

'EAR 'TIS



Newsletter for Audiometry Nurses

Welcome to the issue of the ANAA Inc newsletter
2020 Volume 32 Issue 1

Autumn 2020

*Start where
you are
Use what you
have
Do what you
can*

-Arthur Ashe



Ear Ear

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President's Report March 2020

Hi everyone,

Well what a year so far! We've had devastating bushfires, storms and now the Corona Virus upon us.

I hope that everyone is taking care and haven't been affected by any of these incidents? Although I'm sure we all know those that have?

The ANAA Inc. Committee has met a couple of times via tele-conference to go about the usual business that arises in maintaining up-dates of forms and discussing professional development opportunities.

I have been busy networking & trying to set up affiliations with other hearing health stakeholders to provide education for our members. I have had initial conversations with Mark Paton who is the Chairman of the Australian College of Audiology, who also has audiometrists, who have great continuing education programs that may work for us also. Mark is also on the Hearing Health Sector Alliance (HHSA) committee that is working with the government to ensure that Hearing Health stays on the agenda.

My next CoNNMO meeting in May will be in Canberra at Parliament House where all the specialty nursing groups will discuss our issues with politicians on the day. This will be a great opportunity to let them know once again that we need a succession plan and support in providing scholarships for nurses to do our course. If there is anything anyone would like me to pass on, please contact me.

I was also lucky to meet Brett Holmes (General Secretary of the NSWNMA) at a recent Local Health District safety symposium. I discussed what we all face day to day, being in most cases sole practitioners that cover large areas, limited support with a huge client caseload. He offered to help in any way he could to be another voice.

As no one has put their hand up to host the conference this year, I am looking at another city conference. It will be a destination close to the Macquarie Hearing Hub with one day allocated to all the services this entails. The other 2 days will be made up of presentations, Audiometry Nurse Clinical Advisors & of course the AGM!

I will put a program together as soon as I've been down to the HUB later this month to see what is available. Stay tuned!

I would like to congratulate Kate Norton (secretary ANAA Inc.) for her successful job application becoming our Audiometry CNC2 in the Northern NSW LHD. We now have 2 CNC's (Purna Sweetman- Tamworth) which is a great achievement. We are having a steady flow of students doing the course also.

We have been tele-conferencing with the Australian College of Nursing to look at that audiometry course so it meets the needs of our students so they come out feeling confident and supported.

Workshops have been discussed and we are trying to work out how this will be introduced into the curriculum. Please fill in the survey questions included in the newsletter that the college have sent us asap, so we can move forward with the course.

I have had a discussion with the Ministry of Health regarding our audiometry report & history forms. I have noted the changes that we would like to be made but will have to wait to see the outcome.

Andy Bravo was most interested in collecting information about what we do and where we are all located.

If anyone is still having any issues with our website access please contact any of us on the committee.

I am enjoying the outside contacts that have emailed me with lots of interesting questions and request for affiliation with their services. It has been a fantastic portal for networking.

Stay safe & take care.

Tracy



Page Three Ears

This is the page for all your local gossip, photos and communications . Please share what is happening and what your local areas are up to. We're all Ears!



“ Taree ”



*Presentation of the Conference raffle money to Sue Russell—Paint the Town **Read**.*



The seat was carved by a local aboriginal artist with funds from the local Quota club.

Letters to the Editor

Hi Tracy

Thank you for the valuable conversation today. I was good to connect with someone at the coalface who is also engaged in the bigger picture. And thank you for your rapid response.

I would be pleased to accept your invitation to speak at your conference if you think that would be helpful

Malpa has usually operated below the radar, having seen so many other initiatives that start with a flourish and end with tears. We have been told by several medical and academic sources that our work is arguably the most effective initiative in this field. I would love them to be wrong about that.

