

Integrating Lived Experiences into Audiology Education to Bridge the Empathy Gap

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Abstract

*Community-engaged learning (CEL) offers a unique opportunity to bring the lived experience of hearing loss into the classroom, enhancing empathy and the implementation of person-centered care (PCC) among audiology students. This paper describes an initiative at the University of Connecticut that integrated CEL into an advanced hearing aids course. Students engaged with patient narratives through the book *Hear & Beyond* and attended a community meeting hosted by Hearing Loss Association of America (HLAA). Reflections demonstrated enhanced awareness of real-world challenges and a renewed commitment to PCC. This pilot project offers a model for incorporating CEL into audiology education to improve hearing care outcomes.*

Keywords: Person-centered care, community-engaged learning, audiology education, patient narratives, experiential learning

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According to the World Health Organization (2021), over 1.5 billion people worldwide live with some degree of hearing loss including 430 million with disabling loss. This

number is projected to rise to 2.5 billion by 2050, with more than 700 million requiring rehabilitation by an audiologist or other hearing healthcare professional. However, for individuals with

hearing differences, hearing loss is more than a decrease in sensitivity to sound, it is a personal experience that can affect every aspect of life from communication and relationships to employment and self-identity (Kamil & Lin, 2015). While audiology education emphasizes technical and clinical expertise, students may receive limited exposure to the emotional and psychosocial dimensions of living with hearing loss (Grenness et al., 2014; Ekberg et al., 2015). The result is a potential gap in empathy and understanding that can hinder the delivery of person-centered care (Seok, et al., 2022).

Community-engaged learning (CEL) offers a powerful approach to addressing the empathy gap in audiology education by integrating the lived experiences of individuals with hearing loss into academic coursework. Rather than relying solely on textbooks or simulations, CEL allows students to engage directly with real people and real stories, fostering affective learning and a deeper understanding of patient-centered care (Ash & Clayton, 2004; Seok et al., 2022). Through this process, students develop a more holistic perspective on hearing health, one that considers emotional, social, and practical dimensions, and are better equipped to deliver meaningful, individualized care (Hojat, 2007; Grenness et al., 2014). This work describes a collaboration between an academic audiologist and a hearing loss advocate to test the impact of CEL in an audiology classroom. Our goals were twofold: first to understand if hearing directly from individuals with hearing loss increased student empathy, and second to see if it motivated them to consider how to improve patient centered care (PCC) in clinical practice. If successful, future directions would be to scale this model more broadly.

The importance of empathy in healthcare is well-documented (Hojat, 2007). In audiology, empathy enables clinicians to better understand a patient's communication goals, emotional concerns, and lifestyle needs. Yet, traditional education may not equip students to fully appreciate the lived experience of hearing loss, especially when training is heavily focused on diagnostics and amplification technology (Hickson et al., 2014). Person-centered care emphasizes the

shared decision-making process between provider and patient. It acknowledges the patient as an expert in their own life and emphasizes individualized treatment approaches (Laplante-Lévesque et al., 2010; Manchaiah et al., 2019). To effectively implement PCC, students must learn to appreciate the diversity of hearing loss experiences and understand how hearing loss impacts individuals beyond the clinic setting.

Community-engaged learning is a pedagogical model that connects academic instruction with real-world community experiences. CEL has been shown to promote critical thinking, social responsibility, and empathy among students in the health sciences (Bringle & Hatcher, 1996; Seifer, 1998). In CEL, students learn from and with community members, blurring the traditional boundary between "teacher" and "patient" (Seok et al., 2022). While CEL is increasingly used in medical, public health, and nursing education, it has seen limited application in audiology. This is a missed opportunity. Given the significant psychosocial and communication challenges associated with hearing loss, CEL could foster the deeper emotional and interpersonal awareness needed for effective audiologic care.

Our Classroom Intervention

The project incorporated two primary community-engaged learning components designed to expose students to the lived experience of hearing loss and to foster greater empathy, reflective thinking, and commitment to person-centered care (PCC). These activities were administered to 17 graduate students enrolled in an advanced hearing aids course at a public land-grant research institution situated in a suburban/rural area, with a total student population of approximately 34,000. At the time of the assignment, all students were in the first year of their professional audiology program and had recently begun their first clinical practicum rotation. A thematic analysis was conducted by the first author to examine student reflections written in response to each activity. An inductive coding process was used to identify common themes across the data. The themes were refined through iterative review to ensure consistency and clarity.

