eAudiology: Join the Discussion: Moving from Microaggressions to Cultural Humility - A Critical Discussion for Audiology Part 4 of 4 - Integrating a Framework of Cultural Humility

Presenters: Katie Masterson Colella, AuD, Suzanne Pak, AuD, Erica Friedland, AuD

So let me introduce our two guests this afternoon for this final webinar in our four part series. I have Katie Colello with us. She's a pediatric audiologist at the Ann and Robert H. Lurie Children's Hospital of Chicago. She started there in 2016.

Before that she was at the CS Mott Children's Hospital at the University of Michigan Health. So she has been a part of the American Academy of Audiology, volunteering and serving as chair of several committees. Currently the Academic programs. No, previously the Academic Programs committee and that included the Cultural and Linguistics subcommittee, which is how some of this webinar series was born. She's currently on the Guideline and Strategic Documents Committee.

She's authored multiple articles and co created a local CEU about cultural humility. And she's also created a podcast called Amplified and that's presented by Lurie Children's. It was released in March 2022 and there's a second season in production. And our other guest today is Suzanne Wright Pack. She's a pediatric specialist for Oticon Inc.

She works with pediatric hearing care professionals in both the clinical and the educational settings. So prior to this, Suzanne worked as a pediatric audiolog this with Katie at the Ann and Robert H. Lurie Children's Hospital of Chicago. She specialized in amplification and electrophysiology. And she is also joining us today.

So welcome to both of you. Thanks for being here. And I'm going to turn it over to Katie and Suzanne. Thank you, Erica. So what we today's topic is centered around cultural humility.

And this is a topic that Suzanne and I were fortunate enough we were able to work together when we were at Lurie together to create a CEU event, but wanted to start about talking about cultural humility because there's a lot of terminology out there. And you know, I think it used to be cultural competence was used that was the buzzword, cultural competence. But we started looking into the CU event. We

came across the term cultural humility, which we really like because when you think of competence it sounds, there's finality behind it as if, you know, you check in a boxes, it's complete. But really that's not how it works.

With cultural, with humility you're constantly learning. It's a lifelong process that you will, you know, you'll have strong days, you'll have not as strong days. And it's something you're going to have to continue to work at your whole life just like we do for our own clinical education. This term was coined by Professors Dr. Melanie Turvalin and Dr.

Jayanna Murray Garcia, 1998. They were actually researching how healthcare professionals interacted with patients from different cultures. They saw all these terms about cultural competency and they wanted to dissuade medical programs from teaching that it should be cultural competency and use it more for humility, that they wanted to differentiate of what these medical students were learning for their specialty versus what's needed for lifelong learning. And cultural humility. I think it's being able to take a step back and recognizing that there are limits to understanding somebody else's culture, a culture that is not your own, that trying to be respectful, but at some point you have to continue to self reflect and be humble, that you can only understand from a certain point and let others guide you.

There's three main values of cultural humility. There's self evaluating and self critique. There's number two is fighting to correct inequalities, which I know we've talked a lot back in the first webinar of winning microaggressions and then developing partnerships with individuals and groups who advocate for cultural humility. And so I think to anyone who watches this live or watches this recording, that's a big part of step that you're trying to align yourself with that type of education and information. And I think even just doing these types of webinars is a good chance for self reflection.

So I'm going to pass it to Suzanne now to talk more about prepping for cultural humility. Yep, I'm Suzanne. Thanks you guys all for having me. This is the only webinar that I've been a part of, but it

seems like you guys have a lot of fruitful discussion, you know, kind of leading up to cultural humility. And like Katie said, you know, I feel like there are a lot of buzzwords when it comes to this, but when we were creating our CEU event, really wanted to be intentional about our title and came across so many articles just on the topic of cultural humility.

And love kind of the direction that that's going in, even just in terms of the wording that's used when we're kind of framing our mind to talk about something like this. So the article that we're referencing a ton is called to be a better ally, you need to learn cultural humility. And we can share that article too. I think it's just a link that we. We can even put in the chat later on today.

But the article really talks about cultural competency paired with cultural humility. So if we just kind of Break that down a little bit. Cultural competency is gaining knowledge about cultures different than your own. Right. That's just step one.

And then if we pair this with cultural humility, kind of understanding and acknowledging that the other party is the expert at this, right? They know their culture and out and we can learn a lot about it. But instead of just being curious about it, kind of tag teaming and partnering with them specifically when it comes towards their healthcare, their plan moving forward, and how that's going to shape their outcome based on their cultural background. So again, just taking a step down and making sure that you acknowledge that they're the expert in their cultural background and then also understanding that this is a lifelong commitment. It's not something that you're going to be competent in after taking a class, after taking a webinar.

