

# **AUDIOLOGY CLINICAL PLACEMENTS**

## **Individual Record of Clinical Practice**

**Placement website:**

[www.southampton.ac.uk/audplace](http://www.southampton.ac.uk/audplace)

**Placement contact:**

[audplace@soton.ac.uk](mailto:audplace@soton.ac.uk)

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**Additional copies of the Learning Contract and the Feedback Sheets  
can be found on Pathbrite.**

**See the Placement Handbook for information about who can sign-off  
feedback sheets as FD/P/<P.**

## 1. Contact Details

<b>Key contacts</b>	<b>Telephone</b>	<b>email</b>
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## **2. List of Sections**

### **Core procedures**

- A1 Pre-session Preparation
- A2 Otoscopy – Adults
- A3 Not Masked Pure Tone Audiometry (>6 years)
- A4 Masked Pure Tone Audiometry (>6 years)
- A5 Uncomfortable Loudness Levels (ULLs)
- A6 Tympanometry - Adults
- A8 Diagnostic Acoustic Reflex Thresholds (ARTs)
- A10 Impression Taking and Earmould Selection
- A11 Real ear measurements (REM)
- A12 Hearing Aid Test Box Measurements
- A13 Ear Mould Selection and Modifications
- A14 Hearing Aid Questionnaires
- A15 Patient Interview

### **Core appointments**

- B1 Direct Referral
- B2 Hearing Aid Fitting and Verification
- B3 Hearing Aid Reassessment (without hearing aid fitting)
- B4 Hearing Aid Follow-up
- B5 Hearing Aid Repair

### **Special populations**

- C1 Vestibular Assessment and Management
- C2 Paediatric Assessment and Management

### 3. Progress Tracker

- Add dates to below when achieved.
- The minimum number of FDs that must be submitted for summative assessment (via Pathbrite) is five for Section A, eight for Section B, and three for section C. They must include FDs in all sub-sections too.
- Os, Ps and additional FDs are for formative progress-tracking only and should not be uploaded to Pathbrite.

#### Section A

SEC.	SUB-SEC.	OBSERVATION (O)			PARTIALLY DEFINED (P)					FULLY DEFINED (FD)									
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A1. Prep	A1.1																		
	A1.2																		
	A1.3																		
A2. Otosc	A2.1																		
	A2.2																		
	A2.3																		
A3. NM-PTA	A3.1																		
	A3.2																		
	A3.3																		
A4. PTA + mskg	A4.1																		
	A4.2																		
	A4.3																		
A5. ULLs	A5.1																		
	A5.2																		
	A5.3																		

		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A6. Tymp s 6+yrs	A6.1																		
	A6.2																		
	A6.3																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A8. ARTs	A8.1																		
	A8.2																		
	A8.3																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A10. Imps + EMs	A10.1																		
	A10.2																		
	A10.3																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A11. REM	A11.1																		
	A11.2																		
	A11.3																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A12. Test box	A12.1																		
	A12.2																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A13. EM mods	A13.1																		
	A13.2																		
	A13.3																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A14. Quest.	A14.1																		
	A14.2																		
	A14.3																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
A15. Intrvw	A15.1																		
	A15.2																		

Section B

		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10	
<b>B1. DR</b>	B1.1																			
	B1.2																			
	B1.3																			
	B1.4																			
	B1.5																			
	B1.6																			
	B1.7																			
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10	
<b>B2. Fit</b>	B2.1																			
	B2.2																			
	B2.3																			
	B2.4																			
	B2.5																			
	B2.6																			
	B2.7																			
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10	
<b>B3. RA.</b>	B3.1																			
	B3.2																			
	B3.3																			
	B3.4																			
	B3.5																			

		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
<b>B4. F/U</b>	B4.1																		
	B4.2																		
	B4.3																		
	B4.4																		
	B4.5																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
<b>B5. Repair</b>	B5.1																		
	B5.2																		
	B5.3																		
	B5.4																		
	B5.5																		

**Section C**

		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
<b>C1. Vest</b>	C1.1																		
	C1.2																		
	C1.3																		
		O1	O2	O3	P1	P2	P3	P4	P5	FD1	FD2	FD3	FD4	FD5	FD6	FD7	FD8	FD9	FD10
<b>C2. Paed</b>	C2.1																		
	C2.2																		
	C2.3																		

## 4. Learning Contracts

### Introduction to Learning contracts

The learning contract aims to support students and placement supervisors to:

- formally identify and define learning objectives for the next month
- document the expectations of the student and supervisor over a defined period of time
- coordinate and guide a student's learning across multiple supervisors
- track progress across the placement
- recognise and reward a student's progress
- evidence concerns regarding a student's behaviour or progress

It aims to encourage a student-centred approach to learning, through exploring and identifying an individual student's learning needs, joint goal setting negotiated between the student and supervisor, shared decision making in how the objective will be met and supporting the student's self-management and personal responsibility of their learning. The principles are very similar to rehabilitation.

A learning contract usually starts with discussion of how the need for the learning came about or an exploration of the student's progress and current capabilities/behaviours, such as by reviewing the Feedback Sheets in the IRCP (Section 5). This is indicated in the 'Origin' column.

The student and supervisor need to know five things in order for the student to learn effectively and the supervisor to give effective feedback:

1. **Intended destination.** What specifically is the objective that the student need to achieve? E.g. what is the definition of competence that needs to be met?
2. **Current location.** What are the student's current knowledge, capabilities or behaviours with respect to that? E.g. which aspects of the task or competency does the student meet and not meet?
3. **Distance between those.** In what ways do the student's current capabilities meet or differ from what is required?
4. **Journey.** What specific tasks/activities/behaviours does the student need to do, and what resources/support does the supervisor need to provide, in order to close the gap and achieve the objective?
5. **Progress.** What evidence will be used to determine whether the student is progressing towards the objective and has met the objective?

## Learning objectives should be SMARTR

**Specific:** makes a clear statement which needs to be learned and what is required/expected; should not be open to interpretation. This should go in the 'Specific learning objectives' column.

**Measurable:** indicates in concrete terms how it will be determined when the objective has been achieved and what evidence will be expected. This should go in the 'Evidence' column.

**Achievable:** it is reasonable to expect the student to meet it within the time-frame, and requires resources and support that are available. This should be considered when forming the objective.

**Relevant:** e.g. relates to general requirements for placement, relates to upcoming deadlines, relates to expected milestones, builds on previously met objectives. This should be considered when forming the objective.

**Time-bound:** unambiguous about when the objective should be met by. This should be indicated in the 'Review Date' column.

**Reviewed:** progress should be reviewed by the student and the supervisor where necessary before the due date; the evidence that it has been met by the due date should be reviewed by student and supervisor – if not, the learning objective should be reviewed to ensure it meets the above requirements and a new review date established.

## Tips for effective learning contracts

- Avoid more than one learning contract per month. More than one per fortnight is excessive
- One item in Background section can lead to multiple objectives
- Avoid more than 8 learning objectives in one month
- Use an action verb in the Objective that describes what the student is doing when demonstrating the achievement of the objective (e.g. write, compare, organise, identify, decide)
- Objectives can cover a wide behaviours relevant to the placement learning needs (e.g. knowledge, skills, attitudes and values)
- Use objectives to specify the standards of acceptable performance or degree of excellence required (e.g. maximum time, level of accuracy, speed of performance)
- Keep it jargon free with language that is personal and simple
- Stick to the one page!

