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eAudiology: Join the Discussion: Moving from Microaggressions to Cultural Humility - A Critical Discussion for Audiology Part 3 of 4 - Recognizing and Responding

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Okay. Welcome to our webinar. Moving from Microaggressions to Cultural Humility. A Critical Discussion for Audiology. This is part three, Recognizing and Responding to Microaggressions.

My name is Sonia Cuero. I'm an audiologist in Texas. I have been practicing for about 24 years, and unfortunately, I have had quite a lot of experience with microaggressions in the course of my 24 years. With us today is also Dr. Jocelyn Tubbs, and I'll let her tell you a little bit more about herself.

Hi, all. My name is Dr. Tubbs and I am in Colorado at Hearing Healthcare Centers. I also have only been. Well, I've been practicing for probably a good four years now, but I have had some major exposure to microaggressions and racism and just a couple of different things like that.

But, you know, just through my lifetime I've experienced it, so I've learned how to deal with it. And I feel like I've grown to the point where I like to share how I deal with it to help others, not just others that do look like me, but also to help others who don't look like me and like how you can respond to these certain things. So I think that's a great discussion that we're going to have today.

So if you have any questions, you can feel free to put them into the chat here. And, you know, we can start either by giving some examples or just, you know, go straight to the Q and A. Well, let you guys help us guide this webinar.

Can we see the chat?

Yes, you can see the chat. Oh, okay.

Would you like to start with sharing a personal experience, Dr. Tubbs? Sure. I have done a couple of talks like these through audiology for probably the last two years, since 2020. And I've shared a few examples before, but I'll share some of the ones that I feel have resonated with a lot of people.

You know, there's been times where patients will make contact comments, especially when I was an intern or extern. And so that always kind of bothered me because I really didn't know how to respond to them because, one, I didn't want to seem like the angry black woman in the room when I responded to something. And then I also didn't want my grade to go down because obviously I'm with my preceptor and they didn't say anything. So I'm like, is this going to affect my score? And so I just, I feel like whenever moments like that happened, like if a patient said or did something really inappropriate or racially related, I would just kind of feel stuck.

And I was like, do, do I wait and see what my preceptor does first? And then they kind of would usually laugh it off. And I was like, oh, okay, so now I don't feel comfortable talking to you about this after they leave because it feels like you were, you know, you're definitely more involved, you know, so sometimes I didn't say anything until like a couple weeks later, or I'd be like, hey, I saw that this patient's coming back and I wanted to tell you, like, last time they were here, I was a little uncomfortable, so I kind of want to sit this one out. And sometimes it would be. It would become an issue because I was like, now I have to explain why I wasn't comfortable even though you were also there.

But it's hard to say, but. But it's things like that that now I'm telling a lot of students, I'm like, the moment you feel uncomfortable, you should not be the only one that's uncomfortable. Like, speak up, say what is. Cause I'll have patients say something like, oh, man, how do you get your hair like that? I'm like, just water.

Next. So I just keep the conversation moving because it's not my job to explain to you everything black culture within your 30 minute appointment. And so it's like, if that really was your only focus when you saw me walk into the room and I introduced myself as doct, then clearly this was an issue from the beginning. And so, like, there's been times where I'll stop people in the hallway and I'll say, like, if

they're saying something really out of pocket or just very rude, I'll be like, are we doing this appointment today or do we have to reschedule? Because I, at this point, I was like, you've made me uncomfortable in the hallway to where I don't want to be behind closed doors with you because I don't know what you will say.

And then there won't be anyone in the room other than myself and you. So I'd rather know right now, do we need to reschedule or not. I feel like myself coming into this new form of myself, just being more honest and open is really helping me because I'm like, I shouldn't have to hide who I am because clearly I can't, you know? You know, you look at me clearly, you know, but it's just more of a. I'm not going to hide it.

I. At the end of the day, I am an audiologist. And, you know, I've accomplished a lot while being an audiologist. So in my mind, patients come to me for my expertise, and if they find that they can't see past my culture, then they're next. Yeah, you don't have to get along with all of your patients.

No. You have to have a mutual respect, and they have to understand that I know that here, you know, when we first switched from a master's to a doctoring profession, I would get the, oh, you're the doctor all the time. From patients. I'm like, well, is a doctor supposed to look a certain way? Am I not, you know, checking that box for you?

And usually, the way I respond to most of the patients, especially the older patients, where people are like, oh, that generation is different. No, they can learn, too. And so for the older patients, one thing that I usually do is if they ask about, like, they'll ask me, well, where are you from? And I'm like, well, you know, I've been living in Texas most of my life. And they're like, no, no, but where are you really from?

And I usually ask, you know, tell them, well, do you feel that that's gonna. Where I'm from is gonna affect my. My. The quality of my care for you? And they will immediately, you know, back.

