



The Role of a Multi-disciplinary Team Clinic

*Marion Downs Hearing Center
at the
University of Colorado Hospital
Aurora, CO*

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Marion's COMPASS Clinic



Colorado Multi-disciplinary Program
for
Assessment Strategies and Support

*“Helping Those with Hearing Loss Navigate the Way
to Better Communication”*



Team Members...

- *Audiologists*
- *Speech Language Pathologist / AV Therapist*
- *Parent Advocates*
- *Adult Mentor / Role Model*
- *Developmental Pediatrician / Geneticist*
- *Genetics Counselor*
- *Neurotologist*
- *Child Psychologist*



Team Members Continued...

- *Pediatric Nurse Practitioner / Child Development Specialist*
- *Case Manager (4th year AuD externs)*
- *Program Support Assistant*
- *Social Worker – future addition*
- *Occupational Therapist – future addition*



The Clinic Day

- *Specially designed schedule to address the family & child's needs*
 - *Full day of appointments/evaluations*
 - *Parents encouraged to bring snacks, toys, etc.*
 - *Lunch break for family / Provider team meeting*
 - *Each provider compiles list of recommendations*
 - *Family leaves with list of recommendations*
 - *Formal team report to follow by mail*



When to refer?

- *Children newly identified with hearing loss*
- *Any type and degree of hearing loss*
- *Concern about progress*
- *Delayed speech and language development*
- *Questions regarding appropriate technology and intervention*
- *Cochlear implant consultations*
- *Interest in genetic counseling /testing*
- *Questions regarding school placement/services*
- *Children/families from outside clinics looking for 2nd opinions or more information*



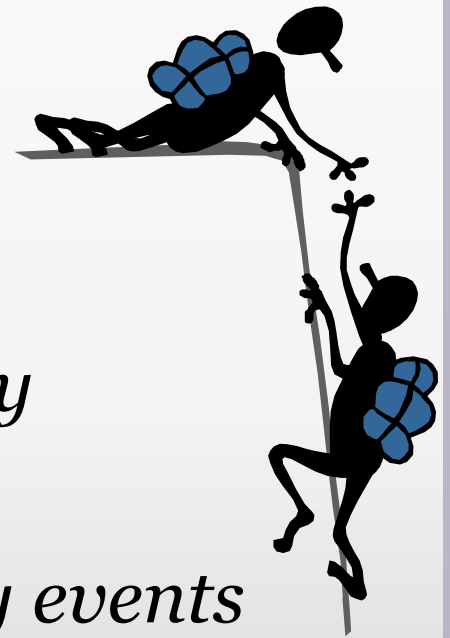
What are parents looking for?

- *Answers!*
 - *Pieces to the puzzle*
- *Support*
- *Understanding*
- *Confirmation*
- *Information /Advice / Guidance*
- *Next steps*
- *Referrals to other providers*
- *Educational support*



Benefits of Parent Advocates & Adult Mentors

- *Families can feel alone and scared about what the diagnoses could mean...*
 - *Hearing loss, syndrome, autism, developmental delays, sensory integration, etc.*
- *Moral support / Listening / Empathy*
- *Sharing their own personal stories*
- *Connecting families with community events*
 - *Hands & Voices*
- *Meeting other families in similar situations*
 - *Guide by Your Side – Hands & Voices*



Benefits of Case Managers

- *Compile history prior to clinic day to share with team*
- *Shadow family throughout day*
- *Provide list of findings/suggestions*
 - *Second set of ears for the family*
 - *Taking notes for family throughout the day*
- *Articulate family concerns/questions perhaps not addressed during team meeting*
- *Type formal reports to be sent to family and other providers*




Benefits of a Team Approach

- *Team collaboration*
 - *15 heads are better than one!*
- *Provide diagnoses and treatment plans*
- *Referrals to other professionals*
- *Help family get informed and connected*
- *Complete all evaluations/consultation in one to two days*



Feedback from Families...

- *“Great experience overall. We learned a lot of things.”*
 - *“Long day but worth it. Very helpful and informative.”*
 - *“What a great team of people who care!”*
 - *“Having someone take us from one appointment to the next was helpful.”*
 - *“We’re not crazy! Our concerns were confirmed and validated.”*
 - *“A lot of information to process”*
 - *“A good place to start, now the work begins.”*
- 

Cases...



Case #1

○ **3 year old male**

○ **History:**

- *ANSD bilaterally; Presented as profound loss consistently*
- *Right CI - 20 months of age*
- *Objective measures absent (no NRT or eSRT responses)*
- *Good responses with CI initially; Normal P1 response*
- *Very limited progress in language/communication (spoken or sign)*
- *Difficulties mapping/testing using VRA or play*
- *Sensory integration concerns*
- *Absent P1 response later on; No interest in listening; Low communicative intent*



Case #1 continued...