## Learning Analysis: Month 1 only

Supervisor name:

Date:

Which placement?:

<b>Student's strengths</b> (e.g. previous experience)	<b>Student's weaknesses</b> (e.g. previous assessments)	<b>Opportunities</b> (e.g. resources and experience of placement centre)	<b>Threats</b> (e.g. deadlines, challenges facing placement centre)

## Learning Contracts. Learning Plan: Month 1

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 2

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 3

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 4

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 5

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 6

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 7

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 8

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: Month 9

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

**Learning Contracts. Learning Plan: extra if needed**

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## Learning Contracts. Learning Plan: extra if needed

Supervisor name:

Date agreed:

Date to be reviewed:

<b>Background</b> (e.g. origin or area for development)	<b>Specific learning objectives</b> (what you intend to learn)	<b>Strategies &amp; resources</b> (what you intend to do and what resources you will need to do it)	<b>Evidence</b> (what you will use to show that you have met the objectives)	<b>Review date</b>

## 5. Section A Feedback Sheets

Feedback plays an extremely important role in learning. The Feedback Sheets are designed to be used for two purposes:

1. Providing feedback to the student to facilitate their learning unrelated to formal assessment. This is the most common use of the Feedback Sheets. Any clinical supervisor that is deemed appropriate by the coordinating Placement Supervisor can do it.
2. Determine whether the student has met (called 'Fully Defined', FD), partially met (P) or not at all met (<P or observed, O) the minimum competencies associated with that procedure. The definitions of minimum competence are given on the Feedback Sheets. Students are required to achieve a minimum number of Feedback Sheets with FDs for each sections. Only clinical supervisors that have both completed Placement Supervisor training at the University and been approved by the local coordinating Placement Supervisor can do this. Under special circumstances, the clinical supervisor can propose an outcome which can then be reviewed and countersigned by the coordinating Placement Supervisor.

Students should:

- BEFORE the appointment/procedure, negotiate and agree with the supervisor regarding which Feedback Sheets will be completed
- BEFORE the appointment/procedure, provide the supervisor with the Feedback Sheets
- Not expect that Feedback Sheets should or will be completed for every appointment/procedure

Supervisors should:

- Indicate what was good about the student's performance, e.g. with reference to the definition of minimum competence or other source of information, and why you appreciated it.
- Indicate specifically how the student can improve and why it's important. Avoid more than 5 items, prioritising those that are more urgent/important.
- Use a reasonable interpretation of the definitions of minimum competence for that particular IRCP section when deciding whether to FD, P or <P. Using any other criteria is unacceptable. If the student meets the definitions of minimum competence, they should be FD-ed.
- Indicate clearly why a student has been given a P rather than an FD with reference to the definitions of minimum competence
- Write out the feedback during the appointment/procedure or immediately afterwards, and then return the sheet to the student

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A1: Pre-session Preparation.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Room preparation</i></p> <p>Prepares the clinic room(s) ensuring that all the required resources are available and that the room and test environment are safe.</p>				
<p><i>Equipment preparation</i></p> <p>A) Ensures that all equipment is working correctly and safely. B) Where appropriate performs stage A equipment checks or required calibration and records results.</p>				
<p><i>Patient preparation</i></p> <p>A) Checks the patient identification details, identifies self to patient. B) Outlines reason for appointment and aims of the session, checks consent.</p>				

**Additional comments**

**Section A2: Otoscopy – Adults.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Performs otoscopy in a safe manner without causing unnecessary discomfort to the patient. B) Accurate reporting of observations.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

**Section A2: Otoscopy – Adults.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Performs otoscopy in a safe manner without causing unnecessary discomfort to the patient. B) Accurate reporting of observations.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

**Section A2: Otoscopy – Adults.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Performs otoscopy in a safe manner without causing unnecessary discomfort to the patient. B) Accurate reporting of observations.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
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<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

**Section A2: Otoscopy – Adults.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
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<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

**Section A2: Otoscopy – Adults.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Performs otoscopy in a safe manner without causing unnecessary discomfort to the patient. B) Accurate reporting of observations.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

**Section A2: Otoscopy – Adults.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Performs otoscopy in a safe manner without causing unnecessary discomfort to the patient. B) Accurate reporting of observations.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

**Section A2: Otoscopy – Adults.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post otoscopic examination both for the protection of the patient and themselves. B) Instruction to the patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Performs otoscopy in a safe manner without causing unnecessary discomfort to the patient. B) Accurate reporting of observations.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies abnormal findings and initiates appropriate management strategy.</p>				

**Additional comments**

**Section A3: Not Masked  
Pure Tone Audiometry (>6 years).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient for pure tone audiometry within the scope of current BSA guidelines.</p>				
<p><i>Performing the procedure</i></p> <p>A) Correct placement of supra aural air conduction transducer (and/or bone vibrator, insert earphone).            B) Pure tone audiometry is carried out within the scope of the BSA recommended procedure (air conduction and bone conduction).            C) Correct presentation of stimulus in accordance with BSA recommended procedure.            D) Hearing thresholds are accurately established and tabulated correctly within the scope of the BSA guidelines.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct interpretation of test results and understands possible pathologies associated with particular hearing losses and onward referral policy (to ENT, Audiological Medicine and/or hearing therapy).            B) Explain results in suitable way to patient and/or guardian if required.</p>				

**Additional comments**

**Section A3: Not Masked  
Pure Tone Audiometry (>6 years).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient for pure tone audiometry within the scope of current BSA guidelines.</p>				
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**Additional comments**

**Section A3: Not Masked  
Pure Tone Audiometry (>6 years).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient for pure tone audiometry within the scope of current BSA guidelines.</p>				
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Pure Tone Audiometry (>6 years).**

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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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**Additional comments**

**Section A4: Masked Pure Tone Audiometry (>6 years).**      Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient within scope of BSA guidelines.</p>				
<p><i>Performing the procedure</i></p> <p>A) Correct placement of supra aural air conduction transducer (and/or bone vibrator, insert earphone).            B) Pure tone audiometry is carried out within the scope of the BSA recommended procedure (air conduction and bone conduction with masking as required, applying masking rule 1, 2 and/or 3 when necessary).            C) Correct presentation of stimulus in accordance with BSA recommended procedure.            D) Masked hearing thresholds are accurately established where possible and tabulated correctly (using BSA symbols).</p>				
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**Additional comments**

**Section A4: Masked Pure Tone Audiometry (>6 years).**      Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient within scope of BSA guidelines.</p>				
<p><i>Performing the procedure</i></p> <p>A) Correct placement of supra aural air conduction transducer (and/or bone vibrator, insert earphone).            B) Pure tone audiometry is carried out within the scope of the BSA recommended procedure (air conduction and bone conduction with masking as required, applying masking rule 1, 2 and/or 3 when necessary).            C) Correct presentation of stimulus in accordance with BSA recommended procedure.            D) Masked hearing thresholds are accurately established where possible and tabulated correctly (using BSA symbols).</p>				
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**Additional comments**

**Section A4: Masked Pure Tone Audiometry (>6 years).**      Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient within scope of BSA guidelines.</p>				
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**Additional comments**

**Section A4: Masked**                      **Date** \_\_\_\_\_ **Supervisor sig** \_\_\_\_\_  
**Pure Tone Audiometry (>6 years).**

<b>Sub section</b>	<b>Notes</b>	<b>FD</b>	<b>P</b>	<b>&lt;P/O</b>
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient within scope of BSA guidelines.</p>				
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**Additional comments**

**Section A4: Masked Pure Tone Audiometry (>6 years).**      Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient within scope of BSA guidelines.</p>				
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**Additional comments**

**Section A4: Masked**                      **Date** \_\_\_\_\_ **Supervisor sig** \_\_\_\_\_  
**Pure Tone Audiometry (>6 years).**

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves. B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test. C) Test instruction to the patient within scope of BSA guidelines.</p>				
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**Additional comments**

**Section A4: Masked Pure Tone Audiometry (>6 years).**      Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient within scope of BSA guidelines.</p>				
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**Additional comments**

**Section A4: Masked Pure Tone Audiometry (>6 years).**      Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Perform otoscopy prior to pure tone audiometry – aware of contraindications for performing test.            C) Test instruction to the patient within scope of BSA guidelines.</p>				
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**Additional comments**

**Section A5: Uncomfortable Loudness Levels (ULLs).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.                      B) Perform otoscopy prior to measurement of ULLs – aware of contraindications for performing test.                      C) Test instruction to the patient for ULL measurement.</p>				
<p><i>Performing the procedure</i></p> <p>A) Correct placement of supra aural air conduction transducer.                      B) ULL measurement is carried out within the scope of the BSA recommended procedure.                      C) Correct presentation of stimulus in accordance with recommended procedure.                      D) ULLs established and tabulated correctly (using BSA symbols).</p>				
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**Additional comments**