Back a little bit, or if they say something that. That rubs me the wrong way or makes me feel uncomfortable, you know, I'll ask them, why, you know, why would you say that? Or why would you think that? And kind of leave it open. So that way, they're the ones that are having to explain themselves and what the comment they made versus you having to go through this whole thing of, like, again, you know, educating people.

Because it is. In a way, it is. I agree with you. It's not our responsibility. But, you know, changes have to happen.

And so, for me, like, I agree. I feel like there are. There are definitely times where I can sense that someone genuinely is asking me about myself, because they want to know. They want to just build rapport, which I'm like, oh, fine, I'll tell you about where I grew up, what my family is like. I have no problem with that.

But if I'm getting. If I'm feeling like I'm being interrogated about who I am, that's when I will also become a little defensive because I'm like, I'm sorry. I didn't realize that you coming in for a hearing test today included me telling you about My entire life, just so you felt more comfortable. And I was like, you know, I feel like I've never given you any reason to be uncomfortable with me. I've just tried to do what's best for you for the reason that you came in today.

And I'm always respectful. But the moment someone gets really rude and disrespectful with me and attacks me personally, that's when I'm like, okay, we have to stop this, you know, because I, I give people a lot of benefit of the doubt, like a lot. Like you said with a lot of the older generation, they complement other different. Like that's fine, I get that. Totally different.

However, they're living in my generation now and so it's like coming to me and I'm asking you for, to just be respectful for the 30 to hour long time you'll be here. And if you can't not be racist in that time, each time you come see me every six or seven months, then do you need to come to this office? You have to ask yourself that. If I happen to be the only audiologist within 50 mile radius of you, that's your decision. Because if you continuously come in and berate me and just make this environment very uncomfortable for my staff and myself, then you will eventually be let go as a patient and you will have to drive more than 50 miles per hour around you to find an audiologist that will work for you because I'm sure there'll be someone you find that matches your beliefs and everything and that's perfect for you.

However, I'm not going to force myself to live in like just unworkable conditions to make one person happy that's not myself. So. And it shouldn't be, it shouldn't be for anyone. You know, there's, I've had times in my career where I've had to like fire patients and sometimes even on the first visit where we were just not, you know, clicking like I didn't, they didn't seem to, you know, want to hear what I had to say about the results or, you know, they were questioning everything and I said, you know, when you're making a decision like this, you need to find the right person and I don't think I'm the right person for you and you know, ended on a nice note like that. And that way they can find someone that they feel more comfortable with and that they trust more than they trusted me and they can just move on.

You know, they don't have, they don't have to come Here as a consumer, and usually I'll tell them that, you know what? As a consumer, you have the right to choose your healthcare provider. And it doesn't seem like you and I are, are going to be a good fit and that's the end of that. Yeah. And that's how I am when it comes to patient stuff.

But there are times where I feel like I work overtime in my mind or I just do everything. I double check, I triple check things because I am usually the one minority in the office. So it's like if there's a problem, I feel like they always look to me and be like, oh, well, John. And I'm like, who? Well, I checked my stuff.

This is. And I feel like I always have to back up everything I do because I hate being like, oh, well, she's the different one. Or she's this one, because I've gotten that before. So I feel like I'm like, are you guys, you know, are you saying this to everyone because this is an issue or is it just, Am I being singled out? Because I just want to make sure that if I'm being singled out for something I'm doing wrong, please let me know so I can change it.

But don't wait until I'm doing this consistently for months. And you don't say anything until you're having problems with me. And I was like, I've always made myself approachable and to make sure that people can give me constructive criticism because I want to make sure I do a good job. I don't want things falling back on me. Because even when patients do that, I've had patients say like, oh, well, does that mean I have to see that black doctor?

Or do I have to see the black? And I'm just like, how do I get reduced to the black doctor when everyone else is Dr. Their last name? So it's just, it gets confusing sometimes. So I have to double check that I'm doing everything right so nothing falls back on me.

Or I can say, oh, that was my fault, and I'll take full responsibility. But sometimes I'm like, I don't know why we're not getting along. I just, I don't. Yeah, I forgot to mention earlier in the, when we started the webinar, that if you wanted to have the closed captioning on, you need to enable it for yourself. And then please, again, please post any questions you might have for us.

Like if you had any specific situations and, you know, if you wanted us to go over how we would respond to Those situations, we're open for that. Yeah, especially if you're like, a preceptor or even a student or had a past experience that you didn't really know how to talk through. More than happy to talk through those things with you. So when I was a student a hundred thousand years ago, I had, you know, I went to the University of Texas here in Austin, and, like, the chair of our audiology department, you know, was beloved. He wrote the textbook, and everybody just admired him so much.

