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SUPERVISORY PLAN (PRIMARY SUPERVISOR)

Date submitted:

I..... of (address)

.....email:have formally agreed to supervise.....as Primary Supervisor to for a period of

I am/am not a member of ACAud. (if yes, state date of joining & membership number. Mbr. No. Join Date

I am/not a member of the A.S.A. if yes state Mbr. No. Join Date and attach copy of current membership certificate.

I agree to accept being subject to the Peer Review by ACAud if required.

Do you hold a current Clinical Certificate? YES / NO If YES, attach copy

How long have you been employed as a fully qualified Audiologist/Audiometrist?

The agreed plan is as follows:

- 1. I have read and understood Appendix One - Supervision to By-Law 98.1, Appendix three to By-Law 97.4 Ethics Guidelines and the ACAud guidelines for supervision and I agree to supervise the above Associate strictly within the terms of these documents and be subject to the ACAud Peer Review Process.
2.
3.
4.
5.

I formally submit this plan for approval to ACAud. (If approved, the starting date of supervision will be the date of approval which will be confirmed in writing by ACAud)

In signing and submitting this Supervisory Plan Agreement a supervisee agrees that their membership information may be discussed with both the supervisor and the employer where required.

Signature of Supervisor Signature of Supervisee

Email:

Phone: DATE OF ACAud APPROVAL:

** Each Supervisor Must Complete a Separate Form. A form listing more than one supervisor will not be processed.

APPENDIX ONE

SUPERVISOR

1. Scope

This appendix concerns the appointment of a supervisor of a person who is preparing for examination in one or more of the Basic Competencies. These competencies are detailed in By-Law 97-5 Competency Standards – Appendix One.

2. Qualifications of a Supervisor

2.1 A supervisor must be approved by *ACAud*

2.2 A supervisor's hours of employment must be such that they are able to meet the requirements of the supervisory plan

2.3 A supervisor need not be a member of *ACAud*, but must accept the Code of Ethics of *ACAud* and accept being subject to the Peer Review by *ACAud* if required.

3. Duties of a Supervisor

3.1 A supervisor is to accept responsibility for the professional conduct of the member throughout the period of supervision.

3.2 A supervisor is to ensure the trainee is given controlled exposure to all aspects of clinical practice so that the member may develop clinical facility in each of the skills required for recognition in the Basic Competencies.

3.3 A supervisor is to monitor the member's progress and, when appropriate, is to provide a written statement to the effect that in his/her opinion, the member has acquired a thorough theoretical knowledge and practical competence in the Basic Competencies and that the member is now ready for examination.

3.4 A supervisor is to maintain up-to-date knowledge of and implement current clinical training techniques to ensure the member has the best opportunity of developing required clinical skills.

3.5 Throughout the supervisory period, the supervisor is to ensure that members are supervised in accordance with a supervisory plan detailed in Table 1 or Table 2, as appropriate to their qualification (see By-Law 98.1 Membership Requirements paragraph 7.32. Levels one and two of supervision must be under roof. Any changes to the supervisory plan must be notified to the Secretariat.

Table 1 – Supervision of Audiologists

WEEKS	LEVEL	HOURS OF SUPERVISION	HOURS AT THE ELBOW	FILE REVIEW
1 - 4	1	16 hours per week	4 hours per week	100% of case files
5 - 14	2	8 hours per month	2 hours per month	25% of case files
15- 52	3	4 hours per month	As required	10% of case files

Table 2 – Supervision of Audiometrists

WEEKS	LEVEL	HOURS OF SUPERVISION	HOURS AT THE ELBOW	FILE REVIEW
1 - 12	1	16 hours per week	4 hours per week	100% of case files
13 - 52	2	8 hours per month	2 hours per month	25% of case files
53- 104	3	4 hours per month	As required	10% of case files

3.6 All members undertaking supervision are required to keep a log book of their activities which includes the following information:

Date	Location	Duties performed	Supervisor's Name & Signature
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3.7 All Supervisors will be required to keep appropriate records and to submit evidence of their supervision if requested. Records should clearly detail the content, duration, and frequency of the supervision provided.