It's just an ongoing journey. We're in healthcare, so it's an ongoing journey for yourself and just the patients that you're going to encounter on a day to day basis. And then loved how Katie shared just a little bit about the history of this concept, where it came from. And then what I want to do is kind of look through different scenarios and understanding, is this cultural competence or is it cultural humility? And

if it is competence, how can we move forward into a humility lens?

So in this article that we're referencing, there's questions that are kind of posed to help yourself understand, you know, if you are looking at this from a humility lens. And so I just want to share some of those questions and kind of work through scenarios for each. So question number one, does this action merely serve my need to feel helpful or is it solely in service of others? So again, you know, taking that humility lens, removing yourself from the center of the equation and really understanding if the patient is at the forefront of this. So when I read this question, let me read it one more time, does this action merely serve my need to feel helpful or is it solely in service of others?

And Erica shared just a little bit of my background in the clinic. And so again, kind of relating this to clinic scenarios, something that I thought about is when you're requesting an interpreter, right? You know, oftentimes it's kind of a check mark. You know, I asked if they wanted an interpreter, they said, yes, we got an interpreter on the line. But let's say now that you can tell even, you know, not knowing the language, that this interpreter is not really getting the information across to the patient.

So am I going to check my box and move forward? Typically in These scenarios, the patients are like, it's fine, you know, I got the gist of it, let's move on. Or are you going to take the time to hang up with that interpreter or request a new interpreter, whether it be via video or telephone? And again, taking the time out of that session to really make sure that the patient is understood and heard. So again, taking, you know, taking yourself out from the center of the equation.

We all know that we run into time hurdles time and time again in the clinic and making sure that at the end of the day the patient is served and the patient got the information that they needed to get. And then also that offers a space, I feel like, for the patients to ask questions. Right. You know, I feel like if you're, if you're rushing at the end of the appointment, not, you know, exploring a different interpreter in this specific scenario, then I feel like it cuts the patient off. They feel like they don't have the space or

the atmosphere to then be able to ask you questions because they know that there is a time crunch at this.

Again, just allowing that space for the, for the patient and their family to explore any questions that they have. So that was question one. And then I would, you know, if you guys have questions too, please put that in the chat box. Erica is going to moderate that for us. So again, if you have any specifics about some of these scenarios, would love to, would love for you guys to put that in the chat.

But question number two. Well, I do, I do want to just with the interpreter too. I think another thing not checking the box and moving on is also if, say, you feel that maybe they're really just missing the mark, this interpreter is possibly inappropriate to know the channels to report them or at least share, share feedback. Because if you just kind of like, well, whatever, they're not my problem. I'll get a new interpreter next time.

But it's going to keep affecting other clinicians and other families and other specialties. 100%, yes. Yes. And I think sometimes just asking the patients too, even with the new interpreter, you know, what, what wasn't being addressed or what wasn't coming across well, and they share a lot of information and it's good, you know, if you are going to document or report something, to have specific examples that you can share as well, that's great. Okay, question number two.

If I believe this action is in service of others, is this specific action the most impactful way to serve? And I'll read it one more time. If I believe this action is in service of others. Is this specific action the most impactful way to serve. And I'm just going to kind of keep in line with this scenario that we started with.

But again, in terms of requesting an interpreter, right? At Lurie Children's, we had different avenues for this. So you could request an in person interpreter, you could request a telephone interpreter or a video interpreter. And you know, I would say a lot of the times we were using a telephone or video interpreter

just because of the ease of access with that. But then for some more difficult conversations or with families where you just knew, okay, I think an in person or a live interpreter is just going to serve this family better, you have the option to do that, right?

But with that comes potentially waiting a little bit for an interpreter, not even a little bit, but waiting long time for an in person interpreter, really having to be intentional, intentional about scheduling that. So again, it's not just about checking the box, but which way is which service is just going to be most impactful for this patient and their family. And then question number two. Am I making any assumptions about this cause or group of people? Again, am I making any assumptions about this cause or group of people?

And then again, kind of in line with this example, if we, if we had this conversation with the family, you can tell the interpreter or the family is not really understanding or receiving the information, but you've done your job, right? You've explained the results. It's kind of, you know, you potentially feel, you know, maybe the family needs to take some time to reflect on this and come back. But again, just making sure that you're not assuming anything on the party or you're not assuming anything on the patient. And maybe that takes, you know, explaining it one or two more times or potentially if you're using a phone interpreter, maybe it's taking that next step and requesting an in person interpreter.

