

SoundingBoard

DECEMBER 2023

**ETHICAL ONLINE
BEHAVIOUR**

**HAASA 2023 CPED
DAY *Highlights***

**SPEEDY INNER-
EAR MESSAGES
SIGNAL A LEAP
FORWARD FOR
BALANCE
DISORDER
TREATMENTS**

*Study Investigates
Link Between
Indigenous
Hearing Loss and
Mental Health*

**HBA: SUPPORTING
AUDIOMETRISTS
WORKING IN SMALL
AUDIOLOGY
BUSINESSES**

**It's Time to Increase
Racial Literacy
Within Our
Organisations**

*HAASA CPED
Day Sydney 2024*

THE OFFICIAL MAGAZINE OF THE HEARING AID
AUDIOLOGY SOCIETY OF AUSTRALIA LTD
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January 2024**



Inside this issue

04

BOARD REPORT

05

DIRECTOR'S REPORT - HAASA
AGM 2023

09

HEARING SERVICES
PROGRAM NEWS

11

STUDY INVESTIGATES LINK
BETWEEN INDIGENOUS HEARING
LOSS AND MENTAL HEALTH

13

IT'S TIME TO INCREASE
RACIAL LITERACY WITHIN
OUR ORGANISATIONS

16

HAASA CPED DAY MELBOURNE
2023 HIGHLIGHTS

17

HAASA CPED DAY SYDNEY
2024

18

GET TO KNOW YOUR
DIRECTOR

19

HBA: SUPPORTING
AUDIOMETRISTS WORKING IN
SMALL AUDIOLOGY BUSINESSES

21

ETHICAL ONLINE
BEHAVIOUR

24

SPEEDY INNER-EAR MESSAGES
SIGNAL A LEAP FORWARD FOR
BALANCE DISORDER
TREATMENTS

28

CODEBREAKER

29

MAGAZINE INFORMATION



Board Report

Dear Members,

Welcome to the December edition of Sounding Board, our final issue for 2023! We hope you are already enjoying some of the season's festivities.

Thank you to everyone who attended our CPED day in Melbourne last month. It was great to see so many of you and quite a few new faces as well. Thank you to our brilliant speakers as well as our amazing sponsors and exhibitors – Signia, Phonak, Unitron, Starkey, Oticon and Sonic Equipment – for your willingness to always support HAASA.

A very warm welcome to Chris Harrison to the Board, we look forward to working with you and what you will add to the team.

We are now getting ready for our next Sydney CPED Day 15 March 2024. Registrations are now open! If there are any speakers or topics you'd like to see on the day, please reach out to Jacqui at haasa@haasa.org.au.

The HAASA office will be closed as of Friday 22 December 2023 and will reopen Monday 8 January 2024.

We'd like to thank you for your continuous support over the last year. Your emails, suggestions, feedback and kind words are always appreciated.

Wishing you all a very Merry Christmas and happiness throughout the coming year.

Your Directors,

*Kerrie, Helen, Glen, Lyndon,
Tim, Matthew & Chris*



Directors Report – HAASA AGM 2023

Your directors have been busy this last year representing HAASA through various groups and committees, ensuring that HAASA members have a voice in the industry.

Thank you to:

- Helen King for her representation with the Hearing Health Sector Alliance (HHS), the Scope of Practice Review, and various Department of Health events.
- Glen Carter and Lyndon Williams for their work with the Business Reference Group (BRG).
- Helen and Glen's continued work with the Practitioner Professional Body (PPB) meetings.
- Glen, Helen and Tim Manski's representation with MRFF Indigenous Health Application APP2025034 "Systematically and Together Overcoming Racism Model (STORM)" – an approach to addressing racism in the hearing health sector led by Professor Catherine McMahon.
- Glen's representation at the Hearing Awareness Stakeholder meeting.
- Kerrie Gibson's continued efforts with HAASA's Ethics Review Committee (ERC) membership.
- Lindsay Gillespie and Sharon Oliphant-King for representing HAASA with the ERC.
- Helen and Glen's contributions to TAFE meetings.
- The HAASA members who communicated their concerns regarding the Diploma and TAFE's delivery of it. A thorough understanding of the course's current difficulties was critical for these meetings.
- Lyndon, Glen, Kerrie, Matthew Virgen and Daniel Fechner's work with our Education Committee.
- Matthew's efforts restructuring our Competency Examination and developing the Case Study Requirements and Assessment Guide for our Associate members.
- Kerrie, Glen and Lindsay with our Membership Committee
- Helen, Kerrie and Josephine Khairy for their work delivering this year's HAASA Conference.

Directors Report – HAASA AGM 2023

We are pleased to report that HAASA Membership numbers and finances have remained steady, giving us confidence to move forward.

Competency Examinations for our Associates are still operating online and on-demand, however we have restructured the Case Study component slightly, with Associates now submitting their own case studies for the exam. We have also released a Case Study Requirements and Assessment Guide to help Associates prepare their case studies and prepare for the exam. This new structure has been in place since February, and we've seen excellent results with the Associates moving through.

We also saw our first HAASA conference in almost five years this year. Thank you again to everyone who joined us as well as our brilliant speakers and valued sponsors, without which we wouldn't be able to host events like this. As always, we strongly welcome your suggestions for topics and speakers for future events. Content quality is always our priority, and we want to ensure the time you're away from your businesses and clients, is time well spent.

