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| Statement | Field notes |
| Facilitator: Corlien Co- Facilitator: Prof Pottas |  |
| Facilitator: When you hear the **word educational Audiology**, what comes to mind? | |
| Participant 1: Yeah. So I assume an audiologist based in a school setting or an Education Centre. |  |
| Facilitator: OK. Would you like to elaborate a bit on that? |  |
| Participant 1: Uhm, Sure. No, not really. I mean educational audiology for me, I suppose. OK, now I can, if I think about it a bit further. So uhh it's. Making sure that the team being the parents, the educators, and any therapists that might be in the educational setting of the child are aware of the child's auditory needs and that the child is uhh accounted for in the educational setting. |  |
| Facilitator: Okay. So that's a really nice answer. Thank you so much for sharing. |  |
| Co- Facilitator: Anyone who would like to add more? |  |
| Participant 2: No, I think Participant 1, you've explained it very, very well. Basically educational. I see them usually as the **middle point between the teachers and also the parents**, because there should be a fine balance between what is happening at school and also what's happening at home. Because usually there's a saying in audiology that we are the therapist or we are the healthcare professional in at the clinic or at the school, but **the parents are the real therapist** or the real, “healthcare professionals” and because they spend more time with the child at home than we usually do and we usually see them. So educational audiologists play I think one of the biggest roles to help **educate**, especially parents and teachers. | Parents should be the advocate |
| Facilitator: Yeah, I think that's very valuable. Participant 4, what would you like to add? |  |
| Participant 4: When I when I think about, you know, the word educational audiologist, I always think about the one practice the practical that we had. Um, when I was in varsity, we, went to a deaf school and the audiologist there would let, go around in the classes, make sure everyone is wearing the hearing aids., also in a way If the child is not, if the child is in a mainstream school, then the audiologist will go to the school. Make sure that the child is seated in a way that he or she can hear and then or can hear the, the teacher and then also that the teacher knows what to expect. | Focus is on special school/ school for the deaf  Distinction in the role of audiologist in mainstream school and special needs school |
| Facilitator: Yeah, I think that's very valuable, yeah. Participant 3 something you'd like to add. |  |
| Participant 3: I agree with everything that everyone has said, but I feel like the main thing is an educational audiologist is an **advocate for the child, for the patient** and that is their part, whether they in a school setting or clinic setting or hospital setting. Because we live in a third world country where some kids go through the schooling system, normal educational schooling system, and *only a hearing loss is picked up later on in life*. So then you have to advocate for the child to try and get mainstream schools and special schools and especially the parents because they're an integral part to, to come to the party and work and do the best for the child. So I feel we more advocate and put what's best for the patient at hand | In contrast to the parent being the advocate, now the EA needs to be the advocate. Uncertainty |
| Facilitator: If we think about the service delivery of educational audiology specifically in South Africa, what do you think are the **challenges** that's posed to this service provision? | |
| Participant 3: So, my first thing would say that its **finances**. When a child, not everyone has access to the finances that are available and to the best quality that they need for themselves. So, I think that's one of the disadvantages that some populations do find in South Africa. |  |
| Participant 2: I think also main part, if we look at our schools for the deaf is also **resources**. Most of them are based in the public sector and resources are very, very limited because they only have a short budget to work from and they usually don't get the most needed equipment that they need. | Focus on special needs school |
| Facilitator: OK. And just to elaborate on that equipment before Participant 1, elaborates a bit on that. I want to ask in terms of equipment, do you have any specific equipment in mind that you think they'd need? |  |
| Participant 2: I believe if we look at verification, there's a lot of studies now around verification and a lot of discussions regarding verification. And most people of the opinion that it's a critical part of the when, when we fit hearing aids, we that we need to verify that we can't fit in quotation marks blind “blindly”. So, I think verification equipment should be a crucial element, especially in educational audiology. |  |
| Participant 1: So I struggle to have like a neutral view on this obviously because of where I work. Won't you just repeat the question again | Biased view due to work environment |
| Participant 1: So stop me because I can probably ramble on, but my first thought when you say that is that. **Is there sufficient choice for parents in terms of what education their deaf child can receive**? So I know I recently did a presentation and of the 44 schools for the deaf in South Africa, 2 of them are auditory, verbal. So, is there sufficient choice for those parents? Can they choose an auditory verbal approach or a sign language approach or a mainstream with sufficient support? Probably not. So, I would say that's the first major downfall And then on the flip side, one of the biggest issues that we struggle with is **parent understanding, education and commitment to the process**. So we might be very lucky to get resources because we get incredible sponsorships and wonderful donors the moment we need something, but it despite all those resources, we have children who don't do well. And it very often comes down to parent commitment and buying into the process and being a big part of the team. In fact being the, umm the main drivers of the team is what we try and push up here to **empower our parents to be the drivers** because children are going to change schools. So even if they're in the, you know, an incredibly supportive primary school, well where are they going to go to high school and will the parents be able to take on whatever was initially given to them at the primary school etcetera, so. Hopefully that answers the question, even if it diverges a little bit. | Focus on special needs school  Unsure of information available to parents of children with HL  Audiologist = main driver of the team |