3.8 On completion of the approved period of supervision and on receipt of the supervisor's recommendation, members will undertake examination in their elected competencies. Members who fail have the right of appeal and may be re-examined as detailed in By-Law 97-5 8.2.6.

4 Appointment of a Supervisor

4.1 When a person applies for the appointment of a supervisor, that application is to indicate a person who is prepared to accept the appointment.

4.2 *ACAud* will then make any enquiries that it deems appropriate, to determine that the proposed supervisor is suitably qualified and equipped to offer the trainee exposure to all aspects of clinical practice required by 3.2 above.

4.3 The proposed supervisor must indicate, in writing, that he/she will perform the duties of a supervisor.

4.4 The proposed supervisor must have accepted and signed the *ACAud* Code of Ethics.

4.5 Where the proposed supervisor is NOT a member of *ACAud* he/she must accept, in writing, that he/she is subject to *ACAud's* Peer Review process.

4.6 Any change in the supervisory arrangements should be recorded and notified to the *ACAud* Secretariat.

5 Minimum physical requirements of a Clinic

5.1 The clinic must be equipped with audiometric equipment for each practitioner to allow all duties to be performed as required to achieve the competencies being undertaken.

5.2 The equipment may be shared between several practitioners or it may be supplied to each practitioner. Where the equipment is shared, each practitioner must be able to access the equipment without intruding on the consulting room of another practitioner.

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## **APPENDIX THREE**

### **GUIDELINES FOR PROVIDING HEARING CARE ACCORDING TO THE ACAUD CODE OF ETHICS**

#### **(ETHICS GUIDELINES)**

#### **1A INTRODUCTION**

In accordance with the rules laid down in By-Law 97-4 (Code of Ethics), the Executive has determined to expand on the Code of Ethics by providing a guide to members with specific recommendations for the provision of hearing care. Many of you will recognize this guide as that which was circulated for comment back in March of this year.

The guide is not one that is to be taken as absolute and members are encouraged to use it as appropriate for their own practice. It should however be noted that the document might be used by the Peer Review Committee as an indication of usual practice.

The guide is also a document that can be expected to be further expanded or clarified as the need arises. Any member who has a query about the guide or suggestions for modification or expansion should in the first instance write to the Executive.

#### **1. RELATIONSHIP WITH CLIENTS**

##### **1.1. Competency**

- 1.1.1. Members must possess appropriate competencies to perform the functions for which they claim expertise
- 1.1.2. Members must maintain and extend their clinical and technical knowledge and skills throughout their years of professional activity by completing continuing education programs as set down by ACAud.
- 1.1.3. Members must maintain instrumentation at a level that is appropriate to the services offered. The testing location, equipment and all its calibration facilities should conform to current Australian Standards.

##### **1.2 Referral**

- 1.2.1 If it becomes evident that a client's needs would be better met by seeking the care of another practitioner, whether a colleague with some special expertise or a member of another professional discipline, Members should offer to refer the client.
- 1.2.2 In certain cases a particular practitioner may be recommended, but it must be made clear that a client may attend a practitioner of his or her own choice. A letter setting out any relevant information and reasons for referral should be provided.
- 1.2.3 Where the client requires referral to another person, both parties must independently charge the appropriate fees for the service provided. It is unethical for the referring Member to receive a share of the person's fee. It is unethical for a Member to offer such a payment.

##### **1.3 Reports**

- 1.3.1 Reports and other similar documents signed by hearing care practitioners in their professional capacity must be strictly accurate in all respects. Fact and expression of opinion must be clearly differentiated.
- 1.3.2 Clients have the right to be provided with a copy of any relevant report on request.

