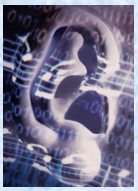
BAA
BRITISH ACADEMY OF AUDIOLOGY

Hear Here!

Issue 48 Autumn Issue November 2010

Did you know?

The British Society of Audiology have proposed revisions to the recommended procedures for audiometry



Comments on the revisions need to be submitted by 13th December 2010 to ellen@thebsa.org.uk

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Modernising Scientific Careers Update

Amanda Casey BAA Board Liaison Education & Accreditation

It is really hard to know where to start with this! The professional body has wanted to communicate with the membership on the developments that have been going on but, as things have been uncertain and have taken so long to move forward, there has not seemed a good moment to do so. However, here is a summary of where we are now – so please read on.

As you all know MSC was announced in 2008 with several aims including the need to:

1. Optimise workforce training and education to meet the needs of a modern NHS. 45+ different professions, contributing to every care pathway, had multiple training routes, funding structures, career opportunities, based on historical tradition.
2. Ensure sustainable funding for healthcare scientist education by maximising opportunities for shared learning wherever possible.

The initial model was a one size fits all. This led to great feelings of concern and anxiety amongst audiologists as the hard won educational and professional gains we had made since the late 1990's seemed to be under threat. Audiology did all it could to raise its concerns about the process and aims of MSC but this seemed to be ignored. A turning point was the opening of the petition on the No 10 Downing Street website. This made the Department of Health (DH) sit up and take notice! Professor Maggie Pearson came to meet the BAA Board at the conference in 2009 and was at pains to stress that a more negotiated position would be taken by DH. On the whole that has been the case over the past year.

Another turning point was December 2009 when Sue Hill suggested that MSC might work better for clinical physiology if there was the option to divide the six disciplines into two sections: neurosensory and cardiorespiratory. This meant that students would study across three disciplines with the potential for more relevant and inter-connected learning.

The next 'aha!' moment for DH was in June when the MSC team recognised that the proposed marriage of audiology, ophthalmic & vision sciences and neurophysiology was, in reality, a shotgun wedding as each discipline had very different clinical roles and therefore different educational needs.

This led to a more flexible approach to the structure of MSC for neurosensory sciences at Practitioner level. It also led to a recognition that we needed to consider how students could study across three disciplines with the potential for more relevant and inter-connected learning. Since then, we have worked closely with our colleagues in the neurosensory division to establish how we can make the best of this situation.

The next battle was with regard to competency assessment. DH has developed an on-line tool for assessment. We looked at this but agreed that it was not as good as our current Electronic Portfolio. BAA has been reviewing the structure and content of the Electronic Portfolio for some time but had put any development plans on hold until MSC became clearer.

We now aim to move forward with the developments we have envisaged. BAA has also been exploring the use of the ALPS tools as another mechanism to develop student softer skills e.g. reflection, team-working etc, and work will progress on this in the Spring. For more information on ALPS go to http://www.alps-cetl.ac.uk. We now have to ensure that our position with regard to competency assessment is not undermined by further DH initiatives in this area.

The undergraduate curriculum for practitioner training (PTP) is now going through its final proof reading stages and will be published shortly. You won't be surprised to see that it is not a million miles away from the current BSc (Hons) Audiology. We have had to make some compromises on content so students will have less opportunity to study specialist areas such as balance, paediatrics etc, but we have endeavoured to comply with service requirements: that future graduates will be able to function at the same level as current ones.

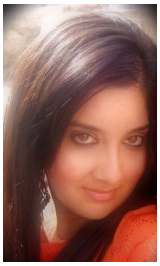
Article concludes on page 2

New Editions to the Hear Here Editorial Team

SARAH HODGSON: Co-Editor

I would like to welcome both Reema and Orla to the editorial team of the newsletter. Reema has done an excellent job with the newcomer's corner and I am sure this will continue. I have enjoyed editing the newsletter over the past year and thank everyone who has contributed articles.

As a team we hope to build on the previous success of the newsletter for the benefit of all our readers. If you have any queries or comments or would like to submit an article please do not hesitate to contact us.



REEMA SHARMA: Co-Editor

Hi everyone! I hope you have enjoyed reading the Newcomer's Corner, I hold the utmost gratitude and respect to those who have kindly contributed to it over the year. As each month has progressed, the Corner has evolved in terms of how our writers approached and documented their chosen topics.

As the new co-editor, I look forward to not only working alongside both Sarah and Orla but I will seize all opportunities to approach and communicate with YOU; the talented and conscientious individuals who strive to make Audiology a smarter, more refreshing and welcoming field.

