

Implant Centre Speech & Language Therapists



Guidelines for Good Practice

Working with Clients with Cochlear Implants

This document incorporates the views of speech and language therapists working in Cochlear Implant Centres, and is recommended to practitioners.

1998, Revised and Updated 2002.

IMPLANT CENTRE SPEECH AND LANGUAGE THERAPISTS GUIDELINES FOR GOOD PRACTICE

-Working with clients with cochlear implants

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IMPLANT CENTRE SPEECH AND LANGUAGE THERAPISTS

GUIDELINES FOR GOOD PRACTICE

-Working with clients with cochlear implants

MISSION STATEMENT

To assess and promote the functional communication, speech perception and spoken language skills of the clients within a multi-disciplinary cochlear implant service.

1. INTRODUCTION

1.1 Purpose of Guidelines

These guidelines aim to give an overview of a Speech and Language Therapist's work as part of a cochlear implant team and will be valuable to new Speech and Language Therapy (SLT) colleagues joining a cochlear implant team and to SLT managers. They will also promote inter- and intra- team channels of communication. Implant Centre Speech and Language Therapists (ICSLTs) from across the British Isles have contributed to these guidelines.

Guidelines for good practice for ICSLTs are particularly important as the field of cochlear implantation is rapidly developing in the British Isles. To ensure effective service provision, national guidelines are necessary, although the need for specialisation at a local level is acknowledged. However, it must be stressed that these guidelines relate to *Implant Centre* Speech and Language Therapists and do not reflect the role and remit of Speech and Language Therapists locally.

1.2 Historical Perspective

"Cochlear implantation aims to provide useful forms of auditory sensation to people who are profoundly deaf and gain no material benefit from acoustic hearing aids"¹. The first adult cochlear implant operation in the British Isles was carried out at University College Hospital, London in 1981, and the first child was also implanted there in 1987. Speech and Language Therapists were an integral part of the team, which closely monitored changes and provided valuable information for research into the effectiveness of the implant². In 1990, the Department of Health funded a three year study into the effectiveness of the cochlear implant and a number of ICSLTs were involved in this work. The MRC-IHR report based on this study¹ provided an excellent overview and indicated future trends and objectives.

There are currently over forty Speech and Language Therapists working as members of cochlear implant teams with both adult and paediatric programmes, around the British Isles (see Appendix 1).

By the year 2000, 1400 adults and 1200 children had received a cochlear implant in the UK. Currently around 210 children and 185 adults receive cochlear implants in the UK each year^{2, 3}.

2. BROAD SERVICE ISSUES

2.1 Client Group

As part of the cochlear implant team, the ICSLT works with people who have severe and profound bilateral deafness. The selection criteria for a cochlear implant may vary from team to team and may change as research based evidence informs practice. The advent of Universal Neonatal Hearing Screening (UNHS) may have a potential impact on the age of referrals for cochlear implantation. The client's hearing loss may be congenital or acquired in origin, or of sudden or progressive onset. The clients may be adults, children or adolescents. Clients with additional needs may also be considered.

2.2 Principles of Service Delivery

The aim of intervention is to maximise the client's developing communication skills. The ICSLT "assesses, advises, monitors and evaluates the client's communication skills, both before and after cochlear implantation"⁵. This entails close liaison with the client's family/carer, the local professionals and other members of the cochlear implant team, as well as the client. Local Speech and Language Therapists may carry out supplementary therapy-based intervention.

The ICSLT acknowledges that the client's quality of life is paramount in making decisions regarding implantation and the work that follows. The client and family/carers are encouraged to participate fully at all stages.

The ICSLT tailors the service delivered to each individual's needs and abilities, as well as expectations and attitudes within each team protocol. This is particularly relevant with clients whose home language is not English or those who have additional needs.

2.3 Patterns of Service Provision

"All cochlear implant teams should include an appropriately qualified SLT"⁵. All adult and paediatric clients who have a cochlear implant may be part of the ICSLT caseload. The implant team has a responsibility to each implanted client for life. There is regular contact with the ICSLT during the initial period of assessment prior to a decision being made about suitability for cochlear implantation. The ICSLT will contribute to the decision making process. There is regular contact with the ICSLT following the operation and initial tuning. The role of the ICSLT is to provide assessment, advice and support. In some teams, the ICSLT will provide therapy where appropriate (either individually or in groups).

