***No Need to Shout Episode 1 transcript***

Intro:

I lost myself. I felt stuck. And here I was not realizing how much this has been a reoccurring theme for so many women, especially women in hearing health.

Kat Penno:

Hey, welcome to our podcast, No Need to Shout, hosted by women in hearing health. I'm your host today, kat Peno and I'm delighted to be joined by our infamous Angela Alexander. Round of applause everyone. Now I'll let Angela do her introduction and then we'll do a bit of a deep dive into our professional and personal lives and what it means to be for her, a woman in hearing health. Hi, Angela, how are you going today?

Dr Angela Alexander:

Hello. Hello. I am Angela Alexander. I'm originally from Kansas. I've spent the last decade living in New Zealand and now I live in Australia. So I have pretty much the most, awkward, both dialect and sense of humor. And I'm constantly realizing how different, the sense of humors are between those three different populations. Because I always use like the worst jokes. I'm like lead balloon in every single situation, but that's okay. And whenever I go back to the U S I try to speak just normally, and I just really cannot speak American as easily anymore. I don't know anyway, but I'm an audiologist and I am often the black sheep of the family in every sense of the word. I absolutely love auditory processing work and that, I mean that across the lifespan, I mean that across the audio gram, it's what makes my heart beat fast.

Kat Penno:

Oh, I love that. And when you say you're the black sheep of the family, tell me what that means in a professional sense and in a personal, I think we know what it means in a personal sense, but tell me that as well.

Dr Angela Alexander:

Yeah. Yeah. So, you know, when you go to a conference and you're like, wow, I am definitely the weirdest person in the room that happens like at every conference for me.

Kat Penno:

Well, do you know, I think it's okay, Angela. I think somebody's got to be the black sheep in the professional worlds to challenge the status quo. If we didn't have black sheep like yourself and perhaps myself, some would argue, we probably wouldn't change the way we practice or do things as healthcare professionals. Someone's going to make people uncomfortable.

That's very, very true. And I'm quite good at that. My, my brother calls me the awkward blonde, but that's okay. So, so I, but all of this being said, I've only lived in Australia a year and I cannot believe the level of support that I have gotten from audiology Australia. So I want to give a shout out to audiology Australia for just really helping see what the future of audiology looks like, looking for an opportunity and seeing how to like really leverage that.

Kat Penno:

That's really cool. They're a very dynamic team so that's great to hear and makes me really excited that it's audiology Australia, that you can do the shout out to, to get that support from like, I feel like Australians are pretty progressive in the hearing world and the ear industry, ear world. So I'm really happy to get, I can't believe you only been in Australia for a year. I feel like you've been here a lot longer, but. Gosh, it's just all the presence that we've had online together that I feel are longer. So welcome. I'm happy to have you here in Australia and to hear a little bit more about your professional and your personal life. So I think let's start with your personal life. If you could tell me a bit about your family structure and dynamic at home and how you make it all work, especially when you're running your own business.

Dr Angela Alexander:

Yeah. So, I spoke a little bit about my childhood life in my TEDx talk, and I'm very happy to announce here that there will be no speaking of daddy issues today. So, I mean, just a quick mention about the TEDx. I did do a TEDx, this year in July, it was posted online in September. My goal was to have 2000 views over the lifetime of the TEDx and it's sitting at 280,000.

Kat Penno:

We'll share the link to that. We will share the link to that because it's very important for everybody watch that if you're in the hearing health care space, and that will also give you some insight into where Angela's coming from as a professional.

Dr Angela Alexander:

Yeah. But, but then I think the most important part of my family journey and where my personal journey intersects with my professional journey really actually occurred when my daughter was born. So, my daughter, Isabelle, she has chosen that she is not Izzy. She is Isabel. I am running with those wishes. She's three and a half and full of beans and I love it. When I found out I was pregnant in 2017 for the second time I got my practice one out of the way, that did not work out. Wow. I said that in a really weird way. Once again, led balloons, right? Let's just drop it.

Kat Penno:

I get it. I get it.