Our web site has a great deal of material, not least our Ambassador Uncle Jack Charles welcoming the new Young Doctors and contextualising the approach both culturally and sociologically <https://www.malpa.org.au/uncle-jack> and under "Inspirational Stories" some of our staff relate their experiences <https://www.malpa.org.au/training>. Our Stories - <https://www.malpa.org.au/our-stories> - gives a feel for has been happening over time. Here's a profile of our activities:

Malpa runs innovative and successful projects to address the health inequity suffered by young Aboriginal people. The Young Doctor projects use the traditional Aboriginal approach to mental and physical health where the *Ngangkari* select and train children to be "young doctors".

In Malpa's projects the local people in each community work out what they think their kids (9-12 year olds) should know so they can lead healthy and long lives. Our on-the-ground conversations have shown us ear health is a major issue as well as mental health and well-being. We employ two local people to train nine to twelve year olds and empower them with knowledge about traditional and modern medicine. The Young Doctors learn about health leadership, well-being and identity, nutrition, environmental health, health literacy and, importantly, hygiene. They learn from traditional healers as well as doctors, nurses, Elders, paramedics and health workers – according to what they say they need. Importantly the Aboriginal kids invite non-Aboriginal *malpas* (Warlpiri: "friends on the journey") to be part of this and it potentially creates life-long friendships full of respect and trust. The kids become "Young Doctors" who then act as health ambassadors in their community and some even conduct health clinics at their schools.

The results show that not only does this result in important health transformation for the Young Doctors and their communities, but school attendance commonly rises to 100%.

There are currently 2,000 Young Doctors in rural, remote and urban locations (NT, NSW, Vic, SA, ACT) and more than 800 being trained this year.

The work has the endorsement NACCHO and of departments of education in South Australia, Western Australia, the ACT and NT and peak indigenous bodies in Vic. Malpa is proud to work with the Australasian College for Emergency Medicine and the University of South Australia. Malpa is funded by corporations and individuals.

With best regards

Don Palmer *Tjungurrayi*

CEO



0417 297 010

www.malpa.org.au

We acknowledge and respect the traditional custodians on whose ancestral lands we live and work

Victorian Education Excellence Award: Outstanding Koori Education 2019

Winner of the South Australian Governor's Award for Children's Week, 2015

Letters to the Editor

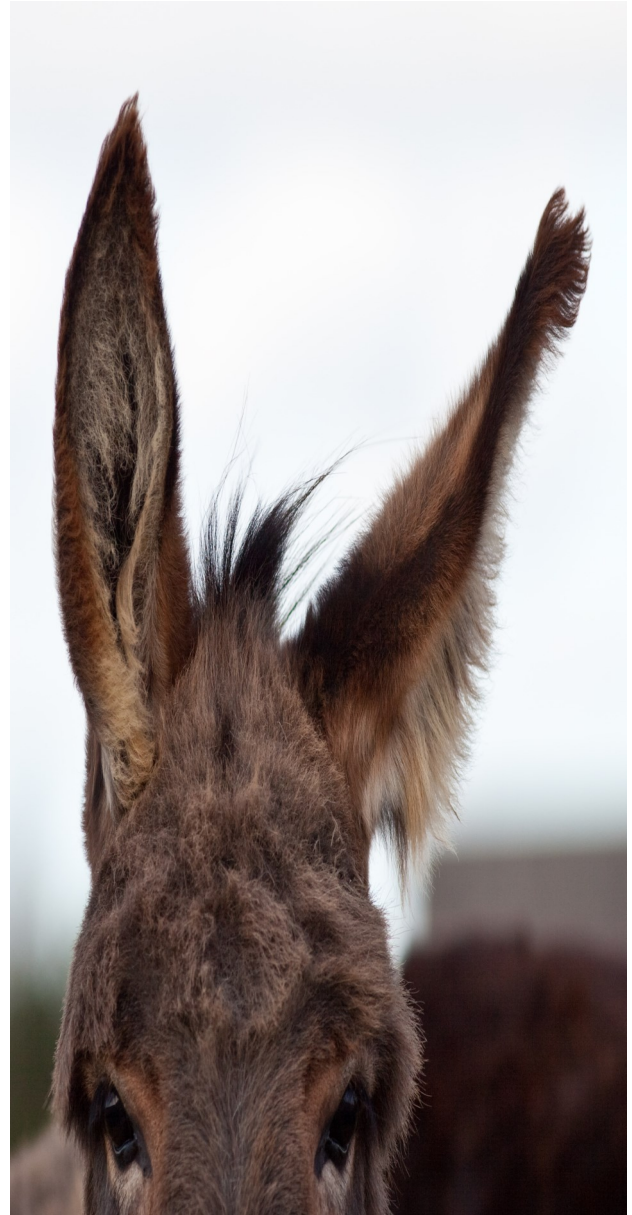
As a direct response to Speech Pathologist Amanda Walla's dynamic presentation at the 37th ANAA conference in Taree this year. We have chosen to provide each child that attends our Audiometry Clinics with a book instead of stickers as a reward .