| Facilitator: Yeah, I think it answers the question very greatly. And I think your experience in the educational setting is of a very great value to this as well. OK, Participant 4, you're welcome. What would you like to add? |  |
| Participant 4: I agree with what Participant 1 says there's. Supportive side from the parents actually make a really big difference, but also you know from the **teacher** side, I think from their side if they have 40 children in the class, I'm not **sure if they are very open to actually receive the** **(support)** .. be open to adjust. Yeah, I've given class to assist this, this patient with her hearing aids or this child with her hearing aids. So I think that is also one thing you need support from both the teachers and the parents in order to help the child | Focus on teamwork (teacher & parent) |
| Co- Facilitator: I would just like to come back to what Participant 1 just said about the parents and now from your own environment where you are working how does that influence your, or what is the specific challenge that that this this parents the fact that they are not involved or that they do not have this commitment **What challenge does that pose to you then as an audiologist?** Overall, in your service delivery as in educational audiology. |  |
| Participant 1: Yeah, so I suppose it depends from what point the educational audiologist is involved. But at a young age I feel if the audio- if the educational audiologist does not have the parents buy in, then **how are you going to get for example, device retention and use up**? You know, if the parents don't believe in the process or don't understand why it's important, then your device use is usually very often poor. The importance. So, for us, obviously we have an early intervention centre, and it requires parents to attend weekly sessions in order to learn how to deal with their child with hearing loss. So how, how is the how are the family going to be able to commit to that? There could be a *financial burden work commitment*. That transport issues now they must commit to bringing you know, their child then once a week, once they have gone through a period of early intervention and if the child is a suitable candidate they would then be enrolled into our school. But we then require that the parents’ commitment continues because, we know that as I think it was Participant 4 or maybe it was Participant 3 who said it earlier. We are with the child for we worked out some stats recently about 30% of the child's life is spent in school. So actually the 70% of the time that they are out of school is, is more important. And so whatever the education audiologist and the teacher and other therapists involved have, have said really needs to be carried over by the parents. I think **carry over is really poor** if the parent is not committed to the process. | Focus on parent-involvement |
| Facilitator: I think that's very valuable insight and I think it's a very actual problem that you're facing as well. So would you say just to summarize a bit, would you say then **device retention and device use** is the biggest thing that you see that poses a problem to you. Is there anything else that you feel that makes your job as an audiologist harder? |  |
| Participant 1: Yeah, so it's definitely, number one **is device retention and use** day long listening. The second thing is **carryover** of. their language skills, but yeah, carry over of parents, intervention or therapy skills, completion of homework, whether it's hearing you know, audiology related or even just homework in class and commitment to the process, Buying batteries, paying for an earmold when it's broken, etc. |  |
| Facilitator: Yeah. And I think like you said, the carry-overs of skills like teaching your child, you have to take care of this. You don't, if you want to go run outside, you know, take it out, don't go play soccer with your ears. I think that's very valuable co-facilitator is there something you'd like to add? |  |
| Co-facilitator: Yeah, I would like to just elaborate a little bit more or ask a further question a little bit deeper in the sense of if you think about our educational system. At this stage, and I'm not just speaking about special schools or schools for children with specific learning needs, but also inclusive schools or the mainstream, what are the challenges posed in **those specific schools to the audiologist**? If you think about the ordinary schools, are there any challenges posed to the audiologist if you want to render services there? |  |
| Participant 3: I've never worked in an education setting, but I've always been a part of referral to special needs schools if a child needed to. But I feel that what we see if a patient is in the mainstream school is that you can carry over and a lot of the time it's the parents that go to the school to speak to them and. It's just I feel like teachers that aren't equipped with the knowledge about certain disabilities like hearing, they don't really take into consideration what the child’s needs are because of the amount or **how big their classes are** that they can't give that individual attention and that's how the child falls through the cracks. I don't know if I'm answering the question correctly. | Focus on special needs schools  Parents should be the advocate |
