices, so all different types, whether that be traditional hearing aide, bone conduction, cochlear implants, do some counseling as well, all along that journey, and manage and treat ear related conditions. So just checking on those ears and making sure they're nice and healthy. And then collaborate in terms of coordinating care with other healthcare providers, whether that be ent or other specialties that a child might be actively seeing.

The role of an educational audiologists is to supports students with hearing loss within the school setting. So they are also sometimes doing assessments and evaluations in terms of hearing screenings or more comprehensive tests, depending on setup. Also working with ieps, so contributing to ieps, 504s, anything that's gonna help the kiddos get their accommodation. Which leads to the next point, just overseeing those assistive technologies that can help the kids do their best in class. Helping to educate the teachers on supportsing our students with hearing loss, and also working with the families to provide resources and supports to them as well.

And working with other school personnel to ensure that the student has a whole comprehensive team to hide them.

And then the role of the teacher of the deaf. Specialize in educating students who are deaf or hard of hearing. So they're providing direct instruction so individualized or small group instruction for those kiddos that have hearing loss. Helping to develop the curriculum for those kids because, you know, some of them might be mainstream, but some of them might need to have things adapted to them. They're also focusing on language development and communicate for those kiddos.

So whether that be ASL or, you know, auditory, verbal, whatever that student is. Is pursuing and then providing supports in the classroom. So also helping with those accommodation and modifications that the kiddos might need and helping to advocate for their needs within the school system and also working with the families just to make sure that they are being supportsed, and the student has that behind them as well.

Great. Thank you so much, Shelby, for helping all of us to get on the same page, making sure that we, you know, as we're adding more people to this call, as you're coming in and you're learning kind of what everybody's roles are, this you may be a student, you might be just trying to figure out what you need to get as far as additional education and how you can supports these patients. So it's nice to just have a nice baseline understanding. Now, we'd love to go ahead and jump right into our panel discussion today. So Shelby and I have worked with some of our colleagues at Oticon Medical and also some of our colleagues across the US to come up with some questions to really hopefully stir some great conversations among all of us.

So I'm going to go ahead and kick us off here, and you guys can just chime in as you're comfortable. So I do have some questions. The first one I have for all of you is, is there anything clinical audiologists can do to help supports their patients in the schools other than appropriate hearing aid recommendations?

Well, I'm going to start, if that's okay. I know for me, what's help is also a recommendation for an FM system. If there's something in particular that that student needs. I know now it's not so much of a thing, but if that student would require an audio shoe or a boot on a hearing aid. I haven't seen that really too much lately.

But it is very help, as the educator to have that information from the audiologists to know what I need to order for that person so that when they come in, whenever they do come in, they have something available that's really geared specifically to their needs.

I think one of the things we do here at our center is provide all of our pediatric patients with copies of their hearing tests so that they can provide that to the school, so that everyone is aware of what the baseline is for that child at that moment so that they're not working with the student from something from five, six years ago. They have the most recent hearing test and setting that child up for success for the school year.

Yeah, that's always super help. I know for initial cases and new students in the clinics, if you're able to or have the time to, it's great to have speech and noise testing done. That gives us a lot of information on how that translates into the classroom so that we can figure out what's the best educationally for them if you're able to. I know clinics can get crazy with timing and appointments, but if it's an initial case, that's always a really good piece of information I have, too. I would agree with that.

Yes, for sure. Because, I mean, when you look at an audiogram, it does give me an idea of, I mean, obviously the type and degree of hearing loss that I'm working with, but it doesn't tell me how that person functions with their hearing. So that was a great suggestion, Kim. So thank you. But, yeah, it really is help to have a piece of that type of assessment.

We're also sometimes able to extend that also a little bit further with simulating the hearing loss so that when our patients then go back to school and participate in some of these IEP meetings or kind of conversations with our teachers at the deaf or hard of hearing or even their classroom teachers, that they have an idea of, like, hey, it's really hard for me to hear in the cafeteria. And we kind of simulated that experience in the office just so we can kind of then give some tips, tricks, things like that, so that we could set our patients up for success as well. For sure. Because I know when I find out I have a student coming in September, and what I will do is I will contact those teachers and I give them a PowerPoint that tells which I actually have the student do in June for the coming September. I have them make their own PowerPoint that describes their hearing loss and how they function in school,

what their accommodation are.

