



Module Specification: Adult auditory assessment & rehabilitation (patients with additional needs)

Version 1 CONSULTATION DRAFT

Purpose of this specification

This document makes explicit the knowledge and skills that are expected from an HTS candidate relevant to the scope of this module, and outlines additional elements needed to be completed prior to examination, such as secondments and case studies. All the prescribed elements of the module must be completed prior to application for the final examination.

It is important that this document is read together with the HTS regulations which clarifies requirements and gives further guidance.

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1.0 Scope of this Module

This module relates to M-level training to develop theoretical knowledge and practical skills to enable competency in audiological assessment and management for adults with cognitive needs. This includes assessment and management for adults with a range of cognitive needs that are sufficient to affect a person’s ability to complete a hearing assessment or engage with rehabilitation. These factors can include dementia, intellectual disabilities, autism or traumatic head injury.

Cases should include new referrals and patients under review. It assumes the trainee is already competent at adult assessment techniques.

This module is classed as a large HTS module.

2.0 Minimum requirements for this module

The detailed minimum requirements for completion, prior to examination are summarised in the following table. However, it should be noted this is a minimum requirement only, many candidates require more experience or training than this to enable them to meet the examination standard, and / or would benefit from a wider variety of learning opportunities such as placements with other professionals. The guidance notes should be followed, any experience which does not comply with this guidance cannot be counted towards the minimum requirements.

Element	Minimum
M-level credits	10 credits
Total supervised clinical sessions *	40
Tutorials	7 (1 of which is specifically Evoked Response Audiometry in individuals with cognitive needs)
Secondments sessions*	10
Placement sessions	1 with a Community Learning Disabilities Team SLT 1 at a memory clinic
Part A – direct observations of clinical skills	N/A
Part B – Competencies - periodic appraisals of whole patient management <u>and</u> reflective diary.	5 appraisals in each category
Case Studies	2**
Calibration practical sessions	0

*A session is a minimum of 3.5 hours to include clinic preparation, seeing patients and any subsequent record and report writing.

**one from each of the appointment types in the examination.

3.0 Theoretical knowledge

This module assumes an underlying and up-to-date theoretical knowledge in line with requirements for the HTS modules in adult assessment and rehabilitation with additional needs, on which this module builds.

For this module the candidate is expected to gain the following theoretical knowledge through academic study, tutorials, self study and discussion:

1. In depth knowledge and to be able to contextualise adult hearing loss in individuals with cognitive needs from the socio-emotional and medical perspective, to include:
 - a. knowledge of epidemiology, aetiology and risk factors relating to dementia and intellectual disabilities
 - b. the impact of hearing impairment on family and carers
 - c. the impact of hearing impairment on non-verbal communication strategies
 - d. the impact of hearing impairment on behaviours
 - e. the multiplicative impact of comorbidities on quality of life
2. A detailed knowledge of the evidence relevant to benefit from early intervention for hearing loss in adults with dementia.
3. Appraise policies and guidelines, position statements and best practice with regard to dementia, intellectual disabilities and autism
4. Awareness of impact of health inequalities for individuals with intellectual disabilities, dementia or autism
5. Knowledge of range of communication methods used by individuals with intellectual disabilities
6. Understanding of sensory processing factors that influence the life experience of autistic individuals