| Facilitator: Yes, I think you definitely are. |  |
| Participant 2: I'm also, unfortunately not currently working in an educational setting, but things that I've heard and picked up from a few other audiologists that we've spoken to through the years, was that one big thing is **bullying** in school where children get **picked on because they are different**. And I've heard one of those cases, it was a BAHA patient where the audiologist asked the child, but why don't you wear - after a long struggle - but why aren't you wearing your device? You need your device in order to hear. And the child just said, but he gets picked on, he doesn't want to be picked on at school and that's a very big barrier because the **other learners isn't well informed on why this child needs a device in order to hear**. So I also think educating the other students, especially in a mainstream setting, is much more important than sometimes educating the teachers. | Audiologists should educate other children as well |
| Facilitator: I also think that's very powerful and I think just before I get to Participant 1 and Participant 4, I just want to ask also so Participant 2 and 3 both said that you don't work in an educational and environment. So I want to know in your environment, in your context that you work, do you have access to schools? Do you do outreaches, anything like that? Do you have the opportunity to do things like that? Because that could also be challenges that you could face that you don't have access. |  |
| Participant 2: Mainly I do newborn hearing screening. We are currently at a baby house, so we're more focused on newborn hearing screening than on school - school screening. Currently, I don't think we have the equipment to do **boothless audiometry and screening at schools**. I think there's definitely a **big opportunity** to reach out, especially in the private sector, to reach out to schools, I think you just need a plan. I think you can't just call up a school and say, listen, I'm here to screen your children. You need to do your research, you need to have more information to show them on why, why this is important. And I also think schools don't really see the importance sometimes in in something like school screening. | Lack of easy access to schools and schools don’t regard earing screening as important. |
| Facilitator: Okay, thank you so much. Participant 3, do you want to answer that question about access? |  |
| Participant 3: Yes. So not in my current setting, but in my previous public settings we worked hand in hand with audiologists that were based at special needs schools, especially deaf schools and due to like someone said earlier about resources, so certain of these **schools** **don't have the resources** for the students. So they would have been referred to us where we give the *audiological testing resources to the to the studen*t. And then we would hand in hand work with the educational audiologists based at the school to try and have carry over at school and they would make sure that devices and so forth and usage was being done. But what we also noticed is. A lot of educational audiologists preferred to **keep devices at school** so the student would use the device at school, but when they'd go home, the devices would be kept at school and not taken home. And we we always queried why was that. But a lot of audiologists feel that **due to many factors, especially that parents don't understand much as much as education if they've given them and towards the children**, a lot of the devices in that time **break**, they go **missing** and to **replace them is harder than for them to rather send it home**. So we found it quite challenging because we felt a lot of *learning does take place at home*, but in their defence, it was either they have it at school and get that exposure otherwise be without hearing and aids for months on end until they could get it repaired or replaced. | Focus on special needs schools |
| Facilitator: Thank you so much, Participant 1 |  |
| Participant 1: Yeah, so the question you asked before you asked Participant 3 and 2 to elaborate I. As soon as you ask that question, I thought, well, **I cannot think of a single mainstream school where there is an educational audiologist**. So I don't think of educational audiologists in the mainstream school setting. I think of them in the *special school settings*. And as Participant 3 said, the audiologists that they used to work with were in special schools or schools for the deaf. So that's my first point. My second point is, is that. Certainly, here in the Western Cape I'm not hugely familiar and I was previously in private practice, but with any audiologist who goes into the schools, there are audiologists. And certainly when I was in private I would do, I'd visited a school, but I certainly wouldn't do the extent of audiology that I do now -Obviously based in a school for the deaf, but I don't even think. Regardless of the number of children I have, **I wouldn't have gone in depth**. I **wouldn't have felt as comfortable** to inform the teachers with the sort of things that I do now. I **wouldn't have felt as empowered** because it wasn't necessarily my setting. And then there was something that Participant 2 just said that I really wanted to say I agreed with. Now I've spoken so much, can't remember what it was. But the other thing I wanted to say to Participant 3 was as soon as I hear her comment about, you know, *children having to leave their devices at school, which also happens down here b*ut it breaks my heart because as I just said, we **30% of your time is spent at school**. How on earth do we *expect these children to learn listening or spoken language or whatever it is we're expecting them to learn in terms of hearing that we're only giving them their devices 30% of the time?* And I understand that a lot of them will lose them, but then I think it we as an educational audiologist or the teacher or the team of you need to work **better at assisting the parent** **rather than taking the device off**. | Focus on special needs schools and the role of the audiologist within it |
