

Hear It!

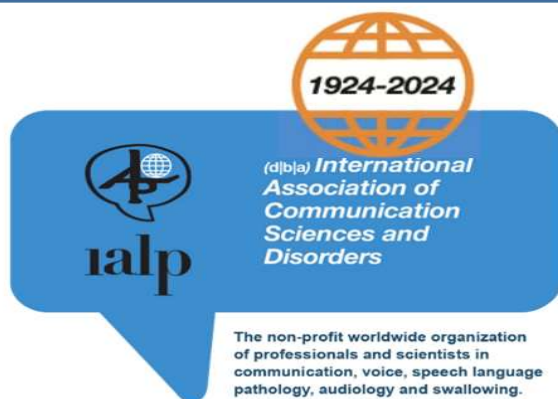
Quadrimester
Newsletter from the
Audiology Committee

VISION:

**Audiology Committee
has a global vision to
facilitate better
understanding,
knowledge and care
of the auditory
system and its
disorders.**

November 2024

VOL 5. NO. 3



The International Association of Communication Sciences and Disorders (IALP) celebrates its centenary 1924-2024

So, what do we do?

The vision and mission of the association are:

Vision

IALP has a global vision to facilitate better understanding, knowledge, and care of all those with communication and swallowing disorders.

Mission

The mission of IALP is to improve the quality of life of individuals with disorders of communication, speech, language, voice, hearing and swallowing.

First, I would like to congratulate our active audiology committee chaired by Mridula Sharma for their continuous work to facilitate better understanding, knowledge, and care of the auditory system and its disorders. This is one core of the IALP global vision.

I was honoured to be elected by the association's general assembly last year in Auckland as the next president of IALP (2025-2028). I have many dreams and goals for the association and our specialties, which could serve people with communication and swallowing disorders.



A) IALP global goals:

- To improve the provision of services for those with communication and swallowing disorders in underserved/unserved communities/countries (mostly in Africa, southeast and central Asia, the Middle East, and central and eastern Europe) by improving our influence in the WHO, identifying local organizations and societies and supporting them through seminars to their membership, approaching the stakeholders etc.
- Working more closely with IALP Affiliated Societies and recruiting more national/regional societies to the IALP community.
- Ensuring the optimum standards for the education of SLPs, Phoniatics, and Audiologists.
- Supporting the influence of IALP committees in all aspects of their work to achieve our mission and vision.

B) IALP association goals:

- I am keen that all membership groups namely, Speech Pathologists, Phoneticians, and Audiologists, have the opportunity to influence IALP.
- I will continue to modernize the IALP website to improve interaction between individual members, affiliated societies, patients, and clients.
- To provide state-of-the-art courses and webinars for the purpose of continuing education for our relevant professions. Hopefully, this will recruit more individual members to our IALP.
- To encourage the IALP subcommittees to maximize the utility of their home pages to reflect the IALP activities and improve our vision and mission.
- Enhance the engagement of the Affiliated Societies and participate positively in the IALP activities.

These goals and activities will not come true without our collective efforts. I believe that “Together, we can make a big difference.”

Prof. Tamer Abou-Elsaad, MD, PhD

Prof. of Phoniatics, ORL Department,
Faculty Of Medicine, Mansoura University,
Mansoura, Egypt.

*President-Elect of the International Association of
Communication Sciences and Disorders (IALP).*

Events

OMOZ 2024

OMOZ 2024 was held in Newcastle, Australia (27-30th of August) with a sold-out crowd of 320 participants. It was the largest OMOZ conference to date. The conference focuses on investigating and treating chronic ear disease in Australia. ENTs, audiologists, linguists, occupational therapists, healthcare practitioners, and researchers gathered to share their knowledge and experiences with one another. The energy was infectious.

This was my first time attending OMOZ, after the first conference in 2010. The conference has been held every two years since 2010. The program began with a mob only day on the 27th, followed by a full day program on the 28th. On the 29th, we spent the morning listening to each other's presentations and then gathered on Worimi country to experience the beautiful land and waters. On the 30th, we gathered again to listen to a full morning and then said our good-byes, hoping to meet again in Brisbane in 2026 for the next OMOZ.

The program included topics from vaccinations, global warming and ear health, workforce, screening, and audiology. There were keynote speakers, 15-minute oral presentations, moderated tables, and a poster session.

