Transcript

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Karen Gordon

Hello and welcome to the Here Here Podcast. I'm your host, Karen Gordon, I'm an audiologist and senior scientist at the Hospital for Sick Children in Toronto, Canada, and a professor at the University of Toronto. Our goal with these discussions is to explore new ideas that may help people use devices like cochlear implants to hear. Transcripts of these discussions are available alongside the recordings. Season 3 comes with a new perspective for our team. In season 3, we are focusing on the lives and experiences of women who have professional roles related to the care of people with hearing loss. What's a typical day in their lives? What motivates their work? What impacts are they making? We'll hear from 5 amazing people.

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Welcome to Episode 2, season 3 of the Here Hear Podcast. In this episode, Maria Khan speaks with Danielle DiFabio, who shares her experiences as a PhD student at the School of Audiology at Western University. It's a great conversation which touches on the importance of flexibility and research and the impact of virtual care for people with.

[Music]

Maria Khan

Hello, everyone. Welcome back to the third season of the Hear Here podcast, out of the Archie's Cochlear Implant Lab in the Hospital for Sick children. My name is Maria, I am the host of this episode and a producer of this podcast and today I'm going to be looking at the student side of audiology, and I am joined with a fellow Master's student, a combined PhD-Master's student, and a friend, Daneille Difabio.

[Music]

Maria Khan

Claps all around

Danielle DiFabio

Hello everyone.

Maria Khan

All right. So I guess you can get started and talk about the first part of your hyphenated title, your PhD. Would you like to tell everybody what you are researching in your PhD?

Danielle DiFabio

Hello everyone. My name is Danielle as Maria said and my PhD started out on a different path but then ended up where it is now and I think that piece is very common in research. My research focuses on providing virtual care to families with children who are deaf or hard of hearing. So really what we wanted to know is what makes one family successful with virtual care or ready and willing to participate in virtual care, and what are some of the barriers for other families from participating.

So we started out and we did a literature review just at the beginning of the pandemic. Actually, I think the idea was in incubation. We'd started before the pandemic, so it was just very timely research and we looked at both speech language pathology and audiology because at the time virtual care wasn't really being done a lot in audiology and there was more of it being done on the speech language pathology side and we kind of looked through all these papers. Trying to figure out what are these barriers and facilitators in all these different areas where they were providing virtual care.

So from that literature review we ended up with 48 included papers and then we made this framework that almost looks like a wheel of all the different factors that influence virtual care. After that, the second step was we went and did an eDelphi study with organizational leaders, researchers, managers and parents to kind of say this is what? Does this match your experience? Are we missing any? Saying um, what feedback can you provide us? Do you like our terminology based on the definitions we're using, so that went through a couple of rounds and then we came up with this finalized version as a team and shout out to Robin O'Hagan. She's great with visuals and she's a big part of why the framework looks so beautiful. So that study is just finishing up in in submission to be published, and then our third study for my thesis is basically taking the information of what we learned and creating a tool that can be used clinically to assess readiness for caregivers. That way we can kind of mitigate or at least identify what some of these barriers are going to be. Who would be a good fit and maybe providing supports where possible to make more people a better fit. So that's kind of where we ended up. But yeah, a long road to get there. But it's really, I'm really excited about it and I think.

Maria Khan

How did you land on this specific topic? Where did it come from? Were you always exploring like the mobile side of like audiological healthcare or is it just something that randomly came up here like we should be studying this? And then of course, COVID came

along and I guess it was an opportune time to be looking at virtual care because that was like the one thing that. Everybody was forced to go into.

Danielle DiFabio

So, when I first came into the program, I would I guess the part of my thesis work that's never changed is families and children and parents, because that was always what I was doing with my supervisor, Dr. Sheila Moodie. We were doing work around family centered care and some tools that existed there and I guess you could say it was virtual because it was based on evaluating videos that had been created by another student about what to expect for parents and all of that stuff to hear on videos. They're great. But then I was doing research as an RA with Danielle Glista and her work. Dr. Gleeson has been like a front runner, I would say in virtual care research and really getting that started looking at remote care. She had a big hand in creating the virtual care guidance document, which kind of provided steps on how to approach delivering virtual care for hearing aid fittings and things like that and and adjustment and through her and meeting her, she actually became a co-supervisor of mine with Doctor Moody and this topic kind of emerged out of like Sheila and I's combined interest in families. Yeah. And then Danielle's interest in virtual care and families and it kind of took a life of its own.

