

A Survey of Paediatric Audiology Assessment Practice: Exploring the Use of Evidence-Based Practice in the EU

Presenter: Jonas Brännström

*Contributors: Dave Gordey,
Josephine Marriage, Gareth
Smith, Kamilla Angelo, Anke
Strauch, Andrea Bohnert*



LUND
UNIVERSITY

Disclosure

- This work was financially supported by Oticon A/S.



KIPA Europe



Definition of Evidence-Based Practice

“To practice according to best clinical practices for making decisions about the diagnosis, treatment, and management of persons....based on the integration of individual clinical expertise and best available research evidence.”

(<http://www.audiology.org>).



Objective

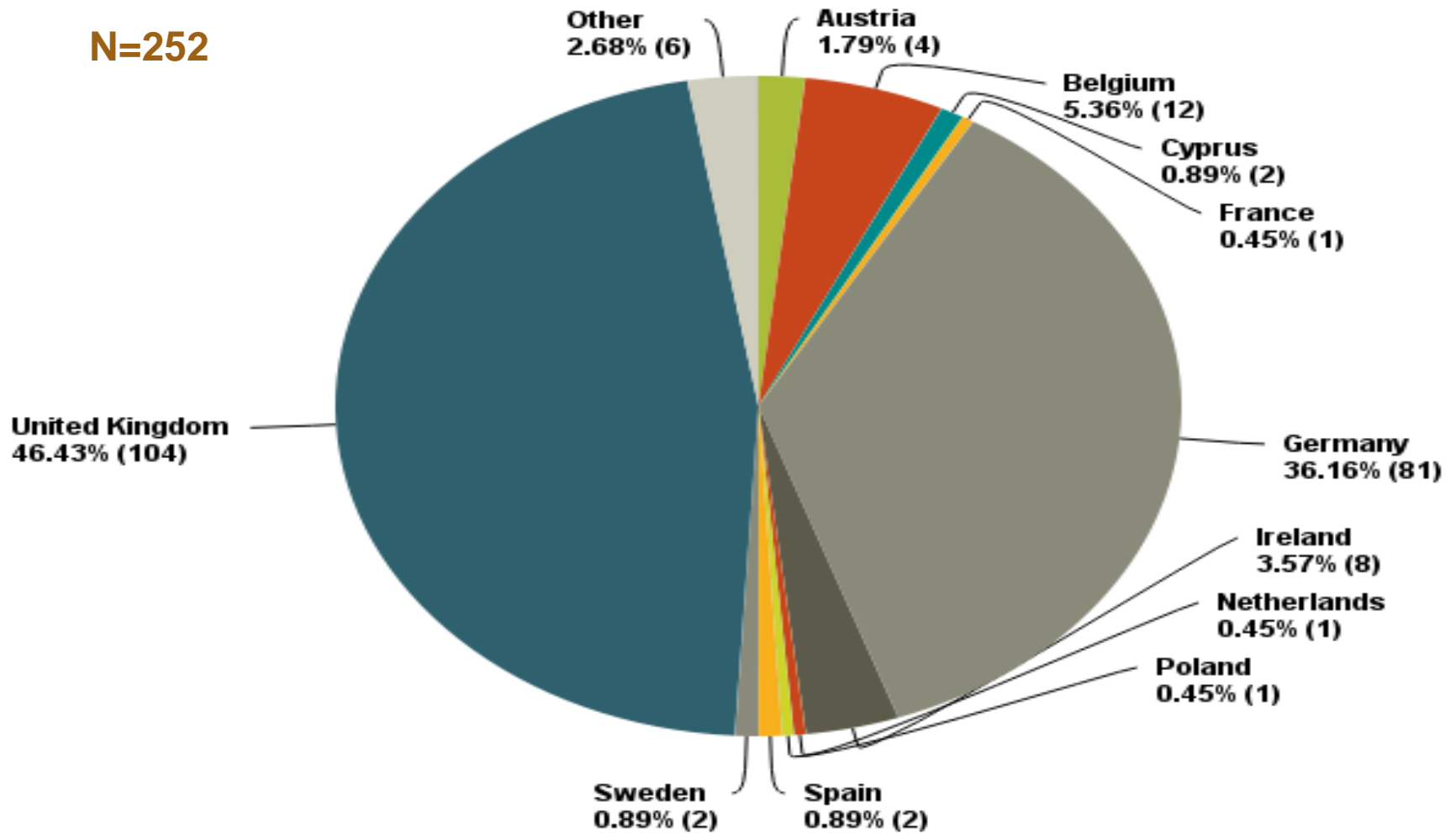
- To gather information on the paediatric assessment measures that are currently being used across Europe.
- To understand the use of evidence-based practice, and hearing service delivery for children across European countries. We believe this may promote the development and use of European clinical guidelines.