Again, not assuming that, you know, maybe the family just needs to take some time and maybe kind of taking a step back and thinking, maybe I'm not explaining the information as clearly as they need, or, you know, I'm not explaining it in a light that that is going to translate over to them. So again, just, just reflecting and thinking about some of the assumptions that you could potentially be placing on a certain family or a patient and just taking a step back and exploring other avenues as well. And I think, I was saying, I think even just how family processes this information moving forward or even who's going to be really involved in, especially in our world in pediatrics, there's sometimes A lot of multiple caregivers

that could be involved in somebody's care, this patient's care, and it's just not making assumptions of who's going to follow up, who's the best person to follow up with, who needs the input information the most. And I think giving those families a chance to be who they need to be for that experience. Even in the heart of COVID we got the hospital to make an exception for multiple family members to still come to dispense and activation appointments, because that's just so important that everybody feels like they're heard and involved in those situations and not just the one parent who is chosen to come that time.

Yes, yes. I think kind of when you're reflecting on possible assumptions, really it boils down to just listening to that specific family. And even when we talk about cultural competency, I think Katie and I both really, when it comes down to it, all of these families are still individual families and have their own very specific needs. So while, yes, you can learn about different cultures and things like that, still understanding that each family is still going to be an individual family and just listening to some of the needs that they're requesting and potentially even, you know, not making assumptions, but understanding where the questions are coming from and potentially probing at where they're getting at with those different questions. So, yeah, that was good.

Great example. And then last, just to butt in really quick, the three of us have a pediatric only perspective, but I was thinking for those people that might be signing on that don't have that perspective, you know, I've had the, the situation where a patient that you evaluate, an adult patient, and, and they come in and then you're ready to do the counseling and they're perhaps a candidate for amplification and you ask if they want the person in that came with them in the waiting room to come back. And, you know, I've had everything from oh, my wife needs to hear everything to heck no, that's my girlfriend. I don't want her to have any idea what's going on, you know, to, oh, yeah, that's my dad. He needs to come in with.

You know, so just never learned a long time ago, after getting my toes and my mouth stepped on, like, never make an assumption about any of those things. Yeah. A long, long time ago, before hipaa, we didn't have to use, used to have to ask, you know, do you want anyone to come back and hear your confidential medical information? But definitely different today. I know.

And we cannot assume the relationship of any person with A child like, who's your person? You know, and Right, right. I always say, who is, you know, for kids? I always say, well, well, who's the one who's the primary caregiver? And I never say mom or dad or you.

I, you know, gosh, I've had some, you know, I've had some students make some terrible mistakes and it's not their fault, you know, they're still learning, but you know, and they, they felt terrible. I just said, look, you're learning. This is a learning experience you have. You come with your own set of preconceived notions about things and just because that's not, that doesn't fit this family, you know, just something to learn from. But yeah, they always get very, either shocked or nervous or you know, then paralyzed.

But yeah, a few of them can recover super quickly and others just take a little bit longer. Yes. I don't know. Have you had that experience with students, Katie? Yes, I, I actually feel a lot of times, at least in my experience, the students like I, I have to, I, and I think they're just, there's so much they're trying to process that I don't.

I think they've even sometimes realized the assumption they made until after the appointment. And I say, okay, so you refer to this person like that, but that's like so common one. I'll be like, you kept Saint calling her mom, but that's the patient's grandma. And I'm not saying, I mean, and yes, I know that already, but at some point I asked so you have to make those. But they're so bogged into all the other, the details, all the checkboxes they're trying to get done.

So I think it's just as it's part of your job of being a clinical supervisor is that you have to catch those and address those. Because I think some students, it's just a blur and they need someone to help recap it with them. Yeah, I've seen it most commonly, I think with the older male, younger girlfriend who they, the student might have the student assume was their daughter or daughter in law or some family member that was there to support them when in fact that was not the case.

I think those scenarios too, you get better at again just being humble in that scenario and learning from that. But I think just even practicing doing case scenarios with your friends where you can try to recover from that, accepting that, wow, how I was wrong. Let me correct this in the moment. I think just practicing that can really relay into real life you know, when it happens too, because I feel like, you know, I'm. I'm still making assumptions about things and then, you know, just checking in and recognizing that I made that assumption.