Maria Khan

I want to go back to, I guess the second phase of your thesis about when you. Or like surveying and talking to the caregivers and family members who are who have been a part of, like virtual care. What factors did you find that they found important or determined whether or not they can access that care?

Danielle DiFabio

Something across the literature that's consistent and that we found when we did our literature review. And then that. Parents echoed was. The technology piece and the thing that I think from our research that I wasn't really expecting, I kind of went into it assuming technology would be one of the biggest barriers like do they have access, do you have stable Internet, all of those things. But there were some really innovative studies using technologies in ways that actually were. Facilitators that I didn't really anticipate and just some really creative uses. Yeah. So overall, we didn't for our study, but I know there's all kinds of literature that I can say we didn't ask parents what were their biggest barriers? That was more part one, like the literature review we just asked. Them. We missed anything and for the most part, they didn't feel like we did. But some of the feedback that we got, which was.

Danielle DiFabio

Interesting is, I think as researchers. You can look at something for so long and it makes sense to you, but it doesn't mean it makes sense to everyone else and little things like one of our categories. Is family caregiver relationships, but originally we had it as. Provider family relationships instead of. Family. Provider relationships. So we had the provider 1st and someone made a. Comment about that about like. We're talking about like family centered care patient. First research like put the patient first. So just simple things like that that make a difference or on our actual image, we've now defined what we mean by caregiver because. We didn't want to just use the term parent because parent isn't all-encompassing. I mean some people use it all-encompassing, but we wanted to. Choose a term that was neutral to anyone who is the primary support person for that child that would be interacting in those appointments. So just having that definition at the bottom. So it was clear what we meant, because I think sometimes in research it's clear what we mean by caregiver. But out in the public.

Maria Khan

Yeah. Yeah.

Danielle DiFabio

Actual parent might read this and think a caregiver means an audiologist, so just being really clear around language I think is a big thing when you're interacting with parents. But definitely the tech piece to go back to your original question of what are the biggest factors. I think the tech piece and anecdotally a lot of from other research that I've we've done. A big piece is getting people to try virtual care because usually once they've tried it, it's not as bad as all the things they thought about it. And it's not for everyone. And it's not for every situation. And you have to kind of figure out who it fits for and what it works for, because some appointments specifically in audiology need that hands on component. But I definitely think using it as a hybrid, and I think parents appreciate that specifically a lot of the literature around parents with children who have multiple disabilities or have lots of siblings that are young, we're getting them out of the house is a challenge. Especially for those appointments where it's just, how's everything sounding do you need to check that they don't have to take all that effort to come in, even if I think a lot of the times we think virtual care remote, like someone who's driving 6 hours, which is true. Like it's great for that, but also even myself, I don't have kids. And if I could not drive 40 minutes or 30 minutes for a 10 minute appointment that'd be great if it’s possible.

Maria Khan

So that makes total sense as the current phase you're on with your thesis. So have you like determined what makes a family a good candidate or not or is that something you're still going to be exploring in the third phase of your thesis?

Danielle DiFabio

So that's kind of the part of why we wanted, yeah, of why we wanted to create this tool because, I think what makes a parent or families good candidates for virtual care really depends on each individual family and the clinic they're attending and what's available. So hopefully our tool will be able to identify. By where the each individual family is facing barriers and then offer possible solutions for clinicians. So for example, if the only big barrier for a parent is access to tech to have a virtual appointment. A solution potentially could be loaner equipment from the clinic, but that's only a solution if the clinic can provide that. So really that depends on if the parents would be candidates or not. And a big piece is supporting resources where we can, but also being realistic, we don't want to make this tool. That has these suggestions. And. That says. Every parent's going to be a candidate if you can do these things, because not every clinic has access to the same. Yeah, I think it's very family specific. For one family, it might be an access thing for another family, it might be a preference thing. The just might love seeing their clinician and they don't want to be virtual, so I think it really depends on the situation and the factors around it. But hopefully with the research that we're creating.

