



Module Specification: Tinnitus and hyperacusis

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 competency managing adults with tinnitus or hyperacusis. This includes the assessment and management of adults with a primary complaint of tinnitus associated with or without sensorineural hearing loss, and assessment and management of adults with a primary complaint of hyperacusis.

Such cases should include new referrals and patients under review. Whilst it is recognised that cases are often complex, it is intended that these cases are 'routine', and would be typical of new referrals to a tinnitus and hyperacusis clinic.

Although patients may be presenting primarily with tinnitus and/or hyperacusis it will be necessary for the candidate to demonstrate the ability to consider their wider diagnostic and audiological rehabilitative needs as appropriate.

This module is classed as a large 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 *	40
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

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

**one case study is required on each of the exam case types

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.

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

1. Knowledge of the epidemiology of tinnitus and hyperacusis to include prevalence and risk factors
2. Knowledge of the possible pathophysiological mechanisms of tinnitus and hyperacusis and how to explain these in terms of models of tinnitus and hyperacusis in an appropriate way to patients
3. Knowledge of the range of investigations which may be appropriate for patients presenting with tinnitus or hyperacusis dependent on presentation
4. Knowledge of the potential impact of tinnitus and hyperacusis on daily life
5. Knowledge of a range of validated questionnaires used to assess tinnitus and hyperacusis, co-morbidities and wider impact, the benefits and limitations of these questionnaires and how to use them in clinical care for both individual patient management and service monitoring.
6. Content of a full and relevant history / assessment
7. Knowledge of communication strategies and appropriate language when working with patients.
8. Knowledge of person-centred principles and approaches for the assessment and management of tinnitus and hyperacusis
9. Knowledge of the range of therapeutic interventions which may be suitable for patients with tinnitus or hyperacusis to include habituation therapy, sound therapy, use of hearing aids, management of stress, sleep and anxiety
10. Knowledge of the role and content of information counselling for patients with tinnitus or hyperacusis
11. Basic knowledge of cognitive behavioural therapy to enable identification of people who may benefit from this approach.
12. Knowledge of possible medical interventions to help tinnitus to include surgery and drug therapy

13. Have a critical awareness of the clinical applicability of current tinnitus and hyperacusis research novel and merging treatments and the management of tinnitus
14. Knowledge of risk factors and preventative measures, and appropriate public health messages with regard to tinnitus prevention.
15. How to integrate relevant information to make a shared informed decision concerning the diagnosis and management of individual cases
16. Up to date knowledge and understanding of associated national protocols, procedures and standards (e.g. NICE guidelines) is expected.
17. Understand their own role and those of other professionals (e.g. psychologists, social services support workers) volunteers and agencies who contribute to the management and welfare of the patient and their significant others.
18. Knowledge of risk factors and preventative measures, and appropriate public health messages with regard to tinnitus and hearing loss prevention.

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 & equipment, to include daily calibration checks any equipment to be used, and room set up
2. Plan clinical approaches, using clinical reasoning strategies and evidence based practice, liaising with the relevant professionals to co-ordinate assessments & care, as appropriate
3. Carry out a person-centred assessment, to include a full and relevant case history, and using tools and validated questionnaires as appropriate, in a safe and effective manner adapting as required to ensure information gained is maximised within the time available.
4. Show creativity, initiative and originality of thinking in tackling and solving practical problems
5. Collate relevant information and make an informed decision concerning the diagnosis and management of individual cases
6. Develop person-centred treatment plans incorporating the needs, preferences and values of the patient and their family, and use shared decision making to choose between options.
7. Deliver person-centred treatment plans, using counselling skills and appropriate techniques as required, and adapt as required depending on progress. Specifically this should include:
 - a. Information counselling
 - b. Habituation based therapy
 - c. Use of sound therapy
 - d. Hearing aid fitting/re-programming (including combination devices)
 - e. Advice and information regarding stress, relaxation techniques and sleep management
8. Collate, and prepare resource materials (including patient information) including signposting to online resources, to complement their own interventions and those of colleagues.
9. Recognise the need for and arrange onward referral to appropriate colleagues to relevant professionals considering the holistic needs of the patient, such as ENT, Psychology, Psychiatry, GP, social services. This should include recognition of when cognitive behavioural therapy (CBT) may be appropriate and onward referral to an appropriately qualified professional.
10. Communicate effectively with patients giving clear information on the plan for the session, results, recommendations and management using appropriate language, communication skills and strategies throughout.
11. Keep appropriate clinical records
12. Write reports on assessment findings and recommendations and / or outcome of management as required, suitable for the intended audience, to include a range of professionals.
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 tinnitus and hyperacusis
- 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.

