eAudiology: Join the Discussion: Moving from Microaggressions to Cultural Humility - A Critical Discussion for Audiology Part 2 of 4 - Student Considerations

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We want to welcome everybody here tonight. I have three distinguished panelists that are going to be joining me tonight, and I'll introduce them in just a minute. I'm Erica Friedland. I'm the chair of the Academic Programs Committee for the American Academy of Audiology. And this is part two in our webinar Join the Discussion series.

I want to just give you a couple reminders in terms of housekeeping. We do have captions available, but you have to enable them. This session is being recorded. We want you to know that this is a safe space where you can talk, but it is recorded. And any questions or comments that you have, we invite you to put them in the chat box.

And that way we'll get to them pretty quickly. So thanks for taking your time to join us tonight. Without further ado, let's get started. Let me share my screen with you.

There we go. So this is moving from microaggressions to cultural humility. Critical discussion for audiology. In our part two in this series, we're going to be talking about student considerations. So as I promised, I have a distinguished panel with me tonight that I want to introduce, and they're going to give you a little bit of information about themselves as I introduce them because really they can do a better job at that than I can.

So the first person I want to introduce is Laura Gaeta. She's from California State University, Sacramento. So, Laura. Thank you, Erica. Yep.

My name is Laura Gaeta and I'm an assistant professor in the department of Communication Sciences and Disorders here at the California State University in Sacramento. I'm also serving in the role of program director for our AUD program. Awesome. Thank you, Laura. And we have Jackie Jewett, who's a fourth year or I should say an external from Illinois State University.

She's currently in Georgia. So, Jackie, thank you, Erica. So, yes, again, my name is Jackie Duet. I am a current extern at the Pediatric ENT of Atlanta, and I do attend Illinois State University, and I'm very excited to graduate next year. Nice.

And our final panelist is Jennifer Phelan from the University of South Dakota. Dan. Hi there. Thanks so much. Yeah, so I am also an assistant professor.

I'm at the University of South Dakota, and I serve as our audiology clinic coordinator. Awesome. All right, so they're going to share some of their wisdom with us tonight. We thought that we would go through a few topics and a few sort of not really kind of reminders, but just give a little bit of information and background in terms of how we Started this series and then kind of go through some scenarios of from the student perspective, you know, knowing who to go to when there's problems, if there's problems, and depending on what, who's presenting the problem to the student, when and how should the students have those conversations in their clinical rotations, what might happen from some of those conversations, and then if there's any wisdom in terms of working with different generations and the way different generations respond to students.

First, we just wanted to take a few slides to remind you about microaggressions, what microaggressions are. If you've read any of the literature, then you know that Dr. Sue is one of the leading kind of outspoken individuals, has done a lot of research in the area of microaggressions. And Dr. Sue defines them as brief statements or behaviors.

So it doesn't always have to be something you say. It could be something that you do. They may be intentional or unintentional, which is more often the case. And they communicate a negative message about a marginalized group or a non dominant group. Again, just remember they can be something that you say, but it could also be a way that you act towards somebody.

They're classified in three ways. So at the very bottom, or at the very top, I would say of your microaggression chart, you have microinvalidations, which are behaviors that negate or neutralize or deny a person's experience. So an example might be a white person asking an Asian American person where they were born, or making statements like, I'm colorblind, I don't see color. Those tend to be more unconscious, more unintentional types of statements. Then you move up in the hierarchy to microinsults.

Those are messages that are insensitive or disparaging to a person's identity or background. For example, if there's a minority physician or doctor and they're confused for a janitor or an interpreter, or maybe a nurse, which not to disparage a nurse, but they tend to be lower in the hierarchy than say a physician. Then you have, at the top of the microaggression hierarchy would be micro assaults. And those are really explicit and overt acts, physical, verbal or non verbal. And they're meant to communicate to someone that they have a lesser worth statements like, wow, they're allowing women to be doctors now.

Or since when did they start allowing gay people into this restaurant? So really upfront in your face sorts of statements and behaviors. A person who is subjected to repeated and targeted microaggressions is really undergoing microbullying. And those things really add up over time. Who's the target?

Well, just about anybody from an underrepresented or marginalized community. The four of us, as panelists are all female. We really would be seen as a marginalized community. Then some of us are also different race, different culture. Then you have a double marginalization.

You're part of two underrepresented communities. So what's the harm? What's it really all about? This isn't something that's about hurt feelings. It's about repeatedly insulting someone, alienating them, making them feel worthless or invalid.