The preloved books have been gathered from op shops and donations.

So far it has been well received and we are hopeful we are contributing to the child's speech and language development.

Bronwyn , Tonya and Cate.

Bronwyn Katen



ATTENTION AUDIOMETRY NURSES

Survey Questionnaire

from Australian College of Nursing to Audiometry Nurses

The Australian College of Nursing (ACN) is proposing to change the current model of 2 x 10 week audiometry subjects with a 60 hour clinical placement, and combine these subjects in a 20 week non-award audiometry course which will focus on the acquisition of specialist knowledge, skills and clinical competencies to prepare nurses for practice.

We would like to ask some questions which will help us with the course development so that we can best meet the needs of industry and students undertaking the course.

Q 1. What was the minimum education requirement needed for you to practice as Audiometry Nurse?

Q 2. If you have completed the 2 Audiometry subjects at ACN, do you feel they prepared you adequately for your current role? If not, why not?

Q3. If you have completed the 2 Audiometry subjects at ACN have you ever used them as credit transfer towards a postgraduate qualification?

Q4. Do you feel that the new proposed model would better prepare nurses for their role in Audiometry? If not, why not? Please give your reasons.

Q 5. Do you feel that 60 hours of clinical placement is enough to adequately prepare nurses for a role in Nurse Audiometry? If not, how many hours of clinical placement do you think is needed?

Please consider the above questions and reply within a 2 week time frame from publication to

Kate Norton Kate.Norton@health.nsw.gov.au

Committee Snippets

Education Fund

Looking for financial assistance to help further audiometry education. Consider applying for The Professional Development Funding available to existing members set up for this purpose. Visit the ANAA website, sign in then follow the pathway membership, forms then scroll across right to Professional Development Funding Application.

SUCCESSFUL SCHOLARSHIP APPLICANTS

After a very competitive scholarship application process the committee this year has decided to award 2 scholarships for **The Audiometry Nursing Course** (242). The scholarship is awarded on successful completion of subject 241. The decision was made to award the 2 scholarships after it was determined that both were very worthy applicants. Congratulations to the recipients

Therese Gould from *Sydney* and *Carmen Hogan* from *Wagga Wagga*.





Save the Date!

More Information to follow in the next edition of the Newsletter

Audiometry Nurses Association Annual Conference 2020

Macquarie Hearing Hub & The Ranch Hotel-North Ryde

28th, 29th & 30th October 2020



13 year study provides new knowledge on language development

Why can some young children communicate easily but others struggle? How can we intervene early to ensure children have the best possible language skills when they start school?

Since 2002, the Early Language in Victoria Study (ELVS) has been helping researchers examine how language skills develop from infancy right through to adolescence. It is the largest study of its kind anywhere in the world.

