

Ask 'Audrey O'Gram' – A Pediatric Audiology Outreach Initiative for EHDI Stakeholders

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Introduction

JCIH 2007:

- Successful EHDI programs benefit from collaboration between public & private agencies
- All providers should be knowledgeable about pediatric hearing loss (HL)¹

The NJ EHDI Audiologist ('Audrey O'Gram'), in collaboration with the NJAAP Health Data Specialist Consultant to the Division of Family Health Services, New Jersey Department of Health, developed a free, online outreach initiative focused on increasing awareness of various pediatric HL topics to Case Managers (CMs).

New Jersey Regulations require that children with permanent HL, birth through 21, be reported to the New Jersey Birth Defects Registry².

Registration of children with specific medical diagnoses will prompt referral to county-based Special Child Health Services (SCHS) Case Management (CM) services.

SCHS CMs (33 social workers & 24 nurses), provide access to preventive & primary care for children with special health care needs, including, but not limited to HL, provision of comprehensive, coordinated and culturally-competent services.

Historically, individual CMs have contacted the NJ EHDI audiologist with pediatric HL inquiries, the 'Ask Audrey O'Gram' initiative was developed to share information with all 57 CMs to increase their knowledge base and assist each CM to better serve children with HL and their families.

Learning Objectives

- 1) Describe 3 key elements of a successful outreach initiative for stakeholders who provide services to children with HL
- 2) List 3 assessment tools that can be used to measure learning outcomes from an EHDI outreach initiative
- 3) Identify at least 3 different topics related to pediatric HL that would be relevant for professionals serving children of different ages

Step-by-Step Process of the 'Audrey O'Gram' Initiative

- A live presentation to CMs to provide an overview of this educational initiative
- Administration of an online pre-assessment tool (questions fashioned from 'real-life' situations encountered by CMs and children with HL and their families)
- 10 monthly pediatric HL related self-study training modules (including: topic overview, related case study, relevant resources and a multiple-choice case study question) sent to all CMs via SurveyMonkey
- CM's had one week to submit responses, with a winner's certificate and prize awarded to the first correct respondent
- Monthly follow-up emails providing the correct answer and explanation sent to all CMs
- Administration of an online post-assessment tool, utilizing the same questions as the pre-assessment, to measure learning outcomes
- Data was analyzed using SAS 9.3 and a live presentation was given to CMs to review findings and to reward the county CM unit with the highest proportion of correct responses
- Special recognition given to CMs with best participation and those who scored 100% on monthly questions

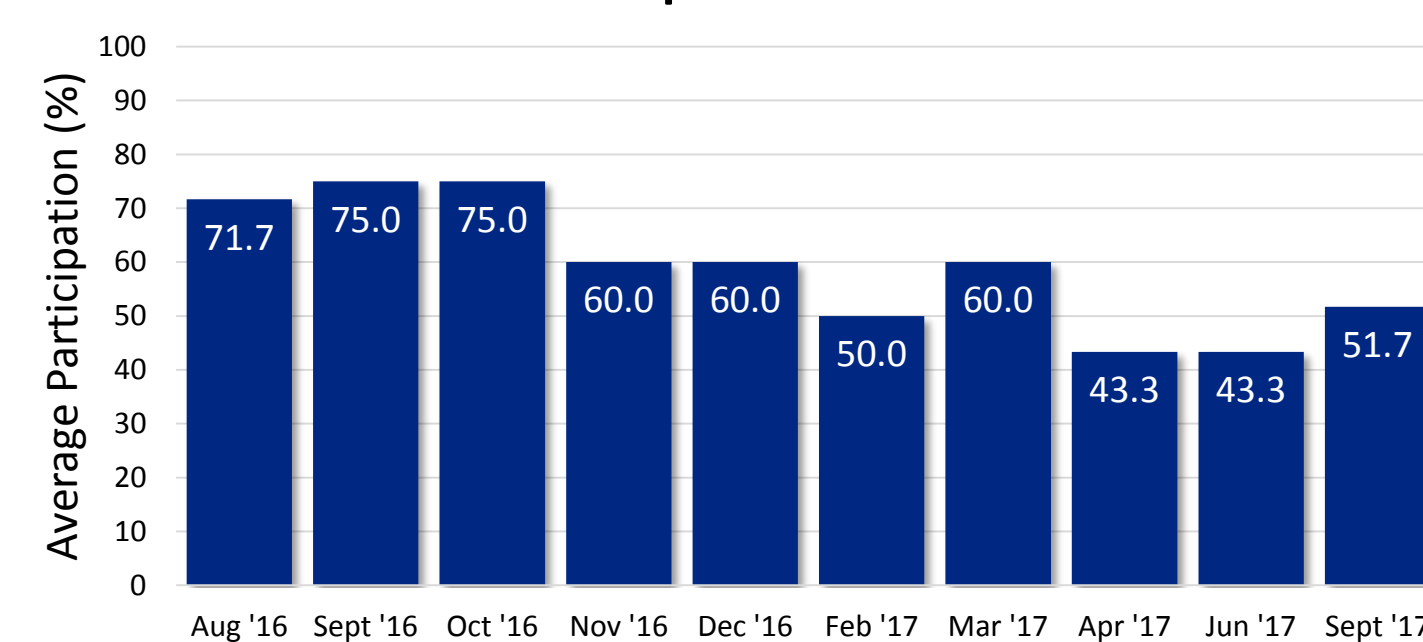


Self-Study Module Topics

1. Bone anchored hearing systems
2. Vocational rehabilitation services for teens with HL
3. Support services for parents of children with HL
4. Minimal HL
5. Driving test accessibility for teens with HL
6. External auditory canal atresia
7. Risk indicator monitoring for late onset HL
8. Pediatric HL: the otolaryngologist's role
9. NJ educational resources for children with HL
10. Financial assistance for pediatric amplification in NJ

