

HEARING

Facilitator Guide: Module 12



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Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
 - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action




Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. The ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt it to suit your natural training style. Add your own personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgment to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

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Module 12: Hearing

	Session Title:	Hearing
	Timing:	10 min
	Session Objectives:	<ul style="list-style-type: none"> • Explain the care pathway to manage hearing impairment in older people. • Describe how to administer the whisper voice test. • List the tests for hearing assessment. • Outline the communication strategy of family and caregivers when speaking to a person with hearing impairment.

Hearing



Time: 10 min

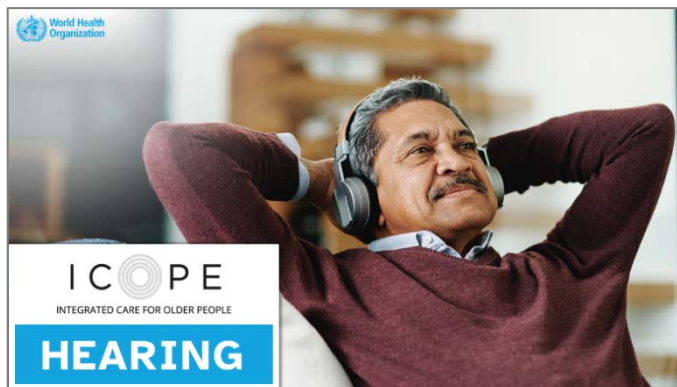


Do:

- *Formal welcome*
- *Introduction of facilitator*



Show: Slide 1



Say:

Welcome to the 'Hearing' module. Today, we'll explore the significance of hearing and its impact on our health, especially as we age.

Age-related hearing loss is common in older people and can lead to communication issues and social isolation. It is linked to cognitive decline, dementia, depression, poor balance, falls, hospitalisations and early death.

Assessing hearing is crucial for monitoring older people's health and social care needs.

Let's get started.

Learning Objectives



Show: Slide 2

Learning Objectives

By the end of this module, you will:

- Explain the care pathway to manage hearing impairment in older people.
- Describe how to administer the whisper voice test.
- List the tests for hearing assessment.
- Outline the communication strategy of family and caregivers when speaking to a person with hearing impairment.



Say:

Let's review the learning objectives for this module on hearing. By the end of this module, you will be able to:

- Explain the care pathway to manage hearing impairment in older people.
- Describe how to administer the whisper voice test.
- List the tests for hearing assessment.
- Outline the communication strategy for family and caregivers when speaking to a person with hearing impairment.

These objectives will guide our discussion and help us focus on key areas to support hearing health in older people.

Understanding Age-Related Hearing Loss



Show: Slide 3

Understanding Age-Related Hearing Loss

- Hearing impairment may represent the most common sensory loss in older people.
- Untreated hearing impairment interferes with communication and can lead to social isolation.
- Hearing impairment can be associated with other health issues (e.g., cognitive impairment, depression, anxiety, balance disorders), exposing the individual to increased risk of adverse events.
- Assessing hearing is critical to monitor intrinsic capacity and to design care interventions responsive to the person's needs.

IC P E
Assessment and care of older people
Draft version for field testing

WHO / Miguel Jeronimo



Ask:

Let's start with a quick question: How many of you know someone who has experienced hearing loss as they've aged?



Say:

Today, we will delve into an important topic affecting a significant portion of the older population—age-related hearing loss. Hearing impairment may represent the most common sensory loss in older people, which often goes untreated. When hearing loss is not addressed, it can severely interfere with communication, leading to social isolation and loneliness.

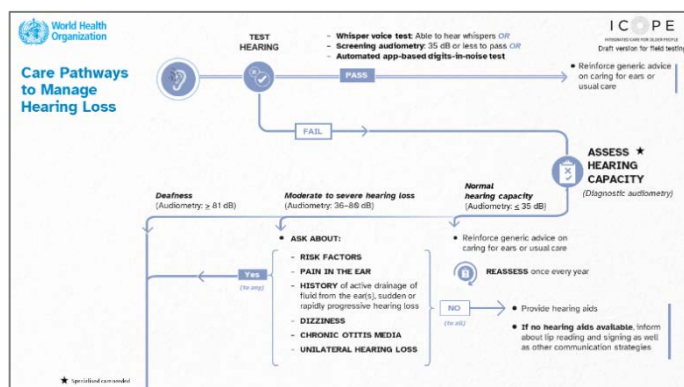
Beyond communication difficulties, untreated hearing impairment can be associated with various other health issues, such as cognitive impairment, depression, anxiety and even balance disorders. These associations increase the risk of adverse events for older people, such as those due to misunderstandings in the care prescriptions or limited adherence to interventions.

