

Editorial • Hearing Loss: How COVID has Made Me a Better Optometrist

Mario Martinez, BS • Southern College of Optometry • Memphis, Tennessee



Mario Martinez, BS
Memphis, Tennessee

East Carolina University: Pre health major,
biology minor, 2014.

Southern College of Optometry, Class of
2021

COVID has affected everyone to various degrees. It has affected how people take care of themselves, how people interact with each other, and has even affected simple things like going to the grocery store. One area that has been heavily impacted by COVID is seeing patients in a medical setting. There are strict protocols in healthcare settings, including more-frequent cleaning, greater degrees of social distancing, and a no-tolerance mask policy.

I am a 4th-year student at Southern College of Optometry; therefore, I am still in the beginning stages of learning quality patient interaction and care. We started seeing patients only a few days per week throughout our 3rd year, but that was cut short in March due to COVID. It wasn't until mid-June, 3 months later, that we were able to start seeing patients again. I have to admit that I was a little rusty.

One significant barrier for me seeing patients is being hearing impaired due to a genetic disorder called Alport syndrome. I wear hearing aids in both ears that allow me to hear better, but not nearly as well as most people do. Essentially, it's like amblyopia for the ears due to its developmental nature. The easiest way for me to describe it is that it sounds like you are listening to somebody underwater; I will hear noises, but it sounds muffled. Normally, my main method of understanding people speak is a combination of hearing them and reading lips.

During the 3-month quarantine, I rarely left home or saw other people. I saw my two roommates, who both speak pretty loudly and also don't wear masks at home. When I left to go to the grocery store, other people were wearing masks, but I never really spoke to anyone there. For the most part, I didn't speak to anyone for months who was wearing a mask.

As it got closer to our clinic reopening in mid-June, I started to worry about seeing patients and not being able to understand them well through a mask. Thoughts along the lines of, "what if I misunderstand somebody and mess up their treatment?" kept running through my head. Prior to COVID, I still had a hard time understanding some patients even without the mask. Often, I could rely on a "band-aid" like lip reading to gather information I didn't hear properly. With a mask on the patient, I had to rely solely on hearing. I think even most people who hear normally would agree that it can be difficult at times to hear others wearing a mask. In optometry, and in healthcare in general, it is an absolute requirement to be able to communicate with your patient. With the masks, it has definitely become a huge challenge at times. This is not just limited to patients; people in general do not talk all that loud. Why should they? It's a non-issue 99% of the time. Nobody expects a young 20-something year old student doctor to have trouble hearing you.

Think about the Snellen chart. Lots of the letters sound similar and can be hard to discern from one another...B, G, T, E, C, V, D, Z. I learned really quickly when starting clinic that patients mumble if they aren't sure what letter it is, and let's be honest, that is going to be nearly every patient on their smallest line. So naturally, I ask them to repeat themselves...a lot. I'm sure it can be frustrating to the patient, but the reality is I need to get the correct information from them from start to finish. When seeing a new patient (with no scanned medical documents), I have to gather all the information about them, and since COVID, there are no longer paper forms for them to fill out in the waiting room that give the general idea of their medical history. You never know what they may come in saying they have, or have had, or medications, and so on, but it is imperative to be accurate on that information not only for the patient, but also for the next person to treat them. The next doctor may just assume that what I gathered from the patient is correct, when the reality is that I may have simply misunderstood something. Even going to the check-in/check-out desks where there are plastic barriers between me and the other person can be interesting, especially if I'm asking what their insurance will cover. That can be very important

to the patient, and I don't want to get that information wrong.

Now it may seem like a long story of things that aren't ideal, but there are many lessons I have learned from seeing patients the last 10 weeks. The main one is the importance of quality patient communication. I start every encounter by telling the patient that I'm hard of hearing and that they will need to speak up if they can. Most of the time, patients will make a genuine effort to be louder, which helps significantly with the flow of the exam. Another lesson is that sometimes, I need to find a creative way to communicate. Hand signals and nonverbal communication are needed for certain patients. This includes nonverbal patients, non-English-speaking patients, trauma patients, or patients of very young or very old age. This will aid in patient care for my future career, including when masks are no longer needed in clinic—hopefully soon! A third lesson is that inefficiency with time can make a big difference in how a practice operates. I feel like I already need to take the extra time to understand a patient, more than most would. In that case, I try to emphasize the thoroughness of the exam, as there is really no such thing as too much communication as long as it pertains to relevant information. I have noticed that by simply trying to listen better, patients seem to be appreciative of the extra time taken to understand what issues they are having, rather than getting frustrated that it is taking longer. Lastly, an unexpected finding is that after I tell patients that I don't hear well, a lot of the older patients reply by telling me that they don't hear well either but don't wear hearing aids. They even have asked where I got mine, how expensive they are, etc. It makes me wonder...if I had not said anything, would they ever have mentioned it? Part of me wonders how many patients we talk to and educate on things don't actually hear us very well, and as a result don't fully

follow our instructions. Keep in mind the following statistic from the National Institute on Deafness and Other Communication Disorders: "About 2 percent of adults aged 45 to 54 have disabling hearing loss. The rate increases to 8.5 percent for adults aged 55 to 64. Nearly 25 percent of those aged 65 to 74 and 50 percent of those who are 75 and older have disabling hearing loss.¹ So, the last lesson is always to speak up for our patients in order to give them the best chance of understanding things as well as they can.

As a whole, COVID has brought tons of challenges for patient care. To a degree, I like to think of it as a hidden blessing. I used to have to use band-aids in order to understand both the general population and patients, and I still plan to once the pandemic is over, but now I am forced to find better ways to communicate effectively with people. Quite honestly, there are days that are incredibly frustrating, but I tell myself that a few months of inconvenience will help teach me how to communicate with patients for the decades to come in a career in optometry.

References

1. Quick Statistics About Hearing. National Institute on Deafness and Other Communication Disorders. Last updated December 15, 2016, Last Accessed August 23, 2020. <https://bit.ly/3iAwqOP>

Correspondence regarding this article should be emailed to Mario Martinez, BS, at mmartinez@sco.edu. All statements are the authors' personal opinions and may not reflect the opinions of the representative organization, OEPF, Optometry & Visual Performance, or any institution or organization with which the authors may be affiliated. Permission to use reprints of this article must be obtained from the editor. Copyright 2020 Optometric Extension Program Foundation. Online access is available at www.oepf.org and www.ovpjournal.org.

Martinez, M. Hearing loss: How COVID has made me a better optometrist. *Optom Vis Perf* 2020;8(3):106-7.