World Congress in Paris



By Dr Limor Levie, Israel

During the WCA 2024, members of IALP auditory committee participated in an insightful panel discussion, titled: **Tackling the problem of the Blind Men and the Elephant in APD: need for multidisciplinary practice**. Moderated by Vidya Ramkumar from India, the panel explored diverse perspectives on auditory processing disorders (APD) across various populations with distinct auditory processing disorders.

Christine Yoshinaga-Itano from USA discussed the hearing difficulties faced by children on the autism spectrum, while Wafaa El Kholy from Egypt emphasized APD considerations in children with cochlear implants. Katrin Neuman from Germany described a universal hearing screening initiative for individuals with intellectual disabilities, and Suzanne Purdy from Australia reviewed the association between cleft palate in children and the risk of APD. Mridula Sharma, also from Australia, examined the relationship between reading disorders and APD in children, and Limor Lavie from Israel underscored unique auditory processing challenges in adults with presbycusis and comorbidities.

The panel concluded with a thought-provoking discussion on the role of audiologists in diagnosis and intervention of APD across these diverse populations, as well as strategies for interdisciplinary collaboration with physicians and rehabilitation professionals. The wide range of disorders and patient populations reviewed emphasized the importance of a multidisciplinary approach in the field of audiology, underscoring APD as a critical area that benefits from comprehensive, collaborative care.



By Wafaa El Kholi, MD, Egypt

It gave me great pleasure to participate in the WCA2024 conference for the first time, last month in Paris. It was an excellent chance to meet with friends from other countries and meet eminent speakers in every field. I shared in the IALP session titled “Tackling the problem of the Blind Men and the Elephant in APD: Need for multidisciplinary practice”. I also had a presentation about “Evaluation of Spatial Listening in Single Sided Deafness: BAHA versus CROS Hearing Aids”.

In my opinion, the conference was well organized, and the main theme “Cognition” was presented in many aspects. The plenary sessions were superb, where experts in the field discussed in harmony issues related to each subject. The state of art topics were highlighted in a number of sessions. Also, since there were 4 simultaneously running sessions, specific topics were repeated in different formats to give the audience a chance of attending the topics of interest.

From an organizational standpoint, the conference venue was convenient, the ushers and the mobile app were of great help in organizing our attendance in the sessions, while sparing time for the exhibition.

Looking forward to attending the next WCA2026 conference in South Korea.



Upcoming Events

1. International Day of Disability, 3rd December 2024

Theme: **Amplifying the leadership of persons with disabilities for an inclusive and sustainable future.**

Get involved:

https://www.idpwd.com.au/?gad_source=1&gclid=Cj0KCQjwm5e5BhCWARIsANwm06gC1iSKdJy_fwzvI8kCB2d5XTgKIkqV4RSqL-FFG4MdxO5l4oatUdwaAsneEALw_wcB&gclsrc=aw.ds

Join our committee to hear more about the challenges individuals with hearing loss face in their life and how they navigate these. Watch these interview here: <https://www.youtube.com/@MridulaSharma3979>.

2. World Hearing Day 4th March 2025

Get ready to make a difference! ✨ World Hearing Day 2025 is just around the corner, and this year's theme is all about **“Changing mindsets: empower yourself to make ear and hearing care a reality for all!”**

This year's theme builds upon the 2024 focus on changing mindsets towards ear and hearing care. We invite individuals of all ages to empower themselves to ensure healthy ears and hearing for themselves and others. This campaign aims to inspire behaviour change to protect hearing from loud sounds, prevent hearing loss, check hearing regularly, use hearing devices if needed, and support those living with hearing loss. Empowered individuals can drive change within themselves and in society at large.

Key messages for 2025:

- By 2030, over 500 million people are expected to have disabling hearing loss requiring rehabilitation.
- Over one billion young people face the risk of permanent hearing loss due to prolonged exposure to loud sounds during recreational pastimes such as listening to music and video gameplay.
- How we hear in the future depends on how we care for our ears today as many cases of hearing loss can be avoided through the adoption of safe listening and good hearing care practices. For those living with hearing loss, early identification and access to timely rehabilitation are essential to achieving their highest potential.
- You can take steps today to ensure good hearing health throughout life.