The ICSLT may work with the client directly at the implant centre, at home, school, and work or in local clinical settings. Similarly, liaison and advisory work with family/carers and with professionals may occur at any of these locations. The exact protocol of service provision is both client- and team-dependent as it is integrated with the working styles of the other team professionals.

The ICSLT works collaboratively with all other members of a cochlear implant team, and especially with teachers of the deaf (paediatric teams) and hearing therapists (adult teams). Given the interdisciplinary nature of the cochlear implant team, there may be

overlapping skills and individual teams should define how professional expertise is used. Written assessment and rehabilitation protocols clarify these roles within each team.

The ICSLT will liaise with the local Speech and Language Therapy service to ensure that the relevant SLT managers, therapists and assistants are fully informed of clinical issues. This contact may involve exchange of reports and annual assessment results, and joint planning of SLT aims and follow-up programmes. It is the responsibility of the ICSLT to provide adequate information and support for local SLT professionals, appropriate to the needs to the client.

The ICSLT as a member of one cochlear implant team will be aware of, and respect that the local professionals may be liaising with other cochlear implant centres, and collaborate and co-operate accordingly.

Adequate levels of ICSLT involvement should be provided in order that the client is enabled to achieve maximum benefit from the cochlear implant. The recommended ICSLT provision, as detailed below, will vary according to the team protocol - for example, a team may use a centre-based therapy programme or a “key worker” approach. In addition, the possibility of extenuating circumstances for a client may require a more flexible approach and a need for significantly more contact time than suggested in the table below.

Recommended Minimum Session Provision by ICSLTs^{6, 7, 8}

(Travel time not included)

	Pre-implant	Year 1	Year 2	Year 3	Year 4	
<u>Adults</u>						
Direct Contact	2 sessions	6 sessions	1 session	1 session*	1 session*	Thereafter reviewed according to team protocol
Indirect contact	1 sessions	2 sessions	½ session	½ session*	½ session*	
<u>Children</u>						
Direct contact	2 sessions	7 sessions	3 sessions	3 sessions	1 session	
Indirect contact	2 sessions	4 sessions	2 sessions	2 sessions	1 session	

1 session = 3 hours

* = As required

2.4 Quality Assurance

The effectiveness and efficacy of the ICSLT is monitored by setting quality standards and then measuring the service using these standards. The ICSLT is involved in setting these standards, both within their teams and nationally through the Royal College of Speech and Language Therapists (RCSLT) and the British Cochlear Implant Group (BCIG). The quality assurance of the ICSLT service is important to National Health Service (NHS) purchasers and providers, as well as the client.

The ICSLT must be registered with the Health Professions Council in order to practice as a speech & language therapist in the UK. In addition, quality standards may be set in the following areas:

- ❑ Professional Qualification and registration -the ICSLT is recommended to be a registered member of the RCSLT. This implies an undertaking to adhere to the RCSLT Code of Ethics and Professional Conduct advocated for SLTs in “Communicating Quality”⁵.
- ❑ Clinical skills - including therapeutic skills and communication skills necessary for work with deaf clients
- ❑ Professional support - including access to an induction programme and to an ICSLT support network
- ❑ Record keeping - of direct and indirect contact for each client (see 3.4) including assessment data and reports
- ❑ Clinical Audit - measuring health economic aspects of clinical and non-clinical work including outcome measures (see 2.5)
- ❑ Teaching - of student SLTs, new ICSLTs, team colleagues and other professionals at pre-and post-graduate levels as appropriate (see 3.7)
- ❑ Research - in collaboration with the team (see 4.2) and at inter-team levels.
- ❑ Continuing Education - see 4
- ❑ Accommodation⁵
- ❑ Meetings - including prioritisation of attendance, feedback on outcomes.