And we send the simulations like links to simulations. And I cannot tell you how many teachers come back to me saying, I had no idea. You know, you gave me all these great tips on, you know, making sure I face the student when I speak to them, you know, and not writing on the board or getting their attention first. But when you send those simulations and they see what it's really like for them to have to hear in your classroom, it's just an amazing eye opener. Yeah.

I always love seeing that, like, aha moment, especially if, like, you know, the patient or student presents, like, on grade level, has really strong, like, peer relationships, super engaged. Sometimes you kind of get lost in that and not really think about, like, well, could it be a little bit harder? Could we make it a little bit easier? What does this mean? So I think those PowerPoints and any of those simulations really help teachers who otherwise don't have a lot of experience working with kids with hearing loss to kind of put those pieces together and really look at it from a different perspective.

I just love all of that. Guys, what a great first question. First answer. I also was wondering, to that point, does it help you all to have some qualitative information, like questionnaires and things like that from the clinic, or is that something that you do once the student is starting the school year? I usually.

Oh, I'm sorry. No, go ahead. I usually do that with the student. I mean, it depends on the grade level and the maturity of the student, but I do that with my little ones. I send things home with the parents of so that I can get an idea of how they are at home.

I'll have a conference with the parents and we talk about what their expectations are in school and what they're seeing at home and how we can help, too. But I just. This is very exciting to me. So I'm sorry. I'm getting a little, I think also just piggybacking off of what Lori said.

I think it's definitely age specific, but from the older kids, we always do typically a quality of life check in because I think sometimes we think that the school day is just 830 to 230. But we obviously want to supports our patients and we want them to enjoy extracurricular activities, be able to come home and really thoughtfully be able to complete their homework, engage in dinner conversations. That's all I very important, as we know. So just kind of making sure that we're looking at it, not just from, like, the time we're physically in our classroom seat, but then also looking at the whole day and how we can kind of supports them no matter what. If it's, you know, after school, on the soccer field, or in the classroom as well.

I know. I really like the Cincinnati children's checklist for kind of getting a nice overview of a student. And so I don't know if you guys have anything that you really love or, you know, the AFab or something like that that you love to use clinically or in education.

I know Karen Anderson has so many checklists and great materials on her platform. I use a lot of her. A lot of her checklists, and I find at the beginning of the year, it's always the same thing, setting the kids up, making sure their connections are good, because that's always. Something's always coming in, you know, in September with a new hearing aid or something, so you make sure they're connected, and then you do your. Your first fle for the.

For the year to take a baseline. And then I use a lot of Karen's checklist just to start to get my baselines, and then I use them just before an annual review, and then I might repeat it again at the end of the year just to see if there's any. Any more growth after that. But she's got great materials. There's so many.

I mean, yeah, we're huge Anderson fans here, as well. We definitely use her checklist, and then we also, depending upon the age of the patient, I also meet with them, and we kind of create, like, a. Like, our goals, like, our school year bucket list, things that we want to kind of, like, accomplish or think about or extend or enhance in the beginning of the school year, things that we can then check in maybe three

months into school. So we kind of set, like, benchmarks, too. So we're always kind of thinking about how we can, like, really be the boss of our hearing loss here.

Yeah, that's great. I love that. Be the boss. That's actually someone on teachers pay teachers. Oh, really missed my opportunity.

Shelby, you want to go ahead and ask our next question? Yeah, sure. I was going to ask a question. Clearly, you guys are all excellent providers and have so many resources for your kids. I have worked in places where that was definitely not the case in terms of.

There's a huge lack of supports in the school systems for my patients with hearing loss. So, do you have any advice on how to best, like, bridge that gap in those cases? Best advocate as a clinical audiologists for your patient when maybe they don't have as much supports in the school system?

So I think one of the biggest things is empowering the parent with the information. And we always say, you don't know what you don't know. And I think from the time of diagnosis fitting counseling is helping the parents know what they should be asking for, to ask the right questions and not accept no for an answer. I know a lot of the districts won't love that, but I think parents need to know the information because they don't know what their rights are, and they don't know what their child should or should not be receiving or, you know, what's the law. And I think as a clinician, I can give that information.

