

Andi Kottowski, AuD , Shani Goldgrub, AuD, Julie Purdy, PhD

Rady Children's Hospital - San Diego, CA

## BACKGROUND

While discussions surrounding the use of language and its impact have become very commonplace during the past few years for many fields, no professional Audiological organization has addressed the impact of deficit-framing terminology such as loss, abnormal, failed, or impairment. Additionally, many Audiologists hold outdated ideas about the Deaf community, and many do not offer full language choices to families who have children with profound hearing thresholds. Recently, the American Academy of Pediatrics updated their document entitled "Guidance on Assessing Hearing in Infants, Children and Adolescents: Recommendations beyond Neonatal Screening"<sup>1</sup>. This revised document challenges the use of terminology we hold commonplace and advocates for the use of non-offensive wording when working with d/Deaf and hard of hearing patients.

## CONCERNS & CONSIDERATIONS

- Audiologist resistance/concerns
  - Parents may not understand the updated terminology
  - Parents may not understand the importance of prompt follow-up
  - Unsure how to grammatically use the new terms
  - Other providers (ENT, PCP, etc) may not understand
- Consistency with other specialties/providers
  - Primary care, ENT, speech therapy
- CPT codes
- Documentation to insurance (justification letters, etc)
- Interpreters
  - Will the interpreter understand the terminology and correctly interpret
  - Do these phrases translate well into other languages
- Limited current support from professional audiology organizations
  - AAA & ASHA

## PROCESS

### OUR TERMINOLOGY CHANGES

- **Eliminated:** hearing loss, hearing impairment, normal (referring to degree of hearing), better/worse, pathologist (speech pathologist)
- **Current Options:** hearing levels, hearing thresholds, hearing differences, hearing changes, typical/atypical, d/Deaf, hard of hearing, DHH, speech therapist

#### Team Discussion

- August- team email sent with AAP article to open the floor for discussion
- September- brief mention of updating technology at team meeting: some concerns from the team
- October- Longer discussion at our meeting to allow for in-depth, productive conversation

#### Update Materials

- September to November- audiology website and all associated pages were updated
- September to November- all audiology and hearing-related brochures within the audiology department were updated

#### In Process

- Updating terminology we use in person with our patients and their families during appointments. This varies by provider
- Update report templates

#### Next Steps

- Continued conversations with team until in-person conversations are consistently updated
- Continued discussion with other specialties and other clinics
- Post-conference review of results from this poster's survey

Please join this discussion- Share your thoughts

## DISCUSSION

Most audiology clinics have not made this transition to inclusive and accurate language regarding hearing. Given the uncharted territory of this change, it is vital for us to receive input from others living and working within the field of EHDI in order to best support our families.

Please take a few minutes to anonymously share your thoughts and experiences regarding terminology changes within EHDI and the medical field. We hope to analyze the data to determine the next (or first) steps in identifying language we should use when working with our families.

## SURVEY



## REFERENCES

<sup>1</sup> Charles Bower, Brian Kip Reilly, Julia Richerson, Julia L. Hecht, COMMITTEE ON PRACTICE & AMBULATORY MEDICINE, SECTION ON OTOLARYNGOLOGY-HEAD AND NECK SURGERY; Hearing Assessment in Infants, Children, and Adolescents: Recommendations Beyond Neonatal Screening. *Pediatrics* September 2023; 152 (3): e2023063288. 10.1542/peds.2023-063288