**Section A5: Uncomfortable Loudness Levels (ULLs).**

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Sub section	Notes	FD	P	<P/O
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**Section A5: Uncomfortable Loudness Levels (ULLs).**

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Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.                      B) Perform otoscopy prior to measurement of ULLs – aware of contraindications for performing test.                      C) Test instruction to the patient for ULL measurement.</p>				
<p><i>Performing the procedure</i></p> <p>A) Correct placement of supra aural air conduction transducer.                      B) ULL measurement is carried out within the scope of the BSA recommended procedure.                      C) Correct presentation of stimulus in accordance with recommended procedure.                      D) ULLs established and tabulated correctly (using BSA symbols).</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct interpretation of test results and understand possible pathologies associated with particular hearing losses and onward referral policy (to ENT, Audiological Medicine and/or hearing therapy).                      B) Explain results in suitable way to patient and/or guardian if required.</p>				

**Additional comments**

**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Otoscopic examination of ears prior to tympanometry and history taken to establish if any contra-indications are present and on identifying contradictions acts appropriately.            C) Test instructions to patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Obtain probe tip seal safely and without causing discomfort to the patient.            B) Test is carried out using BSA recommended procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Record middle ear pressure, middle ear compliance and ear canal volume.            B) Compare with normative data, correct interpretation of test results.            C) Explain results in suitable way to patient.            D) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Otoscopic examination of ears prior to tympanometry and history taken to establish if any contra-indications are present and on identifying contradictions acts appropriately.            C) Test instructions to patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Obtain probe tip seal safely and without causing discomfort to the patient.            B) Test is carried out using BSA recommended procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Record middle ear pressure, middle ear compliance and ear canal volume.            B) Compare with normative data, correct interpretation of test results.            C) Explain results in suitable way to patient.            D) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves.            B) Otoscopic examination of ears prior to tympanometry and history taken to establish if any contra-indications are present and on identifying contradictions acts appropriately.            C) Test instructions to patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Obtain probe tip seal safely and without causing discomfort to the patient.            B) Test is carried out using BSA recommended procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Record middle ear pressure, middle ear compliance and ear canal volume.            B) Compare with normative data, correct interpretation of test results.            C) Explain results in suitable way to patient.            D) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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**Additional comments**

**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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<p><i>Performing the procedure</i></p> <p>A) Obtain probe tip seal safely and without causing discomfort to the patient.            B) Test is carried out using BSA recommended procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Record middle ear pressure, middle ear compliance and ear canal volume.            B) Compare with normative data, correct interpretation of test results.            C) Explain results in suitable way to patient.            D) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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<p><i>Performing the procedure</i></p> <p>A) Obtain probe tip seal safely and without causing discomfort to the patient.            B) Test is carried out using BSA recommended procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Record middle ear pressure, middle ear compliance and ear canal volume.            B) Compare with normative data, correct interpretation of test results.            C) Explain results in suitable way to patient.            D) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A6: Tympanometry – Adults.** Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
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<p><i>Interpretation and patient management</i></p> <p>A) Record middle ear pressure, middle ear compliance and ear canal volume.            B) Compare with normative data, correct interpretation of test results.            C) Explain results in suitable way to patient.            D) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A8: Diagnostic  
Acoustic Reflex Thresholds (ARTs).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Test can be carried out on volunteers. Interpretation can be based on previously collected patient data

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves. B) Otoscopic examination of ears prior to tympanometry and history taken to establish and act upon any contra-indications. C) Test instructions to patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Test is carried out using departmental protocol using non-screening mode. B) Determine acoustic reflex threshold to ipsilateral and/or contralateral stimulation (at frequencies deemed appropriate).</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Record ARTs and interprets results appropriately. B) Explain results in suitable way to patient. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A8: Diagnostic  
Acoustic Reflex Thresholds (ARTs).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Test can be carried out on volunteers. Interpretation can be based on previously collected patient data

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Applies reasonable standards of hygiene pre, during and post examination both for the protection of the patient and themselves. B) Otoscopic examination of ears prior to tympanometry and history taken to establish and act upon any contra-indications. C) Test instructions to patient.</p>				
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**Additional comments**

**Section A8: Diagnostic  
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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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**Section A8: Diagnostic  
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**Section A8: Diagnostic  
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**Section A8: Diagnostic  
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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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**Additional comments**

**Section A8: Diagnostic  
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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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**Additional comments**

**Section A10: Impression Taking and Earmould Selection.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identification of contraindications from history.            B) Explain procedure to patient.            C) Applies standards of hygiene for the protection of the patient and themselves.</p>				
<p><i>Performing the procedure</i></p> <p>A) Examination of and behind the pinna. Otoscopy of ear canal, correctly identify and act on any contraindications.            B) Safe and accurate impression taking including selection and insertion of otostops, syringing and removal of the impression according to BSA recommended procedure.            C) Post impression otoscopy.            D) Cleans and prepares impressions according to local policy.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Assess impression for suitability for processing and repeat as required.            B) Identification of appropriate earmould type, tubing and venting requirements according to patient's amplification requirements.            C) Considers the patient's visual, manual dexterity and motor skills and uses this information to establish the most appropriate format of earmould/instrumentation for the patient.</p>				

**Additional comments**

**Section A10: Impression Taking and Earmould Selection.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identification of contraindications from history.            B) Explain procedure to patient.            C) Applies standards of hygiene for the protection of the patient and themselves.</p>				
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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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<p><i>Patient preparation</i></p> <p>A) Identification of contraindications from history.            B) Explain procedure to patient.            C) Applies standards of hygiene for the protection of the patient and themselves.</p>				
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**Section A10: Impression Taking and Earmould Selection.**

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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

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**Section A10: Impression Taking and Earmould Selection.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
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**Additional comments**

**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
<p><i>Performing the procedure</i></p> <p>A) Carries out according to BAA/BSA recommended procedure as appropriate for the patient            B) Troubleshoots any problems e.g. feedback, blocked tube.            C) Patient centered rapport maintained throughout the procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Uses the results of REM measures to fine tune the hearing aid response to match targets within BAA/BSA recommended tolerances.            B) Evaluates subjective sound quality including own voice and tolerance to loud sounds, adjusts frequency gain control, compression characteristics, MPO, feedback management as appropriate. Runs additional REM curve documenting changes if appropriate.            C) Able to explain test results and management options.</p>				

**Additional comments**

**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
<p><i>Performing the procedure</i></p> <p>A) Carries out according to BAA/BSA recommended procedure as appropriate for the patient            B) Troubleshoots any problems e.g. feedback, blocked tube.            C) Patient centered rapport maintained throughout the procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Uses the results of REM measures to fine tune the hearing aid response to match targets within BAA/BSA recommended tolerances.            B) Evaluates subjective sound quality including own voice and tolerance to loud sounds, adjusts frequency gain control, compression characteristics, MPO, feedback management as appropriate. Runs additional REM curve documenting changes if appropriate.            C) Able to explain test results and management options.</p>				

**Additional comments**

**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
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**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
<p><i>Performing the procedure</i></p> <p>A) Carries out according to BAA/BSA recommended procedure as appropriate for the patient            B) Troubleshoots any problems e.g. feedback, blocked tube.            C) Patient centered rapport maintained throughout the procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Uses the results of REM measures to fine tune the hearing aid response to match targets within BAA/BSA recommended tolerances.            B) Evaluates subjective sound quality including own voice and tolerance to loud sounds, adjusts frequency gain control, compression characteristics, MPO, feedback management as appropriate. Runs additional REM curve documenting changes if appropriate.            C) Able to explain test results and management options.</p>				

**Additional comments**

**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
<p><i>Performing the procedure</i></p> <p>A) Carries out according to BAA/BSA recommended procedure as appropriate for the patient            B) Troubleshoots any problems e.g. feedback, blocked tube.            C) Patient centered rapport maintained throughout the procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Uses the results of REM measures to fine tune the hearing aid response to match targets within BAA/BSA recommended tolerances.            B) Evaluates subjective sound quality including own voice and tolerance to loud sounds, adjusts frequency gain control, compression characteristics, MPO, feedback management as appropriate. Runs additional REM curve documenting changes if appropriate.            C) Able to explain test results and management options.</p>				