Q3 Select the country where you currently work (select one)

Answered: 224

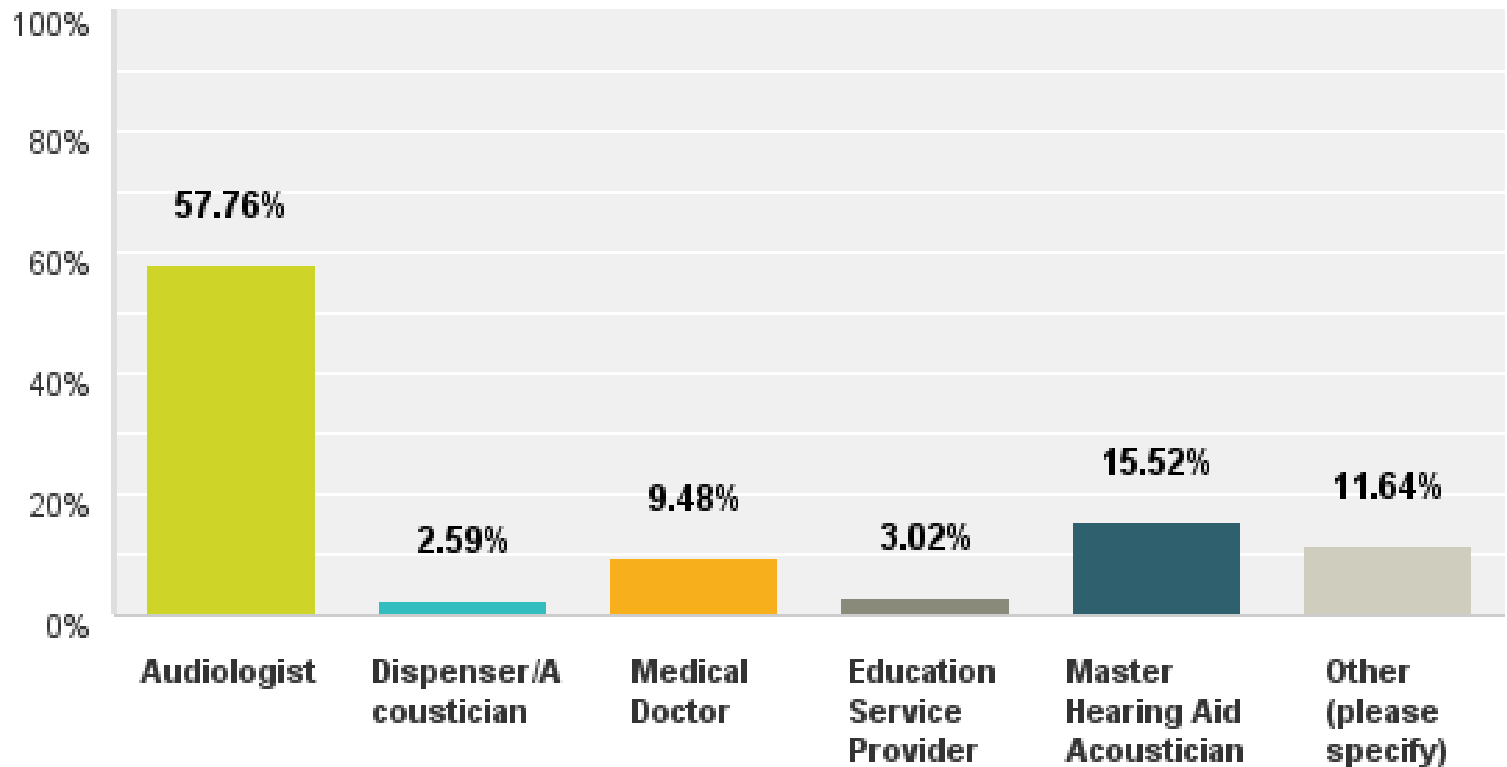
N=252



Professionals

