



Module Specification: Balance assessment

Version 1 FINAL

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 competent assessment of balance disorders in adults.

Patient should be adults (over 18 years) with reported dizziness or balance issues. These patients may have been referred directly to Audiology or may be internal referrals from a local ENT service/other speciality depending on the set-up of the individual service. Candidates are not expected to lead assessment sessions for very complex cases, such as patients with significant physical or psychological 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.

Within balance assessment candidates are expected to assess auditory function as appropriate, performing complementary audiological procedures such as tympanometry and pure tone audiometry.

This module is classed as a medium HTS module.

2.0 Minimum requirements for this module

This module requires candidates to have existing skills and knowledge equivalent to that of a BSc in Audiology.

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
Secondment sessions*	6
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

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

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 inducing vestibular history taking (including physical, psychological, and functional aspects), changes in vestibular function with ageing and pathophysiology of vestibular conditions.
2. Content of a full and relevant vestibular case history.
3. Apply integrative understanding to interpret a vestibular case history, and devise assessment plans as appropriate.
4. Knowledge of calibration procedures for all equipment used in balance assessment.
5. Appraise national and international policies, guidelines, position statements, consensus, and best practice with regard to balance assessment.
6. Knowledge of vestibular function test procedures, their evidence-base and clinical utility of including, but not limited to:
 - a. Romberg/Sharpened Romberg/Romberg on foam/mCTSIB
 - b. Positioning tests;
 - c. Oculomotor testing using videonystagmography/electronystagmography;
 - d. Static positional tests;
 - e. Caloric testing;
 - f. Video head impulse testing;
 - g. Vestibular evoked myogenic potential testing;
 - h. Rotation chair testing;
 - i. Computerised posturography;
 - j. Subjective visual vertical;
 - k. Computerised dynamic visual acuity test;
 - l. Office tests of cerebellar function including the VOR suppression test;
 - m. Vibration-induced nystagmus tests.
7. Interpret and synthesise vestibular test results, and utilise the evidence base to develop a differential diagnosis.
8. Knowledge of test result interpretation, including limitations and inter-relationship of tests.

9. In depth knowledge enabling differential diagnosis 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.
10. Knowledge of management approaches for balance disorders, in order to inform the patient of possible management options after assessment, and to refer on as appropriate.
11. Awareness of communication strategies and appropriate language when carrying out balance assessments.
12. Knowledge of how to integrate relevant information to make a shared informed decision concerning the diagnosis and management of individual cases.
13. Understand their own role and those of other professionals (e.g. ENT consultants, falls teams) 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 test facilities & equipment, to include daily calibration checks and room set up.
2. Brief patients and/or carers appropriately with reference to their information needs and expectations of assessment.
3. Take a full and relevant history which informs an individualised test strategy.
4. Formulate and plan clinical approaches, using clinical reasoning strategies, with reference to identified purpose of assessment and information needs of others.
5. Show creativity, initiative and originality of thinking in tackling and solving practical problems
6. Carry out testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available.
7. Collate relevant information, interpret and make an informed decision concerning the diagnosis and management of individual cases.
8. Give clear information on results of balance assessment, advice and recommendation for follow-up actions/interventions using appropriate language and communication strategies.
9. Recognise the need for and arrange onward referral to relevant professionals such as referral to physiotherapy, a local falls clinic or to mental health services for support with anxiety/depression.
10. Write reports on test results and recommendations and / or outcome of treatment as required, suitable for the intended audience, to include a range of professionals
11. Keep appropriate clinical records
12. 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 be demonstrated (Part A)

1. Preparation for appointment to include preparation of clinical facilities & equipment, to include positioning of the couch, flow rates and temperature of caloric stimuli and individual patient calibration with a VNG system.
2. Independently and succinctly obtains a relevant case history about the patients' symptoms in a logical but flexible progression, and
 - a. Identifies possible aetiological or contributing factors as they arise and spontaneously probes for more relevant information
 - b. Shows sensitivity to the patients' concerns both in questioning and information giving
 - c. Records relevant information whilst maintaining a rapport with the patient and being aware of their concerns
 - i. Referral information
 - ii. Medical history including medication
 - iii. Symptom duration, onset and chronology including precipitating/associated factors and motion/visual provoked symptoms.
 - iv. Otological symptoms e.g. hearing, tinnitus, aural pressure
 - v. Neurological symptoms e.g. migraine
 - vi. Effect on quality of life and employment.
3. Utilises questionnaires to establish degree of symptoms and impact balance problems are having on patient e.g. Vertigo Symptom Scale, Dizziness Handicap Inventory, Nijmegen questionnaire
4. Carry out core vestibular diagnostic tests as required, being aware of all contraindications, the safety of patient and tester, and the implication of the results:
 - a. Clinical and bedside tests of balance function to include
 - i. Romberg/Sharpened Romberg/Romberg on foam/mCTSIB
 - ii. Head shake
 - iii. Head impulse test (using video Head Impulse Test if available)
 - b. Positional testing to include:
 - i. Preparation and placement camera or direct observation
 - ii. Dix-Hallpike Testing (including side-lying where indicated)
 - iii. Horizontal roll test
 - c. Particle repositioning to include
 - i. Epley/modified Epley
 - ii. Semont
 - iii. Treatment for anterior and horizontal BPPV
 - d. Use of videonystagmography including preparation and placement of camera to:
 - i. Assess spontaneous nystagmus
 - ii. Assess saccadic eye movements
 - iii. Assess smooth pursuit eye movements
 - iv. Carry out bi-thermal caloric testing within the scope of the BSA recommended procedure
5. Awareness of additional diagnostic vestibular tests which may not be readily available in all clinics including
 - a. video head impulse testing
 - b. vestibular-evoked myogenic potential testing (cervical or ocular)

- c. rotational chair testing
 - d. computerised dynamic posturography
6. Information/counselling to include:
 - a. Explanation of balance function
 - b. Typical effects of balance disorders
 - c. Treatment options
7. Management of associated problems, to include onward referral/sign-posting where appropriate e.g. anxiety and depression, physiotherapy, falls clinic (if available), ENT (persistent BPPV that does not treat for example).
8. Debrief to patient with regard to unilateral or bilateral vestibular weakness, central findings, BPPV and normal results with a positive vestibular history, to include:
 - a. Explaining results, implications and proposed management using appropriate language
 - b. Responding to questions from the 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
9. Keep appropriate clinical records: record findings and interventions delivered clearly, in a consistent format, all of which must be dated and named.
10. 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 assessment appointment

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 after the assessment case, 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 exams, 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	Learning outcome	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
1.	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.
3.	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 to inform the test strategy.	Uses effective questioning and listening to elicit sufficient information about the patient's symptoms, medical, otological and neurological history 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.
4.	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.
5.	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.
6.	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.

Continued overleaf

	Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
7.	Collate relevant information, interpret and make an informed decision concerning the diagnosis and management of individual cases	Does not adequately integrate 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.
2. 8.	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 or incorrect 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.
11.	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.
10.	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
12.	<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 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 	<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 diagnosis, needs or management of individuals cases</p> <p>OR</p> <p>Does not demonstrate a good working of national and local structures/processes 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 diagnosis, needs and management of individual cases</p> <p>AND</p> <p>Demonstrates a good working knowledge of national and local structures/processes 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. 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 skilfully interpret and make informed decisions concerning the diagnosis, needs and management of individual cases</p> <p>AND</p> <p>Demonstrates a high level of working knowledge of national and local structures/processes 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.