And he was always extra, extra mean to me to the point of, like, locking me out of the classroom, like, if I was a few minutes late because I had to come from the other side of campus. And when I was a student, I didn't understand it because I worked and I went to school. I didn't, you know, have the. The privilege of having my parents pay for college. So I had to work, you know, 40 hours a week and still attend school full time.

And so sometimes I would be, you know, make. Make it to class a little late. And I let him know, you know, I'm not. I'm not a traditional student. I don't live on campus.

It's harder for me. So I might, you know, I let him know the first time, the first day, and he said, you either get to my class on time or just don't come at all. And I was late twice. And I would come in super quiet. Like, I.

The door didn't even make noise. I didn't want to disrupt this lesson. And I made sure that the other students knew I was going to, you know, sit at the edge right by the door. And the second after the second time, he, you know, pulled me aside and he very rudely told me, if you're not here on time, you just won't, you know, be able to come in. And he's like, I'm gonna lock the door.

And, yeah, it was really, really awful. And everybody loved him. And it was hard because I didn't really have anybody that I could talk to about it. I definitely couldn't go to him. And, you know, it was just really unfortunate situation.

And at the time, I was so young and so naive. I came from a really where I had not experienced anything like that. And for me, like, I felt so, so alone. So this is one of the reasons why I got involved with the academy and. And trying to help some of our younger, you know, students understand that, you know, you have a voice and you need to use it, and you have people that can, that will support you

when you're having a, you know, difficult situation because you shouldn't.

You don't deserve to be treated like that. And, you know, basically, I was paying for school. I wasn't like, you know, I was attending his class for free. So in essence, I was paying his salary. So I should have definitely not been treated that way.

Exactly, exactly. And we don't deserve to go through that when we're literally just trying to get an education, you know, and not everyone is going to be a traditional student. And I feel like all teachers and preceptors should understand that and, you know, be able to work around it. Because if you felt that those were the only people you wanted in your class, then you should have worked at, like, more of a different private university or something where they only accepted students that did that. But that's very rare to find.

So it's like, you're gonna find people of all over the world that come to you to get to learn from you. And I say that about audiology. Like, you. You never know who's gonna walk into your door asking you for help and the experience that you have and the expertise that you have. They're asking for your help.

So the last thing they want is to be turned down because of their skin color or because they can't or they speak broken English. So it's like, but yet anyone could have hearing loss. It doesn't matter if you're from America or you're from India or you're from Africa. It doesn't matter any of these places. It's just anyone could have hearing loss.

And that is our job, is to help with that. If they're coming in asking us to help with hearing loss, that is my job. I will Google Translate my way through an appointment to make sure that I can at least get you some comfort as to why you came in here. And then I'll say, now, let's find you someone, or sometime next time you come see me, we'll have a translator. You know, like, I want to make sure that you feel comfortable, but I'm not going to turn people away just because, you know, they not.

They may not see the world the same way I see it, but because I'm like, you know, I gave an oath when I got my white coat, and that was to help and protect or help and support people who came to see me for what I went to school for.

Yeah. I think as professionals, we also have to take into consideration different cultures and be respectful and mindful of that. Every time, you know, with what with the words that we use, how we approach patients, because we have, you know, a very diverse population of patients that we see, and so we definitely need to be considerate of all their differences and all their needs and how their needs are different, too. So I see, you know, here I'm bilingual, so I speak Spanish. And when I have my patients that, you know, only speak Spanish, they always feel like, you know, more at home because they feel like, oh, I can talk to you directly.

And. And I always, you know, reassure them, like, well, even if I wasn't available, it may be somebody else that didn't speak span, you know, was here. They would still do everything they could to make sure your needs are met, you know, and that means a lot because I. I try to learn, like, little. Little phrases or something in a different language.

So just. So, like, if someone comes up and to me and says, like, oh, I'm from here. I don't speak a lot of English, and I'll say something, oh, my God, you know this. I'm like, no, I don't. That was all.

I know, but I wanted you to just know that I'm like, I'm trying with you, and I want you to feel comfortable because, like, oftentimes I'll have people come in, and usually they're with, like, their. Their adult kids, and they're like, oh, yeah, my parents don't speak English, but I speak the language. Sometimes they'll have languages that I've never heard of. And I'm like, okay, I don't know where to start with that one. But I'm always like, if I'm working with, like, Starkey products, I'm like, let's see if they have that as an indicator language for you.

Because I'm like, why not? You know, if it's there, it's there. And then when I go to set an app on their phone, like, out. And it's all in their native language, and I'm just like. And they're like, do you speak this?

I'm like, no, I just do this a lot. So I know how to go, you know, where the icons are. Exactly. So it's just like that being that relaxed. And I had someone tell me, like, someone had a different.