**Additional comments**

**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
<p><i>Performing the procedure</i></p> <p>A) Carries out according to BAA/BSA recommended procedure as appropriate for the patient            B) Troubleshoots any problems e.g. feedback, blocked tube.            C) Patient centered rapport maintained throughout the procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Uses the results of REM measures to fine tune the hearing aid response to match targets within BAA/BSA recommended tolerances.            B) Evaluates subjective sound quality including own voice and tolerance to loud sounds, adjusts frequency gain control, compression characteristics, MPO, feedback management as appropriate. Runs additional REM curve documenting changes if appropriate.            C) Able to explain test results and management options.</p>				

**Additional comments**

**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
<p><i>Performing the procedure</i></p> <p>A) Carries out according to BAA/BSA recommended procedure as appropriate for the patient            B) Troubleshoots any problems e.g. feedback, blocked tube.            C) Patient centered rapport maintained throughout the procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Uses the results of REM measures to fine tune the hearing aid response to match targets within BAA/BSA recommended tolerances.            B) Evaluates subjective sound quality including own voice and tolerance to loud sounds, adjusts frequency gain control, compression characteristics, MPO, feedback management as appropriate. Runs additional REM curve documenting changes if appropriate.            C) Able to explain test results and management options.</p>				

**Additional comments**

**Section A11: Real ear measurements (REM).**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Connects hearing aids to PC and performs initial 'auto-fit' to appropriate prescription target .            B) Calibrates probe tubes.            C) Checks prescription target set-up in REM software and modifies if necessary e.g. unilateral fitting, conductive element            D) Selects (or checks) appropriate stimulus type and level in REM software.</p>				
<p><i>Performing the procedure</i></p> <p>A) Carries out according to BAA/BSA recommended procedure as appropriate for the patient            B) Troubleshoots any problems e.g. feedback, blocked tube.            C) Patient centered rapport maintained throughout the procedure.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Uses the results of REM measures to fine tune the hearing aid response to match targets within BAA/BSA recommended tolerances.            B) Evaluates subjective sound quality including own voice and tolerance to loud sounds, adjusts frequency gain control, compression characteristics, MPO, feedback management as appropriate. Runs additional REM curve documenting changes if appropriate.            C) Able to explain test results and management options.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Carry out test as appropriate to determine whether analogue hearing aid is working correctly. This may include some of the following tests: OSPL-90, full on gain, patient user gain, frequency response, harmonic distortion and telecoil response. B) Consideration should be given to the hearing aid settings and placement inside the test box, stimulus type and level.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Carry out test as appropriate to determine whether analogue hearing aid is working correctly. This may include some of the following tests: OSPL-90, full on gain, patient user gain, frequency response, harmonic distortion and telecoil response.</p> <p>B) Consideration should be given to the hearing aid settings and placement inside the test box, stimulus type and level.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

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<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Carry out test as appropriate to determine whether analogue hearing aid is working correctly. This may include some of the following tests: OSPL-90, full on gain, patient user gain, frequency response, harmonic distortion and telecoil response.</p> <p>B) Consideration should be given to the hearing aid settings and placement inside the test box, stimulus type and level.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Carry out test as appropriate to determine whether analogue hearing aid is working correctly. This may include some of the following tests: OSPL-90, full on gain, patient user gain, frequency response, harmonic distortion and telecoil response. B) Consideration should be given to the hearing aid settings and placement inside the test box, stimulus type and level.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

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<p><i>Performing the procedure</i></p> <p>A) Carry out test as appropriate to determine whether analogue hearing aid is working correctly. This may include some of the following tests: OSPL-90, full on gain, patient user gain, frequency response, harmonic distortion and telecoil response. B) Consideration should be given to the hearing aid settings and placement inside the test box, stimulus type and level.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Carry out test as appropriate to determine whether analogue hearing aid is working correctly. This may include some of the following tests: OSPL-90, full on gain, patient user gain, frequency response, harmonic distortion and telecoil response.</p> <p>B) Consideration should be given to the hearing aid settings and placement inside the test box, stimulus type and level.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A12: Hearing Aid  
Test Box Measurements**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

DSP hearing aids can be tested using a 'test setting' function if it is available in order to compare to specification sheets or at user settings to gain reference baseline curves. Until IEC standards for DSP hearing aids have been published students should follow local protocols.

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<p><i>Performing the procedure</i></p> <p>A) Carry out test as appropriate to determine whether analogue hearing aid is working correctly. This may include some of the following tests: OSPL-90, full on gain, patient user gain, frequency response, harmonic distortion and telecoil response.</p> <p>B) Consideration should be given to the hearing aid settings and placement inside the test box, stimulus type and level.</p>				
<p><i>Interpretation and patient management</i></p> <p>Identifies correct or incorrect functioning of a hearing aid and acts on this information accordingly.</p>				

**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Identify requirements for venting. B) Establish earmould material and tubing required. C) Identify modifications required.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct selection of earmould tubing and venting selection and modification. B) Information documented appropriately. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Identify requirements for venting. B) Establish earmould material and tubing required. C) Identify modifications required.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct selection of earmould tubing and venting selection and modification. B) Information documented appropriately. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Identify requirements for venting. B) Establish earmould material and tubing required. C) Identify modifications required.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct selection of earmould tubing and venting selection and modification. B) Information documented appropriately. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Identify requirements for venting. B) Establish earmould material and tubing required. C) Identify modifications required.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct selection of earmould tubing and venting selection and modification. B) Information documented appropriately. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Identify requirements for venting. B) Establish earmould material and tubing required. C) Identify modifications required.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct selection of earmould tubing and venting selection and modification. B) Information documented appropriately. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
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**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Identify requirements for venting. B) Establish earmould material and tubing required. C) Identify modifications required.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct selection of earmould tubing and venting selection and modification. B) Information documented appropriately. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A13: Ear Mould Selection and Modifications.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Hygiene considerations, patient information and handling. B) Establish amplification requirements of patient.</p>				
<p><i>Performing the procedure</i></p> <p>A) Identify requirements for venting. B) Establish earmould material and tubing required. C) Identify modifications required.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Correct selection of earmould tubing and venting selection and modification. B) Information documented appropriately. C) Initiates appropriate management strategy.</p>				

**Additional comments**

**Section A14: Hearing Aid Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Information documented appropriately (e.g. raw scores and percentiles). B) Initiates appropriate management strategy after establishing patient disability, handicap, measure of hearing aid use, perceived benefit of hearing aid in key situations and residual disability. C) Referral for other types of rehabilitation via hearing therapy as appropriate to deal with residual disability.</p>				

**Additional comments**

**Section A14: Hearing Aid Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Information documented appropriately (e.g. raw scores and percentiles). B) Initiates appropriate management strategy after establishing patient disability, handicap, measure of hearing aid use, perceived benefit of hearing aid in key situations and residual disability. C) Referral for other types of rehabilitation via hearing therapy as appropriate to deal with residual disability.</p>				

**Additional comments**

**Section A14: Hearing Aid Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
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**Additional comments**

**Section A14: Hearing Aid Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Information documented appropriately (e.g. raw scores and percentiles). B) Initiates appropriate management strategy after establishing patient disability, handicap, measure of hearing aid use, perceived benefit of hearing aid in key situations and residual disability. C) Referral for other types of rehabilitation via hearing therapy as appropriate to deal with residual disability.</p>				

**Additional comments**

**Section A14: Hearing Aid  
Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Information documented appropriately (e.g. raw scores and percentiles). B) Initiates appropriate management strategy after establishing patient disability, handicap, measure of hearing aid use, perceived benefit of hearing aid in key situations and residual disability. C) Referral for other types of rehabilitation via hearing therapy as appropriate to deal with residual disability.</p>				