Dr Angela Alexander:

So, we had Izzy in 2017 and in my third trimester, I got this idea. And I was thinking, all right, I want to be able to help my therapy clients for auditory training to move forward, even during my maternity leave. So I decided to create some online learning modules to help put people through this therapy.

Dr Angela Alexander:

And I did it finished these modules. I was working from 6:00 AM till midnight, which at that point felt like I was working a lot, but I had no idea that motherhood was actually 24 hours a day. So I finished this project right before she was born. I had tested a few people with auditory processing disorder and signed them up to do these modules. And then I gave birth and I immediately lost all faith in my ability to do anything. I lost my professional way. All of a sudden, you know, I was so overwhelmed with just keeping this little human alive.

Dr Angela Alexander:

And my husband had a startup that had just launched the week that my daughter was born or our daughter was born. So he was so busy and we had this typical 1950s kind of set up for us for a moment there. And I didn't even have the ability to think I couldn't respond to emails. Like I lost myself. I felt stuck and here I was not realizing how much, this has been a reoccurring theme for so many women, especially women in hearing health, where you're like, okay, my profession is starting to happen. It's taking over.

Dr Angela Alexander:

And then three months later, these clients that I had signed up for APD support, as I call it, came back in and we did retests and we found that their auditory processing had changed. And here I was. I had thought, oh, it's the best thing in the world. And then, oh, this is awful. And, oh, I'm a terrible professional and oh, I don't know what I'm doing with my life. And then you get, you get those clients that come in that help you realize you're on the right track. And, and it's been. My daughter turns four in February. This has been a whole series of me coming back to the person that I need to be, for my future and the future of audiology. And I could not be more excited to show my daughter what a black sheep of a profession can do. So here we go.

Kat Penno:

So many things to unpack that you've said, but first and foremost, I loved how intertwined your professional and personal lives are. You've had these light bulb moments that I wonder would you have had them, if you perhaps, weren't about to give birth and when, when you become parents, I think it's also important to understand that your life doesn't have to stop like your, you and your husband launched these start-ups as you become parents. And so there's so many emotional layers we could dig deep into it and I'll, I'll say a few of them, and then we can go down those paths.

So, what I'd like to talk about is this transition to parenthood because nobody highlights the transition to parenthood. We might say things like that's really hard, or it's really great being new parents, so rewarding, yada, yada, yada. And I agree with those, but there's baptism by fire where you lose your identity, both of you, the male and the female, in heterosexual couples and, and others would be exactly the same. I'm sure. But we don't talk about exactly this transition that you've had. You a hundred percent lose yourself for however long and then you've got to rebuild your confidence, claw yourself back to perhaps the spot you were at before. And then some, because having a person, a human be so dependent on you for 24 7 for the first 12, 24, 36 months of their lives more is insanely hard. And you use the word overwhelmed before and that really resonates with me as well. And I also wonder how your husband went. Did he take time off? If you took six weeks or six months off, did he take time, the equivalent of time to support you and your business and your professional dreams? You know, what, what was that sort of dynamic?

Dr Angela Alexander:

So in, in New Zealand we have mums groups like we, we did and like they have in Australia. In the U S you don't really have that kind of setup necessarily. But we had parenting classes where we went to prior to Isabelle being born. And we were the only couple that was excited about giving birth and we were two business people and we let everyone know. I let everyone know that we came up with a plan. We were going to split things 50 50 from 6:00 PM to midnight. My husband would take Isabelle. I would do midnight to 6:00 AM. He would do 6:00 AM to noon. And then I would do noon to six.

Dr Angela Alexander:

We perfectly had split up the 24 hour clock. We were, I mean, I did realize that I was taking some of those harder shifts, but I was okay with it. And, you know, that didn't happen a single freaking day. Ever. The plan did not work. And I mean, I now know why people looked at me like I was an absolute idiot cause that, I mean, it was the most ideal thing. Isabel was two, in March of 2020, I was speaking in Washington DC and all of a sudden the conference that I was speaking in got cancelled. And, you know, we're about to go up. I'm about to start presenting and they said, everyone go home. We're in a state of emergency. I had dropped my daughter off in Kansas. I'm in DC. My husband's in New Zealand. I flew back, got her, got back to New Zealand before they closed the borders. It was in that moment where I looked at him and I was like, you know what, my opportunity to actually show people a different way of audiology starts now. I need 50% of my time. So we had gone, if Sean, if you're listening to this, sorry for the brutal honesty, we went from me doing 99.9% of the parenting and him 0.1 to 50 50. Overnight.