7. Contextual awareness of living arrangements experienced by individuals with cognitive needs
8. Detailed knowledge of the Accessible Information Standard and its application within audiology services
9. Content of a full and relevant history (including medical, behavioural, communication, and carer aspects)
10. Detailed knowledge of impact on reliability and accuracy of hearing assessment from cognitive impairment.
11. In-depth knowledge of appropriate modifications to hearing assessment that can mitigate for behavioural and intellectual barriers to accurate hearing assessment.
12. Knowledge of appropriate objective assessments (including otoacoustic emissions and auditory electrophysiology) for individuals with intellectual disabilities, dementia or autism including identification of appropriate objective tests to the needs of the person and audiological pathway and modifications and logistical considerations around these measures in individuals with cognitive needs.
13. Interpretation of possible atypical responses and the implications on rehabilitation and management.
14. Understanding of the medical, syndromic and behavioural factors that affect successful hearing aid fitting individuals with intellectual disabilities, dementia or autism
15. In depth knowledge of various modifications to verification of hearing aid fitting techniques used with individuals with dementia or individuals with intellectual disabilities.
16. Knowledge of safe working and logistical factors when challenging behaviour is present.
17. Knowledge of safe working and logistical factors when carrying out audiological care in a home setting.
18. In depth knowledge of mental capacity act and capacity assessment where relevant to decision making
19. In depth knowledge of behavioural indicators of hearing difficulties or pain in individuals with intellectual disabilities or dementia or autism
20. Knowledge of and ability to reflect upon the evidence and value of holistic, patient-centred, and transdisciplinary care for individuals with cognitive needs including informed choice, joint working, shared decision making and safeguarding, as well as sources of support
21. The ability to critically evaluate the evidence for management and support approaches for hearing impairment for individuals with intellectual disabilities, dementia or autism
22. Critically evaluate the principles of selection, prescription, verification, evaluation and monitoring of amplification in individuals with intellectual disabilities, dementia or autism, taking into account the needs of the individual patient
23. How to integrate relevant information to make a shared informed decision concerning the management of individual cases
24. An understanding of their own role and those of other professionals and agencies (e.g. Community Learning Disabilities Teams, Memory Services) who contribute to the management and welfare of the individual and their family / carers, how this can differ depending on local set up, local services and referral routes.

4.0 Learning outcomes

On completion of the module the candidate should integrate theoretical knowledge and practical skills to enable them to:

1. Prepare test facilities & equipment, to include daily calibration checks and room set up
2. Formulate review and management plans, liaising with the relevant professionals to co-ordinate assessments & care, as appropriate
3. Plan clinical approaches, using clinical reasoning strategies, evidence based practice
4. Take a full and relevant history
5. Keep patients and, if relevant, their carers fully informed during all aspects of the appointment, obtaining consent for procedures as appropriate
6. Carry out assessment / verification in a safe and effective manner adapting as required to ensure assessment / verification is appropriate for the needs of the individual, and information gained is maximised within the time available
7. Show creativity, initiative and originality of thinking in tackling and solving practical problems

8. Collate relevant information, interpret and make an informed decision concerning the management of individual cases, to include hearing aid programming adjustments and onward referral to ENT or other appropriate professions if any red flags or significant hearing changes.
9. Develop individual management plans, ensuring that individual and carers are part of the decision making with use of patient centred care
10. Communicate effectively with individuals and their carers, giving clear information on the plan for the session, hearing aid orientation, results, recommendations and management plan using appropriate language and communication strategies
11. Write reports on findings and recommendations suitable for the intended audience, to include a range of professionals and parents/carers, with the appropriate level of detail
12. Keep appropriate clinical records
13. Demonstrate the ability to, and articulate clearly through presentation and constructive discussion with colleagues:
 - a. Relate their own practice to a supporting knowledge base – including reference to evidence based and/or recognised good practice
 - b. Clearly justify any of their own clinical decisions made in the assessment or management of patients
 - c. Critically appraise the context of individual cases within national and local structures/processes for the management of hearing impairment
 - d. Critically evaluate and reflect on their own actions
 - e. Show independent thought through evaluation and presentation of alternative (and justified) approaches to existing local practice

In this module the above overarching learning outcomes will apply to the indicative content outlined in part A. These learning outcomes are used to assess competency in the part B appraisals and examination.

