

# 'EAR 'TIS



**Newsletter for Audiometry Nurses**  
**Welcome to the issue of the ANAA Inc. newsletter**  
**2020 Volume 32**  
**Issue 3**

**Winter 2020**

*The times are a changing  
 ....or are they?" Send us  
 your favourite quotes for life  
 to share .*



*Intelligence  
 is the ability  
 to adapt  
 to change.  
 Stephen Hawking*



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**You must welcome change  
 as the rule, but not as your ruler.**

Denis Waitley

## *President's Report.*

Hi everyone,

It still feels like our lives are on "pause" with the Covid-19 pandemic still all around us. In NSW we are holding our own with outbreaks in the community by being vigilant within our scope of practice, social activities & infection control. At no time can we become complacent and take our finger off the pulse.

My family are still in the Melbourne lockdown and I miss them terribly. With social distancing even in NSW our relationships with others has changed. Our Audiometry Association has always come together to network and learn from each other every year at the annual conference. It is a very surreal time that we have to miss a conference and reunion with our peers.



Skype, Zoom and FaceTime are now our communication avenues! My grandson knows me as that smiley face lady in the phone and laughs when he sees me! I'm not sure he'll recognise me with a body attached when we meet in person!?

The ANAA Committee has been meeting via Skype and this has been working well. You can see the details regarding our upcoming ANAA Inc. AGM in this newsletter. If anyone has any concerns or questions about how this will run on the day please don't hesitate to contact one of us on the committee.

It is important that we have as many members attend the AGM via Skype as we can. The Agenda, Proxy forms, Notice of Motion & Nomination forms are embedded in the newsletter. All positions are vacant and new nomination forms need to be filled out prior to the meeting. Please consider nominating someone or yourself to join the committee. No experience required! Most positions don't require much of your time, just the occasional meeting 4 times a year (skype). It is a great way to learn about what happens behind the scenes and networking with other hearing health stakeholders.

The Clinical Practice Standards are almost revised. Thank you especially to Kate with input from Sharyn, Purna & Susan. Sharyn has taken on a "new look" newsletter with great gusto! She manages to find informative articles & I'm in love with all the animal ears!

Kate, Susan & Gisella are working with the Australian College of Nursing as course markers. Thank you for your contribution to provide an excellent standard for our upcoming audiometry nurses.

Macquarie University Research Centre H:EAR has been given funding from the government to Improve care pathways for treating middle ear disease in Aboriginal children. This research will be in partnership with Aboriginal communities spanning urban, rural and remote areas. After being knocked back by another foundation it was great to hear that the research will still go ahead!

The Audiometry Nurses Association will be experts in providing Otitis Media screening advice.

Kate Norton works with one of the Aboriginal communities identified so will be available to give expert advice when required. Kate is now a CNC2 so this will be invaluable to her new position.

It would be great to get some feedback from members on how their audiometry clinics are going through COVID and the challenges that they are facing. It's important to still network and share ideas on how we can navigate around the restrictions we have in providing our essential service.

Please email us or call to keep the discussion open.

Don't forget to renew your membership & also to listen in to the Clinical Advisors case studies via skype. Details are in the newsletter. It can be added to your CPD hours!

Webinars are a great way of getting CPD hours. The links have been added to the newsletter and hopefully will be in our website asap. Join the Rural Doctors Network where you can access fantastic webinars with some recent ones run by Hearing Australia- Sam Harkus.

We are all looking forward to life as normal once again. Just a bump in the road that we shall get over. Don't forget your own self care and be mindful of those who are more isolated.

Take care

*Tracy*

## ***ANAA Inc Membership***

***Dear Members,***



***Just a reminder that annual membership is due and Invoices have been sent out. If you haven't received it or have misplaced it, please contact Venneta our treasurer asap.***

***It is really important to support our audiometry association even in a year where we can't have a conference. The members only section will be updated with other educational options which are important for your annual CPD hours.***

***With limited members & ongoing financial support we would be unable to hold conferences and provide scholarships to audiometry nurses of the future.***

***If membership isn't paid by the end of September you won't receive emails or access to all of the website. You will have to go through the new member process once again if you decide to re-join after this time.***

***At the same time if anyone is going through financial hardship please contact us & this will be taken into consideration.***

***Please contact us if there is anything else we can assist with during this crazy time.***

***Take care & stay safe,***

***Tracy***

***President ANAA Inc.***



# Education and Webinars

**Macquarie Uni webinars.** 2020 Public Health and Hearing Webinar series see link below.

<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mq.edu.au%2Fresearch%2Fresearch-centres-groups-and-facilities%2Fhealthy-people%2Fcentres%2Fhear%2Fnews-and-events%2Flinguistics-webinar-series&data=02%7C01%7C%7C71f610dc7fc442abceb808d844c23b42%7Cb46c190803344236b978585ee88e4199%7C0%7C0%7C637334948289862757&data=PnCylg5bwLDgtAt7AxNQNWbvJeR8aXRd%2BmAYVbq0bk%3D&reserved=0>

A number of Audiometry Nurses have joined the **Rural Health Pro group** see link below. They have an ear and hearing health discussion group, plus are providing both fee paying & free webinars. Their website is below. They have many different groups, not just hearing and have recently covered subjects such as a newly developed tool to help screen aboriginal children for hearing loss.

<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fruralhealthpro.org%2F&data=02%7C01%7C%7C625a6e4e8ca0495f848408d844bd3e93%7Cb46c190803344236b978585ee88e4199%7C0%7C0%7C637334926878413564&data=6bhwbXf%2BvbwPbN1JqXqz83wFad3SzI6bD7oFBHBrRQ%3D&reserved=0>

The **NAL project link** and the Link for the **hearhappy website** in which there are videos on how to use the Hats and Plum tool are below. It looks to be a great tool for those working with younger children such as Child & Family Health Nurses and Aboriginal Health workers. There is another free webinar coming up on tympanometry Mon 31st August on Ruralhealthpro.

<https://www.nal.gov.au/project/integration-of-early-hearing-communication-assessment-tools-in-early->

<https://www.hearhappy.nal.gov.au/our-story>





# Annual General Meeting 2020



As advised by the Department of Fair Trading “Until 26 September 2020, associations may conduct committee meetings and general meetings using technology even if this isn’t stipulated in their constitutions.

Members must still be able to participate for an association to using technology, such as Zoom or Skype meetings.”

**Thus ANAA Inc. AGM will occur on Thursday the 24<sup>th</sup> of September at 2pm via Skype for Business.**

An invitation will be sent out to all members prior to the AGM. Even if members cannot access Skype for Business they will be able to call in via phone.

It is a requirement that the AGM is held within 6 months of the end of the financial year. The purpose of the Annual General Meeting as per our constitution is

- (i) to confirm the minutes of the last preceding annual general meeting and of any special general meeting held since that meeting
- (ii) to receive from the committee reports on the activities of the association during the last preceding financial year
- (iii) to elect office-bearers of the association and ordinary committee members
- (iv) to receive and consider any financial statement which is required to be submitted to members the under Act.

