How to Elevate Aural Rehabilitation Education through Community-Engaged Learning

Presenter: Shari Eberts, MBA; Kathy Cienkowski, PhD

It is my pleasure to welcome our guest speakers today, Dr. Kathy Cienkowski and Sherry Eberts. Today they'll be presenting how to elevate Oral rehabilitation education through Community Engaged Learning. And if you would like to learn more about Sheri or Kathy, you can read their bio on the course registration page. But at this time, I hand the mic over to you, Sheri.

Excellent. Well, thank you, Christy, and welcome, everybody. I'm Sheri Eberts, and Dr. Cienkowski and I are delighted to be with you today to talk about ways to elevate oral rehab education through Community Engaged Learning. Now, the idea for this presentation started a few years ago at an convention.

My book Hear and Live Skillfully with Hearing Loss had just been published, and I was thinking about ways to get it into the hands of audiology students. Kathy and I are both very passionate believers in the importance of including lived experience in audiology education. So we pretty much hit it off immediately. And after the conference, we continued the conversation and we decided to embark on a little bit of an experiment where Dr. Cienkowski would include Hear and Beyond and other Community Engaged Learning opportunities in her upcoming class.

And then we would report back on the impact. What did the students learn? How easy or hard was it to do? And then talk about how could others do this also in their classroom or other education? And so the report back is really the purpose of this presentation.

And I'll just give you a little spoiler alert. Including Community Engaged Learning worked very, very well. So let me share our disclosures for the day, as well as the limitations and risks for the presentation. And then here are our learning outcomes.

And then this is what we are going to talk about today. So a little bit more about who we are and why we decided to do this. What is Community Engaged Learning if you're not familiar with it, Some lessons

from here and beyond for future hearing care professionals. Structuring Engaged Learning into a course, how you can do this in your course. And then of course, we hope there'll be some Q and A at the end.

So stories are a pretty powerful way to build community and to share information. And since every person with hearing loss has a story, I figured I would start the presentation by sharing some of mine. So I first noticed my hearing loss in my mid-20s when I was in business school. But my journey started well before that, watching my father struggle with his own hearing issues. You can see a picture of he and I dancing there when I was a child, but he was so stigmatized by it, he would do almost anything to keep it a secret.

He had his hair that he wore long over his ears. Well, after that was fashionable. And I remember family parties where he'd be sitting off by himself. And as a child, I didn't really understand why. Maybe he was shy or I didn't know why.

But when I developed hearing loss, I understood that he was probably having trouble hearing in that loud part space and he just couldn't bring himself to keep trying. So when I first discovered my own hearing loss, I hid it. I was following in his footsteps. I was embarrassed and ashamed. And that really lasted for many years, really, until I had children where everything changed.

And that's when I saw them watching me do the same things that my father had done that I had watched him do. And I felt that I was passing the stigma down to the next generation. And I knew that was something I didn't want to do. So I decided to finally accept my hearing loss. And I started wearing my hearing aids all the time and teaching others how they could help me to communicate better.

And today I refuse to let my hearing loss isolate me. And it's not always easy, but it's definitely worth it. And now I've become an advocate for people like me. I have a blog, livingwithhearingloss.com as well

as the book I mentioned here and beyond, and a documentary as well about the lived hearing loss experience. And through my advocacy, I really hope to help break down stigmas and to build bridges with the hearing care professional community to improve outcomes and help foster person centered care.

And I think community engaged learning is just a terrific way to do this.

So let's talk a little bit about what it's like to have hearing loss. And Elise, I hope you can see a little bit from my story that it impacts everything in your life. It really can change the way that we see ourselves, especially if it's something that we developed later in our life. We might see ourselves as lesser than we used to be, or maybe not as worthy of love or the extra work that it takes to communicate with us. We feel foolish if we don't hear things properly.

So we start to avoid conversation to lower the risk of embarrassment. That stigma that I was talking about that many of us feel, it makes it harder to ask for the assistance that we need to communicate better. And so that just compounds the problem. Hearing loss also creates communication barriers that make it harder to create and sustain relationships. So we might start to avoid friends who are hard for us to hear I did that.

Or decline group outings because we know it's going to be difficult to participate. And this can be tougher to maintain a romantic and family relationships because communicating just takes extra work for both sides of the equation. And frustration, frustration and resentment can result if communication best practices are not used regularly. Hearing loss is also exhausting. So hearing takes a lot of work for people with hearing loss.

It's not something that we can just do in the background while we're completing another task. It actually is the task. And this can lead to a lot of mental exhaustion, especially if you're doing a lot of

communicating in loud environments. Again, this can lead us to isolate ourselves because we're so tired out from communication. Another big challenge is that the world is not necessarily set up for people with hearing loss.