Kat Penno:

How, how old is he Isabelle at this stage?

Dr Angela Alexander:

Two years old.

Kat Penno:

Two years old. Okay. Wow.

Dr Angela Alexander:

Yeah. So we, we went from a family potentially in trouble, and I told my mom because I didn't have any other family living in New Zealand. I told my mom that I felt like I was in the warmest hot tub up to my chin, and I had to keep on my tippy toes in order to keep this child alive. COVID absolutely saved our family. And here, you know, I, we took our spare bedroom. We made it the war room. Nobody was allowed in the war room except for the person who was on at that time. I could see, out the window, them jumping on the trampoline together. And my husband really creating the deepest bonds he'd had with our daughter. And that 50% has continued now. And we actually divide our week up half and half, even after hours to go do our own things. We no longer assume that we're going to be together all the time. We assume that we're going to be doing our own things, and we schedule time to be together. It's amazing.

Kat Penno:

Amazing. It is. And I said, well too, because I think it takes so much courage as a woman to say to your partner, Hey, I need this to, first of all, stay mentally sane and afloat and achieve the things you perhaps wanted to achieve prior to having a child. And second of all, how incredible that you chose a life partner that you could have these brutally honest conversations and he also can't read your mind, so he stepped up to the plate. I'm sure he appreciates it because those bonds that you see your partner, Sean, create with Isabelle are next level. And my partner is very similar and I, I always have an underlying guilt with me no matter what I do.

Dr Angela Alexander:

So if I'm with my daughter or with I'm not. So I think it's important that we acknowledge that you can ask for the things you want and the other topic or area I sort of like to go into is that you and Sean acknowledge that you're not going to be together 24/7. So pre-baby days because having a child does change your, your relationship with your partner.

Kat Penno:

I never really thought about until I was in this position. So that's really cool to hear that, that you guys, I suppose, have this great understanding. I did see a Facebook post or a LinkedIn post where you spoke about you and Sean did say that you thought couples who were divorced had it best because one weekend the kids might be there, other weekends kids might be here. And I thought, oh, that's really interesting. Yeah, I would have to read more into that. So tell us a bit about that post.

Dr Angela Alexander:

We had been talking prior to Isabelle being born. We were trying for a child for about five years. Then I bought these little ovulation test strips off Amazon. Do not depend on an app to tell you about your own biology. Let me just tell you that. They were like, the fertility clinic is like, oh, if you want to waste your money, you can go for those. 25 bucks on Amazon. Absolutely. So anyway, so we, before we even ever gave birth to Iz we used to joke around with friends like it was, it was just like this thing we used to say, like divorce people have it so lucky. They have half the time for them half the time for their kids. It's great.

And then I think even it was maybe six months ago where I realized that we were both really bored when we were together and as a family. And it was just becoming this day in, day out, the days were melting together and neither of us felt like we were really enjoying ourselves. And here we live in Australia on the coast. We have a boat. Sean loves to fish. I love to do roller Derby and neither of us were spending time doing what we loved. So we literally sat down with a calendar and we, we tracked out in our entire week. So every single week it is the same. Monday nights, family night, Tuesday night's my night to do things Wednesday nights, his night to do things. Thursday night, we have a babysitter for two and a half hours where we go out, we have dinner. She is 13 years old, by the way, the most responsible 13 year old ever charges us $35 bargain. I go ahead and one up that by getting them Uber eats, if there's something really tasty she wants to eat. She gets our kid to sleep faster than I do. I don't know. I'm actually thinking about setting up a nanny cam. Isabelle’s asleep by 7:30 at night. Not something I can get to happen. I think it's because my book reading voice is too interactive. Anyway, 7:30, we get home. We have the rest of the night to hang out, have a glass of wine Then Friday night family night. Then Saturday's his day, Sunday's my day.

