

Conductive Hearing Loss in the Classroom: Tips for Teachers

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What is it?

Fluctuating conductive deafness is usually caused by ear infections ('acute otitis media'). Even when the infection has gone, fluid build-up behind the eardrum causes deafness because there is difficulty in the ability for sound waves to travel or "conduct" through the eardrum. It causes a mild to moderate hearing loss, which has a dramatic effect on speech perception – the ability to understand what is being said, not just that someone is speaking.

How prevalent is this?

Conductive hearing loss accounts for 90% of hearing loss in children. At any time, up to 1/3 of children in the younger [primary school age group will have some degree of conductive hearing loss. Therefore, it is very important for teachers to be aware of how to deal with this learning issue in the classroom.

One or both ears?

Fluctuating conductive hearing loss or deafness may affect one ('unilateral') or both ('bilateral') ears. This can change depending on each episode of infection, or during the aftermath of an infection. With unilateral deafness, localizing sound is problematic even though they can hear normally from their "good" ear. The child may not be able to tell where a sound is coming from. This can have implications especially for safety.

Signs for teachers to look out for:

These are red flags that may indicate a conductive deafness in a student:

- Poor school performance, particularly reading and language development
- Difficulty remembering instructions – seems easily confused
- Poor speech development
- Clumsiness
- Loneliness and or bullying behaviour
- Apparent disobedience
- Upset by shouting voices and loud noise
- A day dreamer

Is a conductive hearing loss always fluctuating?

Repeat/chronic ear infections and associated conductive hearing loss can sometimes cause permanent damage to the middle ear and a permanent conductive hearing loss.

For chronic ear infections and associated hearing loss, some children will undergo a minor surgical procedure to insert pressure-equalization tubes into the eardrum (often referred to as grommets) These are not permanent, but restore hearing effectively. They come with associated management issues while the eardrum is no longer sealed.

Classroom Tips:

First, get an idea of what it is like for the deaf student by wearing earplugs for a time, especially when in a noisy situation. This is very effective for an understanding. Try to understand what is being said in a noisy situation with your back turned to the source of information – no face watching or lip reading. IT IS TOUGH! This is what these children have to deal with.

What you can do to help:

- If you have concerns about a child's hearing, and a hearing loss has not been diagnosed, please arrange for a hearing assessment via your school's nurse, or via the child's family doctor.
- Before you speak, ensure you have the attention of the deaf student. You may need to say " name of child", when they are watching, then give the information.
- If you doubt they understood instructions, repeat/rephrase the instruction and/or have them tell you what they have to do.
- Speak clearly and naturally – no exaggerated lip patterns.
- Sit the student where they can see the speaker and as many other students as possible.
- In classroom discussions, you may need to repeat/rephrase the contributions of other students.
- A quick visual outline on a whiteboard is a good overview for the deaf student before launching into an activity. You can follow this up by asking the deaf student "Tell me what you have to do". Don't simply ask, "Do you know what to do?" The outcome could be surprising.
- Don't write on white board and talk with you back to the class – the deaf student will need to watch your face and hear clearly.
- Avoid walking around the classroom giving instructions.
- The further away you are from the deaf student, the less likely they are to understand what has been said. Think quiet conversation distance of a metre or two. Further than that, a student with a conductive hearing loss would have difficulty lip reading if they need to, nor would they understand much of what you are saying.
- A small group for group work is better than a large noisy one.
- Dictation –may be quite challenging while the student has a hearing loss. Think of ways around this if the deaf student seems to be under-performing.
- Don't shout at a deaf student; it distorts your speech and is counter-productive.
- A child with a conductive hearing loss may be feeling unwell, confused, off balance and sad.
- Finally, it is a myth that a deaf student can hear when they want to. Even a child with a fluctuating conductive hearing loss IS DEAF; they are not just ignoring you.

Content provided, with our thanks, by Trish Lovell (Teacher of the Deaf)