So even if the resources or the supports's not there in school, I can help, you know, what you're entitled to and how to fight for that information. That's fantastic because you are so right on that. Parents do not know what their rights are. They don't know what's out there for their children. They don't, they don't know what schools can provide.

And I can't tell you how many times I've come up with, you know, kids have come in, you know, in, and parents don't know where to begin. They just don't know. And at the end of the day, it's the child that suffers. You know, they're going to be the one sitting in the classroom and then the teacher gets frustrated because they have this child in class who's, you know, not paying attention, but maybe they don't have their FM system or they don't have what they need to do to succeed. So.

True. Yeah. Prior to working for the department of Education, I was clinical and at a hospital, pediatric hospital. And it's different coming from that side where you don't have maybe those relationships with the school systems established just yet. I, so I kind of at that time, started reaching out to the local school districts or if I had a student in particular, and I was like, let me find a point person that could get me in touch with the right people.

So I didn't have those contacts established already. So if you are able to, in the clinics to do that, you know, that's always great if the parents don't know where to start. And then I usually would tell them, you know, reach out to the school system, see who they, how you get that IEP opened or starting that initial case. And then on the flip side, because now I'm on the other side of it where I, unless the parents are initiating that or the hospitals are telling us, oh, we have a student that we think is in need of attention and then we kind of jump on it. So it's good having those relationships established and then we figure out who's the point person for that school.

I think we also can all probably agree that it does take a village. So we also ingested areas where we feel like maybe the supports isn't there at the moment or it's emerging. We're kind of getting things sorted out, kind of connecting them also with resources within our center or families that we know of that have kind of walked similar paths so that we can also, like, gather as much information as possible and then kind of find a more, like, tailored approach for that specific patient or student.

Even if you tell the patient, you know, like, let's like, honestly, I wear Oticon hearing aide now, and that was only in the last five years. So I'm trying to find the humor in that irony there. But I tell a lot of my kids. Go on to your vendors website. You can get so much information just from their platforms.

Like, when I go on Oticon, I can find so much information just on my devices and how I can utilize them and. And get the most out of them. And it also gives you other information that's very help in school, too. So I think that's a great suggestion, too.

Yeah. And I, you know, I can say this because I'm auditory tech services, but, you know, call your manufacturer's audiology team. With Oticon medical, for instance, we're happy to supports the patients directly, their parents, their aunts, their uncles, you know, whoever their caregivers are. And so, I mean, using those resources, like you said, Sammy, just really, it does take a village. It takes all of us right to that point.

What kind of verbiage is help from the educational team for clinical audiologists to put in their clinic notes so that the students really can have as much access to what they're entitled to without having to get a lot of pushback and go back and forth a ton. So I can say from my standpoint, I've found over the years not using wishy washy terms, not may benefit. Using the term will benefit. I think it's just being very conscientious. When the clinical audiologists is writing the report, everything should be in definitive terms, because if you leave any gray area or any room for interpretation, it's always going to go on the side of we're not going to give it.

So it's, you know, the child must have, or the child, in order to succeed, you must have x, y, and z in place. I think using very definitive and strong language goes a long way in the clinical reports. Yeah, to that point, too. Like, we started, instead of saying, like, preferential setting, because that preferred setting is subjective, like, I might prefer to sit at the back. So we've been doing more like, strategic setting and then kind of defining what that looks like in, like, best case, you know, best practice, gold

standard type of way.

So definitely, I think any of those gray areas where we're leaving it up to may or could really leave a lot more margin for error versus saying, like, we know that XDev, Y, and Z would be very beneficial for the student because so we're able to kind of more hone in on what we're looking for versus letting it be at the discretion who may otherwise not be familiar working with a student with hearing loss. I also think if there's literature or articles that you can cite that actually are data driven, that supportss as well. It's definitely help what your ladies are saying, because as someone who would set up the accommodation or recommend them, I should say, if it's in that report, I can say this child needs this accommodation. But if it's kind of, like you say, a gray area. Well, maybe not.

Maybe let's just see how they do. And we can always add that later on. So I appreciate it when it's all written there and it says, you know, they require x, y and z. So now I have to recommend that and they can't say no. That's the goal.