5.0 The range of procedures in which competence needs to be demonstrated (Part A)

1. Preparation for appointment to include preparation of clinical facilities & equipment, to include real ear measurement systems and hearing aid test boxes, free field sound presentation and electrophysiological equipment, and room set up
2. Formulating a plan for the session taking into account the priorities for the individual within the time available and attention span of the individual, but adapting this as necessary dependent on findings
3. Independently and succinctly obtains a relevant case history in a logical but flexible progression to assess progress and concerns, showing sensitivity to any concerns and involving the individual as appropriate, to include:
 - a. Presence of any concerns from the individual or their Key Workers, care team and families
 - b. Any changes in communicative ability or unexplained behaviour
 - c. Hearing aid comfort with particular listening situations, in some cases in the absence of, or limitations of, reliable self-report
 - d. Earmould fit / feedback issues and how these can be addressed in the presence of cranio-facial abnormalities if present
 - e. Hearing aid reliability / functioning / use with hearing aid management and relevant support with reference to specific situations at home and day services if applicable
 - f. Other recent otological history – ear infections etc.
4. Identification and management of risks to the individual or tester.
5. Behavioural hearing assessment, demonstrating:
 - a. Clear instructions/explanation to individual in a form relevant to their preferred method of communication.

- b. Understanding of appropriate modifications to BSA Recommended Procedures and the impact of these modifications to validity of results
 - c. Maximising information in individuals with potentially limited concentration including staggered testing, optimising test stimuli, verification of responses using lateralisation etc.
 - d. Awareness of atypical behavioural responses to sound
 - e. Critique of reliability of behavioural responses and whether or not objective measures is required
 - f. Assessment of discrimination in individuals with a limited vocabulary
6. Hearing Aid Selection and programming, demonstrating:
- a. Appropriate choice of hearing aid and features to match needs and wishes of individual.
 - b. Appropriate choice of moulds to match physical needs, level of support and facilitation of self-management as far as possible
 - c. Appropriate selection of required features of hearing aid software appropriate to individuals with cognitive needs e.g. suitability of volume control and multiple programmes
 - d. Manipulation of hearing aid output as required with utilisation of compression and appropriate prescription formula
 - e. Awareness of impact of possible hyper and hypo sensitivity to sounds in autistic adults.
 - f. Programming and saving changes to hearing aid.
7. Evaluation Measures
- a. Interpretation of reports received from the multidisciplinary team.
 - b. Be able to explain purpose to individuals and utilise results in conjunction with other measures to evaluate the hearing aid fitting.
 - c. Evaluation of hearing aid in situ to ensure comfort and check tolerance to loud sounds taking into account differences in behavioural presentation
 - d. Evaluation of impact of hearing aid use on preferred method of communication
 - e. Use of datalogging and discussions with individuals, including GDPR implications.
8. Ability to make necessary adjustments based on both subjective and objective measures.
9. Debrief to individual and carers to include:
- a. Explaining findings, implications and proposed management using appropriate communication strategy
 - b. Responding to questions from the individual and carers in an appropriate way, showing sensitivity and rephrasing /re-explaining using relevant communication method as necessary to ensure understanding
 - c. Backing up information given with information materials for individual and carers where possible
10. Keep appropriate clinical records: record findings and interventions delivered clearly, in a consistent format, all of which must be dated and named.
11. Write reports on assessment sessions, recommended treatment plans and / or outcome of treatment as required, suitable for the intended audience, to include a range of professionals.

6.0 Types of cases for periodic appraisals of whole patient management (part B)

Part B assessments will be assessed against the same criteria as the examination marking guidance. The specified appointment types / patient categories for this module are:

- Leading first appointment for individual with dementia
- Leading rehabilitation appointment for individual with dementia
- Leading first appointment for individual with intellectual disabilities
- Leading rehabilitation appointment for individual with intellectual disabilities
- Leading first appointment for autistic adults
- Leading rehabilitation appointment for autistic adults

7.0 Examination details

Examination will take place over a maximum of a one-day period at the candidates training centre, assessing the candidate against the learning outcomes for this module. This examination has two components:

1. Practical assessment of clinical skills. This will involve the direct observation of the candidate in two appointments, as outlined below, followed by a case viva after each case, plus a written report on one of these cases. The report on any new case should include the following discrete sections: history, summary of findings, interventions delivered and individual management plan.
2. General viva voce, to assess the level and scope of theoretical knowledge underpinning the learning outcomes. This may explore broader issues prompted by the practical exams, and the content of this module.

For the practical assessment, candidates will be examined on the assessment of two individuals, one with dementia and one with intellectual disabilities.