| Facilitator: I think a lot of things that everyone has been saying this evening has getting back, get been getting back to that the parents also need to be educated, which I think we also miss sometimes a lot. Participant 4 |  |
| Participant 4: The more we go and the more I want to say what I wanted to say, oh, so I think it is important to, you know, to educate the parents on how to use the devices and things. But and also the children from the school, you know, the peers. But also I think the teachers should also be informed about things on **how to handle or how to educate the children about hearing loss** and **how to help the child with the hearing loss**. Because last year I had a parent coming to me saying that the child doesn't want to hear the hearing aids and. She tried to because of bullying and she tried to – (dogs barking). So she said that.. I'm she said that she tried talking to the to the teacher and I mean the teacher didn't know what to do. She didn't know how to educate the children on how to not bully the child over hearing us. And I mean the parent can try to talk to the children that bullies the child but you know **she's not there at the school to stop this whole bullying**. So that's one thing. And the other thing is that I also don't know about a lot of educational audiologists, but I I can't help to refer back to, you know, when I was in school with hearing loss like my audiologist went to my teacher in primary school and told her how to place me in the school classroom. And I mean **even just doing that one thing, I think it helped a lot**. But just putting me in front of the class, you know, I'm not sure what she told the teacher other than that. But I know even just saying that the child should sit in front of the class helped a lot. And then when I when I grew up, umm I had to take responsibility for myself. By, you know, taking my FM system to the teacher instead of, you know, leaving it to the audiologist to come to my school and to educate my teachers about it. So I think as an educational audiologist, it's also important to **educate the child** **with the hearing loss** how to take responsibility for themselves because that is basically the only way we can stop. The bullying or we can stop or not. We can stop, but we can help the child to, you know, hear better in the classroom. I think that's very badly. |  |
| Facilitator: OK, Participant 1, I'm going to give you one chance and then we're going to move on to the next part. |  |
| Participant 1: I'm just interested almost to ask a question myself in terms of like the bullying. **Who do we all think is responsible for the teaching of the teacher or the children?** Do we think it's the audiologist in private practice? Do we think it's a public sector audiologist? When you think about capacity, if there isn't an audiologist in the school **who is responsible to take on that task**, it's quite a big task and is it realistic? Is that available for? | Uncertainty about whose responsibility it is to teach/ educate the teachers |
| Co-Facilitator: I'm very glad, Participant 1, that you mentioned that because that's the whole thing of, you know, private audiologist, you see this child in your practice, you fit this child, but who's going to take care of this child in the educational setting? So thank you so much for asking that question. |  |
| Facilitator: OK, Participant 4, one quick thought and Participant 2 and then we're moving on. |  |
| Participant 4: Sorry, I didn't know my handle was raised but sorry. I just want to add that eventually I don't think a lot of people know about the fact that there is an educational audiologist. So eventually they turn to the person who fitted the child with hearing aids to educate the teachers or their parents or whatever. | Lack of knowledge of audiologists |
| Facilitator: I agree with you. |  |
| Participant 2: I think to answer Participant 1’s question about whose responsibility it is, I think it's audiologist’s responsibility. In a way. It's our way of giving back to the community, of reaching out and reaching a few people. Because I've been also, I'm more also with our elderly people at all age homes, busy and a lot of the nurses have asked me to please come and give just a quick introduction on what you do, why, why is your hearing important? And I mean I think we can really, really try to **advocate**, I mean we are the well you as educational audiologist as some and not just educational audiologist. *Every audiologist has a responsibility to give back to their community* and I feel that even if it's just an half an hour's explanation that already. Is give someone, or even one person just the ability to give more information? |  |
| Facilitator: OK Participant 3. |  |
| Participant 3: I know we need to move on, but I feel it's not 1 person's responsibility, so I feel it should be **everyone working together**. To stop it. Because even if you're not looking at bullying for someone that has hearing loss, you look at bullying in general and it's *not placed on one person solely*. So it needs to be the educational audiologists, the private practice audiologists, the teachers, they have to all come together and sing the same song. Because I feel that's the only way people would realize other than being shouted at from only one person. So I feel it needs to be an integral part of everyone together. | Team work |
| Facilitator: I think that's a very good way of pulling the strings together of the discussion that we had. Now that it's about **teamwork**, we need to be focused on the teamwork and that it's **not 1 sole person's responsibility**. I think that's the main thing that I've also gotten from this discussion and I think that takes us to the next part that we want to discuss very nicely. Which is why do you think that educational audiologists are a necessity in South Africa? Do you think that educational audiologists are necessary? Do we need it or don't we, Participant 4? | |