Analysis was conducted for each activity independently since reflection prompts were slightly different for each assignment and then themes across activities were compared. This approach allowed for exploration of how reflective learning activities can promote deeper understanding of patient-centered audiologic care. A sample implementation checklist along with reflection questions are shown in Appendices A and B.

1. Critical Review of *Hear & Beyond* and Dialogue with a Hearing Loss Advocate

As a foundational activity, students were assigned to read *Hear & Beyond: Live Skillfully with Hearing Loss* (Eberts & Hannan, 2022), a book authored by two individuals with hearing loss that provides both personal narratives and practical communication strategies. The text explores key aspects of the hearing loss experience, including emotional adjustment, social participation, and interactions with the healthcare system. To enrich this assignment, one of the co-authors, Shari Eberts, participated in a guest lecture, offering firsthand insights into her hearing loss journey. The partnership with the community advocate was established at a national conference attended by the first author during a session introducing the book, noted above by the second author, to professionals. The advocate expressed enthusiasm about involving students and sharing the lived experiences of individuals with hearing loss. The relationship was maintained through consistent communication before and after the guest lecture mostly by email or web conferencing. For the class session, students were encouraged to reflect on how the content of the book and the personal account could inform their emerging clinical identities and approaches to audiologic care.

Students submitted critical reflections on the reading, in which many demonstrated a developing awareness of the emotional and psychosocial dimensions of hearing loss. Selected excerpts from their reflections illustrate this shift:

"This is not just a book for those recently diagnosed with hearing loss... It should be studied and read by clinicians so we can understand how

people cope with hearing loss before coming to see us."

"We learn in our classes about the struggles and problems for people with hearing loss, but sometimes I feel like we have lost the human aspect... I also really want to work towards discussing support groups and other resources with first-time patients."

"As a future clinician, I want to emphasize to patients that they deserve to participate in their life and we can help them do that."

Analysis of the reflections on *Hear & Beyond* revealed several key themes that highlight the book's impact on future hearing care professionals. Central among these is the recognition that hearing loss is a highly individualized and emotional journey, requiring empathy, flexibility, and patient-centered care. The book emphasizes the importance of communication over simply improving hearing, helping readers understand that effective support goes beyond technology. Students appreciated the use of personal stories and humor, which made the book relatable and humanizing, while also noting a need for more diverse perspectives. The accessible structure and practical strategies made it a valuable resource for patients, families, and clinicians alike. Ultimately, students felt the book reinforced the vital role of audiologists as compassionate guides who support not just hearing, but the overall well-being of those they serve. Overall, the responses suggest that the activity encouraged students to internalize the importance of patient narratives and the value of empathy in clinical encounters, which are central tenets of PCC (Grenness et al., 2014; Hojat, 2007).

2. Attendance at a Hearing Loss Association of America (HLAA) Meeting and Guided Reflective Practice

The second component required students to attend a local chapter meeting of Hearing Loss Association of America (HLAA). These meetings provided a unique opportunity to observe individuals with hearing loss engaging in peer support, advocacy, and shared problem-solving. This real-world exposure aimed to further deepen

students' understanding of the social and emotional contexts of hearing loss. To structure their learning, students completed a guided reflection based on a modified "5R" framework: Report, Relate, React, Reflect, and Reapply (Bain et al., 2002). This model supports affective and experiential learning by helping students integrate personal reactions with academic knowledge and clinical intentions (Ash & Clayton, 2004).

The reflections revealed a heightened awareness of gaps in clinical training and a growing sense of professional responsibility. Students wrote:

"It got me thinking about how little I truly know about the resources available to patients when they leave the clinic and what resources may be available for financial concerns or for individuals who do not necessarily want to pursue amplification."

"The most important takeaway for me is that I don't only want to serve a population, but I also want to support them as they move through a world that is not thinking of them."

"This was a transformative experience. Hearing from the community directly changed how I think about care."

