Kid’s Ears: do you know what you are looking at?

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What we already know:

- Very common childhood complaint
- Most children have their first episode of ear disease between 6-18 months of age
- Ear disease is more prevalent in Aboriginal children than non-Aboriginal children
- Can be greater than 4% of the Aboriginal population
Ear disease

There are several types of otitis media:

1. Acute Otitis Media (AOM) without perforation: presence of fluid in the middle ear with signs and/or symptoms of infection.

2. AOM with perforation: purulent discharge from the middle ear via a hole (perforation) in the tympanic membrane.
3. Chronic suppurative otitis media (CSOM): recurrent or persistent purulent discharge from the middle ear via a perforation in the tympanic membrane, for greater than six weeks duration.

4. Otitis media with effusion (OME): fluid in the middle ear without signs and/or symptoms of infection. May be known as 'glue ear'.
Ear disease

- Can cause hearing loss:
  - Impact on speech and language development
  - Learning problems
  - Behavioural problems
  - Exacerbates disadvantage
Background to project

- Education in ear health was difficult to obtain due to limited or no available local training.

- A high turnover of health professionals in rural and remote areas resulted in a lack of transfer of knowledge to new people taking up positions.

- Limited opportunities for Professional Development.
Kid’s Ears: do you know what you are looking at?

There needs to be an easy, cost effective way for rural & remote health professionals to learn about ear health.
Project Aims

- Conduct an on-line survey
- Develop an on-line learning tool in ear health
Survey

• Link emailed out to contacts throughout Australia

• All health professions working in rural or remote Australia targeted
Survey

- 165 responses
- 98 incomplete
- 67 people completed all questions
Professions

- Audiologists: 19
- GP's: 13
- Nurses: 10
- RAN's: 8
- Other: 7
- Community Nurses: 6
- ENT: 2
- Med Resident: 1
- Researcher: 1
# Survey Results

<table>
<thead>
<tr>
<th>Least correct (Low)</th>
<th>Medium</th>
<th>Most correct (High)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.4</td>
<td>0.4-0.6</td>
<td>&gt;0.6</td>
</tr>
<tr>
<td>Discharge</td>
<td>Scarring of ear drum</td>
<td>Grommet</td>
</tr>
<tr>
<td>Retraction</td>
<td>Inflammation</td>
<td>Foreign object in ear canal</td>
</tr>
<tr>
<td>Wax (not obscuring ear drum)</td>
<td>Effusion (fluid behind ear drum)</td>
<td></td>
</tr>
<tr>
<td>Wax (obscuring ear drum)</td>
<td>Image too poor</td>
<td>Perforation</td>
</tr>
<tr>
<td>Normal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Perforation
Discharge
Inflammation
Scarring
Learning Program

• An on-line educational tool developed

• Completed using Q-Stream
Amendment

Study amended to include:

- 2 x RCS schools completing the initial survey
- Completing the on-line learning tool
- Repeating the survey
Q-Stream Website

• http://qstream.com/
Conclusion

Web site available now:

• Register on-line
• 3 images every 2 days
• Repeated every 3 days if incorrect
• Repeated once in 8 days if correct
• Recognition of completion
Thank you

• Any Questions?

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References


• Rovers MM. The burden of otitis media. Vaccine. 2008;11(005).