A person may hold a position for 4 consecutive years, after that they can be voted in to another position if they wish.

More information is available in the ANAA Inc. constitution and on the Dept. of Fair Trading website.

If you would like to **nominate for a committee position** please complete the attached nomination form and send to secretary Kate Norton no less than a week prior to the AGM.

[kate.norton@health.nsw.gov.au](mailto:kate.norton@health.nsw.gov.au)

**All forms for AGM can be found toward the end of this Newsletter**

## Invitation to all ANAA Inc. Members

*Friday the 30<sup>th</sup> October 1 to 2 pm all members will be invited to watch or dial in to the clinical advisor case study presentations.*

*An email with the Skype invite will be sent to all members prior to the day.*



# CLINICAL ADVISORS 2020

Dear ANAA Inc. members,

I am writing to advise you of the upcoming **2020 Clinical Advisor Workshop**. A clinical advisor in Audiometry Nursing assists, supervises and deems competent Audiometry Nursing students who are studying **Subject 242 Clinical Issues in Audiometry Nursing** with the Australian College of Nursing.

Audiometry Nursing students need to complete a minimum of 60 hours clinical placement. This subject is run twice a year.

If you have been working in Audiometry for at least 6 hours per week for minimum of 3 years then please consider becoming a Clinical Advisor. We need you!

Over the last few years we have had a number of Clinical Advisors retire, thus our numbers are depleting. We now have students that have to travel quite a large distances to complete their placement.

**Facilitators: Kate Norton & Susan Darby**

**Date: Friday 30<sup>th</sup> October 2020.**

**Venue: Skype**

**Time: 9am to 11am, then 1pm to 2pm.**

The first session will be the workshop. The second session will be your case study presentations.

This is a great opportunity for anyone to take part in the workshop this year. Accreditation lasts for 3 years. Please consider.

Complete the application below and provide supporting documents as outlined in the criteria and send back ASAP or by 1<sup>st</sup> September at the latest.

Please don't hesitate to contact me for further information.

Kind regards,

*Kate Norton*

*ANAA Inc. Secretary*

**Audiometry CNC2 | Grafton Community Health | Tuesday-Friday**

PO Box 368 (Arthur street), Grafton, 2460

Tel 02 6641 8702 | Fax 02 6641 8703 | [Kate.Norton@health.nsw.gov.au](mailto:Kate.Norton@health.nsw.gov.au)

**Audiometry CNC2 | Goonellabah Child and Family Health Service | Monday**

37 Oliver Avenue, GOONELLABAH NSW 2480

Tel 02 6625 0111 | Fax 02 6625 0102





## **Audiometry Nurses Association of Australia Inc.**

Information for:

### **Clinical Advisors in Audiometry Nursing (CAAN) 2020**

A Skype workshop will be provided to those who wish to maintain or become an accredited Clinical Advisor for Audiometry Nursing students studying with the Australian College of Nursing. Clinical advisors are essential to assist Audiometry nursing students in their clinical placement and to deem them competent to practice as an Audiometry Nurse.

***CAAN accreditation should be renewed every three years.***

#### **Criteria for accreditation as Clinical Advisor in Audiometry Nursing**

- ◆ Evidence of Audiometry nursing qualification – **attach copy**.
- ◆ Preferable (not compulsory) to hold Certificate IV Workplace Training and Assessment or equivalent (current enrolment if recently applied) – **attach copy**.
- ◆ Recent audiometry nursing experience equating to a minimum of 6 hours per week for a minimum of 3 years.
- ◆ Experience testing all age groups – where current job description does not include assessment of all age groups, please arrange to gain this experience with another accredited CAAN.
- ◆ Current financial member of ANAA Inc.
- ◆ Endorsed by ANAA Inc if you are an audiologist.

#### **CAAN applicants will be required to:**

- ◆ Complete a case study which will be sent on receipt of your application.
- ◆ Attend a 2 hour workshops via Skype 9am to 11am on Friday 30<sup>th</sup> October 2020.
- ◆ Present your case study to ANAA Inc. members via Skype 30<sup>th</sup> October 1 to 2pm.

***Please send CAAN application before the 1<sup>st</sup> September to: -***

Kate Norton via email [Kate.Norton@health.nsw.gov.au](mailto:Kate.Norton@health.nsw.gov.au)





## Audiometry Nurses Association of Australia Inc.

### Application for accreditation as a Clinical Advisor in Audiometry Nursing 2020

#### Applicant

Name: .....

Address: .....

Phone: (H).....(W)..... (Fax).....

Mobile: .....

Email: (please print clearly) .....

I meet the necessary criteria and wish to apply for accreditation with ANAA Inc. as a *Clinical Advisor in Audiometry Nursing*

Signed: .....

#### Manager:

I, (name & position) .....

Of (Local Health District name) .....

Verify that (applicant's name) .....

meets the above criteria and is supported by the service to attend the Clinical Advisor's workshop for audiometry nurses to be held via Skype for Business on Friday the 30<sup>th</sup> October 9am to 11am, then again from 1pm to 2pm.

Signed: ..... Date: .....

**Please send Clinical Advisor application along with supporting documents before the  
1<sup>st</sup> September to: -**

[Kate.Norton@health.nsw.gov.au](mailto:Kate.Norton@health.nsw.gov.au)

## Australian Nursing & Midwifery Federation

has provided a link to Covid resources

Copy and paste link into your browser.

<https://www.health.gov.au/resources/collections/covidsafe-app-campaign-resources>



Copy and paste into your browsers for interesting article on social determinants of

## Otitis Media in Aboriginal Children in Australia

<https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-020-08570-3>

*Upon my travels investigating several articles published so far on coronavirus (Covid 19) and hearing to date, I came across this piece by Bruce Lee. Entertaining reflective evaluation summarising commentary on the articles published to date.*

# Can Covid-19 Coronavirus Cause Hearing Problems Even With No Other Symptoms?



**Bruce Y. Lee** Senior Contributor ⓘ

Healthcare

*I am a writer, journalist, professor, systems modeler, computational and digital health expert, avocado-eater, and entrepreneur, not always in that order.*

Evidence suggests that the Covid-19 coronavirus may affect your ear and hearing, even if you are otherwise asymptomatic but how strong is that evidence?

Seemingly every week more evidence emerges that the Covid-19 coronavirus is like a really bad box of chocolates. You never know what you're gonna get.

Well, “hear” is more to consider. Some scientific publications have suggested that the virus may affect your hearing. In fact, there’s the possibility that hearing loss could occur even if you don’t have any other symptoms. So you think that you’ve gotten away with no symptoms from a Covid-19 coronavirus infection, but is that really the case?