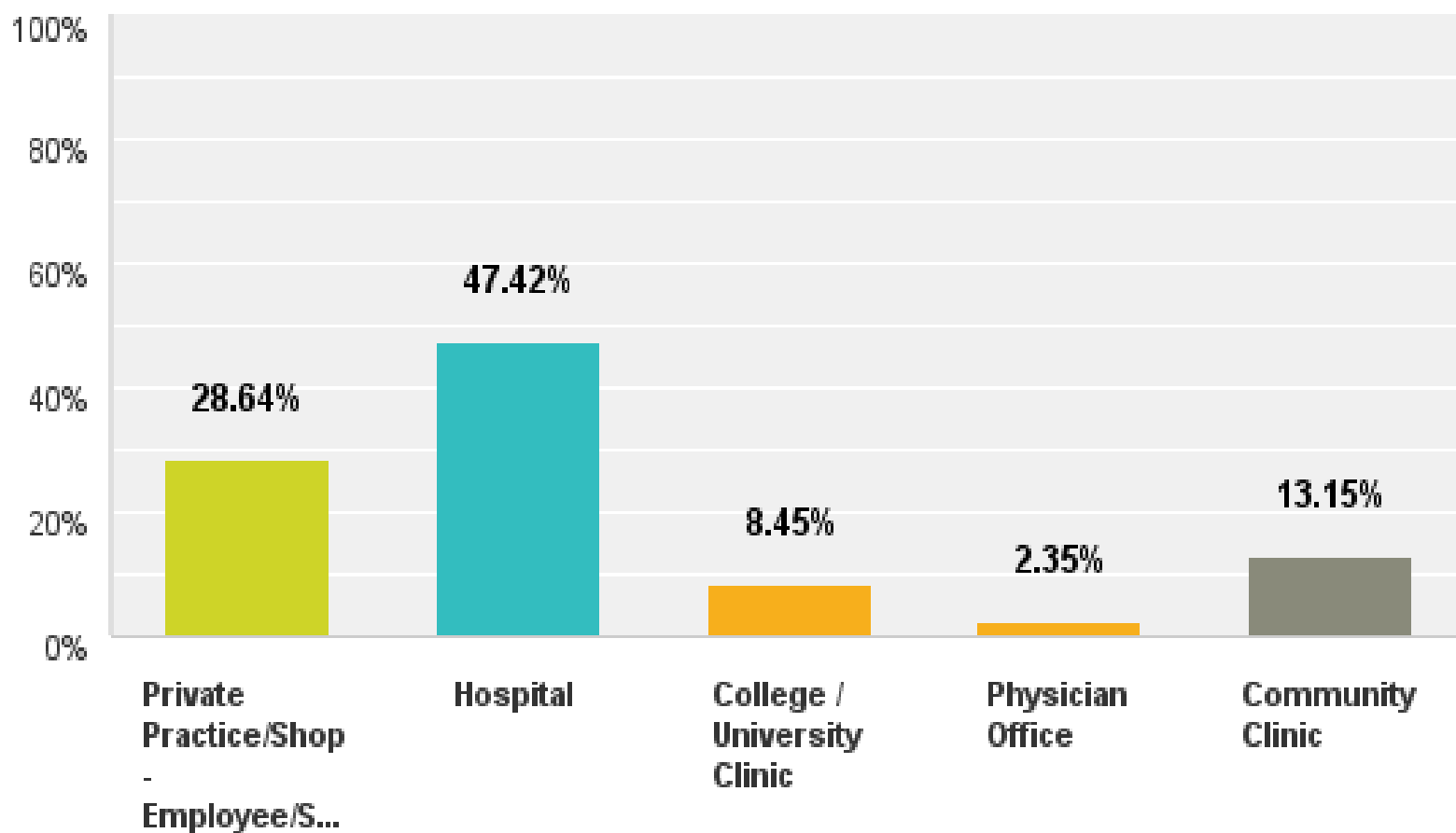
Q4 I describe myself as a (select one):

Answered: 232



Q5 Please choose the best terms to describe your main work setting (select one):