And it creates stress and it creates harm over time. For some people, it makes them angry. For others, it makes them depressed, it makes them frustrated. And then it starts to impact their job, perhaps, and their relationships with other people based on how they're made to feel on a daily basis. A lot of women report becoming desensitized over time, and then maybe they're just too tired to care after a while.

I've been an audiologist for a really long time, 26 years, 27 years. I can remember in the very beginning being in an ENT office. And the ENT was an older white man. And he would always tell the patients, go see my girls down the hall. They'll take care of you.

We see number of clinical microaggressions in the clinical setting. They can occur. Health care providers can microaggress against patients, and they could be providers against a trainee or a student. It can occur between colleagues. It could occur.

Patients could be aggressive against health care providers. Patients can microaggress against trainees. You could also have microaggressions in the interprofessional health care team.

Microaggressions that occur by providers against patients is really, really harmful to a patient's health. It can lead to poor compliance, poor health outcomes. You could also imagine aggressions against trainees or students and how that could lead to a poor outcome in terms of the learning. So part of this session is, how can we work towards a better outcome and a better outcome in the health care setting and really in the teaching training setting? So one of those ways is through cultural humility.

So cultural humility was first meant to serve as a tool to physicians who were working with ethnically, racially, culturally diverse populations. And it was developed by Melanie Tervillon and Jen Murray Garcia in 1998, but then it really became adopted, and it spread to include all healthcare workers or clinical researchers or social advocates that are working with individuals in marginalized communities.

What are the key areas of cultural humility, really? What the basic premise of cultural humility is that it's a lifelong learning process. It's a understanding that you can't know everything about every culture all the time.

So it's a continuous process where you're examining your own biases, you're reflecting, and you present yourself with a humble and respectful attitude towards people of other cultures. And you do this over the lifetime, over the lifespan. I thought this was a really nice way to sort of visualize, in a picture format, cultural humility. And one of the key components is really just being open about what you haven't learned yet. You know, sometimes it can feel really uncomfortable to admit that you don't know things, but that really just leaves room for you to grow and.

And for you to be able to promote equity and inclusion in different communities. Understanding that each person is unique, and they're an intersection of different cultural factors, things that you may not even really have considered. So if you're working with students, knowing that they come from a culture of their university, they come from a culture of where that university was geographically located, they come from a culture of their own upbringing. And so that's a lot of things to put into a mix, especially if they're at a place distant from where they started. So with that, I will end our slides.

You know how we always love to have slides to demonstrate any point, and I'll turn things over to our panel. We can kind of start wherever you all would like to start. But maybe one of the things that a lot of people always have questions about is, you know, sort of from the student perspective, knowing who to go to when you have a problem. So who wants to take that one? And I will turn my microphone off.

I can touch on that a little bit. So as a current student, I'm still a student. I think that it really depends on who you have kind of seen. Want to build a relationship with you as a student. And so it may not be someone who's necessarily your clinical preceptor, but it could be someone that you felt comfortable enough going to.

And I know just in my personal experiences, I've had a clinical supervisor who I felt like I couldn't go to if something went wrong. And so I knew that I had someone else within the department that I could go to tell the problem to, and then they can walk me through where to go to next. So I think it's the biggest part is knowing that you have someone that is, like, in your corner that you feel comfortable with sharing because it may not be the person that's directly supervising you. And knowing that as a student and knowing where to go may be hard sometimes.

Yeah. So I would say, I think that, you know, every system you go into also has. They'll have their own culture as well. And I think that's a big part of this. We're talking about cultural humility, remembering.

Like culture is that construct. Right. So what kind of system and what's that culture is. We also have to take that into account, I think, especially for students, to let them know that they're coming in and they have, they have expectations. Right.

They're excited, they're getting closer to being finished with their education. And so there's this excitement around it. And I often will often remind them that there's also a culture of that place. And so whoever that person is that you sort of have has been deemed as your go to person, they might have to feel out how that culture works for them, but also recognize that the person that might feel like the best person for them to go to to make sure they also recognize how that's going to be perceived. Right.

Which I think is just something that we, we have to develop when we start talking about professionalism. Because sometimes that can be really hard because the person you have to go to may not be the person that you necessarily want to go to first. But then so being able to kind of also feel that situation out and being able to recognize that this is the reason, you know, it's a whole nother discussion as to, you know, being in school while you're on your externship. But I think this is really one of the reasons why this model does work so well. Because if that, if that place doesn't have a person

you feel comfortable going to, or the person that you do feel comfortable going to isn't the person that would be the most appropriate from a cultural perspective of where you are.