**Additional comments**

**Section A14: Hearing Aid Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Information documented appropriately (e.g. raw scores and percentiles). B) Initiates appropriate management strategy after establishing patient disability, handicap, measure of hearing aid use, perceived benefit of hearing aid in key situations and residual disability. C) Referral for other types of rehabilitation via hearing therapy as appropriate to deal with residual disability.</p>				

**Additional comments**

**Section A14: Hearing Aid  
Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Information documented appropriately (e.g. raw scores and percentiles). B) Initiates appropriate management strategy after establishing patient disability, handicap, measure of hearing aid use, perceived benefit of hearing aid in key situations and residual disability. C) Referral for other types of rehabilitation via hearing therapy as appropriate to deal with residual disability.</p>				

**Additional comments**

**Section A14: Hearing Aid Questionnaires.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Patient preparation</i></p> <p>A) Identifies suitable questionnaire for use with the patient. B) Explains test procedure to patient.</p>				
<p><i>Performing the procedure</i></p> <p>Guides the patient through the completion of either the Glasgow Hearing Aid Benefit Profile (GHABP) or the Glasgow Hearing Aid Difference Profile (GHADiffP) or suitable alternative measure such as the IOI-HA.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Information documented appropriately (e.g. raw scores and percentiles). B) Initiates appropriate management strategy after establishing patient disability, handicap, measure of hearing aid use, perceived benefit of hearing aid in key situations and residual disability. C) Referral for other types of rehabilitation via hearing therapy as appropriate to deal with residual disability.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.            B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.            C) Obtains full description of nature of the problem(s). This may include any of the following areas:            - Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.            - Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.            B) Results documented appropriately.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.            B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.            C) Obtains full description of nature of the problem(s). This may include any of the following areas:            - Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.            - Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.            B) Results documented appropriately.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.</p> <p>B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.</p> <p>C) Obtains full description of nature of the problem(s). This may include any of the following areas:</p> <ul style="list-style-type: none"> <li>- Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.</li> <li>- Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</li> </ul>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.</p> <p>B) Results documented appropriately.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.</p> <p>B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.</p> <p>C) Obtains full description of nature of the problem(s). This may include any of the following areas:</p> <ul style="list-style-type: none"> <li>- Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.</li> <li>- Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</li> </ul>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.</p> <p>B) Results documented appropriately.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.</p> <p>B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.</p> <p>C) Obtains full description of nature of the problem(s). This may include any of the following areas:</p> <ul style="list-style-type: none"> <li>- Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.</li> <li>- Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</li> </ul>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.</p> <p>B) Results documented appropriately.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.            B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.            C) Obtains full description of nature of the problem(s). This may include any of the following areas:            - Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.            - Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.            B) Results documented appropriately.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.            B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.            C) Obtains full description of nature of the problem(s). This may include any of the following areas:            - Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.            - Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.            B) Results documented appropriately.</p>				

**Additional comments**

**Section A15: Patient Interview.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Performing the procedure</i></p> <p>A) Uses effective communication strategy for patient and/or parent/guardian/significant other as appropriate.            B) Maintains rapport with patient and/or parent/guardian/significant other as appropriate and is aware of their concerns.            C) Obtains full description of nature of the problem(s). This may include any of the following areas:            - Reason for referral; Nature, characteristics, timing of hearing loss, tinnitus and /or balance disturbance; Effect on quality of life.            - Speech and language development; Developmental milestones; Pregnancy and birth history; Otological history (current and past); Medical history (current and past); Head injury; Noise exposure; Medication; Family history; Effect on quality of life.</p>				
<p><i>Interpretation and patient management</i></p> <p>A) Identifies audiometric and balance tests and procedures required based on information obtained from history and referral letter.            B) Results documented appropriately.</p>				

**Additional comments**

## 6. Section B Feedback Sheets

### Section B1: Direct Referral.

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview and counselling</i></p> <p>A) Uses effective communication strategies in order to take a full history including relevant information on hearing loss, tinnitus and balance disorders and resulting effect on quality of life, manipulation or visual difficulties, social circumstances that may affect the management decision. Includes significant others as appropriate. B) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP (or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise. B) Identifies whether each of the four specific listening situations occurs in their life, asks how much difficulty they have in each situation, and how much the difficulty worries, annoys or upsets them. C) Effectively draws patients attention to appropriate answers and identifies where difficulty in pre-defined situations may differ for similar situations i.e. busy street as opposed to shop. D) User defined situations are appropriately encouraged and accurately recorded. E) Summary of results used to guide patient rehabilitation.</p>				
<p><i>Assessment strategy</i></p> <p>Selects appropriate test strategy: A) Otoscopy (follows A2 guidelines). B) Pure tone audiometry (follows A4 guidelines). C) Uncomfortable Loudness Levels (follows A5 guidelines). D) Tympanometry (follows A6 guidelines). E) Acoustic Reflex Thresholds (follows A8 guidelines).</p>				
<p><i>Integration of test results and counselling</i></p> <p>A) Identifies motivation and expectations towards hearing aids. B) Integrates hearing disability and handicap results with audiometric results and patient motivation and expectations. C) Motivates patient or adjusts expectations where necessary.</p>				

<p><i>Management strategy</i></p> <p>A) After integration of results, reaches decision with patient in regards to appropriate management plan i.e. unilateral or bilateral personal amplification; environmental aids and referral to other services (e.g. social services, Access to Work agency, volunteer scheme).</p> <p>B) Identify patients who do not meet TTSA direct referral criteria and applies local policy.</p> <p>C) If appropriate discuss hearing aid options and agree type/model with patient.</p> <p>D) Impression taken following A10 guidelines, critiques impression for suitability for processing.</p> <p>E) Identification of appropriate earmould type and acoustic specification.</p> <p>F) Considers the patient's visual, manual dexterity and motor skills and uses this information to establish the most appropriate format of earmould fitting/instrumentation for the patient.</p>				
<p><i>Patient debriefing and recording of results</i></p> <p>A) Discuss management time scales, hand out relevant patient information leaflets, book or arrange next appointment.</p> <p>B) All relevant appointment information recorded on PMS i.e. GHABP or equivalent data, audiometric results, counseling results, ear impression number etc.</p> <p>C) Results and management strategy documented to referrer.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B1: Direct Referral.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview and counselling</i></p> <p>A) Uses effective communication strategies in order to take a full history including relevant information on hearing loss, tinnitus and balance disorders and resulting effect on quality of life, manipulation or visual difficulties, social circumstances that may affect the management decision. Includes significant others as appropriate. B) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP (or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise. B) Identifies whether each of the four specific listening situations occurs in their life, asks how much difficulty they have in each situation, and how much the difficulty worries, annoys or upsets them. C) Effectively draws patients attention to appropriate answers and identifies where difficulty in pre-defined situations may differ for similar situations i.e. busy street as opposed to shop. D) User defined situations are appropriately encouraged and accurately recorded. E) Summary of results used to guide patient rehabilitation.</p>				
<p><i>Assessment strategy</i></p> <p>Selects appropriate test strategy: A) Otoscopy (follows A2 guidelines). B) Pure tone audiometry (follows A4 guidelines). C) Uncomfortable Loudness Levels (follows A5 guidelines). D) Tympanometry (follows A6 guidelines). E) Acoustic Reflex Thresholds (follows A8 guidelines).</p>				
<p><i>Integration of test results and counselling</i></p> <p>A) Identifies motivation and expectations towards hearing aids. B) Integrates hearing disability and handicap results with audiometric results and patient motivation and expectations. C) Motivates patient or adjusts expectations where necessary.</p>				