Results

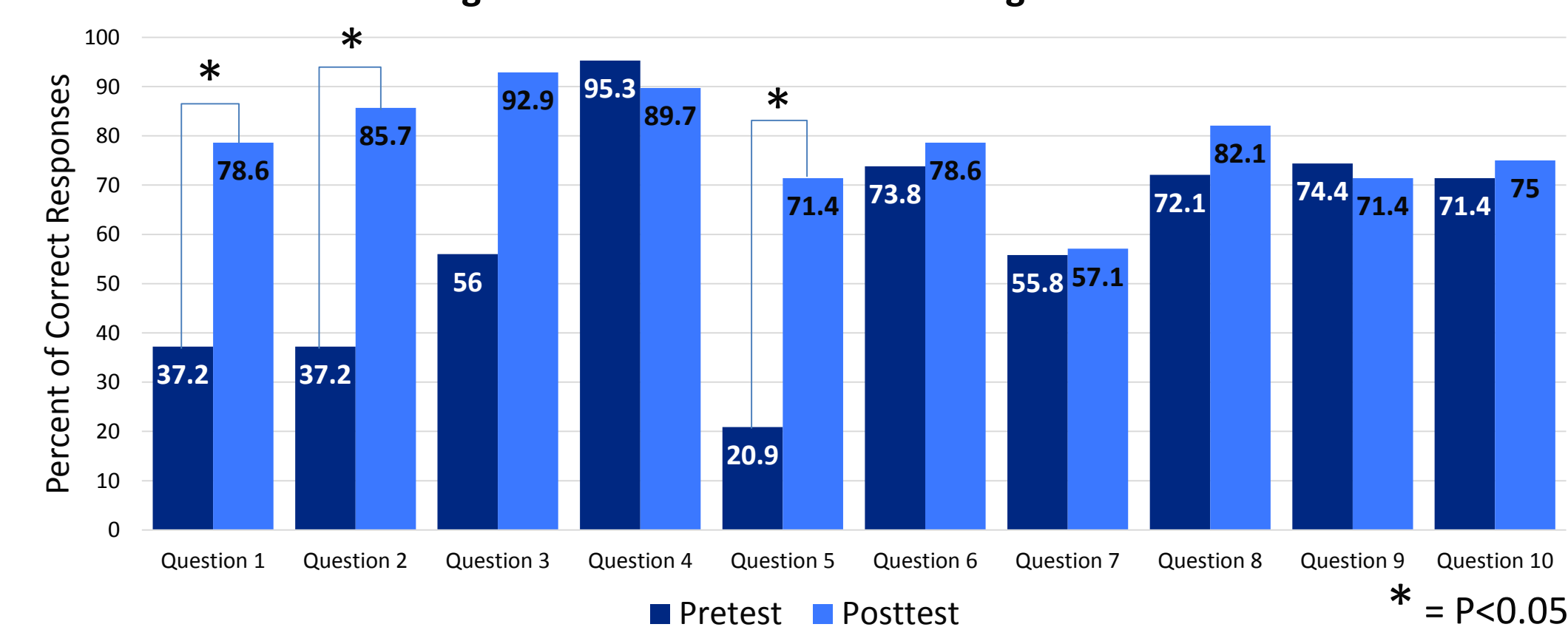
Figure 1. Monthly Self-Study Module Participation Rates



73.3% of CMs participated in the pre-test evaluation. Of those who participated, CMs answered an average of 62.1% of questions correctly.

Monthly self-study module participation is depicted in **Figure 1**. On average, 59% of CMs participated in the monthly self-study modules. 11 (18.3%) CMs completed all 10 monthly self-study modules. 82.5% of responses submitted by CMs for monthly self-study modules were correct.

Figure 2. Pre- and Post-Test Average Scores



43.3% of CMs completed the post-test evaluation. Among those who participated in the post-test, an average of 78.2% of questions were answered correctly. 7 (11.7%) CMs answered all 10 post-test questions correctly. There were significant improvements in knowledge for questions 1, 2, and 5 (**Figure 2**).

Conclusion

- Initiative was an interactive, no-cost way to raise awareness of pediatric HL topics
- Positive feedback received from participating CMs regarding ease of use, topic content and relevant local, state and national resources
- Use of 'real life' CM scenarios guided development of topics of greatest interest for this audience
- Some months had lower participation rates which may have contributed to non-significant findings for certain questions
- Scores highlight pediatric HL topics that may require more comprehensive training

Lessons Learned

- In-person presentations helped provide project clarity and supported CM engagement
- Overall monthly outreach would likely benefit from a shorter timeframe (4-5 months) and condensed self-study module content
- Moving forward, this education format can be applied to other topical areas for CMs
- This curriculum (or similar ones) can also be applied to other EHDI stakeholders

References

1. Joint Committee on Infant Hearing. (2007). Year 2007 position statement: Principles and guidelines for early hearing detection and intervention programs. Pediatrics, 120, 898-921.
2. New Jersey Administrative Code 8:19-1.11(a)2 (2011).

Acknowledgements

Thank you to the Family Centered Care Services Program Manager, Pauline Lisciotta, for her involvement in and support of this initiative. We would also like to thank the 21 Special Child Health Services County Case Management Units for their participation.