| Participant 4: Yes, I think so. Especially in primary school we. You know it's just the beginning of the child was just fitted the parents don't even know what to expect. And now you know you always well from a from a mainstream school aspect like it is necessary definitely because people are not educated to help this child with hearing loss. |  |
| Participant 2: I think it's necessary to have more educational audiologists. I think there's a very big gap, but I don't think other audiologists, if we look at how big our field can be, I mean we have clinical, we have balance, we have AEP, it's such a big field with so many different aspects that. I think **people don't really know what to expect from an educational audio audiologist**. And I think one of the big, biggest negative things that our society is currently struggling with is how can I make money? And I think educational audiology is something that people don't really see as, but it's not going to, *It's not going to put food on my table*. It's not going to. And I think that's a very big aspect. It's not, it's not very nice to say. But I think a lot of people have that mindset and I think it's just a mind shift we need to make in order to make a difference. |  |
| Facilitator: Yeah, I think, I think that's a very interesting aspect that you touched upon me. I don't know, Participant 1, if you wanna elaborate, a bit on that. |  |
| Participant 1: I just wanted to ask how you are defining educational audiologists. So if you say you ask us, you know what? Do we think it's necessary? Well, what do you mean by an educational audiologist? Because **I don't think an audiologist in a primary school mainstream setting is necessary**. **I do think an audiologist in a school for the deaf is entirely necessary**. And up until recently, for example, Carl du Toit didn't have a state at WCD. So an education department post. I mean, the school's been around for 50 years. So I think it entirely *depends on how you define educational audiology* and when you look at a resource constrained country like ours. Yeah, I do. I think educational audiologist is important. Well**, I think that the education departments should have advisors who are audiology trained**. And can go in and support, because I certainly don't expect audiologists in the public sector to try and support the number of patients they have on their caseloads. I agree with Participant 2 and 3 and Participant 4 said it as well. I expect private audiologists who are earning a living from selling and fitting hearing aids, which I don't think there's anything wrong with. In fact, I'm proud that that's their business model. But then **their business model should include the support of the patient.** Throughout their schooling or as long as they are under that audiologist. So I think it depends on the definition you use. | Audiologists aren’t necessary full-time in mainstream schools, but they are necessary in special needs schools / schools for D/HoH |
| Facilitator: I think Participant 1 touched on a very important point as you said with the definition that you use and I think the a lot of people don't really, they've got one single idea on what an educational audiologist is. And I think that links to the first question that we kind of talked about a little that an educational audiologist. As Participant 1 said to her, **an educational audiologist is someone based at a school**. A school for people with special needs or a school for the deaf. But like in my opinion, that's not necessarily just what an educational audiologist is. Participant 3, do you want to add something to it? | Uncertainty on what is the role of EA, where do they fit in |
| Participant 3: So I completely and utterly agree with what Participant 1 just said and there is and there's like she said, **there is no need for educational audiologists, to be set up in mainstream schools**, but definitely in special needs schools for hearing for the deaf. But what I'd like to say, I'm very familiar with how it works in the public sector in Gauteng and there's like a referral system. So it's supposed to be if someone picks up someone has a hearing loss in a mainstream school, they have to refer them to the educational audiologist based at a special needs school to try and identify the hearing loss but and so forth, and then get them placed in the correct schooling system, system, mainstream or special needs. So I think **we do have educational audiologists based where they should be**. It's I just feel that ***students are not referred appropriately*** or they're like people are not doing appropriate referrals and therefore *the child is falling through the cracks* because *people don't understand the system or don't wish to learn the system*. So I feel that's where things fall between the cracks, between the communication between mainstream schools and special needs schools and stuff like that. |  |
| Facilitator: I also think that's very valuable and it's very important to note that because as Participant 3 said, if you're not sure of how the referral process works, then you can't really help the child to the best of your needs. Even if the teacher sees something's going on, then they don't necessarily always know how to manage that. And yeah, so I think to summarize this and please add anything if anyone feels that I missed something. I think the feeling of the group is that **educational audiologists are necessary in South Africa**, but that **they are placed where they need to be** in special schools or schools for the deaf and that they’re not needed in mainstream schools. I think that's the gist of what we're getting from in terms of the necessity of educational audiology. OK, Participant 3 then 4 then 2. |  |