Everywhere we go, we see ramps and other accommodations for people with mobility challenges. This is wonderful. This is how it should be. But rarely do we attend a lecture or a theater performance or a movie or anything really that has captioning or other accommodations to help us hear and participate. Sometimes even when we ask for these things, the requests are met, maybe with confusion or resistance.

So self advocacy is a day in, day out part of living with hearing loss.

For most people with hearing loss, including myself, an audiologist is really the first hearing care provider that they're going to see. And the influence that an audiologist can have on that patient's journey really can't be overstated. I remember I arrived at my first audiologist appointment. I was scared and uninformed and bogged down. I was missing things in class at business school.

But despite that concern, I was sent home without any new skills or devices that could help you have a mild hearing loss. Sorry, there's nothing we could do about it. And thinking back on it, they didn't even suggest maybe, you know, a different seat in the classroom could have been helpful. And so this standard of care, this was many years ago, was very disappointing. And I've seen several audiologists in the years since then, but really only one has asked me which hearing situations are most important to me.

And only one, a different one, actually tested how well I heard when I was wearing my hearing aids. I don't think any of them recommended a hearing loss support group or talked about communication best practices. And the care seemed very focused on which hearing aid to buy rather than solving my

communication problems or, you know, at least that's how it felt to me. And this is why I think communicating community engaged learning is so critical because it lays the foundation for person centered care and the more empathy and understanding that students develop in their training, the better they can build these strong patient provider bonds. And of course, better hearing outcomes are the result.

I think this is not only better for the patients, but for practitioners as well. Everyone feels great from a job well done.

Thank you, Sherry, again. Welcome everybody. Good morning or good afternoon, depending on where you are. I'm Kathy Cienkowski, and I'm a faculty member at the University of Connecticut, and I teach courses in hearing aids, oral rehabilitation, and counseling. And I want to take a moment to share my story with you and how Sherry and I came together to collaborate on what has been really a wonderful, wonderful project.

My story is really all about my journey as an educator. I began my career actually as a clinical audiologist working in a VA hospital. I spent some time as a research audiologist as well. And when I began my career, there's a little bit of disappointment in there. As a clinician, I was certainly fitting a lot of hearing devices.

And when I started, sort of two things were disappointing. One is I realized very quickly that there were far more people that had hearing differences than were actually seeking treatment or assistance further hearing loss. And two, even those individuals who we were fitting with devices and providing strategies to didn't seem to be following up on some of the recommendations that we were making. So I felt like there was something missing there. We weren't quite doing the job that I thought we should be.

Good student that I was, I went back to school and I got my Ph.D. ph.D. At the University of Minnesota, focusing on oral rehabilitation. Okay, so then, new degree in hand, newly minted, I arrived at the University of Connecticut very, very excited. So I had all of this new information.

I had research, I had thought about how I was going to teach, and this was it. I was going to do it. And the clinicians that I would be training would be so much better at this than I was. But those of you in the audience that teach know that this is not how it works. Ok?

I will usually tell my doctoral students that it takes about two to three years to kind of get a class where it needs to be. So I started out really excited. And at the end of my first year, I realized all the things I was doing wrong. I just gathered my materials. I was kind of treading water, but it didn't go the way that it should.

In year two, I fixed my mistakes, but then I messed up again some more. And then by year three, I felt like my classes had landed in a good place. And so I was excited about this. But my students would come back to me and inevitably what they would say is, that's great. You're teaching us about these oral rehabilitation strategies and these devices and all of these things that can be done to help live well with hearing loss.

But it's actually not what's happening in the clinic. So what I was presenting to the students didn't seem to be carrying over to clinical practice. The other thing that sort of was always hovering in the background was this idea that the adoption rate for hearing devices wasn't really changing. And so, you know, across most of my career, the adoption rate for hearing devices has hovered around 25, 30%. And that needle didn't seem to be moving.

And that was, honestly, as an educator, kind of discouraging because I kept thinking, I don't know, I don't know if the field is ever going to change. And it should change, because what I tell my students all

the time is how I'm teaching you in class now is not the way you should be practicing five, ten years from now. Because we're an evidence based field and as new evidence becomes available to us, we should be changing how we practice. But that didn't seem to be happening. But there are changes in the field, and I think very good ones.

The technologies, for example, as Sherry mentioned, technologies have changed, right? So the hearing aids that we're fitting now are so much better than the hearing aids that I remember. I'm old enough to remember fitting a hearing aid with a trim pot and a screwdriver. But what we have now, right, is it's so different devices come with multiple microphones and different processing schemes, and they connect so beautifully with a lot of assistive technology. We can implement remote microphones and we can connect to cell phones and computers and televisions, and we can do all of these wonderful things with the.

So the technology is really not the problem these days. Arguably, you know, 15, 20 years ago, the technology was part of the problem, but it certainly isn't now, right? And we also have better access to things like online training programs. So if you want to do auditory training practice, for example, patients don't need to come in. They can do it from the comfort of their home.

