

# 'EAR 'TIS



Newsletter for Audiometry Nurses  
Welcome to the issue of the ANAA Inc. newsletter

**Spring 2021**

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*ANAA Inc. Annual General Meeting  
teleconference to be held  
22<sup>nd</sup> October 2021  
at 2pm*



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# President's Report- September 2021



Hi everyone,

We are all disappointed that we have had to postpone the annual conference once again. Some things are out of our control, pandemics being one of them!

We have set the dates for the next conference in Tamworth for October 20<sup>th</sup>- 21<sup>st</sup> 2022.

Tamworth will be holding a two day workshop on 30<sup>th</sup>-31<sup>st</sup> March 2022 for those in that LHD. Perhaps other LHD's may hold their own workshops?

Stay tuned for more information regarding both of these events. I'm not sure what else could hold us back next year?!

We will still need to encourage members to become clinical advisors as we still have students enrolling in the audiometry course.

We have put so much work into succession planning for audiometry that we can't afford to drop the ball now!

Please encourage your colleagues to support audiometry nursing in the future.

We have been asked by Audiology Australia to comment on their new Tele-Health Guidelines. I have done this in view of us all being able to follow the same practice guidelines when they are released.

The AGM will be held on the 22<sup>nd</sup> October at 2pm 2021. Details of the meeting & agenda will be sent soon.

We need support from all members to participate and have their say at this meeting.

This is my last year as President of ANAA Inc. as I have completed 4 years. Someone will need to stand in this position & we can't assume that it will always be someone on the current committee. It would be nice to see some new faces. Please consider a stint on the committee as it is a very rewarding experience.

I feel happy to have been part of the Hearing Health Roadmap that is supporting Audiometry Nursing in the future. I have made many new friends and contacts in the hearing world that I may not have otherwise. These people are just as passionate about hearing services as we are. They have a lot of respect for what we do & have stated that we are an integral part of hearing services in the future. It is also important that we keep the wheels turning in our organisation, even in a pandemic.

I personally have been out of audiometry for the last few months after being redeployed to the InTouch Covid Care team as a team leader. I am still passionate about getting back to my audiometry clinics in Western Sydney as currently there is no service & I hate to think how long the waiting list is? I appreciate that many of us have been redeployed, but we like other organisations will get back to our essential work in audiometry once again.

So please consider making some time to attend the AGM to participate in the future of our Audiometry Nurses Association.

Take care everyone.

*Tracy*

# Regarding Membership

We have had a few resignations of memberships this year due to a number of reasons including retirement. It's been a tough time for Audiometry with many hearing services reduced or cancelled with the nurses redeployed into other areas.

As the membership secretary & treasurer of our association would like to thank all those members leaving our association the very best. We truly value the years you have supported this association.

To all those that have renewed, thank you so much. Your continued support of our association is greatly appreciated.

For the continuation of our association, please try to encourage any of your Audiometry Nursing colleagues, especially new Audiometry Nurses to become a members. Membership application can be found on our website [www.anaa.asn.au](http://www.anaa.asn.au)

Kind regards

**Kate Norton**



# Education, Interesting Articles and Webinars



In the last few months the Rural Health Pro have provided a number of interesting educational webinars on topics that would interest Audiometry Nurses.

Most recently there has been 2 webinars on the Otitis Media Guidelines for Aboriginal and Torres Strait Islander children 2020. These webinars were attended by quite a few of our Audiometry Nurses who stated how valuable they were. Other webinars this year have been on the HAP-EE program, the Eartrain course plus 'Who, when and how to refer to Hearing Australia.

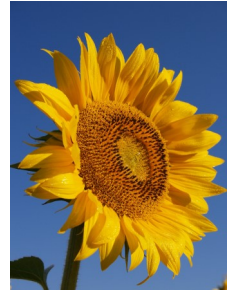
All of these webinars are available for you to view if you join the Hearing Health Group at Rural Health Pro. The link to join is found below.

<https://www.ruralhealthpro.org/s/group/0F95K00000001p7SAA/ear-hearing-health-group>

An **upcoming webinar** on Sound Scouts will be held on the 29<sup>th</sup> of September from 12pm to 1pm.