| Participant 4: I understand that, you know, educational audiologists are not necessarily needed in a mainstream school. But I also feel that, and maybe it's just an aspect that the private audiologist should do by **visiting the teacher** and just make sure that the child is, you know umm getting all the help that he or she needs. So I think in I I think it definitely *comes* down to the definition of an educational audiologist, because **I feel that an audiologist is really needed at the mainstream school**, but not necessarily as much as an educational audiologist should be at a special school. |  |
| Facilitator: OK And Participant 4, just to elaborate a bit on that, if you say that you feel that an educational audiologist is needed at a mainstream school, but not as much as you know as at a school for the deaf, which services do you think they do provide? What do you think their role is in the mainstream school then? |  |
| Participant 4: No, an educational audiologist should be at a special school, you know, **checking that the children are wearing hearing aids** and that the **parents are committed** and things like that. But I also feel that an audiologist should still assist a child in the mainstream school as well by educating the teacher or the children at the school. |  |
| Facilitator: So if I'm understanding correctly, you mean that there doesn't need to be an audiologist based at a mainstream. But if there's a child with a hearing loss in a mainstream school, the audiologist needs to support. |  |
| Participant 2: Well, this makes actually more sense now as everyone speak speaks and also what Participant 1 said that. An educational audiologist. Not mainly necessary in your mainstream schools, but there's a very big gap where you might need an audiologist. Not an educational audiologist per se, but any **audiologist that can go to schools and just evaluate the children's hearing**. Because there's a big gap in, for example, high school children that's showing signs of hearing loss due to high noise levels expose noise exposure and I think there's a very big gap. And where it comes in is the correct referral procedure. OK, you do identify a child, but you *don't need to take it out of the mainstream school because they've been there the whole life*. They are used to that. But maybe just give them the necessary tools. Either be a hearing, hearing aid or better listening environments or just make small changes in their environment, but basically we do need audiologists in mainstream schools, not necessary in educational audiologists. | Audiologists should go the child’s school (physical visit?)  Empowering children where they are, not taking them out of the setting |
| Facilitator: OK. I think that's very valuable. And I think we've started to touch a bit on the next question as well. So the next question that I have is**, do you have any suggestions to improve the service delivery of educational audiology in schools?** So we said that. We do need educational audiologists in South Africa. We don't necessarily need in a mainstream school an audiologist to be based there, but we need audiologists to fulfil that educational kind of role that we have. So do you have any suggestions to improve that type of service delivery in South Africa? | |
| Participant 2: I think that's where the confusion comes in. **What exactly is educational audiology? Nobody really knows**. Then I remember when the facilitator first described her Master study, to me it was like, OK, but what is educational audiology exact exactly? I think just better defining what educational audiologists will be responsible in doing, because there's a lot of question mark In what do you need. In order to be doing educational audiology. So I think **just better information for the start** so that the audiologists can also feel comfortable in providing that the necessary services. | Again, lack of knowledge about EA (audiologists specifically) |
| Facilitator: So with better information, do you mean better information to audiologists to equip them to provide the service or do you mean to schools or..? |  |
| Participant 2: no, I think mainly **start with audiologists** because. It's basically if I can use this as an example, someone wants to start with vestib but they're not feeling comfortable because they don't have the correct information. So they will usually go out and get the necessary information. So providing audiologists with what you are capable of doing and maybe you can reach 1 audiologist that has a passion for educational audiology. |  |
| Facilitator: yes, it does. Thank you. And I think that links well with what Participant 1 said earlier. If she was when she was in private practice, she wouldn't have felt comfortable in providing this information, as she does now in the setting that she works now. So I think there's definitely a link there. |  |
| Co-Facilitator: I just would like to ask Participant 2 with what you've just said. Would you say that in providing this information, would you mean that in terms of **continued professional development** or do you think that should be part of **initial training of an audiologist**? |  |
| Participant 2: I think **both**. I think within because we did touch on it a little in university, I do remember the lectures, but I think there's a **very big gap also with CPD** activities and events, there's not that much after your studies of what what's next? What's the new developments in educational audiology? Just providing especially information after university. But what's next? What can you do to develop your… [skills] but just I think there's a very big gap with regards to CEU events regarding educational audiology. | Lack of training opportunities for audiologists who want to work in educational settings |