I don't know. I've had a few people say it. And it wasn't always like, a different race or something like that. It was always like. Some people would say that they had gone to the doctor.

They'd gone to so many doctors offices in a week, and they're like, you're the first person that said, good morning or, how are you? Not just, what are you doing here today? Or what can I do for you? It was just like, they were like, you were actually genuinely asked about us. And I was like, oh, well, because I want to know.

Because that does affect your hearing ability. If you're not doing well or something else is going on, it could contribute to your hearing deficits. I always make it a point to ask my patients how they're doing, and I was like, I just want to see overall if you're doing okay, and if they don't want to respond to that, that's fine. That's their choice. You know, I just want to let them know that sometimes they need an ear.

Sometimes they need someone to just talk to about any things they can't talk to their family about. So in your practice, do you have the opportunity to, like, supervise students? Or do you have students come in and do observations and what kind of advice do you give them? Or have they ever with you when you've experienced the microaggression and have you had a conversation, like, afterwards regarding the interaction that occurred? I don't think they were there when I had the microaggression.

The student I had was a female as well. So I don't. Because I was ready to say, like, if they ever say anything, like, sexually, or you definitely want to call it out in the moment. Like, that was because I was like, whenever a patient says or tries to touch you inappropriately, because they will. I was like, the first thing you want to do is step, Stand up, step side, or say, like, oh, no, please don't.

Or that made me uncomfortable. You know, like, just say it instantly. Because the last thing you want is to give someone reason to do it again. To say, like, oh, well, you didn't say anything last time. Or I thought it was okay last time.

That's always their excuse. But. So I try to do things right in the moment. Luckily, I don't think I had any microaggression things to tell her about while she was there. She was only with me one day out of the week.

But every time something happens like that, I immediately tell my front desk. Like, I tell my pcc. I'm like, barbara, you cannot believe what this woman just said to me or what this man just said to me. Because it's funny, because half the time I'm so used to it happening that I expect it. That doesn't bother me.

But I tell people because I'm like, I want you to know that this happened. So that way, if you hear it in the hallway or something, you'll know that this isn't the first time. So I also document all that in my notes and just say, like, you know, patient also made this comment just for future reference. You know, I try to keep conversations minimal then, but I'm like, if it ever gets to the point where I'm feeling extremely uncomfortable for every appointment with them, then I'm like, okay, then we're going to have to do something because this just isn't good for my own health to be subjected to this every time this person's on my schedule. We have our, our diplomas in the hallway, and we have a long hallway we walk down when we do testing.

And I can always tell the ones that are going to ask me questions not because they want to get to know me, but because they're trying to interrogate me. Because they'll stop and, like, inspect my diplomas and, you know, I'll usually, you know, you know, introduce myself, whatever, and I'll say, did you get a, you know, a good look? If not, I can bring it in here. And then, you know, kind of lightens it up a little bit. But because they will stop and, like, you know, just, you know, go deep in there.

It's like, are you trying to make sure it says my name? Like, would, you know, they wouldn't let me see you if I didn't have the right licensure and the right education. I had a woman tell me she. I mean, I went through multiple microaggressions in this 15 minute appointment, but this woman literally was like, wow, you're so she said something. I think I had my hair in braids at the time.

And she had something about my hair. And she's like, oh, how long does it take you to do that? And I was like, oh, like five, six hours, maybe seven. Depends. And she's like, oh, my gosh, I could never do that.

Like, that's just insane. I'm like, well, you don't have to, you know, like, you clearly don't have to. But I was like, this is just something that's just deep in my culture, and that's what we do. We're used to it. Like, that does not bother us at all.

At least for myself it doesn't. And then, like, then she was just like, oh, okay. And she was like, oh, where'd you go to school? And I, like, told her where I went to school. And I was like, showing her my diploma and she goes oh, wow.

Your parents must be so proud. I was like, yeah, they are. And she's like, what do your parents do? Are they educated? And I was like, whoa, ma'am.

Like, what does that mean? I was like, yeah, both of them are educated. Like, why? And she's just like, oh, you know. And she was like, you know, my granddaughter, she is.

I think she was like, she's mixed. And I have to tell her all the time that, like, I don't have a problem with black people and I don't have a problem with race. And I'm just like, this is great information. However, I didn't ask for it, but, you know, so it was just so awkward because I didn't really know what to say. She just kept going on all these things, and it was like, clearly she thought these were okay things to say.

And so for me, I take those as just learning opportunities. So I just tell her, you know, it's not the best to just come out and say things like that for people you don't know. And so I was just like, I appreciate you telling me that you don't have a problem with black people, but, you know, going forward, I wouldn't start with that when it's the first time you meet someone. And, you know, so we just talked, and I was just like, I have no problem with you. I said, I don't.