3. IALP Conference, 24-28th August, 2025 33rd World Congress of IALP: Innovation and inspiration in communication sciences and disorder. <https://ialpmalta2025.org/>

Reports

Hearing for Learning Initiative – a workforce enhancement model to address the crisis in otitis media, associated conductive hearing loss, and further disadvantage for Australian First Nations children

Amanda J leach, Kelvin Kong, Peter Morris, Sean Taylor, Amelia McCullough, Emily Websdale, Tarrant Tolotta, Jiunn-Yih Su, Alan Cass

Background: Research throughout the 1990s to 2020s shows almost all Australian First Nations children in remote communities have persistent bilateral otitis media (78%), disabling hearing loss (42%),[1] and developmental delay throughout early childhood[2] and school years. Persistent otitis media and disabling hearing loss can have life course consequences for social and educational outcomes,[2] and later employment opportunities. A recent evaluation of ear and hearing services found that children’s ears were rarely examined, diagnosed, or treated appropriately.[3] Specialist ear and hearing services are also unable to meet the complex needs of these children; less than 10% audiology services reach children before age 3 years and less than 20% ENT tele-otology services reach children before age 5 years.[4] Employment opportunities for First Nations people living in remote areas are limited by western organisational structures, and the potential for residents to facilitate culturally relevant, sustainable health care has been ignored, partly because English is rarely the first language spoken and levels of language, literacy, and numeracy are often extremely low.[5] A national priority of the National Aboriginal and Torres Strait Islander Workforce Plan is to increase Indigenous workforce participation from current levels of 1.8% participation to 3.43% by 2031.[6]

Our study applies a novel approach to addressing both the gaps in ear and hearing health service provision and employment opportunities in remote communities.

Our aim is to determine the impact of on-country training for non-professional community residents as Ear Health Facilitators (EHFs), on best practice ear and hearing health care for children up to age 16 years.

Method/design: The Hearing for Learning Initiative (HfLI) is a stepped-wedge cluster (community) randomised trial. Rural and remote communities across the NT with at least 100 children (0 to 16 years of age) were eligible.

The intervention was a comprehensive co-designed health workforce enhancement model which consists of: i) paid community-based training including three accredited units in Aboriginal Primary Health Care (workforce readiness) and skills in ear and hearing health care, delivered by health professionals qualified in training and assessment over six 20-hour weeks; ii) ongoing Research Nurse face-to-face visits with EHFs and their supervisors and preceptors to support integration into the workplace; and iii) newly aligned job creation and funding for each health service to employ Ear Health Facilitators at 0.5 Full Time Equivalent. The role of

EHF's was to collect objective data on ear and hearing status using video-otoscopy, tympanometry and hearScreen, and including screening, follow-up, and health promotion.[7]

The primary outcome is the proportion of children seen by the health service who had an ear assessment (diagnosis) documented in their medical record within each 6-month period. Additional outcomes include training evaluations, sustainability of Ear Health Facilitator employment, adherence to evidence-based clinical guidelines for otitis media[8] including follow-up and specialist referrals, and school attendance. Interviews with health professionals, clinic managers, trainees, Ear Health Facilitators and families contribute to process evaluation and broader impact. A health economic analysis will determine cost of implementation from a health provider perspective.

Findings: The study began in April 2020 and ended on 30 June 2024. Two communities declined participation. 114 community members expressed interest, 90 commenced training, 72 completed three accredited units in Aboriginal Primary Health Care, and 53 also completed the ear and hearing competency training and graduated. The Community Reference Group members recommended 52 trainees as suitable for employment as EHF's. Twelve health services selected 15 EHF's for employment. Forty-five trainees gave consent to share their details with other employers. Alternative training pathways (9) and employment options (10) were identified.

Trainees self-assessed their confidence, knowledge, and skills before and after the 6-week training course; capability in ear and hearing healthcare provision increased from around 20% to 70% across 16 questions. Motivation of trainees mainly focussed on desire to help family and community (88%), to be paid during training (78%), and wanting a job (60%).

Whilst training and job creation was highly valued and successful, EHF employment contracts were often delayed, resulting in reduced confidence and need for greater support, or gaining alternative employment. Contract delays were due to delayed execution of Participation Agreements, high turnover of managers and administrative staff, surge workforce for the COVID-19 pandemic, and limited capacity to provide supervision, preceptors, or mentoring for EHF's.

EHF workplace integration and retention was successful on average for 3 months. Although the statistical analysis is not yet completed, the impact on ear and hearing services was less than anticipated. Barriers and enablers are being explored through evaluation questionnaires and a culturally safe workshop exclusively for EHF's and their supporters. To date we have had feedback that trainees appreciated the opportunity to receive accredited training on-country and learning about ear and hearing health, being together with other members of their community, involvement of young people, and use of plain English. Feedback also suggested improvements in community-specific cultural awareness of research staff, longer training courses, more practical experience during training, more flexibility, delivery in language, and inclusion of Aboriginal Health Practitioners in training sessions.