That's why we're here, because we are outside of that entity. If there really is a concern, then it comes back to us at the university and then we become the advocate and we're the one who is able to step in and we'll throw ourselves under the bus if we need to. I think with that there's also like a hierarchy almost of who to contact for things. And sometimes that's your supervisor, your preceptor, sometimes it's your clinic coordinator or director. But I also want to just draw attention to some campus resources that we have referred students to.

Sometimes there's like an Office of Student Conduct or a Diversity and Inclusion office. And so I think having that discussion early, I think with Jackie's point of who you're comfortable going to, and maybe that's a theme that we're going to explore through today's webinar. But if you can identify and at least set that reaction early, you can know who to contact rather than trying to find someone after something that has already happened. And those campus resources are also really helpful, even for your preceptors or your faculty to be able to have. So you may get referred to some of those as some additional sources of information.

Yeah, those are really good points. Laura, we have a really large. I'm in Fort Lauderdale, Florida, which is a very diverse community. Laura's in California, so she's in a diverse community. Jackie's probably in a fairly diverse community in Georgia.

Jen, I don't know about Vermillion, South Dakota. You'll have to let us know. But we have a really large base, Betty. Belonging, equity, diversity, inclusion. Anytime you can make an acronym of something, that's where they're going with it.

Right. So we have a really large BETI office, and it's centralized on our campus, so we do have resources in our college, but we have a large central resource also to pull from, which is nice because the students sort of somewhat anonymous there. Right. So they can seek out information on their own. But yeah, we've.

We've always told our students, you know, when our students leave campus, they really go to either our clinic director 95% of the time. Sometimes they'll. They'll come to me as the chair of the program, but most of the time they come to the clinic director and they're all fortunately, very comfortable talking to her about things. When they're on campus, they're all assigned an advisor. But we do make a point of saying to students, look, if your advisor that you're assigned is not the one that you're most comfortable talking to, then go to who you feel most comfortable talking to, just so that they know that they have a resource.

A resource there. So, yeah, so one of our next points that we wanted to. Okay, so let me. Let me ask another question of you guys. So what about in the practice?

If. So I get probably, if the problem is a patient, right. You're having issue with a patient, you probably. Well, they would probably go to their preceptor. Would you say that would be probably the most correct.

What if the problems with the preceptor, then where do you think that they're going to go?

One thing I would say, just to kind of start us off maybe, is about that importance of having discussions early. And I think one of the earliest things that as a student you can do with your preceptor is agree to a definition of what a microaggression is or kind of what behavior is going to constitute something that would be problematic, and then how that should be addressed in the time. And so I think if you have that conversation at the start of the semester, talk about how it should play out and really hear the preceptors view as well as the students, I think that's a good way to at least kind of set that boundary at

the beginning. And then the expectation, if it were to happen with the preceptor. And so both of them are on the same page.

And that can also then trickle down into patient dynamics as well. Yeah, I think having those conversations early, I mean, the reality is this isn't going. It's not likely, not going to be the first time that student has experienced that situation. Right. And so in.

In that I knew the situations that I had experienced and potentially would continue to experience, like when I. When I was a graduate student, one of them is kind of in what level did I kind of take these working in pediatrics and in being a schoolteacher before. And I was a teacher in an inner city, and I had a second grader who came up to me and said, so when you leave here, you go down to the Chinese food restaurant right? Now, My maiden name was Shen, so it was that they called me Ms. Shen.

That was, you know, the way I looked and my last name things. I get fewer questions now. But, you know, that was. But she was a second grader and we talked about it, right? And I said, nope, I go home just like you go home.

Right. So when that happened to me in a pediatric hospital, I knew I already had that experience. It was actually my preceptor who was like, oh my gosh, what do you want me to do? And I was like, that's okay. They're a kid.

That's not the first time, you know, that that's happened. And I think that's another thing to recognize is that for students who have experienced microaggressions or who have had situations, to talk to their preceptors beforehand and let them know how they will handle it or what they would expect from them, and then at the same time, if it is the preceptor, their main preceptor, that they're going to. To recognize that they know who they can also address that with. Right. Like I would assume, and that might not be

appropriate assumption, but assume that whoever that person, supervisor is would then be the person that, you know, they would need to.

They would talk with.

Sorry, what if you have that mismatch like Jackie? What. What do you have the same ethnicity or same cultural. Are you at all aligned with the preceptor that you're primarily working with every day? Do you mean, like in my current place right now?

