BRITISH ACADEMY
OF AUDIOLOGY
Higher Training Scheme

Module Specification: Balance rehabilitation

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.

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 competent 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 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.

This module is classed as a small 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 or Post-graduate Certificate in Hearing Therapy.

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 *	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 and reflective diary.	5 appraisals in each category
Case Studies	1**

*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 patient 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. Appraise national and international policies, guidelines, position statements, consensus, and best practice with regard to balance rehabilitation.
3. 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.
4. In depth knowledge of rehabilitative methods to include:

a. Knowledge of rehabilitative history approaches and the content of a relevant history
b. Principles and application of shared decision-making
c. Knowledge of a range of outcome measures to monitor progress with rehabilitation and changes to relevant co-morbidities e.g. anxiety and depression
d. Exercise-based vestibular rehabilitation
e. Repositioning manoeuvres
f. The need for and arrangement of onward referral to appropriate colleagues to relevant professionals considering the holistic needs of the patient e.g. ENT, psychology, physiotherapy, including recognition of when cognitive behavioural therapy (CBT) may be appropriate.
g. Knowledge of sources of support (e.g. charities)

5. Awareness of communication strategies and appropriate language when carrying out balance rehabilitation.
6. Knowledge of how to integrate relevant information to make a shared informed decision concerning the ongoing management of individual cases.
7. 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 assessment and information needs of others.
4) Carry out a full and relevant rehabilitation interview.
5) Carry out a rehabilitation assessment to include use of validated questionnaires, a balance rehabilitation exercise assessment and/or positioning testing, in a safe and effective manner adapting as required to ensure information gained is maximised within the time available.
6) Show creativity, initiative and originality of thinking in tackling and solving practical problems.
7) Collate relevant information, interpret and make an informed decision concerning management of individual cases
8) Develop a holistic and individualised vestibular rehabilitation plan incorporating shared-decision making and goal setting, identifying where plans may need to change or adapt according to clinical or personal preferences.
9) Recognise the need for and arrange onward referral to relevant professionals considering the holistic needs of the patient, such as referral to physiotherapy, a local falls clinic or to mental health services for support with anxiety/depression.
10) Give clear information on rehabilitation plan, advice and recommendation for follow-up actions/interventions using appropriate language and communication strategies and an empathetic approach.
11) Collate, and prepare resource materials (including patient information) including signposting to online resources, to complement their own interventions.
12) 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.
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 <u>any</u> of their own clinical decisions made in the assessment or management of patients
    c) Explain the local structures (i.e. care/treatment pathways) for processing patients and offer critical evaluation

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 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 has 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, VRBQ, Nijmegen Questionnaire
4) Carry out testing and procedures as required, being aware of all contraindications, the safety of patient and tester, and the implication of the results. This may include any of the following
   a) Clinical and bedside tests of functional evaluation of postural stability and gaze stability;
      i) Romberg/Sharpened Romberg/Romberg on foam/mCTSIB
      ii) Head impulse
      iii) Implication and interpretation of results
   b) Positioning testing (if indicated) 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
5) Safely perform a balance rehabilitation exercise assessment to inform:
   a) Appropriate level and grading of exercises.
   b) Adjustment of short-term goals.
6) Develop a holistic and individualised vestibular rehabilitation plan for a routine patient including
   a) Exercise-based vestibular rehabilitation
   b) Treatment of BPPV with appropriate particle repositioning manoeuvre(s) if appropriate
   c) Principles and application of shared decision-making.
   d) Goal setting.

e) Outcome measures.
f) Holistic management approaches. (e.g. breathing, relaxation)
g) Sources of support (e.g. charities).

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 management plan to include:
   a) Rehabilitation 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
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 rehabilitation 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 are:

- New adult balance rehabilitation appointment
- Review adult balance rehabilitation 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, 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.