Answered: 213

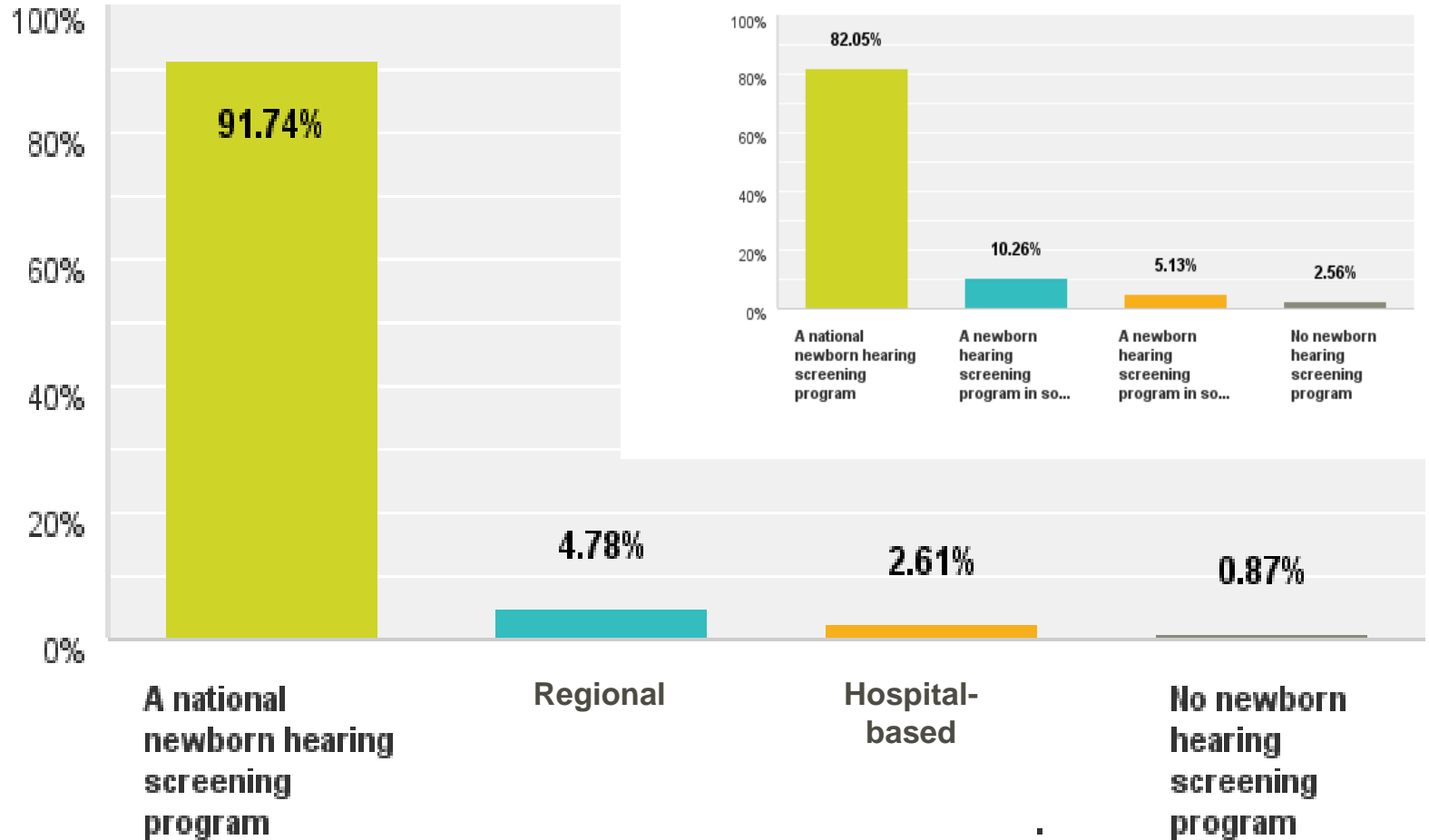


Paediatric Hearing Service Delivery in Europe

- ▶ The assessment of children in Europe is very multidisciplinary.
- ▶ Collaborative relationships exist with Audiologists, Teachers of the Deaf, Speech-Language Pathologists, Early Interventionists, Physicians, ENT Surgeons, Acousticians, Dispensers, Auditory Verbal Therapists, Psychologists and Engineers.

