



# HTS Balance Assessment & Rehabilitation

workshop led by  
Anne Davies & Rob Gardner



## Where are you with this?

Where do you work?  
Are you doing / considering HTS supervision?  
What do you want to get from this workshop?



## Want copies of these slides?

e-mail me:  
[anne.davies@stees.nhs.uk](mailto:anne.davies@stees.nhs.uk)

Anne Davies  
Head of Audiology Training & CPD  
James Cook University Hospital, Middlesbrough



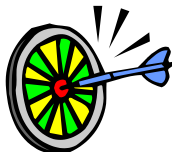
## Anne's guide for the terrified:

1. Read the last page of the logbook ('portfolio insert')
2. Read the rest of the logbook
3. I ask Darren ...
4. Read the documents on the HTS page of the BAA website

*With thanks to Darren Whelan,  
Senior Chief Audiologist, Middlesbrough  
& lead supervisor for Trevor Foster's HTS training*



## What's expected at HTS level (differences to IRCP & CAC)



## What's expected at HTS level (difference to IRCP)

'... I know most of this anyway, because I've done vestibular training as part of my CCC logbook.'

**No - it's very different!**



The CCC (IRCP) logbook ('O', 'P', 'FD') is procedurally-based: can you do the testing correctly? (gaze, DHP, etc)

The training on the HTS module is:  
can you (on your own) see a dizzy patient, take a history, do appropriate testing, figure out what's wrong with them, and refer onwards / offer treatment?



## What's expected at HTS level (difference to CAC)



### HTS Balance Assessment & Rehabilitation



This is new for everyone (including CAC)

In order to train someone on this module, a centre needs to have **rehabilitation** as well as assessment services

This means treatment for uncompensated vestibular lesion (Vestibular Rehabilitation) *Addendum from workshop: Doing particle-repositioning alone would not be adequate.*



## HTS Balance Assessment & Rehabilitation



A suggestion from our experience (you may disagree). We've found you can't do them simultaneously ...

A trainee needs to get their head around assessment (what's wrong with the patient) before they can understand treatment (how we are going to help).

This order seems to work well:

Part 'A' (all sections)

Part 'B' 1. Balance Assessment (till understand this well)

Part 'B' 2. Balance Rehabilitation



## Getting familiar with the logbook



## Part A (page 18-21 of module)



### Procedures Observed/Performed

	Trainee observed procedure (Staff initials/date)	Carried out correctly by trainee (Staff initials/date)
Clinical and bedside tests of balance function to include: <ul style="list-style-type: none"> <li>Romberg/Sharpended Romberg/Romberg on foam</li> <li>Unterberger</li> <li>Head shake</li> <li>Head thrust</li> <li>Assessment of sway &amp; gait</li> <li>Contraindications</li> <li>Safety of patient and tester</li> <li>Implication and interpretation of results.</li> </ul> Assessment of eye/head movements to include: <ul style="list-style-type: none"> <li>Preparation and placement of electrodes (Jensen)</li> <li>Contraindications</li> <li>Safety of patient and tester</li> <li>Implication and interpretation of results.</li> </ul> Assessment of saccade eye movements to include: <ul style="list-style-type: none"> <li>Preparation and placement of electrodes (Jensen)</li> <li>Contraindications</li> </ul>	Sign and date to say trainee observed you doing this	Sign and date to say trainee has done this procedure correctly



## Part B 1. Balance Assessment (page 23-24; repeated through to page 42)



### 1. Balance Assessment

Area of competence	Rating	Comments on session
Preparation: Completion of stage A calibration checks, preparation of facilities and equipment sufficient for reliable and safe assessment.	<b>Rate each on the scale 1-5</b>  Add your comments here	Appraiser's comments:
Planning: Formulate and plan clinical approaches, using clinical reasoning strategies with reference to identified purpose of assessment and information needs of others.		
History Taking: Take a full and relevant history		
Binding: Ensure patients and / or carers are appropriately briefed/informed with reference to their information needs and expectations of session.		
Testing: Carry out testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available.		
Diagnosis and Management: Collate relevant information, interpret and make an informed decision concerning the diagnosis and management of individual cases.		



## Part B 2. Balance Rehabilitation (page 43-44; repeated through to page 66)



### 2. Balance Rehabilitation

Area of competence	Rating	Comments on session
Preparation: Completion of stage A calibration checks, preparation of facilities and equipment sufficient for reliable and safe rehabilitation.	<b>3</b>  filling in this form is called an 'appraisal'  •How often do appraisals? •What include in comments?	Appraiser's comments:
Planning: Formulate and plan clinical approaches, using clinical reasoning strategies with reference to identified purpose of treatment and information needs of others.		
History Taking: Take relevant history including relevant relevant questionnaires		
Binding: Secure patients and / or carers are appropriately briefed/informed with reference to their information needs and expectations of the session.		
Testing: Carry out any testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available.		
Treatment: Deliver treatment plans taking into account the individual's include follow-up and evaluation of treatment as required.		
Management: Collate relevant information, interpret and make an informed decision concerning ongoing	3	


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## What score to give?

