

Articulating the specialism

The role of the Qualified Teacher for Deaf Children and Young People working in an auditory implant centre (ICQTOD)

Background

QTODs have been an integral part of the interdisciplinary teams in paediatric implant centres since the establishment of the first UK cochlear implant paediatric service in Nottingham in 1989.

They are qualified teachers who hold the mandatory qualification to teach deaf children and young people and typically have significant post-qualification experience in a range of schools and educational environments for deaf children. Some ICQTODs may have undertaken additional training to become educational audiologists.

“Teachers working at an implant programme must have wide previous experience of the different approaches and educational settings in which deaf children are placed in order to establish credibility within the classroom and acceptance by the child’s local teacher of the deaf.” (McCormick and Archbold, 2003)

Today, auditory implant services offer a variety of forms of assessment and post-operative rehabilitation. Some provide an outreach model visiting children in their homes and education settings; some are purely clinic based; some offer a combination of approaches, often working collaboratively with local professionals. Some centres focus on cochlear implants, while others also offer bone conduction and middle ear implants.

Core teaching role

An ICQTOD remains fundamentally a teacher. Direct teaching continues to form a significant proportion of the role. This teaching may be in the form of direct rehabilitation support for the child, teaching them how to develop their listening skills through a new form of auditory stimulation. It includes using auditory training type activities to use listening for the development of speech and language skills.

Teaching also forms part of the training and support role for local professionals to ensure appropriate expectations are shared and strategies to support the child are deployed.

Additional role in the health sector

As a member of the interdisciplinary team, an ICQTOD is able to take a holistic view of the deaf child. A clinical or medical approach is intrinsically an analysis of deficit and remedial intervention that is required. The teacher’s holistic approach perceives the interplay of multiple factors on a child’s development and can assess a child’s capabilities and build upon these, using a child’s prior learning to extend into new areas. This holistic view accepts that progress may depend on addressing more than one limiting factor.

The ICQTOD may need to remind others that deafness is not an illness nor necessarily something to be fixed.

The ICQTOD plays a key role in the assessment of a child prior to a decision about cochlear implantation, and in some centres bone conduction or middle ear implants, too. In order to gain a full picture of a child's current level of functioning, the ICQTOD is required to liaise with home and educational settings to gather important information towards the child's assessment. This may take place in person or remotely. In some centres, the ICQTOD can also play a supporting second tester role in clinical appointments.

BCIG guidelines:

The key roles and responsibilities of staff on the rehabilitation team are to:

- Assess patients (and, if appropriate, their families) and contribute to the multidisciplinary decision-making process regarding suitability for implantation and likely benefit based on the individual patient's unique background and circumstances.
- Explore the expectations and goals of the recipient (and, if applicable, the family) and guide them towards realistic expectations and understanding (informed consent).
- Support patients and families through decision-making, and challenging hearing implant-related issues. Refer on and signpost to other services where clinically appropriate.
- Maximise the person with the cochlear implant's listening, speech perception, and communication skills with their implant in line with their individual goals and needs.
- Assess, monitor, and evaluate the patient's progress with their implant.
- Identify issues and concerns about the rate of progress and what may be contributing to this.
- Liaise with local professionals (education, health, and social care) and implant companies as clinically required.
- Train and educate other professionals in relation to hearing implants and practical solutions to improve implant device use and listening experience.
- Support the person with the cochlear implant, family, and local teams in jointly identifying rehabilitation goals related to their implant and listening progress.
- Conduct research and clinical audits. In a paediatric setting, the rehabilitationist role requires close liaison with the child's family/carer, local professionals, and other members of the hearing implant team as well as the client.

References

McCormick, B and Archbold, S (Eds) (2003) Cochlear Implants for Young Children. (2nd edition) London: Wiley

[BCIG \(2023\) Professional Guidelines for Rehabilitation Staff working within a Hearing Implant Centre](#)