No. So I can count on one hand the amount of times that I've had a preceptor that come anywhere remotely close to the background that I have. And so. And I've grown up like that my entire life. Like, I've been in schools where I was always the only black girl or me and my brother were the only black students.

Like, it was just. That's just what it was. And so I've grown up to know how to act in those situations, because I've had to. And so when I got to my audiology program and I have had issues with preceptors who have, you know, been there in the room when a patient isn't showing me the respect that I. That I deserve of being there treating them, and they just brushed it off of, oh, they're just an old man.

And it's like, no, that's not the issue. But that's, you know, that was like a perpetual thing with that same preceptor. And so I knew that one. I didn't want to get kicked out of my program. So, too, I went over to someone that I already had a relationship with who is also a preceptor and told him about it.

And then in that sense, he was able to take it back to their board meetings or whatever they do their clinical meeting as staff and talk about it. In that sense, it was okay because in my first year, I was kind of timid to speak up about things like that. But I think now being where I am and I work at a larger ent place, so I work with several audiologists. And I feel that now where I'm at, if I were to have a problem

with any of the preceptors that I work under, I could address it with them because we're all professionals, we're all adults. And so I feel like if there's something that happens in that time that I'm with them, I should be able to speak up and say something about it without any repercussions.

Happening towards me. And so like I said, I'm in my fourth year now and I feel like that that's where I'm at, comfortability wise. But that isn't for every student, if that makes sense. Yeah. I can only imagine if the students having that experience just beginning in their fourth year, maybe it was once or twice, but they just kind of brushed it aside.

But now they go to their externship and now it's something that's happening. I can imagine how, how they might feel in that situation and then not necessarily having the tools from their program in terms of how to deal with that. I think sometimes just to add on to that, if your preceptor doesn't say anything, then you wonder, do they share that same view? And that can really impact some of that relationship and just even how you feel like you're being perceived if there's nothing being said or no action being taken. Yeah, or even.

Wait, did I, did I really. Is that how I heard it? Because they're not saying anything. So did I really hear it the way I think I heard it? So then maybe you even forget.

You might question them, certainly, but you might also then question yourself. And that's a really. That seems like a really hard place to be also. Yeah, and I agree. And I think that that part of questioning yourself, of am I overreacting?

When in reality, like the student is not overreacting, when they speak up and they say something that makes them feel uncomfortable, that makes them feel belittled in that situation, they're not overreacting. It's just that they're not getting the validation from the preceptor that they should be getting. And I think part of that is also just sort of the dynamics, especially when you're a student, there's sort of that power

imbalance almost between you and your supervising audiologist. And so it's almost to a point where you might not feel like you can be comfortable saying something, but it also might be just the influence of I'm just a first year student or I'm new here in my placement. And that can also, I think, play into just sort of the reaction to it or lack of.

How do you. Go ahead, Jen? I was just going to say, I think that's actually a really important point for preceptors to remember. So a lot of our community partners, they definitely recognize graduate clinicians as graduate clinicians, but they really also see them as a lot of them I talk to see them as these colleagues that they're supporting and they're mentoring. I think sometimes that true power dynamic isn't totally recognized.

I think that's something to help preceptors in the community to understand. Is that how vulnerable students really do feel? Because in that position, it feels as if this person has a really big say in me being, to get, get to where I need to be. And so, you know, a lot of times us even stepping in to say and to approach that and to, and to broach that because that student might not feel comfortable because they see this as like, I'm just going to put my head down and I'm just going to do what I need to do to get to where I need, need to be or where I want to be. And so for preceptors to recognize that, and I think sometimes not all preceptors recognize how much the student views that power dynamic.

Yeah, I also think some of them, some of the students really become afraid of retaliation. You know, if they tell someone, if they talk about this, you know what's going to happen. That certainly shouldn't be the case. But yeah. So we have a question from a panelist.

They'd like to know if any of us have come across reports of microaggressions against professionals in the later stages of their careers. She realizes this is a student. More student discussion. But maybe someone who's an older practitioner, maybe just before retirement. And has that been anything that you've seen?

I could certainly see that in the IT and in the business world. In audiology. I don't think I've seen it other than. Yeah, I don't think I've seen it. I've actually worked with two people who did retire as, you know, while I was employed with them.

And I don't think I saw it from any side. But that's not to say that it's not out there and it's not happening.

I think there's probably some, I'm just kind of generally speaking here, I wonder. Some of it could be just with a lot of the technology, especially with audiology and the advances, like if an audiologist isn't using the new computer based audiometer and prefers to do things by hand or something. And then that's, I think especially at least on our side of it with the instructors, is to try to really take the focus off of that and really think about the learning process. But I can see that as being an area there where there might be and certainly an area for a microaggression or even like we look back at the definition of a microaggression, whether it's intentional or not. That might be something that there's maybe an ageist view or something with just uptake of that technology.

