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# Interprofessional Education – CPD Opportunities with Educational Audiology

Glancing at the title of this article, maybe your first thought was: 'What's the point of interprofessional education? My paediatric department already works well with other professionals: we have a CHSWG, MDTs, and a good relationship with local Education services.' Well, not all departments can make such claims; if yours does, then we hope you will also concede that there

is always room for improvement. We aim here to give you a brief overview of the evidence as to why working well with other professionals is so important, the role of interprofessional education (IPE) in supporting that collaboration, and available IPE opportunities.

Interprofessional collaborative practice (ICP) is defined as 'when multiple health workers from

different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings' (WHO 2010). The World Health Professions Alliance (2019) states that effective ICP can lead to:

- improved access to health interventions and improved coordination between different sectors for individuals and their

Figure 1. Mechanisms that effective ICP (WHO 2010)

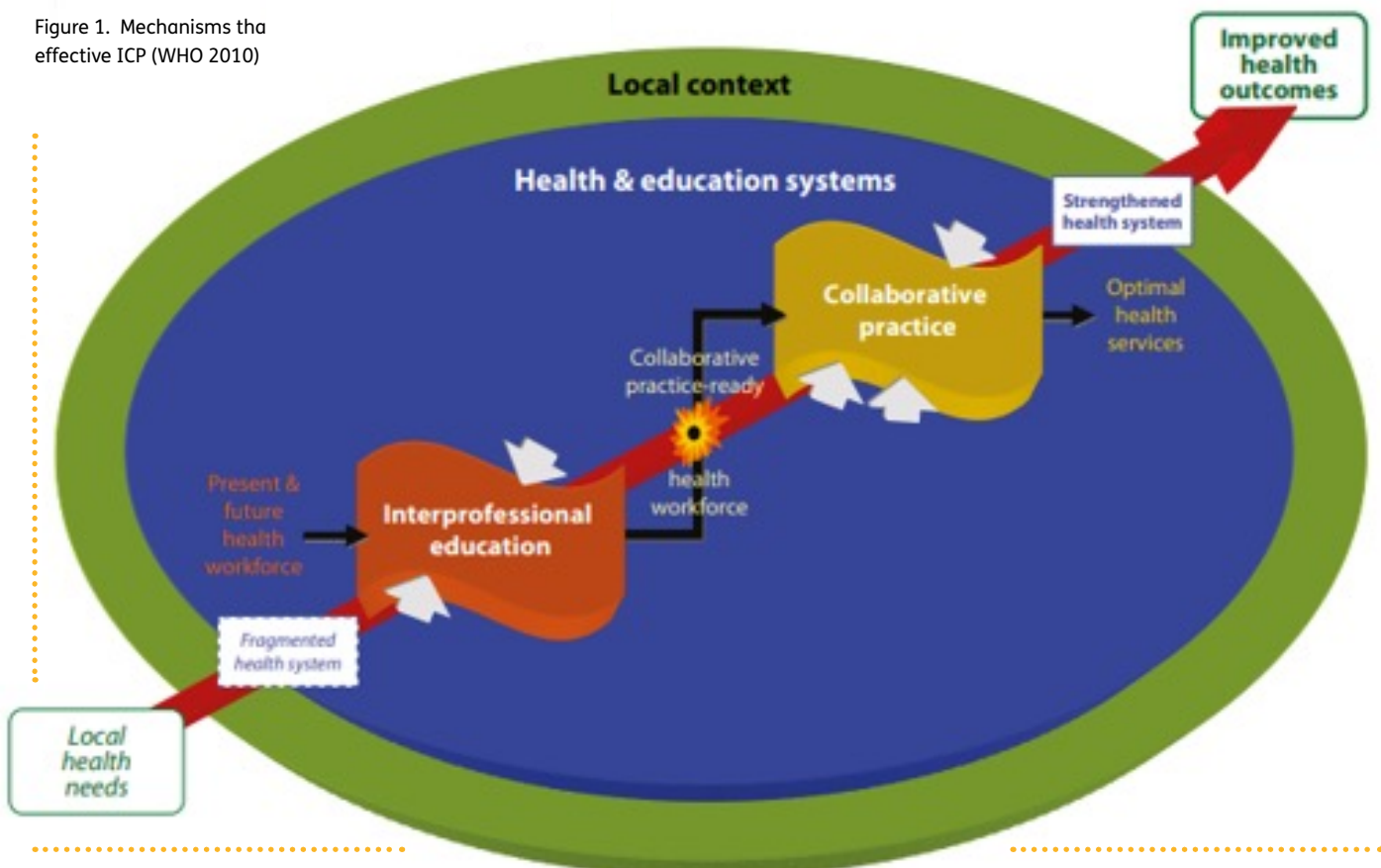




Figure 2. Ed Aud role illustration, Mary Hare.

- families with more involvement in decision making
- a comprehensive, coordinated and safe health system that is responsive to the needs of the population
- efficient use of resources
- increased job satisfaction, with reduced stress and burnout of health professionals

The World Health Organization's Framework for Action (2010) shows that one of the fundamental requirements for ICP to become embedded into a healthcare system is IPE. When all professionals have a foundation in IPE, then we will have a 'collaborative practice-ready' healthcare workforce (Figure 1). The framework cites findings that IPE and ICP change the way that healthcare professionals interact

with one another to deliver care, and health professionals who had engaged in IPE reported improved patient outcomes.