With the over the Counter Hearing Aid act, we've opened up accessibility to patients that have mild hearing loss who might not come in to see us. So there's a lot of really good things, things happening. So things are changing and, and I'm thinking this is going to be getting better. And yet still, things don't always seem like they're moving where I thought, where I thought they should be going. And for me, that's where I had my aha moment.

As Sherry mentioned, I attended her, her talk at Asha and she was sharing her stories and talking about the book that she and Gail had written. And I thought, oh, I think I was approaching this all wrong because what was really missing from my course was the community, the community engagement, the

community members. Right. And so I don't think that my students always fully understood what it means to live with hearing loss. The students get great education, I think in the classroom, they get fabulous experiences in the clinic, but they don't really understand what it means for a person to live with a hearing loss once they're outside of our healthcare setting.

And to me, that's the piece that was missing. And when Sherry and I started talking, I was like, oh, this is it. We need to bring these two communities together to really better the education and provide better services for all of our patients. And so I got excited again.

So what we're really talking about is community engaged learning. And this is not a new concept. It's been around in other healthcare professions for a number of years. You'll hear about it in medicine and in nursing and social work and community engaged learning can really help in a number of ways. For one, it can help increase community trust.

So those of us that, that work in audiology and in hearing health care know that individuals who have hearing loss may have a little bit of distrust of hearing health care providers. Right. So we've known that for a number of years. But when you include these individuals as part of the education process and when they feel like they can help drive clinical practice, that helps to bridge some of those gaps there. It helps to bring those communities together, communicate.

Engaged learning can also help our students to become better participants in their learning. So by the very nature of what you do, this is hands on learning. This is fostering real time, real life experiences. And I think for our students, it helps them to be more motivated, it helps them to be more engaged in their educational process. They're no longer passive learners in the classroom.

They're engaged in using this information as part of the educational process. And then there is a hope, of course, that all of this will result in an improved uptake of evidence based interventions. So for

example, if I teach about assistive technology in the classroom, the students will learn it, but if they see assistive technology in action and they see that it goes well, they might say, oh, this intervention is really working. Next time I'm going to to recommend it for the next patient.

So that's my story and Sherry's story. Now I want to just give you a little bit of background information on community engaged learning. So community engaged learning is. It is an educational approach that allows students to actively participate in community based experiences as part of their educational training. Okay.

Which is really a very nice way of saying your connecting the classroom to the real world community needs and real world experiences. So our students will take what they're learning and they will apply them real time. And that will help them to retain that information and use that information better as you go along.

The benefits of community engaged learning, again, been fairly well established. You may be familiar with some other community engaged learning things like when students go on trips and do fieldwork, Doctors Without Borders and things like that. Those are all considered community engaged learning types of activities. One of the benefits of course, is that we establish a partnership with our community so the community can let us know what they need. And then in turn, our education can help foster knowledge in those areas and hopefully address those specific needs.

They will also give students more hands on learning. So I think about this again. If I explain loop technology in my class, the students will tell me how to set up a loop, they'll tell me the mode of transmission, they'll tell me which devices it connects to. That's very different than those students going to a meeting, for example, and having to help someone connect their hearing device to a loop that's in the system and seeing all the challenges that they might encounter in trying to do that. Right.

So those types of hands on experiences are invaluable for student learning. And those hands on experiences then trickle over into the development of critical thinking skills. You know, at a university, our goal really is to help foster critical thinking skills. And it's hard in. In a traditional education setting, you might teach material, students might read a book, might listen to a lecture, and then they get an exam.

But whether or not they're able to take that information and generalize it into a different situation, it's a little bit harder to assess in a classroom setting. But when you have community engaged learning, the students really are learning how to think on their feet in that moment in time and apply something that might be somewhat more abstract in a classroom setting to a real person and a real need and a real situation. And that's very important because what we want our students to ultimately do as clinicians is think critically, be a problem solver. This is really what I think a clinician is, is someone who looks at each unique patient who comes in and you help to develop a unique plan for that person. And that is real time problem solving.

Another benefit of community engaged learning is it helps enhance for our students a sense of social responsibility and engagement. And for me, this is a really important part of this exercise is to get the students to understand that their responsibility to the community of individuals who have hearing differences goes beyond just seeing patients in the clinic. You need to be the advocate for these individuals. As Sherry said, the world is not necessarily always available equally to everyone. And I believe it's your professional responsibility to support those needs and to advocate for those individuals.

And so that's another piece of this. And rolling this all together, we can hope that it will help to change practice patterns. Again, let's not practice today. As we learned 20 years ago, we want to keep evolving, taking into consideration all of the things that are new as well as the needs of the community. I

would have never imagined spending how much time clinicians do connecting hearing aids to example, to cell phones.

