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Knowledge Mobilization and the Educational Audiologist

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I remember an educational audiologist colleague, Sarah Burns, once describing herself as an “information broker”, someone who used their knowledge and professional networks to connect people with information and ideas. In academia, the technical terms are knowledge mobilization (KMb), knowledge translation, or sometimes knowledge “brokering” (Sarah really was ahead of her time). Knowledge translation is intended to move research from laboratories, research journals, and academic conferences into the hands of people and organizations who can put it to practical use. There is an entire research literature, complete with models and frameworks and discussions on how best to accomplish it, along with theoretical debates over whether knowledge mobilization is the same as knowledge brokering or knowledge translation (Fitzgerald & Tipton, 2024; Rycroft-Smith, 2022). However, I don’t know whether the time spent defining and researching the concept is needed to understand how important it is and to actually do it. While the term “knowledge mobilization” in academia tends to refer to translating academic research findings for the general public, I don’t think we need to limit ourselves to that. There is plenty of clinical knowledge and information that also needs to be translated for students with hearing loss to be best supported at school.

Yoshinaga-Itano (2004) once said that early intervention "…begins as a part of the medical/health system but outcome is dependent on the educational system. One could argue that the purpose of medicine and health is to ensure that the child has an opportunity for equal access to education, not necessarily that the developmental outcome will be optimal through the entire continuum of childhood". I would agree with her, with the caveat that the educational system first needs to *understand* the information provided by the medical/health system to know just what kind of access the child has when entering school. I recently attended an excellent webinar by Dr. Ryan McCreery and colleagues at Boys Town National Research Hospital summarizing the recent research on how crucial it is for children with asymmetrical hearing loss to access sound from both ears (as an aside, a shout out and thank you to the hearing technology manufacturers who provide a wealth of knowledge mobilization in the form of webinars and events for teachers of the deaf and educational audiologists, we appreciate it!) My first thought was that teachers needed to hear this information for their students (or their parents) who routinely come to school with only one hearing aid despite having two, or with a cochlear implant but not the hearing aid prescribed for the other ear. They need to be able to provide students, parents and teachers with the information on what the latest research says, to support them in using evidence-based practices to determine if, as the student reports, "it doesn't make a difference if they wear both", and to ensure that teachers and students have strategies and technology to achieve best access.

Educational audiologists are already uniquely qualified and positioned to provide knowledge mobilization, as professionals who understand both hearing health care research, and the challenges and gaps of educating students with hearing loss at school. Educational audiology has always been at the intersection of hearing health care and education. Teachers of the deaf rely on educational audiologists to interpret complex audiograms, update them on developments relevant to their clinical audiology practice and research (particularly in the area of hearing technologies), and generally serve as liaisons with health care professionals. In fact, my vision for this Canadian Audiologist column has always been that it serves as a form of knowledge mobilization, an effort to translate what happens at school for clinical audiologists to support them in their work with children with hearing loss. What are some of the ways that knowledge mobilization is an integral part of what educational audiologists do?

Linking Clinical Test Results To Classroom Implications

Teachers of the deaf can certainly read a pure-tone audiogram and understand its implications. However, many students with hearing loss have complex audiological profiles or backgrounds, and sometimes one needs to read between the lines or have a certain background to truly understand the implications. For example, a teacher of the deaf might receive a new audiogram for a student they have not encountered previously, indicating that a student has recently undergone surgery for a cholesteatoma. Most likely, the hearing loss shown on the audiogram would be conductive and related to ongoing middle ear issues, and perhaps unilateral. Typically, students with middle ear issues are not seen by teachers of the deaf for support, since most cases are either temporary, self-resolving or resolve with medical treatment. For most students with conductive hearing loss due to middle ear fluid, the problem is likely gone by the time a teacher of the deaf receives the report, contacts the school, and makes a visit. Criteria for educational services from a teacher of the deaf would usually exclude students with conductive hearing loss due to middle ear problems. However, a diagnosis of cholesteatoma is entirely different. Educational audiologists could explain that a student with cholesteatoma does not have "typical" middle ear issues, they would have had an extensive history of otitis media with perforations, fluctuating hearing loss and possibly other

complications. It would be important for the teacher of the deaf to know that these hearing losses often do not resolve with surgery. The student may or may not have a hearing aid but is likely to have difficulty with communication in the classroom, even if the hearing loss is unilateral. This student should likely be considered for a “monitor” level of service, with support for school staff around strategies, some assessment of classroom learning difficulties, provision of classroom amplification, such as a sound field system, and regular contact and monitoring.

