



MARYJO STANLEY

Since the pandemic began, virtual meetings have been problematic for me. I am deaf and have a cochlear implant, but this does not "correct" hearing the way some eyeglasses can correct vision. I would very much appreciate all practitioners understanding the mechanics of hearing devices, what they can and cannot do, what the sound quality is like for the user.

Initially many virtual methods of communication did not provide captions, which I require. My health care provider was using one of the prescribed telemed programs which also did not provide captions. Eventually I learned about Google Meet (GM) that not only provides captions free of charge, but also has good ones with as many as 6 lines of text before erasing them and does not make corrections while in process that create havoc for the reader. The captions can also be seen by both parties, allowing the speakers to see for themselves how well the captions are working at relaying what they are saying.

Fortunately, my providers were quite agreeable in using GM, but even with that, there have been issues with connections and getting both sound and video turned on and working for both parties.

Zoom captioning continues to be challenging. There are only two lines of text visible at a given time, so the person reading captions has to be quick at reading, while also trying to have some visual connection with the speaker, while also understanding and processing what is being said.

There is also the issue of how to present oneself to appear as clearly as possible on the screen. There can be distracting backgrounds, poor lighting, or people not centered on the screen with their full face showing.

Practitioners need guidance in how best to speak with those with hearing loss, not only in telemed settings but in person as well. (And there are great challenges for people who are deaf when masks are involved!). Only one of my practitioners, a physical therapist, in the past two years has worn a mask with clear plastic so I can see their lips. And a very large challenge for someone who cannot hear well are room acoustics and reverberation. The good thing about telemed is masks are not an issue, nor is social distancing. And usually there are no background noises.

The past two years have shown me what can go wrong, and how much advocacy and education needs to be done for deaf or hard-of-hearing people so we can fully participate with others, communicate smoothly, and avoid costly misunderstandings, especially in our health care.

MaryJo Stanley uses a cochlear implant and is learning how to deal with hearing loss and advocate for others.