We also began our membership with the Ethics Review Committee officially this year. For more information about the ERC's work and processes, see <https://auderc.org.au/>.

We are pleased to welcome a new director this year. We also strongly encourage and welcome new directors should anyone like to represent HAASA and the profession in this industry. It's an important opportunity to protect your future, be involved in change, grow your personal and professional skills, and ensure HAASA has a continuing impact in the industry. Furthermore, a large part of our role is advocacy and ensuring HAASA members are well supported in the industry so please reach out with any questions or concerns affecting you as clinicians.

Directors Report – HAASA AGM 2023

A big thank you to Donna Blayney, for her time as our Executive Board Administration Officer and a valued member of our team this year.

On behalf of the members and the directors we would like to extend a heartfelt thanks to our Secretariat – Jacqui Peters, who I am sure you have had the pleasure of meeting or chatting to on the phone. Jacqui is genuinely supportive of both the directors and members and does this seamlessly with professionalism and care. Jacqui has been instrumental in organising our CPED days and our conference in March of this year which was a great success together with producing our Sounding Board. Nothing is too much trouble. Thank you Jacqui.

We would like to thank all members for their loyalty this year and look forward to the year to come.

Your Directors,

Kerrie, Helen, Glen, Lyndon, Tim, Matthew & Chris

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¹ Manchaiah, V., Picou, E. M., Bailey, A., & Rodrigo, H. (2021). Consumer ratings of the most desirable hearing aid attributes. *Journal of the American Academy of Audiology*, 32(8), 537-546.

² For select hearing aids on Polaris R and later platforms. ACT integration in Genie 2 available from beginning of 2024.

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HEARING SERVICES PROGRAM NEWS

PPB news – Hearing Services Program – Qualified Practitioners

To ensure program clients receive quality hearing services, providers must ensure that program services are delivered or supervised by a qualified practitioner (QP). A QP is someone in an approved membership category of a recognised Practitioner Professional Body (PPB). Every QP must have a QP number issued by the Department of Health and Aged Care.

It has come to the program's attention that providers have not been actively checking PPB membership of their linked QPs or keeping the portal records up to date. Services have been delivered and claims submitted with a QP number for services:

- after a QP has ceased working for the provider,
- completed by practitioners not in an approved PPB membership category at the date of service or fitting,
- completed by QPs not linked to the provider in the portal

The following membership categories are approved membership categories for the issuing of a QP number

Practitioner Professional Body	Qualification	Approved Member Categories
Audiology Australia (AudA)	Audiologists	<ul style="list-style-type: none"> • Full accredited member • Fellow accredited member • Life accredited member
Australian College of Audiology (ACAud)	Audiologists and Audiometrists	<ul style="list-style-type: none"> • Full/Ordinary member • Fellow member
Hearing Aid Audiology Society of Australia (HAASA)	Audiometrists	<ul style="list-style-type: none"> • Full member • Fellow member



Important things to know about a QP number

QPs must be financial approved members of at least 1 PPB at the date of fitting or service to program clients.

- Unlike Medicare, every QP has one QP Number issued to them for use at every provider and site you work at.
- Providers use a QP number to document who completed or supervised a program service.
 - All client case notes must document the full name of the person delivering the service and, if under supervision, the full name of the supervisor
 - Every claim submitted to the program must include the QP number of the person who delivered or supervised the service.
- All PPB members who are in an approved membership category of a PPB will be visible in the portal. This means that providers, can link the QP to their business to ensure claims can be submitted with the correct QP number.
- At minimum, after each annual PPB renewal period, every provider must check that QPs have current approved membership status. This must include sighting the QP PPB certification and ensuring it is in an approved category for the new financial year

Actions you can take

If you leave a business or stop delivering services to program clients, request the provider remove your QP number from their QP links in the portal. This will prevent them from making claims with your QP number.

Please notify your PPB if you have ceased working in the profession. QPs can also contact the program by emailing hearing@health.gov.au

- to deactivate your QP number
- if you want to prevent your QP number being linked to a provider
- if you believe a provider has obtained a QP number for you in error
- update your details, including name changes

Find out more about qualified practitioners

More information about practitioner requirements and QP numbers is available on the program website:

<https://www.health.gov.au/our-work/hearing-services-program/providing-services/practitioner-requirements>



Study investigates link between Indigenous hearing loss and mental health

Courtesy of [the University of Western Australia](#)

Published 20 Oct 2023

New federal funding announced today will enable researchers to undertake the first study of its kind to investigate how untreated hearing loss could increase the risk of mental-health issues and dementia in Indigenous people.

The research project, led by The University of Western Australia's Professor Dawn Bessarab, was awarded \$2.1 million under the Federal Government's Medical Research Future Fund Indigenous Health Research Grant scheme.

Hearing loss is the second highest cause of disability globally, affecting 1.33 billion people and 90 per cent of cases are age-related hearing loss.

The National Aboriginal & Torres Strait Islander Health Survey 2018-19 report found that 34 per cent of Aboriginal and Torres Strait Islander people aged 55 years and over reported hearing problems and 82 per cent were found to have hearing loss after they were tested.

