

From the Vice President: Words on Volunteerism

Samuel R. Atcherson, PhD, CCC-A

AMPHL Vice President

Since its humble beginnings in 2000, the Association of Medical Professionals with Hearing Losses (AMPHL) as an organization has grown in its scope, depth, and size with International reach and influence. AMPHL has made a positive impact on the lives of numerous individuals with hearing loss working in healthcare fields. These individuals are both practitioners and students with varying backgrounds of hearing loss onset, duration, cause, and severity, and with communication modalities ranging from auditory-verbal to manual communication. AMPHL has become a unifying voice, a recognized icon, a resource, and a meeting place (both digitally and physically) for those overcoming common academic and vocational barriers. As we press onward, the educators, the employers, and the public are becoming more open-minded and accepting. Many of these changes began with a small group of leaders with a **vision**.

One of the best definitions I have found for the word vision came from a book by Bill Hybels titled *Courageous Leadership*: "Vision is picture of the future that produces passion." The word **passion** conjures up images of powerful emotions, be they love, joy, hate, or even anger. The power of vision is evident in history in individuals such as politician William Wilberforce who

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Nursing: Autonomy and Technology

Linda J. Keyes, RN



During the past 15 years, many great strides have taken place in nursing. A particular area of growth is increasing autonomy as a result of technology. It was not long ago that nursing schools were implementing teachings emphasizing the importance of increasing autonomy so that nurses would earn recognition as professionals. Nurses are now independent, professional individuals that play a key role in teamwork and provide optimal patient care by using critical thinking and decision making skills.

The independence in nursing that has taken place over the years has been influenced by the tremendous growth of technology including computer usage for charting and research, blood pressure machines, digital thermometers, hi-tech telephones, bed alarms for fall prevention of patients that may be confused and so forth. As a hard of hearing nurse attending nursing school in the 80s, I recall my excitement at discovering amplified stethoscopes as being very exciting since I simply did not know such equipment existed! This was only the beginning of cultivating advanced technology.

As the computer industry and technology progressed, so did nursing. Nursing grew from being practiced in a few traditional settings to being practiced in many areas such as research, forensic science, case management, teaching and even pharmaceutical sales. This is only a sampling of the possibilities available. Advancing education in nursing is becoming a prosperous trend. Some have chosen to become Registered Nurses (RN) after being a Licensed Vocational Nurse or a Licensed Practical Nurse (LVN or LPN). Others have chosen to pursue bachelor's, master's and doctoral degrees in nursing or related fields. This progression of nursing education is critical given the severe shortage of nurses and nurse educators in the United States. *continued on page 6*

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From the Stable to the Cradle: The Unseen Role of Deaf Professionals in Opening Up Career Pathways for Young Deaf People

Anne Tynan



Anne Tynan has worked at the Royal Veterinary College, University of London, for over 5 years. She is the Director of DIVERSE, a project which has been examining issues relating to 'Disability and Professional Competence.' Anne is also currently working as a Fellow of the LIVE Centre, helping to integrate disabled professionals into 'Lifelong and Independent Veterinary Education.'

The final report of DIVERSE – the UK Veterinary Medicine Disability project – was published in December 2005. Entitled '**Time To Take Stock: Disability and Professional Competence**', the report (210 pages x A4) tackles a wide range of issues relating to disabled people and professional competence in the veterinary field. However, the contents can easily be applied to other professional fields starting with medicine and dentistry. Other professions have rapidly grasped the implications of the report and have begun to analyse how they can adapt the model for their own moe of competences.

As Editor of the publication and Director of DIVERSE, and as someone who has now dedicated more than 5 years to this work, it has also been time for me to take stock of a range of issues. One of these is the role of professionals with hearing loss, which has been at the forefront of my mind since meeting the President of AMPHL during a study trip to the US in spring 2000.

This brief article may hopefully help some to take a few minutes to think outside the sphere of their own daily struggles as a professional – let alone as a deaf professional – to look towards the next generations of young deaf people following in your footsteps. Members of the public are too often too shy or too afraid to tell professionals with hearing losses – particularly those who are healthcare professionals – how much their performance has influenced them.

Such feedback, however, frequently finds its way to me. Emails come in on a daily basis messages from every continent – literally – from young people, their parents, and teachers and careers advisers. The professional revolution that AMPHL and its members have set in motion is now making its way back into the corridors of the schools and colleges from which you all came. It is also seeping under the doors of other institutions and organisations that perhaps up till now had never really taken seriously the idea of having an integrated workforce that includes disabled people.

