A Metaphor for Collaboration

Hug O’ War

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Efficacy

This presentation will demonstrate the efficacy of inter- and intra-disciplinary collaboration to support professionals who have limited experience, but who are being asked to serve infants and toddlers who utilize cochlear implants.
Despite the fact that pediatric cochlear implantation has been around for more than 25 years there are still professionals with *limited or outdated* information regarding the development of auditory and spoken language skills made possible by the cochlear implant.
Many teacher training programs emphasize the use of sign communication without regard for the impact of newborn hearing screening nor consideration of current technology that allows for the development of listening and spoken language.

Speech-language pathologists have traditionally been under-prepared to work with children with hearing loss.
• Early intervention service providers often lack expertise in the area of hearing loss and its impact on language development.

• Many seasoned professionals were trained before cochlear implants were a viable option for young children.
Today’s Need

As more and more children with cochlear implants enter the educational system, more and more professionals will need the knowledge and skills to help these children maximize the potential of the device.
Creating an Ideal Program

Thinking “outside the box”...

A collaborative team developed a program that moves beyond the traditional continuing education paradigm.
Creating an Ideal Training Program

- Accessibility (time commitment & location)
- Eligible applicants
- Collaborative orientation
- Comprehensive training
- Outcomes
- Cost
PPCI Partners

Children’s Hospital of Philadelphia

Smith College

Clarke-Pennsylvania

ATLANTA SPEECH SCHOOL

CLARKE PENNSYLVANIA ORAL SCHOOL FOR THE DEAF

CALIFORNIA EAR INSTITUTE at Palo Alto

JEAN WEINGARTEN PENINSULA ORAL SCHOOL FOR THE DEAF at Redwood City
Professional Preparation in Cochlear Implants

PPCI

• Intensive program for professionals providing early intervention services to children with cochlear implants.

• Participant base includes teachers of the D/HH, speech-language pathologists, and educational audiologists with beginning-to-limited experience.

• University professors have also been accepted to the program.
• Nine graduate credits from Smith College.

• ASHA CEUs.
Professional Preparation in Cochlear Implants

PPCI

The program consists of 4 components:

• Pre-requisite Learning
• On-site Learning
• Mentoring
• Capstone Experience
Pre-requisite Learning
Pre-requisite Learning

Completion of a series of eight comprehensive self study modules between the time of acceptance into the program and arrival at the onsite location for direct learning.
Onsite Learning
Onsite Learning

• Thirteen days of intensive activities to foster learning.

• The first half of the program focuses on the medical/clinical aspect of pediatric cochlear implantation.

• The second half of the onsite learning period focuses on application in the educational setting.
Onsite Learning

• Models a collaborative, TEAM approach (inter-disciplinary) to serving children with cochlear implants.

• Educators, speech-language pathologists and audiologists learn alongside one another how best to serve young children who use cochlear implants.
As participants prepare to head home they are encouraged to prepare a “collaboration plan” to enhance their local professional relationships – with cochlear implant team members, with school personnel and administrators, with service providers in the private sector, etc.
Mentoring

• A formal relationship between two professionals – one more and one less experienced in working with children who utilize cochlear implants.

• Typically intra-disciplinary mentoring assignments are made.

• A way to support the PPCI program participant as they deliver services in their place of employment.

• Aims to improve service delivery skills – assessment and intervention.
Mentoring

• Mentee must obtain 60 contact hours with children who are deaf/hard of hearing.

• Mentors will provide 6 hours of quality oversight (cooperative observations and face-to-face or teleconference appointments).

• Mentee must prepare a case study presentation to present at the capstone experience.
Efficacy

As a result of the PPCI training program, trained professionals improve their own personal skill set.

Professionals…
• develop improved teaching and therapy skills to serve children with cochlear implants, and
• raise the bar for developing improved listening and spoken language skills.
Efficacy

As a result of the PPCI training program, trained professionals demonstrate an improved appreciation for TEAMWORK!

Professionals…

• develop a better understanding of the scope of practice of various professionals serving children who have CIs.

• develop the confidence to reach out to allied professionals to develop a true team approach.
‘I will not play at tug o’war, I’d rather play at hug o’war, Where everyone hugs instead of tugs… and everyone wins.’
As a result of the PPCI mentoring experience…

we no longer have a “tug-of-war” between professionals, we have a “hug-o-war”.
Media Clip
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