The collaborative research team will be led Professor Bessarab, Director of UWA's Centre for Aboriginal Medical and Dental Health, jointly supported by Professor Leon Flicker, from UWA Medical School, and Dr Dona Jayakody, from UWA Medical School and Ear Science Institute Australia.

"Studies suggest older Indigenous people have higher levels of hearing loss compared with non-Indigenous Australians," Professor Bessarab said.

The study will be the first to investigate the effects untreated hearing has on the quality of life and wellbeing of older Aboriginal and Torres Strait Islander people.

"The research will look at the impact hearing health has on wellbeing, mental health, quality of life and cognitive functions in Aboriginal and Torres Strait Islander peoples and identify key strategies to help maintain hearing health and access hearing services," Professor Bessarab said.

"Ensuring our Elders have good hearing is important to our community because they are our cultural leaders, teachers and knowledge keepers.

"Maintaining health and wellbeing to fulfil cultural obligations, roles and responsibilities is essential for older Aboriginal and Torres Strait Islander people to live and age well."

The study will be done in partnership with the Indigenous community, UWA's WA Centre for Health and Ageing and Ear Science Institute Australia.

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IT'S TIME TO INCREASE RACIAL LITERACY WITHIN OUR ORGANISATIONS

By The Ethics Alliance

The Ethics Alliance is a community of organisations sharing insights and learning together, to find a better way of doing business. The Alliance is an initiative of The Ethics Centre.

In order to establish more culturally diverse and inclusive workplaces, we need to increase our racial literacy.

We only need to look at the pay gap and underrepresentation in leadership to identify systemic racial issues within our organisations. In 2022, the Everyday Respect Report released from EB & Co identified racism as one of the factors impacting psychological safety and workplace culture. While new research from diversity and consultancy firm, MindTribes uncovered a non-Anglo pay gap within Australian organisations.

Workplace norms, systems and biases have sanitised racism to the point where not only it can affect individual's mental wellbeing, pay and career progression, but also an organisation's productivity, culture and consumer response. As ethical leaders we have a responsibility to

unveil how racial discrimination plays out in our businesses and what strategies we can use to combat them.

An Ethics Exchange gathering in May 2023, welcomed Diversity Council of Australia (DCA) CEO Lisa Annese and Ethics Alliance members as they shared personal experiences and strategies used when developing Diversity and Inclusion (D&I) programs, and how they recognise and tackle racism within their workplaces.

The DCA has evolved over the last 40 years to become a leading entity which promotes and advances more diverse and inclusive workplaces for the benefit of individuals, organisations and the broader community. Annese says to build strategies that tackle racism in our organisations, we need to start with language.

Let's start with language

It's important to understand the difference in language when it comes race and culture, particularly within the Australian D&I context. Culture is defined as a combination of characteristics including ethnicity, ancestry, language, and place of origin, whereas race is generally seen as a social construct related to physical characteristics and group identity.

In response to the White Australian policy there was an effort by Gough Whitlam in the late 1960s to remove "race" from common language in order to reduce racism. This shift resulted in a focus on culture over race, and the country adopted terms such as "non-English speaking background", embracing the concept of multiculturalism. For instance, since the United Nations created their

Elimination of Racial Discrimination Day, Australia is the only country globally that doesn't use the word race. We instead call it Harmony Day with a focus on harmony for the week. That is what is taught in our public schools and celebrated in our workplaces.

Annese suggests this avoidance of the term "race" in favour of "culture" was also an effort to maintain an existing Eurocentric power structure. For example, the term "culturally and linguistically diverse" was introduced, which broadly referred to anyone who couldn't trace their origins back to Britain – essentially anyone non-Anglo Celtic. This excludes a large group of people with different experiences and perpetuates a sense of "otherness."

Once we identify the other it can become easy to treat people differently and not afford them the same respect we would expect ourselves.

While understanding people's culture is useful, it's crucial to talk about race and to acknowledge the lived experiences of Australians who experience racism.

DCA research suggests that in Australia today, those who experience racism and racial marginalisation are people from non-European backgrounds, and the main cause of racism has less to do with language and culture and focuses more on race – features such as phenotype, visible difference, religious dress, skin tone, and hair texture.

If we want to build more inclusive and diverse businesses, we need to talk about race. And to do so, we must know what it is.

By developing an understanding of how history has sanitised our language and

normalised racism in our workplace, we are able to discuss the concept of race in a way that avoids unnecessary distress. It's important not to make assumptions that the harm felt by malintent, or overt racism is any different from the racism embedded in well-meaning or curious comments about an individual's appearance or background.

Principles and a framework that emerged from The Ethics Exchange and DCA research to bring racial literacy to the workplace included:

1. **Build Racial Literacy:** Before tackling racism, businesses must first educate their employees about the concept of race. They should understand what race is, how racialisation occurs, and the impact it has on people. This is important because most people have low levels of racial literacy.
2. **Build Confidence:** The second step involves helping employees become confident in their understanding of race and racial issues. This stage ensures employees feel comfortable discussing these topics and are prepared for the next step.
3. **Talk About Anti-Racism:** The final stage is to discuss what it means to be actively anti-racist. It is important that employees understand how they can contribute to an anti-racist environment. This stage of the process can only be effectively implemented once employees have a clear understanding of race and are confident discussing it.

One of the most impactful ways of understanding racism is to hear it from those who have been subject to it, however this carries a huge burden or cultural load. How can their voices be included to develop

strategies to combat racism?

