



Earliest Interactions

Harnessing the Knowledge of Pediatric Audiologists: A Workgroup Model

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- Providing expertise to program, related to audiology topics, including test interpretation, audiologist's role in EHDI process, risk monitoring
- Collaboration with audiologists statewide to support progress toward EHDI goals
- Oversight of statewide Pediatric Audiology Workgroup
- Development/revision of audiology resources



Other Professional Duties

- As Educational Audiologist, connections with:
 - Pediatric audiologists statewide and in the greater New England community
 - EI providers statewide
 - Teachers of the Deaf/SLPs statewide
 - Preschools, K-12 schools throughout the state
- Support interpretation of audiological evaluations, collection of functional listening data to provide clearer picture of a child's auditory access
- Liaison between audiologists and program staff as needed
- Providing expertise to state EI program as needed for audiology topics, including oversight of HAT program



Goals of Pediatric Audiology Workgroup

- Supporting audiologists as key players in the state's EHDI system
- Encouraging statewide collaboration among audiology clinics
- Actively engaging audiologists in the creation of resources
- Provision of opportunities for relevant professional development



Interests shared by Pediatric Audiology Workgroup Members

- Creation of consistent information to give to families, regardless of which audiologist they choose
- Reducing reduplication of data input to multiple sources (EHDI, EI)
- Access to continuing education opportunities which support their ability to work with the pediatric population effectively



Risk Monitoring Protocol Revision

- Previous risk factor document updated in 2015
- With new JCIH position statement in 2019, strong desire among audiologists and within EHDI team to update risk monitoring
 - Questions regarding efficacy of existing risk monitoring process
 - Changes from JCIH provided opportunity for possible streamlining
- Requested volunteers from larger group to create subcommittee
 - 7 audiologists from pediatric and educational audiology backgrounds
- Four total meetings (audiologists are an efficient group!)
 - 3 on Zoom, 1 in-person (pre-COVID) to work through bulk of the document



New Risk Monitoring Protocol

- Simplified language to be more user-friendly for all individuals who might utilize this form
 - Changed from “Level 1A/1B/2” risk factors to descriptions according to timeframe for diagnostic evaluation
 - Immediate referral
 - Before 3 months of age or within 3 months of occurrence
 - Before 9 months of age
- Incorporated updates from JCIH while also being mindful of evidence-based clinical practice in our state
 - Desire to honor expertise of individuals involved in process



Resource Guides for Families

- Resource Guides maintained/updated by state EHDI program, designed for use by audiologists at time of diagnosis
- Surveyed audiologists on current use of documents
 - Many newer audiologists in the state, less familiar with this resource
- Offered opportunity to all pediatric audiologists to provide edits to these documents
 - Smaller subcommittee met to finalize edits



Tip Sheet Development Subcommittee

- Based on request from audiologists for resources to give to families that are consistent regardless of clinic
- Requested volunteers for subcommittee to work on tip sheets
 - 8 audiologists total
 - Engagement from many newer audiologists in Maine
- Surveyed pediatric audiologists regarding common practices at their clinics, any requests for specific information as part of tip sheets



Tip Sheet Development Subcommittee

- Finalized topics for five tip sheets
 - Preparing for an ABR
 - Preparing for behavioral testing (VRA, CPA)
 - Hearing aid evaluation/fitting process
 - Cochlear implant referral process
 - Understanding the state's risk monitoring protocol



TIP SHEET FOR ABR TEST

Here are some helpful tips and frequently asked questions for this type of appointment for your child

WHY DOES MY CHILD NEED THIS HEARING TEST?

They may need a hearing test for any of the following reasons:

- Your baby did not pass their newborn hearing screening in one or both ears.
- Certain birth complications can put them more at risk for hearing loss.
- If there is a known family history of hearing loss during childhood.
- Other medical conditions present that are linked with hearing loss.

HOW WILL THE TESTING BE DONE?

- There will be a 2-3 hour long appointment with a few types of non-invasive tests.
- The Auditory Brainstem Response (ABR) evaluation can test your child's hearing while they are asleep.
- This involves measuring their brain's responses with electrodes on their forehead and temples, and earphones in their ears to play a variety of sounds.
- The ABR test can confirm normal hearing, or detect hearing loss.
- A test of ear drum health & eustachian tube function - to detect fluid or congestion which can impact hearing. This involves a small probe inserted in the ear for a few seconds.
- A test of ear drum health that can rule out anything worse than a mild hearing loss. Also uses a small tip that sits in the ear for a few minutes.

WHAT SHOULD I EXPECT?

- Your baby must be asleep for ABR testing.
- Try your best to make sure they are tired and hungry before your appointment!
- Schedule your appointment during a regular nap time or feeding time to help them fall asleep.
- Bring what you will need to help them feel comfortable and fall asleep, i.e. a bottle, diapers, blankets, pacifier, etc.
- They will sleep in your arms or in a crib during testing.
- When the audiologist is finished, they can tell you if your child's hearing is normal or they may require you to come back for additional testing.

FAQS:

Why an ABR test?

This kind of test is used on infants aged birth to 6 months when they sleep, so you can test their hearing without a response from them.

- When will I know the results right away?
- Your audiologist can tell you when they are finished if their hearing is fine, or they will ask you to come back for another test of the same kind
- Why would I need another test?
- Sometimes testing can't be completed that day - maybe the baby woke up too soon, or maybe the results look inconclusive to your audiologist. If hearing loss is found, another test is necessary to confirm that finding.



Earliest Interactions Website

- Opportunity to highlight pediatric audiologists in Maine
- Map of state outlining:
 - Location of pediatric audiology clinics
 - Specifics regarding services provided at each clinic
 - ABR, Medicaid, hearing aid services
 - Pictures of audiologists



Continuing Education

- Sharing external resources for CEUs (conference opportunities, opportunities from AAA)
- Establishing CEU opportunities through our organization
 - No state AAA chapter currently; limited in-state CEU opportunities pre-COVID
 - CEU opportunities developed based on:
 - Specific feedback from providers
 - Observed widespread gaps in service/needs
 - AAA Journal Club



Tips for Implementation

- Meet with new audiologists ASAP
- Provide opportunities for feedback
- Be mindful of clinic schedules
- Keep requests for information short and sweet
- Ask for volunteers!
- Keep line of communication open
- Audiology externs
- Provide some “freebies”
 - CEU opportunities

