BRITISH ACADEMY OF AUDIOLOGY
Higher Training Scheme

Module Specification: Balance rehabilitation
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:

1.0 Scope of this Module

This module relates to M-level training to develop theoretical knowledge and practical skills to enable competency balance rehabilitation in adults.

Patient should be adults (over 18 years) with reported dizziness or balance issues. These patients should have previously undergone an appropriate balance assessment. Candidates are not expected to lead rehabilitation sessions for very complex cases, such as patients with significant co-morbidities. However, exposure to a range of cases would be seen as beneficial to ensure the candidate has an awareness of how such cases are managed.

This module is classed as a SMALL HTS module.

2.0 Minimum requirements for this module

The detailed <u>minimum</u> 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 *	15
Tutorials	4
Secondment sessions*	4
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	1**
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 of each of the exam case types

3.0 Theoretical knowledge

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

1. Understanding of vestibular pathologies and their impact on the adult patient (including physical, psychological, and functional aspects), changes in vestibular function with ageing and pathophysiology of vestibular conditions.
2. Apply integrative understanding to interpret balance test results
- Detailed knowledge to enable holistic patient management plans to be developed.

- Critical evaluation of evidence base for management options for vestibular conditions

o Knowledge of rehabilitative history approaches and the content of a relevant history
o Principles and application of shared decision-making
o Knowledge of a range of outcome measures to monitor progress with rehabilitation and changes to relevant co-morbidities e.g. anxiety and depression
o Knowledge of sources of support (e.g. charities)
3. Appraise national and international policies, guidelines, position statements, consensus, and best practice with regard to balance rehabilitation.
4. In depth knowledge of rehabilitative methods to include:
    a. exercise-based vestibular rehabilitation
    b. Repositioning maneouvres
5. In depth knowledge of vestibular conditions, including but not limited to:
    a. Vestibular neuritis;
    b. Meniere's disease;
    c. Benign paroxysmal positional vertigo;
    d. Vestibular migraine;
    e. Labyrinthitis;
    f. Chronic vestibulopathy;

g. Bilateral vestibular hypofunction;
h. Third window syndromes;
i. Mal de debarquement syndrome;
j. Central vestibular lesions;
k. Vestibular schwannoma;
l. Persistent postural perceptual dizziness;
m. Vestibular paroxysmia.
6. Awareness of communication strategies and appropriate language when carrying out balance rehabilitation
7. Knowledge of how to integrate relevant information to make a shared informed decision concerning the ongoing management of individual cases
8. Understand their own role and those of other professionals (e.g. ENT consultants, falls teams, psychological interventions) who contribute to the diagnosis and management of those with balance problems, and local 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 clinical facilities, rehabilitation tools and room set up
2) Brief patients and/or carers appropriately with reference to their information needs and expectations of the appointment
3) Formulate and plan clinical approaches, using clinical reasoning strategies, with reference to identified purpose of session and information needs of others. Complete a detailed rehabilitation interview
4) Carry out testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available
5) Show creativity, initiative and originality of thinking in tackling and solving practical problems
6) Collate relevant information, interpret and make an informed decision concerning management of individual cases.
7) Deliver treatment plans tailoring it to account the individual to include follow-up and adaptation of treatment as required.
8) Give clear information on rehabilitation management plan, advice and recommendation for follow-up actions/interventions using appropriate language and communication strategies.
9) Use shared decision making to set appropriate goals for a vestibular rehabilitation programme.
10) Make appropriate onward referrals
11) Write reports on rehabilitation session and recommendations and / or outcome of treatment as required, suitable for the intended audience, to include a range of professionals
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 assessments within national and local structures/processes for assessment and diagnosis of balance disorders
    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 demonstrated (Part A)