In 2002, over 1900 eight-month-old babies joined ELVS. Since then, a team of researchers from Murdoch Children's Research Institute has been using various assessments and questionnaires to gain a better understanding of how child language develops. The team also aims to examine factors that predict language pathways, and examine how language development impacts on child emotional, behavioural and academic outcomes.

ELVS has contributed substantially to international knowledge on language development. For example, ELVS researchers found that most 'late talkers' – those with fewer than 50 words at age two- catch up to their peers by age five, and early knowledge of language can predict school readiness.

"We are incredibly grateful to the many families who have participated in the long running ELVS study" says Professor Sheena Reilly, a lead researcher on the study. "Without them we would not have learned so much. The information they have provided us with is helping us to work with other in Australia and the rest of the world to help improve services to children with language problems".

ELVS also offers a unique opportunity to study stuttering and speech development. An ELVS sub-study found that stuttering is twice as common as previously thought (11.2%) but that in most cases it is very mild. This sub-study also found that children who are anxious or shy are not more likely to develop a stutter. Another ELVS sub-study found that examining how children use gestures and communicate socially can help with the diagnosis of autism.

"The ELVS study continues to be incredibly important," says researcher Professor Melissa Wake. "Language impairment is very common- one in five children under the age of five have difficulties understanding what is being said to them or expressing themselves. This research gives us an unprecedented opportunity to examine how these issues develop, how much they cost families and society, and when and how to intervene."



AUDIOMETRY NURSING COURSE.

The Australian College of Nursing offers two Audiometry Nursing subjects as part of the Continuing Professional Development Program.

Both subjects must be successfully completed in order to practice as an Audiometry Nurse.

241: Audiometry Nursing

242: Clinical Issues in Audiometry Nursing

The subjects are 150 hrs each and are offered online / distance education. Clinical placement must be arranged with the ACN, and completed as part of the unit 'Clinical issues in audiometry nursing'. Both audiometry subjects may be articulated into the Graduate Certificate in Community and Primary Health Care Nursing (formally Graduate Certificate in Nursing Practice).

Information is available in the Australian College of Nursing (ACN) post graduate studies hand-book and on the website at: www.acn.edu.au.
The College can also be contacted on [1800 265 534](tel:1800265534).



THE VIVIAN BULLWINKEL PROJECT

*A Great Australian; A Great Leader;
A Great Woman and a Proud Nurse*

Lieutenant Colonel Vivian Bullwinkel AO, MBE, ARRC, ED, FNM was the sole survivor of the 1942 Banka Island Massacre where 21 nurses were machine gunned to death. After being shot, Vivian feigned death and survived, only to become a prisoner for the remainder of the war. Despite these atrocities, Vivian went on to become a great Australian.

Following the war, Vivian advocated for better education and conditions for nurses, established and raised funds to set up the Australian Nurses' Memorial Centre, and later held the role of President of the Royal College of Nursing, Australia. Vivian also became the first female member of the Council of the Australian War Memorial.

Together with the Australian War Memorial, the Australian College of Nursing (ACN) is recognising the service of LtCol Bullwinkel with a sculpture in the grounds of the Australian War Memorial. This will not happen without your support.

If just 5% of registered nurses went without 5 cups of coffee (\$25), we would reach our goal. To be part of that 5% go to www.acn.edu.au/bullwinkelproject to make a donation or email Trevor Capps, Director of Philanthropy to arrange a discussion or seek more information trevor.capps@acn.edu.au.

Hearing Loss and Developmental Delay in Children

By Kristin Hayes, RN Medically reviewed by Benjamin F. Asher, MD. Updated on February 06, 2020

Hearing loss is the most common sensory deficit experienced by children. Hearing loss, especially when it occurs early in a child's life, can greatly affect speech and language development.

Even temporary or treatable forms of hearing loss, such as fluid in the ears, can cause delays if they are experienced by a child who is in learning to understand language and to speak. Impaired social skills may also occur in children with hearing loss. Additionally, many children with hearing loss experience difficulty in areas of academic achievement.