Just take a look at [a post on Medium](#) by Shin Jie Yong, who describes himself on the site as “a 20 year old neurobiology postgrad in Malaysia” with the life goal of being able “to afford a place with dogs.” While his article didn’t specify exactly why his current place can’t have dogs or how much money would be required to have a doggified place, it did list some of the evidence that the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) may have an ear-ry effect.

For example, he cited [a letter published in the \*American Journal of Otolaryngology\*](#). It wasn't one of those, "hey, how are you doing" or "you move me, and it isn't my bowels" letters. Instead this was a very, very brief case report letters that mentioned the case of "an old female" in Thailand who was diagnosed with Covid-19 and suffered from hearing loss. This letter contained very few details about the case, including what the authors considered "old." So this letter alone didn't provide too much evidence and probably deserved a letter grade of a D minus.

Earning better than a D minus was [a subsequent publication in the \*American Journal of Otolaryngology\*](#). This publication was certainly more substantive as it detailed a study conducted by M.W.M.Mustafa of the Qena Faculty of Medicine, South Valley University in Egypt. Mustafa administered hearing tests to 20 people who had tested positive for Covid-19. Now twenty isn't a lot unless you are talking about people in an elevator. But it is certainly more than one. None of the study participants had any other known symptoms from the infection. The study participants were between 20 and 50 years of age and had no history of hearing loss either. Nevertheless, they performed significantly worse than normal on some parts of the hearing tests, including the high frequency pure-tone thresholds and the transient evoked otoacoustic emissions (TEOAE) amplitudes.



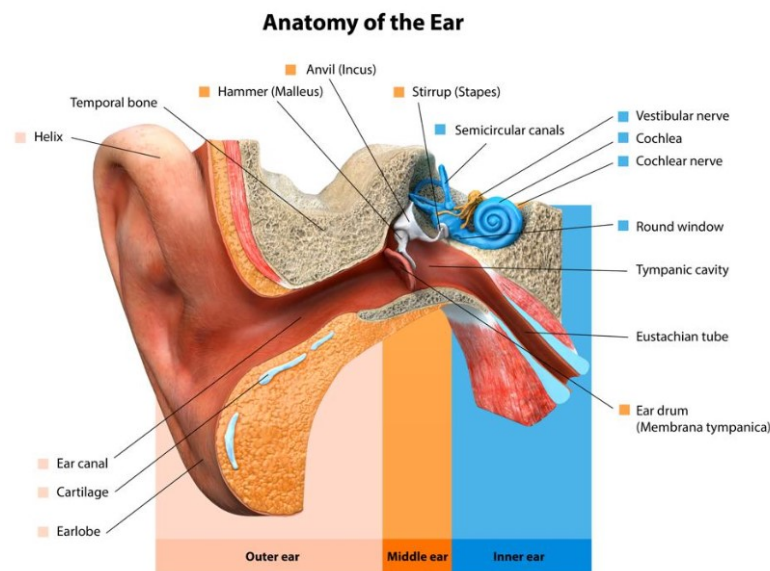
Then, there was the [letter published in \*Acta Otorhinolaryngologica Italica\*](#). This letter was more of a case series than a formal study. It described six patients, ranging from 22 to 40 years of age, who had more typical Covid-19 symptoms like fever, cough, and shortness of breath as well as seemingly ear-related symptoms. Two had vertigo, with one case being very mild. Four had ringing in the ears. All six had some type of hearing loss, more on one side.

Of course, just because you test positive for the Covid-19 coronavirus doesn't mean that the virus is responsible for everything that you are suffering. So Yong did mention [a letter published in the \*International Journal of Immunopathology and Pharmacology\*](#) that had the following title: "Don't forget ototoxicity during the SARS-CoV-2 (Covid-19) pandemic!" It isn't super common for the title of a scientific publication to have an exclamation point at the end of it. Nevertheless, this letter was to warn health professionals that a number of medications being tried to treat the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) can have ototoxicity. While the OTO is apparently a magical order that was founded in Germany in 1901 and focused on sex magic, in this case, "oto" instead stood for ear. Thus, ototoxicity means toxic to or may damage the ear. The list of drugs that are potentially ototoxic includes chloroquine, hydroxychloroquine, azithromycin, remdesivir, favipiravir and lopinavir. Thus, could hearing problems be the result of medications taken rather than the virus? Perhaps.

On the flip side, it wouldn't be too surprising if the virus were to somehow affect ear function. After all, as Yong pointed out, other viruses such as the herpes simplex virus type 1 (HSV-1), the herpes zoster virus (HZV), the cytomegalovirus, the measles virus, and the human immunodeficiency virus (HIV) can affect the ear and cause ear-related symptoms.







A study found the SARS-CoV2 in the middle ear and mastoid of patients. (Image: Getty) GETTY

Furthermore, there's already been growing evidence that the virus seems to know no boundaries, kind of like that guy who will mention his testicles during a dinner party or work meeting. Cases have shown that the virus may spread well beyond the respiratory tract into the nervous system. For example, in a [research letter published in \*JAMA Otolaryngology Head and Neck Surgery\*](#), a team from the Johns Hopkins School of Medicine (Kaitlyn M. Frazier, MD, Jody E. Hooper, MD, Heba H. Mostafa, MBBCh, PhD, D(ABMM), and C. Matthew Stewart, MD, PhD) described how they had detected SARS-CoV2 in the middle ear or mastoid (which is adjacent to the middle ear) of three patients.

All in all, the evidence to date merely *suggests* that the Covid-19 coronavirus can affect your ears and potentially leave you with some hearing loss. More studies would be necessary to form firmer conclusions. Future studies should entail testing more and a wider variety of patients, preferably with hearing tests before and after infection. Plus, it's not clear how long such effects may last so following patients for longer periods of time would provide further insight.

Nevertheless, any possibility of hearing loss needs to be taken seriously. Hearing loss is already of significant problem around the world. In the U.S., "approximately one in three people between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 has difficulty hearing," [according to the National Institute of Aging \(NIA\)](#). But hearing loss is not just an issue for older adults. [The Hearing Loss Association of America \(HLAA\)](#) website has a statistic that one in five teens experience some degree of hearing loss. If the Covid-19 coronavirus could indeed affect your hearing, will this pandemic make all of these statistics worse?

*"The widespread use of face masks may help reduce the transmission of the Covid-19 coronavirus but can make it more challenging for the hearing impaired who rely on reading lips for communication."*



The pandemic has already brought new challenges to those with existing hearing issues. As Janice S. Lintz, [CEO, Hearing Access & Innovations](#), pointed out, "the coronavirus prevents people from lip reading since people are wearing face masks." If Covid-19 coronavirus infections end up adding to the total number of people suffering from hearing loss, Lintz added that "this will make a bad situation worse."

