

Prompt / Homework Assignment:

Trainees should be prepared to describe an awkward or challenging interaction that they had with a family in which cultural differences might have been a factor. They responded to the following questions:

- What specifically made it awkward or challenging?
- Did you have a sense for what the family might have been experiencing?
- Was there information in either or both articles (from the homework assignment) that prompted you to think more critically about this interaction?

Notes: What are some of the Trainees' main takeaways from this discussion?

Language

- Need access to professionally trained medical interpreters. Practice for early career professionals in using an interpreter. Meet with interpreter before the appointment?
- Importance of having materials in many different languages
- Quality and availability of interpreters impact interactions with families
- Remembering that individuals with accents, different languages does not equate to lower intelligence or competence
- Need to be aware when there are language barriers.
- Advocating for appropriate interpreters is important.
- Would like more guidance on what to do if there's no interpreter or how to handle the situation if it appears the interpreter is unqualified, inappropriate, or not providing a complete picture of what is being said.
- Expect high level of interpretation – if you are unhappy, ask for a different interpreter

Family

- View the family as a team
- Put yourself in the "family's shoes"
- Remain neutral when giving information to families. Don't make assumptions on how the family will react to the news
- Both the audiologist and family have the child's best interest in mind
- Realize your priorities may be different from than family's priorities
- Always be mindful and aware of what the family is feeling and experiencing
- What we tell families will be heard through their own lens
- Meeting the family where they are at (cultural, etc) and make them partners in decisions
- Advocate for your patients, but also advocate for yourself as a professional
 - If a parent-provider relationship is not positive or healthy, be comfortable ending that relationship
- Begin with family goals and expectations
- Being proactive – asking families ahead of time about their needs
- There are so many cultures so asking the patient what s/he wants is important.

Cultural Competence

- May be barriers that are unseen, need to be mindful (cultural, financial, etc)
- Impossible to know everything about cultural differences and needs, however you can always be respectful, accommodating and flexible
- Be open and curious about cultures. Be a lifelong learner with cultural competence
- It's essential to have proper orientation, ahead of time, to the cultural groups you will be working with to be well prepared – while recognizing it is important not to overgeneralize or stereotype cultural/linguistic groups.
- Being mindful of factors affecting follow-up
- Being accommodating, even if you aren't completely culturally competent
- Reaching out to someone in the community who is respected to serve as a bridge can be helpful.

Activity

- When culture differences are apparent, find common ground and build from them
- Importance of knowing how to ask appropriate questions and where (to which person/s) the communication should be directed to.

Practicing Professional

- Sometimes you need to take a step back and reflect before you answer, to take care of your anxiety
- Using co-workers and colleagues to better understand cultures
- Don't be afraid to ask questions instead of assuming
- Walking away from situations that aren't comfortable for all involved – all need to be on board
- Importance of culturally and linguistically appropriate materials explaining purpose of the assessment, test results, and next steps for follow-up.
- Power differentials, be cognizant of how much power you as the professional have
- Don't get too much into a routine, take time with each family to provide them with what they need
- Be mindful with each patient in the space THEY are in
- I have always thought I should know what specifics but now realize it is okay to ask.
- Be mindful, don't get into "your shpiel"
- Bring in other professionals when necessary, a multidisciplinary approach often is very helpful

Delivery of Diagnosis

- All people, apart from the child's team, needs to be on the same page (doctors, family, physicians, etc)
- Regarding Deaf and Cochlear Implant (CI) culture:
 - Every decision with regards to Cis and Deaf culture needs to be an individualized decision based on:
 - Family factors
 - Child factors (e.g., ANSD, APD, ASD?)
 - Available resources
 - Important to remain unbiased and give families every option and keep them informed
- Child-centered care and how the child will realistically use the auditory information – CIs are not always the answer
- Counseling realistic expectations
- Give families all the information and options, not just technology options

Prompt:

Trainees will reflect on how diversity, cultural and linguistic competence affects other parts of the EHDI system.

EHDI Components:

- Screening
- Diagnosis
- Medical management
- Hearing technology
- Early Intervention

Screening

- Access is significant issue – assumptions are made that people can understand English
- Many eventual diagnoses happen with babies in NICU
 - How to follow up at a time and place when they can benefit from the information?
- Identifying barriers (culture, distance, etc) to address loss to follow up
- Tend to be minimized (e.g. “just fluid”)
- Awareness of culture is important during the hearing screening
- Make sure you stress the important of follow-up without causing stress on the family
- Consider how to find the right vocabulary to relay the results
- Language surrounding screen results can have a large impact. The word “fail” being negative
- Give a sense of urgency, but not panic
- Consider how to meet the needs of all those not born in the hospital – how to find those babies and educate their parents
- Consider that different families have different expectations (e.g., Deaf parents)
- We need better language translated materials about screening
- The fact that those who are doing the screening in the hospitals do not always know how to interpret the results well and/or culturally / linguistically competent
- Awkward communication when they were not sure if family understood next steps
- Info packets not in the family’s native language
- Some expressed NICU concerns, medical issues overshadowing hearing loss risks
- How/when will families get the info they need?
 - If baby is deaf/hard of hearing, important to know where there are centers of expertise for diagnosis assessment, otherwise valuable time can be wasted with repeat tests, misdiagnosis etc;
 - Families need to know options for diagnosis testing but also need guidance on where to go and how to make the apt.

Diagnosis

- Audiologists tend to be hearing – give all the options
- Written materials in their language because parents can’t comprehend everything at the initial diagnosis
- Get to know your family – bond with them
- Make sure parents know it will be okay, but know that some parents will come back and say it’s not going to be okay
- Sometimes they will need to get a second opinion
- Recognizing cultures’ view on disability
- Family connections – finding someone who can bridge cultures
 - Finding parent or adult mentor who can relate to the family’s experience
- Family experiences and culture affects how they receive the diagnosis.
 - How the family views disability will have an impact on how they proceed after the diagnosis

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Activity

- Culturally competent communication is essential to ensure family will not be lost to follow up; important to address issues that may be of concern to family but awkward for them to bring up e.g. cost/fees associated with return visits and follow-up; hearing aids etc.
- Trainees expressed surprise there was so much controversy surrounding bilingual approach (Sign/Spoken Lang).
- Deaf culture awareness is early. Not everyone wants a CI

Medical Management

- Reviewing systems periodically to see how change can be made
 - Acknowledge areas that are a challenge and think about how to give support
- Clinicians must establish rapport and collaborative relationships with physicians/ENTs and other professionals from relevant disciplines; some will know little about audiology; important for them to understand what we do.

Hearing Technology

- Pressuring families about cochlear implants when they aren't ready
- Families must understand that "the device is not a cure"
 - Cultural/linguistic competence is needed to ensure that families understand what technology can and can't do

Early Intervention

- Being able to match families with similar experiences (access to someone who is Deaf)
- Consider the cultural impact of having a stranger in their home
- Importance of knowing patient before giving same materials intentionally to every patient
- Consider cultural factors (i.e., working hours, how they communicate, availability of clinician, etc)
- Families need information but decisions should be theirs and theirs alone. Several comments reflected points made by the family panel, esp how cultural differences affect acceptance of hearing loss and/or disabilities.
- Parent to parent can be so important, and needs to be a good match