



**Assessment and Rehabilitation (AAAR)**  
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.

This specification includes the following details:

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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 advanced adult auditory assessment and rehabilitation, to include those with non-age related with a more unusual hearing loss configuration (such as reverse slope, mixed loss with significant conductive component, severe slope. asymmetric losses), severe-profound hearing loss, and non-organic hearing loss. Candidates are not expected to be competent in leading assessment and rehabilitation of cases where there are other significant disabilities that could provide major challenges to assessment (e.g. significant learning disability or significant dementia).

Cases should include new referrals and patients under review. It assumes the trainee is already competent at routine adult auditory assessment and rehabilitation and has completed a BSc in Audiology or MSc plus CCC, or equivalent., before commencing.

This module is classed as a MEDIUM HTS module.

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## 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 *	25
Tutorials	5**
Secondments sessions*	10
Placement sessions	No minimum number
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

**Commented [CH1]:** This might not be possible for some candidates. Could we say 20 appraisals in total with at least 2 in each category?

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

\*\* At least one tutorial must cover the use of ERA in adults with suspected non-organic hearing loss.

\*\*\* one of each of the appointment types in the examination

## 3.0 Theoretical knowledge

This module assumes an underlying and up-to-date theoretical adult assessment and rehabilitation knowledge in line with requirements for the BSc Audiology, 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. Knowledge of assessment techniques for non-organic hearing loss
2. Knowledge of theories, test techniques and rehabilitative considerations regarding cochlear dead regions
3. Knowledge of various speech testing methods used in assessment and rehabilitation, to include application and limitations.
4. In depth knowledge real ear verification of hearing aid fitting techniques used with more complex losses and non-routine devices
5. In depth knowledge of advanced technological features of hearing aids and assistive devices and apps
6. Knowledge of validated questionnaires used to assess hearing and communications skills and abilities
7. Appraise policies and guidelines, position statements and best practice with regard to advanced adult auditory assessment and rehabilitation
8. Content of a full and relevant history
9. Critically evaluate the principles of selection, prescription, verification, evaluation and monitoring of amplification in adults, taking into account the needs of the individual patient
10. Knowledge of how to integrate relevant information to make a shared informed decision concerning the management of individual cases
11. Knowledge of candidacy for Implantable acoustic devices and cochlear implants
12. An understand their own role and those of other professionals and agencies (e.g. psychologists, hearing therapists, social workers, cochlear implant teams), local services and referral routes.
13. Awareness of communication strategies and appropriate language when working with patients.

#### 14. 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 fully informed during all aspects of the appointment, obtaining consent for procedures as appropriate.
6. Carry out all appropriate procedures in a safe and effective manner adapting as required to ensure information and benefit gained is maximised within the time available, to include the use of the following, as appropriate:
  - a. Modified PTA;
  - b. Dead region testing;
  - c. Speech testing;
  - d. Otoacoustic emissions testing;
  - e. Advanced hearing aid verification measures;
  - f. Fitting of non-routine hearing aids to include CROS aids.
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 onward referral for implantable auditory devices and cochlear implants, hearing therapy and / or psychological support.
9. Develop individual management plans, ensuring that patients are part of the decision making with use of patient centred care.
10. Give advice on assistive listening devices, radio aids/remote microphones and apps, as appropriate, and ways these may be obtained, making referrals as needed.
11. Communicate effectively with patients giving clear information on the plan for the session assessment results, recommendations and management using appropriate language and communication strategies.
12. 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.
13. Keep appropriate clinical records.
14. 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 and equipment, to include real ear measurement systems and hearing aid test boxes, and room set up.
2. Formulating a plan for the session taking into account the priorities for the individual case, 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, to include:
  - a. Reason for referral.
  - b. Psychosocial aspects of hearing loss.
  - c. Employment status.
  - d. Mental health status.
  - e. Identifies possible aetiological or contributing factors as they arise and spontaneously probes for more relevant information.
  - f. Results of previous hearing tests.
  - g. ENT and general medical history.
  - h. Involvement of other professional agencies.
4. Test techniques:
  - a. Modifications to pure tone audiometry for assessing non-organic hearing loss.
  - b. Speech testing: selection of appropriate speech test, test set up, instructions to patient, stimulus presentation (in quiet/noise), interpretation.
  - c. TEN test: test set up, instructions to patient, procedure and interpretation.
  - d. Transient otoacoustic emission testing: test set up, instructions to patient, procedure and interpretation.
  - e. Distortion product otoacoustic emission testing: test set up, instructions to patient, procedure and interpretation.
5. Hearing Aid Selection, programming and verification for non-routine losses/aids, demonstrating:
  - a. Appropriate choice of hearing aid and features to match needs.
  - b. Real ear measurement, as appropriate, to include choice of prescription formula.
  - c. Hearing aid orientation ensuring full understanding of information to include advice on use.
  - d. Ability to make necessary adjustments based on both subjective and objective measures.
6. Debrief to include:
  - a. Explaining findings, implications and proposed management using appropriate language.
  - b. Responding to questions in an appropriate way, showing sensitivity and rephrasing/re-explaining as necessary to ensure understanding.
  - c. Backing up information given with information materials where possible.
7. Keep appropriate clinical records: record findings and interventions delivered clearly, in a consistent format, all of which must be dated and named.
8. 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)

The specified appointment types / patient categories for this module are:

- Assessment of an adult with non-age-related hearing loss with a more unusual configuration\*.
- Assessment of an adult with severe to profound hearing loss.
- Assessment of an adult with non-organic hearing loss.
- Rehabilitation of an adult with non-age-related hearing loss with a more unusual configuration\*.
- Rehabilitation of an adult with severe to profound hearing loss.