## **1.4 Fees**

- 1.4.1 Individual Members should determine their own fees without interference from other parties. Fees charged should at all times be fair and reasonable
- 1.4.2 Clients should be offered information regarding the likely cost of treatment before entering into any contract or undertaking.

## **1.5 Clients with Continuing Problems**

- 1.5.1 Any client must be free to return for further consultation if there is dissatisfaction with any aspect of the service rendered by the Member. In such circumstances a client may expect to be treated with courtesy and understanding.
- 1.5.2 In the event that the problem cannot be resolved the client should be offered referral for further opinion.
- 1.5.3 Clients should also be informed of their right to complain to relevant authorities, under existing legislation.

## **1.6 Clients Responsibilities**

It is the client's responsibility to seek information regarding third party entitlements and charges. It is also the client's responsibility to read literature proffered by, and give due attention to advice given in good faith by, the Member. The hearing care practitioner cannot be held responsible for client decisions which conflict with advice given by the practitioner.

## **2. RELATIONS WITH EMPLOYERS**

### **2.1.1 Independent decision making**

In dealing with clients, employee Members should be allowed the freedom to exercise their independent professional judgement and the full range of their professional skills.

### **2.2 Responsibility for Supervision**

It is acceptable to employ non-member staff to conduct certain tests or procedures provided they are competent to carry out those duties and are under the immediate and personal supervision of the Member. Under these circumstances the non-member is to be bound by the ACAud Code of Ethics and the Member must maintain full responsibility for the client's welfare.

## **3. RELATIONS WITH THE PUBLIC**

### **3.1 Advertising**

Advertising is permitted provided that it is not misleading and conforms with current legislative requirements of state or federal bodies.

### **3.2 Public Forums**

- 3.2.1 Members have a responsibility to participate in community education on the generalities of hearing health care.
- 3.2.2 In the event of a public airing of a controversial issue the discussion must be conducted decorously, honestly and on the basis of fact.

### **3.3 Publications**

Publications regarding research findings, services or products should be factual and not be liable to misinterpretations by implication or by omissions. The author of the publication should be clearly identified.

## **4. CONDUCT OF A PRACTICE**

### **4.1 Physical Premises**

4.1.1 Premises should be designed and maintained so as to reflect concern for the hearing health care of the client and the professional role of the member.

4.1.2 Premises should provide adequate space for a reception area, audiometric testing environment, and consulting room in a location readily accessible to the public.

4.1.3 The consulting room and testing rooms should be constructed in such a manner to ensure that the proceedings between the hearing care practitioner and client will be confidential.

### **4.2 Information Available**

#### **4.2.1 Identification of Members**

It is recommended that the names and qualifications of all hearing care practitioners regularly involved in a practice be listed on the premises exterior, stationery and other signs. At all times the name of the attending Member should be made known to the client.

#### **4.2.2 Fees**

Details of fees and charges should be displayed in a visible location together with any other information which might assist the clients to understand the financial obligations of their attendance at the practice.

#### **4.2.3 Access**

Hours of practice should be clearly displayed. Where the services are provided in a location other than the permanent location of the Member, clients must be provided with complete information and facilitated in their ability to make contact with the permanent location where necessary.

### **4.3 Dispensing**

#### **4.3.1 Goods fit for Purpose**

Any therapeutic materials supplied by a Member should be of good quality and fit for the purpose, namely to improve the communication ability of the client. Devices must conform with the appropriate standards specified by the Australian Standards or other relevant authority.

#### **4.3.2 Continuing Service**

Members must provide adequate follow-up repairs and service for prescribed devices within their practice.

### **4.4 Clinical Records**

#### **4.4.1 Record Keeping**

Comprehensive and accurate records for clients should be stored in a secure location and kept for a minimum of fifteen years from the last professional service.

4.4.2 Client Access

While it is understood that Members own all clinical records, clients should be provided with copies of relevant information on request.