I think even it's good to tell our students that it's. It's going to be a lifelong journey. And that's great, you know, if you can just continue to learn from those different scenarios. So, yeah, good examples of how that, that just happens in real day, everyday clinic work. But our last and final question kind of really piggybacks off of that.

But have I committed myself to a lifetime of learning and reflecting on these questions without further burdening those most directly impacted by this cause? I'll read it one more time. Have I committed myself to a lifetime of learning and reflecting on these questions without further burdening those most directly impacted by this cause? Again, so learning from those scenarios, your supervisors are going to be great people to kind of learn that your students are learning this information from, but kind of doing the work on your own, right? So going to trainings, reading articles, reading literature, attending webinars like these.

These are just kind of like actionable items that you can do if you just want to be a better ally, right? And I think a lot of this sometimes is focused on different cult cultural backgrounds, but we also have differences in different abilities, you know, and that relates to us specifically in the audiology world. And, you know, it's just not. It's not always cultural human humility, but just humility of all different backgrounds. So those are all of the questions.

And now I just want to present a case to you guys. And then after the case, if you guys have any initial thoughts on the case too, it'd be great to share in the chat. But then we'll run through the questions again and we'll use this case in mind for that. So. An instructor who teaches a counseling course is organizing a guest speaker for a class.

The speaker is hard of hearing and is a bilateral cochlear implant recipient. The speaker asked for cart accommodations so that she would be able to field questions and facilitate discussion during class. The instructor rolled her eyes at the speaker's request and inquired if she really needed it. The instructor is concerned it will be a distraction to the students. After all, she said, these students are going to be hearing healthcare professionals someday.

They will understand your challenges. Let me just read through one more time. An instructor who teaches a counseling course is organizing a guest speaker for a class. The speaker is hard of hearing and is a bilateral cochlear implant recipient. The speaker asked for cart accommodations so that she would be able to field questions and facilitate discussion during class.

The instructor rolled her eyes at the speaker's request and inquired if she really needed it. The instructor is concerned it will be a distraction to the students. After all, she said, these students are going to be hearing health care professionals someday. They will understand your challenges. I can start with Erica and Katie.

If you guys have any initial reactions to this. I hope that speaker still shows up. I know I couldn't blame them. They did it. Yes.

Gosh. Yeah, it's such a. Some like summary dismissal of, of the whole situation and. Well, I certainly hope no students were listening to it because, gosh, that really wouldn't be a very good example. Yeah, so I would say that that person, I think.

What, what was your first question on the list, Suzanne? Yep. Does this action merely serve my need helpful or is it solely in service of others? Yeah, I don't think it serves anyone's needs. Certainly not the person who asked.

In this case, I think it would seem like the instructor just really has no idea how they've just. How they've just dealt with this in such a non deib manner. A non, you know, no sensitivity really at all. I know it seems like she's coming, she's trying to come from a place of, you know, not sticking up, but just keeping her students in mind. But really the situation isn't serving the students at all, nor is it serving the speaker and specifically to the point of them being future hearing healthcare professionals.

Right. You know, they, they definitely need to be exposed to all types and modalities of communication and how that can help facilitate discussion and questions and things like that. So yeah, that first question, does this serve my need to feel helpful? You know, I guess in some way it, it tried to serve her need to be helpful to her students, but it definitely wasn't in, in sole service of others. It wasn't in service ultimately of her students or the speaker.

Kind of almost seems like what's going to be EAs for me to facilitate this meeting. So, yeah, I feel like. Great answer to question number one. Moving on. If we're still thinking about how to be culturally humble in this scenario, if I believe this action is in service of others, is this specific action the most impactful way to serve?

Right. So in this scenario for this facilitator, if they think that, that, you know, responding like this was in service of others, was this really the best way, best way to serve? Again, not only her students, but, but the speaker so, no, obviously. Right. Well, I think whenever, if you're hosting any, you know, if you're asking anybody to speak on your behalf, to give them the open blanket of, you know, thank you for be.

Agreeing to speak. What. What do you need? You know, and not ranking like, oh, well, I can provide you PowerPoint, but no, I can't get you, you know, that's like, what. What is it that you need?

Whether it be hearing accommodations, card accommodations, pronouns that, you know, make sure pronouns are known, whatever it is, to kind of just put on the same playing field of what do you. What do you need need. Exactly. And, you know, if the cart accommodation, you know, maybe she's skating around it because they don't necessarily have access to that type of equipment, but it's then like, okay, what can I do to. To try and get this right for you?