<p><i>Management strategy</i></p> <p>A) After integration of results, reaches decision with patient in regards to appropriate management plan i.e. unilateral or bilateral personal amplification; environmental aids and referral to other services (e.g. social services, Access to Work agency, volunteer scheme).</p> <p>B) Identify patients who do not meet TTSA direct referral criteria and applies local policy.</p> <p>C) If appropriate discuss hearing aid options and agree type/model with patient.</p> <p>D) Impression taken following A10 guidelines, critiques impression for suitability for processing.</p> <p>E) Identification of appropriate earmould type and acoustic specification.</p> <p>F) Considers the patient's visual, manual dexterity and motor skills and uses this information to establish the most appropriate format of earmould fitting/instrumentation for the patient.</p>				
<p><i>Patient debriefing and recording of results</i></p> <p>A) Discuss management time scales, hand out relevant patient information leaflets, book or arrange next appointment.</p> <p>B) All relevant appointment information recorded on PMS i.e. GHABP or equivalent data, audiometric results, counseling results, ear impression number etc.</p> <p>C) Results and management strategy documented to referrer.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B1: Direct Referral.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview and counselling</i></p> <p>A) Uses effective communication strategies in order to take a full history including relevant information on hearing loss, tinnitus and balance disorders and resulting effect on quality of life, manipulation or visual difficulties, social circumstances that may affect the management decision. Includes significant others as appropriate. B) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP (or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise. B) Identifies whether each of the four specific listening situations occurs in their life, asks how much difficulty they have in each situation, and how much the difficulty worries, annoys or upsets them. C) Effectively draws patients attention to appropriate answers and identifies where difficulty in pre-defined situations may differ for similar situations i.e. busy street as opposed to shop. D) User defined situations are appropriately encouraged and accurately recorded. E) Summary of results used to guide patient rehabilitation.</p>				
<p><i>Assessment strategy</i></p> <p>Selects appropriate test strategy: A) Otoscopy (follows A2 guidelines). B) Pure tone audiometry (follows A4 guidelines). C) Uncomfortable Loudness Levels (follows A5 guidelines). D) Tympanometry (follows A6 guidelines). E) Acoustic Reflex Thresholds (follows A8 guidelines).</p>				
<p><i>Integration of test results and counselling</i></p> <p>A) Identifies motivation and expectations towards hearing aids. B) Integrates hearing disability and handicap results with audiometric results and patient motivation and expectations. C) Motivates patient or adjusts expectations where necessary.</p>				

<p><i>Management strategy</i></p> <p>A) After integration of results, reaches decision with patient in regards to appropriate management plan i.e. unilateral or bilateral personal amplification; environmental aids and referral to other services (e.g. social services, Access to Work agency, volunteer scheme).</p> <p>B) Identify patients who do not meet TTSA direct referral criteria and applies local policy.</p> <p>C) If appropriate discuss hearing aid options and agree type/model with patient.</p> <p>D) Impression taken following A10 guidelines, critiques impression for suitability for processing.</p> <p>E) Identification of appropriate earmould type and acoustic specification.</p> <p>F) Considers the patient's visual, manual dexterity and motor skills and uses this information to establish the most appropriate format of earmould fitting/instrumentation for the patient.</p>				
<p><i>Patient debriefing and recording of results</i></p> <p>A) Discuss management time scales, hand out relevant patient information leaflets, book or arrange next appointment.</p> <p>B) All relevant appointment information recorded on PMS i.e. GHABP or equivalent data, audiometric results, counseling results, ear impression number etc.</p> <p>C) Results and management strategy documented to referrer.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview and counselling</i></p> <p>A) Uses effective communication strategies in order to take a full history including relevant information on hearing loss, tinnitus and balance disorders and resulting effect on quality of life, manipulation or visual difficulties, social circumstances that may affect the management decision. Includes significant others as appropriate. B) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP (or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise. B) Identifies whether each of the four specific listening situations occurs in their life, asks how much difficulty they have in each situation, and how much the difficulty worries, annoys or upsets them. C) Effectively draws patients attention to appropriate answers and identifies where difficulty in pre-defined situations may differ for similar situations i.e. busy street as opposed to shop. D) User defined situations are appropriately encouraged and accurately recorded. E) Summary of results used to guide patient rehabilitation.</p>				
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<p><i>Management strategy</i></p> <p>A) After integration of results, reaches decision with patient in regards to appropriate management plan i.e. unilateral or bilateral personal amplification; environmental aids and referral to other services (e.g. social services, Access to Work agency, volunteer scheme).</p> <p>B) Identify patients who do not meet TTSA direct referral criteria and applies local policy.</p> <p>C) If appropriate discuss hearing aid options and agree type/model with patient.</p> <p>D) Impression taken following A10 guidelines, critiques impression for suitability for processing.</p> <p>E) Identification of appropriate earmould type and acoustic specification.</p> <p>F) Considers the patient's visual, manual dexterity and motor skills and uses this information to establish the most appropriate format of earmould fitting/instrumentation for the patient.</p>				
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<p><i>GHABP (or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise. B) Identifies whether each of the four specific listening situations occurs in their life, asks how much difficulty they have in each situation, and how much the difficulty worries, annoys or upsets them. C) Effectively draws patients attention to appropriate answers and identifies where difficulty in pre-defined situations may differ for similar situations i.e. busy street as opposed to shop. D) User defined situations are appropriately encouraged and accurately recorded. E) Summary of results used to guide patient rehabilitation.</p>				
<p><i>Assessment strategy</i></p> <p>Selects appropriate test strategy: A) Otoscopy (follows A2 guidelines). B) Pure tone audiometry (follows A4 guidelines). C) Uncomfortable Loudness Levels (follows A5 guidelines). D) Tympanometry (follows A6 guidelines). E) Acoustic Reflex Thresholds (follows A8 guidelines).</p>				
<p><i>Integration of test results and counselling</i></p> <p>A) Identifies motivation and expectations towards hearing aids. B) Integrates hearing disability and handicap results with audiometric results and patient motivation and expectations. C) Motivates patient or adjusts expectations where necessary.</p>				

<p><i>Management strategy</i></p> <p>A) After integration of results, reaches decision with patient in regards to appropriate management plan i.e. unilateral or bilateral personal amplification; environmental aids and referral to other services (e.g. social services, Access to Work agency, volunteer scheme).</p> <p>B) Identify patients who do not meet TTSA direct referral criteria and applies local policy.</p> <p>C) If appropriate discuss hearing aid options and agree type/model with patient.</p> <p>D) Impression taken following A10 guidelines, critiques impression for suitability for processing.</p> <p>E) Identification of appropriate earmould type and acoustic specification.</p> <p>F) Considers the patient's visual, manual dexterity and motor skills and uses this information to establish the most appropriate format of earmould fitting/instrumentation for the patient.</p>				
<p><i>Patient debriefing and recording of results</i></p> <p>A) Discuss management time scales, hand out relevant patient information leaflets, book or arrange next appointment.</p> <p>B) All relevant appointment information recorded on PMS i.e. GHABP or equivalent data, audiometric results, counseling results, ear impression number etc.</p> <p>C) Results and management strategy documented to referrer.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B1: Direct Referral.**

**Date** \_\_\_\_\_ **Supervisor sig** \_\_\_\_\_

<b>Sub section</b>	<b>Notes</b>	<b>FD</b>	<b>P</b>	<b>&lt;P/O</b>
<p><i>Interview and counselling</i></p> <p>A) Uses effective communication strategies in order to take a full history including relevant information on hearing loss, tinnitus and balance disorders and resulting effect on quality of life, manipulation or visual difficulties, social circumstances that may affect the management decision. Includes significant others as appropriate. B) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP (or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise. B) Identifies whether each of the four specific listening situations occurs in their life, asks how much difficulty they have in each situation, and how much the difficulty worries, annoys or upsets them. C) Effectively draws patients attention to appropriate answers and identifies where difficulty in pre-defined situations may differ for similar situations i.e. busy street as opposed to shop. D) User defined situations are appropriately encouraged and accurately recorded. E) Summary of results used to guide patient rehabilitation.</p>				
<p><i>Assessment strategy</i></p> <p>Selects appropriate test strategy: A) Otoscopy (follows A2 guidelines). B) Pure tone audiometry (follows A4 guidelines). C) Uncomfortable Loudness Levels (follows A5 guidelines). D) Tympanometry (follows A6 guidelines). E) Acoustic Reflex Thresholds (follows A8 guidelines).</p>				
<p><i>Integration of test results and counselling</i></p> <p>A) Identifies motivation and expectations towards hearing aids. B) Integrates hearing disability and handicap results with audiometric results and patient motivation and expectations. C) Motivates patient or adjusts expectations where necessary.</p>				