Maria Khan

Yeah.

Danielle DiFabio

We'll at least. Identify potential barriers because I think right now a lot of the times what's happening. Thing is, you're finding out the barriers in the appointment, so then you're troubleshooting or you don't have stable Internet, so you're trying to make a phone call, which is great, like where audiologists are doing the best they can. But it'd be nice to know if you might run into those issues before you go into the appointment.

Maria Khan

Yeah, that makes total sense. There's also systematic factor too, because if there's like an area where, like people just don't have, internet is just not good there, giving them like a good Internet box or whatever is not going to help bring that solution to them because again, it's a systemic factor. Whatever the clinic can do, have awareness of like, oh, this could be an issue with like our patient population, then we should, you know, invest in this so we have better like outcomes in the future.

Danielle DiFabio

Right and one of the things we found in the the literature review, which I hadn't necessarily considered, which seems. I don't want to say dumb, but dumb in hindsight because it's such a simple solution, but I often think simple solutions we overlook. A little bit, yeah. Is subcategories on our wheel is community infrastructure because some of these places would people, would have virtual care if they could have a private room in a library where they could close the door. They still have the privacy but they have the Internet access and stable connections, so thinking through some of those pieces on a completely different level, but a policy level when we're developing libraries and things like that, I know that's this is a whole other issue that we won't go down. But like you know, libraries are starting to be defunded and closed. And like that's such a problem because that's such an access hub for so many.

Maria Khan

People because I think this toolkit would also help like provide validity to people's problems. You've said libraries would be defunded because they may not see the community doesn't need it anymore. But using this tool that could be like provided as evidence like hey people need private spaces in general for appointments whether it's audio, electrical appointments. Therapy appointments and just again having a privacy because what if the house is disruptive? What if, like, they're not really safe at home. For a lot of policy, the first step is identifying that there is a problem and then going forward with like.

Danielle DiFabio

Exactly. Right.

Maria Khan

Ok, let's go try to fix this to our best of our abilities.

Danielle DiFabio

Yeah, because in theory I hadn't even thought of it that way. But you're right. Like if one clinic in some area of Canada said we had fifty of our patients fill out this survey through the toolkit and all of them are saying spotty Internet's an issue. So that's. An issue for our area. Right. So definitely on a policy level and also when creating this tool, we've tried to keep the language we're use. And more neutral and not as audiology focused because the hope is that the tool could be adapted into other rehabilitation sciences and by other age population groups because caregivers for Pediatrics is my focus, our research team focus.

But this tool is also relevant for caregivers like. Children who are taking care of their parents or husband and wife caregiver dynamics. So, well, you're right, which is kind of starting to think through some of those complex problems and maybe not saying here's a solution, but he's saying here's some options of thinking of things.

Maria Khan

Yeah. Yeah. Going back to the way before, you mentioned like getting to the literature review and all that, you mentioned that a lot of speech language pathology had more research. Have you seen an increase with audiology and mobile health?

Danielle DiFabio

Yeah, I think literature wise, there's been a big surge post-pandemic publications like 20/22/2021. Yeah, more 2022-2023 even. I think there's probably some research that still hasn't been pushed because sometimes getting things turned around and written then. Can take a while but there's definitely been an increase in the past few years, not just in Canada and in the United States, but I know there's some great research coming out of developing countries too, which is awesome to see. I think that next steps will be research that's more community-based clinic based because a lot of these studies in order to facilitate them, which is great. Every you have to start everywhere. It's starting with providing everyone access to. Or giving Internet passes and stuff and that was something we actually looked at when we did our literature review. How many of the studies was an inclusion criterion that you had to have stable Internet because then you're kind of missing that whole other piece of virtual care. And the studies are all upfront about what their inclusion criterias were, what they provided patients with. But I think just seeing some more really community based on the ground here are the solutions being provided to date would be interesting and hopefully it's coming.

Maria Khan

Yes, I hope so, because I think it'd be great step forward for like audiology as a whole just to make it more inclusive. Cause again, I mean as you will talk about later, as we've gotten like hands on experience in clinic, I've noticed that a lot of the patients I see are low income, they don't have access to. A car readily be able to get the care that they needed and on an accessible basis, which I think it’s very important especially for our profession.