4.4.3 Removal or copying records made while practicing as an employee is not permissible.

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ACAud

EXCELLENCE IN HEARING CARE

CODE OF ETHICS

It shall be my ideal and responsibility:-

1. To keep the hearing welfare of the client uppermost at all times, and to see that any person in need receives appropriate hearing care.
2. To gain appropriate competencies to provide quality hearing care and to maintain such competencies through continuing education.
3. To promote clients' participation in decisions which affect their hearing welfare by providing accurate and up to date information in terms which they, the clients, understand.
4. To refer to another practitioner whenever further expertise is necessary for the client's benefit.
5. To maintain my practice in keeping with professional standards and to subject myself to review when necessary.
6. To hold in professional confidence all client information and use such data only for the benefit of the client.
7. To promote and maintain cordial and mutually useful relationships with members of my profession and of other professions, for interchange of information for my professional growth and for the advantage of my clients.

Printed Name_____

Signed_____

GUIDELINES FOR THE SUPERVISION & EXAMINATION OF ASSOCIATE MEMBERS IN THE BASIC COMPETENCIES

INTRODUCTION

These guidelines have been approved by the Executive of *ACAud* for the use of those members who have been appointed to supervise or examine Associate Members of *ACAud* who are preparing for examination in either of the two Basic Competencies (i.e. Hearing Aid Dispensing or Diagnostic Assessment).

In general terms an Associate Member is considered as a professional who has obtained basic qualifications in the field of hearing care, but who is not yet considered able to work unsupervised. An appointed supervisor takes responsibility for the professional actions of the Associate Member throughout the time of supervision.

At the conclusion of the supervision period, the supervisor is required to provide a written statement to the effect that in his/her opinion the Associate Member had acquired a thorough theoretical knowledge and practical competence of either or both of the Basic Competencies as detailed in Appendix Two of By-Law 97-5 (Competency Standards) and that the member is now ready for examination.

INTERPRETATION OF THE COMPETENCY STANDARDS

The Competency Standards set out a list of Skill Sets and Skills.

The categories for Skill Sets are the same for each Competency (i.e. Prerequisite Skills, Theory, Client Contact, Client Assessment, Client Treatment, Client Referral and Professional Contact) with an additional skill set of Hearing Aid Maintenance and Repair for Hearing Aid Dispensing. However the skill sets differ in the range of particular skills and the required depth of knowledge and competence for those skills.

When referring to knowledge or understanding within a skill set, there may be any of three levels of knowledge or understanding required. Where the word knowledge (or understanding) is used without an adjective of either 'working' or 'comprehensive', the Associate will be expected to have an awareness of the topic, to be able to define it and to be able to understand its place in the field of hearing care. Where the word 'working' is used in an adjectival sense, the Associate will be expected to understand the topic to the extent that the knowledge can be directly applied to his/her day to day practice of hearing care. Where the word 'comprehensive' is used, the Associate will be expected to have a detailed understanding of the theory and practice of the topic so that he/she will be able to ably explain the topic to a lay client.

Most of the skills listed in the various skill sets will be particular practical skills. An Associate will be expected to learn each and all of the skills listed and be able to perform them ably, thoroughly and without hesitation. The aim should be that to the lay observer, the practitioner should be in complete control of his/her professional actions and abilities. The performance of each skill should flow naturally into the next so that there is a logical flow of actions that appear as a whole. The entire procedure, when dealing with a client, should engender a confidence in the client that the practitioner is knowledgeable and able to perform his/her duties well.

SPECIFIC SUPERVISION REQUIREMENTS

General Supervision

Throughout the period of supervision Associate Members are not to work in an unsupervised situation. Specifically when an Associate Member is dealing with clients, the supervisor must comply with tables one or two above and be accessible during level three of supervision. All levels other than level three of supervision must be under roof. This requirement is not intended to limit the supervisor's ability to have his/her own caseload. Nor is it intended that the Associate can or should interrupt the supervisor at inopportune times. Clearly common sense and professional courtesy should apply.