Yeah, that could definitely be a generational issue. You know, you have someone who has been around since, and probably none of you three will know this, but we used to have tympanometry where we dropped a little marker in the machine and it had these cracks, crossbars that, you know, drew your tympanogram, you know, and that was the cool one that we had at the va. But you know, if that's what, what if that's maybe what someone still is used to working with, right. And they're really resistant to some of the, the newest technology and what it can bring them. And then this student comes along and they're assigned to them, you know, maybe a couple days a week.

And the student's like, but wait, we have to do that, but wait, we need to do, well, what about this? And they're just, you know, they're just having none of that. I could really see, you know, I could really see some, some issues that way from both sides. I could see it going both ways and the potential for a

student. I mean, if we're going to, you know, kind of take these two, kind of take these two pieces, but a student feeling like they're not getting, you know, the, this assumption that they wouldn't be getting the most current training from someone who, you know, is close to retirement or something, something like that.

I think depending on what anyone, what their view of being in a career for a long time. I could see people potentially going either way of that, really seeing the value in it. But you know, definitely somebody saying, oh my gosh, I'm just, I'm going to learn like the old way. I've seen that generational gap or that generational challenge kind of go both ways. Mostly I've seen it between students and patients, right?

So you have kind of the patient in that mature generation and you have the ones that want nothing to do with bells and whistles and buttons. They want the simplest thing possible if they're going to get amplification and they just want it to work seamlessly, right. Don't try to dazzle them or flatter them. And they'll call you young thing or you young students or you young people, they'll make those kind of comments. But then you also have my 81 year old dad who was in it for his entire career, who wants the app and the streamer and he wants to know how to do it, and could he have the software which he can use to program his hearing aids?

Like, you know, how dare he even ask that question? But, you know, then. Then you have that. And. And he totally appreciates that the student knows immediately how to hook up his devices to his Bluetooth, you know, but.

And I certainly appreciate when the students know that. Cause I. If I had to keep up on, you know, all of that, I would never get anything done, I'm pretty sure. So, yeah, I think I've seen it happen in both ways. But I've also seen students get really frustrated with patients.

I don't know if you've had this situation. Not that you would get frustrated, Jackie, but you see an older patient that has dexterity issues, and they just cannot manipulate that hearing aid. They just cannot get it in their ear. And trying to maintain patience with that is always. Is always a challenge.

Right? Yes, I will. As soon as you said that, like, a patient popped in my head, and I was like, that poor man. I just wanted to help him so bad, and he just couldn't get it. But I also then not place the blame, but the person that ordered the hearing aid should have kind of did a little bit more counseling as far as dexterity and what he could manage.

But, yes, as soon as you said that, I was like, oh, poor man. I just want to help him. Yeah. And I think, you know, that can kind of come back to even, you know, this kind of micro invalidation in just how we use our words, that word. Like, oh, it's.

You just do this. Right, Right. And so it's. So, yeah. Oh, you just.

You just put it. You just put it on your. And, you know, put it in. And, you know, so I always am really mindful of that. I remind myself and, you know, when I work with students, just be mindful of.

This is what we do all day. Like, this is what we. This is what we think about all of the time. And so for us, it's adjust this. You know, that you just take this little stick and put it in, take it out, and then flip it over and then do it again.

Right. You just do that. You know, and so I think that could also be seen as like, this. In this invalidation of, like, of where they are. Right.

And so just being mindful of how we communicate and the communication that we're using to make sure that we're not minimizing it when they. Because then I also have seen patients who. When it's just

this. And it's just easy. And then they struggle.

They feel really badly about the fact that it's not that easy for them. Yeah, I often catch students using, oh, it's so simple. It's so easy. It'll be fine. You'll get it in a minute.

It's not going to be a problem. Don't worry about it. Well, wait, wait, back up, because we don't know how it's going to go for them and it might not be so simple or so easy. That's a great point, Jen. Really great point.

Yeah. And I think also when you're just kind of looking at things, clarity, clinically, there's sort of a difference or a line maybe between your considerations that you would have for a patient who's older and has dexterity issues, and also those assumptions that you can make just by looking at maybe their age or something. And I think that's when you're on that side of it, is where you can start to fall into that trap of maybe making some assumptions or those microinvalidations like Jen mentioned, that can actually be harmful. And then if you kind of start talking about that, it plays out almost. And that can also just lead to negative interactions, even just how you're perceiving or viewing the patient.