# Education, Interesting Articles and Webinars



## Re-Calibrating Pediatric Counseling for the Millennial Parent **audioLOGYonline**

02/06/2021

Elizabeth Haley, AuD, CCC-A, Emily Jo Venskytis, AuD, FAAA

[Re-Calibrating Pediatric Counseling for the Millennial Parent Elizabeth Haley Emily Jo Venskytis Pediatrics Practice Management and Professional Issues 263.pdf](#)

## Resilience: Helpful Hints for Health Professionals

These helpful hints from CRANaplus have been developed using the latest evidence knowledge of working with health workers in rural and remote areas over the years. This is not a full list of recommendations or suggestions, but rather a way to encourage you to take the first step or a reminder of ways of building your resilience.

[Get it now](#)

## Lions Nurses Scholarship

is open for study in 2022.

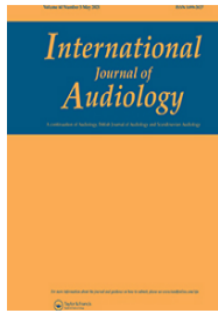
Applications close end of

October

It's on the NSWNMA website.







International Journal of Audiology

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/ijja20>

## Predicting hearing loss from 10 years of universal newborn hearing screening results and risk factors

E. Jane Fitzgibbons, Carlie Driscoll, Joshua Myers, Kelly Nicholls & Rachael Beswick

To cite this article: E. Jane Fitzgibbons, Carlie Driscoll, Joshua Myers, Kelly Nicholls & Rachael Beswick (2021): Predicting hearing loss from 10 years of universal newborn hearing screening results and risk factors, *International Journal of Audiology*, DOI: [10.1080/14992027.2021.1871975](https://doi.org/10.1080/14992027.2021.1871975)

To link to this article: <https://doi.org/10.1080/14992027.2021.1871975>

### ABSTRACT

**Objective:** This study investigated whether demographic variables, risk factor presence or absence and universal newborn hearing screening (UNHS) results can be used to predict permanent childhood hearing loss (PCHL) in infants referred from screening.

**Design:** Retrospective analysis of a UNHS database.

**Study sample:** Data were extracted from the state-wide UNHS database storing details of the 613,027 infants who were born in Queensland, Australia between 1 January 2007 and 31 December 2016 and participated in UNHS. This study included the 6735 children who were referred from the UNHS program for diagnostic audiology due to failing the screen in one or both ears or bypassing screening.

**Results:** Factors with a significant positive association with PCHL that were incorporated into a logistic regression model were: female gender, non-indigenous status, family history of PCHL, craniofacial anomalies and syndromes associated with PCHL, and a bilateral refer result on screening.

**Conclusions:** Odds of PCHL vary among infants referred for diagnostic assessment from UNHS programs. When an infant refers on the newborn hearing screen, information about their gender, indigenous status, identified risk factors and specific screening outcome can be used to predict the likelihood of a congenital PCHL diagnosis.



Dear Colleagues

The next Allied Health Telehealth Virtual Education (AHTVE) session is scheduled to occur as follows:

**Tuesday 12 October 2021**

**1:00 - 2:00pm**

**Hearing Health across the paediatric lifespan - Indicators and resources for action**

**Presented by: Melanie Dowling, Paediatric Audiologist, John Hunter Children's Hospital**

**Florencia Montes, Shared Head of Department, Audiology, Sydney Children's Hospital**

**Fiona Duncan, Head of Department, Audiology, The Children's Hospital at Westmead**

Please see the session abstract attached.

Register your site for this session by going to <https://qars.cec.health.nsw.gov.au/Survey?p=6159283>. Registrations must be submitted by **12 noon, Wednesday 6 October 2021**.

This session will be held via videoconference using the eHealth Virtual Meeting Room system (Pexip), which requires you to dial into the session from your videoconference system or computer (using Google Chrome). The session will be recorded. To access a copy of the recording please email [SCHN-AlliedToKids@health.nsw.gov.au](mailto:SCHN-AlliedToKids@health.nsw.gov.au).

Details regarding AHTVE sessions are also available on the Allied to Kids Telehealth Virtual Education webpage. Go to <http://www.nchn.org.au/a2k/telehealth.html>.

If you would like to have your name added or removed from the distribution list or would like further information please contact your Allied Health Educator.

