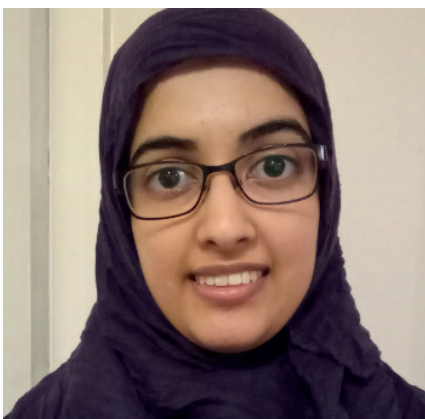


Aisha Awan, Early Professional

How an online deaf awareness course proved invaluable for a new graduate



Since graduating last year I have been searching the internet for online resources to expand my knowledge. I read about the UCL Deaf Awareness: Online Training for Audiologists in a BAA newsletter and decided to give it a go. I have benefitted hugely from taking the course and here I share the lessons that I have learnt.



■ After completing an audiology degree, you could assume that I'm already deaf aware. And I was, to an extent, but as I soon found out I had a lot more to learn. It is a continuous process, there is always more we can learn to be deaf aware. Taking the course was a small step to educate myself in this area.

I began the course by learning the terms used to describe hearing loss such as Deaf, deaf, hard of hearing and hearing impaired. Although I had come across deaf culture briefly, I was unaware of the different terminology used to describe deafness. I didn't even know the difference between the terms Deaf and deaf. How can I expect society to be accommodating when I, myself, am not well-informed?

What made this course stand out for me, was the chance to listen to the patient's point of view. It was insightful to hear about how people view their deafness and how they would like it to be defined. Some people embrace it as part of their identity and others see it as something they live with that

does not define them. It stood out how different each perspective was and served as a stark reminder that every patient I treat has their own set of needs and experiences and they should not be viewed as all being the same. It emphasised the importance of patient-centred care, which can be easy to forget, when seeing patients all the time. Each patient has their own lifestyle, and they may be very nervous or concerned about getting hearing aids. As a practitioner I need to be aware of the patient's concerns and discuss them with them.

The course encouraged me to view hearing loss through the social model of disability. Patients spoke about their experiences and those who had positive experiences often had people in their lives who viewed deafness through the social model of disability. This can be challenging, especially when our role involves fitting patients with hearing aids, but it is important to remember that it is not a solution to a problem. It is an aid, that along with support from healthcare professionals, employers, family and friends can help a patient

to live a fulfilling life where they are not held back by their hearing loss.

Treating patients with different degrees of hearing loss day-to-day, the words that we use, mild, moderate, severe and profound, to categorise them medically are familiar to us. But when we deliver the diagnosis to a patient, do we stop to think how they will interpret these words? When we are diagnosing a mild hearing loss for example, the use of the word 'mild' can reassure patients, and on the other hand can make a patient feel that their hearing concerns are being trivialised. Especially when we are treating patients with severe and profound hearing losses, a mild hearing loss can easily be dismissed as not a big deal. A diagnosis of hearing loss, of any degree, is life changing for a patient and we need to respect that.

The way that the diagnosis is given and the words that are used matter. It is imperative to think about the impact the diagnosis will have on the person receiving it. When I give a diagnosis, I try to explain it in terms of the concerns the patient had raised at the beginning of the appointment. For example, "You are struggling to hear your grandchildren, because your hearing has deteriorated in the higher frequencies, which is the frequency of children's voices." I feel that explaining the diagnosis to the patient can help them to understand their hearing loss and engage them in their own care. Unfortunately, the time constraints in an audiology clinic don't always allow for this, but it is an essential part of the care we provide for our patients. This course has made me see the diagnosis from the patient's perspective and I now realise how significant a diagnosis of hearing loss is. The feelings they described resonated with me, giving me a glimpse into their lives and the barriers they face. It

made me grateful for having my hearing. A key lesson I learnt, is that my patients need me to be understanding and not dismissive of their daily challenges, what might not affect me may affect someone else hugely. I need to signpost patients to organisations that offer support to people with hearing loss, so they can get the support they require.

The course also covered key communication strategies, such as keeping your face visible and well-lit and to avoid covering your mouth. It may seem like common sense, but these are often overlooked in an appointment setting. Implementing the strategies in your appointments as well as talking through them with the patient and family members is necessary to aid communication. These strategies can also help to explain the realistic expectations patients should have from their hearing aids, for example a person who wears hearing aids cannot expect to hear people if they are in another room.

Listening to these patients recount their own experiences, reminded me of one of my own I had in my 3rd year placement. I have developed my own approach of carrying out appointments and although I'm not yet set in my ways, habits had started to form by my 3rd year. When taking a medical history, I have always used the word "struggle" when asking patients about their hearing loss. I ask questions such as, "Do you struggle to hear when there is background noise?" and "Do you struggle to hear when using the telephone?". I hadn't previously encountered any issues when asking these questions and I didn't think about the language I was using with my patients. On one occasion, I had a patient who appeared to be uncomfortable when I asked these questions, they proceeded to answer them in

detail but made it clear that they do not "struggle to hear". It made me realise how important it is to consider the language that I use with my patients. That's not to say I can no longer use the word 'struggle', as in most cases my patients were not affected by my use of the word, but not all patients will view their hearing loss in the same way. Being able to sense if a patient isn't comfortable with the language being used and adapting it accordingly is a useful skill to have.

I would recommend trying the course for yourself, regardless of the stage you are at in your career. Being informed about the barriers your patients may face can help you gain a greater understanding of their perspective and inform your practice. The least our patients can expect is for all staff in Audiology departments to be deaf aware.

I would like to thank the University College London Deafness Cognition and Language Research Centre for creating an informative, comprehensive course and I'm so pleased that this course is also available for other professions. It will enable healthcare professionals to effectively provide the care our patients need. I am glad that I have completed this short course and I aim to consciously implement the lessons I have learnt from the course until they become second nature.

The UCL Deaf Awareness:

Online Training for Audiologists is accredited by the BAA for CPD. The course costs £39 and all BAA members can get £10 off with the code DAAUD10.