| Participant 1: I think it's like what Participant 2 said earlier. It's like most areas in healthcare now. You know, you might study to be an ENT or you study to do audiology, but **everybody specializes within their specialist field anyway**, so I don't even remember if we had. I did go to university quite a long time ago, but **I don't even remember if we had any lectures on educational audiology.** I have to assume we did. They clearly didn't stick with me and it certainly wasn't a big a big section, but I feel these days if you want to go into a field within your field. **You need to kind of specialize**. And that doesn't mean necessarily doing extra training, although obviously that is beneficial. But you sometimes think, well, will that come with a cost? It might. It might be in-house training, you know, within the centre that you're in. It might be CPD’s. But I think in any area in audiology that you specialize, you do need further training. If you're going to go vestibular, if you're going to go electrophysiology, if you're going to go educational. I think it's it just ends up being one of those. | She doesn’t remember – did not make an impact |
| Facilitator: OK. And Participant 1, would you even say that it would be the responsibility of the centre that you're placed at to train you? Or how do you think that a private practice with audiologist can be supported better to provide the services in an educational setting? |  |
| Participant 1: It's a really hard one, actually. I don't know. I suppose it is. It's hard in private practice. Why would you go and do further training? I mean it's very well known that **Paediatrics are a drain on a private practice**. **They do not make you money**. **They take a lot of time** and a lot of energy. So you have to have a real passion for them and obviously if you have a private practice, you need to keep it afloat naturally. You don't need to be making millions, but you need to keep it afloat. So I don't know. I, to be quite honest, I don't know how you ensure that people keep up their skills in order to suspect. I can honestly not answer. | Income-orientated mindset? |
| Facilitator: Thank you so much for your honesty. We really appreciate that as well. **Anyone else that has a suggestion on how you think the service delivery of educational audiology could be improved in South Africa**? So, yeah, Participant 3. |  |
| Participant 3: I would say **we do have posts for audiologists in special needs schools** and so forth, be it public schools, be it private schools. It just depends which setting they are in and I feel **those audiologists need to be more proactive in. Enabling their skills or helping students**. So I feel it should be it should be mainly their responsibility with the addition of public audiologists or private audiologists that have with fitting and so forth. But I feel they should be the cornerstone of this and I feel if **they advocate and they put in the, the more the more effort** into it it could be. More positively seen now than before, because I feel like **everyone can say they're an educational audiologis**t, Audiologist that goes to hearing screening at schools can say I'm an educational audiologist, but I think it's the ones that are employed in those settings to advocate for their area. So you could employ it at school A, but try and give services to those in your district as well. So I think it should, they should be the cornerstone of it, obviously with the help of audiologists in different settings that are assisting them. | Audiologists to advocate – contrast to previous statement |
| Facilitator: Thank you, Participant 3. I think that's a very good point that she's added. Participant 1, yeah. |  |
| Participant 1: I want to add on to what Participant 3 said. She made me think a bit harder. I think **the education department needs to take some responsibility for educational audiologists**, certainly in the public sector, anything kind of health related. The education department is very happy to hand it over and say oh this isn’t us, this is this is health department. So for example at our school not having an audiologist at a school for the deaf that has been around for 50 years, that is an auditory, verbal, oral listening and spoken language school. I mean **that is that is a shocking state of affairs from the education department** and it took as Participant 3 said now we had to advocate it took a lot of fighting for us to get an audiology post at our school and it it's still a contentious issue at our school because we're based on a on hospital property so they consider us health department but actually we're in education setting so we'll end up getting no support from anyone. So I definitely agree that **it is up to the audiologist**, for example, another example in terms of our schooling. So when our children leave us at whatever age, whether they leave at grade one or they leave only in grade 3, if they go into a school that isn't another school for the deaf, we have a position of it's actually **a teacher, but she is our mainstream support teacher**. So she along with one of our audiologists go out. To the child's next school, **they prepare the school and then they visit periodically** kind of every three months to see how it is going at that school. But that is not all that is *not education department paid for*. That is a, you know, a **private function that that we happen to give**. And I don't think many schools could afford to do that and I certainly don't think there's many private practices that could manage it. | Who is responsible for EA? Department of Health / Department of Basic Education? |
| Facilitator: I think that's amazing and that's a really. Interesting thing that you also added. I definitely think that's something in terms of follow up because we know that we can't just fit a child with the hearing aid, the follow up process needs to happen as well and I think that's really amazing. Thank you for sharing that with us. Alright. Is there anything that anyone would like to add or that you would like to highlight before we wrap up tonight's discussion? I think we've had a lot of valuable insights. I'd certainly learned a lot, Yeah. Anything that anyone would like to add or that you would like to highlight before we wrap up? |  |
