

Masterclass in Adult Hearing Care

Organised by www.audiologyplanet.com

When: 29th to 30th November 2018

Where: London, UK

Masterclass in Adult Hearing Care



29th and 30th November 2018, London UK

*An in-depth learning experience
to provide excellence in hearing care
and maximise outcomes*



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Earn up to 12.5 CPD points from BSHAA, 12.5 CPD points from Audiology Australia (endorsement number CPD1819 007, category 1.1), and BAA CPD endorsement

This in-depth and detailed course has been designed to create an excellent interactive learning experience and an extraordinary learning opportunity for audiologists in the NHS and private settings.

This two-day Masterclass will feature one of the most prolific authors and highly sought-after speakers in the audiology world, Dr. Douglas L. Beck.

This course will address theory, practical and scientific principles of each topic. The content will be focused towards delivering excellence in hearing healthcare and providing the best quality audiology service to the patients we serve.

This Masterclass will stimulate professionals to achieve the highest standards of clinical practice through best practices and published outcomes and will help set you apart from your competition.

No matter where you are in your professional journey, this course will provide you the tools that will help you to succeed. You cannot afford to miss this golden opportunity.

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Masterclass in Adult Hearing Care



THURSDAY 29th NOV 2018: Registration starts at 9.15am

1	Defining Hearing Needs		
	<p>1. Medical model and onward referrals</p> <p>This talk is designed to discuss the etiology and pathophysiology of acquired adult hearing loss. We will review the latest evidence on when to make onwards referrals in audiology clinic, based on the latest guidance on hearing loss from National Institute of Clinical Excellence (NICE, UK) and the updated guidance on onward referrals available from the UK professional body (BSHAA)</p> <p>https://www.bshaa.com/News/updated-guidance-on-onward-referral</p>	Jay Jindal	10.00-10.30
	<p>2. Social model</p> <p>Social model confronts the medical model of defining hearing needs in a sense as the latter is more concerned on the individual impairment whereas the former is based on the functional issues that one faces due to their environment (friends, families, social and political network etc). Social model identifies systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently).</p> <p>This talk will discuss how physical, sensory, intellectual, or psychological variations may cause individual functional limitation but these do not have to lead to a 'disability' unless society fails to take account of and include people regardless of their individual differences. We will identify a few things that the audiologists can do in their clinics to help reducing the social impact of hearing needs.</p>	Jay Jindal	10.30-11.00
	<p>3. Consumer model</p> <p>In the era of technology and where people are not only living longer (leading to much older people walking into clinics) but also younger people are having hearing issues (e.g. due to unsafe listening habits)- how do you change your practice to take into account the needs to these two diagonal demographics. What do you need to cope with hearing devices emerging as fast moving consumer goods (e.g. over-the-counter products)? How to you cater your services with consumers of your services are more informed and more price savvy?</p> <p>In this talk we will discuss all these issues and consolidate the discussion around how audiologists should be able to look at most of their clientele as consumers of a service rather than patient. By some account-less than 10% of the audiology clients need acute care and belong to a hospital as patient.</p>	Jay Jindal	11.00-11.30
2	Patient Evaluation		
	<p>1. Advanced ear examination</p> <p>In this talk we will discuss various ear and systemic conditions that can be</p>	Jay Jindal	11.30-12.15

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	<p>diagnosed with a careful ear examination. Delegates will understand the importance of looking in front and behind Pinna to be able to diagnose medical conditions (e.g. dermatological conditions), and making a possible safeguarding decision on the basis of ear examination findings (e.g. 'battle sign' behind the ear). We will discuss in detail the conditions affecting the ear canal and ear drums and how to make appropriate management or onward referrals for them.</p>		
NETWORKING AND LUNCH			12.15-13.15
	<p>2. Audiology Diagnostics: What and Why.</p> <p>"Listening is Where Hearing Meets Brain." "Where you ATTEND is how you will do."</p> <p>This talk is a review and explanation of the hearing and listening processes including the cognition (Top-Down, Bottom-Up processing). If we can define the most significant and common reason people seek audiologists (i.e., Speech In Noise, SIN) we should be sure to evaluate the same through ecologically valid speech in noise (SIN) tests. Of note, 99% of the time the patient's goal is to improve their SIN ability, we should be prepared to help.</p> <p>It is important to understand why we do what we do (the standard audiology test battery) and what we might do to improve it. We will spend a though on best practices options versus recommendations.</p>	Douglas Beck	13.15-14.00
	<p>3. Listening and Communication Assessment</p> <p>There are many tools which can evaluate listening and communication assessment; COSI, APHAB, HHIE, HHIA, IOI and more. It is important to gather the patient's self-assessment FIRST, prior to the discussion about hearing aids.</p> <p>People tend to deny hearing loss and hearing difficulty and problems with SIN. If we ask strategic questions, we can get past the social barriers and get on with our work.</p>	Douglas Beck	14.00-14.45
3	Advanced Hearing Technology Options		
	<p>1. Directional, Beamforming, Multi-Speaker Access Technology and Noise Reduction.</p> <p>Traditional Noise Reduction has been managed through directional microphones and narrow band directional microphones (Beam Formers). Although these technologies work, they generally do not present "day-and-night" differences to the patient.</p> <p>Multi-Speaker access technology has been shown to significantly improve SIN. Published articles will be reviewed.</p>	Douglas Beck	14.45-15.30