And, like, if that's. If you have a feeling or a way about people, that's fine. But I was just like, I just want to make sure that you know what's appropriate, what's not appropriate, and just because, like, you could meet the wrong person, you know, and I'm just trying to help you out. And it's. Well, you're welcome to not take this advice and do whatever you please, but I try to be just like an educator in the room, but until they make me to the point where it's past educating, that I'm like, oh, this is just your choice.

You know, like, you just want to live like this.

So. So I have the opportunity, like, very rarely to have students come and observe or, like, do hours here. And, you know, I always talk to them about, you know, making sure that they're considerate of everything. And I do have. One of the students is Muslim, and she was observing with me, and I always ask my patients before I even walk them back, I have a student, Is it okay?

And they're like, oh, yeah, yeah. And when they walked in to the room, they're like, oh. And I said, oh, did you See something? Is there a bug on the floor? I mean, you know, and they're like, no, no, no.

And we had the appointment, and then I asked her. I'm like, you know, did that make you uncomfortable? You know, the way that responded? And she really wasn't even super aware of it, you know, and. And I was happy about that because I.

I don't want any of the students to automatically feel uncomfortable, especially when they're trying to learn so much and observe so much. And that's just not a good, you know, a good environment for them. And the patient didn't say anything else about it. And I don't know, you know, I kept thinking about that scenario and thinking, oh, well, should I have said something to him? You know, I don't know what he owed about.

So am I overthinking it because of, you know, the student? And so, you know, trying to evaluate the situation sometimes is why some people don't act. But if it's pretty blatant, I do respond. I don't. I don't stay quiet anymore.

Those days are long gone for me. Yeah. Because even when I was a student, like, I remember I would always introduce myself. Like, my preceptors always made me introduce myself and then say, like, I'm a student, and I'm going to be leading this appointment or something. So whenever I did that, sometimes I would watch them to see if they looked at my preceptor to be like, is this okay?

Or I would just kind of, like, judge them and just judge their response. Because I was like, are you sizing me up because I'm the student or because I'm black? So I try not to use the race card until I feel like it's becoming prevalent. And so I'm like, okay. So in my mind, I'm like, it's just because I'm a student.

So I always say, like, oh, you know, like, I've been a student for this long, and I really love learning. So, like, bear with me if I'm a little slow or if I'm. So I, like, try to just make it known that I am a student. Like, do not expect me to be Dr. Tubbs, because that's not who I am yet.

But then, like, once I started to get more confident in my audiology skills, like, I was very confident with speaking up when someone said something wrong or said something different. So I was like, oh, no, because, like, I'm here to help you. I don't need this environment to do it in. And so, because there was a time where patients would be really upset with me because or for something. And then, like, as soon as my preceptor would walk out, all of a sudden, their attitude changed.

So I was like, was it because I was the student? Because I was black? Because you clearly don't have an issue with this person. So I'm just like. So I usually would just keep my mouth quiet and be like, I'll let them finish this appointment.

I was like, this isn't my practice. This isn't my patient. It's not my responsibility. So I'm like, I'll leave it at that. But I'm like, if that's the kind of patients that my preceptor is comfortable seeing, it makes me a little less comfortable with her because she doesn't say anything, you know, like.

And that's why when I talked with, you know, Kitty and everyone about how to make preceptors really understand that it's so important to check in with your students, like, not just during, like, midterms. And then at the end of the semester, it's more so, like, I would say at the end of the week, like, check in with them. Say, hey, was there any patient this week that you wanted to go over? Was there anything that I may have missed or anything that you wanted to review audiology or ethically or anything like that? Because I'm like, that's what I wish I would have had.

Because there were times where I would be like, oh, I really wanted to talk to you about this patient, but I was kind of uncomfortable, and. But now it's time for grading sessions. I'm like, I don't know if I should

bring it up. Yeah, and it makes a lot of sense because, you know, the. From the preceptor standpoint, they're looking at your clinical skills, your interpersonal skills, and those things.

But this is just as important because we, you know, it's part of that learning process and to. Part of the support that you should be providing to the students. Absolutely.

My daughter is biracial and attends, you know, University of Texas also. She's a mechanical engineering student, and she was struggling in a class her freshman year. And she, you know, she's pretty sharp and does, like, you know, doesn't have to try to do well. And so it was like a new thing for her. And I said, well, make it.

Schedule an appointment for office hours. Get in there. Talk to your professor. And she's like, well, he's not super approachable, and it's his first year. Teaching.

He came from industry. I said, well, you know, what, do you want to pass the class? Do you want to learn the, you know, you want to, you know, learn the subject material? What are you going to do? So she went to his office hours and, you know, introduced herself, sat down, started going over the information that she needed help with.