Or, yeah, I think just kind of opening the floor to. To request things is really nice. I was going to say one more thing about the accommodation piece, but it'll come to me, and I think that would be an interesting discussion to practice with people. Let's say they ask you for an accommodation that you just don't have or maybe is out of your budget to. I think, be honest of saying, I'm unable to provide this.

Are you still willing to speak or is there something else we can provide that can make you feel comfortable enough to do this? Could. Could people write their questions down for you or type them in and the way Zoom Zoom chatted in. Yes, exactly. Yeah.

I was thinking the same thing that. That you two were. That, you know, maybe she just didn't know how to get cart accommodations, or maybe she knew that that was just not even going to be a possibility. So. So yeah.

And if that's the case. Right. Then taking ownership of it and not, you know, you know, making the person who requested it feel that it was. It was a big ask for them to do that. And I think a lot of, again, coming from the pediatric world with our patients and our kids, we talk a lot about that advocacy piece and being comfortable asking for those situations or asking for those, you know, accommodations, and then being on the other side of it to kind of shut down those requests, you know, doesn't help with that.

With that advocacy piece for kids or even individuals who, you know, who are requesting that. So moving on. Am I making any assumptions about this cause or group of people? And it seems like there are a lot of assumptions being made. Yeah.

In this scenario. So obviously assuming that again, that cart accommodation, you know, the presentation would go fine without it. It's interesting. In the specific scenario, she asks for cart accommodations in order to help facilitate or to navigate the questions and then the discussion pieces about it. So truly, the speaker is trying to set this meeting up to be interactive.

Right. She wants to be able to participate with the audience. So then assuming that that's not a piece or that's not an important piece of her presentation is a. Is a bad and wrong assumpt. Any other assumptions that you guys want to point out?

I just think she's assuming that she understands this person's communication struggle or just dismissing that even though this person uses implants, that they may also still rely on visual cues. And it's something like, really, no, we can't use that. You have implants, so you don't need that. And that's. That's a big assumption to make.

Also assuming that, you know, this. This isn't going to be a good experience for her students because of this. This accommodation. That it's going to be a distraction. Yeah.

And assuming that. That it would make the meeting flow better or flow easier for her on her student's behalf. I think that's a big assumption that she's making. Or even assuming, you know, if that is the case, that things aren't going to go smoothly with that type of accommodation or that it's going to be distracting when, you know more often, it's going to be super helpful and bring a lot of good things to the discussion and facilitate a lot with that discussion. So.

And it'd be a great learning experience for these students to see car in action. Yes. Learn what that is. Yes. Yes.

Just the exposure to it alone.

So am I making any assumptions about what type of role or place I should take up in this cause? So it's. It's. Yeah, it's very interesting. Kind of going through these cases, kind of taking the mindset of this person who's trying to facilitate this meeting.

But had she taken a second to think, what. What is my role in facilitating this talk, the speaker and my students. Right. If it kind of seems like she's kind of putting herself in the middle of this and what's going to be easiest for me? But if she were to take almost like a backseat role and think, okay, this type of exposure is going to be great for my students, you know, being able to provide an accommodation that a speaker is requesting is going to be great on the speaker's end, the meeting is going to go how they intended it to go.

And yeah. I know this is kind of like a big fluffed up situation, but this can really apply to any scenario that we encounter in the clinic every day. What type of role or place should I take up in this case or in this cause? How do you two think? I had a student with bilateral cochlear implants that had CART accommodations.

And I could tell you the bill was about $9,000 a year for the CART accommodations. And I don't know how much the student disability office, you know, budgeted for that sort of thing. I know she's not the only student on the campus that has CART accommodations. But how do you balance or how do you think you respond to this person balancing being sensitive to their needs while also at the same time, you know, being sensitive to the reality of the situation, which is I don't have, you know, the $500 or whatever it will be in my budget in order to provide this service?

I think kind of what Katie mentioned about earlier, just being very transparent, right? We don't have this type of service or it's going to cost X amount to be able to provide that. And we didn't really budget that for this particular meeting. Are there any other avenues we can explore to be able to provide something similar to this? And I think it kind of goes into our last question, right?

And really trying to do the education piece on your own and maybe not, you know, unless you can't come up with anything, but potentially providing a couple other options that you've kind of researched on your own that could be similar to cart. And so I've seen a lot of people use, you know, some transcription or even like Google has a really nice transcribe, like a automatic transcriber. And, you know, would it be okay if we did something on that like this with like, you know, a nice visual screen? You know, it's not specifically cart, but it's something similar. Would this be okay?