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NETWORKING AND REFRESHMENT		15.30-16.00
	<p>2. Normal Hearing & Remote Mics, CROS & BiCROS</p> <p>Of course, we look for (and observe) SIN problems among people with hearing loss. However, some 15% of the adult population has difficulty understanding SIN and have Hearing Difficulty (HD) even with normal hearing. Review of published outcomes addressing multiple populations (PTSD, ADHD, APD, Dyslexia...) fitted with hearing aids, given normal hearing.</p> <p>As such, it is our challenge to decide what to offer people with HD and SIN problems in the presence of normal hearing.</p>	<p>Douglas Beck</p> <p>1600.-17.00</p>
	<p>3. Implantable technology</p> <p>This talk will include a discussion on current technology and scientific knowledge base for the implantable devices for unilateral and bilateral sensorineural hearing loss. This includes the bone conduction, middle ear, and cochlear implant. Current criteria of implantation will be discussed as per the guidance of British Cochlear Implant Group, and a business case will be made for offering this service with a cross referral pathway.</p>	<p>Jay Jindal</p> <p>17.00-18.00</p>
FRIDAY 30th NOV 2018: Registration at 9am		
4	Music, Musicians, Audiology & Neuroscience	
	<p>1. Auditory Neuroscience and Music</p> <p>Is music merely “chewing gum for the rain” or does music serve a purpose? We’ll explore contemporary publications and viewpoints on music, musicians what came first, the chicken or the egg. There will be a quick refresher of auditory neuroscience per se.</p>	<p>Douglas Beck</p> <p>09.30-10.00</p>
	<p>2. Hearing Issues, Technology and Musicians</p> <p>Our responsibility for musicians includes more than assessment and counseling, it includes hearing protection.</p> <p>As such, musicians should not wear amplification while practicing or performing. In Ear Monitors (IEMs)? Don’t get me started! All musicians must obtain and be taught to use hearing protection and IEMs.</p>	<p>Douglas Beck</p> <p>10.00-10.30</p>
5	Counselling	
	<p>1. Influence</p> <p>Dr Cialdini has identified six pillars of behavior which influence how people</p>	<p>Douglas Beck</p> <p>10.30-11.15</p>

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	<p>respond, and by understanding these six pillars, professionals act as facilitators, such that the patient does what is truly in their own best interest (such as wearing hearing aids). We will discuss these pillars in the audiology context.</p>		
	<p>2. Motivational Interviewing</p> <p>Motivational Interviewing (MI) is very much a matter of strategically asking the right questions, and (perhaps more importantly) not asking the wrong questions.</p> <p>MI is used across many counseling professions to reduce ambivalence and to get the patient to define and elaborate on their problem, as well as identifying what success looks like to them.</p>	Douglas Beck	11.15-12.00
	NETWORKING AND LUNCH		12.00-12.45
6	Cognition and Hearing		
	<p>1. Cognition & Dementia Update for Audiologists</p> <p>Cognition is a Top Down process, sensory systems (hearing, vision, tactile, taste, smell) are Bottom Up. Everything we know, think and are, resulted from information obtained via a sensory system.</p> <p>As we age, our sensory systems lose sensitivity and may attenuate or distort incoming information. As we age, our central nervous system slows down. As professionals, we need to better understand the relationship between sensory systems and the Central Nervous System (CNS), and we must understand the value of early detection and early intervention.</p>	Douglas Beck	12.45-13.45
	<p>2. Screening for Dementia</p> <p>There are many screening tests for dementia. We will review some of the most common screeners and will discuss what to do with the information obtained.</p>	Douglas Beck	13.45-14.15
	NETWORKING AND REFRESHMENT		14.15-14.30
7	Tinnitus		
	<p>1. Tinnitus Evaluation</p> <p>More people experience tinnitus than experience hearing loss. MOST tinnitus is inconsequential. For the few who have debilitating tinnitus and seek help proper Tinnitus evaluation is enormously important, and rarely done.</p> <p>In this class, we will go beyond tinnitus pitch and loudness matching, into more meaningful measures, and will reveal the most common foundation upon which</p>	Douglas Beck	14.30-15.30

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	tinnitus resides.		
	<p>2. Tinnitus Management</p> <p>There is at least a dozen formalized (i.e., written down) tinnitus management protocols. The two which are most important are</p> <ol style="list-style-type: none"> 1. Cognitive Behavioral Therapy (CBT) and 2. Progressive Tinnitus Management (PTM). <p>In this talk we'll review how these two are used, when and why, and we'll review how they work in a collaborative model, and the success rates of each.</p>	Douglas Beck	15.30-16.30

LEARNING OUTCOMES

1. Defining medical, social and consumer model of hearing care
2. Selecting the audiology and non-audiology evaluations to address individual hearing needs
3. To define the difference between "hearing" and "listening."
4. To be able to recite the most common problem perceived and experienced by people with hearing loss, and traditional hearing aids.
5. To be able to name two listening/communication assessment tools.
6. Identifying factors important in prescribing hearing devices to the musicians
7. To name the primary problem with musicians using IEMs.
8. To be able to name two factors (per Cialdini) which influence behavior.
9. Role of counselling in influencing and motivating people in addressing their hearing needs
10. To define one core principle of Motivational Interviewing (per Miller and Rollnick).
11. To define/recite definitions of TOP DOWN and BOTTOM UP processes.
12. To state the primary reasons why offering hearing devices to some people with normal hearing may be OK.
13. To understand which factors impact our (limited) control over dementia.
14. To offer dementia screening in audiology clinics
15. Understanding principles of tinnitus assessment and management

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