These are preventable—early detection of hearing loss, and effective intervention can decrease the impact that hearing loss has on a child's development.

Signs and Symptoms

These are the early signs and symptoms of hearing loss in infants and children.

Infants:

- Does not startle at loud noises
- Does not turn their head toward sounds
- Does not say at least some words by 12 months of age

Older children:

- Delayed speech development
- Speech that does not sound clear
- Does not follow directions
- Frequently asks you to repeat what you have said
- Listens to music or television at a high volume



Most infants are screened for hearing loss at birth and children are usually tested again before starting school. However, if your infant or child shows symptoms of hearing loss at any time, it is important to have them tested as soon as possible to minimize any effects that hearing loss might have on their development.

Hearing Loss and Child Development

These are the signs and symptoms of hearing loss and the effect on child development.

- Delayed speech development: the child does not say 50 individual words by their second birthday or form two-word sentences by their second birthday.
- Vocabulary develops much more slowly in children who have hearing loss. The gap in vocabulary development between children with and without hearing loss widens with age.
- Children with hearing loss have difficulty hearing and subsequently pronouncing certain sounds such as "s", "sh", "f", "t", and "k". This affects the way they speak and can make them difficult to understand.

Children with hearing loss often have difficulty with complex sentence structure.

The child may have difficulty hearing word endings such as -s or -ed.

They sometimes cannot hear their own voices when they speak or hear only a distorted version of themselves when they speak causing them to speak too loudly or too softly.

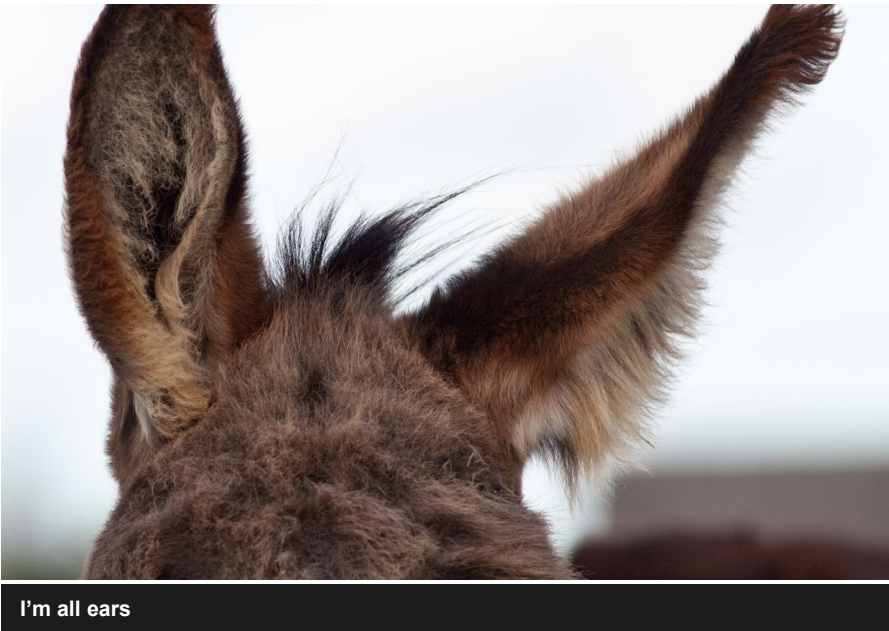
Children with hearing loss often struggle academically.

Communication problems can lead to social problems and feelings of isolation among children with hearing loss and speech delays.

As previously mentioned, early detection of any hearing loss and early appropriate intervention is crucial for the best outcomes. The type of intervention used depends on the type and degree of hearing loss and usually involves a team of professionals. The intervention will be different for each child.

Centrefold Ears





I'm all ears

Otoacoustic Emissions

What is an OAE?

A tone generated independently by the ear.

They reflect outer hair cell integrity and cochlear function.