And he's like, oh, I see. Maybe the junior college you attended. Oh, my God. Didn't go over this. And so she just kind of mustered through it.

She did wind up getting an A in his class. But that day she called me and she was in tears. She'd never, you know, been questioned like that. And. And I said, and what did you say?

She's like, I didn't say anything. I don't want it to affect my grade. I don't want it to affect my relationship with anyone. You know, it's my freshman year, and. And so we talked about it, and I told her, you know,

next time somebody says something like that, that makes you feel like, you know, like.

I said, she was literally, you know, crying afterwards. I said, you need to, you know, ask him, well, what made you think that. That I transferred from junior, you know, from a junior college, or what made you think that? I just don't know. The information.

I said, just turn it around. Make them be the ones that have to explain their commentary. You know, don't. Don't just take it and not say anything because they're going to think it's okay for them to do that to others. And I know it's not your responsibility, you know, to educate people, but maybe, you know, by you saying something, they'll think more closely about what they're going to say to other students.

Especially since it was his first time teaching, you know, maybe he didn't know that that is not appropriate. Maybe in industry it's okay, but not in the, you know, not in a teaching environment. Yeah, like, for me, I was really shy and timid and stuff, growing. Well, not all the time, but when it came to things that would affect my grade or everything like that, I was really scared because growing up, I did not like school, okay? I was not a scholar, as I would say.

And my sister was straight A's, okay? Like, straight A's all the time. She's super artsy, very good at everything. She's type A personality and all. I mean, I would constantly come home, I have no homework.

I don't know why they don't assign homework in this class. Whole time I'm, like, missing assignments, right? So in High school, I really, like, kicked myself into gear because I really wanted to continue with sports, and I wanted to make sure that I wasn't going to get held back from doing my sports. I wanted to play, so my grades had to be better. Then when you start realizing, like, the grades and things you need to do to get into college, those things start coming into play.

So I kept that mindset all the way through grad school, and so I really was scared to speak up. But then I kept saying, like, why am I always in uncomfortable situations? Why is it always me that's being singled out? You know, I was like, I feel like. I hate saying it, but, like, I feel like this is because I'm black, because, you know, these just aren't happening to everyone else around me.

And so I was like, that's why I'm going to continue to just triple check my work, double check my stuff, because I want to make sure that I got it right. So you cannot come back to me and say, this wasn't done right. I'm like, nope, this is my. I, like, looked over this page. This is what I was given.

This was. I was trained on. And then I also found out that I have dyslexia. So that's also been fun. And another reason why I like to double check and triple check stuff, because I'm like, I don't want to have that feeling of, like, oh, I missed it because of my brain or whatever.

But. So I really like to make sure that no one can come back to me and say, oh, well, that's why all black people do this. Or, that's why black people don't have the best track record with this. So I'm always like, I'm trying to break stereotypes while still being the person I wish I had growing up. Or, like, in the times where I was in school, because I wish someone would have been there to show me that it's okay to speak up.

It's okay to say, like, I'm uncomfortable. And I refuse to be the only one uncomfortable in this situation. So that's why I tell a lot of students now. I'm like, if someone makes a racist remark or joke and they all laugh, like, everyone, including your preceptor, laughs, have them explain to you the joke. Say, can you repeat?

I didn't quite get it. What was funny? What was so funny about it? And if they stumble, I'm like, maybe that's why we shouldn't say these things. You know, like, yeah, that's a good learning.

A learning Moment. Because it's like, we should not always, like minorities alone. Like, even if it's not race related, like, if someone is a part of LGBTQ community, everything, like, you shouldn't be making jokes about that, knowing that they're right there. So it's like, because clearly they. That makes them think that they can't trust you with anything.

And if you are in that student preceptor environment, it's hard for a student to want to stay in audiology if they think that audiologists are like this. And that's hurting our community if we're not getting people to come into this. Like, we're having only certain types of minds coming here. Like, you know, people need to understand the difference between diversity and. Once you're diversity and ah, my blanket.

What's the word? Is it inclusion? Are you looking for.

Well, but what. So what are you trying to say? Just basically I'm just trying to say, like, you know, when everyone comes in looking differently, it's fine. Like, that's great because it looks, it looks good. Representation.

What? I said representation. Yes. Thank you. Representation.

Because if everyone looks the same and they have different lines of thinking, that's different. You know, that is a diverse pool, similar diversity. But it's like that they all look the same. But if everyone looks different but has the same mindset, that same. Still not representation.

Because you're showing that you have these people with you, but they all think like this one mind. So it's like, are they really representing the culture you claim to be? Because you'll get all of those cultures coming in thinking, I'm going to be seen by someone who understands me, and yet I'm talking to someone who's just like the person I just left because I was disrespected. So that's the kind of thing I want people to realize. It's like, oh, you may be doing all this diversity and inclusion stuff and that's

great, but are you actually applying it?

