Lessons Learned: Experience at a Vestibular Teaching Conference

Robin Criter
Western Michigan University, robin.criter@wmich.edu

Follow this and additional works at: https://scholarworks.wmich.edu/instructional-development-grants

Part of the Higher Education Commons

WMU ScholarWorks Citation
https://scholarworks.wmich.edu/instructional-development-grants/13

This Poster is brought to you for free and open access by the Office of Faculty Development at ScholarWorks at WMU. It has been accepted for inclusion in Instructional Development Grants by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.
Lessons Learned: Experience at a Vestibular Teaching Conference

Robin Criter, Au.D., Ph.D.

Instructional Development Project/Travel Grant Award 2018-19

Objective 1 (continued)

In his two presentations, Chris Zalewski (2019a, b) discussed what he thought were essential and fundamental topics for a one-course curriculum, similar to what we have at WMU (see Figure 1 below).

Figure 1. Zalewski (2019 b).

I was encouraged to see what I considered to be important course topics for a one-course curriculum lined up with others (see below). However, I also include a basic introduction to some advanced topics (rotary chair and posturography testing).

Topics covered in SPPA 6320:
- Anatomy & Physiology
- Bedside Assessment
- Vestibular and Balance
- Electrophysiology
- Vestibular Evoked Myogenic Potentials (VEMPs)
- videonystagmography
- Posturography (introduction only)
- Rotary Chair (introduction only)
- Aging & Fall Risk
- Pediatrics (introduction only)
- Disorders (introduction only to management/rehabilitation)

As a group, we discussed how there is a give and take between breadth and depth. Having only one course emphasizes the delicate balance between what information and how much of it to present to students. Further, while our accrediting bodies have standards for what the students must learn, there are no universal learning objectives that would provide continuity between different programs.

Objective 1 (continued)

Part of leading the content includes assignments. Suggestions for types of assignments or learning activities included journal clubs (Zalewski 2019b, Gaffney 2019a), reading summaries (Bittel 2019), case studies (Bittel 2019, Gaffney 2019). I include guided reading summaries and group discussion case studies in my classes. However, Bittel (2019) and Gaffney (2019a) offered some good structure for both of those types of assignments that I may use this semester.

Objective 2: Teach clinic in the classroom

Clinical opportunities in the areas of vestibular and balance are limited due to the small number of practitioners in the area. Currently, we are not able to offer vestibular and balance assessments in our Audiology Clinic at Unified Clinics. This issue is not unique to our program. I attended with the hope that the opportunity to share ideas with other instructors would be helpful in better tailoring our course to meet the needs of our students.

I found that many of the presenters and other attendees faced similar challenges: difficulty with providing access to equipment for demonstration and hands-on practice and finding clinic placement opportunities for students.

Bittel (2019), who teaches a distance education course, reported that he uses videos for much of the content. Zalewski (2019b) indicated that he schedules a visit to a nearby clinic or laboratory when he can. Gaffney (2019a) provides a lot of hands-on practice with bedside assessment measures.

For my own class, I provide hands-on experience for each test battery or measure as I am able. It is difficult to take a field trip to a nearby (e.g., 2 hours) and well-equipped clinic. I have considered asking my colleagues for a video demonstration on the equipment we currently lack. Some students who work with me in the lab will gain extra experience in fall risk screening measures. Others may be lucky enough to have a placement with vestibular experience. I encourage students with interest to make it known and to actively request such placements.

Objective 3: Incorporate information and experiences from other healthcare disciplines

A number of professionals have interest in vestibular and balance assessment and rehabilitation: audiology, otolaryngology, neurology, psychology, physical therapy, occupational therapy, ophthalmology, emergency medicine, and so on. In order to do a case study justice, I often have to include the perspective or test results of at least one profession other than audiology. While audiologists may do the majority of assessment, follow-up care and rehabilitation are often covered by other professions. Incorporating this information teaches students how to be good team members in an interprofessional care setting.

One of the best examples of interprofessional care that was discussed at the meeting was from Gaffney (2019b). She holds an interdisciplinary fall risk assessment clinic with a number of other professions, such as occupational therapy, nursing, and physical therapy. All students are responsible for knowing their own test battery, and often also have to step in and assist with other professions’ test batteries. Such a clinic may be a good fit for a setting such as the Unified Clinics.

Summary & References

Knowledge obtained through this course will directly impact the education of clinical Au.D. students. Credit hours and clinical opportunities in the areas of vestibular and balance are limited in this important area of clinical work. Participating in this workshop has been important for streamlining my course to be as efficient as possible.