This would make an already complex infection even more complex. This would be further evidence that a single number alone like deaths or hospitalizations cannot capture the full impact of the Covid-19 coronavirus. It is not just like a cold or the flu. Chances are that your immune system has never seen a virus like this. That means that your body is a wonderland to the virus, but not in a John Mayer type of way. Scientists are rushing to figure out what this virus can do to your body. The rush to re-open prematurely and "return society to normal," (which, by the way, ain't going to happen anytime soon) for political and business reasons can have bad, long-standing consequences. Instead, people have to listen to science. Heck not listening could end up affecting your hearing in more ways than one.

A Big Shout out to the girls from the *Parkes Forbes and Condobolin* areas.

*Belinda Wilson and Claire Nicholson.*

Thanks to Claire for sharing the following article on musical ear syndrome. Rarely anything exists in isolation and so often with our mysterious hearing faculties'. They communicate to us by more than just doing our hearing.



[Noro Psikiyatr Ars.](#) 2016 Mar; 53(1): 91.

PMCID: PMC5353248

Published online 2016 Mar 1. doi: [10.5152/npa.2015.8815](#)

PMID: [28360776](#)

## Frequently Seen But Rarely Diagnosed: Musical Ear Syndrome

[Miraç Ayşen ÇAKMAK](#), [Şevki ŞAHİN](#), [Nilgün ÇINAR](#), and [Sibel KARŞIDAĞ](#)

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Correspondence Address: Miraç Ayşen Çakmak, Maltepe Üniversitesi Tıp Fakültesi, Nöroloji Anabilim Dalı, İstanbul, Türkiye, E-mail: [aysenunsal@yahoo.com](mailto:aysenunsal@yahoo.com)

Received 2014 May 28; Accepted 2014 Oct 27.

Dear Editor,

Musical ear syndrome (MES) is a condition that causes patients with hearing impairment to have non-psychiatric auditory hallucinations. In advanced age, it could be confused with dementia. In addition, MES is suggested to be a variant of Charles Bonnet syndrome (visual hallucinations in visually impaired patients) by some authors (1). Although its mechanism is unknown, secondary to hearing loss, phantom sounds are thought to be caused by hypersensitivity in the auditory cortex associated with sensory deprivation (2,3). Hallucinations are usually musical in nature and can range from popular music, orchestral symphonies, or radio tunes.



An 87-year-old woman has been admitted to our neurology outpatient clinic, complaining about hearing a concert play for a month that no one else was hearing. She used to think that these sounds were coming from the next door. When the music became persistent, she realised that her relatives were not hearing these sounds, and she really got confused. Her medical history included hypertension and bilateral sensorineural hearing loss caused by presbiacusia. Audiogram showed 75% hearing loss on the right ear and 95% hearing loss on the left ear. Her vital signs were normal. The patient was alert, fully oriented, and had a normal cognitive profile. Her physical and neurological examinations were normal. Her brain magnetic resonance imaging (1.5 T) and electroencephalography showed no relevant pathology. Although quetiapine had been started for hallucinations (at the dose of 50 mg/day), she showed no change in her symptoms. The patient and her family were informed about the nature of hallucinations, and quetiapine was discontinued. We suggested the patient to maximize hearing with a hearing aid and enrich the environment with sound, which will give the brain much-needed input to reduce its own generated sound. The patient is still followed up and is complaint-free.

Although MES is not a “scary” disease, persistent hallucinations may disturb patients and affect their quality of life. Patients should be educated about the syndrome and firmly assured that they are not mentally ill. There is no standard consensus for treatment. Hearing impairment is not found to be effective for all patients (3). Haloperidol, atypical neuroleptics, selective serotonin and norepinephrine reuptake inhibitors, and cholinergic and GABAergic agents are used with some success, along with cognitive behavioral therapy. We believe that nondrug treatment options should be preferred to drugs to avoid adverse effects in the elderly population.

In conclusion, formed complex auditory hallucinations without cognitive and psychiatric impairment should strongly be indicative of MES for clinicians.



## REFERENCES

1. Berrios GE, Brook P. The Charles Bonnet Syndrome and the problems of visual perceptual disorder in the elderly. *Age Ageing*. 1982;11:17–23. <http://dx.doi.org/10.1093/ageing/11.1.17>. [PubMed] [Google Scholar]
2. Goycoolea M, Mena I, Neubauer S. Spontaneous musical auditory perceptions in patients who develop abrupt bilateral sensorineural hearing loss. An uninhibition syndrome? *Acta Otolaryngol*. 2006;126:368–374. <http://dx.doi.org/10.1080/00016480500416942>. [PubMed] [Google Scholar]
3. Low WK, Tham CA, D'Souza VD, Teng SW. Musical ear syndrome in adult cochlear implant patients. *J Laryngol Otol*. 2013;127:854–858. <http://dx.doi.org/10.1017/S0022215113001758>. [PubMed] [Google Scholar]



## What is Musical Ear Syndrome?

TOM REILLY FEBRUARY 15, 2019

Have you ever experienced a musical hallucination? Have you clearly heard a song, with or without words, only to realize it's just in your head? Musical ear syndrome is more common than you might think, and affects around 5% of the population. These auditory hallucinations can be very stressful for the person experiencing them, and if you have musical ear syndrome you might even feel embarrassed to tell anyone what you're hearing. It can affect people of all ages, with normal hearing, with tinnitus, or with hearing loss.

### You're Not Going Crazy

Many people think that if they're hearing things, they must be going crazy, or have a psychiatric condition. The hallucinations can be frightening, and at first, you'll think the music is coming from your neighbour's house, or the kids playing on the street. When you realize the sounds are in your head, you might think you're losing your marbles. With musical ear syndrome, this is not the case. Most commonly, those who experience musical hallucinations have hearing loss and have experienced cell damage, either in their ears or in their brain.

## What Causes Musical Ear Syndrome?

No one is exactly sure what causes musical ear syndrome, but experts have a few theories. Many scientists believe that the mechanisms of musical ear syndrome are similar to those of tinnitus. When you have hearing loss, certain sounds are no longer audible, but the areas in the brain are still primed and ready to receive sound signals in these frequencies. These cells become hypersensitive, and may begin firing in the absence of any other sounds. A study using EEG scanning discovered that when someone experienced musical ear syndrome, they had brain activation in their auditory centers, as well as in the areas of the brain associated with both music and language production, as if they were actually listening to music! When they stopped hearing the music, the activity in these regions also stopped.

Other causes of musical ear syndrome could be certain medications, such as Zyrtec and Claritin, that might cause these auditory hallucinations. Stress can also make these hallucinations worse, so if you've been feeling especially stressed recently, at work or in your personal life, you're more likely to experience musical ear syndrome.





## Treating Musical Ear Syndrome

Because we don't know the exact mechanism of the auditory hallucinations, there is no single treatment for musical ear syndrome. Some people treat their hallucinations by changing their medications, or taking up meditation to manage stress levels.