Are you actually applying it to where you're bringing on actual consequences to someone who damages that for you? Because the more the public finds out about what a practice or a hospital lets things go by, you know, no one wants to go there anymore. So it's just like, do you want to have that type of representation in that kind of reputation, or do you want to have someone that is truly there for the community as a whole? You know, it's interesting. What, when you were talking about, like, diversity.

Because some, some places will think, oh, well, adding women, just women to Their team is considered, you know, is diversifying it. And my. My daughter and I attended this meeting where we got to meet some of the, like, the local. The local government here in Austin. And, you know, it was a panel of.

Of ladies. They were all Hispanic ladies, and they were talking about how they've, you know, diversified. And my, you know, my daughter. They got to the Q A, and my daughter says, you're saying that you've diversified, but you really haven't. You know, she said, because where are, like, where are the people of color?

Where are the, you know, men of color? You know, where is this? You know, do you have, you know, people from these various backgrounds? And they kind of just like, skirted. They never answered her question.

And. But I. I was really proud of her because I'm thinking, you know, I think when we're thinking about diversity, it's like, you really need to, you know, you have to have that representation from all the different people. Right. And because you're, you know, I did.

For our work, we have, you know, clinical huddles. And, you know, sometimes we're all talking about, like, specific cases or we're talking about, you know, different changes in the business. But at times, we actually get to lead a huddle, and we could make it about whatever we want. So I led a huddle about diversity and. And multiculturalism.

And what I did is I took each of our clinics and I looked at the city and broke down the demographics and to show how different, you know, even within our eight clinics, how different our population of patients is. And so, you know, like, mine is probably like, the one that is the most diversified across various cultures and nationalities. And so when I. Somebody said, oh, where did you get that? Because they thought, I got it from our patient pool.

And I said, no, this is our city. Like, this is the people that live around our city. And I said, so when we're looking at treating our patients, we need to have these. All of these people in mind and how all of their cultures are different and how, you know, when we say something to someone, how they interpret it differently based on their culture. And I, you know, because that's something that was super interesting to me, and.

And I just wanted to bring it, you know, to everyone. But I don't think that a lot of the people that I work with had thought about that before because, you know, they come from different backgrounds and also based on their patient populations. Right. They don't have that same kind of background that I had here. So at least, hopefully, somebody paid attention.

Yeah. Exactly. That's just my hope, right? Because I even. I remember going to my first Triple A, and it was in Ohio, and I went to a session where it was women in audiology talking about being a woman in audiology.

And it was like a panel of women talking about, like, you know, price differences between men and women and all these different things. But the whole time I'm watching it, and I'm like, all of y'all are white. And so I was like, I don't see it. Because when you really go down to research, black women still make less than white women, even though they still make less than white men. And so I was like, I feel like I wish I would have had a little bit more diversity on this panel to see, like, what do black women do in audiology?

Because I was like, I could count on one hand how many black audiologists I met at that aaa as to why I started my own group as a black audiologist United. Because I'm like, I know they're out there, and I would have loved to have a black man or a black preceptor. And I have found so many that now I consider all of them my mentors, because I go to them for so much, and, you know, I'm like, well, oh, my gosh, we have this huge community of us now that we can do something, and if we can't, I now know who to go to ask questions about, you know, even if they aren't showing up on the national level. It's like, you know, we. We have our people to talk to.

So I think sometimes doing things, I just am more of a do it myself type person. And I hate that that's also a stereotype of black women. But for me, I'm like, if I. If no one's willing to help me get the answers I'm asking about, then I'll just do it myself. You know, I'm just like, fine, I'll figure it out, and then this will be helpful for somebody else.

So, yeah, that's always my goal in life. I was part of. Of a panel of audiologists that were talking to a university that's in the Valley here in Texas, and it's a predominantly Hispanic student population. And a lot of the students there, because culturally, the Hispanic, you know, Mexicans, they don't. They want to keep all their family close together.

And so this. A lot of the students were going and getting their undergrad and communication sciences and disorders, and. But they were not attending, like, leaving their university. They would either just

become Speech pathologists or wouldn't progress from there. And they weren't going into audiology because there wasn't anything that was super close to where they lived.

And their families were like, no, we don't want you to go on. So we were, as part of this panel, I was trying to encourage students to, you know, like, if you really want to become an audiologist, take the leap. You're not going to, you know, you're not going to hurt anything. If you leave for a few years, you can always come back and then you can start, you know, hopefully get a program started close to where you are, you know. And I just think it's important for them to know that there's more of us out here.