There may be times when a supervisor must be absent for a time in which case a temporary supervisor (who must be fully qualified to be a supervisor) may be appointed. Where a supervisor is to be absent for a period of greater than a week, the Secretariat must be advised and another supervisor appointed to cover the absence.

Throughout the supervision period, it is important to remember that, unlike a student, the Associate Member is a qualified practitioner who can be increasingly expected to take on a full practical caseload and that there should be a decreasing need for direct supervision as the skills and competence of the practitioner improve. However, conversely, it should also be remembered that the Associate Member has limited exposure to the vagaries and scope of hearing care practice and as such will on occasions need to refer to the supervisor either for advice or even to take over the case.

Case management

Throughout the period of supervision Associate Members are to meet regularly with their supervisors for the purpose of discussion of each case in order to review the actions that were taken and to further develop the knowledge and competence of the Associate Member. Specifically, supervisors are expected, on average, to allow a total of at least one half an hour each working day for this purpose.

There may be times, particularly in the early days of the supervision period, when the supervisor will sit in with the Associate Member to oversee the performance of specific skills. The aim of such direct supervision will be for the supervisor to satisfy him/herself that the skills are being performed correctly and competently.

The supervisor may determine to use some of the direct supervision time to further instruct the Associate Member in a skill in the presence of a client. In such cases it is important to ensure that the professional standing of the Associate Member is not compromised in the eyes of the client.

Physical Requirements

It flows logically from the above requirements, that the clinic/s at which an Associate is working must be equipped for multi-practitioner operation. At the very least the Associate should have his/her own consulting room. It is acceptable for practitioners to share assessment and hearing aid fitting facilities provided that access to those facilities does not involve intruding on another practitioner in the course of his/her clinical work.

SPECIFIC EXAMINATION REQUIREMENTS (Audiometrists)

The overriding objective of the examination process is to allow the examiner to satisfy him/herself that the examinee is able to perform all the skills required in the specific competency being examined, to a level of competence such that no further supervision is required. In coming to this conclusion an examiner must consider all aspects of the examinee's performance with particular concern being given to the safety and well being of the future clients of the examinee. The examiner must also be satisfied that the examinee will work in a manner that will not bring discredit upon the hearing care profession.

There is no specific format set for an examination. However it is recommended that an examiner investigate both the theoretical knowledge and the practical skill of the examinee. It is recommended that there be a period of direct verbal questioning, accompanied by observation of the examinee's ability when working with a client. Specifically examiners should aim to establish that the examinee is competent in each and all of the skill sets and that in each skill set the examinee is competent in at least 80% of the listed skills. If an examinee is not competent in any one of the skill sets then a 'failed' grade must be returned.

An examiner is not to advise the examinee of the outcome of the examination. This is because there are three examiners who must examine independently.

An examiner is only required to advise the Secretariat, in writing, that an examinee has either 'passed' or 'failed'. However, should a 'failed' grade be returned, it would be generally appreciated if an indication of the areas of weakness could be advised to the Secretariat.

It is important to remember that the examination is neither the time nor the place for tuition. Specifically, if an examinee is weak in a particular area, it is inappropriate to attempt to educate him/her and then return a 'passed' grade in the hope that the examinee 'will remember in the future'.

PART A. DIAGNOSTIC ASSESSMENT

1. THEORY

1.1 Assessment conditions

- i) Describe the physical environment required to perform audiometric assessments of all types.
- ii) Be aware of any applicable Australian or international standards that apply to the conduct of a hearing assessment.
- iii) Have copies, or direct access to copies, of applicable standards.

1.2 Anatomy of the ear

- i) Describe the major components and functions of the peripheral auditory system.
- ii) Demonstrate a knowledge of the common physical abnormalities of the peripheral auditory system.

1.3 Causes of hearing loss

- i) List the common causes of hearing loss
- ii) Demonstrate a comprehensive knowledge of causes of hearing loss.