One of the most effective treatment methods is to invest in a quality pair of hearing devices. Since musical ear syndrome often goes hand in hand with hearing loss, you need to first treat your hearing loss and make sure you're hearing clearly. As with tinnitus, musical ear syndrome can be treated very effectively using advanced programs on your hearing device. Known as sound therapy, these programs will play sounds that will cause your tinnitus or musical hallucinations to fade into the background. You can choose between white noise, pink noise, nature sounds, or even your own music, and this will be played in the background so you can go about your day without worrying about your auditory hallucinations.



# Financial Report 2020

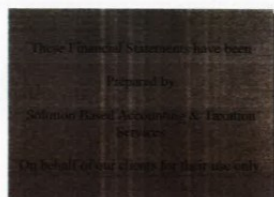
## Audiometry Nurses Association of Australia INC

**AUDIOMETRY NURSES ASSOCIATION  
OF AUSTRALIA INC  
A.B.N. 88 907 235 731**

### FINANCIAL STATEMENTS

FOR THE YEAR ENDED  
30 JUNE 2020

**AUDIOMETRY NURSES  
ASSOCIATION OF AUSTRALIA INC  
A.B.N. 88 907 235 731**



"Liability is limited  
by the Accountants  
Scheme"

### INDEPENDENT AUDIT REPORT AUDIOMETRY NURSES ASSOCIATION OF AUSTRALIA INC

We have audited the financial records for **AUDIOMETRY NURSES ASSOCIATION OF AUSTRALIA INC** for the year ended 30 June 2020. The committee is responsible for the preparation and presentation of the financial statements and the information contained therein. We have conducted an independent audit of the financial statements in order to express an opinion to the members.

The audit has been conducted in accordance with Australian Accounting Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. Our procedures including examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of significant accounting estimates. The procedures have been undertaken to form an opinion as to whether, in all materials aspects, the financial report is presented fairly in accordance with the requirements of Australian Accounting Standards and other mandatory professional reporting requirements, the Associates Incorporation Act and the Association's Constitution so as to present a view of the Association which is consistent with our understanding of its financial position and the results of its operations and cash flows. The audit expressed in the report has been formed on the above basis.

#### Qualifications

It is not practicable for the association to establish accounting control over all sources of income prior to its receipt and consequently it was impractical to extend the examination of income beyond that information which is recorded in the Association's books of account.

#### Audit Opinion

In our opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, the financial position as at 30 June 2020 and the results of its operations and cash flows for the year then ended.

*Anne Hunter*  
Anne Hunter, MIPA, AFA  
Dated 5 August 2020

*Liability is limited to the Accountant's Scheme pursuant to  
NSW Professional Standards Act 1994*

Prepared by:  
Anne Hunter, Chartered Accountant  
160 Pound Street  
Ph: 02 66432799  
Fax: 02 66432610  
Email: [info@getekco.net.au](mailto:info@getekco.net.au)

**Detailed Profit and Loss Statement****For the year ended 30 June 2020**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>Income</b>		
Conference Income	14,435.00	16,848.00
Membership Fees	5,152.50	4,645.00
Interest received	858.13	1,084.21
Total income	<u>20,445.63</u>	<u>22,577.21</u>
<b>Expenses</b>		
Audit fees	275.00	275.00
Bank fees & charges	6.50	30.00
Computer Expenses		89.00
Conference	9,963.15	11,201.99
Executive Committee Meetings	2,950.57	3,892.28
Filing fees	47.21	46.00
Insurance	639.58	624.58
Membership	135.00	700.00
Scholarship Payment	3,127.50	3,475.00
Website	963.19	1,792.95
Total expenses	<u>18,107.70</u>	<u>22,126.80</u>
Net Profit/(Loss)	<u>2,337.93</u>	<u>450.41</u>

## Detailed Statement of Financial Position as at 30 June 2020

	Note	2020 \$	2019 \$
<b>Current Assets</b>			
<b>Cash Assets</b>			
Business Bank Account 1		32,862.13	31,382.33
Business Bank Account 2		48,412.41	47,554.28
		<u>81,274.54</u>	<u>78,936.61</u>
<b>Other Financial Assets</b>			
Shares in NICU		10.00	10.00
		<u>10.00</u>	<u>10.00</u>
<b>Total Current Assets</b>		<u><b>81,284.54</b></u>	<u><b>78,946.61</b></u>
<b>Total Assets</b>		<u><b>81,284.54</b></u>	<u><b>78,946.61</b></u>
<b>Net Assets</b>		<u><b>81,284.54</b></u>	<u><b>78,946.61</b></u>
<b>Equity</b>			
Retained profits / (accumulated losses)		81,284.54	78,946.61
<b>Total Equity</b>		<u><b>81,284.54</b></u>	<u><b>78,946.61</b></u>

# **AUDIOMETRY NURSES ASSOCIATION OF AUSTRALIA INC**

## **NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

### **1 Statement of Significant Accounting Policies**

The committee has prepared the financial statements on the basis that the association is a Non-reporting entity because there are no users dependent on general purpose financial statements.

The financial statements have been prepared in accordance with the significant accounting policies disclosed below which the committee has determined to meet the needs of the members.

Such accounting policies are consistent with the previous period unless stated otherwise.

The accounting statements are prepared on an accruals basis and are based on historical cost unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of these statements are as follows –

#### **Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand and deposits held at call with banks.

#### **Revenue and Other Income**

Revenue is measured at the fair value of the consideration received or receivable.

### **2 Education Fund**

This fund was established in 1991 when a donation of \$1952 was received in the memory of Rue Wright. The 1992 Annual General Meetings of members approved a resolution that at each subsequent year \$5 in respect of each member is to be set aside to assist the Education Fund and that members are eligible to apply for education grants in accordance with the guidelines that have been established. At 30 June 2020 the Education Fund, which is part of the cash balance with Northern Inland Credit Union, totaled \$7093, 2019 \$6598. During the year payments of \$Nil, 2019 \$Nil were made from the Fund.



## AUDIOMETRY NURSES ASSOCIATION OF AUSTRALIA INC

### COMMITTEE REPORT

Your committee members submit the financial report of the Audiometry Association of Australia Inc for the financial year ended 30 June 2020.

#### Committee Members

Tracy Hawes

Julia Cunningham

Kate Norton

Venneta Lewis

Sharyn Wilkinson

Purna Sweetman – elected 31 October 2019

Susan Darby – elected 31 October 2019

#### Principal Activities

The principal activities of the association during the financial year were –

The provision of education, professional direction and a forum for the professional standards to those working in the community.

#### Significant Changes in Activities

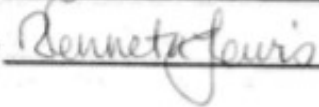
No significant changes in the nature of these activities occurred during the year.

#### Operating Profit

The profit for the year amounted to \$2337.93.