Surprisingly enough, the most startling impact has not been on those who are or who are working with young deaf people. At the time of writing, the most frequent request for information received is in relation to professional career opportunities for young people with visual impairments. As an email this week stated:

We were at the local hospital recently..... I noticed that one of the nurses had a hearing aid and we got talking. At first I have to admit that I was quite shocked. My dad wears a hearing aid and I certainly wouldn't want him treating my husband! However, the nurse explained things so well, about how she copes and how her department have already planned out everything in advance, that it set me thinking.

Our daughter is 13 and she has always wanted to be a nurse. She has a slight visual impairment so we have always assumed that nursing would be a complete no-go area for her. But now we are really wondering whether she might be ok after all. We mentioned it to her teachers at a parents' evening last week and found that we knew more than they did. The careers adviser was really interested and said that she was going to find out more. She didn't know that deaf people were allowed to look after patients now – she thought that it sounded really exciting.'

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Apart from the impact of such direct contact, there are other ways in which deaf professionals are contributing to a much brighter new professional world for young disabled people including those who are deaf.

Since July 2005, DIVERSE has been an Associate Partner in a trans-European partnership with colleagues in Germany, Poland and Slovenia. The partnership, 'Equal Chances for Disabled Students and Graduates', will be operative until the end of 2007. Partners are exploring ways to make universities and other higher professional

institutes more accessible so that future generations of young disabled people will have the same opportunities as their peers to graduate and find their place in the labour market. Deaf professionals are well represented in the initiative, with an Associate Professor in the Faculty of Electrical Engineering and Computer Science at the University of Maribor in Slovenia fully engaged in the development work of the project.

As a European project, the partnership is already making a difference in other European countries. Some months ago a European country, which had never had a deaf student in any area of healthcare education, finally granted admission to a course of professional training to a young deaf person. This did not come about because of any initiatives within the country itself but came about mainly because of the growing wealth of information that could be gathered from elsewhere. An enlightened teacher discovered via the Internet the work of AMPHL, DIVERSE, the European project and various other pieces of evidence about deaf people working in professional life. In the face of such evidence, it was difficult for any resistance to be maintained. This mirrored what took place a year before in a country in the Middle East, which also admitted a deaf student for the first time to a medical course.

From the stable to the cradle? Now that progress is taking place at the higher levels of professional education (including veterinary education), we need to divert our attention once again to developments taking place at an earlier stage of deaf children's education.

A teacher who supports deaf children in mainstream schools in the UK has recently told me that she has witnessed a gradual change in the attitudes of other staff. Since the UK Disability Discrimination Act (1995 and 2005) has begun to have an effect upon all public areas of life – restaurants, shops, employment practices etc – she has noticed that people are more willing to accept and understand the rights of the young deaf children. Even parents have begun to be more optimistic and ambitious for their children's professional future. Although each child will undoubtedly still have many hurdles to cross, no one should underestimate the contribution made by each hidden and possibly unknown deaf professional.

AMPHL PULSE CLASSIFIEDS

FOR SALE: ELECTRONIC STETHOSCOPE MADE BY BOB MENDOZA. THIS IS A BELL ON A 3-FOOT WIRE WITH A MALE 1/8" STEREO PLUG. IT FITS IN YOUR POCKET. IT IS FOR A CLARION PROCESSOR, BUT SHOULD WORK WITH ANY COCHLEAR IMPLANT (OR HEARING AID?). 1/8 TO 3/32 OR STEREO TO MONO ADAPTORS CAN BE USED. \$150. JOAN DE GRAAFF JDG@COLORADO.NET 970 468 6660

NOTE: IF YOU ARE INTERESTED IN ADVERTISING STETHOSCOPES, FM SYSTEMS, OR OTHER ITEMS OF INTEREST TO MEDICAL PROFESSIONALS WITH HEARING LOSS, AMPHL PULSE CLASSIFIED ADS ARE AVAILABLE FOR A \$5.00 FEE PER AD PER ISSUE. SEND ADS AND \$5.00 FEE TO: AMPHL, 10708 NESTLING DRIVE, MIAMISBURG, OH 45342.

AMPHL PULSE SUBMISSIONS

AMPHL PULSE IS NOW ACCEPTING SUBMISSIONS FOR FUTURE ISSUES OF AMPHL PULSE. IF YOU HAVE NEWS TO SHARE, OR A PROFESSIONAL ARTICLE/ABSTRACT TO SUBMIT, PLEASE SEND IT VIA EMAIL TO PHILIP ZAZOVE, MD AT DIRECTOR8@AMPHL.ORG FOR CONSIDERATION OF PUBLICATION IN FUTURE ISSUES OF AMPHL PULSE. THANK YOU!