The analysis of the student reflections for this activity, guided by the 5R framework, revealed several recurring themes: increased awareness of the emotional impact of hearing loss, recognition of communication barriers in daily life, appreciation for peer support among individuals with hearing loss, and a deepened understanding of the importance of advocacy and patient-centered care. In the *Reporting* and *Responding* phases, students described the HLAA meetings as powerful and eye-opening, often expressing surprise at the resilience of attendees and the emotional depth of the discussions. During the *Relating* stage, many students connected these experiences to prior coursework or clinical encounters, noting how the meeting challenged assumptions they held about hearing aid use, identity, or communication strategies. In the *Reasoning* stage, reflections often emphasized the need to consider psychosocial factors in audiologic

care, especially the role of stigma, isolation, and the patient's own goals. Finally, in the *Reconstructing* phase, students articulated specific ways they planned to apply these insights in future clinical interactions, such as by incorporating more open-ended patient questioning, validating lived experiences, and actively promoting peer support resources. Collectively, the reflections underscored the value of community-engaged learning in supporting the development of empathy, reflective capacity, and person-centered clinical reasoning in early-stage audiology students.

Take as a whole, these themes across both activities reflect more than the acquisition of new information, they signal affective learning, an essential but often underemphasized domain in health professions education (Bloom, 1956). Exposure to the lived experience of hearing loss, combined with structured opportunities for reflection, allowed students to link theory with humanistic practice and reinforced the principles of holistic, person-centered audiologic care.

Benefits to Community Partners with Hearing Loss

Community-engaged learning offered benefits to community partners as well. As noted by the second author, "by sharing our lived experiences and real-world challenges, we have the opportunity to influence the education and perspectives of future audiologists, helping to shape a more empathetic, person-centered approach to care. Our participation helps audiology education to better address the psychosocial aspects of hearing loss and to more consistently incorporate practical and road-tested communication strategies that go beyond the device into clinical best practices."

Another core benefit for community partners lies in the sense of empowerment that arises from these collaborations. Often, individuals with hearing loss encounter social isolation or misunderstanding about their abilities and needs. Through community-engaged learning, individuals with hearing loss become central actors rather than passive recipients of care. Our expertise from lived experience is validated, enhancing our self-

advocacy skills, increasing our confidence, and motivating us to take a more active role in our own care and broader community initiatives.

Through ongoing dialogue, collaboration, and mutual respect, community-engaged learning stands as a transformative force—bridging the gap between education and lived experience and building a more inclusive and responsive future for all those impacted by hearing loss.

Discussion

The outcomes of this pilot project suggest that incorporating community-engaged learning (CEL) into audiology education can significantly enhance students' understanding of the lived experience of hearing loss. Through structured interaction with individuals who have hearing loss and reflective assignments grounded in personal narratives, students demonstrated not only cognitive engagement but also emotional and professional growth. These findings align with prior work suggesting that affective learning is essential for developing empathy, which in turn supports more effective person-centered care (Bloom, 1956; Hojat, 2007; Seok et al., 2022).

Students' written reflections revealed a shift in their clinical mindset from viewing patients as cases to understanding them as individuals navigating complex personal, social, and emotional experiences. Importantly, students expressed a new awareness of resources outside the clinical setting, such as peer support networks and non-amplification solutions, that are critical components of holistic hearing healthcare. These realizations are particularly relevant considering the literature showing that patient satisfaction and long-term hearing aid adoption are closely tied to perceived empathy and individualized care from providers (Ekberg et al., 2015; Laplante-Lévesque et al., 2010).

Another key outcome was the role of narrative in shaping clinical attitudes. The book *Hear & Beyond* functioned as a form of "narrative medicine", a pedagogical approach that allows students to internalize the patient's voice. Narrative-based learning has been shown to be a powerful method for cultivating empathy and

reflective practice in medical and allied health education (Charon, 2006), and the student responses in this study provide further evidence of its value.

Furthermore, CEL activities, especially those involving real-world engagement such as attending HLAA meetings, served as experiential opportunities that made theoretical knowledge personally meaningful. The emotional resonance of hearing directly from people with hearing loss appeared to motivate students to reflect on their future roles not only as clinicians, but also as advocates and partners in care.