Danielle DiFabio

I agree.

Maria Khan

Continuing on with your PhD, what are some parts of your like, PhD experience that you've enjoyed?

Danielle DiFabio

I think, Oh my God, so many. But I think it's twofold, the. People you meet. And it sounds cheesy, but I don't. Mean it in a cheesy way the way. Meeting different people in academia makes you think in a way. You've never thought. Before like I think that so I've always loved school. I've always kind of been that kid who was like buying back to school supplies in August. And my mom was like, calm down. Right, like but you go into your PhD with a lens from your undergrad of really, you've just kind of and 3rd and 4th. You're even started to think critically at all, and then your PhD is this opportunity to learn so much about a topic. And I think often like that.

Maria Khan

Yeah.

Danielle DiFabio

Oh, my goodness, what's that term for when you don't think you're good enough? Like you don't know it? Yes. And process is a real thing with your pH. D and I remember my friends used to say that to me because you think you know nothing and then you go to talk about it a topic and you're like we'd actually have a ton of really specific knowledge, but a ton of knowledge in this area. Maybe before being in a PhD I might have not fully understood the value of people having pH D's in all different areas of research like not even just health like outside of health, but I think it's super important because through that research and that search and understanding and interaction with literature and. Questions. It creates things that you didn't even anticipate at the onset of what you were looking into. It's more creative than I anticipated. A Long story short, I think I like the creative aspect of like interacting with people and thinking about things in ways that I never had before. And I don't think that's something I ever would have used the word. Creative and PhD's previous to being in a PhD like I wouldn't have put those terms together.

Maria Khan

Oh yeah.

Danielle DiFabio

Yeah, that and just I really do enjoy presenting. That's like a I I like that. So getting to go to conferences and stuff like that, I've really enjoyed interacting with other people in the field, seeing what they're up to, getting ideas, talking back and forth like I enjoy that.

Maria Khan

Yeah. And also pieces, you're like, making new knowledge, which is like, incredible. Yeah. Which side? What are the challenges you've experienced currently as a PhD student?

Danielle DiFabio

I think the two hardest things for me which go hand in hand, which I kind of touched on. A little bit before. Is that you'll come up with a plan. You'll talk to your committee and your supervisors and you'll say. Like a year from now, this is where we're going to be. This is the timeline for the next six months. This is the project and more often than not, lots changes along the way. Timelines change, but also what you're doing, how you're approaching it. Maybe you're doing surveys now you're doing interviews. Maybe there was one caregiver group, now you're doing. Three and it. Yeah, it's funny because often people will say, like the things you don't like sometimes stem from the things you do like. And I think it stems from that creative process of someone went to a conference or applied for a grant or saw something and thought this research or this information or this method is so timely with what we're doing. We need to think about. How we can incorporate this?

I've become more open to it now. I think at first I was very almost like dig my boots in the sand like I'm I don't want to move. This is what we agreed. On like why? Do we have to change it now? I can see it in a different way. It's. Like you're not changing it just to change it. You're changing it because you've learned and grown and your opinions. A change. That's not to say that when you have a meeting and you think you're doing something and the work you just spent time, I think that's the hardest part. The time that you spend framing it differently, it's never wasted time. But specifically being a combined student when you're. Studying for like our program and you're also doing other things and then you're doing your thesis and it's like.

Maria Khan

Yeah.

Danielle DiFabio

Oh, actually what you. Just spent the whole weekend doing. We're going to do completely different. That piece is hard because it's like well then I could have spent the weekend not doing that. But usually whatever you did comes back one way or another. Yeah. Like the southern part of me wishes it didn't. Because then you could see but it. But it does like that because you read a paper on that when you go to do something else, you're like, oh, this all this ties into this. So it all comes back. But that piece, I think the theme is I have to learn to

be more flexible. I always say, like, I gotta just be OK and take it as it comes and be more flexible. I feel like I'm getting better. Got that?

Maria Khan

Yeah.

Danielle DiFabio

But it's also funny because it's like I have a year left so. That would be. I feel like that's how it works. You start to get better at. It after you're finishing but.

