

## From Clinic to Classroom: Are Recommendations Lost in Translation?

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A crucial part of any audiological assessment is the provision of recommendations to support student learning; they link assessment to management. Clinical audiologists are at a disadvantage in that they generally cannot observe classrooms or meet with school staff, so understandably, recommendations can be relatively generic. It can be challenging to link the relatively decontextualized clinical assessment results to performance in an unknown real classroom. While many of our recommendations have a solid theoretical foundation, research on their efficacy is sometimes scant or contradictory.

However, good recommendations can sometimes be “lost in translation” between the clinic and the classroom. Nowhere do gaps in links between assessment and management become starker than at a school team meeting with parents who are confused, frustrated, and furious at what they see as a lack of responsiveness to, for example, an auditory processing assessment report and school staff who are not entirely sure what auditory processing is themselves and are trying to explain that implementation of some recommendations is impossible or contraindicated. Audiologists provide recommendations with the best intentions, yet parents and school teams struggle to apply these recommendations to busy classrooms. At worst, recommendations that are lost in translation have led to situations where upset parents threaten lawsuits, resulting in adversarial and unproductive relationships. As educational audiologists, we sometimes see situations where misunderstandings, unclear or unrealistic expectations, and poor communication (on both sides) regarding clinical recommendations make it challenging to address the problem collaboratively. To paraphrase novelist and educator George Dennison, it is more productive to think of “school” as a set of relationships rather than a place.<sup>1</sup> “The school” is a building; parents are not interacting with “the school.” They interact with people whose primary motivation is to help children succeed and work within the constraints of an increasingly underfunded and resource-scarce educational system

(even pre-COVID). There are no easy answers, but perhaps we can identify pinch points where parents and/or school staff sometimes misunderstand or misinterpret clinical recommendations. Teachers everywhere are masters of strategy – in my experience, once teachers understand the problem, they have a vast toolkit of remediation strategies to try. A clear understanding of areas of difficulty and their implications written in functional language provides school staff with the right kind of information, rather than giving a long list of more generic strategies.



## **Classroom Acoustics Recommendations**

A good listening environment is crucial for students with any type of auditory disorder, and we know that most classrooms do not meet recommended standards for noise and reverberation. While several effective modifications can be made to a classroom to improve classroom acoustics (such as the provision of carpets, acoustic tile, etc.), it is essential to understand that school staff has very little to no ability to implement these kinds of structural recommendations. For example, carpets are generally not allowed these days because of concerns for students who have asthma or allergies, or mobility issues and might use a walker or wheelchair; similarly, curtains collect dust and are difficult to clean. Likewise, installation of acoustic ceiling tile is not feasible by school staff; hanging sound-absorbing items from the ceiling contravenes the fire code. However, a clear explanation of the implications of distance, noise, and reverberation for a particular student will allow teachers to identify and implement signal-enhancing strategies that make sense for their own classroom and teaching activities.

## **HAT recommendations**

Hearing Assistance Technology (HAT) is often needed by students with auditory disorders and should be included in clinical reports. However, the need for specificity in terms of the device to be used depends very much on the procedures and resources of each school board. As a general rule, more open recommendations for HAT trials (“trial of an FM system is recommended”), rather than

a recommendation for a specific make and model, allow educational audiologists and teachers of the deaf to evaluate and integrate classroom factors, teaching and learning activities, and student/teacher preferences, to select the best system. Keeping all options open is helpful, though; for example, ensuring that new hearing aid recommendations consider options for telecoil and providing specific information about the hearing aids (for example, that hearing aids have already been connected to a home HAT device) allows for a greater range of potential options.

## **Support Personnel Recommendations (Notetakers, Educational Assistants and Resource Support)**

Recommendations for provision of support personnel can lead to significant misunderstandings by parents, who may misinterpret what is meant by, for example, “notetaking,” and who are not aware that educational audiologists, teachers of the deaf, and indeed individual school staff such as principals do not have decision making authority for personnel issues. It is important for clinical audiologists, parents, and school staff to have a shared understanding of, for example, what “notetaker” means. Parents sometimes interpret “notetaker” as a paid individual dedicated to taking notes for an individual student, and I feel confident that this is not a realistic expectation. However, this is not to say that this recommendation does not belong in a report - taking notes during class is always difficult for students with hearing loss. Providing access to teacher notes and outlines is a standard part of secondary school Individual Education Plans; access to a fellow student’s notes is sometimes effective but sometimes not. Again, the use of functional language describing why writing down the information provided by the teacher is difficult will highlight the need for strategies in this area without leading parents to expect a specific service.

Similarly, while decisions regarding educational assistants or direct instruction by a specialist teacher incorporate school staff input, they are not made by school staff. Recommendations to provide immediate intervention in a particular area should be evidence-based, in the form of a direct assessment. For example, recommendations in reading should be based on a comprehensive evaluation of phonemic and phonological awareness, decoding, comprehension, and fluency done by the clinician providing the recommendations, not based on parent reports of reading difficulties or theoretical models.

## **Technology Recommendations (other than HAT)**

Technology-based direct interventions for students with auditory disorders (e.g., computer-based remediation programs for auditory processing) are generally not provided by schools. They do not fall into the category of being required to access the curriculum and are considered “therapy” rather than an educational intervention. Computers in the classroom have been integral curriculum support for many years; some students do have individual laptops, but again, this is based on school-board eligibility criteria informed by a report of functional difficulties.

Parents need to advocate for their children, and this does not suggest that bureaucratic red tape and obstacles do not exist. Educational audiologists and teachers of the deaf can help you by understanding how the system works so that everyone can work together collaboratively and productively. In the age of Zoom, you might consider inviting the local educational audiologist or teacher of the deaf to join a virtual staff meeting for a brief discussion, or feel free to ask about, for example, how students receive FM systems or what notetaking services are available. As with everything in life, good communication can avoid misunderstandings and help resolve them when

they do occur.

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## References

Dennison, G. (1969). *The Lives of Children: The Story of the First Street School*. New York: Random.