At an interdisciplinary level, the ICSLT may also be asked to contribute to cochlear implant team quality assurance standards on additional areas including referral and selection criteria, transfer and long-term maintenance standards, and team development. Standards help inform the public debate about cochlear implants, encourage the evolution of better practice through discussion with other teams and enable comparison of alternative devices.

These standards are monitored using recognised processes including peer review and individual, professional and team appraisal procedures. Collation of data using a standard database procedure allows easy access to information for monitoring of quality assurance standards.

2.5 Clinical Audit and Outcome Measures

Clinical audit is one measurement of the ICSLT’s work with the client using outcome measures, which assesses benefit and ensure that expected goals are being achieved⁹. Outcome measures may enable the ICSLT to develop current practice, identify predictors and focus research areas.

For the measurement of specific communication outcomes, the ICSLT needs to;

- ❑ Set realistic communication objectives by ensuring support and training for each client and their family/carer
- ❑ Monitor objectively over agreed time scales and by the use of SLT assessment protocols and accurate records
- ❑ Document actual changes of communicative competence in a way that is accessible to managers, service providers, families and other professionals
- ❑ Review and update current practice accordingly

It must be acknowledged that the benefits of cochlear implantation are experienced in different ways by the clients themselves, their families and by society in general¹⁰. For the measurement of broader outcomes, benefits can also be measured by perceived gains in quality of life, impact on educational or employment performance, life choices and independence.

3. CLINICAL ISSUES

The ICSLT helps the client to acquire maximum benefit using the sensations provided by the cochlear implant. Assessment and rehabilitation vary with each individual and can involve collaboration with local professionals. The remit and style of the individual ICSLT, the nature of local SLT provision and of the cochlear implant team itself will also influence the exact nature of therapy. The style of work is innovative within the SLT profession and the day-to-day work of the ICSLT is described in more detail in this section.

3.1 Clinical Skills of the ICSLT

The ICSLT must have the requisite clinical skills in order to offer speech and language therapy assessment and rehabilitation programmes for the cochlear implant caseload. Skills are needed in the assessment and rehabilitation of

- Everyday communication and social skills
- Understanding and use of language
- Speech perception and listening skills
- Development and maintenance of voice and speech skills

The ICSLT must also have

- A working knowledge of audiology
- Insight into the culture and language of the Deaf community
- Sign language skills
- An understanding of the impact of deafness on quality of life and language development

In addition, counselling skills are desirable.

It is essential that a newly appointed ICSLT already has related experience in the field of adults or paediatrics and hearing impairment, including attendance at relevant post-qualification courses (see 4.1 and Appendix 2). ICSLTs must have access to an experienced ICSLT and a clearly defined induction and training programme.

3.2 Referral

A client who may be suitable candidate for cochlear implantation is referred to the cochlear implant team. The team protocol determines the timing of the referral to the ICSLT as appropriate.

3.3. Assessment

An ICSLT assessment is based on a thorough case history, including a record of the impact of the hearing loss on the client's life. Assessments establish baseline measures,

which are then repeated at agreed intervals following surgery and initial programming of the device. The client's spoken, signed and written communication skills are assessed using observation, interview, formal and informal performance measures as appropriate. The expectations of the client and family regarding the outcome of cochlear implantation are also recorded.

Receptive and expressive skills may be assessed at the following levels:

- Auditory
- Pragmatic
- Semantic
- Syntactic
- Prosodic
- Phonetic and
- Phonological

Video and audio recordings may be made at regular intervals. The exact battery of assessments may vary from team to team. The results of the assessments are always discussed with the client and family, with team colleagues and with the professionals involved locally. Following these assessments the ICSLT is able to plan goals for future areas of work for the client, together with local professionals as appropriate.

3.4 Rehabilitation and Liaison

Working with clients may involve direct and indirect contact.

Direct Contact:

In addition to assessment (see 3.2), direct contact with the client on a regular basis enables implementation of a planned programme including auditory training, and work on speech intelligibility, language and communication skills. The ICSLT also provides support and practical guidance.