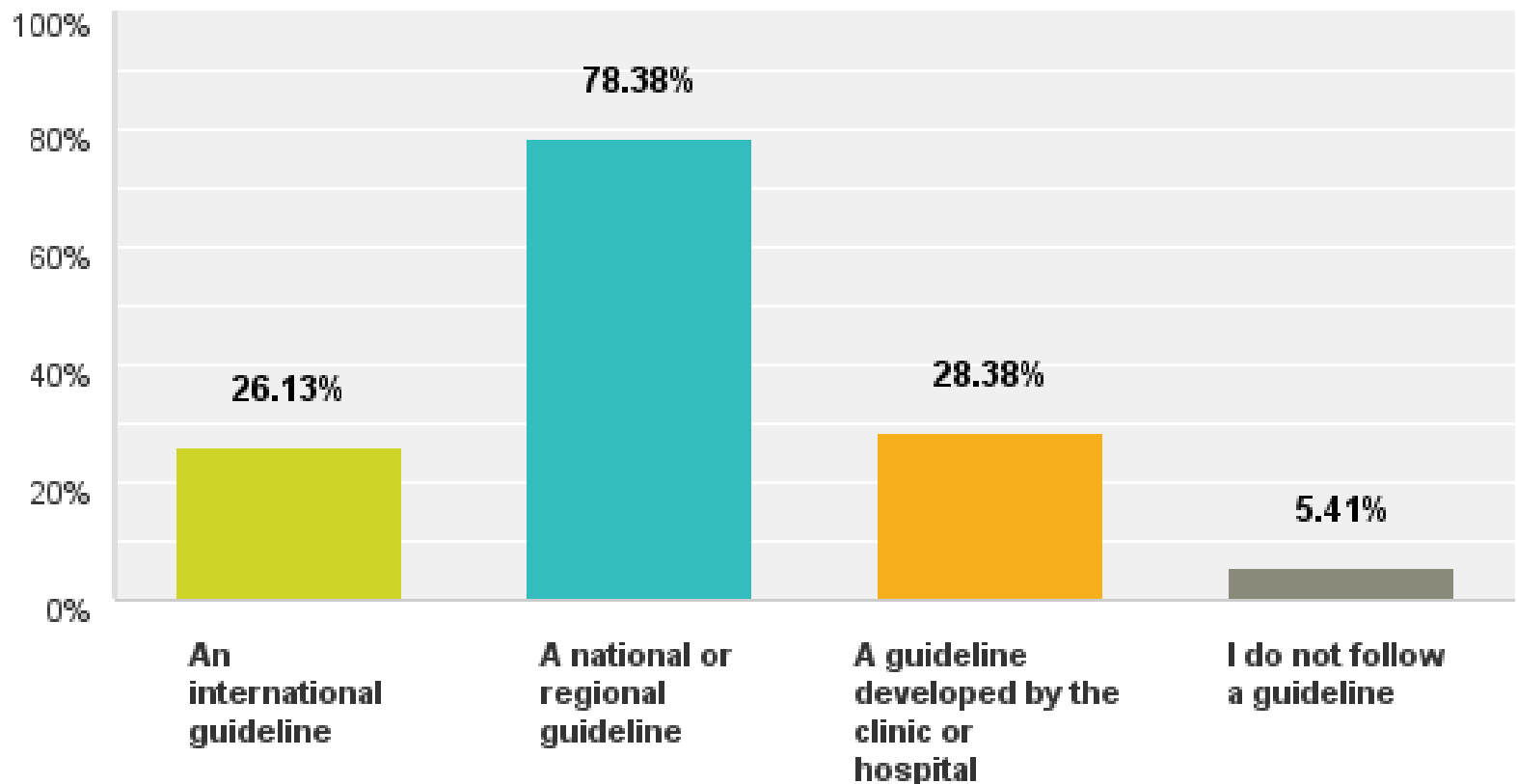


Q8 My country has:



Q9 A guideline is a document that describes recommended practice. When assessing infant and children's hearing, I follow (select all that apply):

Answered: 222



Clinical Environment

- Sound booths are being used by majority of clinicians we surveyed.
- Annual equipment calibration is being completed.
- That's good news!



