



Introduction

- An education specialist (ES) can function as an informed liaison who advises parents regarding the educational needs of a child with hearing loss (HL)
- Having a professional in the clinical setting to streamline access to academic, social, and logistical resources can improve outcomes for children who are deaf or hard of hearing (DHH) in the years following their diagnosis¹
- The purpose of this study was to assess the quantitative parent-reported impact of an ES on the care of DHH children as part of a multidisciplinary hearing loss team at a tertiary care academic hospital

Methods

- Retrospective review of consultations held between an ES and families of DHH children between January 1, 2020 and January 1, 2022 to determine reasons for referral and services provided to patients
- Cross-sectional survey of families of DHH children who worked with the ES
 - REDCap
 - 25 questions evaluating utilization of ES services, participants' experiences working with the ES, participants' satisfaction with ES services, and demographic data

Impact of an Education Specialist on the Care of Children with Hearing Loss

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Results

Reasons for ES Referral

Reason for Referral	Number of Referred Patients (n = 102)
equired an IEP/504 plan but had none in place	32 (31.3%)
Had an IEP/504 plan that was considered to be inadequate and/or ne parent requests additional support to review it	37 (36.3%)
ad early intervention services in place which did not include deaf/hard of hearing supports	11 (10.8%)
Referred at the point of hearing loss identification to determine the next steps for establishing their necessary support services	14 (13.7%)
Referred to assess needs prior to the surgical implantation of a hearing device	5 (4.9%)
amily requested support as their child transitioned from early intervention services to IEP/504 plans	3 (2.9%)

Services Provided by ES (n=14)

Service provided	Number of respondents who utilized each service
Review of and/or help adjusting the patient's existing IFSP, IEP, or 504 plan	8 (61.5%)
Establishing deaf/hard of hearing early intervention services for the patient	7 (53.8%)
Establishing an IFSP, IEP, or 504 plan for the patient	5 (38.5%)
Connecting the family with additional support services	4 (30.8%)
Providing web- and community-based resources for the family	4 (30.8%)
nitiated a school evaluation for the patient	4 (30.8%)
Reviewed and explained the patient's school evaluation results to the family	4 (30.8%)
Wrote a recommendation letter on behalf of the patient for services/accommodations	3 (23.1%)
Attended the patient's IFSP, IEP, or 504 plan meetings	2 (15.4%)
Assistance with transition of services from early- ntervention to IEP or 504 plan	1 (7.7%)

The education sp nelpful in finding esources to supp hild following th Mass Eye & Ear

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would recomme others work with ducation specia ollowing their car Eye & Ear

Making

ecommendatio upport my child earning (may incl ecommendatior Early Intervention School IEP / 504 P Helping to unders options for early ntervention or education/schoo Providing helpfu answers to my qu lelping find resou supports for my fa **Coordinating cont** services with ea ntervention or e providers Help in finding res for my child's socia development

Providing follow-u i.e. the educatio specialist was ava for consults if need

Participants' Experiences Working with ES (n=14)							
	Strongly disagree		Neither agree nor disagree	Somewhat agree	Strongly agree		
cialist was ne rt my ir care at	0 (0.00%)	1 (7.7%)	2 (15.4%)	3 (23.1%)	7 (53.8%)		
cialist had n the al / child e at Mass	0 (0.00%)	1 (7.1%)	3 (21.4%)	2 (14.3%)	8 (57.1%)		
erience ducation	0 (0.00%)	0 (0.00%)	2 (14.3%)	2 (14.3%)	10 (71.4%)		
ducation repare me ny child's wing their Ear	0 (0.00%)	0 (0.00%)	4 (30.8%)	3 (23.1%)	6 (46.2%)		
cialist cerns and tions s care	0 (0.00%)	0 (0.00%)	2 (14.3%)	1 (7.1%)	11 (78.6%)		
d that n t e at Mass	0 (0.00%)	0 (0.00%)	1 (7.1%)	4 (28.6%)	9 (64.3%)		

Participant Satisfaction with ES Services

(n=	14)
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(n=14)						
	Does not apply	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied
to Ide for IFSP or an)	0 (0.00%)	0 (0.00%)	0 (0.00%)	2 (16.7%)	2 (16.7%)	8 (66.7%)
and	2 (14.3%)	0 (0.00%)	0 (0.00%)	3 (21.4%)	1 (7.1%)	8 (57.1%)
stions	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (7.1%)	3 (21.4%)	10 (71.4%)
rces or mily	2 (14.3%)	0 (0.00%)	0 (0.00%)	1 (7.1%)	4 (28.6%)	7 (50.0%)
ct or ucation	4 (30.8%)	0 (0.00%)	0 (0.00%)	3 (23.1%)	1 (7.7%)	5 (38.5%)
ources I	3 (23.1%)	0 (0.00%)	0 (0.00%)	3 (23.1%)	2 (15.4%)	5 (38.5%)
o care able led)	2 (14.3%)	0 (0.00%)	0 (0.00%)	2 (14.3%)	3 (21.4%)	7 (50.0%)



Discussion

Early Intervention is essential for optimizing educational and social development in children with HL²

 Caregivers are often responsible for determining and acquiring appropriate resources for their DHH child but may experience difficulty in doing so^{3,4}

Integrating an ES into the healthcare team for DHH children can facilitate the establishment and optimization of formal education plans for HL patients, bridge gaps in existing DHH care, and streamline clinical care

Limitations include low survey response rate and potential response bias due to the nature of survey research

Conclusions and Future Directions

• An ES in the healthcare team can improve psychosocial and clinical care for children with hearing loss and ensure proper development

 Future multicenter studies with larger samples should be performed to gain a better understanding of patient perspectives regarding ES services

References

. Rahi JS, Manaras I, Tuomainen H, Hundt GL. Meeting the needs of parents around the time of diagnosis of disability among their children: evaluation of a novel program for information, support, and liaison by key workers. *Pediatrics*. 2004;114(4):e477-e482. doi:10.1542/peds.2004-0240

Dobie RA, Van Hemel S, eds. *Hearing Loss: Determining Eligibility for Social Security* Benefits. Washington (DC): National Academies Press (US); 2004. 7, Hearing Loss in Children. Available from: https://www.ncbi.nlm.nih.gov/books/NBK207837/

Syed IH, Awan WA, Syeda UB. Caregiver burden among parents of hearing impaired and intellectually disabled children in Pakistan. Iran J Public Health. 2020;49(2):249-256.

van Driessche A, Jotheeswaran AT, Murthy GV, et al. Psychological well-being of parents and family caregivers of children with hearing impairment in south India: influence of behavioural problems in children and social support. Int Rev Psychiatry. 2014;26(4):500-507 doi:10.3109/09540261.2014.926865