P202

BASIC AND TRANSLATIONAL RESEARCH

Building the bridge for holistic hearing healthcare in Canada: Empowering audiologists to appreciate their integral role in primary care

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Background

From a global perspective¹, audiologists have limited integration in interprofessional primary care teams. National efforts are underway around a Canadian primary health care reform, aimed at multilevel improvement in patient experience, health outcomes, clinician well-being, health equity, and health care efficiencies.² This expanded care model provides the opportunity to prioritize holistic and whole person care, integrating hearing healthcare services within Canada, and empowering audiologists to appreciate their integral role in system change.



Members of the Canadian Community of Practice:

- Patient voices
- Hearing professionals
- Regulators
- Learners & educators
- Industry leaders



Objectives

This poster highlights the init community of practice (CoP) narratives and a co-created from multi-level perspectives (an approach to systems cha collaborative idea generation strengths and growth opport

Methods

The Appreciative Inquiry process (Discover, Dream, Design, and Des project (Fig. 1). Guided by a leadership team, Step 1 engaged the c purpose of "building the bridge for holistic hearing healthcare". Step of the shared meaning of holistic hearing healthcare within the Cana narratives of experiences, opportunities, and challenges. The result XLeap software) were qualitatively analyzed, with member checking refined for use with broader community members (future iteration of

Figure 1. Project defined steps of the Appreciative Inquiry process (red: complete, yell

Engage core team

Conduct inquiry in broader community

Interpret narratives & establish shared vision

Design c with broa commun



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ements of a high-performing nary care system ³ : Interprofessional collaboration Comprehensive, continuous & person-centred care Mobilization of healthcare resources Patient navigation of health care system	 Group brainstorming around the holistic hearing health care rest themes (Fig. 2). Key factors perinfluence multi-level integration Sharing experiences (e.g., 0 interest groups, learning tog Reframing "failure" Access to funding/resources Graduate-level/continuing e (CE) opportunities (example footnote) 			
itial phases of the creation of a) including the integration of shared vision for holistic hearing healthcare s. The use of appreciative inquiry ange, emphasizing positive and n ⁴), will draw on professional tunities to guide co-creation.	 Reflective practice & lifelong Integration of information sh mechanisms (e.g., electroni records) Collaboration within audiolo interprofessionally Figure 2. Multi-level, thematic represen meaning of holistic hearing healthcare. 			
elivery) was used for all steps of the core member team around the os 2 & 3 conducted a group inquiry adian context ($n = 13$), based on ting collection of narratives (using	Findings from this initial inquiry Canada and limited lived exper communities, we will refine our strategies. Through this shared in holistic and interprofessional aim to empower audiologists in			
g. Inquiry questions were then of Steps 2 & 3).				
low: in progress, blue: upcoming).	This capstone project is part of the Collabor Leadership Program (University of Toronto Network and Centre for Advancing Collabor Education). We would like to acknowledge coaching and Stella Ng's leadership roles. opportunity to collaborate with the core tea purpose and for Robin O'Hagan's project a			
	CE Module 1: Audiologists as part of team-based primary care			



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he meaning of sulted in 12 erceived to n:		p	orofes	tion & sional pment	Health care equity	Preventative health measures	
CoP, special gether) es		C	•	ehensive vices	Family & community involvement	Multidisciplinary integration & service coordination	
education es in	evel		evel	Biopsycl aspe		Communication & self-advocacy	
g learning haring		e Level			Environmer context	nt &	
ic medical	RO System	SO Service	RO Individual	Function participarticipacross the	pation	Holistic and person-centred care	
ntation of the	MACRO	MES	MICRO		Therape relations		

Conclusion

v process suggest gaps in the provision of holistic hearing healthcare in rience. As we continue to collect and interpret narratives from our [•] shared vision, including change mechanisms and implementation d vision we will continue to develop our CoP, consisting of champions hearing healthcare and the broader community. Through this work we n Canada to appreciate their role in primary care.

S	References					
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