Recommended Professional Practice Guidelines

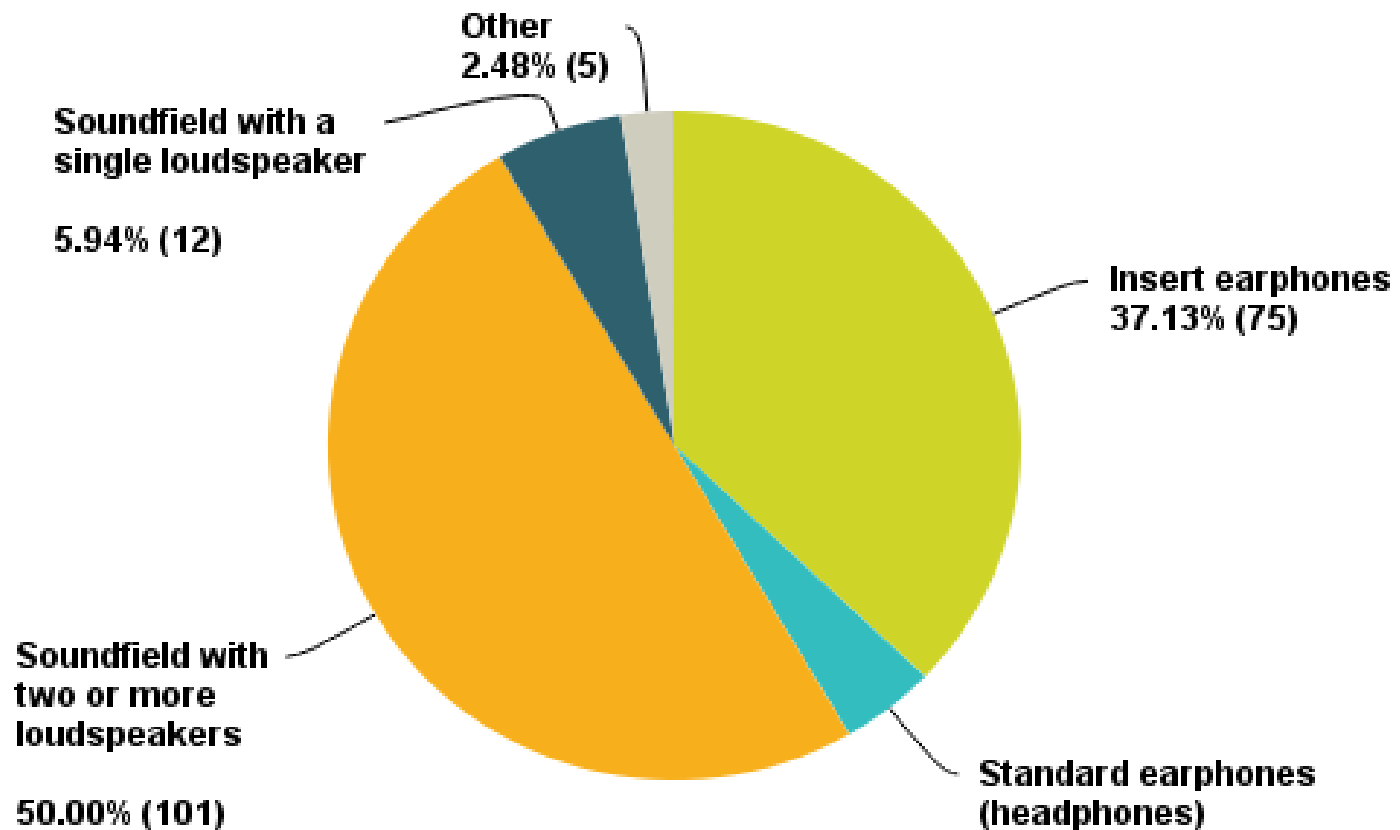
BIAP & ASHA: “Insert earphones are recommended, unless contraindicated, followed by bone conduction as needed; sound-field testing may be necessary or useful with some children.”

AAA: “Ear- specific and frequency-specific air and bone conduction thresholds are essential for providing information needed for accurate hearing aid fitting (The Paediatric Working Group, 1996).”