And I think that's such a good point, too, that it's, it's so much harder to add things than to take things away. So let's all, I see all the nodding heads. It's like, let's get everything out there, even, you know, for that first year kindergarten, and then we can just say we need all of that forever. And it's easier to see, much easier to take away than to add, as you all can attest to. And I think to that point, too, there's always kind of that concern of, like, are we being too restrictive?

So I think that if we are open with, like, we really want to set this, you know, kindergarten student up for success here is how I envision it, x, y and z. And then we'll re-evaluate with, like, a whole team approach, kind of looking at data, looking at different checklists, checking in with the speech therapist, checking out the clinical audiologists, the teacher of the deaf, so we can really make sure that the supports is appropriate. So I think setting those, like, milestones versus saying, like, we just need all the things sometimes kind of breaks down that, like, lack of willingness to give all the things. So I think kind

of being realistic with, like, we know that this is the best practice. Here's what we know about our patient or student.

Let's lay the foundation really strong so that then we can always re-evaluate. Agreed. And I think helping the educational team to know that they're not having to come up with all of this on their own, too. Right. Because sometimes that can be very intimidating.

Yeah. That's for sure. Yeah. Especially depending on where you are in the country, you may be. This may be your only student that you ever have that has hearing loss, and so you know, how helping them to understand that they're not alone and trying to figure this out, that you, as someone in the clinic, is also happy to supports that.

That's great. Shelby, do you have another question? Fair. This is kind of more nitty gritty, like, everyday stuff, but just something that I've run into as a clinical audiologists. Kind of a sticking point in terms of clinic and school back and forth.

Is there. Have you guys found there's a good workflow or amount of communicate in terms of. You know, I've worked with educational audiologists that will send in repairs or, like, do ear molds for their kids, and I haven't seen the kids in years, and they come back in, they've got new devices, and so it's. It's hard to keep track of that kind of stuff sometimes, and I'm sure on the other side, as well. But I know that's a lot of potential bog down in terms of communicating every little thing that's happening in the clinic and the school and making sure that everyone's, like, on the same page and has all that information.

So, have you guys found a good, like, happy medium in terms of communicating that kind of stuff? I feel like I can speak. I'm very spoiled by New York City, and so I think we have really good relationships with the educational audiologists and the teachers of the deaf, and so, again, I'm very spoiled. I know

this is not the norm across the country, so I have phone numbers, we have text message. You know, hey, I'm in the school today.

Did you know your patient has new hearing aide? And then I would be like, wait, what? They have a new hearing aid? So I think, yeah, bare minimum, if a patient has a new device, every party involved in that child's care should know that they have a new device. Obviously went to a different center.

It's a whole other story, because then it involve another clinical audiologists. So I think knowing everyone, knowing what equipment the child has, or, let me back up. What equipment the child should have, so what FM system they're using, if any, what device they're wearing. So I think that's important. But, again, I think just the quick communicate.

We're New Yorkers, so I think we're very spoiled by shoot attack and you're going to get an immediate respond. So I think that's huge in New York, and I hope other places have that capabilities.

Yeah, I definitely agree. Since I have a caseload of my kids in Manhattan, I have a list of who their teachers of the deaf are and where they're serviced clinically. And usually just that initial point of contact. Contact is super important. Just that's your go to.

But the little, if there's a repair or something small from the clinic on the clinic end, it's not that that back and forth needs to happen. Unless something's affecting the roger system or the FM system or if there was a change in hearing aid or processor, those are the big things that we would need to know. And of course, any updated testing. But that, that initial point of contact, I think is the most important to have those relationships. And if that's not the case, if you are in an area that's a little bit more challenge to do that, then encouraging the parents to be open to that, establishing that communicate.

If I need to get in touch with a school where maybe I've never been to before, I always start with the parents and say, okay, I want to do x, y, and z to help supports your child. Who is the best person to get in touch with and collaborate with. So it's always about collaborate in those situations from the clinical standpoint. Something that we've incorporated over the last few years in our intake form is, where does your child go to school? Is there a tod happen to know your child's provider?