1. **Centre Voices:** The experiences and perspectives of those affected by racism must be central to any initiatives addressing it. For instance, if a business is developing a Reconciliation Action Plan (RAP) in Australia, it should involve Indigenous employees in the process.
2. **Respect Cultural Labour:** Organisations should acknowledge the cultural emotional and intellectual labour of employees with different social identities involved in initiatives addressing racism.
3. **Remunerate Appropriately:** If individuals are asked to participate in initiatives to combat racism, particularly if they're asked to share personal experiences or provide additional insights, they should be appropriately compensated.
4. **Respect Personal Choice:** Not everyone will want to be involved in such initiatives, and that choice should be respected.
5. **Avoid Overgeneralisation and Presumption:** One individual cannot represent an entire group. Avoid making assumptions about an entire race or culture based on the perspectives or experiences of one individual.
6. **Use Available Resources:** In an age where information is readily available, it's possible to educate oneself about different cultures and races without overly relying on individuals from those backgrounds to teach others.

We'd like to thank Lisa Annese and the Ethics Alliance members who contributed to this important conversation. Find out more about the DCA's research [here](#).

HAASA CPED DAY MELBOURNE 2023 ● HIGHLIGHTS ●

Thank you to those who attended the HAASA CPED Day Melbourne 2023 last month. It was great to see so many of you there and some new faces! The day was full of brilliant speakers.

The day began with Georgina Cameron's 'Unleash the Power of Conversation with Signia IX' with NAL's Padraig following with reframing the conversation of hearing needs and hearing aids beyond the audiogram. The lovely Genevieve Blackman from RUOK? Switched gears showing us how to have a great RUOK? conversation. After a short break, Sonova's Dr Sam Sambhi explored Unitron's vibrant Vlvante portfolio and Sonic Equipment's chief audiologist, Jan Pollard, developed our foundational knowledge from audiogram to finalisation.

An exquisite lunch played backdrop to conversations with our wonderful exhibitors and chances to reconnect with friends before Dr Sam Sambhi returned with Phonak Lumity and revolutionising hearing solutions through innovative technology. Starkey's Connie Lu demonstrated the art of impression taking on one of our own with her team member, Vincent Santana, following with 'Evolv AI Simplified'. The day drew to a close after Associate Professor Zoran Becvarovski delivered what the audiometrist needs to know about the 'Dizzy Patient'.

Thank you to our brilliant speakers as well as our amazing sponsors and exhibitors – Signia, Phonak, Unitron, Starkey, Oticon and Sonic Equipment. You make these days possible. Thank you to everyone who attended. We hope to see you all in Sydney, 15 March 2024 for the next HAASA CPED Day.





HAASA CPED DAY

Sydney 2024



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**15 MAR
2024
8AM-5PM**

**11 HAASA
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Get to know ^{new} your Director

Chris Harrison

My career in the hearing industry has been diverse and enriching, spanning multiple facets of this vital field. I began by repairing hearing aids at a manufacturer, gaining valuable technical insight. Transitioning to the retail side, I served at the front desk of Connect Hearing, which paved my way into management. During these transformative years, I pursued further education, completing a Diploma in Hearing Prescription and Evaluation and a Bachelor of Audiometry at the University of New England.

My journey then led me to a clinical role at Connect Hearing in Griffith, where I obtained my QP in 2016. This experience was further augmented by an international stint in the UK as a Regional Sales Manager for Phonak. I've now settled into a clinician role at Amplifon Sutherland.

Furthering my commitment to professional growth, I recently completed an MBA at the University of Sydney. This achievement has equipped me with advanced skills and knowledge that I'm eager to apply in championing the cause of Audiometrists in Australia. My admiration for HAASA, as the primary advocate for Audiometrists, motivates my enthusiasm to contribute actively to their initiatives.

Outside of my professional life, I am an avid reader and a passionate fan of cricket and NRL, loyally supporting the Raiders. I am looking forward to the opportunity to connect with fellow professionals and contribute to the advancement of our industry.

Chris





SUPPORTING AUDIOMETRISTS WORKING IN SMALL AUDIOLOGY BUSINESSES

The Hearing Business Alliance represents approximately 145 small-medium independent audiology businesses, which deliver clinical audiology services at more than 640 sites across Australia, and which collectively employ over 440 audiologists and audiometrists. HBA member businesses are owned by audiologists, audiometrists, and others. HBA is the only business body representing small-medium audiology businesses in Australia.

HBA has worked collaboratively over the years with HAASA on issues impacting the clinical service provision of audiometrists and the impact these have on business delivery. HBA concentrates on business issues, not the professional issues covered by the Practitioner Professional Bodies.

For this reason, HBA annual seminars also focus on factors that impact or enhance running an audiology business. HBA's next

seminar will be held at the Sofitel, Gold Coast, 22nd -24th February 2024. The keynote speaker is Dr Cliff Olson, AuD, and other auspicious speakers include the National Acoustic Laboratories' Dr Brent Edwards, Ear Science Institute's Associate Adjunct Professor Sandra Bellekom, and many more.