Have you all been in a situation where you've had a student, a trainee with you, a student with you, and maybe you've gone to take the patient from the waiting room or you've brought them back and the student's in the room with you and they've made some comment about, oh, heck no, I'm not having a student involved.

So then what do you do? Like, do you say something? I mean, you kind of have to say something to the patient. You have to. I feel like you have to support your student.

So how do you do that in a way that is supportive of the student, but. And I guess I don't really worry about alienating the patient, like, so. So be it. They're the one who made this negative comment. Yeah,

I mean, I think in the situation, being in a university setting for as long as I have now, you know, they've made the choice to come to a training facility.

And so, you know, being able to say to a patient, well, you're, you know, something along the lines of your appointment is with me. But I do have graduate students, students, graduate clinicians with me. And so they're going to be working alongside. They're going to be working alongside me, as we're doing. And just being mindful of that for future, if that patient remains a patient of that clinic.

And so that might be one where I don't necessarily question the skill of the clinician, depending on the level they are and where we are and sort of independence and remote observing from a different room, but maybe just making my physical presence there, even if I'm not talking all that much. Right. And so, you know, I often say to students, especially, you know, earlier in training, that my job is to make sure the student gets what they need and the patient gets what they need. And then I'm kind of this mediary in between the two. And so to really be able to be in that, in that position, be there so that the student gets what they need, they still get to do the doing part, but the patient still sees that they're getting what they need and kind of being in that middle of the road.

But the situations I've been in, I've been able to say you made the appointment here. But then I also was in a city where there was a practice that kind of build themselves as we are, the practice in town where you will not have a student with you and that then they knew what they were getting in that situation.

I think on the student side, having that as part of your introduction, when you go out to meet your patient and you can introduce yourself as that with your, your audiologist there who's supervising you and kind of setting that role. As I'm here with this licensed audiologist, I think that also kind of sets the tone that we're here, we're serving you together as professionals rather than I'm just here kind of apprenticing or whatever they're thinking about that student's role.

Good points to consider. So, Jackie, I have a question for you. So you knew the culture in the clinic on campus, right? The clinic in your program.

How did you go about figuring out the culture of your off campus sites or the culture at your externship site? I think it was a lot of trial by error. So I just kind of went in and I'm the type of person that likes to kind of fill out what, what it is. I don't know if it's just like something intuitive, but I just kind of like sit back and kind of observe how the preceptors that I have, if it's multiple or if it's just one kind of how they interact with me and, and then from there is where I kind of open up or don't open up. So.

So yeah, so I knew the clinical or the clinic Culture for Illinois State, I understood it very well. I knew how that was ran. And then we were very in the middle of Illinois where it was very rural. So it was not Chicago. It was not very diverse at all.

And so the placements that I started going to were a little bit further out away from the city or, you know, Bloomington Normal, where the school was. And so going there, I would again, just kind of have to, like, sit back and just observe. I was a very observant person because I knew that, again, I kind of grew up doing this, so I needed to know how it was going to be and then how I needed to present myself there. Because as a black woman, I feel like I know that I always have to be kind of on my game no matter what. If I'm having a bad day or it doesn't really matter, I have to.

When I walk in those doors, I have to be presentable because I'm already looked at as, you know, not where I am, you know, title wise. And so being in central Illinois, it was a little difficult because there were some placements where I was like, oh, I don't know if this is going to work out, you know, and I would be transparent with my clinical director. She. She knew that, you know, I would have some hesitations going some places, and so she would not send me to those locations. And so I appreciated that because that was during the time of, you know, elections and all types of things.

And so I. I did not want to be in an area where I felt unsafe because they were long traveling hours. And so it was just. I didn't want to be out there. So that was something that was appreciated.

And, you know, knowing that I was in central Illinois, I knew that I had to act a certain way and be a certain way. And that kind of just spilled over. Now, coming to my current location that I'm at, it is in Atlanta. So it's a lot more diverse, and it's a lot. I would say, more like a breath of fresh air because I do get to work with people of all different types of ethnicities.

I get to work with a lot of different cultural backgrounds, and it's just a lot different than what central Illinois was. And so being here, I don't feel like I have to have my guard up as much just because I get to work with patients that look like me. I get to work with an audiologist that looks like me. And so it's nice to. To kind of have that difference, but knowing how to balance and work in different settings.

Is something I had to learn at a young age.