These findings support embedding Community-Engaged Learning (CEL) across all clinically focused audiology courses, reinforcing that empathy and technical expertise develop most effectively in tandem. Consistent with theories that empathy is cultivated through experiential and relational learning (Stepien & Baernstein, 2006), CEL provides authentic patient interactions that foster perspective-taking and emotional responsiveness, key elements of empathic communication (Mercer & Reynolds, 2002), while building technical competence. This aligns with CEL scholarship linking professional skill to social responsibility (Eyler & Giles, 1999) and resonates with principles of narrative medicine, which emphasize listening to and interpreting patient stories as a means of deepening clinical understanding and human connection (Charon, 2006). Such sustained, real-world engagement prepares clinicians for truly patient-centered care.

Limitations

While the feedback from students was overwhelmingly positive, the project was limited in scope. It was implemented in a single course with a small cohort of students, and the long-term effects on clinical behavior remain unknown. This activity took place in an advanced hearing aids course where the course content was paired well with the interests of the community partners. However, CEL could be embedded in other courses within an audiology curriculum. For example, in an aural rehabilitation course by partnering with local support groups, students

could apply counseling strategies and communication techniques in real-world interactions with individuals experiencing hearing loss or in a diagnostics course students could assist with community hearing screenings, giving them hands-on experience with audiometric testing while educating the public about hearing health. In addition, future research could include implementation in multiple courses within a program to examine impact within a curriculum or across institutions to assess CEL's impact across diverse settings. Longitudinal studies could track students' PCC behaviors in clinical practice after graduation. For example, researchers might utilize a mixed-method longitudinal study that follows audiology students from training through early clinical practice to assess how they apply patient-centered care (PCC) over time. Additionally, interprofessional education opportunities involving speech-language pathology, nursing, or public health could further enrich CEL's impact. It should also be noted that resources may vary at different institutions. Potential resource considerations for CEL include the time and coordination needed to build and maintain community partnerships, as well costs for transportation, materials, or equipment may be applicable. Barriers may involve limited community partner availability, scheduling conflicts, or ensuring student preparedness for professional interactions in real-world settings. Overall, these considerations highlight the importance of thoughtful planning and collaboration to maximize the benefits of CEL for both students and the communities they serve.

Conclusions

Empathy, cultural humility, and commitment to person-centered care are essential attributes of audiologists. The integration of community-engaged learning into audiology education offers a promising approach to cultivating these competencies. This pilot project suggests that CEL interventions, involving direct engagement with individuals living with hearing loss, may enhance students' empathy, understanding, and clinical commitment to whole-person care. By listening to the lived experiences of the people they will serve, students begin to see

their future role not just as clinicians, but as partners in communication, inclusion, and well-being.

References

- Ash, S. L., & Clayton, P. H. (2004). The articulated learning: An approach to guided reflection and assessment. *Innovative Higher Education*, 29(2), 137–154.
- Bain, J. D., Ballantyne, R., Mills, C., & Lester, N. C. (2002). *Reflecting on practice: Student teachers' perspectives* (p. 139). Post Pressed.
- Bloom, B. S. (1956). *Taxonomy of educational objectives: The classification of educational goals*. Longmans, Green.
- Bringle, R. G., & Hatcher, J. A. (1996). Implementing service learning in higher education. *The Journal of Higher Education*, 67(2), 221–239.
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford University Press.
- Eberts, S., & Hannan, G. (2022). *Hear & beyond: Live skillfully with hearing loss*. Page Two Books.
- Ekberg, K., Grenness, C., & Hickson, L. (2015). Addressing patients' psychosocial concerns regarding hearing aids within audiology appointments for older adults. *American Journal of Audiology*, 24(3), 287–299.
- Eyler, J., & Giles, D. E. (1999). *Where's the learning in service-learning?* Jossey-Bass.
- Grenness, C., Hickson, L., Laplante-Lévesque, A., & Davidson, B. (2014). Patient-centered care: A review for rehabilitative audiologists. *International Journal of Audiology*, 53(S1), S60–S67.
- Hickson, L., Meyer, C., Lovelock, K., Lampert, M., & Khan, A. (2014). Factors associated with success with hearing aids in older adults. *International Journal of Audiology*, 53(S1), S18–S27.
- Hojat, M. (2007). *Empathy in patient care: Antecedents, development, measurement, and outcomes*. Springer.
- Kamil, R. J., & Lin, F. R. (2015). The effects of hearing impairment in older adults on communication partners: A systematic review. *Journal of the American Academy of Audiology*, 26(2), 155–182.
- Laplante-Lévesque, A., Hickson, L., & Worrall, L. (2010). A qualitative study of shared decision making in rehabilitative audiology. *Journal of the American Academy of Audiology*, 21(10), 747–759.
- Manchaiah, V., Beukes, E. W., Ratinaud, P., & Andersson, G. (2019). Person-centered care in audiology: A systematic review of literature. *International Journal of Audiology*, 58(11), 665–675.
- Mercer, S. W., & Reynolds, W. J. (2002). Empathy and quality of care. *British Journal of General Practice*, 52(Suppl), S9–S13.