Discussion: To our knowledge, this is the first randomised controlled trial of a workforce enhancement model incorporating health care skills with First Nations knowledge to provide sustainable, culturally appropriate health care. Our study will inform the health, education, and employment sectors about the value and effectiveness of skills and job creation on the future

of service delivery in remote settings. The workforce enhancement model has potential to empower community members to contribute to addressing issues of local importance, in this instance ear and hearing health of children.

References

1. Leach AJ, Wilson N, Arrowsmith B, Beissbarth J, Mulholland K, Santosham M, Torzillo PJ, McIntyre P, Smith-Vaughan H, Skull SA *et al*: **Hearing loss in Australian First Nations children at 6-monthly assessments from age 12 to 36 months: Secondary outcomes from randomised controlled trials of novel pneumococcal conjugate vaccine schedules.** *PLoS medicine* 2024, **21**(6):e1004375.
2. Su JY, Guthridge S, He VY, Howard D, Leach AJ: **Impact of hearing impairment on early childhood development in Australian Aboriginal children: A data linkage study.** *J Paediatr Child Health* 2020, **56**(10):1597-1606.
3. Su JY, Leach AJ, Cass A, Morris PS, Kong K: **An evaluation of the quality of ear health services for Aboriginal children living in remote Australia: a cascade of care analysis.** *BMC health services research* 2023, **23**(1):1186.
4. Australian Institute of Health and Welfare (2023): **Hearing health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory: July 2012 to December 2022.** In: *catalogue number IHW 280, AIHW, Australian Government.* Canberra: AIHW; 2023.
5. Statistics ABo: **Snapshot of Australia. A picture of the economic, social and cultural make-up of Australia on Census Night, 10 August 2021.** 2021.
6. Australian Government: **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.** In. Edited by Health Do; 2022.
7. Kong K, Cass A, Leach AJ, Morris PS, Kimber A, Su J-Y, Oguoma VM: **A community-based service enhancement model of training and employing Ear Health Facilitators to address the crisis in ear and hearing health of Aboriginal children in the Northern Territory, the Hearing for Learning Initiative (the HfLI): study protocol for a stepped-wedge cluster randomised trial.** *Trials* 2021, **22**(1):403-422.
8. Leach AJ, Morris PS, Coates HL, Nelson S, O'Leary SJ, Richmond PC, Gunasekera H, Harkus S, Kong K, Brennan-Jones CG *et al*: **Otitis media guidelines for Australian Aboriginal and Torres Strait Islander children: summary of recommendations.** *Med J Aust* 2021, **214**(5):228-233.



Funding partners



Sponsor



Wafaa Shehata-Dieler, M.D., Ph.D.

Professor of Audiology
Otolaryngology Department, Ain Shams University
Cairo, Egypt

During the past 40 years my research activities and clinical activities were focused on the auditory system (cochlear hair cells) and on clinical audiological themes. I was lucky to be able to work in 3 countries (Egypt, USA and Germany) in three different continents with different experience.

Having worked intensively with pediatric population made me realise how crucial is an early identification, diagnosis and treatment of hearing loss not only for the speech and language development but also for the education, socialisation and integration of the affected person. Since 1997, together with my paediatric audiologist colleagues, we have been active in establishing the universal Newborn hearing screening and early identification and treatment of hearing disorders in infants and young children in Germany. Our group worked mainly on NHS (2), objective diagnostic methods and diagnosis and treatment of ANSD (3). For many years I was lucky to be a part of the team developing and optimising advanced electrophysiological intraoperative monitoring techniques during Auditory brainstem implant surgery (1).

Sharing and exchanging experience and knowledge with colleagues all over the world has always been one of my main interests and aims.

I knew of the IALP since many years. However, my first direct contact with IALP was in 2019 in Taiwan. The number and variety of presentations and specialists from all over the world impressed me. I met many of the IALP members with whom I shared the same scientific interest and aims. It is my great pleasure to join the Audiology committee of the IALP. I hope that this will intensify the communication and the cooperation with other committee members. I hope I will be able to share and gain more experience. The work and efforts of the Audiology committee aims at benefiting both the Audiology communities and hearing-impaired persons all over the globe. I hope I will be able to contribute to those efforts.

I would like to thank Dr. Wafaa Elkholy for recommending me to join the committee, Dr. Mridula Sharma for her support and all committee members for their warm welcome. Looking very much forward to a fruitful cooperation.