Therefore, assessing hearing is critical. It allows us to monitor intrinsic capacity and design care interventions that are responsive to the person's unique needs. Today, we will explore the impacts of hearing loss, discuss the importance of early detection and review strategies for effective intervention.

Care Pathways to Manage Hearing Loss



Show: Slide 4



Say:

Let's explore the first step of the care pathway for managing hearing loss.

As described in a previous module, we begin by **screening the hearing** domain using one of the following methods:

- Whisper voice test.
- Screening audiometry.
- Automated app-based digits-in-noise test.

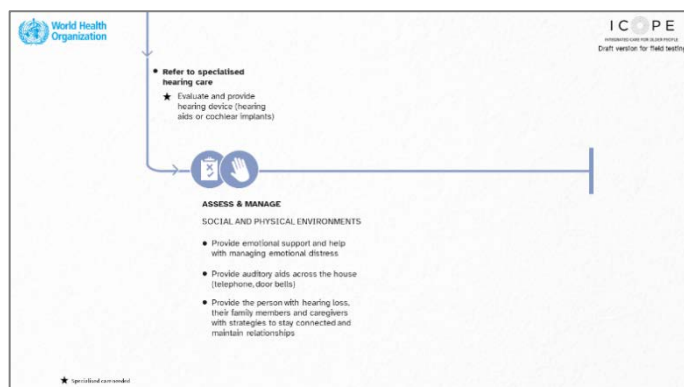
If the person does not present issues at the screening test, it is still important to provide generic advice on ear care. Then, continue with usual care.

If the person fails the hearing screening test, then it is important to confirm its presence using a diagnostic test and eventually measure the severity. For this purpose, it is used the audiometry.

- If **normal hearing capacity** is detected (less than 35 dB), then we reinforce ear care advice and schedule a yearly reassessment.
- For those reporting **moderate to severe hearing impairment** (36-80 dB), we need to delve deeper by asking about:
 - Risk factors
 - Ear pain
 - History of ear fluid drainage, sudden or rapid hearing loss
 - Dizziness
 - Chronic otitis media
 - Unilateral hearing loss

If any of these risk factors or symptoms are present, we then refer to specialised care and support. If none are present, we provide hearing aids or, if hearing aids are unavailable, inform about alternative communication strategies like lip reading and sign language.

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**Show:** Slide 5**Say:**

Continuing from the previous slide, people with deafness (81 dB or more) need to be **referred to specialised hearing care**. This involves an in-depth evaluation and provision of hearing devices, such as hearing aids or cochlear implants, based on the person's needs.

Consistently with the step 2 of the ICOPPE generic care pathway, it is important to **assess and manage the social and physical environments** also for the hearing domain. The information will be critical to support the older person effectively. This includes:

- Providing emotional support to help manage any emotional distress related to hearing loss.
- Installing auditory aids around the house, such as amplified telephones or doorbells, to improve daily living.
- Offering strategies for people with hearing loss, their family members and caregivers to stay connected and maintain relationships. This helps mitigate the social isolation that can accompany hearing impairment.

When Specialised Care is Needed



Show: Slide 6



Say:

When is specialised care needed for hearing impairment?

First, when a thorough evaluation is required to better understand the nature of severe hearing loss or deafness. This helps determine the extent and impact of the impairment.

Second, for fitting **hearing assistive devices** like hearing aids or cochlear implants, ensuring they work effectively.

Third, for the **management of underlying ear problems** contributing to hearing loss, such as infections or medications.

Screening Tests



Show: Slide 7

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ICPPE
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Screening Tests

Whisper Voice Test

- Stand about an arm's length away behind and to one side of the person.
- Ask the person or an assistant to close off the opposite ear by pressing on the tragus.
- Breathe out and then softly whisper four words. Use any common, unrelated words.
- Ask the person to repeat your words. The words should be spoken one by one. Wait for a response to each one at a time. If the person repeats more than three words and you are sure that *s/he can hear you clearly, then the person is likely to have normal hearing in that ear.*
- Move to the other side of the person and test the other ear. Use different words.

Quiet space is always needed.

Whisper words that will be familiar to the person. Here are examples:

– factory	– fish
– sky	– bicycle
– fire	– garden
– number	– yellow

An automated digits-in-noise self-test also can be used to determine whether diagnostic audiometry is needed. For example:

Language sensitive:
English, Dutch, Mandarin, Russian and Spanish



Say:

Now let us look at the screening test, the Voice Whisper Test. This is an easy and quick screening tool, widely used in the clinical setting.