Indirect Contact:

Contact with family, carers, local professionals and other people involved with the client is essential to ensure that an individual, integrated programme of work will enable maximal use of the cochlear implant. Along with other members of the team, the ICSLT provides a link between the client's family, local services and the implant centre. Liaison with the local SLT and other agencies is essential in the planning and implementation of SLT programmes at a local level⁵. Practical and emotional support is needed for families/carers and professionals as changes occur and expectations for the client alter. In addition, non-contact time is essential for analysing data, including video samples, and for writing reports for individual clients (see 3.3 and 3.5).

3.5 Reports

The ICSLT provides written reports at regular intervals. The purpose of these reports is to convey information about progress and provide recommendations including possible future management strategies⁵. The report is made available to the client; family and other professionals as appropriate and assessment results may be included. The frequency and format of the report vary according to team protocol. It may be appropriate to write a joint report with team colleagues in certain circumstances. The ICSLT may contribute verbal

reports or progress updates for cochlear implant team discussions. In the case of children, the ICSLT may contribute a written submission towards any formal assessment procedure, if requested by the child's Local Education Authority or equivalent body.

3.6 Record Keeping

The ICSLT is responsible for the accurate recording of all activities relating to the client, both directly through client contact and indirectly through meetings, discussions and telephone calls, in order to facilitate the delivery of service to the client⁵.

3.7 Training Role

The ICSLT may be required to give lectures at formal courses, academic meetings and conferences. In addition, training may be made available through related experience visits, meetings and talks to voluntary organisations for example National Deaf Children's Society (NDCS). ICSLTs provide training for a broad range of professionals, for example cochlear implant team members, education and hospital staff, as well as parents.

ICSLTs may provide both informal orientation for student SLTs, as well as formal clinical placements at an undergraduate level. More experienced ICSLTs may act as mentors for SLTs newly appointed to Cochlear Implant teams, providing regular contact for discussion and peer support. A list of mentors is available from the ICSLT Steering Group.

4. CONTINUING EDUCATION

4.1 The Needs of an ICSLT

Suitable experience of working with deaf people is a basic requirement for appointment to the post of ICSLT. The knowledge base in the field of cochlear implantation is expanding rapidly and there is a need for ICSLTs to undertake not only specific and appropriate training on joining a team, but also to continue their personal development by attending update courses, seminars and conferences⁵. Specific Interest Groups, BCIG meetings and regular ICSLT inter-team meetings offer professional development and opportunities for information-sharing and peer review.

Access to established post-qualification courses is essential for the ICSLT. The RCSLT Advanced Clinical Studies (ACS) course (see Appendix 2) is relevant and appropriate for ICSLTs, but it is acknowledged that many interested therapists may have difficulty accessing the course. Newly appointed ICSLTs would benefit from regular contact with an ICSLT mentor (see 3.7).

An ICSLT must maintain an up-to-date knowledge of technical and hardware information, audiological techniques and clinical methods, including attendance at national and international conferences as appropriate. A commitment to maintaining and developing professional expertise has financial and time implications that must be considered when resourcing an ICSLT post.

4.2 Research and Development

The ICSLT has an active role in research and development. Both clients and colleagues may benefit from SLT input. Cochlear implantation provides a unique opportunity to extend traditional SLT practice. Teamwork is essential for research; to monitor trends, develop techniques, innovative assessment and rehabilitation procedures. The ICSLT must be given adequate support for research and development through allocation of time, advice from colleagues and study resources.

4.3 Future Trends

Audiological criteria and the range of candidates being considered for cochlear implantation continue to evolve both nationally and internationally. Training guidelines are now available at all Implant Centres, and there is an established network of experienced ICSLTs available for support and mentoring.

These recommendations would enhance the role of the ICSLT and ensure the continued excellence of the Speech and Language Therapy service provided for the client with a cochlear implant.

This document was prepared in consultation with the Royal College of Speech and Language Therapists Professional Standards Board and the British Cochlear Implant Group. It was compiled by ICSLTs throughout the British Isles between 1995 and 1997 in consultation with colleagues, and was drawn together by Mrs Lesley White, ICSLT Yorkshire Cochlear Implant Programme, Bradford.

