

Trainee Matters

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“Designed around the individual, PCC focuses on and is respectful of people’s needs and preferences...”

Who’s minding the gap?

BY JOY ROSENBERG AND LISA BULL

In this article we focus on minding the gap between education and clinical audiology for children and young people who are deaf (CYPD) and their families, through interprofessional education. This article is provided by **Dr Joy Rosenberg** who leads the Postgraduate Programme (ToD, Ed Aud and Early Years courses) at Mary Hare partnered to University of Hertfordshire, and **Lisa Bull**, an Educational Audiologist with The Berkshire Sensory Consortium Service who also leads modules on the Educational Audiology course.

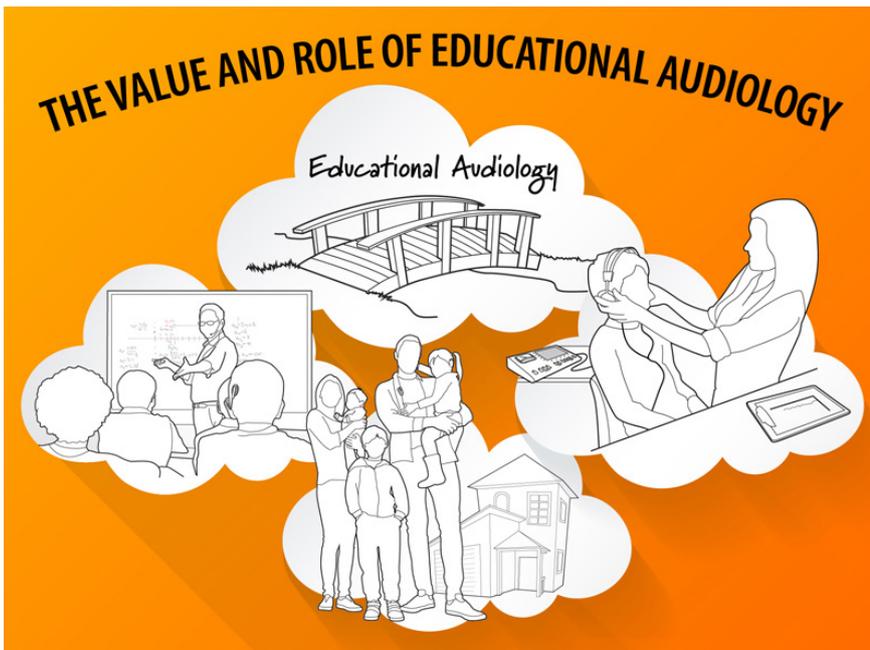
Recognising the need for minding the gap between education and clinical audiology for children and young people who are deaf (CYPD) and their families, Mary Hare Courses undertook a Professional Opinions Survey [1]. This was to gauge training needs in terms of gap-bridging as defined in the roles and competencies set out by the British Association of Educational Audiologists (BAEA, 2019 www.educational-audiologists.org.uk/documents.php).

The results were very telling when taken together with the literature on interprofessional education (IPE) which reviews reports, models and reflections, and identifies IPE as a growth industry. Cox et al reviewed an industry report that highlighted collaborative practice and promoted general guidelines for design and analysis of IPE to be a catalyst for new conceptual frameworks in IPE development [2]. Bridges et al reviewed models of IPE (didactic, community-based and simulation experiences), uncovering a common theme of students being helped to understand their own professional identity whilst gaining understanding of other professional roles; and made summary recommendations for best practice focused on key components of student participation and committed faculty [3]. And finally, Dow and Thibault reviewed student reflections on their own

IPE in which they identified and developed possibilities for overcoming service-users’ underlying barriers by leveraging the expertise of each of their disciplines [4]. One graduating student reflected: *“This might be the most important thing I did It felt like we had an impact.”*

Concomitant with IPE are notions related to person-centred care (PCC), defined by Ida Institute’s Person Centred Care Network as “ensuring that people are equal and active partners in the management of their hearing difficulties. Designed around the individual, PCC focuses on and is respectful of people’s needs and preferences, involves family and other communication partners, and includes shared decision making and goal setting. See https://idainstitute.com/what_we_do/pcc_definitions/. Person-centred (or family-centred) care has always been at the heart of educational audiology’s endeavours to bridge the gap between health, education and families; and IPE is a step forward on that bridge.

The IPE literature to date relates mainly to interprofessional education within the healthcare discipline, revealing a gap in the area of cross-discipline (education and health) interprofessional education. The latter is of vital importance to CYPD whose daily management of hearing in a variety of settings relies on collaboration between disciplines. Consequently, in order to 1)



address this gap 2) heed results of the Professional Opinions Survey 3) prioritise focus on what's needed for the end user and 4) provide training opportunities to a wider group of professionals, modules on the Educational Audiology MSc/PGDip course are now being offered as standalone options (one residential weekend and one assignment). This will allow clinical audiologists and other professionals to learn together with students training to become professionally-registered educational audiologists with the Registration Council for Clinical Physiologists, as they undertake standalone modules from the PGDip/MSc Educational Audiology course (see <https://www.maryhare.org.uk/professional-courses/postgraduate-courses>). These are blended learning modules including distance components and one face-to-face residential weekend.

A pilot study in IPE was undertaken in 2019-20. This marked the implementation of the first standalone modules which were attended by the core cohort of PGDiploma students including men and women, deaf and hearing, education and clinical backgrounds. Invited clinical audiologists attended in the student role to upskill and later debriefed with the course leader including the following comments:

- There are "powerful learning opportunities in the shared experiences" of educationalists and clinicians learning together.
- We are developing ways to "improve each of our own services in conjunction with the others".

- "I was happy to use every opportunity to build and share knowledge."
- "I really appreciated that it was possible to just drop in and learn and contribute and chat with such a welcoming group."
- "I learned a fair bit about the work of other professionals, and found the interactive nature of the classes stimulating and engaging."

Higher Training Scheme (HTS) learning objectives were considered when validating the course. Therefore, an HTS trainee can map the course content to HTS course requirements when seeking module approval from the HTS committee, and course tutors are available to help with that process.

In 2020-21 the following modules are available:

Autumn Semester:

- Anatomy and Physiology: face-to-face component in September
- Speech Acoustics and Hearing Instrument validation: face-to-face component in October

Spring Semester:

- Educational Audiology in Practice: face-to-face component in January
- Clinical Audiology for the Ed Aud: face-to-face component in February

And in 2021-22:

Autumn Semester:

- Developing Communication – Listening, Language and Speech: face-to-face component in September
- Psychoacoustics: face-to-face component in October

Spring Semester:

- Family Friendly and Multiagency working: face-to-face component in January
- Whole Case Management: face-to-face component in February

The advent of standalone modules and cross-sector interprofessional education will allow TODs, clinical audiologists and upskilling educational audiologists to participate along with PGDiploma student educational audiologists in the bridge role that defines the heart of educational audiology.

References:

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