Kat Penno:

So I just love what you've described. It's your village. It takes a village to raise children and you've created this. And I think again, so much bravery and courage that I hope this podcast, this discussion can inspire many, many people out there, not just women, men as well, right? To acknowledge that your partner might need to go back professionally. They might not need to take a full 12 months off or two years or whatever the expectation is. You said at the start for the first year, you had this very 1950s set up.

Kat Penno:

And to me, that blows my mind that that is still societal expectations, but societal expectations is this deep undercurrent. And I think if we compare it to the hearing loss world or the hearing world, it's comparable in the sense that, Hey, why don't people get hearing aids sooner? The societal stigma that runs through that narrative is so hard to change. If we don't have these conversations to talk about the change that needs to occur, who will, who who's going to inspire the narrative of women, starting their own practices and challenging the status quo like yourself, Angela, and who's, we didn't know that you and Sean plan and your weeks like this.

Kat Penno:

What a great idea to utilize the young teenager who wants to probably also save money for their first car. Like, those are the things we need to hear about. These may sound obvious, but they're really not when you're in the trenches as a parent. So, it just makes me super pumped to hear that you've got this beautiful, and I'm sure at times challenging dynamic family dynamic professional because you know, kids are unpredictable. Isabelle might have these meltdowns, and so you might have to change your plans last minute, but you know.

Kat Penno:

Let's talk about your professional life, because I think, I don't envision your timetable is a very nine to five. I could be wrong. I see the way you practice as a professional is very global. So you might do calls with the United States early or late at night or the west coast, the east coast of Australia, Intercontinental, and the UK. Let's talk about how you manage your professional life with your personal life, because to me, I think you're taking over the hearing healthcare rehabilitation world, couple of countries at a time.

Dr Angela Alexander:

Yeah. So kind of a segue from that conversation to this one is like, I think that a better life is always on the other side of an awkward conversation. And another quote from Jack Katz is, um, a single sentence can change your life so keep listening. If somebody would have told me 10 years ago that I would be living a truly global lifestyle, I don't know if I would've believed them. Like I'm literally at this current moment, mentoring a hundred audiologists around the world, including an otologist in Bahrain.

Dr Angela Alexander:

I have taken on a research assistant in Lebanon. We meet for three hours a week and we come up with really lofty, crazy goals, and then we break them down and make them happen. Her name is Fatima Arbus and she is so cool. And I always say her last name wrong. So Fatima, sorry about that, but I got her first name, right? So Fatuma has become the total I'll go ahead and say, she's my Batman and I'm Robin because she's doing the harder work. But, it's been really wonderful to work. And I will be honest. I mostly keep my hours of work between 7:00 AM and 5:00 PM Australian time, but I get up at 5:00 AM and I get my brain prepped to do some pretty amazing things. I mean, as, as amazing as I can be. My time from 5:00 AM to 7:00 AM is my mental priming for the day.

Kat Penno:

So you don't just roll out of bed, have a double shot, black coffee, and at 6:45, 7 o'clock. You're actually having a couple of hours to get yourself in the zone.

Dr Angela Alexander:

So, my goal is to never touch my phone within the first hour of waking up. It's great because it gets my to do list going first, before I start doing other people's to do lists. Right. So, I like to have my cup of coffee outside at 5:00 AM and start either journaling or reading a really good book that, it's a creativity book, not a novel usually.

Kat Penno:

A creativity book? What do you mean?

Dr Angela Alexander:

So right now it's the three birds renovation book. Something maybe outside of audiology that gets my brain thinking creatively because the more creative I am, the better my mental wellbeing is. Yeah, it's really good.

Kat Penno:

Oh, I love it. How is your speaking gig going? When I saw you do that, I was like, I've got so many questions. I'm so impressed. I love speaking on this topic and like, you know, being pro feminist and inequality and all that sort of stuff. So what, like, how did you get onto that and yeah. What do you do?