Well, I'm sorry that that's the case for you. I wish it wasn't. Now, when I have students come to my program, there's about 120 different languages spoken in the county I live in. It's. It's hugely diverse.

When I have students that come from the Midwest, Minnesota, sometimes like Indiana, and some from Illinois, but more rural parts of Illinois, they sort of have. They have a lot of. It takes them a while to settle. You know, it takes them a while to sort of assimilate and figure it out. Because truly down here, going to the supermarket is a culturally.

Culturally diverse experience. You'll find all sorts of things that you've never maybe seen before coming. And so in my program, they don't start clinic in their first semester, so they have a little time to settle in and kind of figure out where they are. But, you know, I always encourage them to draw from

the various cultures of their cohort of their class, you know, to talk to people from other areas to. We do.

In a course I teach, we do sort of a my culture exercise where, you know, they can kind of talk about how they grew up, what their customs were, how their family is, what they most highly value, and then they can see what's the case with other students in their cohort and then sort of learn from that. But, yeah, definitely it's a different experience for a lot of students. I know that my students from the Midwest definitely have a more difficult time because, you know, South Florida is kind of like the East Coast. You know, it's kind of like New York, New Jersey, Massachusetts. Right.

And that's not something that they're definitely used to if they haven't spent time there. So. Interesting. Jen, are most of. Are most of your students from that area in and around South Dakota?

Majority are not too. Yes. South Dakota, Minnesota, Iowa, Nebraska. Yeah, a lot of our students. And that, honestly was a shift for me.

Right. I'm from the New York, New Jersey area, and then I came here from the Chicago area, and there definitely was. It actually made us laugh a little bit because we were welcome to the Midwest a lot. When we moved here, I was like, we moved from Illinois. I think we were living in the Midwest.

Right.

And so. But yeah, I mean, there definitely was a kind of an adjustment. An adjustment to all of that, just being able to settle not only not only the area, but also the small town. Right. And so that definitely was a big.

A big piece of it as well.

You're pretty Diverse up there. Laura, aren't you in Sacramento? Yes. And we have students from like all over the state of California. But I think that like kind of Jackie's example and then what Jen just said as well, if you're doing placements and you can have that kind of a say, like if you're not comfortable with something or if you really are looking for something that like, it sounds like Jackie's placement currently for her externship is a great place to be.

I think that kind of conversation is something again to have with the faculty, with the instructor there, because that ultimately contributes to your experience as well. So not just looking at kind of what kind of placement it is, but also where it is and the other factors that you might be considering. Because I think that's especially if you're not used to looking for that, it's something that it might be really at the top of your list. Whereas another student who is just kind of looking for a certain placement may not have that as sort of their checklist item. Yeah, that's so true.

I know when students are exploring externship placements and they've asked my opinion, I've said, well, the culture in this place is going to be, you know, get there at 7 in the morning, leave at 6 at night, super fast paced, you know, they're going to have you doing research, they're good. And if that's something that you think is going to contribute to your learning, awesome. That could be the place for you. But if you're looking for something different, you know, if that's going to be too much for you, then you have to look for something where the culture is different. I have some students who think, oh, I want a major medical site and then they have to understand what goes along with that or they only want a pediatric hospital.

You're going to have. How are you with breaking bad news to families? How do you feel about that? Do you start crying also? Because that's something that we're going to have to start working on.

Because you can't start crying when you're telling a family the news about their child, you know, so yeah, that's. And I don't always think that students look that, that deeply into some of it. Was that any,

any kind of consideration for you, Jackie?

I so my externship kind of an interesting way. So I was able to, to come to Georgia last summer to actually do my summer rotation here at the same place because I knew I wanted to be somewhere where I could see patients that look like me. And then work with ents who also look like me. So that was something that I really wanted because I've never had it, so I just wanted to experience it. And then that last summer I did, and I was like, I can't let this go.

So I applied again, and now I'm back, and hopefully I'm here to say, but. So that those types of things were my considerations. I did think about, you know, having to work with pediatrics. I really came into audiology wanting to work with pediatrics as well as, like, implantable devices. So I knew I wanted to go somewhere that was a little bit bigger and as far as, like, a facility, because I knew if I wanted that I would have.

I couldn't go to somewhere that was just, like, a private practice necessary, necessarily, and get all of that experience. And so keeping that in mind and then, like, also weighing the. What you said of being able to, you know, break that news to families or, you know, be able to stay strong and, you know, be there and support the families, that was something I thought about. But I knew that if I got the proper training from the people that I was with and that I had the support from them that I could learn while there. And so, like, now I'm definitely comfortable.