Kind Regards

**Sonia, Jen & Carmel**

**Allied Health Educators**

**Children's Healthcare Network**

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Allied to Kids website: [www.nchn.org.au/a2k/index.html](http://www.nchn.org.au/a2k/index.html)



# Allied Health Telehealth

## Session Abstract

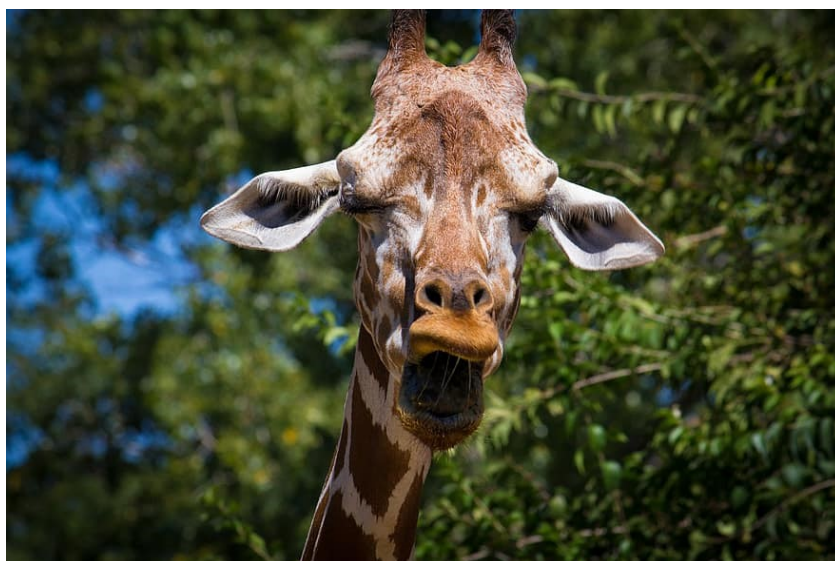


<b>Title of presentation</b>	Hearing Health across the paediatric lifespan. Indicators and resources for action.
<b>Date of presentation</b>	12 October 2021
<b>Presenters details</b>	<p>Melanie Dowling, Paediatric Audiologist, John Hunter Children's Hospital.</p> <p>Florencia Montes, Shared Head of Department, Audiology, Sydney Children's Hospital.</p> <p>Fiona Duncan, Head of Department, Audiology, The Children's Hospital at Westmead.</p>
<b>Target Audience</b>	All hearing professionals.
<b>Introduction/ Background to the topic</b>	<p>Identifying hearing loss early and providing timely intervention has been widely investigate and acknowledged. Universal newborn hearing screening in NSW is performed by the NSW HEALTH SWISH program. This program aims to identify all babies who are born with a significant permanent hearing loss. Timely access to amplification and early intervention has been demonstrated to show an improvement in social, emotional, communication and language outcomes.</p> <p>Hearing assessment at birth however does not guarantee optimal hearing throughout the lifespan of the individual. The cessation of hearing screening program from the preschool years in many areas has created the risk that progressive or fluctuating hearing loss may not be identified in a timely fashion.</p> <p>Access to medical and interventional services varies between areas. Resources are available to help identify those children who are at risk of hearing loss, permanent or temporary. Building a bespoke tool kit for the population that a health professional cares for may reduce the risk and impacts of poor hearing health. The tool kit is enhanced by having a clear understanding of the medical, interventional and family support pathways that are available in your area.</p> <p>This session will describe:</p> <ul style="list-style-type: none"> <li>• Hearing assessment approaches across the paediatric population. What they look like, what they tell us and how they relate to each other.</li> <li>• Some of the indicators of hearing loss throughout childhood. How to investigate further.</li> <li>• How to access audiology services and determining what is available in your area.</li> <li>• The management of the different types of hearing loss.</li> </ul>