1.4 Types of hearing loss

Define a conductive, mixed and sensori-neural hearing loss.

1.5 Knowledge of the profession

Describe the major areas in which the profession is involved, including all the various competencies that can be obtained and the various specialities.

2. CLIENT CONTACT

2.1 Rapport with client

- i) Introduce self and role to client.
- ii) Establish appropriate rapport with client.
- iii) Demonstrate effective communication to establish client needs.
- iv) Outline practice/hearing service administrative procedures.

2.2 Take case history

- i) Gather relevant background information.
- ii) Demonstrate a system of systematic questioning.
- iii) Establish a systematic questioning format.

2.3 Use effective communication strategies

- i) Demonstrate effective use of interactive techniques.
- ii) Identify client communication difficulties and issues.
- iii) Demonstrate ethical practice and procedures in dealing with clients.

2.4 Identify client concerns

- i) Determine areas of client concern.
- ii) Discuss concerns with client.
- iii) Address client concerns.

2.5 Explain outcome of investigations

- i) Explain results of investigations to client.
- ii) In broad terms explain to a client the degree and expected effect of their hearing loss.

2.6 Determine a course of action

- i) Consider available options that support client needs.
- ii) Discuss and explain options and issues with client.
- iii) Explore alternatives suitable to client.
- iv) Determine a course of action.
- v) Gain informed consent from clients where applicable.
- vi) Establish a sequence of steps to achieve the outcome.

3. CLIENT ASSESSMENT

3.1 Client history

Identify significant features of client history.

3.2 Determine test format

- i) Select a range of suitable tests.
- ii) Explain processes and procedures to client.

3.3 Otoscopy

- i) Hold an otoscope correctly.
- ii) Identify excessive cerumen.
- iii) Identify a discharging ear.
- iv) Identify atresia.
- v) Identify a perforation.
- vi) Identify a grommet.
- vii) Identify the major landmarks on the tympanic membrane.
- viii) Identify abnormalities of the outer ear.
- ix) Identify components of the middle ear through the tympanic membrane.

3.4 Pure Tone Audiometry

- i) Perform a quick acoustic calibration and integrity check of an audiometer.
- ii) Instruct client on the task of audiometry.
- iii) Perform air thresholds assessment.
- iv) Perform bone thresholds assessment.
- v) Use appropriate masking.

3.5 Speech Audiometry

- i) Instruct client on the task of speech audiometry.
- ii) Perform speech discrimination testing using at least one of the commonly recognised basic speech tests.
- iii) Use appropriate masking.

3.6 Impedance Audiometry

- i) Instruct client on the task of impedance audiometry.
- ii) Perform screening impedance audiometry.

3.7 Site of lesion assessment

Perform the following assessments:-

- i) Weber
- ii) Rhine
- iii) ABLB
- iv) Tone Decay
- v) SISI
- vi) Stapedius Reflex Tone Decay

3.8 Interpretation of Results

- i) Identify a conductive hearing loss using PTA results.
- ii) Identify a sensori-neural hearing loss using PTA results.
- iii) Identify a mixed hearing loss using PTA results.
- iv) Identify normal middle ear function using IA results.
- v) Identify abnormal middle ear function using IA results.
- vi) Demonstrate an understanding of results obtained for each test.
- vii) Determine if further testing is required.
- viii) Demonstrate an ability to compare test results to ensure they are cohesive.
- ix) Demonstrate an ability to use test results to determine site of lesion.

4. CLIENT TREATMENT

No requirements.

5. CLIENT REFERRAL

5.1 Identify the need for referral

- i) Demonstrate an understanding of the limits of own abilities and the need for appropriate referral to other sources of assessment and treatment, both audiological and in other areas of speciality.
- ii) Identify those times when other facilities and/or equipment may be required.
- iii) Discuss referral with client.
- iv) Explain process to client.