Professor David Kemp published the first paper describing the recordings of these ear-generated tones in a peer-reviewed publication in 1978.

Originally discovered in the 18th century by the musician Guiseppe Tartini who observed hearing additional sounds when playing certain combinations of two notes on his violin.

- * OAEs provide a simple, efficient and non-invasive objective indicator of healthy cochlear function.
- * Normal hearing you will have OAE's.
- * Presence of OAE's is definitive of hearing adequate for normal speech and language development.
- * OAEs are specific to hearing functionality whereas screening reflexes are not.
- * Reduces any uncertainty with non-organic hearing loss and low compliance tympanometry masquerading as Type B Tympanometry.

OAE's

ANAA is making the inclusion of OAE's into the Clinical Practice Standards.

The advent of Newborn Hearing Screening nationally rules out neural concerns.

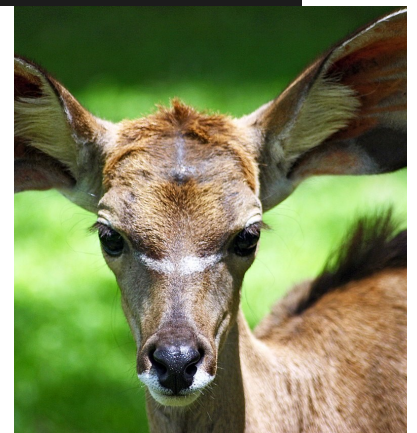
It has reduced significantly the importance of questioning aiming to find retro cochlear pathology.

Most important clinical tool in identifying Acoustic Neuroma/ Neuropathology is pure tone audiometry and presence of sensorineural asymmetry.

Incidence of Acoustic Neuroma within our cohort is negligible.

OAE assessment has become a fast effective addition to the audiological test battery and is now becoming accessible for clinicians with the development of portable tympanometers which can also record OAE emissions

Come ear often



Save the Date **OMOZ 2020**

19th – 22nd October 2020
Rendezvous Hotel Perth Scarborough

Further information, abstracts and
registrations to follow in early 2020.

For any queries please contact Kathryn Jajko on
(08) 6319 1010 or omoz2020@telethonkids.org.au



We are organising the 6th national Otitis Media Australia (OMOZ) conference, which will be held in Perth in October 2020. The main focus of this meeting is to bring the people together who are working to improve ear health for Aboriginal and Torres Strait Islander children. Ear infections are a major cause of hearing loss in young children.

The rates of ear infections and associated hearing loss in Aboriginal and Torres Strait Islander children are unacceptably high. In most cases this can be prevented through early detection and treatment.

The OMOZ meeting brings together approximately 150 people, from all over Australia including community Elders, parents, doctors, nurses, researchers, and teachers.

Our main mission is to give every Australian child the right to hear.

This video gives a good background to why we are working together to prevent ear infections: [VIDEO LINK](#)

Cancelled
Due to
COVID-19



All ears

**Audiology Australia
2020 Conference**

3 - 6 May 2020

Crown Perth

Audiology -Shaping your future

Hearing Test May Help

Identify Autism in Children

Anne Luebke, PhD

Loisa Bennetto, PhD

Source: [University of Rochester Medical Center: Autism Research](#)

Jul 28,
2016 | [Research](#)

An Interesting Article
relating and describing
how the addition of
OAE's can be applied
and pertain to everyday
audiometry practice



Researchers at the University of Rochester Medical Center have identified an inner ear deficiency in children with autism that may impact their ability to recognize speech. They discovered that children with autism spectrum disorder (ASD) have reduced **otoacoustic emissions** at the 1 kHz mid-frequency region. The study findings, which were published in the July 12, 2016 edition of the journal *Autism Research*, could ultimately be used as a way to early-identify children at risk for the disorder.