Right. And then when I started with the DIB committee with the academy, I met one of a student, another audiologist, and she said, I remember you when I was an undergrad student and I became an audiologist because I saw myself in you. And I thought, what? And I would have never met her had I not been part of this committee. And I just felt so happy about that because I'm thinking, you know what?

I didn't know an audiologist or Hispanic audiologist when I, you know, was in school. And it would have been nice to have somebody that I could have seen myself in the future or somebody that I could have reached out for that support that. That I needed, especially when I was having that hard time, you know? Right. Because that's literally the definition of representation.

Like, she literally saw herself represented in something that she hadn't before. And she continued to move on to be what she saw, you know, and that's why I like representation on, like, TVs, TV shows, things for kids to watch. It's like they have to be able to see themselves and visualize themselves as that thing. And to have people always say, like. Cause I grew up being a competitive swimmer and water pole player.

Not a lot of black people. Yeah. Oh, no. Yeah, they don't swim. Exactly.

So I'm like. But for me, it was like, I always knew I wanted to be a swimmer. And then I had my. I would find, like, black swimmers and be like, hey, how's it going? You know, like, just kind of make sure that I'm not alone.

But at the end of the day, I saw myself as that. And then the more you start seeing, like, more black people getting involved into it. Like, I remember the movie Pride came out when I was in middle school and my whole team went to go see it together. Like, I was Like, I never thought I'd see a movie about black swimmers, like, black competitive swimmers doing the stuff I do. That's so crazy.

And, like, that's how big of an impact it made on me. And so I was like, little things like that some people take for granted because it's everywhere for them. You know, When I wrote my book A Sound Adventure, it's literally about, like, how to. How sound travels through the ear and stuff for kids, but for anybody. But the first time, literally the first time, I usually always have one around, but the first time that I was doing the illustrations with the artist that I was working with, I hadn't even realized.

I, like, showed my sister, and I was like, isn't this, like, a really cool diagram of the ear? And she's like, yeah, but, like, if this is supposed to look like dad's ear, why is it white? And I was like, oh. I was like, I hadn't even noticed. I was like, I'm so used to looking at this, like, in textbooks and posters everywhere I go, that I didn't even realize this was a white man's ear or white person's ear.

So I was like, oh, my gosh, am I that brainwashed? So I'm gonna cover. I'm gonna share something that I use all the time now, and I'm gonna cover it as much as I can. But I use this. I have that too.

Yeah, because. And I had a patient yesterday ask me, well, what's the difference with the other ones? I said, oh, they're just different colored ears. And. And he said, but why would you need that?

I said, because not everybody's ears are the same color. And he's like, oh. I said, yes, yes. That's why I still do. And my patients come in all, you know, all shapes, sizes, colors, you know, backgrounds.

And I need to make sure that they feel comfortable here. Because that's why I always say, like, when people are like, oh, I want the skin colored one. I'm like, well, we have different colors, but none of them are skin or flesh color. I don't even. I see that too.

I don't use it because I was like, no one has black skin. No one has pink skin. You know, I was like, people have colors that vary in different shades, definitely different times of the year. So I was like, the companies have come out with lots of different shades, and you can choose and, you know, I'll show them diagrams of how each colors look. And I said, I like to match as close as I can to, like, your Hair or your skin color, but I'm never going to get an exact color, so.

So that's. I'm like. So my. I'm always like, are you trying to make it show or do you not care? Then they're like, oh, yeah, I want it to be as invisible as possible.

I'm like, okay, well, I think this will blend in the best, you know, So I never say, like, oh, this is the flesh color. Because I'm like, flush to you is not the same as flash to someone else. Yeah. So does anyone have any questions for us? Everyone's a little shy over here.

That's okay. Oh, somebody. If you want to go ahead and put it in the chat for us, let's say, if not, I do have to skidaddle, but I enjoyed this. I loved meeting you, Sonia. This is great.

Nice meeting you, too. And I'm gonna look for your book. Yes. Yeah. A sound adventure.

All right. Yeah. So thank you again to the Academy for giving us this space to talk about all these things. And I look forward to more and just all these events. I love them.

I love seeing this. More inclusivity and involvement throughout the Academy. So it's great. I do. I do, too.

Believe me, it was a lonely world before. Yeah. Yeah. And it makes, you know, like you said, that representation matters. See, somebody has.

You never know who's watching. All right, Sandy has a question.

Oh, I guess not. I think it must have been an error. I didn't see anybody type anything in that. Okay. I just saw a hand go up.

There were a couple hands, but I'm not sure if anybody put questions in the. I don't see any questions here. The Academy would really like to thank Dr. Cuero and Dr. Tubbs today for participating in this.

And our next microaggression session will be in October, so keep an eye on our website, and we hope you'll join us then. Thanks so much to both of you. Thank you. Thank you. It was a pleasure.

Yes. Take care. Bye.