Topics covered are extensive and will include 'Creating "Massive Value" in your Business', 'Global Audiology Update and Industry Trends', 'The Veteran Employment Program', 'Current AI Research in Audiology and its Application to Small Business', 'How to Communicate Effectively with Anyone', 'Risk & Insurance- Industry Insight to Mitigate your Exposure', 'Leadership in Audiology', 'Digital Lead Generation', and more. There will also be an update from the Department of Health and Aged Care's Assistant Secretary, Hearing Services Branch, Mr Chris Carlile, and a HSP Q&A

with the HSP team.

HBA seminars attract endorsed CPED points. In addition to useful and informative seminar content, there are significant opportunities for attendees to network with other clinicians, business owners, presenters, and sponsors. HAASA members can find out more, or register, by emailing info@hearbusiness.com.au

Jane MacDonald

Chief Executive Officer



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Ethical Online Behaviour

Dr Sandra South
Ethics Officer

In my last article, I discussed some of the common examples of unethical online behaviour of audiologists and audiometrists raised in calls to the Ethics Officer. This article explores how you can promote your own qualifications and experience online ethically.

You can promote your skills, just not in comparison to others

It is okay to talk about and promote your education, experience and any further education you have undertaken that means you can better meet the needs of your clients.

Where it often becomes problematic is if you begin to contrast your skills and experience to those of others, especially if you are doing so by putting down other people's skills and experience.

Any comment you make on a public forum, including social media, that promotes your skills and experience is considered advertising. Standard 8 of the Code of Conduct for audiologists and audiometrists includes specific responsibilities when advertising, including:

8.2 Members must advertise their services in a way that allows the public to make

informed choices about their healthcare based on acceptable evidence.

Further guidance for practitioners on the use of testimonials in marketing can be found on the ERC website.

It's safest to assume that any comment you make in the public sphere is being made in your professional role

It is important to remember that if you are putting yourself forward in any public sphere, including social media, you are doing so as a professional. It is impossible for the public and your clients to disentangle what may be your 'personal' opinions from your 'professional' opinions.

To separate your private and professional online presence, you could consider using a pseudonym for online private social forums. However, even when using a pseudonym, you must refrain from making any public

comments about audiology or audiometry that are not in line with the Code of Conduct for audiologists and audiometrists. By publicly commenting on any issue relating to your profession, you are acting in a professional role. This is because your comments are informed by your professional expertise and experience and will be seen by others as such.

Ethically engaging in debates about professional issues

If you do want to debate a topic online in your professional role, it is important that you have all the facts and a complete understanding of the issues at hand. If this is not the case, you may be found to be in breach of the Code of Conduct for audiologists and audiometrists, including responsibility 7.4b:

7.4 Members must promote public understanding of the professions, which include [...]

b. Not making any false, misleading or deceptive claims in communication with the public.

Example- Debating health service regulatory models

One common example of a false and misleading claim in communications with the public is when audiologists and audiometrists claim that hearing services are 'unregulated'. This is factually incorrect as there are a range of mechanisms in place for the regulation of hearing services in Australia, including self-regulation by the professional bodies, regulation by

government funding schemes, regulation by private health insurers, and regulation by the state and territory health and disability services complaints entities.

Publicly stating that hearing services are unregulated is misleading to the public and may even lead to harm as clients with concerns may incorrectly interpret this as meaning there is nowhere for them to receive support or make a complaint. It is therefore a breach of responsibility 7.4 above.

In contrast, you are able to enter into a public debate about the different possible regulatory models for hearing services, as long as the statements you make are factually correct and do not mislead the public. This may include factually correct statements criticising the self-regulatory model, or other regulatory mechanisms.

If you are unsure if you do completely understand the complex regulatory system around hearing services in Australia, it is safest to refrain from commenting in a public forum. However, you can have private conversations with your peers. You can also write to your professional body or me as the Ethics Officer.

If you are unsure about whether online conduct is unethical, or if you want to make a complaint, you can call the Ethics Officer anonymously on (03) 9940 3911.

Anatomy of the ear



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SPEEDY INNER- EAR MESSAGES SIGNAL A LEAP FORWARD FOR BALANCE DISORDER TREATMENTS

RESEARCHERS

Dr Christopher Pastras

Professor Mohsen Asadnia

Distinguished Professor David McAlpine

WRITER

Fran Molloy

9 November 2023

A cross-disciplinary research team has found balance signals get processed by the inner ear much faster than hearing, unlocking potential for innovative treatments.

One in three of us will be affected by a balance disorder during our lifetime, which could involve anything from a fleeting dizzy spell or occasional faintness to more serious episodes of disturbed vision and crippling vertigo, where the world seems to spin around you.

Diagnosing the cause of a balance problem can be tricky; more than half of these begin in the vestibular system in our inner ear, responsible for fast-forwarding signals about our stability from our eyes, ears and muscles to the brain.

But new and more accurate tests to identify

balance problems could now be on the horizon, following research led by Macquarie University that has been published in the Journal of Neuroscience. The research found the inner ear sends balance signals to the brain much faster than it sends hearing signals.

This research could potentially fast-track the development of an implantable bionic ear for balance – a device using electrical impulses to trigger inner-ear balance mechanisms similar to the way cochlear implants stimulate the hearing nerve.

Led by Dr Christopher Pastras, from Macquarie University's School of Engineering, the study tested the speed at which different inner-ear sensory neurons respond and recover from mechanical and electrical stimulation, and found the balance response is one of the fastest pathways in a

mammal's nervous system.