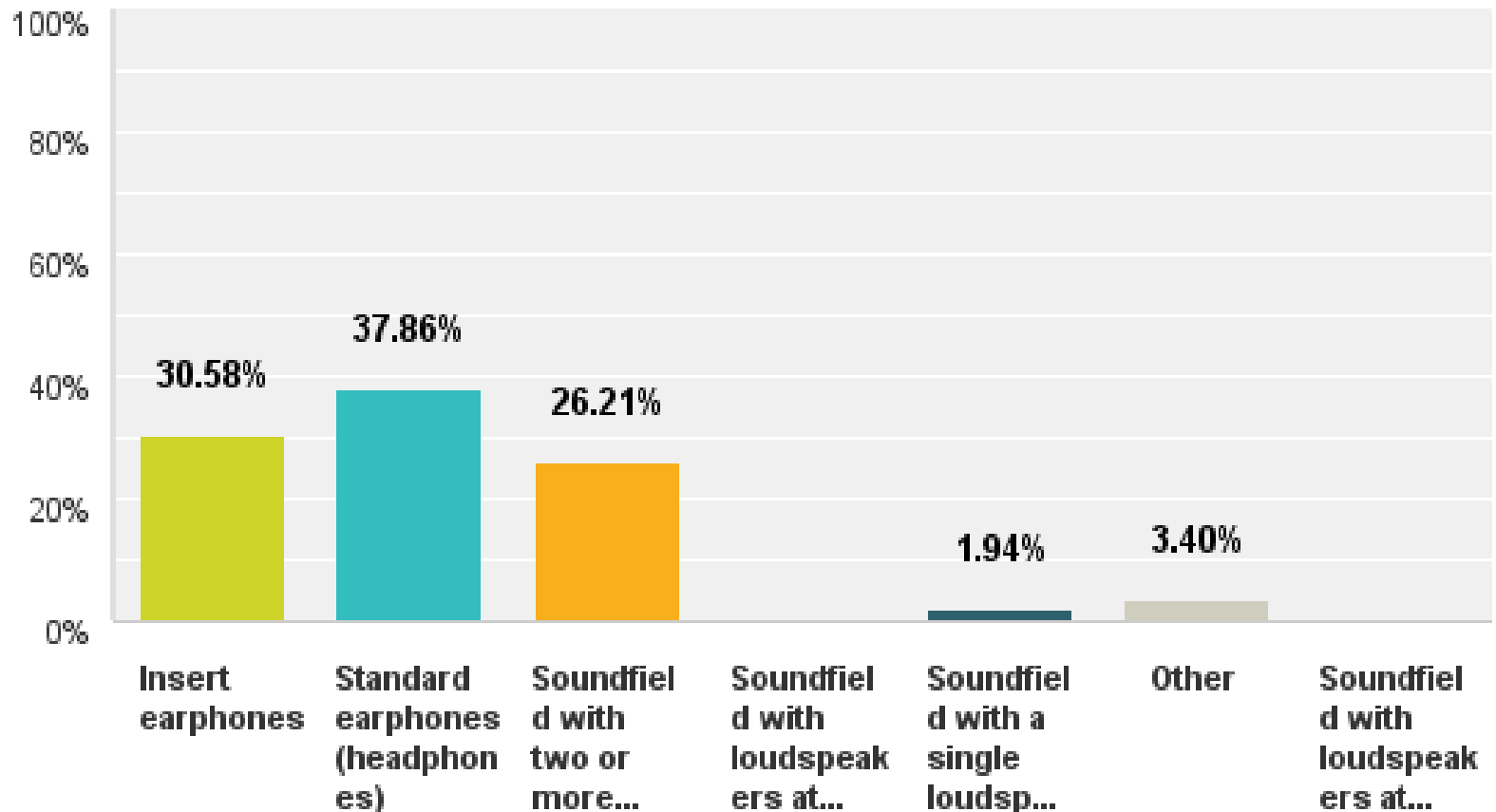
Q15 When measuring a baby's behavioural hearing in the sound booth (under 18 months of age) I use the following most of the time