○ Questions/Concerns

- Good/bad hearing days with CI?*
- Child loves to wear CI but no progress in auditory skill development*
- Parents interested in 2nd CI (left ear)*
- Autism spectrum disorder?*
- P1 – now absent*
- Parents wanted 2nd CI*



Case #1 continued...

○ Results / Recommendations:

- New HA trial with non-implant ear
 - 3-6 months**
- Repeat P1 testing*
- Continue weekly speech, language, listening therapy*
- Continue OT services*
- Consider 2nd CI in 3-6 months*
- 2nd CI completed at 39 months of age
 - Improved results; interest in listening; communicative intent**



Case #2

○ **30 month old male**

○ **History:**

- *ANSD; hyperbilirubinemia; multiple blood transfusions*
- *Maternal alcohol abuse during pregnancy*
- *Child in custody of aunt/uncle*
- *Binaural HAs, consistently hears better with HAs; Excellent VRISD scores*
- *Very slow progress in speech/language development*
- *Using some sign language (limited)*



Case #2 continued...

○ **Questions / Concerns:**

- *Sensory integration issues*
- *Hyperactivity*
- *Preschool issues due to behavior*
- *Feeding concerns; Slow growth; Small size for age*
- *Dysmorphic features*
- *Fetal alcohol syndrome?*
- *Fragile X syndrome?*



Case #2 continued...

○ Results / Recommendations

- Confirmation of Fetal Alcohol Syndrome*
- Genetic testing for Fragile X syndrome - negative*
- Special pre-school placement*
- OT services regarding sensory issues*
- Continue HA use during all waking hours*
- Additional speech/language therapy*



Case #3

○ **Age: 17 month old male**

○ **History:**

- *2nd opinion*
- *Child diagnosed with ANSD in at least one ear*
 - *Behaviorally: right ear mild to moderate, left ear profound*
- *Strabismus; nystagmus*
- *Delayed global development*
 - *Not walking, unsteadiness*
- *Normal pregnancy/delivery*
 - *Parents concerned re: meconium aspiration*



Case #3 continued...

○ Questions / Concerns

- Balance function?*
- Vision?*
- Auditory discrimination?*
- Neurological component?*
- Parents: Will he be able to function normally? Will he be able to contribute to society?*



Case #3 continued...

○ **Results / Recommendations:**

- *Trial with amplification is recommended in at least one ear; Can start with loaner aid and apply for funding*
 - *One ear presenting as normal now, profound other ear*
 - *Parents deferring any type of amplification at this time*
- *Ongoing, regular monitoring of behavioral hearing thresholds and discrimination—unaided and aided*
- *Neurological evaluation recommended – rare syndrome diagnosed*
- *Connect with other families – You are NOT alone!*



Case #4

○ **Age: 14 month old female**

○ **History:**

- *Bilateral severe to profound SNHL, identified at birth*
- *No significant benefit from traditional amplification*
- *Not walking; Sitting up with assistance; Crawling*
- *Stiff and rigid gross motor movements*
- *Bilateral clonus; Leg braces*



Case #4 continued...

○ Questions / Concerns:

- *Balance function?*
- *Speech/language development?*
- *General motor planning issues?*
 - *Apraxia?*
- *Cochlear implant candidate?*



Case #4 continued...

○ **Results / Recommendations**

- *Consult with pediatric OT regarding motor planning concerns and possible apraxia of speech*
 - *Diagnosed with apraxia of speech*
- *Balance testing – VEMPs – normal bilaterally*
- *Consider consultation with physical therapist*
- *Proceed with team CI consultation*
 - *Patient received simultaneous bilateral CIs at 16 months of age*
 - *Excellent speech understanding; Excellent parent commitment and support.*



Case #5

○ **Age: 5 yr old female**

○ **History:**

- *Bilateral profound SNHL identified at birth, etiology unknown*
- *Bilateral CIs placed 2005 and 2008*
 - *Failure with one ear, re-implanted*
 - *Excellent receptive language / speech discrimination with CIs*
- *Diplegic spastic cerebral palsy that was diagnosed at 18 months*
- *History of dysphagia*
- *Poor balance and abnormal gait*
- *Strabismus – surgically corrected*
- *Global developmental delays*
- *Walked at 2.5 years, toilet trained at 5 years, speaks in full sentences but is difficult to understand*



Case #5 continued...

○ **Questions / Concerns**

- Oral motor concerns
- Speech articulation concerns
- Cognition normal?
 - Mother feels that she is “cognitively normal but in a body that doesn’t work so well.” But not sure.
- What will be the best method of communication?
- Are we doing all the right things for our child? Could we be doing more?



Case #5 continued...

○ Results / Recommendations

- Referred for general genetic work up – family interested*
- Referred for full developmental assessment to include cognitive testing*
- Continue with current audiologist for CI testing/mapping*
- Continue with both speech/language therapists
 - One for oral motor and the other for speech/language**



Contact Information

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Questions