For the Whisper Voice Test:

- Stand about an arm's length away from the person.
- Ask them or an assistant to close off the opposite ear by pressing on the tragus.
- Whisper four common, unrelated words such as "factory," "sky," "fire," and "number."
- Let the person repeat the words one by one.
- If they repeat more than three words clearly, their hearing is likely normal in that ear. Otherwise, the screening results positive for the possible presence of hearing impairment.
- Repeat the test on the other ear using different words.

Screening for hearing capacity can also be conducted using automated app-based Digits-in-Noise tests. These are self-tests available as a mobile phone app or web-based service to determine if diagnostic audiometry is necessary. Various options are provided, including hearWHO, hearZA and uHear.

The hearWHO app is currently available in the following languages: English, Dutch, Mandarin, Russian and Spanish.

Assessment and Management of Hearing Impairment



Show: Slide 8



Say:

Let's discuss the assessment and management of hearing impairment.

First, we use **diagnostic audiometry** to accurately assess hearing loss. This includes:

- Pure tone audiometry
- Speech audiometry
- Tympanometry

If moderate-to-severe hearing loss or deafness is diagnosed, the person should be referred to specialised care. Specialised care involves providing hearing devices, which requires specific skills to be correctly prescribed. These devices include:

- Hearing aids
- Cochlear implants
- Audio induction loops
- Personal sound amplifiers

Additionally, auditory aids can be provided throughout the house to support everyday activities. It's also crucial to advise family members and caregivers on effective communication strategies to ensure better interaction and support for the person with hearing impairment.

By following these steps, we can offer comprehensive care and significantly improve the quality of life for those affected by hearing impairment.

Management of Hearing Impairment



Show: Slide 9

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Management of Hearing Impairment

Communication Strategies for Family Members and Caregivers

Health and care workers can advise family members and caregivers to follow simple practices when speaking to a person with hearing impairment.

- ✓ Let the person see your face when you speak.
- ✓ Make sure there is good light on your face to help the listener seeing your lips.
- ✓ Get the person's attention before you speak.
- ✓ Try to avoid distractions, especially loud noises and background noise.
- ✓ Speak clearly and more slowly. Do not shout.
- ✓ Do not give up speaking to people who have difficulty hearing. This would isolate them and could lead to depression.

Regular social interaction

Prevent social isolation and loneliness

Communication strategies are helpful whether or not a person has a hearing assistive device.



Say:

Now, let's look at what else can be done to support the **management of hearing impairment**.

Regular social interaction is crucial for reducing the risk of cognitive decline, depression and other emotional consequences of hearing loss. Social support is especially important during times of distress.

Partners and family members play a key role in preventing loneliness and isolation. They should:

- Keep communicating with the person who has hearing loss.
- Organise activities to keep them involved in a social network.

Providing advice on these strategies can help maintain their well-being.

Here are some **communication strategies for family members and caregivers**.

Health and care workers can provide valuable advice to family members and caregivers to improve communication with older people who have hearing impairment. Here are some simple but effective practices:

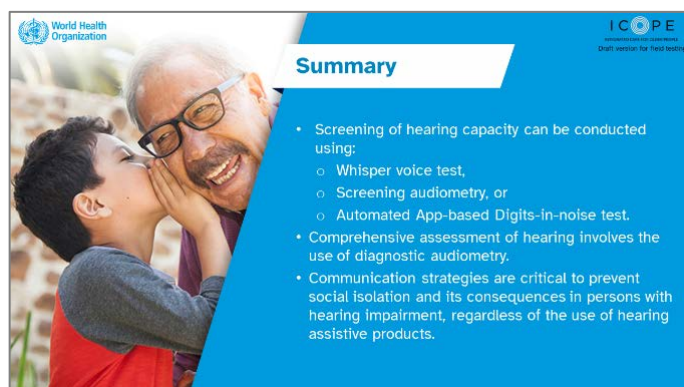
- **Face visibility:** Let the person see your face when you speak.
- **Good lighting:** Ensure there is good light on your face to help the listener see your lips.
- **Get attention:** Get the person's attention before you start speaking.
- **Minimise distractions:** Avoid distractions, especially loud or background noises.
- **Clear speech:** Speak clearly and more slowly. Avoid shouting.
- **Consistent communication:** Do not give up speaking to people who have difficulty hearing, as this could isolate them and potentially lead to depression.

These strategies are beneficial regardless of whether the person uses a hearing-assistive device.

Summary



Show: Slide 10



Summary

- Screening of hearing capacity can be conducted using:
 - Whisper voice test,
 - Screening audiometry, or
 - Automated App-based Digits-in-noise test.
- Comprehensive assessment of hearing involves the use of diagnostic audiometry.
- Communication strategies are critical to prevent social isolation and its consequences in persons with hearing impairment, regardless of the use of hearing assistive products.



Do:

Go through the slides and recap the points discussed during the session.