Seifer, S. D. (1998). Service-learning: Community-campus partnerships for health professions education. *Academic Medicine*, 73(3), 273–277.

Seok, C., LeClair, K., Sibbald, M., & Kelly, L. (2022). Empathy and social responsibility in medical education: A scoping review of community-engaged learning. *BMC Medical Education*, 22(1), 24.

Stepien, K. A., & Baernstein, A. (2006). Educating for empathy: A review. *Journal of General Internal Medicine*, 21(5), 524–530.

World Health Organization. (2001). *International classification of functioning, disability and health (ICF)*. WHO.

World Health Organization. (2021). *World report on hearing*. <https://www.who.int/publications/i/item/9789240020481>

Appendix A

Community-Engaged Learning (CEL) Implementation Checklist for a Hearing Aid Class

1. Define Learning Outcomes

- Align CEL activities with course objectives (e.g., understanding the impact of hearing loss in daily life).
- Identify specific skills to be developed (e.g., empathy, patient centered care).

2. Establish Community Partnerships

- Identify local organizations, clinics, or senior centers that serve individuals with hearing loss.
- Develop goals with partners
- Set clear expectations and roles for both students and community members.

3. Design CEL Activities

- Create projects where students interact with individuals with hearing loss (e.g., interviews, support group observations).

4. Prepare Students

- Provide background on CEL and its purpose.
- Train students in communication, cultural sensitivity, and ethical considerations.

5. Integrate Reflection

- Schedule regular written or verbal reflections (journals, blogs, discussions).
- Encourage reflection on personal growth, patient perspectives, and challenges faced.
- Tie reflections back to course concepts and PCC (patient-centered care).

6. Facilitate Faculty Support

- Monitor student experiences and provide feedback.
- Model PCC and community engagement in classroom discussions.

7. Assess Learning and Impact

- Use rubrics to assess student learning or impact on student attitude (content mastery + community engagement).
- Gather feedback from community partners.

Appendix B

Sample Reflection Questions

Guiding reflection questions (based on the 5R framework for reflection):

1. Provide a brief description of the experience.
2. How did the experience relate to your own knowledge and past experiences?
3. How did what happened make me feel? What surprised you by this experience and why?
4. What is the most important take away from this experience and why?
5. How might I incorporate "take aways" into my own clinical practice?

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Kathleen Cienkowski is an associate professor of and program director of Audiology in Speech, Language, and Hearing Sciences at the University of Connecticut (UConn). She is also the UConn LEND Audiology Discipline Coordinator. She studies comprehensive aural rehabilitation (AR) for individuals with acquired hearing loss with an emphasis on care across the lifespan. She is currently investigating factors underlying successful hearing device use, including the impact of health literacy and patient-centered care.

Shari Eberts is a hearing health advocate, author, and speaker on hearing loss issues. She is the founder of LivingWithHearingLoss.com, a popular blog and online community for people with hearing loss, and an executive producer of *We Hear You*, an award-winning documentary about the hearing loss experience. Shari has an adult-onset genetic hearing loss and hopes that by sharing her story, she will help others to live more peacefully with their own hearing issues. Her book "Hear & Beyond: Live Skillfully with Hearing Loss" (co-authored with Gael Hannan) is the ultimate survival guide for living with hearing loss.