8.0 Examination marking guidance

Learning outcome	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
Prepare test facilities & equipment, to include daily calibration checks and room set up	Omits or incorrectly performs calibration checks and equipment setup, OR is unable to identify the consequences of proceeding with incorrectly calibrated or faulty equipment, or room set up inappropriate for the session.	Performs calibration checks and equipment setup correctly, and is able to identify the main consequences of proceeding with incorrectly calibrated or faulty equipment, and the room is set up appropriately for the session.	Performs calibration checks and equipment setup skilfully, and is able to identify detailed consequences of proceeding with incorrectly calibrated or faulty equipment, and room is set up with a high attention to detail and patient needs.
Formulate assessment plans, liaising with the relevant professionals to co-ordinate assessments & care, as appropriate Plan clinical approaches, using clinical reasoning strategies, evidence based practice	Does not select appropriate or person-specific assessment or management plans, OR is unable to explain the reasoning behind the approach taken, OR does not show sufficient knowledge of the current research evidence and clinical guidance, OR does not liaise with relevant professionals as appropriate	Identifies appropriate assessment and management plans, and modified to meet individual needs. Is able to broadly explain the reasoning underpinning the approach taken using current research evidence and clinical guidance. Liaises with relevant professionals as appropriate.	Creates an assessment or management plan which is highly tailored to the patient's specific needs and consistent with current clinical guidance and evidence-based practice and liaises with the relevant professionals as appropriate.
Take a full and relevant history	Obtains insufficient information about the individual's quality of life, difficulties and needs, health, and listening environments	Uses effective questioning and listening to elicit sufficient information about the individual's quality of life, difficulties and needs, health, and listening environments.	Uses skilful questioning, and active listening to elicit a comprehensive picture of the individual's quality of life, difficulties and needs, health, and listening environments.
Demonstrate understanding of Mental Capacity Act and Consent	Does not take into account evidence that information has not been understood and retained or consent has been adequately expressed	Demonstrates awareness of criteria needed to demonstrate informed consent and modifies testing and rehabilitation appropriately	Demonstrates imaginative and informed methods for supporting individuals to self-consent as far as is appropriate
Carry out assessment / verification in a safe and effective manner adapting as required to ensure assessment / verification is appropriate for the individual, and information gained is maximised within the time available	Assessment / verification is unsafe, OR does not follow local or national guidance (or without evidence based justifications as to why not), OR is not completed within an appropriate time, OR does not adapt the testing process to maximise data collection.	Performs assessment / verification safely, according to local and national guidance and within the appropriate appointment time allocation. Adapts the testing process where appropriate to ensure the most valuable data is prioritised.	Performs assessment / verification skilfully, according to local and national guidance and within the appropriate appointment time allocation. Adapts the testing process where appropriate to ensure the most valuable data is prioritised.
Show creativity, initiative and originality of thinking in tackling and solving practical problems	Does not show creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session	Shows creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session	Shows a high level of creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session

Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
<p>Collate relevant information, interpret and make an informed decision concerning the management of individual cases, to include hearing aid programming adjustments and onward referral to ENT or other appropriate professions if any red flags or significant hearing changes</p> <p>Develop individual management plans, ensuring that individual and carers are part of the decision making with use of patient centred care</p>	<p>Does not identify an appropriate range of management options for the patient or does not ensure parents / carers are part of the decision making process OR does not make the appropriate hearing aid adjustments OR does not identify the need for or make appropriate referrals if required OR does not develop an individuals management plan</p>	<p>Integrates the details from the history, test results, research evidence, current clinical guidance and patient preferences to identify a range of appropriate management options for the patient, including onward referral AND ensures the parents / carers are part of the decision making process AND makes the appropriate hearing aid adjustments AND does identify the need for and make appropriate referrals if required AND develops an individual management plan</p>	<p>Integrates the details from the history, test results, research evidence, current clinical guidance to identify the full range of appropriate management options for the patient, (including onward referral) and their likely benefits and limitations, and fully involves the parents / carers in decision making AND skilfully makes the appropriate hearing aid adjustments AND develops a highly personalised individual management plan</p>
<p>Keep patients and carers fully informed during all aspects of the appointment, obtaining consent for procedures as appropriate</p> <p>Communicate effectively with patients and carers giving clear information on the plan for the session, hearing aid orientation, results, recommendations and management plan to patients and carers using appropriate language and communication strategies</p>	<p>Communicates information to patients and carers in a way that is generally unclear or contains irrelevant information.</p>	<p>Communicates relevant information about testing and management options to patients and carers clearly and in a way that broadly meets their needs.</p>	<p>Effectively and clearly communicates relevant information about testing and management options to patients and carers in a way that is highly tailored to their needs.</p>
<p>Keep appropriate clinical records</p>	<p>Clinical record omits key information or is omitted from the clinical record system.</p>	<p>Provides a clear summary of the clinical episode, which is stored in an appropriate clinical record system.</p>	<p>Provides clear and detailed information about the clinical episode, which is stored in an appropriate clinical record system.</p>
<p>Write reports on test results and recommendations suitable for the intended audience, to include a range of professionals and carers</p>	<p>Report omits key information, is disorganised or written using unprofessional terminology.</p>	<p>Report provides a clear summary of the clinical episode which is logically structured, and written using professional terminology.</p>	<p>Report provides clear and detailed information about the clinical episode which is highly organised, concise, and well written using professional but accessible terminology.</p>

Continued overleaf

Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
<p>Demonstrate the ability to, and articulate clearly through presentation and constructive discussion with colleagues:</p> <ul style="list-style-type: none"> • Relate their own practice to a supporting knowledge base – including reference to evidence based and/or recognised good practice • Clearly justify <u>any</u> of their own clinical decisions made in the assessment or management of patients • Critically appraise the context of individual assessments within national and local structures/processes for paediatric habilitation • Critically evaluate and reflect on their own actions • Show independent thought through evaluation and presentation of alternative (and justified) approaches to existing local practice 	<p>Limited ability to reflect on and critically evaluate own clinical practice, or explain clinical reasoning. Demonstrates limited knowledge of subjects discussed. OR Does not demonstrate a good working knowledge or relevant national guidelines or policies, or evidence base, or calibration aspects OR Unable to interpret or make informed decisions concerning the needs or management of individuals cases OR Does not demonstrate a good working knowledge of local structures, or offer critical comment OR Does not demonstrate critical evaluation or reflection skills of own practice and others, or not aware of the limits of own skills or knowledge, or when to seek advice. OR Does not show independent thought during constructive discussion</p>	<p>Able to reflect on and critically evaluate own clinical practice, and explain clinical reasoning. Demonstrates comprehensive knowledge of subjects discussed. AND Demonstrates a good working knowledge of relevant national guidelines and policies, relevant evidence base, Has a good working knowledge of the relevant calibration aspects of any equipment used AND Demonstrates the ability to interpret and make informed decisions concerning the needs and management of individual cases AND Demonstrates a good working knowledge of the local structures (i.e. care pathways) for processing patients and offer critical comment AND Demonstrates critical evaluation and reflection skills of own practice and others, and awareness of the limits of own skills and knowledge and when to seek advice Shows independent thought during constructive discussion</p>	<p>Able to provide insightful reflection and critical evaluation of own clinical practice, and explain clinical reasoning with reference to research evidence and clinical practice. AND Demonstrates wider knowledge of subjects discussed. AND Demonstrates a high level of working knowledge of relevant national guidelines and policies, relevant evidence base, Has a high level of working knowledge of the relevant calibration aspects of any equipment used AND Demonstrates the ability to skillfully interpret and make informed decisions concerning the needs and management of individual cases AND Demonstrates a high level of working knowledge of the local structures (i.e. care pathways) for processing patients and offer critical comment AND Demonstrates a high level of critical evaluation and reflection skills of own practice and others, and high awareness of the limits of own skills and knowledge and when to seek advice AND Shows a high level of independent thought during constructive discussion</p>

Candidates must achieve a final rating of 1 or 2 in every section of the examination to achieve a pass.