That's not something I would have never, ever learned 20 years ago. But it's a technology that's here. And so our practice patterns need to change to take that into consideration. And I believe for a lot of individuals with hearing loss, that's an important need. It's something that they want.

They want to have equal access. And so we need to take that into account.

Okay, now I'm going to turn it back over to Sherry, who's going to share about her. Her book and what we can take away from that. Okay, great. All right, so let's talk a little bit about the lessons that we hope students will take away from here and beyond. And in the book, we share a bunch of personal stories, because, like I said, I think stories are a great way to build empathy and community.

But we really, we do more than that. We share a formula for living skillfully with hearing loss, and we use the word skillfully with purpose, because a skill is something that you can learn, it's something that you can practice, it's something you can get better at, and it's something that can be taught. And that's why I think it's such a critical part of education for hearing care professionals. Professionals. It's great, like Kathy said, when they can understand all the pieces of living well with hearing loss, including those that go beyond the technology so they can share these insights with their patients.

And so I love this quote because it really sums up skillful living with hearing loss. When your clients can shift their goal from hearing better better to communicating better. That changes everything and it certainly did for me.

Okay, so what does it mean to live skillfully with hearing loss? And the first step is really knowing what to expect because if you don't know where you're going, it's pretty hard to get there. Right. So

understanding the big picture of hearing loss lets us see that ups and downs are part of the process. So for example, it takes time to adjust to hearing aids.

And if we know that when they don't work perfectly right away, that first day, right out of the box, we won't feel like a failure. We will understand that that's a normal part of the process. And that's really important for families to understand as well because sometimes people don't understand that the hearing aids are not like glass classes. People expect quick results, but they're really, it's going to take some time. And the big picture also shows us that we're not alone, right?

That there's help, there's support, there are peers out there that are willing to be part of a community and be willing to engage in assistance with us together. The second step is embracing a trio of integrated communication strategies. And we call that that our three legged stool. And I'm going to talk about that a little bit more in a bit. And then the third step is putting it all together.

So taking what we learned about the journey and the big picture and the three legged stool and then applying that to every area of life. So family, friends, work, entertainment, all the parts of life that get harder with hearing loss because communication takes more work. So here's our three legged stool and it contains three important skills to improve communication. And we call it a three legged stool because a three legged stool never wobbles, even when it's on uneven ground. So that's the cool physics part of the presentation.

But this is really the solid foundation that helps us switch that focus focus from hearing better to communicating better. And the three legs are technology, mind shifts and communication, game changers and technology. We've already spent a lot of time talking about technology and it does often get the most focus. But in our formula it's only one of the legs. Two of the legs are not technology.

And so that I think is a really interesting thing from community engaged learning that there are so many other aspects as well. And each of the legs is really critical. But when they work together, that's when the magic happens. So let's talk about each one of them. I have the potential to change my journey.

The person with the most power in my hearing loss Success is me. And I think this is a really moving statement and a life changing one for someone with hearing loss because it's the moment that they discover they are in charge, their journey. And a lot of that comes down to attitude.

So we all realize, I think, that a hearing loss diagnosis comes with a lot of emotional burdens, right? I talked a little bit about how we might feel broken, less than we once were, embarrassed, angry, probably all of the above. And you can see here on this slide some common attitudes that people hold about their hearing loss. And these mindsets are unproductive and they can lead to negative outcomes. So for example, my friends and family always forget about my hearing loss.

Hearing aids are ugly, expensive, and they don't always work. Why me? Nobody understands what I'm going through. So you can read all of these here yourself. But some of these beliefs come from external sources, right?

Like ads or TV shows or even media that still uses use poor hearing as the brunt of the joke or to make somebody look foolish or out of touch. And without realizing it, we probably internalize these feelings and we can look down on ourselves, causing us to hide our hearing loss so that we don't appear weak or broken. And these negative attitudes really prevent us from communicating as well as we can. Of all of the legs of the stool, I think mind shifts might be the most important one because our attitudes about our hearing loss not only affect our emotions, but they affect our behaviors. And this is really important because it means that life with hearing loss can be different.

It can be better just by changing our attitudes. Better attitudes help us create better conversations because we're willing to ask for the assistance we need. And they can even make our technology work better because we're more open to experiment and to change. And they help us be more assertive in having our needs met. And of course, they also improve our working relationship with our hearing care providers.

So let's look at an example of a mind shift. So the attitude, nobody understands what I'm going through, and then the mind shift. Many people experience the same challenges as I do. I can learn from them. I'm not alone.

So when I first realized that I was losing my hearing, I really felt very alone. Yes, my father had hearing loss, but he wasn't going to talk about it with me. And I didn't know anyone else with hearing loss who could commiserate or help me understand what to expect or there are different ways to live well with it. I got my first hearing aid in 1995, but I didn't meet anyone else with hearing loss until 2010 when I started volunteering at Hearing Health foundation. So that's 15 years of wasted time.