<p><i>Management strategy</i></p> <p>A) After integration of results, reaches decision with patient in regards to appropriate management plan i.e. unilateral or bilateral personal amplification; environmental aids and referral to other services (e.g. social services, Access to Work agency, volunteer scheme).</p> <p>B) Identify patients who do not meet TTSA direct referral criteria and applies local policy.</p> <p>C) If appropriate discuss hearing aid options and agree type/model with patient.</p> <p>D) Impression taken following A10 guidelines, critiques impression for suitability for processing.</p> <p>E) Identification of appropriate earmould type and acoustic specification.</p> <p>F) Considers the patient's visual, manual dexterity and motor skills and uses this information to establish the most appropriate format of earmould fitting/instrumentation for the patient.</p>				
<p><i>Patient debriefing and recording of results</i></p> <p>A) Discuss management time scales, hand out relevant patient information leaflets, book or arrange next appointment.</p> <p>B) All relevant appointment information recorded on PMS i.e. GHABP or equivalent data, audiometric results, counseling results, ear impression number etc.</p> <p>C) Results and management strategy documented to referrer.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

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Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview and counselling</i></p> <p>A) Uses effective communication strategies in order to take a full history including relevant information on hearing loss, tinnitus and balance disorders and resulting effect on quality of life, manipulation or visual difficulties, social circumstances that may affect the management decision. Includes significant others as appropriate. B) Maintains a rapport with the patient and is aware of their concerns.</p>				
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<p><i>Assessment strategy</i></p> <p>Selects appropriate test strategy: A) Otoscopy (follows A2 guidelines). B) Pure tone audiometry (follows A4 guidelines). C) Uncomfortable Loudness Levels (follows A5 guidelines). D) Tympanometry (follows A6 guidelines). E) Acoustic Reflex Thresholds (follows A8 guidelines).</p>				
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<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B2: Hearing Aid Fitting and Verification.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>Follows preparation REM guidelines in A11.</p>				
<p><i>Patient Briefing</i></p> <p>A) Uses effective communication strategies in order to continue to assess the patient's attitude and motivation towards the use of a hearing aid.            B) Maintains a rapport with the patient and is aware of their concerns with regards to the use of a hearing instrument.            C) Gives advice where appropriate to enable patient to make informed choices in respect of hearing aid features and loop system*.            * may be discussed later in the appointment</p>				
<p><i>Verification (REMs)</i></p> <p>Follows Performing the procedure in REM guidelines A11.</p>				
<p><i>Integration of test results</i></p> <p>Follows 'Interpretation and Patient Management' section in REM guidelines A11.</p>				
<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.</p> <p>B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.</p> <p>C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.</p> <p>D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.</p> <p>E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.</p> <p>F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

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**Section B2: Hearing Aid Fitting and Verification.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
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<p><i>Patient Briefing</i></p> <p>A) Uses effective communication strategies in order to continue to assess the patient's attitude and motivation towards the use of a hearing aid.            B) Maintains a rapport with the patient and is aware of their concerns with regards to the use of a hearing instrument.            C) Gives advice where appropriate to enable patient to make informed choices in respect of hearing aid features and loop system*.            * may be discussed later in the appointment</p>				
<p><i>Verification (REMs)</i></p> <p>Follows Performing the procedure in REM guidelines A11.</p>				
<p><i>Integration of test results</i></p> <p>Follows 'Interpretation and Patient Management' section in REM guidelines A11.</p>				
<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.</p> <p>B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.</p> <p>C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.</p> <p>D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.</p> <p>E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.</p> <p>F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

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**Section B2: Hearing Aid Fitting and Verification.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>Follows preparation REM guidelines in A11.</p>				
<p><i>Patient Briefing</i></p> <p>A) Uses effective communication strategies in order to continue to assess the patient's attitude and motivation towards the use of a hearing aid.            B) Maintains a rapport with the patient and is aware of their concerns with regards to the use of a hearing instrument.            C) Gives advice where appropriate to enable patient to make informed choices in respect of hearing aid features and loop system*.            * may be discussed later in the appointment</p>				
<p><i>Verification (REMs)</i></p> <p>Follows Performing the procedure in REM guidelines A11.</p>				
<p><i>Integration of test results</i></p> <p>Follows 'Interpretation and Patient Management' section in REM guidelines A11.</p>				
<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.</p> <p>B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.</p> <p>C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.</p> <p>D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.</p> <p>E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.</p> <p>F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
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**Section B2: Hearing Aid Fitting and Verification.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>Follows preparation REM guidelines in A11.</p>				
<p><i>Patient Briefing</i></p> <p>A) Uses effective communication strategies in order to continue to assess the patient's attitude and motivation towards the use of a hearing aid.            B) Maintains a rapport with the patient and is aware of their concerns with regards to the use of a hearing instrument.            C) Gives advice where appropriate to enable patient to make informed choices in respect of hearing aid features and loop system*.            * may be discussed later in the appointment</p>				
<p><i>Verification (REMs)</i></p> <p>Follows Performing the procedure in REM guidelines A11.</p>				
<p><i>Integration of test results</i></p> <p>Follows 'Interpretation and Patient Management' section in REM guidelines A11.</p>				
<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.          B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.          C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.          D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.          E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.          F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
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<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.</p> <p>B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.</p> <p>C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.</p> <p>D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.</p> <p>E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.</p> <p>F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

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<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.</p> <p>B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.</p> <p>C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.</p> <p>D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.</p> <p>E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.</p> <p>F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
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**Section B2: Hearing Aid Fitting and Verification.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
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<p><i>Patient Briefing</i></p> <p>A) Uses effective communication strategies in order to continue to assess the patient's attitude and motivation towards the use of a hearing aid.            B) Maintains a rapport with the patient and is aware of their concerns with regards to the use of a hearing instrument.            C) Gives advice where appropriate to enable patient to make informed choices in respect of hearing aid features and loop system*.            * may be discussed later in the appointment</p>				
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<p><i>Integration of test results</i></p> <p>Follows 'Interpretation and Patient Management' section in REM guidelines A11.</p>				
<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.          B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.          C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.          D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.          E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.          F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B2: Hearing Aid Fitting and Verification.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>Follows preparation REM guidelines in A11.</p>				
<p><i>Patient Briefing</i></p> <p>A) Uses effective communication strategies in order to continue to assess the patient's attitude and motivation towards the use of a hearing aid.            B) Maintains a rapport with the patient and is aware of their concerns with regards to the use of a hearing instrument.            C) Gives advice where appropriate to enable patient to make informed choices in respect of hearing aid features and loop system*.            * may be discussed later in the appointment</p>				
<p><i>Verification (REMs)</i></p> <p>Follows Performing the procedure in REM guidelines A11.</p>				
<p><i>Integration of test results</i></p> <p>Follows 'Interpretation and Patient Management' section in REM guidelines A11.</p>				
<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.          B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.          C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.          D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.          E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.          F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

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**Section B2: Hearing Aid Fitting and Verification.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>Follows preparation REM guidelines in A11.</p>				
<p><i>Patient Briefing</i></p> <p>A) Uses effective communication strategies in order to continue to assess the patient's attitude and motivation towards the use of a hearing aid.            B) Maintains a rapport with the patient and is aware of their concerns with regards to the use of a hearing instrument.            C) Gives advice where appropriate to enable patient to make informed choices in respect of hearing aid features and loop system*.            * may be discussed later in the appointment</p>				
<p><i>Verification (REMs)</i></p> <p>Follows Performing the procedure in REM guidelines A11.</p>				
<p><i>Integration of test results</i></p> <p>Follows 'Interpretation and Patient Management' section in REM guidelines A11.</p>				
<p><i>Management Strategy</i></p> <p>A) Identifies patients who are currently unilaterally fitted and who would benefit from bilateral amplification. Identifies patients who would benefit from environmental aids and referral to other services (e.g. social services, Access to Work, volunteer scheme).            B) Advises follow-up appointment(s) within an appropriate time scale.</p>				