It was reviewed and updated in 2001 and 2002 by the ICSLT Steering Group, and drawn together by Mrs. Judy George, ICSLT, UCL/Nuffield Cochlear Implant Programme, RNTNE Hospital, London WC1X 8DA.

References

1. Summerfield AQ and Marshall DH (1995) - "*Cochlear Implantation in the UK 1990-1994. Report by the MRC Institute of Hearing Research on the Evaluation of the National Cochlear Implant Programme.*" (Available from: HMSO Publication Centre, PO Box 276, London SW8 5DT. Tel: 0207 873 9090, Fax: 020 7873 8200.)
2. Waters T (1986) - Speech Therapy with Cochlear Implant Wearers. *British Journal of Audiology*, 20: 35-43.
3. Figures from <http://defeatingdeafness.org/?lid=64#6>.
4. Summerfield, A.Q., & Marshall, D.H. (2001) *Number of people who have received cochlear implants in the United Kingdom: current results of an annual survey*. MRC. Institute of Hearing Research. <http://www.ihr.mrc.ac.uk/implant/implant.shtml>.
5. Royal College of Speech and Language Therapists (1996) - *Communicating Quality 2 - Professional Standards for Speech and Language Therapists. 2nd Edition*. (Available from Royal College of Speech and Language Therapists, 2 White Hart Lane, London)
6. British Cochlear Implant Group (1994) *Quality Standards in Paediatric Cochlear Implantation - a guide for purchasers and providers*. (Available from The Secretary, BCIG, c/o Agnes Allen, Crosshouse Hospital, Kilmarnock, Scotland KA2 0BE)
7. *NDCS Guidelines for Paediatric Cochlear Implantation* (2000). Available from NDCS
8. *BCIG guidelines for Adult Cochlear Implantation* (2000). (Available from The Secretary, BCIG c/o Agnes Allen, Cochlear Implant Programme, Crosshouse Hospital, Kilmarnock, KA2 0BE)
9. Lutman, M (1994) *Advanced Paediatric Workshop Proceedings - Nottingham Paediatric Cochlear Implant Programme*. (Available from Nottingham Paediatric Cochlear Implant Programme, 1st Floor, Ropewalk House, 113 The Ropewalk, Nottingham NG1 6HA. Tel: 0115 948 5549, Fax: 0115 948 5560).
10. Hutton J, Polliti C and Seeger T (1995) Cost-effectiveness of Cochlear Implantation of Children - A Preliminary Model for the UK. In Uziel, A.S. & Mondail, M. (Eds.) *Advances in Otorhinolaryngology*, 50 (Supplement): 139 - 145.

APPENDIX 1: Cochlear Implant Centres in the British Isles –February 2003

All the centres listed below have Implant Centre Speech and Language Therapy posts. The ICSLTs in post have been consulted in relation to the development of this working document.