And it took me another five to discover HLAA, Hearing Loss association of America. And that was really life changing because I finally felt less alone with the struggles. I was now part of a community. I remember my first convention. I was kind of like a shot in the arm, right?

All of a sudden I was surrounded by all these people with hearing. I was inspired by them. So many of them were living successful and productive lives. They were music producers or entrepreneurs and teachers and volunteers. And it really gave me hope that I was going to be able to do this as well.

So peer support is something I wish I had learned about at my first hearing care appointment and each appointment thereafter. So if students can understand the power of HLAA and recommend that that to clients, that can change many, many lives.

Let's turn now to the second leg of the stool technology. And for many people with hearing loss, this can be intimidating. You'll remember that negative attitude we saw in the attitude selfie hearing aids are ugly, expensive, and they don't always work. And a lot of the new assistive technology that Kathy was talking about out, it's fabulous, but it can be confusing. So to secure this leg of the stool, we need to really reframe that attitude into something like we see here.

Technology is my friend. My devices let me hear sounds I forgotten or had never heard before. They connect me to other people and the world.

Why are so many people with hearing loss still, still reluctant to adopt ear technology? And I think a lot of it comes down to expectations that people just don't understand what to expect from the hearing technology. Like I said, it's not like glasses. They don't return your hearing to normal. It's just not possible yet.

But this is what many people expect and families expect it as well, which can lead to some pretty frustrating exchanges. So I think it's important to do a better job educating potential users and their families about what the hearing tech can and can't do. And then of course, in addition to hearing aids, we need other things as well, like remote microphones, speech to text apps, sound alert apps on our phone. These things are, you know, Kathy mentioned they weren't around 20 years ago and or longer when I started this journey. But we have so many opportunities to use technology, we just might not know about them.

Also, external accommodations, I mean, I had never heard of cart, you know, where a person is typing in real time. What is said or even a hearing loop before I went to my first hearing loss convention. And this is really a huge missed opportunity to get clients back out to engage with life. OTC is great as an entry vehicle and for us, our two must haves for our bluetooth. And until oracast comes t coil I want to

communicate better.

And it takes more than technology to do this. I must use softer skills as well. And that's our third leg of the structure stool, which we call communication game changers. And these are all the softer skills that make communication easier because many times even small changes in behavior can have a big impact on the quality of conversation. And some of these tactics might seem a little obvious, but I'll let you in on a secret.

They're probably not obvious to your clients. They certainly weren't to me or to my family at the start of my journey. Journey. And sharing these softer skills can have a huge and immediate impact. So things like self identify as having hearing loss.

One of our biggest mind shifts is being open about my hearing loss will help me communicate better. Trying to hide my hearing loss is what leads to misunderstandings. But self identifying is not enough. People aren't mind readers. We need to tell them them what we need and what we don't need them to do to help us communicate better.

And the more specific we can be, the better. And this goes beyond self identifying. This is self advocacy. And part of that is being comfortable asking for repeats. Because if we don't ask for what we need, what happens?

We bluff. We pretend. We zone out. And learning not to bluff is actually a communication behavior with a very positive impact. Of course, using communication best practices can also be very important.

But we might not know about them and I'm sure our conversation partners may not know about them. Right. Get my attention first. Face me. Lights up, noise down.

All of these are critical to good communication and they're also easy to forget. So reminders are going to be necessary. Necessary.

So that's the stool. The three skills people with hearing loss need to live skillfully and community Engaged learning can be a big step in moving things forward where all three of the legs take up equal weight in each appointment. And this quote I think sums it up. The best hearing care professionals are communication specialists who create personalized solutions including both technology and non technical strategies. So I'm going to turn it back to Kathy at this point.

Thank you Sherry. And you made so many good points in there about not necessarily making hearing loss management about a device that it's so much more than that. And that is a very important element that comes out of this Community Engaged Learning, I think. So let's talk a little bit about how this can be structured into a course. Okay.

I will say that if you are planning on implementing some sort of Community Engaged learning into your course, it does take some planning. And so for me, having taught a course for a number of years, I had to go back and sort of work out a timeline for when this was all, all going to get done and how I was going to do it, because it does take some planning. A number of these things in the timeline need to take place before the course starts. The first being identify who your community partners might be. So who would you like to be able to work with, or who is in your community who wants to work with you, and how do those goals align with your course content?

You then move on to creating activities that allow you to connect your community and these activities to your learning objectives. And for those of us in a university setting, you know, my learning objectives come in part from the knowledge and skills that the students need to acquire in the class. This is dictated somewhat by the accreditation process, but it's also dictated by what I know to be clinical practice and the skills that my students need to be able to get a license and certification if they're going

that route in the field. So you've got to kind of bring these two together. Together.