Dr Angela Alexander:

A few of my friends who have had been signed with Saxton and sent them my TEDx. So I was, I was pretty excited about that. So, I think that I need to make those a little bit better. The talks that I've put up, there are lacking much interest or whatever, but I think I could potentially talk about equality and family life.

Kat Penno:

A hundred percent why couldn't you? We just did.

Dr Angela Alexander:

Right. Exactly. The other one is another talk that I'm planning on putting up is a hundred ways to immediately change your life. Like a hundred ways to immediately improve your life. And like anything from how to juice a lime with a fork to.

Kat Penno:

I like it. I'd like to know how to do that. I think as parents we're like what are our resources and how do we make this work? I think, I don't know if this is on that list, but could you also be a facilitator or a moderator because I could see you doing that as well in any science or healthcare.

Dr Angela Alexander:

Yeah. And you too, you too, you'd be freaking phenomenal. No, really, really good at it. And like figuring out that MC thing. I have mindset coaching once a month and one of my mindset coach was like, I had a problem and I brought it to her and she was like, okay. Can you divide your personality up into two different parts? And then she like had me, we role-played with those two different parts of my personality. It was hilarious I was like, I'm, I'm kind of embarrassed by how two distinct these two are. There's the presenter who's polished and speaks clearly, and then there's the ringleader who's loads of fun and is potentially going to cuss. It was so interesting. And so she was like, okay, think about the values of your two different personalities. What would be your two?

Kat Penno:

Well my first thoughts were, those were not the first two I would think for you don't know why. Did she give you a list and you're like, okay, from this list, I'm this one?

Dr Angela Alexander:

Nope. I was just like, no, actually I'm the presenter. I'm the polished one. And then I'm the who knows what's coming out of her mouth next.

Kat Penno:

Yeah. Interesting. I'm definitely similar to the who doesn't know what's coming out of her mouth.

Dr Angela Alexander:

From an outsider's perspective, I see the technical perfectionist. You can definitely see that you're like, okay, no, this is exactly how it needs to be done, but then you've got this realist. That's like, oh, this is how shit actually works. All right. So I see this realist and this perfectionist that can co-mingle with each other.

Kat Penno:

Yeah. That's interesting. The realist. Yes. Technical. Yes. I'm also somebody who gets I'm really, when I'm not happy with something, I'll say, oh, you know, I'm definitely not happy with this. When Helen who runs the UWA course, said you want to come back and do these talks. I said, sure. And I sent her my slides one year afterwards and then the next year they started recording for cases like COVID happening here and going virtual and then for students to watch lectures later. And she said, oh, I didn't realize you brought all these things up.

Kat Penno:

So for example, in our course, we're taught very much hearing loss, hearing aid type of hearing loss implant is the options. It's, it's really light on alternative devices or methods to support individuals who aren't ready for devices. And I said, oh, I found, after I practiced for a few years, really bizarre that we were never really, we never really delved into the alternative strategies for significant others and the primary communication partner. And Helen said, I didn't even realize that we weren't doing that because she'd been doing the course for years it just became this the same every year. It just accumulates, it becomes this blind side. Right. And so I came in and the last couple of years, and I do the hearables talk, or I talk about it, hearing technologies is one category. Fish apps is one, and communication strategies is another and apps and whatnot, and training programs might fall under all these areas.

Kat Penno:

And, I remember one of the students saying, give me an example of the practical placement with said clinic across Australia and it was virtually, and they said that the way this person, professional, had offered a device made them feel really uncomfortable. And I said, oh, well, let's talk through that a little bit. Why did you feel uncomfortable? And they said, well, because I, as a student thought that the client was saying they're not ready. No, no, no. But the only solution they were being offered was hearing aid, hearing aid hearing aid. And I said, okay, well, what other solutions do you think would have been available now that we've had a talk and you're in your last term of studying. And they actually had to really stop and think about it because even though I just given this lecture on other things, they were like, oh, and I'll say, do you think now, you know what you do know, could you go back and say later, not in front of the client, obviously, but to the professional, I’ve learned that there's these apps that this individual could use live listen a free app on their phone. You could turn on the captions on the TV. You could have an ALD instead. The student still really had to think about it. And whilst they agreed that there were these alternatives, they didn't know how to integrate it into the conversation because we were not, we're not taught that. So it's actually this really, it just blew it. I think Helen was like, oh no, sometimes things are, you know how you said, you're the black sheep. I said, I think Helen invites me back to give these lectures because she knows that it's pushing the boundaries a little bit from the standard course.