And I think just having an open, transparent dialogue about it without making anyone seem like their request is again, too much of an ask. But how can we provide solutions that go in line with this? I once had a student who actually had a visual impairment. And so the student brought their own otoscope. They had a specialized otoscope.

But then we ended up kind of making other accommodations as we went because.

So, for example, our word list, I realized that our word list where the font was really tiny even with the prescription lenses, we had to make new word list just so he could have those, you know, and so we had to think Outside the box a little bit for some things. But then I felt we, we really made an effort to, like, try to accommodate, to make sure that nothing was a barrier for him to be able to do a full hearing test for the vision piece of it, because it was hard coming in because our clinic was set up different than the clinic he was at. And so we realized some of those differences made it more challenging to see. Some things were harder to see. I mean, I think sometimes some things are hard to see.

So I definitely was like, this is a great chance for us to make sure we're a little more inclusive for anyone, not just someone with a hearing boss.

And then lastly, have I committed myself to a lifetime of learning and reflecting on these questions without further, further burdening those most directly impacted by this, by this cause? So, you know, in this scenario, if we do come up with another solution that might be a little bit more price conscious, that was a learning opportunity for us. Right. And it was a learning opportunity on the speaker's end to be able to suggest an altern if cart is not an option for future meetings. But yeah, I think taking each moment, and I do think that our go to when we're met sometimes with these challenges or difficulties is to kind of freeze or tense up and be paralyzed.

But taking each situation and what did we learn from this? Right. Making larger words for the wordless, like Katie said, isn't going to only benefit that specific student in that moment. It's also going to benefit students down the line as well. So, yeah, taking that, that humble approach of, okay, you know, I'm not the expert in this, and let's see what, what we can learn and what we can develop from this situation.

I was just looking at Sarah's comment about the academy uses that uses AI transcription. Oh. So that's just interesting to know. Yes, yes, yes. I, this is now my hearing aid ring.

Last year you could get it, you get it through your, the app in your phone, you know, the advanced scribe app in your phone or your smart device. You can get the real. Live the real time AI capture. Wow. I'm hearing a lot of classrooms who are doing it with their remote microphone systems and being able to do the AI transcription from that as well.

So, so, you know, you can do it on PowerPoint when you're, when you're lecturing. And honestly, it kind of learns over time. So it's, it's, it's decent. Well, I use it for my neuroscience class and those are hard words and it sometimes it misses the mark. And, you know, that gives everybody a chuckle.

But anyway, it's, you know, and then. And then it gives an opportunity to, you know, gives me an opportunity to correct it. So even just the ability to record. So it's so easy just to record audio these days. I mean, I actually did that in graduate school for, you know, anatomy and physiology because I couldn't keep up with the words and the spelling.

So at least I could record it and go back later and fill in the gaps for myself. Technology is, yeah, really taking us places. Right.

So that was all I had. I can. If you want to share the program, Katie, I have another scenario if we have time for it, but I thought we should get to the program that we developed. Yeah. Yes.

So Suzanne and I. Oh, goodness. To be patient with me because I think of course it just shut. Of course it just shut itself off. Off.

Timed out. So Suzanne and I created just a local continuing education event just for our team at Lurie about cultural humility. And it actually stemmed from the American Bar association put out a 21 day challenge in 2020. And so it was. There was 21 days listed and on it there was.

There was a couple, usually like one to three different either readings or videos you watch. There's some podcast in there. But we decided to take that and we modified it for our team. So we went through and we read up. We did the 21 day challenge ourselves and we picked up the ones that we really liked and then we ended up actually going out and finding other ones that we wanted to share with the team.

And I'm just about to get it up so I can share.

Okay, so let me go back here.

And this is available to everyone too, if you just like Google. The American Bar Association 21 day challenge, we just kind of put it in a nice little format so that it was easy for our co workers to follow. But the American Bar association has a beautiful website too, that kind of outlines the different chapters and the different articles listed in each as well. Oh, my goodness.

Okay. Why can I not get back to. Bear with me, everyone. I. For whatever reason, the zoom has closing me out.

Let's see here. There we go. All right, let me share screen.

I just shared the link for the ADA 21 day challenge, so. Oh, thank you. Now I. There we go. Just kidding.

No, I'm just going to share my screen like this. Okay, so what we. What we did was I think also to make it a little more just to chunk. We decided to chunk it out into. Can everyone see this?