| Co-Facilitator: Now at this end of this discussion, I would actually ask a kind of play devil's advocate for the moment and just ask. That that is not necessarily part of the four questions, but in **in the US they have the privilege of you can decide you can either be a clinical audiologist or be an educational audiologist** and being posted with the Department of Education in schools now that we do not have that privilege of having these posts available, **do you think one can expect from private audiologists to step a little bit out of their comfort zone?** I usually tell students to step out of the booth and support the child where it's really needed within the classroom. Do you think or do you think, Do you think it's viable or do you don't you think it's viable? Just this final question. | |
| Participant 1: I do think it's viable and I think it should be considered as part of the child's care to a degree like to a limit. Because I do think, I think the amount of time I spend in classrooms being school based and I don't think that that would be viable for an audiologist in private practice. But I do **think we can expect some level of support**. I suppose what would be hard would be to define how much. |  |
| Participant 2: I think it should be **counselled** to the private audiologist that I know. In our practice when we fit a patient they get 2 free follow-up sessions and I do believe that should. Also, while I do believe in most practices, it does count also for any if you're a child or if you're an adult. **But go a little bit further and tell them that we are here to support you and if you would like, we can set up a Zoom meeting** **with your teacher** if they are game for that and have an honest discussion about what we can do for this child. I mean, it won't take anything from, *it won't cost you money to get to the school* and we have resources available like Zoom or. Just a phone call away and just quickly discussing it, but I think there's a **lot of counselling** in with regards to that. So it is definitely viable, but I think it's going to be a long journey in order to reach to reach that. | Not necessarily a physical visit (too much effort? Too much time?) but a virtual call / meeting with teachers |
| Participant 4: I think it can. I agree with Participant 2 that you know, maybe it can actually be part of the follow up sessions where you can just have a phone call chat with the teacher explaining what you know, **explaining how the child should wear the hearing aids** just you know, even if it's just a normal basic things and if the if the teacher wants to know more you, the teacher can always call you or you know contact you. I think maybe also an up to a certain point private audiologist can assist the assist the child and the teacher and the parents just to make sure that the child can actually. Hear a little bit better or function a little bit better in the school, school environment. |  |
| Participant 2: I just wanted to add because everyone keeps on saying that it's to a certain point and **it is only to a certain point** because again when we look at private practice, they can't only make use of one sort of income and that's where you put the ball in the parents’ court and tell them this is now also your responsibility as it is my responsibility. I will help you. I will guide you along the way, but we need to work as a team. It won't work if we're not working together. So, it's a give and take. It's not I'm going to give and you're just only going to take. It must go. It has to come from both, both ways. | Whose responsibility is it? Parents? Teachers? Audiologists? |
| Facilitator: So if I am I correct in saying that you're saying that it's important for us to or for the audiologists that's more in private, practice to have the discussion with parents to kind of shift that responsibility that they think the audiologist is responsible for my child education to shift it back to them and that they responsible for the child's education and hearing as well as the audiologist. |  |
| Participant 2: Yes, in in any part of audiology it's. You can provide so much to the patient but if they do not put the same commitment into it as you do, it won't work. Unfortunately, that's the reality that we that we see; it has to go, it has to be from both sides and that's also what Participant 1 mentioned is the commitment from the parent side. **That we are struggling with**. If the parents don’t understand or if they don't agree with your diagnosis or with your strategy, it's not going to go far. You can only unfortunately you can only do so much. |  |
| Participant 4: I just want to mention I'm really sorry that I'm taking back to my days when I was at school. Just. You know **from my mom's perspective** that the audiologist made the time to go to the teacher and just make sure that I am OK in the class. Just from my mom's perspective, I think **she really appreciated it**. You know, even if it was just in the beginning. I think that the audiologist only came like twice or something like that. Just for the beginning we until the parent can actually take it from there. | Physical visit at a school |
| Facilitator: I think that's very valuable. And as you mentioned earlier, especially in those early stages and where hearing loss is identified and the child goes to school for the first time, the parents met might be feeling a bit out of their depth. And then the audiologists can support them there and give them that little comfort zone in terms of the information that they need and how they can, you know, transfer that to the teacher. Any final comments or remarks from anyone? That you would like to add, right. That's it then from my side, thank you so much for your time and for your willingness to participate in this study. I really appreciate it a lot. |  |