

An undergraduate perspective on changes to audiology education

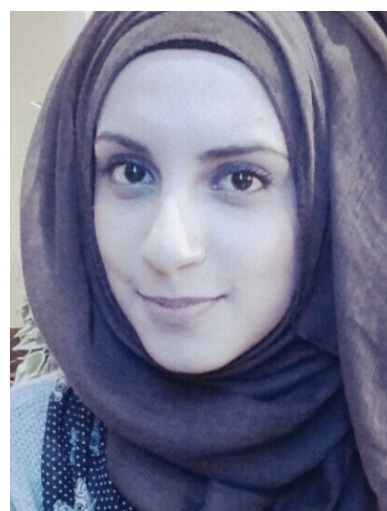
BY FAIZAH

I have completed two years of study and am currently preparing for my final year, which consists of a twenty-five week placement alongside a research project and theoretical modules. It is inevitable that, as a result of the changes made by the Department of Health (DH), the year is going to be a challenging one.

One of my major concerns is working out how to maintain the correct balance between enhancing my practical skills and keeping on top of my placement workload but also ensuring I am spending enough time on my project and my modules for which I will have to sit end of year examinations. It would be very unfortunate if only one hurdle is overcome because of having insufficient time to focus on the other. It is difficult not to feel at a disadvantage when comparing the placement layout of the new course to the placement layout of the old one. It is easy to see why having a separate placement year dedicated to improving practical, patient, professional and communication skills would be far more beneficial for students still in the early days of their career. It is equally apparent why having a fourth and final year to complete an extended research project and cover the remaining knowledge gaps with plenty of opportunity for revision would result in better grades and a better degree classification.

However, it is also arguable that

having a lengthy placement parallel to completing academic work is an excellent idea as the one complements the other. This new approach makes it possible for us to apply and test out our learning, which helps identify areas we, as individuals, need to focus on. Additionally being in contact with various professionals in our field on a daily basis should mean that no question remains unanswered as we are surrounded by experts who possess a wealth of information, knowledge and experience. Such an environment is ideal for students who can draw on the tactics they observe and manipulate them to create their own, unique style. A simple example that can be used to demonstrate this is history taking; second nature to qualified audiologists but dreaded by students. Each and every audiologist has his or her own way of ensuring they take a complete but coherent history. An audiologist I once observed said that a little bit of everyone's personality comes through when they take history and I agree completely. As a student who has observed numerous methods, I can



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say that there are one or two versions which have stood out to me and that mine lies somewhere in between. I will perfect mine using practice but if I had not seen the way others took history, it would have taken me much, much longer to realise how I should take it. This is definitely the case with countless other procedures and my

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upcoming placement period will give me the opportunity to improve my attempts at them and then refine them over and over again, using pointers from other members of staff, until I am satisfied. I will then be able to apply what I have learned practically to my theoretical studies and use it to gain access to the top marks. After all, it is common knowledge that we only remember a very small portion of what we read or hear but a great deal more of what we do.

I think it is perfectly reasonable to claim that a day on placement is no different to an eight hour university lesson that is just based elsewhere. As a result, it can be argued that there is no real need for placements to be clumped together into one year and that actually, placement should not be seen as a separate element of a degree but as the core of it. It is an alternative teaching method which can be and should be incorporated into each academic year as it teaches us that which cannot be taught in the classroom. There is something new to be learned around every corner, from casual discussions during lunchtime to the wall of folders lining the office. All of the students on the old BSc Audiology course who I spoke to were of the opinion that what they learned whilst on placement was more than they could ever have learned sitting in lectures. This means that a one year placement segmented into three parts and undertaken over three years is probably a much better strategy to having a very lengthy placement two years into the course.