Signed in accordance with a resolution of the members of the committee

Committee Member  Tracy Hawes President

Committee Member  Venneta Lewis Treasurer



# AGENDA- AGM

## AUDIOMETRY NURSES ASSOCIATION of AUSTRALIA INC

**Date:** Thursday the 24<sup>th</sup> of September 2020

**Time:** 2pm.

**Venue:** Skype. Invite will be emailed to all members to either attend via video call or phone.

Item No.	Agenda Item	Comments
	<b>Meeting opened</b>	
1.	<b>Attendances</b> as per attendance sheet	
2.	<b>Apologies</b> as per apology sheet	
3.	<b>Confirmation of Previous AGM Minutes held 31<sup>st</sup> October 2019 as circulated to Members prior to the AGM through the Professional newsletter 'EAR 'TIS.</b>	Moved:      Seconded:
4.	<b>Business arising from minutes</b> Nil	
5.	<b>President's report</b>	Moved:      Seconded:
6.	<b>Treasurer's report</b>	Moved:      Seconded:
7.	<b>Membership report</b>	Moved:      Seconded:
8.	<b>Public Officer report</b>	Moved:      Seconded:
9.	<b>Motions for which due Notice has been given</b>	
10.	<b>GENERAL BUSINESS</b> <b>Business Plan</b> 10.1 Financial Management & Planning 10.2 Audiometry Nursing Qualification 10.3 MOP's 10.4 Professional Newsletter and Website 10.5 Promotion of Hearing Health	Treasurer- Venneta Lewis Course Tutor- Kate Norton President – Tracy Hawes Editor- Sharyn Wilkinson President- Tracy Hawes
11.	<b>GENERAL BUSINESS with notice from members</b>	
12.	<b>Appointment of Returning Officer and Scrutineer</b> <b>Declaration of all committee positions vacant</b>	Returning Officer - Scrutineer -
13.	<b>Election of Office Bearers for 2020 - 2021</b>	
	<b>Meeting closed</b>	



**AUDIOMETRY NURSES ASSOCIATION of AUSTRALIA Inc.**  
**The professional organisation for Audiometry Nurses**

# **NOTICE OF MOTION**

## **ANAA Inc. AGM**

**( / / )**

**MOTION:**

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Proposed by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Post to: Kate Norton

The Secretary  
ANAA Inc.  
Kate.Norton@health.nsw.gov.au

Notice of Motion, reviewed February 2020



**AUDIOMETRY NURSES ASSOCIATION of AUSTRALIA Inc.**  
**The professional organisation for Audiometry Nurses**

## **APPOINTMENT OF PROXY FORM**

### **ANAA Inc. AGM**

**(   /   /   )**

I (print full name) \_\_\_\_\_

Of (print address) \_\_\_\_\_

Being a current financial member of the ANAA Inc. do hereby appoint:

(Print full name of proxy) \_\_\_\_\_

Of (print address) \_\_\_\_\_

As my proxy to vote on my behalf at the General Meeting of the ANAA Inc. to be held on (   /   /   ) and at any adjournment of that meeting, in accordance with the following directions (or if no directions are given, as the proxy sees fit).

My proxy is authorised to vote **for/against** (delete as appropriate) the motion (leave blank if proxy is to vote as they see fit, or if desired insert voting instructions)

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Signature of member appointing proxy: \_\_\_\_\_

Date: \_\_\_\_\_



**AUDIOMETRY NURSES ASSOCIATION of AUSTRALIA Inc.**  
The professional organisation for Audiometry Nurses

## **NOMINATION FORM – EXECUTIVE COMMITTEE ANAA Inc.**

### **PROPOSER:**

I (print name) \_\_\_\_\_ being a current financial member of the  
ANAA Inc.

Do **nominate** (Print name) \_\_\_\_\_

For the position of \_\_\_\_\_

Signature of proposer: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECONDER:**

I (print name) \_\_\_\_\_ being a current financial member of the  
ANAA Inc,

Do **second the nomination** of (Print name) \_\_\_\_\_

For the position of \_\_\_\_\_

Signature of seconder: \_\_\_\_\_ Date: \_\_\_\_\_

### **NOMINEE:**

I (print name) \_\_\_\_\_ being a current financial member of the  
ANAA Inc,

Do **accept nomination** for the position of \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

*Nominee, proposer and seconder must be financial members of the ANAA Inc on 30<sup>th</sup> September of  
each financial year, otherwise the nomination will be deemed invalid*



**MINUTES OF  
ANAA INC. AGM  
Held Thursday 31<sup>st</sup> October 2019  
At Club Taree**



**Meeting opened: - 1.53pm**

**1. PRESENT:**

2 Life members, 27 Full members, 2 associate member and 0 nonmember present as per attendance sheet

**2. APOLOGIES:** - Sharyn Wilkinson, Diane Shinnick, Shane Atkinson, Trish Martin, Alana Benson, Julia Cunningham, Venneta Lewis, Julie Plant, Marian Huempel & Deb Armstrong.

Moved by Kate Norton seconded Tracy Hawes that the apologies be accepted  
CARRIED

**3. MINUTES OF AGM HELD 25<sup>th</sup> OCTOBER 2018:** - Circulated to Members prior to the AGM through the ANAA Inc. Newsletter.

Moved by Kirsty Biddle, seconded by Anne McDonald that the minutes for the 2018 AGM as circulated and read be accepted as a true and accurate record  
CARRIED

Amendments: Nil

**4. BUSINESS ARISING FROM PREVIOUS MINUTES:**

Scholarship change – this has been implemented as agreed to at AGM. Have had 4 applications this year.

**5. PRESIDENTS REPORT:** Presented by President Tracy Hawes  
Seconded: Kate Norton

We have had a very productive year on the committee with 3 face to face meetings and one tele-conference.

I would like to thank all the committee members for their attendance when possible and the continuing efforts they have contributed to the running of our association.

It is a role of dedication and commitment which is voluntary, but very professionally fulfilling.

After several meetings with Hearing Health Stakeholders & the Minister Hon Ken Wyatt MP early in the year, we have now completed the Hearing Health Roadmap which was distributed via email to members. If you haven't received this, please let me know or go to the government website.

AGM Minutes 31<sup>st</sup> October 2019

It was great to be a part of this working party as we have fought hard to lift the profile of Audiometry Nurses over many years & we have been included in the Workforce domain of the Roadmap document.

We are awaiting further direction since the document was endorsed by COAG in March this year.

Please check for further information on the Commonwealth Government Department of Health website for updates.

This year we have had web developers create a brand new website for ANAA Inc. This has been a lot of work and now we have a user friendly interactive site with a Members only section. This will provide information that is current and keep members in touch with committee activities, newsletters & conference information.

There is a contact section for anyone to make inquiries to the committee. Our hearing health partnerships have been linked and connect to their websites for more information.

After passwords were issued and several setbacks we are confident that most people now have access. If you still don't have access, please contact us with your details so we can advise the web host who will check if there is an issue. If there are any email changes you need to change access passwords, please notify the treasurer also. Thank you to Gisella for helping liaise with the web designers.

If anyone has any comments regarding the website, please let the committee know.