Another important thing to think about in your timeline is plan for reflection. So for Community Engaged Learning to be successful, you can't just give students a lot of activities and send them on their way. You need to bring the students back and you need to debrief with them and talk through the experience to make sure that what they've taken away from it is what you were hoping and that it meets your learning objectives. You also need to plan in advance what your deliverables are going to be. And as I mentioned, we need these regular reflections.

And I find it to be most successful when you give students reflection prompts. So you sort of point them in a direction to, you know, what you hope they should get from this. You don't just send them off and say, oh, write a summary of what happened. I don't think that's quite enough. I want them to go deeper in the experience, and I want them to really reflect on particular, particular things.

And so I'll give them prompts to guide them through that process. And then when you come to the end of the experience, towards the end of the semester or the end of the activity, you also need to solicit feedback. And in this case, the feedback will come from the students themselves, from the community partners. And then also, I think you, you need to reflect as an instructor on what you took away from the experience as well. And I'll share a little bit more about that in a mom.

And then after all of this, the question, of course is what's next? And we'll look at some options there.

So now what I'd like to do is give you an example of how I've implemented this in the course that Sheri and I worked with on for this activity. Okay. So first and foremost, I have to say that our community engaged learning activity took place in my second hearing aids class. So I mentioned that I teach here hearing aids, oral rehab, and counseling. I opted to put this activity in our second hearing aids class.

The first class really focuses on the nuts and bolts of how these devices work and teaching students how to use equipment and how to do basic fittings. And for this to be effective, I really wanted the students to have moved beyond that. I didn't want them so focused on figuring out how to program the device that they were missing the bigger picture of things. And so it felt to me to be more appropriate in the advanced, advanced class, where the students already have that knowledge, sort of, you know, that baseline knowledge, and they're beginning to look a lot more at how to individualize fittings and look at patient outcomes and, and sort of higher level types of things. And so I thought it fit better there.

I will also say that my class is not a traditional service learning class at our university. Service learning has a very specific designation, and there are certain things that need to go into that, and it doesn't fit that exact definition. So community engaged learning is the more appropriate term. So what I did prior to the start of the semester is thought about two opportunities to allow for this engagement with community stakeholders. One project was the book review, which I'll go over in a moment.

And then the other project was working with hearing loss support groups. So I'll show you exactly how we did this. So the first is the book review. So here, prior actually to the start of the semester, I let the students know that they were going to be reading this book, Gail and Sherry's book, and I wanted them to have the chance to do this at their leisure if they wanted to. So I was that professor who gave them the book in January and said, you're going to read it.

If you'd like to read it in advance, go ahead. So they didn't feel pressured reading something during the semester so the students would read the book. That was the first part. Our very first class of the semester began with a group meeting and I had the benefit of Sherry coming into my class. Thank you, Remote technology.

She came in and she met with the students before the class started and she shared her, her story, her journey with her hearing loss. She talked about the book and their goals and, and really shared many of

the things that, that she shared with you all today as a group to help set the stage for the students. Then what I asked the students to do is I gave them a written assignment based on an adaptation of questions that Sherry and Gail posed as part of the Here and Beyond Book club. So if you get the book, if you look towards the end, you'll see that there's a nice little study guide that goes along with it, which worked out fabulously for class. And so I had the students go through those questions.

And then I also asked the students to reflect on what they thought was the accuracy of, of the material and more importantly, would they recommend this to their patients and why? What would they want the patients to take away from this reading? And it turned out to be a very good assignment for the students because it allowed them to look at non professional literature and reflect on the content. But more importantly, it allowed them to think about what they would do with this content and how they would recommend it to their patients. Patients.

The second activity was the hearing loss experience. And in this case, I asked all of my students to attend one HLAA meeting in person. And the in person part is important because many of the local HLAA chapters actually have online meetings these days. I mean, it's certainly easier to get people in, but that's not really what I wanted for the experience. I wanted the students to go in and talk, talk with individuals with hearing loss who attend these groups and find out what they could learn from them.

So it did need to be an in person experience. And then after that, each student would complete a guided reflecting reflection based on the 5R framework. And as part of that, they should provide a brief description of the experience. What happened? Where did it happen?

What were they talking about? What was the setup of the room? Was there technology, used? Anything that they could use to describe, describe it. Then what I wanted them to do was to relate that experience to what they had learned.

Either knowledge that they had learned through their classes and their programs or their own past experiences. So, you know, tell me how what you saw relates to what you thought you Knew. The third part of the reflection is to ask them to think about how what happened made them feel. Feel. Was there anything about the experience that surprised them or that they didn't expect?

And inevitably I get a lot from this section because things happen that the students don't expect to happen. There are difficulties maybe that people encounter communicating that the students didn't think was going to happen. And so they're sort of shocked a little bit by it. And so that's a, that's a good takeaway from them, I think. I asked them to say what is their most important takeaway from experience and why?