AMPHL REGISTRY

HAVE YOU FILLED OUT AMPHL'S REGISTRY FORM YET? AMPHL IS TRYING TO COMPILE A LIST OF ALL MEDICAL PROFESSIONALS WITH HEARING LOSS FOR STATISTICAL AND HISTORICAL PURPOSES. AMPHL OFTEN GETS INQUIRIES FROM THE MEDIA AND INDIVIDUALS AS TO HOW MANY MEDICAL PROFESSIONALS WITH HEARING LOSS THERE ARE. PLEASE HELP US COMPILE THIS IMPORTANT DATA BY FILLING OUT THE REGISTRY FORM ON THE AMPHL WEBSITE AT WWW.AMPHL.ORG/REGISTRYFORM.PDF. THANK YOU!

PRODUCTS OF INTEREST

IF YOU HAVE HA'S WITH TELECOILS YOU CAN BE HELPED BY A NEW PRODUCT WHICH JUST RECENTLY BECAME AVAILABLE CALLED THE "CLIPBOARD". IT IS A FLAT PORTABLE "LOOP" ON WHICH YOU CAN CLIP A PATIENT'S CHART (OR TAKE NOTES ON) WHILE IT DOUBLES AS AN ALD SENDING THE PATIENT'S VOICE DIRECTLY INTO YOUR EARS (HA'S). YOU CAN GET FURTHER INFORMATION AND SEE A PICTURE OF IT AT WWW.PUREDIREC SOUND.COM/ID27.HTML

DID YOU KNOW...THAT IF YOU HAVE A PHONAK SMARTLINK TRANSMITTER AND THE MICROLINK MLxS RECEIVER (CAN BE COUPLED TO HEARING AIDS OR COCHLEAR IMPLANTS) THAT YOU CAN USE THIS SYSTEM WITH A BLUETOOTH-ENABLED CELL PHONE? IT'S A GREAT WAY TO USE YOUR CELL PHONE WITH YOUR HEARING AID(S) OR COCHLEAR IMPLANT(S) AND IT'S HANDS-FREE! FOR MORE INFORMATION, GO TO WWW.PHONAK-US.COM/CCUS/CONSUMER/PRODUCTS_US/FM/SMARTLINK.HTM

CALENDAR OF EVENTS

**AMERICAN ACADEMY OF AUDIOLOGY CONVENTION,
MINNEAPOLIS, MN, APRIL 5-8, 2006**

HARD-OF-HEARING AUDIOLOGISTS: JOINING FORCES III

CONTINUING IN THE TRADITIONAL FORMAT, THIS DISCUSSION GROUP PROVIDES ANOTHER OPPORTUNITY FOR HARD-OF-HEARING (HOH) AUDIOLOGISTS TO SHARE THEIR EXPERIENCES, LEARN FROM AND MEET COLLEAGUES WITH HEARING LOSS AND HEAR ABOUT THE LATEST GRASSROOTS DEVELOPMENTS FOR HOH AUDIOLOGISTS. POTENTIAL TOPICS: ASSISTIVE DEVICES TO ACCOMMODATE HOH AUDIOLOGISTS IN THE CLINIC; FORMALIZING A GROUP FOR HOH AUDIOLOGISTS, AND MORE.

**AHEAD SOUTHERN REGIONAL CONFERENCE
ATLANTA, GA MARCH 29-30, 2006**

POSTSECONDARY EDUCATION AND ACCESS FOR STUDENTS WITH DISABILITIES
[HTTP://WWW.GA-AHEAD.ORG/](http://WWW.GA-AHEAD.ORG/)

**PEPNET 2006
LOUISVILLE, KY APRIL 5-8, 2006**

POSTSECONDARY EDUCATION AND ACCESS FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING
WWW.PEPNET.ORG

**AG BELL 2006 CONVENTION
PITTSBURGH, PA JUNE 23-27, 2006**

[HTTP://WWW.AGBELL.ORG](http://WWW.AGBELL.ORG)