This financial year we have also introduced a new billing system for membership renewals. You will have noticed that you now receive a Tax Invoice in July to pay your membership. This is a way to remind members to pay within the financial year. A small increase was well overdue but is still a reasonable cost for members when compared to other memberships.

It is imperative that you let the treasurer know of any change of details with email addresses etc. so it can be updated to the editor who distributes the Newsletter.

The Editor has the access to all member's email addresses so they can distribute any more urgent information or updates to members. If your information is incorrect you may miss out on updates.

In the next committee meeting we will discuss possible accounting packages that will help the treasurer with the accounts for ANAA Inc. This would provide a manageable system that provides continuity for whoever takes on the treasurer's role. Thank you to Venneta our treasurer for all her efforts this year with managing the accounts and changes.

Over the last year we have had several conversations with the Australian College of Nursing regarding the audiometry course and workshops. Thank you to Kate Norton & Susan Darby for their work as markers for the course. I know there has been a lot of frustration as they were pulled out of the tutoring role due to changes in the tutoring qualification requirements by the college for their accreditation.

More recently we have had tele-conferences with the college and this will be ongoing. We are now looking at incorporating workshops and tutoring back into the course. We have discussed a possible change for the course to be under a RTO model with clinical competencies. If we change the model of the course it may also reduce the cost for students but not the content. This model will still be managed at ACN. The college has also offered to help us with research into our Clinical Practice Guidelines which are due to be updated.

If any of our members are interested in helping with the tutor/marker role at the college, please let us know. There is criteria which can be discussed with the college if you are considering applying.

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Thank you to Kate for managing the audiometry course and liaising with the college. The reward is that the college have now accepted us back as tutors. Also thank you to Kate for her time to facilitate and organise the Clinical Supervisors workshops at conference each year.

There has been ongoing discussion at the committee meetings regarding the **Clinical Practice Guidelines**. We need solid evidence based research to back up any changes to practice. One change we have considered is the way we do masking. We are looking at keeping it in line with audiologists and evidence found in text books & Audiology Australia guidelines.

If there are any changes, we will notify members by circulating the new CPG's when updated.

As far as the audiometry forms go, I have contacted the Ministry of Health and are waiting for a response. There are several changes we would like to make to the forms if given the opportunity. I have also asked if they can be made "electronic" as a document in CHOC Cerner programs.

I have had discussions with ACN regarding regular audiometry workshops on their calendar of events. It would be a way of nurses getting CPD hours by attending a regular workshop each year even if they can't attend a conference. There would be a city & a country workshop and the venues can be decided each year as to which location suits most members.

We could use our own tutors, who would be paid by the college who would then organise the rest. There would be a cost for members to attend just like coming to the conference.

It is a way to formalise ongoing audiometry education which will also be added to the link on our website.

Last year we joined the **Associations Forum** to help us with advice for operating a non-profit association. They are keen to help us throughout the next year with more involvement by tele-conference or face to face at our committee meetings.

They look after many small organisations like ours to keep them operating within the guidelines.

John Peacock who is the CEO, has given us two free invites to their next AF National conference in Brisbane to provide us with networking and advice with other associations.

This will keep our audiometry nursing profile at the professional level it deserves. It is important to be recognised at a National level with other organisations.

The other meeting that I attend is the **CoNNMO** meeting, which is held twice per year. The last one being in early October at Waterloo at the Australian Nurses and Midwives Association. The alternate meeting is usually held in Melbourne.

The minutes or communique for this meeting is always on the CoNNMO website for everyone to see.

Once again this is a great place to network with other specialty nursing organisations around Australia.

Next year is the International year of Nurses' & Midwives. CoNNMO plan to join forces with the **Nursing Now** Campaign in Canberra to have government invest more into the nursing profession which will provide a stronger economy and a healthy community.

Annie Butler (Federal secretary of Australian Nursing and Midwifery Federation) has requested that we submit a list of priorities from each specialty organisation for the pre-budget submission. Taking the group to Canberra will send the message to politicians and the media that we are a united force.

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This campaign is an International initiative which plans to lift the nursing profile and improve patient outcomes. You can look up the Nursing Now website for more information of events and updates.

Last but not least I would like to thank the Taree conference committee for taking on the task of organising another informative educational conference for us all to partake in.

It is a big commitment to cover all that is required building up to the event. As a committee we appreciate any help to do this each year. It's also great that we can share the job and also the location. It is a wonderful way of networking and supporting each other.

Please let any of us on the committee know if you are interested in holding a conference in your local health district next year. You will be supported by the committee along the way with regular updates and advice.

Thank you to those on the committee that may not wish to be re-elected but also for the hard work you have put in so far.

If anyone has any issues they wish to discuss please don't hesitate to contact us in person, phone or via the new website.

**6. TREASURERS REPORT:** Presented by Kate Norton on behalf of Venneta LEWIS

Income		
2018 Conference Income	16,848.00	
Membership Fees	4,645.00	
		<b>Total Income</b>
		<b>21,493.00</b>
Total expenditure		
Audit fee	275.00	
Bank Fees	30.00	
Conference	11,201.99	
Dept. of Fair Trading - annual filing fee	46.00	
Executive Committee Expenses	3,892.28	
General Expenditure	0.00	
Insurance	624.58	
Membership fee - Association Forum	700.00	
Printing and Stationery	0.00	
Website	1,792.95	
Donation	0.00	
Scholarship payment	3,475.00	
Computer Expenses	89.00	
		<b>Total Expenses</b>
		<b>22,126.80</b>

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Operating Income Loss	-633.80
<b>Other Income</b>	
Total Other Income or interest	1,084.21
<b>Net Income</b>	450.41

**Education Fund** 6,728.00

Which is part of cash balance within Northern Inland Credit Union general bank account

**Bank Accounts**

General Bank Account as at 24.10.19 42,595.16

Investment account as at 24.10.19 47,835.96

Moved by Sue Hynes and seconded by Cathie Cooper that the report be received and accepted CARRIED

**7. MEMBERSHIP REPORT:** Presented by Kate Norton

Life members – 8  
Associate members- 9  
Full members- 89

Moved by Kate Norton and seconded by Tracy Hawes that this report be received and accepted. CARRIED

**8. PUBLIC OFFICER REPORT:** Presented by Kate Norton

All required forms were completed and sent following 2018 AGM:

- Form A12 sent to Dept. Fair Trading following 2018 AGM, paying fee of \$46.