And then how do you incorporate these takeaways into the clinical practice? So I don't just want them to be passive observers. I really want them to think about how they're going to take what they've got for the meeting and then apply it to their clinical practice going forward. So what did the students get from this experience? Okay, so I did a little bit of a qualitative assessment.

As I said at the end of this, we always ask that the students provide some reflection on both of these activities. And so here are some of the things that the students took away from these, these engagement activities from reading, reading the book, talking to Sherry and doing that critical review. This is what some of the students said. One student said this is not just a book for those recently diagnosed with hearing loss, although it serves a great purpose for that. It should be studied and read by clinic, clinicians so that we can understand how people cope with hearing loss before coming to see us for the first time and how clinical choices are interpreted, whether right or wrong.

And you know, I think that that's an important message. Right. We know I teach my students that sometimes it takes people seven to 10 years before they recognize they're having some challenges before they get in to do anything about, about it. Well, what happens in that decade when someone's

not receiving services? Right.

So the book provides some insight into that that the students found very valuable. Another student said that we learn in our classes about the struggles and the problems for people with hearing loss. And sometimes I feel like we've lost the human aspect. And I really want to work towards discussing support groups and other resources with first time patients. And I think that quote speaks directly to what Sherry just said a few moments ago, that she really wished that she had learned about HLAA when she first found out about her hearing loss and the time that she lost where maybe she could have connected with other individuals much earlier.

So that's Again, an important thing. And then this last quote was. One student said, as a future clinician, I want to emphasize to patients, patients that they deserve to participate in their life. That's a very powerful statement coming from a student. I think that it is not about a device, it's not about a diagnosis.

It's about living skillfully, to use Sherry's words, with your hearing difference and being able to participate fully in it. If we look at the HLAA experience, you'll see some similar, similar things from the support group meeting. One student said, my biggest takeaway is that those affected with hearing loss need more advocacy and awareness, some of which can be helped by actions that myself as someone involved in hearing healthcare field can carry out. That made me happy because that was one of my goals, was to increase that sense of advocacy, that movement to action on the part of the students. And so that came through.

Through. Another student said, it got me thinking about how little I truly know about the resources available to patients when they leave the clinic and what resources may be available for financial concerns or for individuals who do not necessarily want to pursue amplification. And I do remember this particular student and this particular group that they went to where we had a guest speaker come in and talk about resources available in our own state that extended beyond, beyond resources for

individuals with hearing loss, but for resources for the elderly in general. And, and the student really learned that there's so much more out there beyond what we provide in the clinic. And so she sort of took that away.

The last student said, the most important takeaway from this experience for me is that I, I don't only want to serve a population, but I also want to support them as they move through the world. That is not thinking. And again, I think that ties back to what Sheri said in that the world is not necessarily accommodating for individuals who have hearing differences. And it's not necessarily a conscious, let's not accommodate. It's a, I haven't thought about it, lack of accommodation.

And I think that that is something where again, advocacy becomes very important. Recognizing that, that the access to things like captioning and loop and, and thinking a little bit more broadly about communication, it's going to benefit everyone. And I think that it's something that we can teach our students that they need to advocate for going forward.

Okay, but remember, I also said that as an instructor, I want to know what I learned. And I certainly did take some lessons away from this experience. Flexibility is key. I am asking students to do more outside of the classroom than they would have typically done. And so I have to have a little latitude in what I'm asking them to do.

So if I add some activities in, I need to take some activities out to provide balance. Our HLAA groups, for example, they meet on Saturday mornings, which is a little rough sometimes for students. So I kind of have to factor that in. And we're fortunate where we are in that. There's a group that meets here on campus hlaa, but there's one in Hartford which is close to me in Rhode island and Massachusetts.

New England is a small area. And so we have that those options available. So you might have to think about what works in your area for those types of things. Debriefing is critical. This is, this is so true.

We need to talk about, with the students, about what they experienced and how to kind of work this. I remember one example where students came to a group, an in person group, and the technology did not work. And, and I was the person in charge of setting up the captions and the technology and I was not having a good day and I couldn't get it to work. And members of the group told me in no uncertain terms it was not going well and it was not acceptable. And I think my students were absolutely floored.

They just were not expecting that kind of direct communication. And we had a really good conversation afterwards about, you know, what, what did the group think? Why were they so upset? And weren't they allowed to be upset about again, having access that wasn't there that they thought was going to be there? So.

But it was very important that we had that conversation so the students didn't walk away with a negative impression of the group. Instead, they thought, oh, okay, well, how can we make this situation better the next time? For me also, this is an opportunity to identify gaps in the curriculum. I certainly realized that I wasn't teaching enough about ada. I was teaching it, but I wasn't really talking about what it meant and how people access services.