Like, I might shed a little tear, but, you know, we'll keep it moving and getting them the right resources that they need. And so, yeah, I think for me, it was a lot of just getting myself in a comfortable situation because I had been in so many uncomfortable situations. So when you. When you work with the audiologist that looks like you, do you have a different feeling? Do you feel more relaxed?

Do you feel you can let your guard down? Is it a different experience? Yeah. And I don't even know how to explain it because, like, I haven't had it before, you know, so it was. It's almost like.

I don't want to say it's like working with my sister, because it's like we're in a professional setting, but it's almost like that's what it feels like. Like, it's like, if I mess up or I have a question that I feel like might be a dumb question, like, I can whisper it in her ear and, you know, go from there. And so, like, yeah, definitely working with someone that looks like me. She's also in my same sorority. So, like, it was just a lot of, like, other connections, too.

And so it. It feels really good to have someone that, you know, that you can depend on and that, you know, there's something that's really wrong. Or if I'm really having a bad day with, you know, something that happened in the clinic, I know that I can call her or I can send her a text and we can resolve whatever's going on. And I, like, I hate to say that I feel like I can't do that with people that don't look like me, but it's just like, it just feels different. Like, I feel like I still have to have my guard up with someone that doesn't necessarily come from the same background.

And with her, like, I could use all of the slang and, you know, code switch and, like, use all of, like, what I do when I'm with my friends. So. Yeah. Well, I'm glad you're having that experience. That makes it all worth it.

Definitely. Does anyone have any last parting words of wisdom or last parting thoughts?

I think one thing to think about just in terms of, you know, going from a student into a new professional is just looking for those opportunities to stay engaged, like continuing education and looking for trainings on these kinds of topics. Because I think as a student, especially with the way that our society is and the increased attention that's been brought to a lot of these issues, it's something that I think a lot of our new graduates and our young professionals especially, are going to just be a lot more aware of.

And so I would say just look for those opportunities to learn more and attend a webinar like this and just be aware of what microaggressions are. And those statements, again, intentional or not, how they can actually impact not just clinical education, but also our field and how we interact with our patients.

I wanted to just add something really quick that the microaggression doesn't have to be like, a trainee. Could be someone who's an underrepresented community. I have a quick story about a student of mine who was out on a rotation in their third year, and they got Covid from their preceptor at the rotation, and they came back a week later or whatever, 10 days later, and they were walking past a room and they overheard a patient asking the preceptor or telling the preceptor that had been so inconvenient when they were out sick for so long. And the preceptor proceeded to tell the patient that they'd gotten Covid from the student, which was exactly not the story. It was exactly the opposite.

The student overheard that, and it was just. They didn't know what to do. They. They weren't going to say Anything. But then they felt, well, there's no trust.

I have no trust in this relationship. And the student told the clinic director, fortunately, and we were going to take the student. And the student said, I only have four more weeks here. I'm just going to stick it out. But now I know what I'm dealing with, which is really unfortunate.

But just to remind those of you listening tonight that it's not always based on how you look or the color of your skin. It can be just by virtue of the fact that this person is a trainee or a student. There can be clear microinvalidations with that.

I was just gonna say, I love in talking about this, the fact that we kind of talk about it in cultural humility, kind of as the next step, you know, recognizing microaggressions. Say, how do you kind of deal with it or how do you look at it? Because in that definition you gave just this lifelong process of self reflection and self critique. It's just this recognizing, you know, we're also growing, we're all still learning. And as

we learn, we can change, we can do better.

And I think that's important when we think about all of this because sometimes, you know, it gets hard when you're like, oh, crud, did I say the wrong thing? Right? And we're all, we're going to say the wrong thing because we're all also going to have bad days. But to just to recognize that, recognize that we recognize it and then go do that self reflection and that self critique and you know, go back to that person if you have the opportunity or recognize that you'll do better or different next time. I think is, is really key to all of this and having these kinds of conversations because without the conversations, we kind of, people can kind of think that they're.

It's like it's only me, like, oh, Kurt, I'm the only one who messes up or I didn't do the right thing. But just knowing that we're all working on it. And so I really appreciate being able to have these conversations. That's such a good note to end on to remind us of that, Jen. Thank you.

Well, thank you all for joining us. We really appreciate it and I hope everyone has either a great evening or a great rest of their day whenever you might be watching this. And we do have part three coming up. Let me confirm, that's going to be in August, I believe, specifically August 18th. So look for the announcements from the Academy on number three.

And that one's going to be on recognizing and responding to microaggressions, so thank you.