Last amended: February 2003 by Elizabeth Green

Centre	Address	ICSLT Adult	ICSLT Children
Belfast	Cochlear Implant Centre, Middle Dufferin, Belfast City Hospital, Lisburn Road, Belfast BT9 7AB Tel: 01232263603. Fax: 01232263549 Email: cochlearimplant.team@bch.n-i.nhs.uk	*	*
Birmingham	Adult Cochlear Implant Programme, Hearing Assessment and Rehabilitation Centre, Selly Oak Hospital, Raddlebarn Road, Birmingham, B29 6JD Tel: 01216278106. Fax: 01216278914 Email: huw.cooper@university-b.wmids.nhs.uk Children's Cochlear Implant Programme, Vision Sciences Building, Aston University, Birmingham B4 7ET Tel: 01213593621 ext 5388/ Fax: 01213336392 Email: mcsporre@aston.ac.uk	*	*
Bridgend	Bridgend Cochlear Implant Programme , Audiology Department, Princess of Wales Hospital, Coity Road, Bridgend, Mid Glamorgan, CR31 1RQ, Wales Tel: 01656752192. Fax: 01656752192 E-mail: bridgend.cochlear@bromor-tr.wales.nhs.uk		*
Bristol	West of England Cochlear Implant Programme , Audiology Department, Southmead Hospital, Westbury-on-Trym, Bristol, BS10 5NB. Tel: 01179595151. Fax: 01179595152. E-mail: webster.d@southmead.swest.nhs.uk	*	*
Cambridge	Emmeline Centre , Box 163, Addenbrooke's NHS Trust, Hills Road, Cambridge, CB2 2QQ Tel: 01223217589. Fax: 01223586735 E-mail: gayle.lindsay@addenbrookes.nhs.uk		*
Cardiff	Cardiff Cochlear Implant Programme , University Hospital of Wales Healthcare NHS Trust, Heath Park, Cardiff, CF4 4XW, Wales Tel: 029 2074 3419 Fax: 0292074 3838 E-mail: paul.boyd@uhw-tr.wales.nhs.uk	*	*
Dublin	Dublin Cochlear Implant Programme , Beaumont Hospital, PO Box 1297, Beaumont Road, Dublin 9, Eire Phone: [353] 1 809 2191. Fax: [353] 1 809 2753 E-mail: cochlear@indigo.ie	*	*
Edinburgh	Edinburgh Cochlear Implant Programme , Department of Audiology, The Royal Infirmary, Lauriston Building, 39 Lauriston Place, Edinburgh, EH3 9EN, Scotland Tel: 0131 536 3684. Fax: 0131 536 3417 E-mail: robin.barr-hamilton@euht.scot.nhs.uk	*	
London	RNTNE Cochlear Implant Programme, Royal Throat Nose & Ear Hospital, 330-332 Gray's Inn Road, London WC1X 8DA. Tel: 020 7915 1301/2. Fax: 020 7915 1303 Email: wanda.aleksy@royalfree.nhs.uk	*	*
London	Great Ormond Street Cochlear Implant Programme , Dept of Audiology, Great Ormond Street Hospital for Children NHS Trust, Great Ormond Street, London, WC1N 3JH Tel: 020 7813 8316. Fax: 020 7813 8261 E-mail: kaukab.rajput@GOSH-tr.nthames.nhs.uk Website: http://www.ich.ucl.ac.uk/audiology/		*
London	Portland Hospital Cochlear Implant Programme , 234 Great Portland Street, London, W1N 6AH Tel: (020) 7390 8333. Fax: (020) 7390 8053 E-mail: audiology@portlandchc.demon.co.uk Website: http://www.columbiahealthcare.co.uk/phwc/cochlear	*	*