Answered: 202



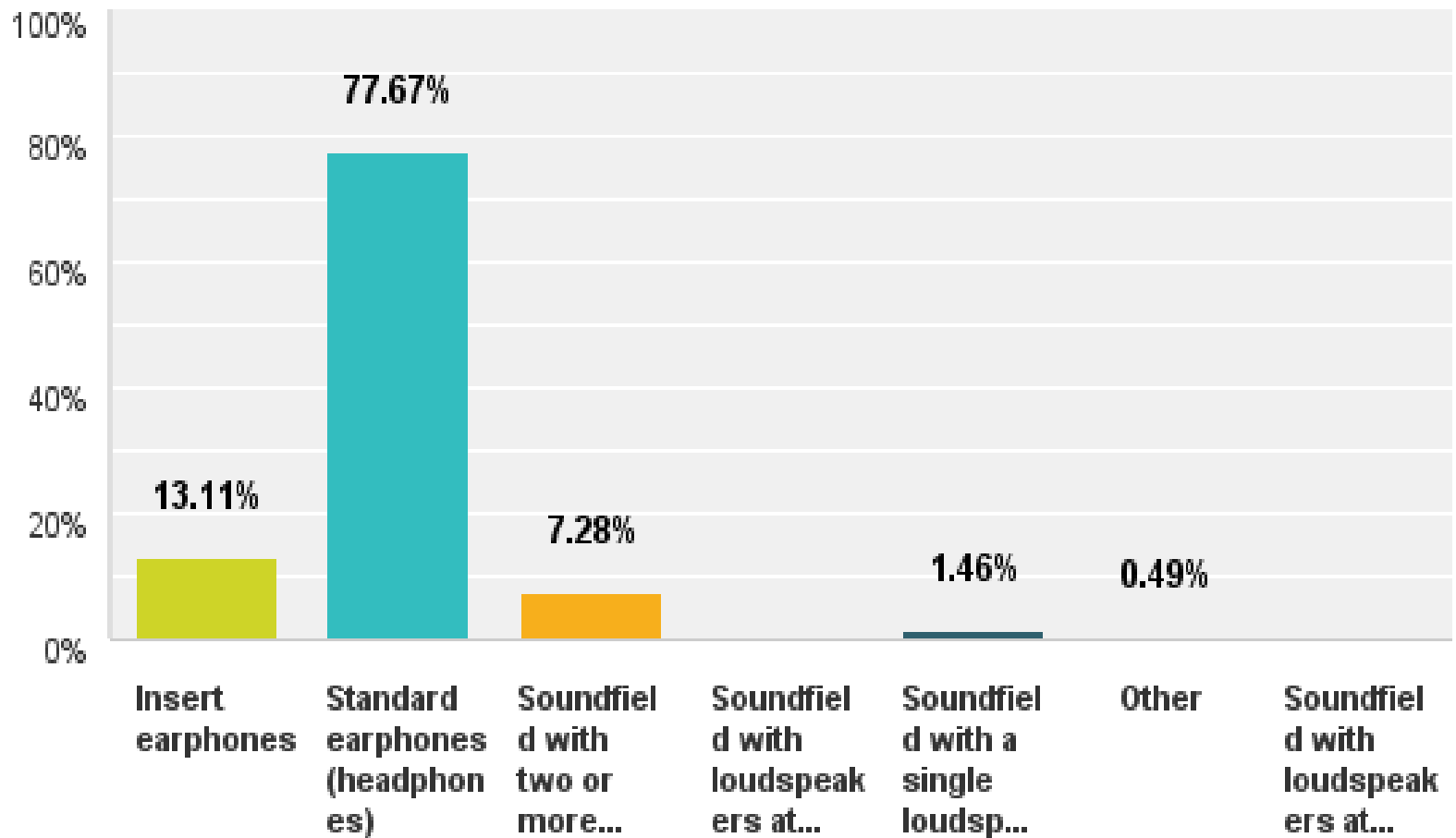
Q16 For children who are older than 18 months of age but under 5 years of age, most of the time in the sound booth I use:

Answered: 206



Q17 For children older than 5 years of age, most of the time in the sound booth I use:

Answered: 206



Other Survey Questions

- Evidence-based guidelines recommend the use of frequency specific (e.g. chirp, tone burst) stimuli for ABR threshold assessment.
- While many participants are doing frequency specific ABR, 18% of our participants continue to use primarily click stimuli and 10% are using other stimuli (e.g. narrowband).
- 92% of clinicians are using bone conduction as part of their paediatric hearing assessment. More good news!



Summary

The results from our survey indicated that:

1. Paediatric audiologists are following guidelines for the assessment of children's hearing.
2. There are different models of service provision in Europe. These models may reflect differences in country or regional infrastructure. Public health systems may prioritize managing the needs of the population, where individual needs may be the focus of the private sector.
3. Paediatric assessment practices are more aligned with one another, than are different.



Limitations of Study

- ▶ Our study was written in English. This was a barrier for participants for whom this was not their native language and this prevented them from completing the survey.
- ▶ We recognize that across Europe, different sets of terminology exist within paediatric audiology and this was not reflected in our survey.
- ▶ We were not able to determine the barriers and/or rationale for current paediatric assessment practices. For example, are these related to personal or professional choices, internal clinical guidelines or external, region/national guidelines?



Future Directions

- To build a network of paediatric hearing care professionals across Europe to re-administer the survey in the predominant languages. We believe this will provide a more representative sample of paediatric assessment practice.
- To understand the barriers to adopt guidelines that are evidence-based in paediatric audiology assessment.
- To investigate how individual country guidelines are developed.



Interested in joining the European paediatric network?

Please contact us by email:

kipanetwork1@gmail.com



LUND
UNIVERSITY