ORLA KEALY: Co-Editor

Welcome all newcomers and peers, to the BAA and 'Here Hear'. I would like to take this chance to introduce myself as new co-editor of Hear Here! I look forward to sourcing the latest articles on up and coming trends and research in Audiology.

My name is Orla Kealy, I am a De Montfort University graduate, currently working in Nottingham hearing services as an adult audiologist. I am also a member of the BAA student sub-committee. If you have any questions or would like to see specific topics please contact me .

Gastric Reflux & Otitis Media with Effusion in Children

Sheena Raithatha

Otitis media with effusion (glue ear) is a common cause of acquired hearing loss during childhood. Approximately 20% of 2-year-olds will suffer from glue ear at a crucial stage in their development with possible long-term implications including speech and language delay, poor social interaction with others, and a significant impact on educational progress. Although, after a 3 month period of watchful monitoring, the condition can clear up on its own; In the case of an ear infection antibiotics can be prescribed and grommets can be inserted in some instances.

Research on the aetiology of otitis media with effusion has led to a recent detection of the stomach enzyme pepsin in the middle ear fluid. Reflux from the throat area to the ear is possible due to the angle of the immature Eustachian tube in infants and young children and also because young children are often in a horizontal position. The low pH of the stomach acid reflux could cause inflammation to the Eustachian tube and the middle ear mucosa, providing optimum conditions for bacterial growth that lead to the symptoms seen in glue ear.

Treatment options in the future may include an anti-reflux medication to prohibit the accumulation of fluid in the middle ear with the aim of preventing or reducing hearing loss in children diagnosed with otitis media with effusion.

RNID Rebranding Update

The Royal National Institute for the Deaf recently announced that from June 2011 the organisation will be changing its name to 'Action on Hearing Loss '.

RNID Action on Hearing Loss

The decision was made by the RNID after extensive brand research which included in-depth focus groups with employees and supporters as well as individuals who utilise the service that the RNID provides. The decision is a major change for the organization which celebrates its centenary year in 2011. The new name will be launched next year along with a bold 'new look' and redesigned website.

'Action on Hearing Loss' was chosen because it better describes the breadth of help and support that is provided for people with all types of hearing loss – from people who are profoundly deaf, to people who are losing their hearing. With this new name we can reach out and help more people than ever before.

RNID Chief Executive, Jackie Ballard, said: "For 100 years RNID has been working to change the world for people who are deaf or hard of hearing. During this time we have achieved a lot, but we still have a lot more to do to reach everyone that needs our help – 'Action on Hearing Loss' will help us do just that."

For more information about the changes taking place please visit the website **www.rnid.org.uk**

Modernising Scientific Careers Continued

The current structure is that Year 1 students will have opportunities to study some ophthalmic & vision sciences and neurophysiology, which will enhance audiology student understanding of these areas in relation to the discipline. Year 2 will contain shared learning in professional practice and the sciences needed for the division but the rest of the year, as well as Year 3 is audiology specific. As with any war, you may have to lose some battles to achieve your final aim. Given the policy decision that we were working with, we have endeavoured to achieve the best outcome for the profession, whilst recognising there have to be some compromises.

The next round of battles has just started – Scientist Training Programme (STP) – so once again we shall be mired in complexity, compromise and negotiation. I apologise for the paucity of communication but I hope you can see that this has been an extremely challenging period where negotiation has caused frequent changes to seemingly fixed decisions. If you want to know more please feel free to contact me.

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The BTA Tinnitus Advisory Course

Anitha Thirumalaivelu, Audiologist, Warrington & Halton Hospitals

The 2 day Tinnitus Advisory Training Workshop run by the British Tinnitus Association (BTA) helped me to understand the importance of providing information and support to individuals with tinnitus.

The course detailed three main aspects involved in tinnitus management: Counselling, Audiology Input and Medical Input.

1) Counselling:
The stages involved in counselling include history taking, establishing shared goals and achieving valued outcomes.

2) Audiology Input:
This aspect enabled delegates to explore the wide variety of assessment and management strategies used within Audiology. Specific emphasis was placed on the importance of hearing aid fittings for patients with a hearing loss and/or tinnitus, counselling and the use of different products available from the BTA.

3) Medical Input:
This aspect explored the questions and problems encountered by the course delegates when working with clients and other professionals. Discussions covered the causes of tinnitus, available treatment options, current research, palatial tinnitus and current theoretical models of tinnitus.

The three aspects were covered interactively through the use of role plays, supportive case studies and discussions.
Role playing enabled delegates to practice their counselling skills and evaluate their own personal strength, concerns and issues when interacting with patients who have tinnitus.

The 2 day workshop is a well organised 'must attend' training for all health care professional dealing with individuals who have tinnitus.