Other members of the multi-disciplinary research team included Professor Mohsen Asadnia from Macquarie University's School of Engineering, Honorary Professor Ian Curthoys and Distinguished Professor David McAlpine, both from Macquarie University Hearing, neurophysiologist Dr Daniel Brown from Curtin University, and Professor Richard Rabbitt, a bioengineer from the University of Utah, USA.

Balance Bottleneck

"Balance works with senses like touch and sight to give us a good idea of how we are moving, and it does this by converting mechanical signals into electrical signals that the brain can understand through a very fast and sensitive process called

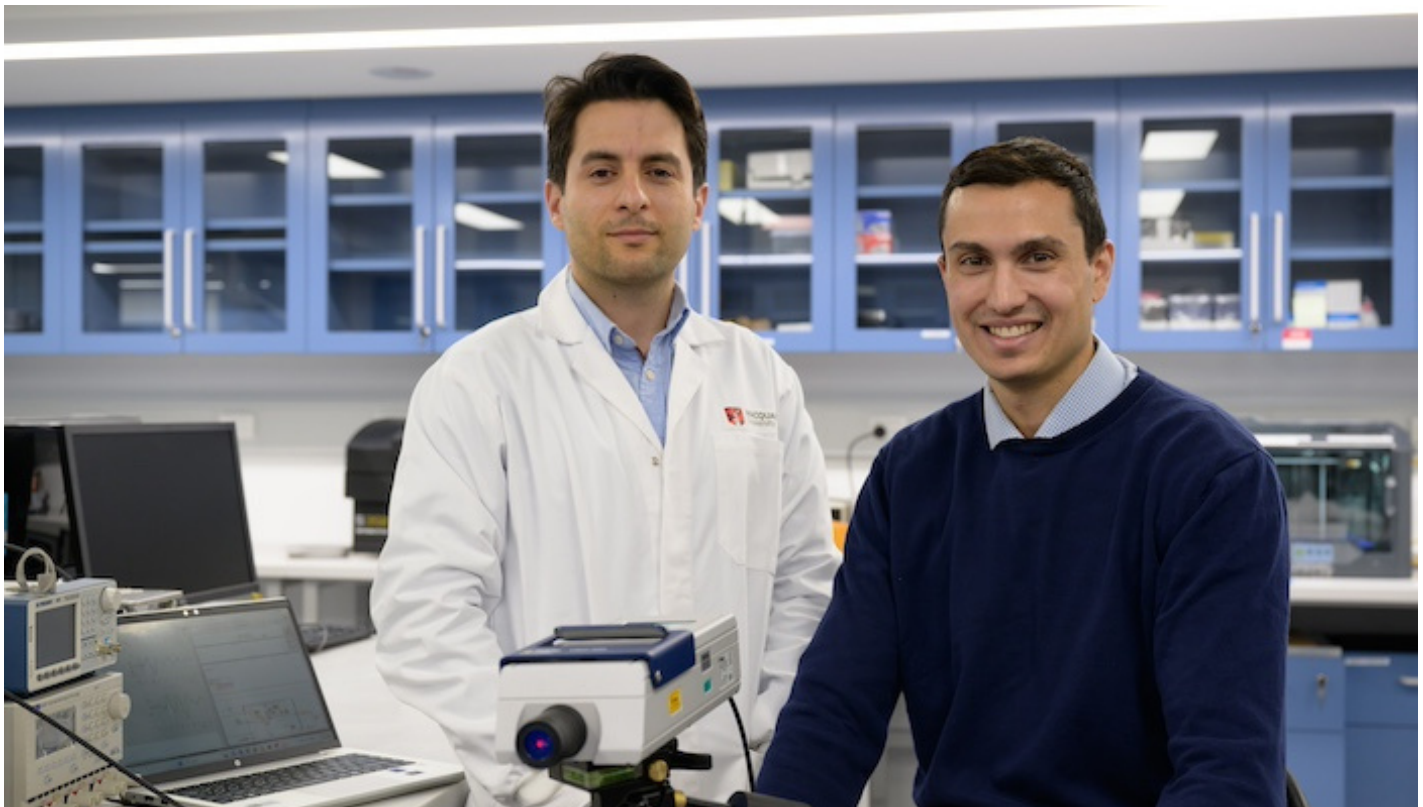
mechano-sensation," says Dr Pastras.

"These signals are then converted through the ear's hair cells and sensory neurons into electrical impulses that reach the brain – a process that could be a potential bottleneck, slowing the signal," he says.

The researchers found the balance system has a way to get around this bottleneck via the ear's most sensitive vestibular neurons, which use a type of electrical signalling called nonquantal transmission.

This type of transmission is significantly faster than the usual way that neurons communicate, which is via chemical neurotransmitter release.