"This study identifies a simple, safe, and non-invasive method to screen young children for hearing deficits that are associated with autism," said Anne Luebke, PhD, a co-author of the study and an associate professor in the University of Rochester Medical Center's departments of Biomedical Engineering and Neuroscience. "This technique may provide clinicians a new window into the disorder and enable us to intervene earlier and help achieve optimal outcomes."

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by impairments in social-communication skills and restricted and repetitive behaviors. While many signs of autism are present before age two, the majority of children with ASD are not diagnosed until after age four, which means that corrective therapies are started later, delaying their potential impact. One of the challenges to early detection of ASD is to find ways to identify children at risk for ASD sooner and in children with speech delays. Some of the earliest and most consistent signs of ASD involve auditory communication, however, most tests rely on speech, and are often ineffective in children who are very young or who have communication delays.

In the new study, researchers used a technique that measures otoacoustic emissions. The test is akin to the screening that many newborns must undergo before leaving the hospital to check for hearing problems. Using miniature speaker/microphone earplugs, the researchers were able to measure hearing deficiencies by listening for signs that the ear is having difficulty processing sounds. Specifically, the device's highly sensitive microphone can detect sound emissions made by inner ear outer hair cells in response to certain tones or clicking sounds. If the device fails to detect an emission, it indicates that the cells of the inner ear, or cochlea, are not functioning properly.

The researchers tested the hearing of children between the ages of 6 and 17 years old, roughly half of whom had been diagnosed with ASD. The team found that the children with ASD had hearing difficulty in a specific frequency (1-2 kHz) that is important for processing speech. They also found a correlation between the degree of cochlear impairment and the severity of ASD symptoms.

"Auditory impairment has long been associated with developmental delay and other problems, such as language deficits," said Loisa Bennetto, PhD, a co-author of the study and an associate professor in the University of Rochester Department of Clinical and Social Sciences in Psychology. "While there is no association between hearing problems and autism, difficulty in processing speech may contribute to some of the core symptoms of the disease. Early detection could help identify risk for ASD and enable clinicians to intervene earlier. Additionally, these findings can inform the development of approaches to correct auditory impairment with hearing aids or other devices that can improve the range of sounds the ear can process."

*Find us on Facebook and don't forget to
check out our*

website

anaa.asn.au

<https://www.anaa.asn.au/>

Contact Us

Voice your
opinions.
We sup-
port robust
conversa-
tion.

We're all Ears.



ANAA Inc. Committee 2019/2020

PRESIDENT

Tracy HAWES

Work address: Western Sydney LHD

Parramatta Community Health Centre

Mt Druitt Community Health Centre

Phone: 02 9881 1200

Email: Tracy.Hawes@health.nsw.gov.au

VICE PRESIDENT

Julia CUNNINGHAM

Work address: Hunter New England LHD

Maitland Community Health

Phone: 02 4931 2000

Email:

julia.cunningham@health.nsw.gov.au

TREASURER

Venneta LEWIS

Email: vennetalewis36@gmail.com

SECRETARY

Kate NORTON

Work address: Northern NSW LHD

Grafton Community Health Centre

Arthur Street, GRAFTON, NSW, 2460

Phone: 02 6641 8702 Fax: 02 6641 8703

Email: kate.norton@health.nsw.gov.au

COMMITTEE MEMBER/ Editor 'Ear 'Tis

Sharyn WILKINSON

Work address: ACT Health

Phone: 0261052346

Email: Sharyn.Wilkinson@act.gov.au

COMMITTEE MEMBER:

Susan DARBY

Work address: Hunter New England LHD

149 Turton Road, WARATAH NSW

Phone: 02 49853267

Email: susan.darby@health.nsw.gov.au

COMMITTEE MEMBER

Purna SWEETMAN

Work address: Hunter New England LHD

Tamworth Community Health, Johnson House. PO
Box 9783, TAMWORTH NSW NEMSC 2348

Phone: 02 6767 8156 Fax: 02 67663967

Email: purna.sweetman@health.nsw.gov.au