Maria Khan

As you mentioned, you are a combined the fastest PhD student. So how are you balancing your your responsibilities as a PhD student? Well, also your responsibilities as someone who is complaining their clinical part of the program.

Danielle DiFabio

I'm very organized to a point that would probably drive some people insane. Like I will put my workout in my calendar.

Maria Khan

I do that too. I put everything in the Google Calendar. If it's not there, it's not happening.

Danielle DiFabio

Like. Yeah. It's not happening right, so I'm doing my combined portion like the masters portion at the end, most people. Previously, I don't know. I think changing it, they're gonna be more streamlined about it, but haven't in the past done it that way. I'm lucky because I came into my first year already having one paper of my three because I'm doing an integrated thesis, so we have like 3 papers. I already had one published and one was in the process of being submitted. That's not true, I just finished out a question on the second one. Sorry one had been submitted and we were waiting to be accepted, but it was finished and data collection had finished on the 2nd.

I think organization is key like I was really good about in the program when we get schedules sent out and I know my friends would say like you already did that and it's like, no, no, I'm not doing that to be a keener. It's because I had other things that I like. Yeah, I knew that needed to be done early so that when this timeline came up, I could do it. So I think that I think having great support from my supervisors, I think. PSA on anyone who wants to do a PhD, who you pick as your supervisor is most important. Yes, you have to like the research and be passionate about it. Like obviously. But if the person that's doing that

research doesn't fit with you. It is going to be a miserable time because a huge piece of why I've succeeded through obstacles that have come my way well in the program and everything is because I felt that I had a relationship with my supervisors that I could tell them when I was going through so that they could say to me, OK, like, let's consider this or let's take a break here. They know me and I feel like I know them, and that's important. Obviously it's a professional relationship.

Still, but you have to have that relationship because I think if you're in a situation where you feel like, oh, my supervisor doesn't get me, or if I told them I'm I need a break this week, like I'm not going to. Get that deadline done because. Finals are piling up and I'm really overwhelmed. If you don't have someone who can make exceptions. Sometimes I think that's challenging. I also. Don't think. It's student dependent like I feel like, and I mean you'd have to ask feel and. Yell their opinions, but. I feel like I haven't taken advantage of that either. Like anytime that I have maybe needed an extension I've made-up for it or got work done in a in a timely manner in other ways. It's not like a reoccurring thing.

Maria Khan

There's, like a mutual respect between the two, between you and your supervisors.

Danielle DiFabio

Exactly. So I'd say being organized great supervisors. And the thing that I've learned that I don't like because I like to be scheduled to the tea and busy and I like going. Yes, but is saying no. Like I remember someone in the first year class said to me they're like you should be on [student] council and in undergrad I did council. I love council. It's very me. And I remember I went home and talked through it with some people in my life and they. Like. And what time are you going to have to like, eat or go to the gym or do anything for you? And that's the thing. I think learning when you do have to say no and a big thing throughout my program was my one non negotiable was I'm going to work out maybe not every day but like 5-4 or five days a week like that's my thing for me and I'm never getting that up. It's actually funny I ran into Dr. Bagatto. She was at a running group and I was going to yoga and she's like.

Maria Khan

I love that.

Danielle DiFabio

Aren't you in the finals? And I was like, yeah, but this is the. One thing I need, but yeah, right, take care please and thank you. I will go crazy without it.

Maria Khan

Honestly, organization for me like as just a master student not doing a PhD but also doing too many things at the same. That I also agree with saying no is very important because, like, oh, you should, we should, you should go out like this weekend. I'm in bed by 6:00 PM. Thank you very much. I need my sleep. I need my absolutely not speaking to anybody time.

Danielle DiFabio

I remember I told someone once that I drove like after busy days I would drive home in silence. And they're like, what do you mean? You drive home. In silence, like sometimes I need to hear nothing.

Maria Khan

I think the only way to go forward without getting burnt out or like slacking all responsibilities. If you, if you yourself are not doing the greatest, aren't doing the best then I think everything else in your life starts to like slowly also not do great, which is not what you want, right?

[Music]

Maria Khan

Smooth segue to the master's portion or the clinical portion of your hyphenated title. We are one year into our master's program. How was the first year?

