A CONSUMER’S PERSPECTIVE

Coming Home and Giving Back

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My parents began to suspect that I had a hearing loss when I was two years old. My younger sister had just arrived, and she was already responding to sounds that I seemed to miss as a toddler. My speech and language development at that point was still considered “normal;” yet, something seemed amiss. I was seen by an Audiologist at Ann & Robert H. Lurie Children’s Hospital of Chicago (formerly Children’s Memorial Hospital) and my behavioral testing suggested a bilateral hearing loss. An auditory brainstem response (ABR) evaluation subsequently confirmed my parents’ suspicions. I was diagnosed with a bilateral moderate to severe sensorineural hearing loss and was quickly fit with binaural hearing aids. In the early 90s, pediatric hearing aids were not available in “kid friendly” colors; my guess is I would have rocked bright pink aids if given the chance.

Following my hearing aid fitting, my mom still vividly recalls my initial reactions to many sounds in the house. I immediately began to shout “WHAT’S THAT?!” in response to the dishwasher and the doorbell. I quickly adapted to my hearing aids and attended a speech and language focused preschool at age three. The bus driver, Miss Marva, stopped at the end of my driveway, and I eagerly hopped—or rather, climbed—into the bus each day, screaming “BYE MOM!” without hesitation.

I was enrolled in a mainstream classroom beginning in Kindergarten.

Fortunately, another girl my age who also wore hearing aids and I were paired in the same classroom for many years. We formed a special bond—a bond I’ll always cherish. We both utilized an FM system in the classroom, and over the years, our teachers would inevitably forget to turn off the microphone when having a private conversation, or visiting the restroom. My friend and I would glance at each other from across the room and share a secret grin.

My passion to become a pediatric Audiologist began when I was nine years old. Following my initial diagnosis at Children’s Memorial Hospital, I bounced around a couple of different Audiologists over the first few years. I ended up meeting an Audiologist closer to home for a quick earmold check. I remember the Audiologist attempting to connect with me, saying that she “understood how I felt.” Immediately, my usual happy demeanor changed, as I thought to myself: how could she possibly understand? She has normal hearing, and I do not. Within minutes of leaving that appointment, I announced that I wanted to be an Audiologist and work with kids. I have never looked back.

Following high school, I left Chicago and headed to the University of Iowa. Iowa has a renowned speech and hearing science program. I initially thought I would perhaps stay at Iowa for eight years and complete my doctorate as well. I double majored in speech and hearing sciences as well as Spanish. And, if I wasn’t busy enough, I also was on the women’s rowing team. Becoming a Division I athlete wasn’t necessarily part of the plan when I was 9; but, at 19, plans had changed. I met so many incredible women who had the same drive to be successful on and off the water—many were studying nursing, pre-med, or engineering. As chance would have it, a teammate of mine also had a hearing loss—and we are still dear friends to this day.

At the end of my undergraduate career, I decided to return to Chicago to complete my graduate degree at Rush University Medical Center. My passion to become an Audiologist was further solidified as I began my rotations in various clinics and hospitals. Finally, the opportunity arose to complete my fourth-year externship at Lurie Children’s Hospital. I was fortunate enough to have other externship offers, and my dad was pressing for me to “spread my wings” and experience a new city. But my decision was made; I would return to the place that changed my life.

My externship was an incredible blur. I was finally home. I was determined to absorb anything and everything that I saw in clinic. I completed the pediatric battery at Lurie Children’s for outpatient as well as inpatient children. Each patient truly left their mark on me. At the conclusion of the year, the department had an open position. I quickly applied and was hired. I’m happy to report that after almost six years as a full-fledged pediatric Audiologist, I am even happier now than I was my first day as an extern. Connecting with patients and their families has been such a joy. I can actually see the relief wash over parents’ faces when they notice that I,

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too, am hearing impaired and ask me to share my story.

My hearing loss remained relatively stable following initial diagnosis, with small decreases in hearing noted over the years. I began to notice that my hearing was changing more significantly while in grad school. Lucky for me, I had an entire cohort of classmates that could help monitor me in the sound booth. At the conclusion of my graduate program, I had a severe to profound hearing loss in both ears. I began to contemplate next steps. Once I joined the cochlear implant team at Lurie Children’s and reveled in the success of my young patients, I knew it was time. After almost three decades of bilateral hearing aid use, I underwent surgery for right cochlear implantation. Recovering from surgery was admittedly much more challenging as an adult, compared to my pediatric patients who sometimes run around effortlessly within hours after the procedure. It was an uncomfortable feeling, solely listening with my left ear for the few weeks prior to initial activation. My activation was also a strange experience—I was unable to discriminate between speech and non-speech stimuli, as all I heard were “dings” that sounded like keys on a piano. Over the course of the next few weeks and months, everything began to make sense. Now, I am able to hear my patients and their families with increased clarity and much better than before I was implanted.

I was recently featured in Child’s Voice All Ears podcast regarding my personal experience growing up with a hearing loss and now working as a pediatric Audiologist. The recurring theme throughout the episode was the perception of identity. Naturally, my hearing loss has pushed me to overcome adversity and become my best advocate. But my loss doesn’t define me. I would describe myself as a mother, a wife, a sister, a daughter, an Audiologist, a triathlete—prior to mentioning my hearing loss. However, it is paramount that society allows for individuals to describe themselves as they see fit, and I believe it’s important to remember that people can have multiple aspects to his or her identity.

When I was applying to grad schools, I would sometimes write that I was born hearing impaired, but I was destined to be a pediatric Audiologist. Having now achieved that dream, I firmly believe that it was always true. Especially given my life experiences, I try and see and interact with my patients for who they are and encourage them to be everything that they can be. With many patients I see in the hospital, their hearing loss is secondary to other, often life-threatening conditions. These young patients and their families need support not just from me, but from the larger communities in which they live. And the same is true for the young kiddos I see who are not inpatients at the hospital. Whether they are budding ballerinas, young artists, baseball phenoms or actors in residence, my young patients and indeed, everyone with a hearing loss needs to be seen, appreciated and accepted for the entire person they are and that they choose to be.