They used laser doppler vibrometry – a non-contact instrument that accurately

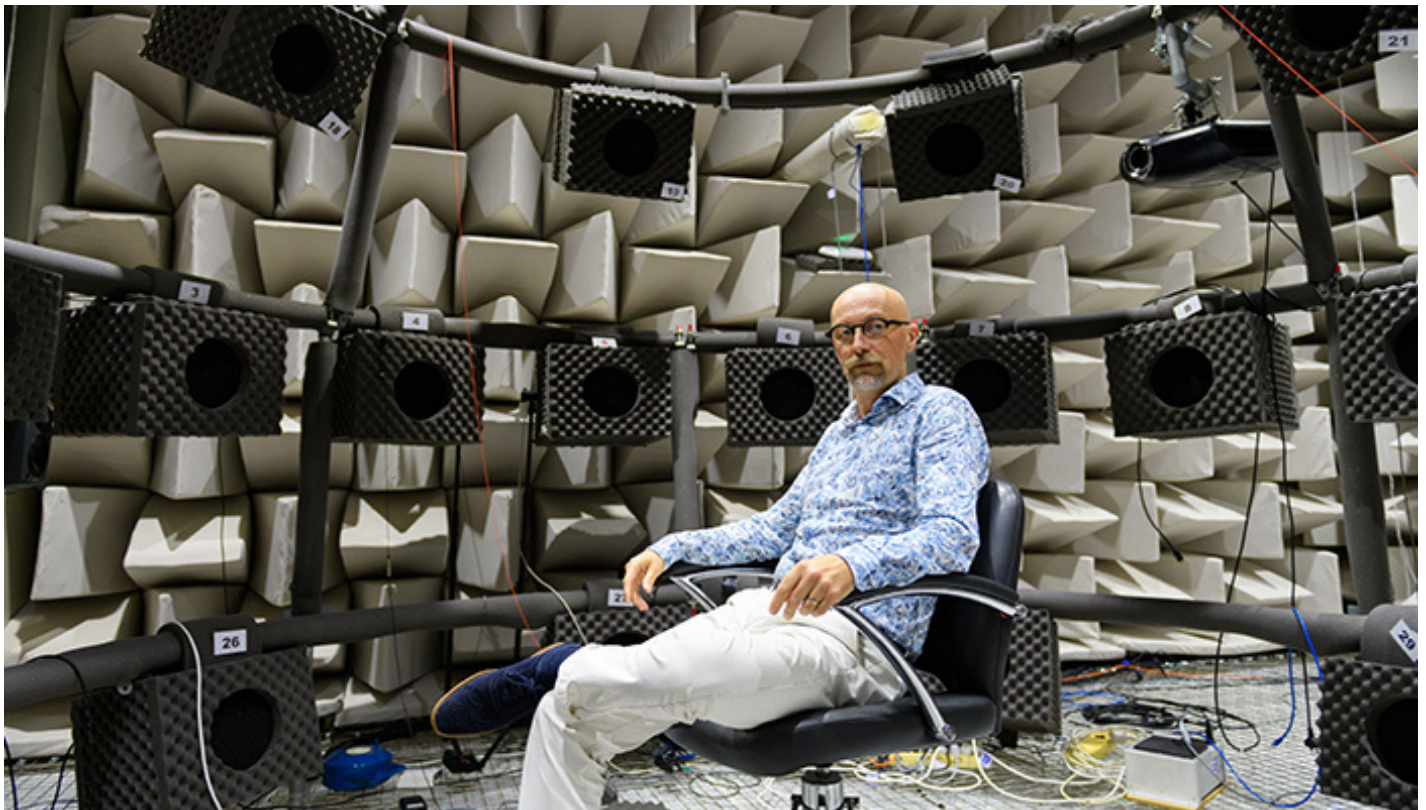


Multi-disciplinary collaboration: Professor Mohsen Asadnia, pictured left, and Dr Christopher Pastras, pictured right, from the Macquarie School of Engineering joined colleagues from Macquarie Hearing in the research project.

measures tiny vibrations of different surfaces, in this case, structures within the ear – to help measure the timing of this fast electrical signalling.

The study is the first to measure how long it

ways of sending signals to the brain for hearing and balance means that scientists can now design new and more accurate tests to measure balance problems without confusing them with hearing problems.



Multi-disciplinary collaboration: Professor Mohsen Asadnia, pictured left, and Dr Christopher Pastras, pictured right, from the Macquarie School of Engineering joined colleagues from Macquarie Hearing in the research project.

takes for balance neurons to recover after being mechanically and electrically stimulated and helps to explain the speed and accuracy of our balance system – giving insight into how the balance system controls our vision and movement so well.

How this research could improve testing and diagnosis

Balance problems caused by vestibular system damage affect up to 30 per cent of older Australians, according to [Neuroscience Research Australia](#), and can be caused by

Before this discovery, doctors largely relied genetic factors, antibiotics, trauma, viruses and other conditions, including Parkinson's Disease and Ménière's Disease.

Discovering that the inner ear has different on indirect tests, such as measuring reflexes and self-reports of dizziness, to diagnose balance disorders.

“Being able to distinguish neural responses of hearing and balance based on the speed at which these responses recover from prior stimulation could be an important additional

element to the diagnostic toolbox,” says

Distinguished Professor David McAlpine, Academic Director of Macquarie University Hearing.

Professor McAlpine says the findings are also important for the burgeoning field of regenerative medicine, where restoring sensory function after hearing loss is a considerable challenge to scientists and clinicians.

Many new approaches to restore the damaged inner ear to health use genetic or biological approaches, he said, adding that vestibular cells are more readily regenerated than those involved with hearing.

Dr Pastras says that although clinical trials have been done internationally on vestibular implants that use electrical impulses to stimulate balance nerves, the approach so far is fairly basic.