All right. Yes. So we decided to chunk it out into four separate chapters. So we had history and we actually there was a great article we found about the housing market in Chicago. So again, because we

were trying to make it for our team in there, Chapter two, we did always would do this.

Oh goodness. So chapter two was interacting with professionals and the environment and serving young children. So we had stuff about working with young children, but then also talking about there was stuff about avoiding microaggressions in this one and especially in the work environment. So and Suzanne was a huge part, really. You led this beautiful sheet you made where you would make a link to everything and then put it on the right side as well.

The link.

Chapter three, here we go. Was. Oh, excuse me. This is where we have more the avoiding microaggressions, White privilege and implicit bias. And then final chapter four was looking more at the media.

So culture portrayal of black Americans in the media. And then we also had also the intersection of race and LGTBQ plus community. So again, you could easily just read or listen to anything you needed. And then we had reflection questions with each one that was really, you know, these reflection questions were not anything you had to submit to anybody to review, but it was just an opportunity for people to reflect in that way as well. And I think even chunking it out and we made it where it didn't matter what order you did it in.

You know, they were just numbered that way. But you could pick which ones that were important to you or pick them in what order you want. So we made it four separate smaller CEO events for people to engage in. And so what's nice is that it started with just audiology, but now it became something for the whole division of rehabilitative services at Larry. So speech therapists, a physical therapist and occupational therapist and orthotics and prosthetic clinicians can also participate in this as well and get credit.

But I do recommend starting with that link with the ABA 21 day challenge, even for yourself. And it's a great place to get some or to build something for a type of self study ceu. We purposely set it up to be a self study because I think, you know, it's a lot of information and sometimes the information dump is just not effective. And so just kind of going at your own pace. It is set up like not sequentially, but they did put it up kind of in an order.

But it's nice too that you can pick and choose what you would like to start with first instead of having to go through this Certain curriculum. And it's really nice because there are like podcasts versus articles versus videos. And so if you don't want to read an article one day, just, you know, being able to sit and listen to a video, you know, sometimes it's kind of your go to versus. Yeah. Having to sit down and read through a ton of articles.

And I think the. Each chapter, while on its own, does really well and sheds a lot of information. Just how each chapter piggybacks off of one another too is really nice and insightful. So it seems like a lot, especially when you go on the website and look at all of the chapters and the links. But I do think that it all flows together and again, designed to be a self study so you can kind of go move along as.

As you want to pace it out. I think they did some other challenges as well. We just, we stuck to the one that went. That started in 2020, but I'm sure at this point, yeah, there's, you know, there are some challenges that you know, are after 2020, so it might be a little bit more relevant. And with the time when we made this, we couldn't meet in person.

I mean, we were restricted of group meetings, so having any type of lecture was out. And so that's a lot where the self study started. But then I think it ended up being a really great way to help people reflect. I think the discussion pieces too, I think because we designed it where we couldn't meet, it was a little bit more self reflective. But just, you know, discussing with the, with your co workers was something

that we envisioned or we were hopeful to just be able to sit down with a group to be able to discuss.

And I think that's when a lot of like learning happens too, right. To just listen to others and their experiences and what they took away from the different articles and videos and things like that really helps just again helps to facilitate an environment where you can talk about these things openly with your coworkers and doing it in a safe space where you are just able to learn from one another.

What kind of feedback did you all get on that?

I mean, positive once people figured out how to do it. Because of course we transitioned to teams in the middle of it and. And then like, I can't get this to work. But yes, once people could get it to work, they, they really enjoyed it. I think people really.

To me, the one that seems to be the most popular is the chapter four, which is the portrayal of black Americans in the media and the LGBTQ community intersection. I Think that one is got. I would say that's our most. Has the most diverse amount of mediums. Right.

That has a lot of like. That has lot of videos and like more visual pieces to it and poetry. So I think that has been really a popular one. There's even a couple. There's one.

There's a song. There's one where you listen to a couple songs. So I think that one has been the favorite of people. Did you have the opportunity to do like any pre post test measures on the. The people that took it?

Just kind of looking at their knowledge.

No, pre. That's. That was. That's a great idea. So we do, you know, sometimes you can do it together.

You give it as a post but you ask, you know before at the same time you ask before you took this course. Rank your knowledge in. Okay, how do you feel now? You know, you do it together. Together.

I like that. Yeah, that is nice. That's nice. Maybe we can. Yeah we can edit that into the survey.