5.2 Identify appropriate resource

- i) Demonstrate a knowledge of appropriate agencies and individuals to whom a client might be referred if required.
- ii) Refer client to appropriate agency or individual.

5.3 Liaise with resource

- i) Develop an appropriate relationship with the above agencies and individuals.
- ii) Establish contact with resource.
- iii) Provide key information to resource.
- iv) Discuss relevant issues and concerns with resource.

5.4 Monitor and follow-up referral

- i) Liaise with resource to ensure continuity of case management.
- ii) Maintain channel of communication with client.
- iii) Review outcomes of referral with client.
- iv) Identify the need for further assessment or other referral.

6. PROFESSIONAL CONTACT

6.1 Report writing

- i) Write complex reports that demonstrate a comprehensive understanding of results obtained.
- ii) Make appropriate recommendations for further assessment or treatment.

PART B - HEARING AID DISPENSING

1. THEORY

1.1 Anatomy of the ear

Describe the major components and functions of the peripheral auditory system.

1.2 Causes of hearing loss

List the common causes of hearing loss.

1.3 Types of hearing loss

Define a conductive, mixed and sensori-neural hearing loss.

1.4 Knowledge of the profession

Describe the major areas in which the profession is involved, including all the various competencies that can be obtained and the various specialities.

1.5 Assessment conditions

- i) Describe the physical environment required to perform audiometric assessments for suitability of hearing aids.
- ii) Be aware of any applicable Australian or international standards that apply to the conduct of a hearing assessment.
- iii) Have copies, or direct access to copies, of applicable standards.

1.6 Hearing aid prescription systems

- i) Demonstrate knowledge and understanding of at least one of the recognised prescription techniques (eg NAL R, Fig6, POGO).
- ii) Demonstrate knowledge of earmould acoustics.
- iii) Demonstrate knowledge and understanding of compression strategies available.
- iv) Demonstrate knowledge of power management strategies available.

1.7 Knowledge of hearing aids

Demonstrate a comprehensive knowledge of the range of hearing aids available from at least one hearing aid manufacturer.

2. CLIENT CONTACT

2.1 Rapport with client

- i) Introduce self and role to client.
- ii) Establish appropriate rapport with client.
- iii) Overview the sequence of initial interview and assessment.

- iv) Outline practice/hearing services administrative procedures.

2.2 Take case history

- i) Gather relevant background information.
- ii) Establish a systematic questioning format.

2.3 Use effective communication strategies

- i) Demonstrate effective use of interactive techniques.
- ii) Identify client communication difficulties and issues.
- iii) Demonstrate ethical practice and procedures when dealing with client.

2.4 Identify client concerns

- i) Determine areas of client concern.
- ii) Discuss concerns with client.
- iii) Address client concerns.

2.5 Explain outcome of investigations

- i) Explain results of investigations to client.
- ii) Explain degree of hearing loss and its implications in the day to day life of client.

2.6 Determine a course of action

- i) Consider available options that support client needs.
- ii) Discuss and explain options and issues with client.
- iii) Explore alternatives suitable to client.
- iv) Determine a course of action.
- v) Gain informed consent from clients where applicable.
- vi) Establish a sequence of steps to achieve the outcome.

3. CLIENT ASSESSMENT

3.1 Client history

Identify significant features of client history.

3.2 Determine test format

- i) Select a range of suitable tests.
- ii) Explain processes and procedures to client.

3.3 Pure Tone Audiometry

- i) Perform a quick acoustic calibration and integrity check of an audiometer.
- ii) Instruct client on the task of audiometry.
- iii) Perform air thresholds assessment.

- iv) Perform bone thresholds assessment.
- v) Use appropriate masking.
- vi) Perform MCL assessment.
- vii) Perform UCL assessment.

3.4 Speech Audiometry

- i) Instruct client on the task of speech audiometry.
- ii) Perform speech discrimination testing using at least one of the commonly recognised basic speech tests.
- iii) Use appropriate masking.