These are global health studies. Are they relevant to Audiology in the UK? As an experienced paediatric audiologist, I firmly believe that clinical practice would be improved with better understanding of how to collaborate with colleagues in other professions, particularly in education. IPE provides opportunities to learn how to communicate effectively, and to draw from and build upon the expertise of others.

#### **Educational Audiologist Role and Training:**

Interprofessional collaborative practice is at the heart of the role

of the Educational Audiologist (Ed Aud). Although it varies between services; fundamentally its purpose is to bridge clinical audiology with school and home to effect optimum listening in real-world environments for a child or young person who is D/ deaf. A video called 'Linking up Listening Life' at <https://www.maryhare.org.uk/professional-courses/postgraduate-courses> explains more fully, as does the British Association of Educational Audiologists (BAEA) Roles and Competencies document found at [www.baea.org.uk](http://www.baea.org.uk); as well as a translational research guide on Educational Audiology by MESHGuides at Educational Audiology | MESHGuides

The timeline relating current IPE efforts to Educational Audiology includes a 2017 Professional Opinions Survey of both Audiology and Education Heads and practitioners which was cited in a Department for Education report and resulted in professional registration for Ed Auds with the Registration Council for Clinical Physiologists (RCCP) as well as stand-alone postgraduate Ed Aud modules for CPD at Mary Hare. An IPE pilot study was undertaken in 2019 with invitees from the Ed Aud course's British Society of Audiology and British Academy of Audiology (BSA and BAA) networks; which was presented in poster and webinar for both bodies. 2020 saw a hiatus due to COVID with opportunities to expand practicum virtually and develop online presence that enabled a greater diversity focus in lecturer roles. Participants gave very positive feedback, for example 'some very handy pearls of wisdom came out of the sessions that are immediately clinically relevant to me'.

As presented at the recent BAA members' webinar, the 'new normal' of blended learning for Ed Aud modules starting September 2021 comes just after the new BAA Higher Training Scheme (HTS) has been launched, providing M-level options in Paediatric Habilitation for HTS participants. University credit can be obtained via stand-alone modules or a PGDiploma (<https://www.maryhare.org.uk/professional-courses/postgraduate-courses/>); alternatively to apply for one of a limited number of places to simply attend face-to-face lectures as guest at one of four residential weekends, contact [courses@maryhare.org.uk](mailto:courses@maryhare.org.uk).

Contemporary examples of ICP involving Educational and Clinical

Audiology include consultations on BSA Infant hearing aid fitting guidelines, Paediatric Audiology Rapid Review, BAA development of Paediatric Audiology Quality Standards, and HTS Paediatric Assessment and Habilitation modules.

### Imperatives of Interprofessional Collaborative Practice and Education

Educational and Clinical Paediatric Audiology are inextricably linked by their shared goal to optimise outcomes for Deaf and hearing-impaired babies, children and young adults. A great deal of under-pinning knowledge on our learning journey is shared. Much of the content of the Mary Hare MSc/PGDip Educational Audiology modules maps directly onto the HTS Paediatric Habilitation M-level module. Selecting an IPE training route to gather necessary M-level credits, or for CPD adds value to the learning experience, providing potential to share perspectives that make for well-rounded practitioners with a clear view of roles and skills across our shared profession.

Families see us as one service that provides support to their children. Education and Health (and indeed the wider Care society) owe it to these families to work collaboratively, offering a service that is complementary and comprehensive. Various factors can work against this aim:

- Educational and Clinical Audiologists worked in separate organisations, managed and funded separately.
- At times it's possible for services to fall prey to inter-professional suspicions and toe-trampling, particularly where there is overlap between the skill set and scope of practice.
- Historic precedents may exist

that need revising when one or other teams take on a new staff member bringing skills that may previously have been undertaken by other colleagues.

IPE helps to break down these barriers, opening channels for communication, providing insight into each other's roles and encouraging a joined-up approach to service design and delivery. In this age of trimmed services and tight budgets it's vital that a family and patient-centred service is constructed without duplication or deficit in any area. ICP is the only way to optimise and coordinate a (re)habilitation service for hearing impaired children, and IPE is a catalyst in achieving this aim.

IPE provides the opportunity to 'grow' a new generation of aspiring Clinical Audiologists and Educational Audiologists who are groomed to communicate effectively with each other, sharing ideas and learning, building career-long relationships, and seeing seamless and collaborative Health-Education working as the 'norm'.

So, what can IPE do for you and your service? Well, we all want to be part of that 'collaborative practice-ready' workforce. We need to welcome learning from one another. Short, stand-alone IPE modules provide an excellent learning opportunity with many benefits.

#### References:

- World Health Organisation (2010) Framework for Action on Interprofessional Education & Collaborative Practice. Geneva. Licence: CC BY-NC-SA 3.0 IGO [accessed 4 May 2021]
- World Health Professions Alliance (2019) Statement on Interprofessional Collaborative Practice. <https://www.whpa.org/news-resources/statements/whpa-statement-interprofessional-collaborative-practice> [accessed 4 May 2021]