Danielle DiFabio

No, I loved it. I think we have such a good group of people in our class which, like, makes it great cause even if you're going into a class and you're tired, or you just rode a couple of midterms, it's like you know you're going to see someone who's going to put a smile on your face, which is nice as I think that's like a big part of it. I think also the shared experience like we're all going through it.

Maria Khan

Yeah.

Danielle DiFabio

So it feels less daunting because there's never been a time where I've said. That I'm feeling overwhelmed or stressed or something and someone hasn't go sane and then you're like, OK, well, we're in the same boat. I think the biggest, like I definitely think specifically having because we're we're both now in placement externally from the university and I think it's

given even when we had placement in the university. But specifically now. Now, yeah, it affirmed to me like, OK, I'm in the like. Yes. Like, I love this career. I chose the right path. Like, not to say you don't have patients who test your patience, but more often than not, like, you feel like you're making a difference. It's an inspiring career. I think being and like, so much opportunity, I hadn't even considered like.

Maria Khan

Yes. Yes.

Danielle DiFabio

You mentioned earlier about community things and seeing lower income individuals, but like I've been super lucky, my preceptor. Goes actually to like a retirement community. I guess you would call it like everyone has their own modular home. But like, yeah, but there's like shared community centers. And she goes once a week and like or once a month and provides care to all those individuals. And I can't tell you the number of times that I heard, like it was, just so convenient for me to come get a baseline hearing test like you guys were here anyways, so it's like how many people are we catching with hearing loss? I would wait another five years because their hearing is not that bad. Like why would they come into clinic? Because you people who come in with severe loss that say.

Maria Khan

Yeah.

Danielle DiFabio

Ohh I think like I think I'm borderline right.

Maria Khan

Yeah. Like. Ohh, yeah. Sometimes it's hard to hear.

Danielle DiFabio

Because it's something, yeah, because it's something they've we say all the time, like gradually got used to. So they're just used to that being their normal. Seeing like the community outreach we went to give someone their hearing aids in their retirement home and like. The opportunity for more of that, like I really think in our field in the next generation, hopefully that's more uptaken of meeting people where they are because I think a lot of the times we as clinicians want to assume if people aren't coming in, it's because they're not interested. But a lot of the times it's like I even think about myself. There are many things I should probably go have checked out.

But it's like if it's not a pressing issue, something impacting your every single day, which hearing loss might not do that for someone until it's extremely severe. So I think like if we can meet people where we are and provide. There even I think it like, I think of it like if those oral buses that go around and offer dental cleanings like someone goes around and offers like hearing tests just so that people have the information because also something we're seeing. I don't know if you're seeing this is a lot of corporations that used to pay for their employees to get tested. Aren't doing it anymore. Yes. No, I've seen that too. Yeah. So it's like a lot of those people who would have at least an idea of what they're hearing looked like. Don't anymore, I think just some of those pieces, but it's been like the program's been great having the clinical experience gives context to things that we learned and that you're like, yeah, you're like, oh, we actually did need to know this because this is coming up over and over and over again.

Maria Khan

Yes. Oh my God. Yeah. The clinical portion makes me feel like I know things. Yes, everything I learned stayed in my brain. It didn't like, float away, which often does happen. Clinical placement has, I think, been really good in a way that you test what you know. You know what you don't know, like, gain skills as being a clinician.

Danielle DiFabio

No, it's true.

Maria Khan

Because I for me, I think like on campus our clinical places there, I feel like we had a lot of like pretty standard patients. They've been there for a long time. They know they have hearing loss, they've accepted it and they've been using hearing aids for a long time, and off campus placements since you get to see you like a wider range of patients and you're learning how to how do I talk with kids.

Danielle DiFabio

Yes.

Maria Khan

Or you have like your very elderly patients and you have to again change how you interact with them. So that's what I've been really loving about clinical placement.

Danielle DiFabio

Right. I agree. I think it's great and I think there is yet to be a situation, touch wood, that I've encountered where I was like, wow, we were not prepared for this. Like for the most part, I almost feel like we were over-prepared, which is a good thing because you want to be over prepared.

