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ABSTRACT

In order to make a diagnosis of a hearing loss, or to gain further information about the hearing thresholds of an individual, a hearing assessment is needed. There are a wide range of assessments which can be used, depending on the age of the child/adult to be assessed.

The assessments are conducted in a range of settings and by a variety of professionals. These professionals have varying levels of audiological training and may be based either within education, or a health establishment.

As a deaf Teacher of the Deaf with an interest and increasing involvement in hearing assessments, the researcher has, on occasions, been uncertain of the best procedures to use in situations where both the assessor and the client have a hearing loss. From these experiences, the researcher identified the need to ascertain if other deaf Teachers of the Deaf, Educational Audiologists, and those in other audiological professions, made any adjustments to the assessments they used to compensate for their own hearing impairment.

This small scale research project attempts to investigate, through questionnaire and interview, the changes deaf professionals make in the procedure for testing another person's hearing. It also attempts to identify if their experiences as a deaf person, may have influenced their professional path in the educational and/or health field. The subject group consisted of nine deaf professionals, with different levels of hearing losses and a wide range of audiological roles and responsibilities.

Initial findings suggested that some adjustments to assessments are made, including additional assistive hearing devices and verification of responses by a second hearing person. It was also evident that particular assessments, or roles within these assessments, were favoured over others. The reasons for the choice of assessments were varied, but seemed to be related, to some extent, to the deaf professionals understanding of their own hearing levels. Career paths were also varied; the deaf professionals came from a range of academic backgrounds and three of the deaf professionals had experienced resistance to their initial acceptance on teacher training courses.

It would seem that deaf professionals consider their own hearing levels when choosing hearing assessments. The responses also indicated that opportunities to share practices would be welcomed and further, research with a larger group of deaf professionals, in a wider field of Audiology, could help to establish guidelines for adaptations of tests and/or equipment and assist in establishing a forum in which to share good practice.