Centre	Address	ICSLT Adult	ICSLT Children
Manchester	Manchester Cochlear Implant Programme Centre for Audiology , University of Manchester, Oxford Road, Manchester, M13 9PL Tel: (01612)-753361. Fax: (01612)-753373 E-mail: adult programme - deborah.mawman@man.ac.uk Paediatric programme - tyszki@fs1.ed.man.ac.uk Teenage programme - t.adams@man.ac.uk	*	*
North East England Cochlear Implant Programme: Newcastle	North East Cochlear Implant Programme, Newcastle Upon Tyne Hospitals NHS , Freeman Hospital, Freeman Road, High Heaton, Newcastle Upon Tyne, NE7 7DN Tel: 0191 284 3111 E-mail: Clive.Elliott@nuth.northy.nhs.uk	*	*
North East England Cochlear Implant Programme: Middlesbrough	North East Cochlear Implant Programme , North Riding Infirmary, Newport Road, Middlesbrough, Cleveland, TS1 5JE Tel: 01642 854 053. Fax: (01642)-854064 E-mail: implant@audeonri.co.uk Website: http://www.audionri.co.uk	*	*
North Wales Cochlear Implant Programme	North Wales Cochlear Implant Programme , Cochlear Implant Department, H M Stanley Hospital , NW Cochlear Implant Programme, Audiology Unit, Glan Clwyd Hospital, Bodelwyddan, RHYL LL18 5UJ Tel: 01745 534607. Fax: 01745 534932 E-mail: maire.doran@cd-tr.wales.nhs.uk Website: http://www.glanclwyd.demon.co.uk/audiology/index.html	*	*
Nottingham	Nottingham Adult Cochlear Implant Programme, Hearing Services Centre , Directorate of ENT/Audiology, Ropewalk House, 113 The Ropewalk, Nottingham, NG1 6HA Tel: 0115 948 5565. Fax: (0115)-9485515 E-mail: gerald.armstrong-bednall@mail.qmcuh-tr.trent.nhs.uk Nottingham Paediatric Cochlear Implant Programme , University Hospital NHS Trust, Ropewalk House, 113 The Ropewalk, Nottingham, NG1 6HA Tel: (0115) 948 5549. Fax: (0115)-948 5560 E-mail: sue.archbold@mail.qmcuh-tr.trent.nhs.uk Website: http://www.npcip.demon.co.uk	*	*
Oxford	Dept of Otolaryngology, Oxford Cochlear Implant Programme , Radcliffe Infirmary NHS Trust, Woodstock Road, Oxford, OX2 6HE Tel: 01865 224445. Fax: (0186) 5224255	*	*
Scottish Cochlear Implant Programme	Scottish Cochlear Implant Programme, Audiology Department, Cochlear Implant Clinic, Crosshouse Hospital, Crosshouse, Kilmarnock, KA2 0BE. Scotland Tel: 01563 577 080 Fax: 01563 557 507 Email: agnes-allen@aaaht.scot.nhs.uk	*	*
Southampton	South of England Cochlear Implant Centre , Audiology Clinic, Institute of Sound and Vibration Research, University of Southampton, Highfield, Southampton, SO17 1BJ Tel: 023 8059 2923. Fax: 023 8059 4981 E-mail: je@isvr.soton.ac.uk Website: http://www.soecic.org		
Yorkshire Cochlear Implant Service: Bradford	Yorkshire Cochlear Implant Service, ENT Department , Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ. Tel:01274364853. Fax: 01274364895 E-mail: Jane.Martin@bradfordhospitals.nhs.uk Website: http://members.aol.com/ycis	*	*
Yorkshire Cochlear Implant Service: Sheffield	Yorkshire Cochlear Implant Service (Sheffield) , North Trent Department of Medical Audiology, The Central Sheffield University Hospitals, Glossop Road, Sheffield Phone: 0114 271 1900	*	*

Appendix 2: Short Courses & Relevant Post-Graduate Training Courses.

1. CSD Consultants –run courses for speech & language therapists working with deaf children and adults

St Monica
Micheldever Road
London SE12 8LX
Contact: Ruth Frost: 020 8297 1353
Website: <http://www.csdconsultants.com>

2. MSc/ACS Human Communication: “Working with Deaf People” pathway course at City University

Contact: Ros Herman: 0207 040 5060
Email: r.c.herman@city.ac.uk
Website: <http://www.city.ac.uk>

3. Special Interest Groups (SIG):

Contact: RCSLT for a list in your area: 020 7378 1200
Email: postmaster@rcslt.org
Website: <http://www.rcslt.org.uk>

4. Great Ormond Street Hospital – Cochlear Implant information day

Contact: 0207 813 8316
Website: <http://www.ich.ucl.ac.uk/audiology>

5. Ear Foundation- various courses for parents and professionals working with children with cochlear implants

Marjorie Sherman House
83 Sherwin Road
Nottingham, NG7 2FB
Tel: 0115 942 1985
Website: <http://www.earfoundation.org.uk>

6. [Deafness@birth](http://www.deafnessatbirth.org.uk) website –training and resources for professionals working with deaf children under the age of 2years.

Website: <http://www.deafnessatbirth.org.uk>

7. National Deaf Children’s Society

Tel: 0207490 8656 / 0800252 380
Website: <http://www.ndcs.org.uk>

8. Royal National Institute of the Deaf

Tel: 020 7813 2480
Website: <http://www.rnid.org.uk>

9. CACDP –information on sign language courses in your area

Tel: 0191 383 1155
Website: <http://www.cacdp.org.uk>