Maria Khan

Yes. Because I've had, like, some patients, you tell them, hey, you've got a hearing loss. And to them, this is the first time ever they come into the appointment. They're like, I hear great. I'm only here cause my son told me to come here cause he says and helping patients, you know, not except that they have here also help to digest the fact they have it because a lot of times they're.

Danielle DiFabio

Right. Right.

Maria Khan

Obviously, like I don't have this problem from the clinician side. It's like I want to help you be able. So you know, hear the sounds you're missing, hear the speech you can't hear anymore. But like also it's you can't get frustrated at them for not.

Danielle DiFabio

That's been the biggest learning piece for me is the not getting frustrated because there are opinions that clients will have about hearing aids or hearing loss that are not factually supported. So it's like I'm that's my to learn next year. My goal is like how to navigate.

Maria Khan

Yes.

Danielle DiFabio

Having a conversation with a patient who believes something that's not correct. My hardest thing is how do I not say enough so that they now think that I agree with them or I agree with that opinion because you don't want to validate inaccurate opinion and I'm not saying like an opinion about if they like hearing aids. I'm talking like an opinion that's scientifically not correct about your anatomy or things like that. And how do you educate them in a way that's not?

Maria Khan

Yeah.

Danielle DiFabio

Condescending or that doesn't seem like, I guess. How do you meet them at their level and explain it in a way that's digestible and because as a researcher, I think that's hard for me specifically that that's not true. Like there's no research that supports that. But I also have to remember they're.

Maria Khan

Yes, yes.

Danielle DiFabio

In research and not everyone's researchers. And that's fine. That's that's a good thing. The world will be very boring research.

Maria Khan

Yeah. That's same thing for me because I don't want to make them never want to come back to the clinic ever again because you help educate them because sometimes when people are so in their ways that there's, like, no, I don't have hearing loss.

Danielle DiFabio

Right.

Maria Khan

Your machine was wrong. You were wrong, and at that point it's like you could do more damage saying the rights things, than you meant too. Again, we're in the standpoint of you want to help you improve your quality of life at the end of the day is that's how I see things.

Danielle DiFabio

I couldn't agree more.

Maria Khan

And it's some patients are like, Oh my gosh, give me the hearing aids immediately. Like, yes, like, I need to hear everything. Some patients just don't want to deal with it. And I, I understand I get it.

Danielle DiFabio

At least some of their false assumptions, like there was a patient who mentioned their hearing losses related to the air in Canada and the altitude pressures.

Maria Khan

Interesting

And it's like maybe that opinion is based in a denial, like they're not ready to have hearing loss. So there has to be something causing it. So like, am I going to do more damage by trying to say that's not a thing then I would by just allowing them to say that and then trying to redirect the conversation.

Maria Khan

For me, I think the most common comment I've gotten with hearing aids is that I know hearing aids are going to make me look old. And that again, it's actually like incorrect however to them, but how they've been exposed to hearing aids, how they see them, they see older people have them therefore, if I wear them, I am now old. You can try to have conversations to try to debunk the fact. But I have yet to have a successful conversation to convince the person, hey, they actually don't make you old.

Danielle DiFabio

Right.

Maria Khan

They just help make sounds louder. I guess that's a skill you grow and obtain as you have more experience, but also depends on the person too.

Danielle DiFabio

Yeah, absolutely.

Maria Khan

Lovely conversation. I think we tackled everything I wanted to talk about. Again, thank you so much for coming on the podcast. Very lovely speaking with you. Thank you.

Danielle DiFabio

Thank you for having me, and if anyone's interested in my research or wants to connect, I'm on LinkedIn. It's always a good place to find me Twitter too, but I'm not really active on Twitter as in any papers you have

Maria Khan

We will link them in the description.

Danielle DiFabio

Awesome. Thank you so much.

[Music]

Karen Gordon

The year here podcast is put together by me, Karen Gordon with my colleagues at the hospital for Sick Children in Toronto, Canada, Doctors Blake Papsin and Sharon Cushing, with a tremendous production and advisory team. Sophia Olaizola, Maria Khan, May Wang Nimrat Chani, Annika Gasee, Rachel Badder and Lora Carinci are wonderful Here Hear Podcast music was composed and performed by Dr. Blake Papsin.

[Music]