Selected publications:

- 1) Matthies C, Zeller L, Kurz A, Rak K, Hagen R, **Shehata-Dieler W**. [Electrically evoked auditory responses: A classification for brainstem implant placement in Neurofibromatosis Type 2](#). Clin Neurophysiol. 2023
- 2) Cebulla M, Shehata-Dieler W. ABR-based newborn hearing screening with MB11 BERAphone(®) using an optimized chirp for acoustical stimulation. Int J Pediatr Otorhinolaryngol. 2012
- 3) Ehrmann-Müller D, Cebulla M, Rak K, Scheich M, Back D, Hagen R, **Shehata-Dieler W**. Evaluation and therapy outcome in children with auditory neuropathy spectrum disorder (ANSD). Int J Pediatr Otorhinolaryngol. 2019

AUDIOLOGY AROUND THE WORLD: In July 2024 newsletter, we presented from Audiology training programs in 7 countries, here are another 5 countries.

Country	Registration or Licensing Body	Qualifying Degree	Internship/ Fellowship	Number of programs
New Zealand	New Zealand Audiological Society (self-regulated health profession with a voluntary registration scheme)	Masters in Audiology (although employment as an Audiometrist is available in NZ, there is no NZ qualification. Entry to this career pathway is typically via TAFE online diploma)	250 hours* during the Master degree. *Must be professional contact hours, defined as hours spent performing clinical duties while under the supervision	2
Germany	German Audiology society, Medical Syndicates, Several universities	Bachelor and Masters Hearing technique and Audiology. German Boards for Phoniatics and Pediatric Audiology (Physicians) Ph.D. and state Doctorate Audiology (Engineers and Physicist)	Ranging from one semester till 5 years training	1 (Hearing technique & Audiology) Up to 40 university clinics Phoniatics/ Pediatric Audiology and Ph.D Audiology
Netherlands	Health Care Professionals Act; Dutch Medical Physicist Training Foundation (OKF)	Medical Physics Expert in Audiology (Post-master's degree requiring a Master in Physics or equivalent) There is also a Audiometry program that can be undertaken after high school	4 years (equal to the length of the program)	7 (at all University Medical Centers in the Netherlands)
Canada	Each province and territory have its own licensing body	Masters or Doctorate degree in Audiology	350 clock hours: A minimum of 300 clinical hours in specific client services and related client services. A maximum of 50 clinical hours in clinical/professional activities.	6 (3 English programs, and 3 French programs)
Chile	Colegio de Fonoaudiologos (non-mandatory) Self-regulated Allied Health Profession	Professional/Applied combined Bachelor (5 years, Clinical audiology and SLP, "Fonoaudiologia"). Audiologists ~10%, SLP ~ 90% of Graduates. Specialisation through PostGrad Diplomas (2) and Masters (1 program) available, but not mandatory. "Tecnologo Medico mention ORL" "Medical Technologist specialised in ENT"). Professional/Applied Bachelor (5 years). Number of programs reducing throughout last decade	At least 200 hours Internship in Audiology 5th year of the program (max 405 hours) for all graduates	28 for option 1; 2 for option 2

Committee

Committee member and email contact	Role in Audiology Committee
Christine Yoshinago Itano (christie.yoshi@colorado.edu)	Scientific Publications
Doris Lewis (drlewis@uol.com.br)	Facilitating Audiological Services
Limor Lavie (llavie@welfare.haifa.ac.il)	Hearing Technology
Katrin Neumann (katrin.neumann@uni-muenster.de)	Scientific Queries and Symposium
Owolawi Wahab Oyedele (deleowolawi@yahoo.com)	Facilitating Audiological Services in Mid and Low-income countries in Africa
Shaza Saleh (shazasaleh@googlemail.com)	Cochlear Implant and other Technology applications
Mridula Sharma (mridula.sharma@flinders.edu.au)	Chair Audiology Committee, Associate Editor for Folia Phoniatica et Logopaedica, Audiology section
Wafaa Sheharta-Dieler (dieler_w@ukw.de)	Academic Membership Enrolment and Guidance
Traci Flynn (Traci.Flynn@newcastle.edu.au)	Scientific Newsletter
Vidya Ramkumar (vidya.ramkumar@sriramachandra.edu.in)	Scientific Queries and Symposium
Wafaa Elkholy (wafaa_elkholy@yahoo.com)	Facilitating Audiological Services