3.5 Otoscopy

- i) Hold an otoscope correctly.
- ii) Identify excessive cerumen.
- iii) Identify a discharging ear.
- iv) Identify atresia.
- v) Identify a perforation.
- vi) Identify a grommet.
- vii) Identify the major landmarks on the tympanic membrane.

3.6 Impedance Audiometry

- i) Instruct client on the task of impedance audiometry.
- ii) Perform screening impedance audiometry.

3.7 Interpretation of results

- i) Identify a conductive hearing loss using PTA results.
- ii) Identify a sensori-neural hearing loss using PTA results.
- iii) Identify a mixed hearing loss using PTA results.
- iv) Identify normal middle ear function using IA results.
- v) Identify abnormal middle ear function using IA results.
- vi) Demonstrate an understanding of results obtained.
- vii) Determine if further testing is required.
- viii) Determine degree of hearing loss.
- ix) Demonstrate an ability to compare test results to ensure they are cohesive.

4. CLIENT TREATMENT

4.1 Prescription of hearing aids

Using an appropriate recognised technique, and in consultation with the client, prescribe hearing aids.

4.2 Impression taking

Using appropriate safety techniques, take an ear impression.

4.3 Fitting of hearing aids

- i) Fit hearing aid using real ear assessment techniques.
- ii) Fit hearing aid using free field assessment techniques.
- iii) Assess the occlusion effect and take appropriate action to minimise its effects.
- iv) Determine power output is acceptable to client.
- v) Demonstrate modification techniques to ensure a comfortable fit of the earmould.
- vi) Demonstrate a working knowledge of feedback management techniques.
- vii) Appropriately instruct a client on the use of hearing aids.
- viii) Ensure client expectations are realistic.

4.4 Follow up procedures

- i) Inquire as to the benefits and limitations that a client derives from the use of hearing aids.
- ii) Ensure comfort of fit.
- iii) Modify acoustic performance of hearing aids as required.
- iv) Organise ongoing arrangements with client that are mutually acceptable.

5. CLIENT REFERRAL

5.1 Identify the need for referral

- i) Demonstrate an understanding of the limits of own abilities and the need for appropriate referral to other sources of assessment and treatment.
- ii) Identify those times when other facilities and/or equipment may be required.
- iii) Discuss referral with client.
- iv) Explain process with client.

5.2 Identify appropriate source

- i) Demonstrate a knowledge of appropriate agencies and individuals to whom a client might be referred if required.
- ii) Refer client to appropriate agency or individual.

5.3 Liaise with source

- i) Develop an appropriate relationship with the above agencies and individuals.
- ii) Establish contact with resource.
- iii) Provide key information to resource.
- iv) Discuss relevant issues and concerns with resource.

5.4 Monitor and follow up referral

- i) Liaise with resource to ensure continuity of case management.
- ii) Maintain channel of communication with client.
- iii) Review outcomes of referral with client.

- iv) Identify the need for further assessment or other referral.

6. PROFESSIONAL CONTACT

6.1 Report writing

- i) Write comprehensive reports that demonstrate a comprehensive understanding of results obtained.
- ii) Make appropriate recommendations for further assessment or treatment.
- iii) Hearing aid fitting and expected outcome, both long and short term.

7. HEARING AID MAINTENANCE AND REPAIR

7.1 Manual check of hearing aid

- i) Check wax.
- ii) Check tubing.
- iii) Check switch.
- iv) Check volume control.
- v) Check operation of remote control.

7.2 Use of test box

- i) Check gain.
- ii) Check power.
- iii) Check distortion.
- iv) Check battery consumption.

7.3 Minor hearing aid repairs

- i) Remove wax.
- ii) Replace hook.
- iii) Replace tubing.
- iv) Reboot an ITE.

7.4 Major hearing aid repairs

- i) Know the system for obtaining hearing aid repairs.