Another key difference between the old and new programme is the introduction of a vast amount of general science content in the first year. My personal view on learning additional material is that, as professionals, we can never know too much and having that extra knowledge doesn't take anything away from us. If anything, it makes me feel like more of a healthcare specialist and less of a technician. As a lecturer once said, anybody can press buttons and read off screens but only

somebody with knowledge can tell you what they mean. Hence, spending the extra time ploughing through books on cell biology is time well spent and I believe the change made by the DH is an excellent one. Furthermore, it is never predictable when that small piece of information, which, at the time of learning it, felt so irrelevant, might come into use. Covering increasing amounts of science content means that graduates have a better and more in depth understanding of a wider range of concepts, resulting in a higher standard of professionals working for the National Health Service (NHS) which means that patients have an improved quality of care and sense of trust and safety with the people looking after them. That is most definitely a positive and it is excellent that a certain level of expertise is expected from healthcare specialists. However, it is essential that course content is continuously reviewed and refreshed as science develops as it is a very fluid and rapidly changing area.

The inclusion of neurophysiology and vision sciences, both practically, in the form of placements, and theoretically, in the form of modules, further enhances the worth of both the degree and the graduate. I would much rather complete my degree with all of the audiology related knowledge along with understanding of the brain, nervous system and the eyes over audiology knowledge alone. Furthermore, attending placements with other healthcare professionals helps us, as students, to really appreciate what it means to work in a smaller team that is part of a bigger one. It shows us that all of the professions are interlinked and for the best quality of care, the borders between each profession should remain open and we should all ensure we are accessible, not only to other audiologists but also to those in other fields. Each audiologist plays a key role as an individual but an equally important role as a fraction of a much larger team. Learning how the ear works alone but also how it impacts

and is impacted by the eyes, brain and nervous system only further solidifies the notion of working in unison with all of the specialists around us. As a result, the decision to include neurophysiology and vision sciences as part of the new BSc Healthcare Science programme is another one which benefits the graduate and the patient in receipt of their care.

In today's job climate, it is becoming increasingly challenging to climb up the career ladder and having clear steps to walk up is very important. The fact that my degree, a Practitioner Training Programme (PTP) leads to the opportunity to enrol on to a Scientist Training Programme (STP), which, in turn, enables me to become a Senior Healthcare Scientist or undertake Higher Specialist Scientific Training followed by the option of attaining consultant level recognition is an exceptionally valuable element of the Modernising Scientific Careers pathway. Furthermore, each stage is accompanied by an NHS pay band level, which ranges from one to nine, so the progression is very apparent. For example, I will graduate with my BSc Healthcare Science (Audiology) degree at a band five but completing the STP would push me up to a band seven. Being a very driven and career orientated person, these elements of advancement and succession of the new structure were the key selling points for me and sealed my desire to pursue a PTP degree in audiology. My initial interest in audiology was due to the autonomous nature of the audiologist and the fullness of the service they provide, from the referral right through to the after care. The doors that the PTP opens up for me means I can extend my responsibilities further and further and that I can choose to pursue one of a wide range of divisions, such as paediatrics or rehabilitation.

All in all, it is difficult to evaluate the changes implemented in order to modernise scientific careers at this early stage but, as is the case with every

degree, the success of each change should be monitored and adjustments made as necessary. As a student who pays large sums of fees, it is vital to know that the degree I am completing is of a high standard, sufficiently accredited and leading towards job security. For me, the grouping of numerous disciplines by the DH and introduction of new degrees for them in order to produce consistently excellent professionals

of the same, set, high calibre clearly suggests their importance in the provision of healthcare in the United Kingdom. Knowing that my degree is one branch of an enormous network whose roots are set deep in the NHS offers me the sort of protection that is unheard of in many other careers.

I would wholeheartedly recommend the degree I am studying and the career I am determined to succeed with. It is

crucial for revisions to occur within every field and the fact that they have been done on such a large scale by the DH is something to celebrate. Graduating with a degree founded on the basis of creating new, highly adept and proficient professionals who are in line with modern science, is something I will be very proud of.



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