Auditory neuropathy spectrum disorder is another condition about which school staff have many questions. In my experience, it is frequently confused with auditory processing disorder, an entirely different problem. Management relies heavily on functional assessment in the classroom to understand a student’s access to learning and to evaluate the functional benefits of technologies such as hearing aids or cochlear implants. Recommendations from the research literature have changed as understanding of the condition has expanded. School staff need to understand how these students are different from other students with hearing loss – for example, some students with ANSD benefit from hearing aids but others do not. Almost all students with hearing loss *benefit from hearing technologies, and we spend a great deal of time and effort ensuring consistent use of amplification*. The idea that amplification might not help a particular student requires a significant change in mindset and a new approach to educational programming.

Sometimes an important clue lies in the handwritten notes at the bottom of the audiogram. A teacher of the deaf once sent me an audiogram showing normal hearing, with a note saying that, because hearing was normal, there would be no further follow-up; they would shred the audiogram and tell the school staff that nothing needed to be done. However, at the bottom of the audiogram, the clinical audiologist had written “recent diagnosis of Neurofibromatosis Type 2”. As an audiologist, I was able to explain that yes, hearing was normal and nothing needed to be done currently, but that hearing loss could develop in the future. At the very least, the principal should ask parents to ensure that subsequent audiograms are sent to the school and then on to the teacher of the deaf, and that school staff contact the Hearing Resource Department if any concerns about hearing arise.

Translating Research Into Recommendations for Classroom Intervention

There may have been some teachers of the deaf in the audience for the webinar on asymmetrical hearing loss, but probably not any classroom teachers. I know many teachers of the deaf, but I don’t know whether any of them have subscriptions to Ear and Hearing or read the latest audiology research. For example, an important research topic in our field in recent years is the concept of listening fatigue – what it is, how it impacts individuals with hearing loss, and how to help minimize its impact. I have come to feel that explaining listening fatigue to school staff is one of the most important things I need to do as an educational audiologist. The research literature clearly demonstrates the existence of listening fatigue through outcome measures such as changes in cortisol levels and speech perception scores. However, it doesn’t answer the question “what does listening fatigue look like in junior kindergarten vs middle school or grade 12?” so that a parent or classroom teacher knows what to watch for. In my experience, listening fatigue is often described as daydreaming, not paying attention, being too chatty with neighbors, or being disruptive by running around, or other behaviors that are actually reactions to listening fatigue.

I clearly remember seeing a junior kindergarten student fast asleep in the middle of a circle of other students who were walking around her, singing a song, and being told, “She falls asleep at this time

every afternoon, we just carry on and let her sleep." Listening fatigue in a grade 11 student might look more like a student I described in a previous column. This student was a very high achiever academically, As and A+s in all of her classes, but resistant to the idea of using an FM system. I convinced her to try an FM system for a couple of weeks (mostly to humor me and make me go away, I suspect). When I returned after 2 weeks use, she was happy to tell me that she'd joined an after-school club. Why was this such exciting news? She told me that before the FM system, she always had to go home from school and take a nap before she started her homework. With the FM system, she had enough energy at the end of the day to join a club and still do her homework at night. Joining an after-school club or sport is something every student should be able to do. No high school student should be so exhausted by the end of the day that they need a nap. The cost for those As and A+s for her was exhaustion, missing out on fun with her friends, and feeling like a small child. This is the functional impact of those cortisol levels described in research studies.

Academia has coined a fancy term, knowledge mobilization, for a pretty simple concept that my colleague Sarah understood in the 1990s: that research and clinical knowledge need to be made clear, comprehensible, and accessible to the people who need them. Teachers don't read the latest research on recommendations for directional microphones for children. Still, they need to know what it means for seating arrangements and large-group discussions if a student has one. One of my current projects is to create a library of infographics, handouts, and other resources intended to help audiologists (clinical and educational), parents, and students translate audiological information into practical recommendations for home and school. Send me an email at pmillett@edu.yorku.ca if you're interested in exploring these resources in your own practice.

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