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

- 1) Preparation for appointment to include collation of appropriate counselling tools, patient information, preparation of clinical facilities & equipment, to include daily calibration checks of equipment if to be used, and room set up
- 2) For patients with tinnitus:
 - a) Take a full and relevant history for a patient with a main complaint of tinnitus, to include history taking to cover the main areas defined below (unless justifiably omitted):
 - Initial onset, quality, intensity, location, immediate impact
 - Present quality, intensity, location, immediate impact
 - Sudden/insidious
 - Action
 - Gaze modulation
 - Somatic modulation
 - Exacerbating and ameliorating factors
 - Sleep
 - Mood
 - Medication
 - Hearing: Extent of handicap, hearing aid use
 - Past medical history – general/specific
 - Anxiety/depression/psychological crisis
 - Presence of any tinnitus
 - Previous interventions (details and outcomes)
 - Previous clinical input: GP, Otology, Diagnosis?
 - Identifying patients concerns/anxieties
 - b) Use of validated questionnaires, for example: Tinnitus Handicap Inventory, Tinnitus Functional Index (TFI), Mini TQ.
 - c) Use of tools to aid assessment, for example the Tinnitus Thermometer
 - d) Identification of intervention options to include information counselling, sound therapy, hearing aids, relaxation / sleep / stress management and referral to other professionals and agencies
 - e) Diagnosis giving and information counselling, to include:
 - Placing history in the context of an appropriate tinnitus responding to concerns and anxieties
 - Discussing management options
 - Goal setting
 - f) Identification of candidacy for and delivery of sound therapy, and fitting/adjustment of device, which may include
 - environmental sound generator
 - ear level sound generator

- g) Identification of candidacy for and provision of hearing aids, and fitting/adjustment of device including
 - applicability of open fit technology
 - tinnitus specific programming parameters
 - h) Identification of need for onward referral, and respect for professional boundaries, e.g. GP, otolaryngology, psychology, bereavement/abuse support agencies, Social Services. In particular, recognition of when cognitive behavioural therapy (CBT) may be appropriate and onward referral to an appropriately qualified professional.
 - i) Assess changes in situation or symptoms through history taking and the use of validated questionnaires, review progress and modify intervention as needed
 - j) Observe a group tinnitus session
- 3) For patients with hyperacusis
- a) Take a full and relevant history for a patient with a main complaint of tinnitus, to include history taking to cover the main areas defined below (unless justifiably omitted):
 - i) Onset, Severity, Limitation of activities
 - ii) Immediate impact
 - iii) Action
 - iv) Changes over time
 - v) Exacerbating and ameliorating factors
 - vi) Sleep
 - vii) Mood
 - viii) Medication
 - ix) Hearing: extent of handicap, hearing aid use,
 - x) Past medical history – general/specific
 - xi) Anxiety/depression/psychological crisis
 - xii) Presence of any hyperacusis
 - xiii) Previous interventions (details and outcomes)
 - xiv) Previous clinical input: GP, Otolaryngology, Diagnosis?
 - xv) Identifying patients concerns/anxieties.
 - b) Use of questionnaires, for example: Hyperacusis Questionnaire (HQ) , Inventory of Hyperacusis Symptoms (IHS).
 - c) Use of validated questionnaires to assess the impact of the condition on wellbeing, e.g. hearing abilities, co-morbidities
 - d) Identification of intervention options to include sound therapy, hearing aids, relaxation / sleep / stress management and referral to other professionals and agencies
 - e) Diagnosis giving and information counselling, to include:
 - i) Placing history in the context of an appropriate hyperacusis model
 - ii) responding to concerns and anxieties
 - iii) Discussing management options
 - iv) Goal setting
 - f) Identification of need for onward referral, and respect for professional boundaries, e.g. GP, otolaryngology, psychology, bereavement/abuse support agencies, Social Services
 - g) Assess changes in situation or symptoms through history taking and the use of validated questionnaires, review progress and modify intervention as needed
- 4) Use of validated questionnaires to assess the impact of the condition on wellbeing, e.g. hearing abilities, co-morbidities such as anxiety and depression. e.g. GAD-7, PHQ-9, HAD.
 - 5) Identification of any further assessments required and appropriate priority of these, e.g. hearing tests, further diagnostic investigations, referring on to the appropriate discipline as required
 - 6) Advice giving regarding stress management
 - 7) Advice giving regarding relaxation & mindfulness
 - 8) Advice giving regarding sleep management

- 9) Engaging in shared decision making, and agreeing priorities for interventions
- 10) Advice giving regarding the availability of information, devices, apps / websites and other sources of support
- 11) Collate, and prepare resource materials (including patient information) including signposting to online resources

Using appropriate communication skills throughout:

- Responds to questions from patients in an appropriate way, showing sensitivity and rephrasing / re-explaining as necessary to ensure understanding
 - Back up information given with information leaflets where possible
 - Uses appropriate methods to break difficult news to patients
 - Shows sensitivity to the patient's concerns both in questioning and information giving
 - Records relevant information whilst maintaining a rapport with the patient and being aware of their concerns
- 12) Demonstrates good listening and reflection skills
 - 13) Keep appropriate clinical records: record findings and interventions delivered clearly, in a consistent format, all of which must be dated and named.
 - 14) 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:

- New patient assessment with a primary complaint of tinnitus and associated hearing loss
- New patient assessment with a primary complaint of tinnitus and no associated hearing loss
- New patient assessment with a primary complaint of hyperacusis
- Review appointment for a patient with a primary complaint of tinnitus
- Review appointment for a patient with a primary complaint of hyperacusis

It is expected that the new patient assessment will include identification of intervention options, agreeing a management plan and information counselling .

