

Community Ear/hearing health process review

Ear health clinical management

| 1. | What best describes your working role in Cape York Primary |
|----|--|
| Не | ealth Centres? |
| | Indigenous Health Worker |
| | Clinical Nurse |
| | Nursing Manager |
| | Audiologist |
| | Medical Officer |
| | Visiting Specialist |
| | Other (please specify) |
| | |
| 2. | How long have you worked in this role (or similar role at |
| an | other location)? |
| | < 3months |
| | 3-6 months |
| | 6-12 months |
| | > 12 months |
| | Other (please specify) |
| | |

| 3. Do you work for any of the following Primary Health Care providers? |
|--|
| Apunipima Cape York Health Council |
| Royal Flying Doctor Service (RFDS) |
| Torres and Cape Hospital Health Service (TCHHS) |
| Deadly Ears Program - Queensland Health |
| Other (please specify) |
| |
| |
| 4. When you assess ears or hearing health, what equipment do |
| you use? |
| Otoscope |
| Video otoscope |
| Flexicam Otoscope |
| Tympanometer |
| Audiometer |
| Australian Hearing App- Hearing scouts |
| Other (please specify) |
| |
| |
| 5. Which of these pieces of equipment, if any, you do not feel |
| confident using? |
| Otoscope |
| Video otoscope |
| Flexicam Otoscope |
| Tympanometer |
| Audiometer |
| Australian Hearing App- Hearing scouts |
| All of the above |
| None- I am confident using all equipment |
| Other (please specify) |
| |

| 6. Which clinical care guidelines do you mostly use when | |
|--|---|
| reviewing Ear/ hearing presentations? | |
| Primary Clinical Care Manual (PCCM-QH) | |
| Clinical Care guidelines for treatment of Otitis Media in Aboriginal & Torres Strait Islander populations (NHMRC) | |
| Therapeutic Guidelines | |
| Clinical Prioritisation Criteria (QHEPS-QH) | |
| Deadly Ears Guidelines and Protocols- QH | |
| Clinical judgement | |
| CARPA | |
| Other (please specify) | |
| | |
| | |
| 7. How confident do you feel about making Ear/hearing assessments | ? |
| Not confident Confident | |
| | |
| | |
| 8. Which of the following conditions, if any, are you unsure of in your ear assessments? Acute Otitis Media (AOM) Acute Otitis Media without Perf (AOMwoP) Acute Otitis Media with Perf (AOMwiP) Chronic suppurative Otitis Media (CSOM) Dry Perforation Otitis Media Effusion (OME) none - I am confident in all of them Other (please specify) | |
| your ear assessments? Acute Otitis Media (AOM) Acute Otitis Media without Perf (AOMwoP) Acute Otitis Media with Perf (AOMwiP) Chronic suppurative Otitis Media (CSOM) Dry Perforation Otitis Media Effusion (OME) none - I am confident in all of them | |

| 10. Which conditions, if any, do you not feel confident managing? |
|---|
| Acute Otitis Media (AOM) |
| Acute Otitis Media without Perf (AOMwoP) |
| Acute Otitis Media with Perf (AOMwiP) |
| Chronic suppurative Otitis Media (CSOM) |
| Dry Perforation |
| Otitis Media Effusion (OME) |
| None- I'm confident in all of them |
| Other (please specify) |
| |
| |
| 11. Which of these reasons would you refer for medical advice or |
| ENT specialist advice? |
| For a second opinion on a clinical decision |
| To take over patient Ear condition management |
| For Ear condition management advice |
| To refer for surgery |
| Other (please specify) |
| |
| |
| 12. How do you think using TeleHealth for ENT consults would |
| be received in your community? |
| I consider they would be well received |
| No- I don't think they would be well received |
| Reason for this response |
| |
| 13. Would community members (patient carers) welcome Ear |
| Health information to take home? |
| I consider this would be well received |
| No- I don't consider they would be well received |
| Reason for your response |
| |

| 14. Would you be happy to attend face-to-face Ear and |
|---|
| hearing training? |
| Yes |
| No, thanks |
| Other (please specify) |
| |
| 15. Which of the following, if any, would you be happy to attend? |
| Identification of different Otitis Media conditions |
| Use of current guidelines for treatment and management of ear disease |
| Ear suctioning and tympanometry |
| Long-term community management of Otitis Media conditions |
| How and when to seek specialist ENT input (referral) |
| Other (please specify) |
| |
| 16. Please let us know of other ENT issues you are concerned about |
| |
| |
| 17. If you would like further information on training or to be involved |
| in discussions on ENT model of care development, please provide |
| your contact details below: |
| Name |
| Email Address |
| Phone Number |
| |