Kat Penno:

And I actually spoke to professor. Do you know professor Raj? I can't remember his last name, but he's at the uni of Flinders. He's quite flamboyant and engaging. Both like us and he's done a TEDx talk on tinnitus. I'll send you the link and he said because I'm involved with some research with those guys and hearables and he said I'd like to know, I've heard that you do these lectures. Let's do them together next year. I said, yeah, that'd be great for that cohort. And then I said, Hey, what was it about what you've heard through these other professors, I'm not really in the academic world. I'm really a practical person. Let's get shit done. Come on. We don't need this to do that. I have more impact probably like you you've got more impact globally doing this rather than doing your PhD, doing that. And he said, oh, one of my like a past student from the year before who'd graduated and then worked in Adelaide had said the way they were recommending things sounded different to a student he had taught at the uni. And I was like, oh, that's really interesting and I'm actually really happy to hear that at least one person understood what I was trying to get at and has started to spread the message that there's more than just hearing aids. And I think, I think I'm hopeful that a lot more audiologists are cottoning on onto that.

Dr Angela Alexander:

Well, can I just say, this is what I think the future of audiology looks like from an auditory processing perspective. I think that we are going to be harnessing AI. We are going to be saying, all right, here are clients. We've evaluated them in all of these different ways. Take that data, put it into the computer. All right, here are all of the different therapy types. Let's hypothesize which outcomes, actually, we can positively predict their outcomes based on AI and machine learning. And it's going to be less of, I only use this therapy or I only use that therapy use whichever therapy is going to help that client the most, like literally I am, when I first started teaching these courses, I was very much about the Buffalo model and I still am. I love the Buffalo model. It's a great baseline. And people are quite critical of the Buffalo model because a lot of people don't understand it, but I thought people were critical because I thought there was a more comprehensive model out there. And there's not, there's not, there's a lot of people who are working on specific pieces and they think it's the whole picture and they're missing the whole person. And the whole person has all these little pieces. So if this audiologist says I created this therapy method, it's awesome for this specific thing, they need to stop saying it treats everything. It's terrible. We just all need to be doing all these things, have our tool belts. But the cool thing is we get to be creative to do it. And you need a scientist to be creative. You do not need a scientist to clean a hearing aid. Like literally this is the future. The future of audiology has more creativity. It has more, it has more job satisfaction for the audiologist because we're not just going to be technical salespeople anymore.

Kat Penno:

What I think happens as I was listening to you now. Is that we, when you go to university, don't you think that we lose, we lose that creative flare because you're taught in such a structured manner. So when you come out, you do think hearing aids, hearing loss, hearing aids to be a profound, maybe implants. And so you do lose that ability to go, actually I can build and be resourceful with other things.

Dr Angela Alexander:

I have a hard time believing that any audiology university wanted their students to only become dispensers. I have a hard time believing that they thought, all right, you know what? Let's just bang out a whole bunch of salespeople. No they want us to move the profession forward. So they also need to be the ones to help expand the minds.

Dr Angela Alexander:

In the US, 40% of AUD programs do not teach about auditory processing disorder. If we say that 0.01% of the population may have permanent child hearing loss, right? Like one or two out of every thousand children has permanent hearing loss from early childhood compared to five to 6% of the population from a conservative estimate, having an auditory processing disorder.Like it is a factor of magnitude. And then, and that's not even the kids that are probably going to acquire it. That's not hearing loss like, like this population, like 300 million people potentially worldwide being significantly impacted with auditory processing to the point where they are not moving forward in their life and there are less than 500 of us globally who specialize in it.

Kat Penno:

What a disservice we're doing.

Dr Angela Alexander:

And what an opportunity for growth.