It is recognised that for a single patient there may be more than one of the above interventions, and in such cases, one case can be used to cover more than one part B appraisal.

Part B assessments will be assessed against same criteria as the examination marking guidance.

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 cases, candidates will be assessed on their ability to manage adults on a 1:1 basis as outlined in the 'scope' for two appointment types:

1. New case not previously seen

2. Review case who has been seen on at least one occasion

One of these cases will be a patient with tinnitus and one should be a patient with hyperacusis.

These appointments would usually be face to face, but the candidate is expected to be able to provide care in a variety of delivery modes, such as online and by telephone if required or appropriate. However, for the examination process if an alternative delivery mode is used, this should not significantly compromise the content of the appointment, and must enable the examiners to observe / hear both the candidate and patient.

It is recognised that some candidates may deliver aspects of their role to groups and will have done so as part of their practical training, however, this is not a compulsory part of this module, and will not be examined.

8.0 Exam marking guidance

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 of any equipment used, 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.
2	Plan clinical approaches, using clinical reasoning strategies, and evidence based practice, liaising with the relevant professionals to co-ordinate assessments & care, as appropriate.	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.
3	Carry out a person-centred assessment, to include a full and relevant case history, and using tools and validated questionnaires as appropriate, in a safe and effective manner adapting as required to ensure information gained is maximised within the time available.	Obtains insufficient information about the patient's symptoms, difficulties, impact and needs, health, lifestyle, preferences and expectations 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 assessment to maximise data collection OR does not use tools or validated questionnaires as appropriate	Uses effective questioning and listening to elicit sufficient information about the patient's symptoms, difficulties, impact and needs, health, lifestyle, preferences and expectations. Performs assessment 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 tools and validated questionnaires as appropriate	Uses skilful questioning, and active listening to elicit a comprehensive picture of the patient's symptoms, difficulties, impact and needs, health, lifestyle, preferences and expectations. 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, and uses tools and validated questionnaires as appropriate.
4	Show creativity, initiative and originality of thinking in tackling and solving practical problems	Does not show creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session	Shows creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session	Shows a high level of creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session

Learning outcome		0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
5	Collate relevant information, interpret and make an informed decision concerning the diagnosis and management of individual cases	Does not identify an appropriate range of diagnostic and management options for the patient OR does not incorporate the needs and preferences of the patient and their family, OR does not use shared decision making, OR does not formulate goals and individuals management plans	Integrates the details from the history, assessment, research evidence, current clinical guidance and patient preferences to identify a range of appropriate management options for the patient, including onward referral, AND incorporates the needs and preferences of the patient and their family, AND uses shared decision making AND formulates goals and individual management plans	Integrates the details from the history, assessment, 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 skilfully incorporates the needs and preferences of the patient and their family, AND uses shared decision making fully AND formulates highly personalised goals and individual management plans
6	Develop person-centred treatment plans incorporating the needs and preferences of the patient and their family, and use shared decision making to choose between options.			
7	Deliver person-centred treatment plans, using counselling skills and appropriate techniques as required, and adapt as required depending on progress.	Delivery or treatment 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 is not person-centred OR does not use appropriate counselling skills or techniques as required, or is not adapted depending on progress	Treatment is delivered safely AND does follow local or national guidance (or with evidence based justifications as to why not), AND is completed within an appropriate time, AND is person-centred with the appropriate use of counselling skills or techniques as required, AND is adapted depending on progress.	Treatment is delivered skilfully, following local or national guidance (or with evidence based justifications as to why not), is completed within an appropriate time, AND is patient-centred with the appropriate and skilful use of counselling skills or techniques as required AND is skilfully adapted depending on progress.
8	Collate, and prepare resource materials (including patient information) including signposting to online 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 online resources	High quality and wide ranging resource materials are prepared in advance, to include signposting to online resources, and are tailored for the individual patient.
9	Recognise the need for and arrange onward referral to appropriate colleagues to relevant professionals considering the holistic needs of the patient, such as ENT, Psychology, Psychiatry, GP, social services. This should include recognition of when cognitive behavioural therapy (CBT) may be appropriate and onward referral to an appropriately qualified professional.	Does not recognised 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.

Learning outcome		0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
10	Communicate effectively with patients giving clear information on the plan for the session, results, recommendations and management using appropriate language, communication skills and strategies throughout.	Communicates information to patients and/or carers in a way that is generally unclear or contains irrelevant information.	Communicates relevant information about testing and management options, and when delivering treatment, to patients and/or carers clearly and in a way that broadly meets their needs.	Effectively and clearly communicates relevant information about testing and management options, and when delivering treatment to patients and/or carers 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.
12	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 outcome		0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
13	<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 and diagnosis of tinnitus and hyperacusis 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 of any equipment used</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 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 diagnosis, 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 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 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.