1) Preparation for appointment to include preparation of clinical facilities, collation of appropriate counselling tools and patient information, and room set up
2) Independently and succinctly obtains a relevant rehabilitation case history in a logical but flexible progression:
   a) Showing sensitivity to the patients' concerns both in questioning and information giving
   b) Recording relevant information whilst maintaining a rapport with the patient and being aware of their concerns, to include;
      i) Referral information
      ii) Medical history including medication
      iii) Summary of test results so far (if patient already undergone balance assessment)
      iv) Overview of symptom duration, onset and chronology including precipitating/associated factors and motion/visual provoked symptoms and / or changes since last seen
      v) Comorbidities, limitations and restrictions.
      vi) Effect on quality of life and employment.
3) Utilises questionnaires to establish degree of symptoms and impact balance problems are having on patient and any co-morbidities, and which could be used to monitor outcomes e.g. Vertigo Symptom Scale, Dizziness Handicap Inventory, anxiety scale
4) Use shared decision making to set appropriate goals for a vestibular rehabilitation programme.
5) Carry out testing and procedures as required:
   a) Clinical and bedside tests of functional evaluation of postural stability, gait and gaze stability.
      i) Romberg/Sharpened Romberg/Romberg on foam
      ii) Assessment of sway & gait
      iii) Head impulse (e.g. vHIT)
      iv) Contraindications
      v) Safety of patient and tester
      vi) Implication and interpretation of results
   b) Positioning testing (if indicated) to include:
      i) Preparation and placement camera or direct observation
      ii) Contraindications
      iii) Dix-Hallpike Testing
      iv) Horizontal roll test
      v) Safety of patient and tester
      vi) Implication and interpretation of results
   c) Particle repositioning to include
      i) Canalith repositioning manoeuvres (Epley/modified Epley/Semont maneuvre)
      ii) Contraindications
      iii) Safety of patient and tester
   d) Safely perform a balance rehabilitation exercise assessment to inform
      i) Appropriate level and grading of exercises.
      ii) Adjustment of short-term goals.
      iii) Safety of patient and tester
6) Develop a rehabilitation program appropriate to the patient's symptoms.
      i) Information/counselling to include explanation of balance function
      ii) Typical effects of balance disorders
      iii) Treatment options
7) Manage of associated problems, to include when to refer on for specialist help
   a) Anxiety and depression
   b) Physiotherapy

c) Falls Clinic
8) Use of outcome measures to establish benefit of balance rehabilitation
    a) Patient-reported outcome measures e.g. VBRQ
    b) Objective outcome measures e.g. computerised posturography, vHIT
9) Debrief to patient with regard to management plan to include:
    a) Treatment plan, patient's responsibilities and proposed monitoring and follow-up, using appropriate language
    b) Responding to questions from patient 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
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)

The specified appointment type / patient category for this module is:
- New adult balance rehabilitation appointment to include partical repositioning
- New adult balance rehabilitation appointment to include a balance rehabilitation exercise assessment
- Review adult balance rehabilitation

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 one appointment, followed by a case viva, plus a written report.
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 exam, and the content of this module.

This module assumes the candidate is competent in routine auditory assessment. Should any significant concerns arise regarding their competency in routine assessment 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 and plan clinical approaches, using clinical reasoning strategies, with reference to identified purpose of assessment and information needs of others.	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 which informs an individualised test strategy	Obtains insufficient information about the patient's symptoms, medical, otological and neurological history and / or to inform the test strategy	Uses effective questioning and listening to elicit sufficient information about the patient's symptoms, medical, otological and neurological history and to inform the test strategy	Uses skilful questioning, and active listening to elicit a comprehensive picture of the patient's symptoms, medical, otological and neurological history and used this to develop a comprehensive test strategy in the time available
Carry out testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available	Assessment 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 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 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 diagnosis and management of individual cases	Does not adequately integrates the details from the history, test results, research evidence and current clinical guidance OR does not make an informed decision concerning the diagnosis and /or proposed management of individual cases	Integrates the details from the history, test results, research evidence and current clinical guidance to make an informed decision concerning the diagnosis and proposed management of individual cases	Skilfully integrates the details from the history, test results, research evidence and current clinical guidance to make an informed decision concerning the diagnosis and proposed management of individual cases, considering a wide range of options available

Continued overleaf

Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
Brief patients and/or carers appropriately with reference to their information needs and expectations of assessment Give clear information on results of balance assessment, advice and recommendation for follow-up actions/interventions 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.

Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
Demonstrate the ability to, and articulate clearly through presentation and constructive discussion with colleagues: • 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 assessment of balance • Critically evaluate and reflect on their own actions • Show independent thought through evaluation and presentation of alternative (and justified) approaches to existing local practice	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 diagnosis, needs or management of individuals cases OR Does not demonstrate a good working knowledge or 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	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 diagnosis, 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	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 diagnosis, 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

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