<b>Method/Approaches used</b>	<p>The materials presented will be a collection of resources from various stakeholders in the field of audiology. This will include those from with NSW Health as well as those we collaborate with. These will include however not limited to:</p> <ul style="list-style-type: none"> <li>• Hearing Australia</li> <li>• National Acoustic Laboratories – LOCHI Study</li> <li>• HAPEE Program</li> <li>• ENT services</li> <li>• Aussie Deaf Kids</li> <li>• HEAR-0</li> </ul>
<b>Conclusions and recommendations for practice</b>	<p>An audiogram is an indication of hearing on the day of testing alone. The results from any hearing assessment should be considered with the caveat that hearing may change at any time for a number of reasons.</p> <p>Early detection and management of a hearing loss enables a child with a hearing loss to develop appropriate language and communication skills and live their lives to the fullest potential.</p>
<b>References/Resources Recommended</b>	<p>PLUM &amp; HATS <a href="https://plumandhats.nal.gov.au/">https://plumandhats.nal.gov.au/</a></p> <p>Hearing Australia <a href="https://www.hearing.com.au/Hearing-loss/Children-young-adults">https://www.hearing.com.au/Hearing-loss/Children-young-adults</a></p> <p>LOCHI Study <a href="https://www.outcomes.nal.gov.au/about">https://www.outcomes.nal.gov.au/about</a></p> <p>Sound Scouts <a href="https://www.soundscouts.com/au/">https://www.soundscouts.com/au/</a></p> <p>SWISH Guidelines <a href="https://www1.health.nsw.gov.au/pds/ActivePDS/Documents/GL2010_002.pdf">https://www1.health.nsw.gov.au/pds/ActivePDS/Documents/GL2010_002.pdf</a></p>



# OAE Advantages



## Evaluate Outer Hair Cell Function

What are the clinical advantages for OAEs? They are diverse and they are powerful. First, we know that there is no better way to evaluate outer hair cell function than to record OAEs. The audiogram provides us with very little information about hair cell function. Studies show that only a couple of working hair cells are required in a critical band of the cochlea to obtain a normal threshold. However, for OAE amplitude to be entirely normal, virtually every outer hair cell has to be functioning. Almost everything that can go wrong in the cochlea initially involves the outer hair cells, such as noise exposure, ototoxic medications, or presbycusis. They are like “canaries in a coal mine” for hearing. If the OAEs are normal, you can be assured that outer hair cells are still functioning well, but as soon as there is a problem with the OAEs, you know there is dysfunction in the cochlea.

Every time you have a powerful advantage, there will be a downside to the technique. In this case, site specificity is a big advantage. When OAEs are abnormal and we have ruled out a middle ear problem, we can be certain there is an outer hair cell problem. An abnormal audiogram does not tell you anything about the outer hair cells. But with OAEs, we can be confident that the outer hair cells are not functioning normally if the OAEs are abnormal, assuming we have ruled out technical problems and middle ear dysfunction.

**AUDIOLOGYonline**

**Evidence-Based Clinical**

**Applications of OAEs in**

**Children and Adults**

**James W Hall III PhD**

**October 19, 2015**



# Sausage Rolls Recipe

## as shared by a baker.

### INGREDIENTS (makes 4 large sausage rolls)

1 tablespoon olive oil  
1 carrot, cut into cubes  
1/4 onion, cut into 1/2cm cubes  
2\* 6cm sticks celery, thinly sliced  
4 rashers streaky bacon, sliced into approx. 1cm strips  
500 grams pork mince  
1 egg  
50 grams panko bread crumbs  
1 tablespoon rosemary, finely diced  
2 teaspoons thyme, finely diced

1 tablespoon parsley, finely diced

1 sheet puff pastry

Salt & pepper to taste

### For the egg wash:

1 egg

1 tablespoon milk

### To garnish:

Sesame/black sesame seeds



### METHOD

Preheat the oven to 200C

In a fry over medium add the olive oil, carrot, onion and celery and cook until it turns soft. Add the bacon and cook for a further 2-3 minutes or until the bacon starts to turn crispy (don't make it too crispy though as it will continue to cook in the oven). Remove from the heat and allow to cool for 5 minutes.

In a bowl combine the mince, egg, breadcrumbs, herbs and cooled bacon mixture and mix until combined.

Make the egg wash by combining the egg and milk in a bowl and whisk until combined.

Cut the puff pastry sheet in half and lay out half the mince mixture and form into a sausage shape along one edge of the pastry. Brush the other edge of the pastry with the egg wash then roll up the pastry into the sausage rolls. Cut in half and add to a baking tray lined with baking paper. Repeat with the other half of the puff pastry sheet.

Brush with the egg and top with sesame seeds. Bake in the preheated oven for 20-25 minutes or until deeply golden. Serve with tomato sauce and enjoy!

SOURCE: Morgan Hipworth

Daily Mail

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