**SHHH / HEARING LOSS ASSOCIATION OF AMERICA
ORLANDO, FL JUNE 29 - JULY 2, 2006**

WWW.SHHH.ORG OR WWW.HEARINGLOSS.ORG

**NATIONAL ASSOCIATION OF THE DEAF
PALM DESERT, CA JUNE 29 - JULY 3, 2006**

WWW.NAD.ORG

**AHEAD
SAN DIEGO, CA JULY 18-22, 2006**

POSTSECONDARY EDUCATION ACCESS FOR STUDENTS WITH DISABILITIES
WWW.AHEAD.ORG

Spotlight: Physical Therapy Profession

Claudia Glenn,

Libertyville, IL



Claudia Glenn is a physical therapist at Condell Medical Center in Libertyville, IL. Her hearing went from normal to a profound loss between 1998 and 2000. In 2004 she graduated from the University of Indianapolis with a Masters of Health Science and was recognized by the Illinois Physical Therapy Association as Clinical Educator of the year.

The profession of physical therapy focuses on the examination and treatment of individuals with dysfunctions or illness in the musculoskeletal, neuromuscular, cardiopulmonary or integumentary systems of the body. We see patients in a variety of settings: hospitals, outpatient clinics, rehabilitation facilities, skilled nursing facilities, homes, schools, hospice, corporate health centers or work settings and athletic or fitness centers. I work in an outpatient orthopedic clinic which is located in a health club. One thing that all physical therapists have in common is a one-on-one relationship with patients and clients. Although inpatients may have only a few treatments prior to discharge from the hospital, therapists in other settings may see patients for weeks or even months. Often pediatric patients see their therapists for several years. Treatment sessions generally last from 30-60 minutes. The characteristics of physical therapy sessions are quite important if the therapist has a hearing loss. You have time to get to know a patient, explain your communication style and get used to a patient's speech patterns.

My situation may be slightly different than other physical therapists with hearing loss because I had many years of experience in the profession before I started to lose my hearing. I went from having normal hearing to profound hearing loss in two years. During that time I continued to work and was also a student in graduate school. I hope that by sharing my experiences others with hearing loss will see that it is possible to practice in this field quite successfully. We have a lot to contribute and although becoming deaf can certainly be a challenge, it does not have to limit your goals in life.

One of the first changes I needed to make at work was to let others know that I was having difficulty hearing. This can be more difficult than it sounds, but I found that my boss and coworkers were very supportive. The first task that became difficult was using a stethoscope to take blood pressure measurements. If using stethoscopes is integral to your profession, I would encourage you to take advantage of the wealth of information found on amplified stethoscopes on the AMPHL website. While all physical therapists monitor their patient's vital signs, the use of stethoscopes is especially important if you work in cardiopulmonary or acute care settings.

As my hearing continued to decrease, I investigated the use of assistive listening devices. In my case, an FM system was the best choice for an assistive listening device. My clinic purchased one for me use at work and the University purchased one for use in my classes. When I saw a patient, I simply told them that I was having difficulty hearing and handed them the microphone and transmitter. I never had a patient hesitate to use the microphone. After the first session, they asked for the microphone and transmitter and therapy continued. The focus is on my patients and their needs, not my hearing loss. Occasionally there would be three way conversations with patients if family members were present. I would simply ask them to speak one at a time and pass the microphone as needed. I used a conference microphone on the table for small meetings.

In the classroom, I always asked for the syllabus and class notes ahead of time. I often memorized this information before class began. My speechreading skills have always been meager and I understand people better if I already know what they are going to say! I also used a notetaker. Several graduate school classes were team-taught. The instructors repeated questions from my fellow students and handed the microphone to each other, depending on who was lecturing at the moment.

I used an FM system at work and in school until my hearing loss progressed and the later found that the FM system was no longer helping me understand my patients or professors. At that point, I started to take sign language classes and began to use interpreters at both work and school. My job also changed slightly when I became deaf. Instead of

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seeing patients for 30 hours a week, I cut my patient load to 10 hours a week due to the fatigue I experience with speechreading. I spend the rest of the time working on chart reviews, staff education, organizing our clinical education program, and mentoring new graduates who join our staff.

I know several other physical therapists and physical therapy students with hearing loss and they each have found individualized ways to get through school and work with patients. One therapist relies exclusively on speechreading and uses a service dog to alert her to environmental sounds. Another has great speechreading skills, which she uses when working with patients, but prefers using an interpreter for meetings and classes. A third uses speechreading with patients and C.A.R.T. (computer assisted real time captioning) in class.

I find physical therapy to be a very gratifying profession. I enjoy helping my patients achieve their goals. I have also found that I enjoy the administrative duties that help keep our clinics at a top-notch level of care and efficiency. If you have any questions about physical therapy and working with a hearing loss, feel free to contact me at physicaltherapy@amphl.org.