Moved by Kate Norton and seconded by Tracy Hawes that this report be received and accepted. CARRIED

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**9. MOTIONS FOR WHICH DUE NOTICE HAS BEEN GIVEN:**

Nil received

**10. GENERAL BUSINESS:**

**10.1 Report on Business Plan**

10.1.1	<b>Financial Management and Planning</b> by Kate Norton on behalf of Venneta Lewis	<p>Thank you to everyone for your support of the ANAA Inc.</p> <p>Financial Transparency – this is achieved by the treasurer providing quarterly report to the committee. A yearly audit is attended then sent to all ANAA Inc. membership. All transactions require 2 signatories.</p> <p>New invoice system. We are trying to obtain all membership payments in the one financial year. We would appreciate some general feedback on how you thought the invoicing system worked this year. You can do this by talking to any committee member either here, or via email.</p> <p>When paying by EFT, please use member number and current surnames in the reference as it is helpful in identifying payments on the bank statement.</p> <p>Conference registration process Please confirm with your Manager that the Health Service is going to approve and pay for your attendance at the conference.</p> <p>Complete conference registration form and please send to the Treasurer. An invoice will be raised and returned to you for you to give to your Manager for further processing for the Health Service payment.</p> <p>ANAA Inc. does not have a credit card payment option. This has been investigated and we are unable to provide this service at this time.</p> <p>Please remember all the committee and conference positions are all voluntary hours. Monetary reimbursement is only for airfares. Travel costs this year will be reduced by increasing tele conferencing.</p>
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		<p>Members make up the Association and need to have an input to what they want collectively and that steers the Association direction and committee.</p> <p>Increased fees for the first time since 2008.</p> <p>Scholarship fund- one per year. This calendar year we have 2 as voted on at last year's AGM</p> <p>Investment account has been maintained.</p> <p><i>From the Floor – Jan Wright asked have we investigated whether Paypal is an option for payment? Treasurer will investigate.</i></p>
10.1.2	<b>Audiometry Nursing Qualification</b> By Kate Norton	<p><u>Audiometry Course</u> continues to be run in an online format by the ACN. There are 4 students in subject 242 now. We had 3 complete the course in the first half of the year. One however was from China and her practical component of her course was very difficult. It has been decided with the ACN we won't take any overseas applicants at this stage.</p> <p>Recent meeting with ANAA Inc. and ACN stakeholders regarding the Tutor/Marker role. It has been decided that there will be external provider for the Tutoring role again. Term 4 this year I started Tutoring again. Previously we were able to mark only.</p> <p>Tutor/markers for the ACN are me and Susan Darby from Newcastle. Susan will step down from this role at the end of this year. I'd like to thank Susan for her diligence and dedication to this role.</p> <p>You will have all received an email a few weeks ago advertising for a tutor/marker for the Audiometry subjects. Gisella Laughton from Springwood applied for the position and was successful. Congratulations Gisella.</p> <p>As part of our meeting with the ACN we discussed the format of the course. We will hold further meeting with the ACN next year to investigate a change in the structure of the course. We were advised that university level courses do not include a competency-based structure. This current structure also does not allow for extra hours</p>

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		<p>of practical for the student. 60hours is the most they can allow. The college has suggested we could go to an RTO model. This would allow for competencies and increased practical hours. Further meetings will be organised early in the new year.</p> <p>Our ANAA Inc <u>website</u> has a section for education. It has information about the course, information about conference and information on how to apply for our scholarship. Please remember to spread the word about our website to others interested in Audiometry.</p> <p>We have had 2 successful applicants for the <u>scholarship</u> this year - As voted on at our last year's AGM These were Shirley Howitt from Murwillumbah. Shirley completed her course at the end of June. She has been working in the Murwillumbah area since completion. Congratulations Shirley. Our other successful applicant is Kaye Pearce from Cooma. Kaye should complete the course by the end of the year. Congratulations to Kaye.</p> <p>Please remember we need to continue to support and mentor these nurses well after they complete the course. As you are all well aware many of us work in isolation. We don't have someone down the hall we can ask a question of. We need to encourage links via email, phone or Skype.</p> <p><u>Clinical Advisors</u></p> <p>Numbers of Clinical Advisors have decreased in the last couple of years. For our students to be able to gain their practical hours we need many clinical advisors. If you have minimum of 3 years' experience in Audiometry Nursing, please consider applying at your next conference. The student can do some of their 60 hours with other Audiometry nurses but need to do a good proportion with you. It is your job to deem them as competent.</p>
10.1.3	<b>Maintenance of Professional Standards for AN's (MOP's)</b> by Tracy Hawes	<p>Review and update Clinical Practice Standards. We need CPD hours for AHPRA. Encourage Clinical Practice Reviews. ANAA Inc. provides representation at ConNMO twice a year.</p>

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10.1.4	<b>Professional Newsletter ('EAR 'TIS) and Website</b>	'Ear 'Tis is emailed out to all members. Will now be able to be uploaded onto the new website in the members only section. Please send any interesting articles or any interesting information to the editor so it can be shared with all your peers. Website has been updated. Also now has affiliation links. Facebook page continues. Please like our page so you continue to get our information.
10.1.5	<b>Promotion of Hearing Health</b>	This is achieved by sharing information. Fact sheets. CoNNMO representation.
10.1.6	<b>ANAA Inc. documentation</b>	Document register updated yearly.

**GENERAL BUSINESS with Notice:**

Nil

**11.ELECTION OF OFFICE BEARERS 2019-2020:**

**Nominated for Returning Officer:** Kathy Stoddart  
**Nominated for Scrutineer:** Sue Hynes, Lucy Rindo

The nominations for the ANAA Inc. Executive Committee for 2019-2020 were read out by Kathy Stoddart and are as follows:

**Nomination for PRESIDENT:** **Tracy Hawes**  
Nominated by: Annette Swanson  
Seconded by: Anne McDonald

**Tracy Hawes** accepted the position and was elected unopposed.

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**Nomination for VICE PRESIDENT:** **Julia Cunningham**  
Nominated by: Kate Norton  
Seconded by: Anne McDonald

**Julia Cunningham** accepted the position and was elected unopposed.

**Nomination for SECRETARY:** **Kate Norton**  
Nominated by: Tracy Hawes  
Seconded by: Gisella Laughton

**Kate Norton** accepted the position and was elected unopposed.

**Nomination for TREASURER:** **Venneta Lewis**  
Nominated by: Kate Norton  
Seconded by: Gisella Laughton

**Venneta Lewis** accepted the position and was elected unopposed.

Nominations for ANAA Inc. **COMMITTEE MEMBERS** (3 positions)

**Committee member/Editor 'Ear 'Tis:** **Sharyn WILKINSON**  
Nominated by: Kate Norton  
Seconded by: Gisella Laughton

**Sharyn Wilkinson** accepted this position and was elected unopposed.

**Committee member:** **Purna Sweetman**

Nominated by: Kirsten Biddle  
Seconded by: Helen Haire

**Purna Sweetman** accepted this position and was elected unopposed.

**Committee member:** **Susan Darby**

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Nominated by: Melinda Lowry  
Seconded by: Jennifer Adams

**Susan Darby** accepted this position and was elected unopposed.

There being no further business the meeting closed at 3.03pm.

President:

Secretary: Date:

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# 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](mailto: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](mailto:julia.cunningham@health.nsw.gov.au)

## **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](mailto:kate.norton@health.nsw.gov.au)

## **TREASURER**

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