And so we have that information in their chart. Makes it really, really easy. And this can be done all across the country. Where's your child enrolled in school? What are their devices?

So you have a little box so that even if a patient coordinate gets that phone call, they'll be able to relay that information to the educational audiologists quickly. Yeah, the intake form is super help. And then we also have a little box, like, do we have permission to reach out on behalf of your son or daughter or whoever that we're reaching out to just so that we also can give the impression that we really want to collaborate? We have open communicate. We're here to supports you not only in the clinic, but also at the school.

So it kind of also takes down some of those barriers as well and really makes it of a team approach. So definitely the intake information is huge.

That's so great, everyone. So just in the interest of time, because I know some of you have patients and students you need to see I'm going to go ahead and move on from our panel discussion, but I think this was so informative and useful. I'm sitting here going, I don't want this to end. I think we could do this for another 2 hours, probably. So stay tuned.

We'll see if we want to keep this going until the school year gets started. But let's go ahead and just kind of wrap things up. Do any of you have anything that you want to add before Shelby and I go over just a couple more slide and wrap up for the day? I think also we all learn so much from each other, and

even though our experience in New York City may be a little bit different, I think that over the years, all of us being able to collaborate and share things that work and things that maybe don't work are super help. So definitely encouraging other professionals.

Whoever is working with our amazing populations, definitely reach out and connect kind of to one another so that we could all supports each other. You know, we all just want to supports these students. And so if you don't know what resources are available in your area, start Google, start reaching out. You know, LinkedIn is a good place to even start. You can find people in your area that may have similar interests to you so that we can really help these kids the way that we need to.

All right, so, guys, as we wrap up today, I just wanted to kind of bring everything back to this whole team approach and really an inter-discipline approach to caring for these children. You know, it's a comprehensive supports for not just the child, but for their family, which not only helps them, but it helps us as the provider, too, so that we can really help to give them a holistic supports. Right. It helps us to stay consistent and provide continuity among professionals, too, which is very important. This whole conversation, I hope, will help to stir the importance of improved communicate between people in different parts of the child's care to hopefully enhance our problem solving among clinicians and teachers of the deaf, and even classroom teachers as.

As well, and ultimately empowering families so that they have the resources that they need, so that they can advocate for their children and so that their children, like you said, Lori, can advocate for themselves, so that they can make their own PowerPoint presentation, they can attend their own IEP meetings, and that they can have some buy in and how they're going to maneuver through the world with having this extra piece that they have to deal with. Sometimes it can be something that hinders students, but most of the time, these kids really embrace who they are. They embrace this piece of their lives. And so we want to help give them those resources and give their parents those resources so that

they feel empowered and they can use this as their, their superpower. And then ultimately, you know, that we have positive outcomes, that our students have positive outcomes, and that we as clinicians also feel like we've done a good job.

It helps us keep, stay motivated, I should say, and helping the next student as well. So I'm going to go ahead and hand it back over to Shelby, and then we'll wrap up here. I just wanted to touch on some points of how anyone watching this can get involved. So it's, it's super important to build the relationships throughout your community. So figuring out who your patient, your student's team is both on your side and then on the other side of things, whether that be you're in clinic, in school, or vice versa, to send an introductory letter is super beneficial.

Just kind of get things going right off the bat and figuring out what needs done, what can be done for the student. Encouraging an open line of communicate between the providers, which was kind of like that last point that we touched on that's huge and help, just to make sure that everything is as streamlined as possible for the student and the patient and to make sure that there's no barriers there and to encourage how important it is to encourage relationships with the parents and how the parents really are a key part of this whole team approach for the student and how much of a difference that they can make when they're involved.

Well, on behalf of our team at Otakon Medical, and just as an audiologists who loves everything that is related to students with hearing loss and adults with hearing loss, I'm so grateful for you all taking the time to participate in this panel to supports our colleagues across the country so that they have a better idea of different resources that are available and ways that they can communicate with other people supportsing these students. So thanks for attending to all of you who joined us today. And in the future, this will be posted for, like, five years or something like that. So if you felt like this was a help panel, come back to it next school year and the next school year, and feel free to reach out to any of us, and

we're happy to supports you in any way that we can as well. So thank you all so much, and I'll go ahead and let us sign off then.