\* the type of hearing loss configuration should be recorded, e.g. reverse slope, mixed loss with significant conductive component, steeply sloping loss, asymmetric loss.

It is recognised that a patient may be assessed and then continue to rehabilitation within the same session. In such cases an appraisal may be carried out on the same patient, as both an assessment and rehabilitation case.

## **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 one assessment case and one rehabilitation case.

This module assumes the candidate is competent in routine adult assessment and rehabilitation. Should any significant concerns arise regarding their competency in routine assessment or rehabilitation during the examination, this can be explored by the examiners in the general viva, if time permits after all necessary questions have been asked for the advanced module. If significant concerns remain, or time limits do not enable this to be explored, the results for this module would be withheld until the HTS Committee were satisfied any issues had been addressed.

## 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 child's progress, difficulties and needs, health, and listening environments	Uses effective questioning and listening to elicit sufficient information about the child's progress, difficulties and needs, health, and listening environments.	Uses skilful questioning, and active listening to elicit a comprehensive picture of the child's progress, difficulties and needs, health, and listening environments.
Carry out all appropriate procedures in a safe and effective manner adapting as required to ensure information and benefit 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.
Collate relevant information, interpret and make an informed decision concerning the management of individual cases, to include onward referral  Develop individual management plans, ensuring that patients are part of the decision making with use of patient centred care.	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 appropriate management decisions OR does not identify the need for or make appropriate referrals if required OR does not develop an individual management plan.	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 does identify the need for and make appropriate referrals if required AND develops an individual management plan.	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 develops a highly personalised individual management plan.

Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
Give advice on assistive listening devices, FM systems and apps, as appropriate, and ways these may be obtained, making referrals as needed	Does not recognise need to give advice OR does not give advice as required OR does not give accurate advice does not explain how these may be obtained OR does not make appropriate referrals if appropriate.	Recognises the need to give advice and gives accurate advice to include how these may be obtained and refers as appropriate.	Proactively gives advice regarding a range of devices / systems / apps to ensure access to speech and environmental sounds, tailored to the individual child and family, to include how these may be obtained and refers as appropriate.
Keep patient fully informed during all aspects of the appointment, obtaining consent for procedures as appropriate  Communicate effectively with patients giving clear information on the plan for the session assessment results, recommendations and management using appropriate language and communication strategies	Communicates information in a way that is generally unclear or contains irrelevant information.	Communicates relevant information about testing and management options clearly and in a way that broadly meets their needs.	Effectively and clearly communicates relevant information about testing and management options in a way that is highly tailored to their needs.
Keep appropriate clinical records	Clinical record omits key information or is omitted from the clinical record system.	Provides a clear summary of the clinical episode, which is stored in an appropriate clinical record system.	Provides clear and detailed information about the clinical episode, which is stored in an appropriate clinical record system.
Write reports on test results and recommendations suitable for the intended audience, to include a range of professionals	Report omits key information, is disorganised or written using unprofessional terminology.	Report provides a clear summary of the clinical episode which is logically structured, and written using professional terminology.	Report provides clear and detailed information about the clinical episode which is highly organised, concise, and well written using professional but accessible terminology.

*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"> <li>• Relate their own practice to a supporting knowledge base – including reference to evidence based and/or recognised good practice</li> <li>• Clearly justify <u>any</u> of their own clinical decisions made in the assessment or management of patients</li> <li>• Critically appraise the context of individual assessments within national and local structures/processes for paediatric habilitation</li> <li>• Critically evaluate and reflect on their own actions</li> <li>• Show independent thought through evaluation and presentation of alternative (and justified) approaches to existing local practice</li> </ul>	<p>Limited ability to reflect on and critically evaluate own clinical practice, or explain clinical reasoning. Demonstrates limited knowledge of subjects discussed.</p> <p>OR</p> <p>Does not demonstrate a good working knowledge or relevant national guidelines or policies, or evidence base, or calibration aspects</p> <p>OR</p> <p>Unable to interpret or make informed decisions concerning the needs or management of individual cases</p> <p>OR</p> <p>Does not demonstrate a good working knowledge or local structures, or offer critical comment</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>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.</p> <p>AND</p> <p>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</p> <p>AND</p> <p>Demonstrates the ability to interpret and make informed decisions concerning the needs and management of individual cases</p> <p>AND</p> <p>Demonstrates a good working knowledge of the local structures (i.e. care pathways) for processing patients and offer critical comment</p> <p>AND</p> <p>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</p> <p>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.</p> <p>AND</p> <p>Demonstrates wider knowledge of subjects discussed.</p> <p>AND</p> <p>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</p> <p>AND</p> <p>Demonstrates the ability to skillfully interpret and make informed decisions concerning the needs and management of individual cases</p> <p>AND</p> <p>Demonstrates a high level of working knowledge of the local structures (i.e. care pathways) for processing patients and offer critical comment</p> <p>AND</p> <p>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</p> <p>AND</p> <p>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.