And at the end of the day, I certainly decided, and I hope Sherry did as well. I think she did, that it's worth it. I need to do this again. Remember my, my journey as an educator. Right.

This is my first time out. I think it's going to get better the next time and I definitely would want to do it because I feel like the students took a tremendous amount from it.

I'm going to turn it back to Sherry to talk a little bit about the future. Great. Thank you, Kathy. And it's so Gratifying to see the students reaction to these experiences because we as people with hearing loss love for them to come and join us in our community and to engage with them. So I'm glad that they

found it valuable as well.

And a lot of you on this call or on this class might already be strong believers as well in including the patient experience in your classroom. But how can we expand the impact of the lived experience into all aspects of hearing care education? So I thought I would just share a couple of ideas here. And the first is to include the patient's perspective in all industry events so we could co present together at industry conferences like Kathy and I did, or write articles together or create other media together or invite people with hearing loss to contribute on their own. I try to speak at as many conferences as possible, but unless my talks or similar talks are accepted, the voice of the patient is often missing.

And I think that needs to change. Also include the lived experience in student curriculums. One of our goals for Here and Beyond was to get it on the required reading list for all audiology programs. And the same is true for our documentary film. We hear you because I think we saw today the more that students are exposed to a multi pronged approach to care and that lived experience, the more likely they're going to take that into their practices.

And I think it's also important to validate the impact, excuse me, the impact. Because audiologists are very evidence based. So it's important to show the impact of that three legged stool approach to demonstrate its value. And I think it's great to have that experiment in this class that shows that data and the student reactions. And so we can just continue to build on that in the future.

And then of course I think we need to continue to educate consumers on their role in this process. So light communication audiology and its care is a two way street and it requires buy in from both the provider and the client. So it really is a shared experience experience.

And so we just wanted to say thank you so much for your attention. We are excited to be spreading the word about our successful experiment including Community Engaged Learning and Oral Rehab student

education. And we'd love the opportunity to bring it to other classrooms as well. So here you can find our contact details. There's a QR code code that takes you to the book here and beyond and please be in touch to learn more.

And so now we are happy to address any comments or questions.

Thank you so much Sherry. And thank you Dr. RieCienkowski. We'll go ahead and Open up the floor for our members to type in any comments or questions that you might have. Feel free to type them in at the bottom right hand corner there in the chat chat box.

Give it another moment here. We have a question here from a member. I think this one might be for Sherry. What might be the best way to approach community stakeholders? Oh, that's a great question.

Because maybe it's intimidating, right? It's intimidating to reach out. There are many HLAA chapters across the country. Country and so there would be many opportunities to reach out to local HLAA chapters. Also HLAA national has someone who's working there very specifically in working with the chapter.

So that could be another way to be able to find out who should I be reaching out to, who is that point person? And to suggest some type of collaboration. An easy way to start with that is even just to come and present, present to that chapter as an audiologist. Share what you know, share some of your tips for living well with hearing loss and I'm sure you'll get some feedback from them during that presentation. But that would give you a chance to see the community in action before you suggest how to collaborate because you know, the better that you can participate with them first before asking something of them.

That usually works well. But in my experience, people with hearing loss and HLA chapters are always very, very welcoming to anyone in the audiology community and are very willing to share experiences because we just want to, you know, to have better care. And part of that is going to be a better partnership between the two groups. Thank you for your question and thank you, Sherry. I think we have time for one more question here.

This one is for doctors and Kathy. Kathy, should Community Engaged Learning be in all classes? Oh, that's a great question. Should Community Engaged Learning be in all classes? I think that it probably lends itself better for some classes more than others.

I'm slightly biased in that I think that when you're dealing with classes about hearing loss management, it works. It's so important to have that, that patient perspective or that patient voice as part of the class. But as I'm thinking about that now, even if you were to teach something like an anatomy class, which to me is, is not really patient perspective driven, but you know, if you're talking about an anatomical difference or something that may have led to a hearing difference, if you can bring somebody in who can share what their lived experience is with that type of hearing loss, I think it would probably work there too. So I think in some respects we're only limited by our creativity and our willingness to think broadly as to where patient experiences can be shared. So I guess the short answer to that is yes, I think you can include it in all classes, even though it might work a little bit better in some versus others, at least in the initial planning.

Thank you so much for your question and that looks like that should be everything in the queue. So we'd like to take this time to thank Sherry and Dr. Cienkowski for their time and their expertise and sharing their knowledge. We hope that you enjoy this presentation and should you wish to reach out to the presenters, their contact information is on the previous this is just a reminder to please complete the multiple choice exam should you wish to earn the CE credit and just wait for that to populate. 10 to 15

minutes once the course closes.

Thank you so much everyone. Have a great day. Thank you. Thank you.