

Audiology Training – Time to change our Spots?

A student’s perspective of the Scientist Training Programme



In the “Just-so Stories”, the accomplished wordsmith Rudyard Kipling details how the leopard got his spots. Which concludes that the leopard will never change his appearance again as he is quite content just the way he is. The former degree route into audiology was generally viewed as the gold-standard of audiology training and education, segregating the profession into its own specialist field and produced clinicians with a great depth of knowledge in the hearing and balance systems. However, the Scientist Training Programme (STP) groups audiology under a ‘neuro-sensory sciences’ umbrella, next to neurophysiology and ophthalmic and vision sciences, connecting the profession with most things neurological from the neck up. The programme aims to produce rounded clinicians with a deep-rooted knowledge of patient care across the allied health specialities. As first year trainees, we are expected to complete rotations in all three specialities as well as a ‘clinical investigation and assessment’ module. The latter module aims to provide a comprehensive integration of learning and clinical experiences from across the rotations, focusing on working in partnership between disciplines and examining patient pathways throughout the health-service. The module also allows trainees to spend time in related diagnostic services such as imaging and pathology, and gain a greater understanding of each discipline’s role in the overall clinical assessment of a patient and differential diagnosis. To some, these rotational placements appear inadequate and extraneous to our overall training. However I disagree and have thoroughly enjoyed my time spent in other departments. In

undertaking the clinical rotations I now hold a much deeper understanding of other disciplines, their scope of practice and the challenges they face in service delivery.

The clinical placements were not merely a sit-in-the-corner-and-take-notes exercise; they were interactive and hands-on, demanding full engagement with patients and staff. Being an experienced clinician I was thrown in at the deep end with patient contact in each rotation and as a result I have developed a wide range of transferable communication skills that I can apply in most clinical settings. Focusing on one specialism allows a clinician to develop very competent patient interaction skills in their dedicated area of testing and provides many merits besides. However requiring a clinician to explain a variety of tests and investigations on all areas of the body, allows you to divide communication into an arsenal of micro-skills that can be applied to any clinical setting and soothe navigation of a patient through many potentially stressful situations. In addition to patient communication, there are many lessons to be learnt from the way other teams work and deliver their services. Experiencing first-hand how other clinics run on a daily basis offers unique opportunities for creativity in practice and can produce inter-woven ideas for service delivery.

Ever since graduating from my undergraduate degree I have been eager to further my studies in the form of postgraduate education. However I also have a real passion for my job as an audiologist and would find it difficult to leave the post and return to full time studying. For me the STP offers a perfect balance between my much

desired further educational studies and advancement of knowledge with my grounded passion for my patient-facing healthcare career. Equally, the clinical rotations enabled me to combine the academic theory from the MSc with ‘real-life’ patient interaction, supporting and developing my understanding of other health conditions. In text-books and lectures you can dryly learn the physiology and treatment of most health problems; however it is not until you interact with patients who are living with it that you can even begin to appreciate all the implications of the condition and the day to day challenges that they face.

The STP has offered me a broader outlook on my career and has re-affirmed my passion for high-quality patient care. We champion the use of patient stories in the NHS and are regularly reminded to show compassion to our patients. Hearing loss does not come alone for the majority of people that we see in audiology and many also visit both ophthalmology and neurophysiology. Spending time in both departments has given me a true insight into what patients are faced with when they attend the hospital, and why sometimes they may react the way they do. Secondly it has helped me ‘decipher’ patient descriptions of tests and procedures they may have had in related departments, yielding greater accuracy of information recorded during a patient history. For example, if a patient describes having regular injections directly into their eye at the hospital, I know straight away this person is probably suffering with wet age related macular degeneration and am aware of the vision impairments that it carries and how I can adapt my aural rehabilitation programme accordingly. Likewise if a parent of a paediatric patient explains

their child is undergoing some investigations and recently attended the hospital to have 'things stuck all over their head' I now know the child has probably had an electroencephalogram and can appreciate all the implications of this. The modern NHS has been compartmentalised into separate disciplines and services and it is often forgotten that patients traverse between pathways and specialities. Creating a new generation of scientists that have full awareness of the varied pathways on which patients are expected to travel, will hopefully go a long way in diminishing some of this deep-rooted segmentation of our health service.

Being part of the STP has provided me with a host of opportunities that I would never have otherwise been able to see or experience. As an audiologist I never thought I would be helping the radiographer during a pacemaker implant operation, or have a hand in measuring an unconscious patient's brain-activity in the Intensive Care Unit. Some may question the relevance of the above events to my career as an audiologist, and I would agree that whilst neither bears any significance on my day to day clinical work, such experiences have allowed me to marvel in the excellence that is our NHS and become a great ambassador for it. In this age of privatisation and patient choice of care provider, surely a workforce that can whole-heartedly advocate the NHS, and its incredible range of services, can be no bad thing?

If nothing else the STP must be viewed with admiration for its unique collaboration between academic institutions and the NHS, and the high-level of commitment shown by both organisations to ensure success of the training programme. Such fledgling relationships are not

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without their 'hiccups', however having entered the programme on its third year, I feel lucky that most of these teething issues have been straightened out. The links between the academic and practical side of the course feel reassuringly smooth; with both our learning assessment tool and our academic resources available online, they can be accessed from anywhere and fitted around clinical demands. Every STP student has a nominated in-house training officer as well as clinical supervisors in each rotation. And with the university lecturers easily contacted through e-mail, trainee support never feels that far away. Of course not all areas of the training scheme are yet perfect, and there are still a handful of students experiencing workplace and training issues. However, as trainees we are asked for feedback every step of the way and with student representatives from the course sitting on themed development boards, this feedback is being listened to and the progress is visible.

Over recent years the term 'modernising scientific careers' seems ever present in the career paths of many allied health-professionals. Although no finite definition has

been accredited to the phrase, most sources share a common idea that is it involves shaping a workforce to have the skills, knowledge and flexibility to deliver technological and scientific advances for the benefit of NHS service users. For me and my career, the STP has been the first concrete scheme which encompasses the term and all that it demands. Audiology needs to be celebrated as a science as well as therapy, and placing it under an umbrella with other neuro-sensory sciences feels as though the subject has been granted its place back upon the scientific podium. Although the former degree did do this to some extent, it created a drift between audiology and the other medical professions, segregating itself, perhaps to the detriment of audiologists as rounded healthcare clinicians. So as Kipling suggests, once we have achieved our spots, we needn't change them, but maybe, through creation of training routes such as the STP, we can make them multicoloured.



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