Nursing- Autonomy and Technology continued from page 1

How does this evolution of nursing as a profession relate to those who have hearing loss and wish to become or are already practicing in nursing? Some individuals have had a lifelong hearing loss and others lost their hearing at a later time in life. In the past, most nurses that suddenly lost their hearing simply gave up nursing because they were led to believe that there was simply no place for them in nursing with a hearing loss. This left them with no other known alternatives at the time. Sadly, this still does happen today even though we have the American With Disabilities Act (ADA) in place. However, they are discovering that there are indeed opportunities for people with hearing loss to enter or stay in the nursing profession.

Today, we are provided with far more opportunity due to the growth in technology with communication. Amplified telephones, direct connect devices for the phone for hearing aid and cochlear implant users, as well as computers that provide relay operated phone calls via typewritten, visual displays of sign language/oral interpreter relay services are significant advances. Pagers are a huge area of growth, not only for nurses with hearing loss but for hearing healthcare professionals as well. Text message paging significantly lessens the burden of telephone demands. FM amplification systems are also utilized in lectures, group meetings, etc. Email and fax can be used by nurses with hearing loss to communicate with other members of the healthcare team.

Technology is not limited to but includes personal digital assistants (PDA) that read heart and lung sounds and amplified stethoscopes that have patch cords from the stethoscope to a hearing device such as a hearing aid or cochlear implant. In addition, the AMPHL advocacy committee is working on a project with Global Technologies to manufacture a clear surgical mask which would allow nurses with hearing loss to lip read mask users.

In summary, nurses-hearing or with hearing loss-have become more autonomous over the years. Technology has played a part in assisting people with hearing loss to become autonomous enough to pursue their dreams or stay in nursing. Use of existing technology can be considered a reasonable accommodation under the ADA. As technology continues to grow, this autonomy will continue to increase. Nurses with hearing loss are now independently able to perform more of the technical tasks of nursing due to technological advances. Even though such technical tasks are a minor part of the essence of nursing, the ability to do those tasks autonomously allows nurses with hearing loss and their employers to have more confidence. We must continue to thank our colleagues with hearing loss in all of the healthcare professions for their willingness to share their experiences and what they consider to be key ingredients for success while pursuing their dreams to enter the healthcare professions.

Linda Keyes, RN received her Bachelor of Science in Family Studies at the University of Connecticut, Storrs, CT in 1988. She graduated from Baystate Medical Center School of Nursing, Springfield, MA.in 1993. She has worked in medical-surgical nursing , subacute rehabilitation, and intensive care. Born with hearing loss, she was aided with a hearing aid for 34 years. As a results of sudden complete hearing loss, she is now a bilateral cochlear implant recipient. Currently she is employed at Cooley Dickinson Hospital, Northampton, MA. She resides in Northampton, MA.

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fought with the British Parliament from 1791 to 1833 to end the slavery of men, women, and children and minister Dr. Bob Pierce who was so moved with compassion for children that he founded World Vision to financially sponsor needy children. Similarly, the early leaders of AMPHL had such passion that it would define a vision to help healthcare professionals and students with hearing loss everywhere. It is the vision that drives several purposes of AMPHL, which are to provide information (via the website, AMPHL forum, and conference), promote advocacy and mentorship, and create a network for individuals with hearing loss interested in or working in health care fields.

The activities of AMPHL are run by a cohort of volunteers that include elected officers and board members as well as many other individuals who put forth time to assist in our efforts. Without these individuals and their efforts, AMPHL would not be what it is what it is today. Without volunteers we cannot grow into the future.

At the present time, AMPHL is putting together a list of tasks that we need help with. The chairs of various committees as well as officers have submitted tasks to me. Time commitments for each task will be estimated. Some tasks may only require a minimum of several hours a year, and some are more extensive. Help is needed with conference, regional workshop planning and representation, website activities, treasury activities, newsletter, advocacy, publicity, subscribership, and registry to name a few. There are just simply plenty of opportunities to volunteer, to build up your resume, and be a leader in your area.

Have you caught the vision? Is there something that you are so passionate about that you want to make a difference in the lives of other healthcare professionals and students like you? Can you volunteer? If you answered "yes" to these of these questions, then we NEED you. Please contact me at vice-president@amphl.org for any questions that you may have.

Your fellow volunteer,

Samuel R. Atcherson, Ph.D., CCC-A
AMPHL Vice-President