For more information please visit the British Tinnitus Association website www.tinnitus.org.uk

The Newcomer's Corner; *A platform designed for students, clinicians, researchers and those new to the field to share their thoughts and inspire others*

Motivational Interviewing in Audiology

With: Dr Douglas L Beck (Au.D)

Douglas Beck is the Director of Professional Relations, Oticon Inc., Somerset NJ and Web Content Editor for the American Academy of Audiology. Dr Beck has kindly offered to answer a few questions relating to motivational interviewing (MI)

Why do you think MI has become a hot topic for audiologists?
I think MI has become a relatively hot topic because it works.
The psychologists who developed MI turned counselling around by approaching problem behaviours (obesity, smoking, drug addiction, alcoholism etc) from the patients' perspective – to get to the root of what the patient desires.
In other words, rather than stating to a patient, "You have significant hearing loss and need to wear hearing aids," MI might approach it by exploring the difficulties which occur secondary to hearing loss, and determining ***with*** the patient, if solving those difficulties would be a desirable goal?
I hasten to add – MI requires asking the right questions and importantly, not asking the wrong ones! And importantly - listening very carefully to the answers and incorporating their answers into the ongoing dialogue.

What kind of impact will this have on our clinics & how services are delivered?
The potential is enormous based on vast successes in the psychology and counselling literature related to obesity, alcoholism, smoking cessation and more. Unfortunately, to my knowledge, no one has yet published outcomes on MI as applied to audiology, hearing aids and aural rehabilitation.

How should students & professionals implement this skill into their roles?
Great question - The thing is to understand the "gestalt" of the MI approach - and then it's seamless. It's not something you do "in addition to" it's something you do "instead of." It requires no additional time as it's, more or less, a thought process. I actually tie together two "hot concepts" from psychology. We've already addressed MI, and frankly, I combine those concepts with "Influence" (from Robert Ciladini, Ph.D.) as the two work hand-in-hand because we're examining the patient-professional interaction from the ***patient's*** side – and trying to act in accordance with their goals, while reducing ambivalence, and accomplishing something which is truly beneficial to the patient.

Which texts would you recommend?
Miller & Rollnick (2002 Guilford Press) is my primary text for MI and "Creating Successful Professional-Patient Relationships." was a brief article in Audiology Today, September/October, 2009, pages 36-47, which coincidentally I co-authored with my dear friend, Dr. Michael Harvey (psychologist in Massachusetts).

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Events Diary for 2010

2nd-4th November 2010
Paediatric Assessment: A Refresher Course
James Cook University Hospital, Middlesbrough
Tel: 01642 854051
Email: anne.davies@stees.nhs.uk

2nd December 2010
Northwest BAA Regional Group Meeting sponsored by GN Resound
The Lymm Hotel, near Warrington
Email: angela.mack@rbh.nhs.uk

3-4th December 2010
Tinnitus Advisor Training Course
The Westminster Hotel, Nottingham.
Telephone: 0114 2509933
Email: krys@tinnitus.org.uk

26th January 2011
Business Thinking for Quality Audiology Services
Marketing and business strategies to enhance and secure the standing of your service
Wednesday 26th January 2011, City Inn, Manchester
http://www.sbk-healthcare.com/event_intro/AU1102/

9th — 11th November 2011
BAA Annual Conference
Llandudno, North Wales

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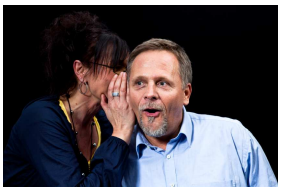
I'm All Ears!.....

Hearing Aid Shops Failing Customers

An investigation by Which Magazine and the RNID has recently been completed. Its focus was to gain information on the service currently being provided by the private sector in the UK. The results are extremely worrying and reveal serious problems at some shops selling hearing aids to the general public.

The investigation took place over several months and involved researchers with a hearing loss posing as customers and booking appointments at high street stores. Those included in the study were Boots/David Ormerod Hearing Services, Amplifon, Specsavers, Hidden Hearing and The Hearing Company at various branches across England, Scotland and Wales.



Peter Vicary-Smith, chief executive of Which?, says: 'If you're suffering from hearing loss, don't be afraid to shop around before you buy and steer clear if you encounter dodgy sales tactics such as badmouthing NHS provision'.

New Course available

COUNSELLING FOR HEARING HEALTHCARE PROFESSIONALS

This new course at UCL Ear Institute, London is highly relevant for audiologists of all levels who work with patients and families coping with deafness and related problems such as tinnitus and dizziness.

This course can be taken on its own or as part of the BAA HTS in Therapeutic Rehabilitation.

Dates: 10 consecutive Monday afternoons from 10th January- 14th March 2011
Contact: Robert.heller@ucl.ac.uk