So we gave people the opportunity to anonymously also submit reflections and so I. It's been a while now since I've been able to check that. But they were positive. You know, people wrote positive things. Nobody I think quite any personal, personal reflections, but people had positive comments about that.

They felt they really learned something from it which took something away from it. When we first even announced that it was an opportunity that they could, they could explore, we got a lot of good feedback just in terms of we really needed this, you know and not specifically just within our department, our division, but just hospital wide. Like we just needed like a go to resource to be able to just learn more about this. This topic. I remember getting a lot of feedback like that that people were appreciative that something was out there that they could reference and non corporate.

Is it only available for people that work at Lurie or is it available for outsiders? I mean there's a CEU event. It's definitely only available for people who work at Lurie. But in terms of just what the list of the. All the articles and videos are, that's something I could share.

Well, maybe it'll be like a future article in audiology today or maybe it'll be, you know, a future something where that we could provide to the membership in a really specific, focused kind of way. You know, I think sometimes if you just put stuff out there, it doesn't get received in the same way as if it's got a story behind it and it's more intentional. Yeah, I think that would be great. I'd love to do that. It certainly looks like you did a lot of.

You put a lot of work into the program, and so having people receive it in that intentional way, I think would be really important. So I'm just wondering from the audience, are there any specific questions about cultural humility, the difference between cultural competence and cultural humility, or any of the things that we talked about? Just wondering how many of you were familiar with Melanie Terbillon and Jean Murray Garcia and have maybe used their. The things that they've written about. You know, they were.

They were very intentional about how they went about describing and then later developing sort of. Of the teaching for physicians and other healthcare professionals with respect to cultural humility. I think Katie said it earlier. You can't know everything, right? You can't.

And so competence implies that you're at a level where you know everything or not everything, but you have a very high level of knowledge about a lot. Lot of different cultures or maybe even just one specific culture. But opening yourself up to. To constantly learning and constantly having a respectful attitude is probably way more realistic for everybody. Making sure that you're committing to lifelong learning in terms of what, you know, what comes.

What comes at you. You know, it's not just the way people wear it. Right. It's not just the way they look, but it's maybe where they grew up, it's maybe how they grew up. It's maybe the culture of their.

Their education, the culture of the. The facility that they've worked in, so on and so forth. So there's always a lot of layers that come with it that you might not. You might not always think about.

And I think, too, with being with cultural humility is also being patient with anyone who starts the journey of reading about this more and getting involved of this more that, you know, to give credit for people who are trying and being patient as they're trying to figure it out as well.

Yeah, I think those of us that are in the educational part, Katie, are. Are probably well schooled in that, just because, you know, from the student perspective, they're all kind of trying to, you know, find their way. And it's always. Sometimes it's a little bit painful as a. As a preceptor and educator to kind of watch that.

But then in the end, you know, how they sort of present themselves in the end is always really rewarding to see. So those of you that are preceptors that might be struggling, hang in there. They're gonna get it. It might not be a hundred percent on your watch, but it's gonna come along and you're gonna have played a really big, a really big part in that. So I know patience is sometimes difficult, but.

Yeah, and sometimes it, it clicks when they have an experience that doesn't go, you know, that when they're treated differently for some reason, and then they, they realize, oh, wow, like their light bulb goes off or maybe when their peers say something to them, you know, someone closer to, to their level always has, has a really, I think, a really big impact. Well, we are about to finish. We have about two more minutes. And as you know, in webinar world, once the webinar is over, all disappear really quickly. So I just want to thank you all again for joining us today.

This is the last part. This is part four in our four Parts this series. So stay tuned to see what comes next from this group. This stemmed from first from Katie and then I took over. We are, we have renamed our committee Katie.

It's the Academic and Clinical Education Resources Committee, which I think is probably a better description. I agree. So we call ourselves ACER for short. Of course, if you can get an acronym, why not? Right?

So look for more things to come from our committee in the future along this topic line. I know that E Audiology is developing some continuing education and learning tools. And then there's the previous

work that we did that's been published in several places. Audiology today as poster sessions. And all three of all four of these webinars, including today, have been recorded.

So you can feel free to go back and review any one of them. But thank you to you too, Suzanne and Katie, really, really appreciate it. Thanks for being here today and sharing all your knowledge with us. Thank you to Sarah for administrating this. And that's it.

Thank you. Erica, thank you for moderating. Yes, thank you so much and for your insight. Yes. Well, I've learned a lot from both of you, especially from Katie, so thank you.

Thank you.