Kat Penno:

20% of universities just do not

Dr Angela Alexander:

They don't have a APD course. And I would venture to say venture to guess that half of the courses that are taught about APD in the U S would be to discredit that auditory processing disorder exists. I will go on the record to say that there is a huge percentage of audiology courses that actually try to promote the idea that auditory processing disorder does not exist. I don't know what they think auditory skills are, but it's all good.

Kat Penno:

I'm like, is this a joke because I, that just doesn't even make sense even if you just think about the physiology and anatomy of the brain. And the sensory inputs. Okay. Let's stop. Let's not talk about that in too much detail.

Dr Angela Alexander:

Isn't that crazy? This is the issue though. If an audiologist has never seen an auditory processing disorder tested and if they've never seen it treated and they've never actually seen those things generalize from testing, treatment to retesting and seeing improvements actually happen in someone's life. I can imagine that they are sceptical. I have gotten to see it hundreds and hundreds of times. So it is my personal goal for the rest of my life to show that to as many people as possible. Because once you see something you've never seen before you can't close your eyes to it.

Kat Penno:

Look, I think you can be sceptical, but you should be optimistic and open to learning. And that's what you are as a healthcare professional is always, that's why we do CPD continual professional development. Otherwise, if I went to universities in the eighties or nineties and practice the way I did in the eighties and nineties, well, I'd still be using analog hearing aids and screwdrivers. So I think we've got to really flow with the times, but discrediting. What do you call it? Professional sabotage?

Dr Angela Alexander:

Yeah. I actually had a professor who told me I had a professor told me that's not auditory processing disorder. That happens to me all the time.

Kat Penno:

Oh, no, but you know what good on you for the journey that you've been on, the things you've tried, and that's the beauty of being an audiologist and having a skill set is you can give a lot of things that go until you find your feet and then you just hack away at being the, the person, the specialist in that area. So I think you're just at the beginning personally of challenging the status quo. And then I think it's just going to snowball.

Kat Penno:

I just want to touch a little bit on, I have two questions. My first is if you could tell me who your absolute role models and mentors are, that would be awesome to hear. And the second one, a little bit of advice for anybody out there in regards to how to do it all. As a woman in hearing health.

Dr Angela Alexander:

Yeah. So, okay. First of all, my mentor is Jack Katz. In fact, I was almost late to this meeting because we were finishing up our chat this week. We have decided to give each other auditory training this year and we're starting in two days and he lets me record all of our conversation. So I'm, I actually even did the HHI on him today, which was super exciting, the hearing handicap inventory for adults. So Jack Katz is my main, my main mentor. I call upon Amelia Earhart, Maya Angelou, and Jane Goodall as my three sources of female inspiration from all the way back in childhood.

Dr Angela Alexander:

And my biggest piece of advice for women in hearing is that if you are not passionate about something, find a way to take it off your plate. That is in home life. That is in professional life. There is like I have somebody come and do the cleaning in our house. What she gets done in two hours, I cannot get done in eight. And here's the cool thing. She gets that pocket money and whatever she gets from the pocket money that she's cleaning this house for, she spends on herself. So we are both treating ourselves and both helping our wellbeing and women in professional situations, women in power create win-wins in every facet of their life.

Kat Penno:

Ah, I love it. Totally giving me goosebumps. This will not be a visual recording, sorry, but I'm touching my arms to Angela. That's a hundred percent agree. Let's support each other because there's so many, so much we can all do and we can all do better for the population. The greater good. I love it. Thank you so much for your time today and your pearls of wisdom.

Kat Penno:

I look forward to following you on all your socials, which everybody I invite you to do and shooting through if you've got any questions for Angela or the women in hearing health. The ultimate goal here is that you can all come on and host your own podcasts with anyone, any role models or mentors you would also like to listen to on the show. So we hope you are taking care and keeping cool or keeping warm depending on which hemisphere you're in. And we'll chat to you soon. Thank you so much for your time, Angela.

Dr Angela Alexander:

You're welcome. It takes a tribe to raise a child. It also takes a tribe to raise the woman.