“Without a complete understanding of the neural code, implantable devices have had to take something of a sledgehammer approach using a single electrode.”

He says this research delivers deeper insights into the ways finely tuned balance mechanisms in mammals respond to natural stimuli in the environment.

The team is investigating future opportunities to apply this research, Dr Pastras says.

“This research provides important clues for developing and improving implantable devices to restore or even enhance normal balance function, similar to cochlear implants for hearing,” says Distinguished Professor McAlpine.

Dr Christopher Pastras is a Research Fellow in the Macquarie University School of Engineering.

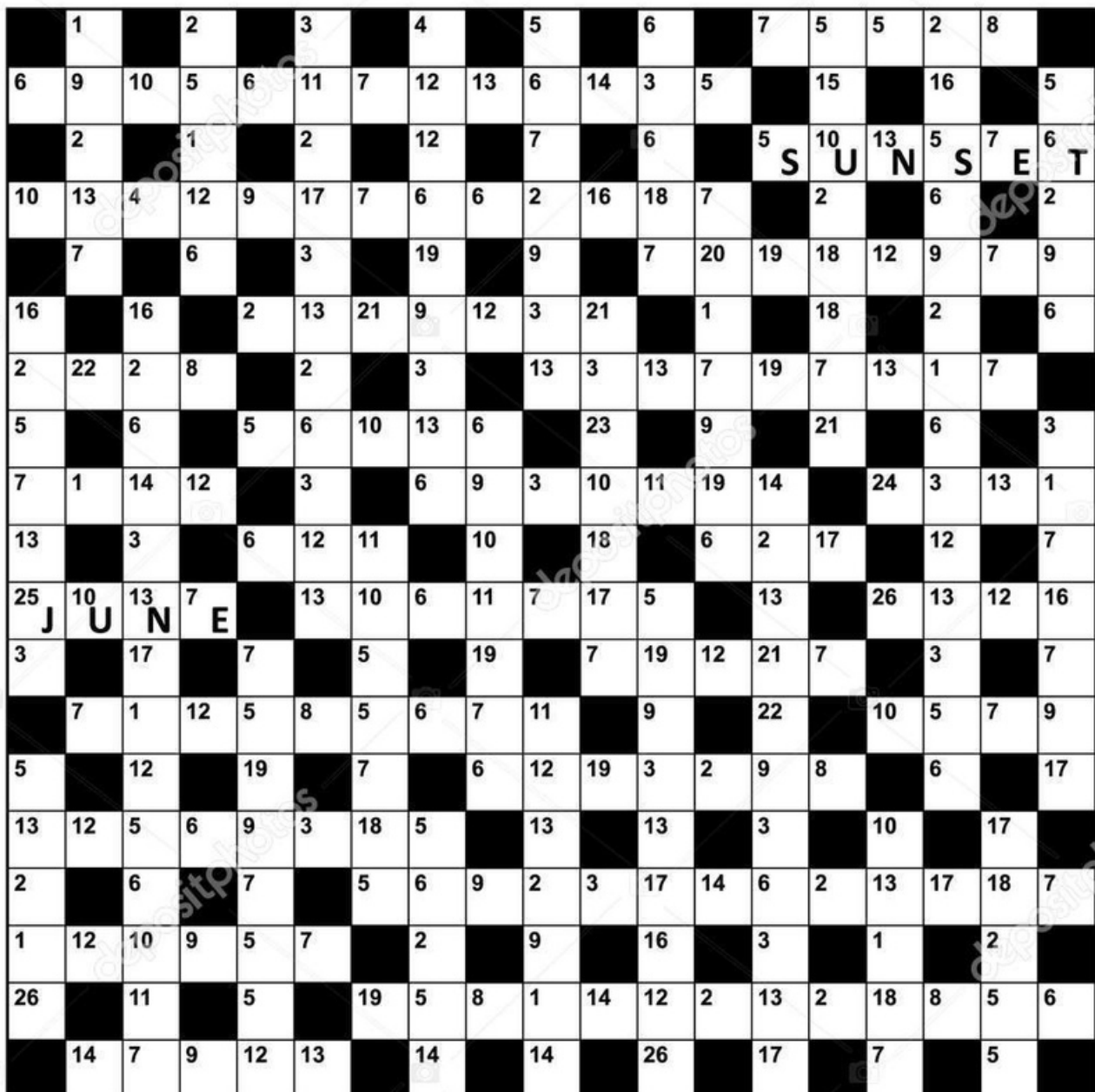
Professor Mohsen Asadnia is an academic in the Macquarie University School of Engineering.

Distinguished Professor David McAlpine is the Academic Director of Macquarie University Hearing.

This story first appeared on lighthouse.mq.edu.au Macquarie University's multi-media news platform.

CODEBREAKER

The same number represents the same letter. Crack the code and fill the grid. Two words have been filled to help you get started.



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Hearing Aid Audiology Society of Australia Ltd Contacts

Director/Public Officer	Glen Carter
Director/Secretary	Helen King
Director	Kerrie Gibson
Director	Lyndon Williams
Director	Timothy Manski
Director	Matthew Virgen
Director	Chris Harrison
Executive Board Administration Officer	Jacqui Peters
Phone	0401 517 952
Email	haasa@haasa.org.au
Web	www.haasa.org.au

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PO Box 167, Woonona NSW 2517

ABN 67 626 701 559