### 2. Balance: Rehabilitation

Appraiser \_\_\_\_\_ Centre \_\_\_\_\_ Date \_\_\_\_\_

Area of competence	Rating	Comments on session
Preparation: Completion of stage A calibration checks, preparation of facilities and equipment sufficient for reliable and safe rehabilitation.	3	Appraiser's comments:
Planning: Formulate and plan clinical approaches, using clinical reasoning strategies, with reference to identified purpose of treatment and information needs of others.	2	
History Taking: Take relevant history including eliciting relevant questionnaires	2	
Examination: Ensure patients and / or cars are appropriately briefed/instructed with reference to their information needs and expectations of the session	3	
Testing: Carry out any testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available	3	
Treatment: Deliver treatment plans (taking into account immediate needs) include follow-up and adaptation of treatment as required	3	
Management: Collate relevant information, interpret and make an informed decision concerning ongoing	3	




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## Scoring: the rough guide I use

I ask myself:


Would I leave them **on their own** in this clinic right now:  
 Am I confident they would cover everything, not miss anything, and come to the correct diagnosis and treatment plan?  
 &  
 Do they understand **'why'** they are doing what they are doing, not doing it (just) because it's our department procedure?


**5** IF ANSWER YES: SCORE 4 or 5  
**4**  
**3**  
**2** IF ANSWER NO: SCORE 3, 2 or 1  
**1**



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## Scoring: the rough guide I use

**5** I am really impressed: it looks and feels slick, confident, assured  
**4** I would be happy to leave trainee alone to see this patient AND they explain confidently and clearly why they are doing everything  
**3** I have commented on areas where they need improvement OR they are hesitant and uncertain when asked 'why'  
**2** They are really poor today   
**1** They are %X^£% today




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## Scoring

### 2. Balance: Rehabilitation

Appraiser \_\_\_\_\_ Centre \_\_\_\_\_ Date \_\_\_\_\_


Area of competence	Rating	Comments on session
Preparation: Completion of stage A calibration checks, preparation of facilities and equipment sufficient for reliable and safe rehabilitation.	3	Appraiser's comments: in your comments, explain why these are lower and how to improve them
Planning: Formulate and plan clinical approaches, using clinical reasoning strategies, with reference to identified purpose of treatment and information needs of others.	2	
History Taking: Take relevant history including eliciting relevant questionnaires	2	
Examination: Ensure patients and / or cars are appropriately briefed/instructed with reference to their information needs and expectations of the session	3	
Testing: Carry out any testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available	3	
Treatment: Deliver treatment plans (taking into account immediate needs) include follow-up and adaptation of treatment as required	3	
Management: Collate relevant information, interpret and make an informed decision concerning ongoing	3	



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## Scoring: helps along the way


**5** It helps me hugely to have someone in my department who I can 'test' my scores against to make sure we are consistent (Darren)  
**4** Scores from secondments  
**3** Being an examiner!  
**2** What are your helps?  
**1** Handout: some questions I ask in clinic; an example of appraisals done by Darren and I



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## Ideas and examples

Trevor's case studies  
 Reflection sheet

 Who does what? (handout)  
 Some suggestions on exam expectations (handout)



## Ideas and examples



How do you keep track of progress in everything that needs done?



- ... appraisals
- ... tutorials
- ... secondments
- ... case histories
- ... reflections
- ... reports

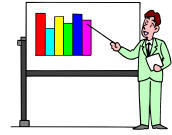


## Tutorial subjects



Usually 7 tutorials required  
1-1 tutorial for an hour

How approach this?  
What topics covered?



## Working in clinic with a trainee Helpful hints



A trainee must decide the test strategy themselves (and justify their decision)

**DON'T LEAD THE CLINIC OR MAKE DECISIONS FOR THEM**

- Before clinic** discuss possible diagnoses from the info you have
- End of history** ask (the patient) any other questions you have
- After history** ask trainee what their test strategy will be
- After testing** ask trainee what their conclusions are discuss what they will say in debrief



## Working in clinic with a trainee Helpful hints



Helpful hints you've found?



## How long does the training take?



1 clinic a week with supervisor:  
probably 4-6 months initial focus on Balance Assessment (20 directly supervised sessions, 6 appraisals)

Likely to take the same length of time again for rehab (4-6 months)  
However we have fewer 'rehab' patients than assessments. It took longer to build up skill and confidence (because the clinics were less frequent)



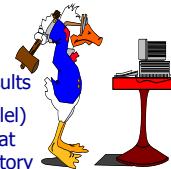
## How long does the training take?



If you can, it works well to do:

- A few clinics of VNG without history - to get used to interpreting VNG results
- A few clinics of 'history' only (in parallel) - to get used to thinking through what the diagnosis could be from the history

Then lots of clinics where trainee does (all of):  
history, testing, interpretation, debrief





## Thoughts, ideas, suggestions, questions?



- Ideas to improve the logbook?
- Things that work well for you?
- What's challenging about this module?
- How's it going for you ...?



Thank you!



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