8.0 Examination marking guidance

	Learning outcome	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
1.	Prepare clinical facilities, rehabilitation tools and room set up	Does not adequately prepare facilities, equipment and materials needed for the session, or room set up inappropriate for the session.	Does prepare facilities, equipment and materials needed for the session, AND room set up is appropriate for the session. ,	Prepares facilities, equipment and materials needed for the session to a high standard, and room is set up with a high attention to detail and patient needs.
4.	Carry out a full and relevant rehabilitation interview.	Obtains insufficient information about the patient's difficulties and needs, health, lifestyle, preferences, priorities, values and expectations.	Uses effective questioning and listening to elicit sufficient information about the patient's difficulties and needs, health, lifestyle, preferences, priorities, values and expectations.	Uses skilful questioning, and active listening to elicit a comprehensive picture of patient's difficulties and needs, health, lifestyle, preferences, priorities, values and expectations
5.	Carry out a rehabilitation assessment to include use of validated questionnaires, a balance rehabilitation exercise assessment and/or positioning testing, in a safe and effective manner adapting as required to ensure information gained is maximised within the time available.	Balance exercise assessment/positioning testing 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 assessment to maximise data collection OR does not use validated questionnaires as appropriate.	Performs balance exercise assessment/ positioning testing safely, according to local and national guidance and within the appropriate appointment time allocation. Adapts the assessment process where appropriate to ensure the most valuable data is prioritised, and uses validated questionnaires as appropriate.	Performs balance exercise assessment/ positioning testing skilfully, according to local and national guidance and within the appropriate appointment time allocation. Adapts the assessment process where appropriate to ensure the most valuable data is prioritised, and uses validated questionnaires as appropriate.
8.	Develop a holistic and individualised vestibular rehabilitation plan incorporating shared-decision making and goal setting, identifying where plans may need to change or adapt according to clinical or personal preferences.	Rehabilitation plan developed is unsafe or incomplete OR is not holistic and tailored to the individual OR does not use shared-decision making and goal setting as required, OR is not adapted according to clinical or personal preferences.	A rehabilitation plan is developed which is holistic and tailored to the individual with the appropriate use of shared-decision making and goal setting as required, and is adapted according to clinical or personal preferences.	A rehabilitation plan is developed which is holistic and highly tailored to the individual with the appropriate use of shared-decision making and goal setting as required and is skilfully adapted according to clinical or personal preferences.

Continued overleaf

	Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
9.	Recognise the need for and arrange onward referral to relevant professionals considering the holistic needs of the patient, such as referral to physiotherapy, a local falls clinic or to mental health services for support with anxiety/depression.	Does not recognise the need for onward referral or does not refer to an appropriate individual, if required.	Recognises the need and refers the patient onto an appropriate individual, if required.	Recognises the need and refers the patient onto an appropriate individual, if required, in a skilful way.
6.	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.
10.	Give clear information on rehabilitation plan, advice and recommendations for follow-up actions/interventions using appropriate language and communication strategies and an empathetic approach	Communicates information on rehabilitation plan, advice and recommendations to patients and/or carers in a way that is generally unclear or contains irrelevant information, OR does not use appropriate language OR does not use an empathetic approach.	Communicates relevant information on rehabilitation plan, advice and recommendations, and when delivering treatment, to patients and/or carers clearly and in a way that broadly meets their needs. Uses appropriate language and an empathetic approach.	Effectively and clearly communicates relevant information on rehabilitation plan, advice and recommendations, and when delivering treatment to patients and/or carers in a way that is highly tailored to their needs. Uses appropriate language and a highly empathetic approach.
11.	Collate, and prepare resource materials (including patient information) including signposting to resources, to complement their own interventions and those of colleagues	Resource materials are not prepared OR are inadequate OR incomplete OR inaccurate.	Adequate, complete and accurate resource materials are prepared in advance, to include signposting to resources.	High quality and wide-ranging resource materials are prepared in advance, to include signposting to resources, and are tailored for the individual patient.

Continued overleaf

	Learning outcomes	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
13. 12.	Keep appropriate clinical records Write reports on rehabilitation session and / or outcome of treatment as required, suitable for the intended audience, to include a range of professionals	Clinical record omits key information or is omitted from the clinical record system OR report omits key information, is disorganised or written using unprofessional terminology.	Provides a clear summary of the clinical episode, which is stored in an appropriate clinical record system AND report provides a clear summary of the clinical episode which is logically structured and written using professional terminology.	Provides clear and detailed information about the clinical episode, which is stored in an appropriate clinical record system AND report provides clear and detailed information about the clinical episode which is highly organised, concise, and well written using professional but accessible terminology.
14.	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 • Explain the local structures (i.e. care/treatment pathways) for processing patients and offer critical evaluation • 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 justify any of their own clinical decisions made in the assessment of management of the patient 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 Clearly justifies any of their own clinical decisions made in the assessment or management of the patient 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 AND 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 Clearly and comprehensively justifies any of their own clinical decisions made in the assessment or management of the patient 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.