<p><i>Patient debriefing and reporting results</i></p> <p>A) Demonstrates and instructs the patient on handling, technical operation and maintenance of the hearing aid/s including use of the telephone. Issue written information on aids, local services etc.</p> <p>B) Advises client on hearing aid adaptation process and encourages use in identified important listening situations. Sets realistic goals and expectations in a motivating and positive manner and discusses communication tactics.</p> <p>C) Deals sensitively with any questions and anxieties and is able to explain future care provision to the patient, including how to access services in case of difficulties with the instrumentation.</p> <p>D) Concise, accurate and objective reporting of results and management strategy in patient journal ensuring REMs and hearing aid settings have been saved into NOAH.</p> <p>E) Serial numbers of hearing aid(s) recorded and stock records updated on PMS.</p> <p>F) Hearing aid record book is issued with complete record of hearing aid and earmould details.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B3: Hearing Aid Reassessment.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>A) Uses effective communication strategies in order to confirm medical history including relevant information on any changes in hearing, tinnitus and balance and resulting effect on quality of life. Explores motivation and expectations. Checks for any manipulation or visual difficulties.</p> <p>B) Assesses current hearing aid/s and earmould/s suitability, patient satisfaction, patient handling, care and maintenance skills .</p> <p>C) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP Part 1(or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise.</p> <p>B) Identifies how much the patient is using their hearing aids and how much residual disability still exists.</p> <p>C) User defined situations are appropriately encouraged and accurately recorded.</p> <p>D) Information is recorded accurately in PMS and results are discussed with patient.</p>				
<p><i>Assessment Strategy/Procedural Skills/Integration of test results</i></p> <p>Selects appropriate test strategy:</p> <p>A) Otoscopy (follows A2 guidelines).</p> <p>B) Pure tone audiometry (follows A4 guidelines).</p> <p>C) Uncomfortable Loudness Levels (follows A5 guidelines).</p> <p>D) Tympanometry (follows A6 guidelines).</p> <p>E) Acoustic Reflex Thresholds (follows A8 guidelines).</p> <p>F) Integrates all test results including GHABPdiff with available information on the communication needs of the patient in order to inform appropriate management strategy.</p>				

<p><i>Management Strategy/Patient debriefing/Reporting Results</i></p> <p>A) If appropriate verifies amplification characteristics of current aid using REMs, fine tunes if necessary based on match to targets and subjective evaluation of sound quality</p> <p>B) Identifies patients who require referral to ENT or GP for medical management.</p> <p>C) Identifies patients who would benefit from a change in unilateral or bilateral personal amplification, environmental aids and/or referral to other services (e.g. hearing therapy, social services, Access to Work agency, volunteer scheme).</p> <p>D) Identifies the need for changes in earmould provision and takes new ear impressions following guideline A10 if necessary.</p> <p>E) All results are explained to patient and a decision regarding the most appropriate management plan is made with the patient.</p> <p>F) Goal setting, counselling and setting of realistic expectations (with current aid or new aid), if swapping to DSP hearing aid(s) identifies patient's expectations and modifies accordingly if appropriate.</p> <p>G) Concise, accurate and objective reporting of results and management strategy in PMS.</p> <p>H) Amplification changes documented in hearing aid record book.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS</p> <p>B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies</p> <p>C) Consistent with the BSA Principles of Rehabilitation</p> <p>D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

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Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>A) Uses effective communication strategies in order to confirm medical history including relevant information on any changes in hearing, tinnitus and balance and resulting effect on quality of life. Explores motivation and expectations. Checks for any manipulation or visual difficulties.</p> <p>B) Assesses current hearing aid/s and earmould/s suitability, patient satisfaction, patient handling, care and maintenance skills .</p> <p>C) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP Part 1(or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise.</p> <p>B) Identifies how much the patient is using their hearing aids and how much residual disability still exists.</p> <p>C) User defined situations are appropriately encouraged and accurately recorded.</p> <p>D) Information is recorded accurately in PMS and results are discussed with patient.</p>				
<p><i>Assessment Strategy/Procedural Skills/Integration of test results</i></p> <p>Selects appropriate test strategy:</p> <p>A) Otoscopy (follows A2 guidelines).</p> <p>B) Pure tone audiometry (follows A4 guidelines).</p> <p>C) Uncomfortable Loudness Levels (follows A5 guidelines).</p> <p>D) Tympanometry (follows A6 guidelines).</p> <p>E) Acoustic Reflex Thresholds (follows A8 guidelines).</p> <p>F) Integrates all test results including GHABPdiff with available information on the communication needs of the patient in order to inform appropriate management strategy.</p>				

<p><i>Management Strategy/Patient debriefing/Reporting Results</i></p> <p>A) If appropriate verifies amplification characteristics of current aid using REMs, fine tunes if necessary based on match to targets and subjective evaluation of sound quality          B) Identifies patients who require referral to ENT or GP for medical management.          C) Identifies patients who would benefit from a change in unilateral or bilateral personal amplification, environmental aids and/or referral to other services (e.g. hearing therapy, social services, Access to Work agency, volunteer scheme).          D) Identifies the need for changes in earmould provision and takes new ear impressions following guideline A10 if necessary.          E) All results are explained to patient and a decision regarding the most appropriate management plan is made with the patient.          F) Goal setting, counselling and setting of realistic expectations (with current aid or new aid), if swapping to DSP hearing aid(s) identifies patient's expectations and modifies accordingly if appropriate.          G) Concise, accurate and objective reporting of results and management strategy in PMS.          H) Amplification changes documented in hearing aid record book.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B3: Hearing Aid Reassessment.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>A) Uses effective communication strategies in order to confirm medical history including relevant information on any changes in hearing, tinnitus and balance and resulting effect on quality of life. Explores motivation and expectations. Checks for any manipulation or visual difficulties.</p> <p>B) Assesses current hearing aid/s and earmould/s suitability, patient satisfaction, patient handling, care and maintenance skills .</p> <p>C) Maintains a rapport with the patient and is aware of their concerns.</p>				
<p><i>GHABP Part 1(or equivalent)</i></p> <p>A) Sets the scene for how the interview will take place, instructions are clear and concise.</p> <p>B) Identifies how much the patient is using their hearing aids and how much residual disability still exists.</p> <p>C) User defined situations are appropriately encouraged and accurately recorded.</p> <p>D) Information is recorded accurately in PMS and results are discussed with patient.</p>				
<p><i>Assessment Strategy/Procedural Skills/Integration of test results</i></p> <p>Selects appropriate test strategy:</p> <p>A) Otoscopy (follows A2 guidelines).</p> <p>B) Pure tone audiometry (follows A4 guidelines).</p> <p>C) Uncomfortable Loudness Levels (follows A5 guidelines).</p> <p>D) Tympanometry (follows A6 guidelines).</p> <p>E) Acoustic Reflex Thresholds (follows A8 guidelines).</p> <p>F) Integrates all test results including GHABPdiff with available information on the communication needs of the patient in order to inform appropriate management strategy.</p>				

<p><i>Management Strategy/Patient debriefing/Reporting Results</i></p> <p>A) If appropriate verifies amplification characteristics of current aid using REMs, fine tunes if necessary based on match to targets and subjective evaluation of sound quality          B) Identifies patients who require referral to ENT or GP for medical management.          C) Identifies patients who would benefit from a change in unilateral or bilateral personal amplification, environmental aids and/or referral to other services (e.g. hearing therapy, social services, Access to Work agency, volunteer scheme).          D) Identifies the need for changes in earmould provision and takes new ear impressions following guideline A10 if necessary.          E) All results are explained to patient and a decision regarding the most appropriate management plan is made with the patient.          F) Goal setting, counselling and setting of realistic expectations (with current aid or new aid), if swapping to DSP hearing aid(s) identifies patient's expectations and modifies accordingly if appropriate.          G) Concise, accurate and objective reporting of results and management strategy in PMS.          H) Amplification changes documented in hearing aid record book.</p>				
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**Additional comments**

**Section B3: Hearing Aid Reassessment.**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>A) Uses effective communication strategies in order to confirm medical history including relevant information on any changes in hearing, tinnitus and balance and resulting effect on quality of life. Explores motivation and expectations. Checks for any manipulation or visual difficulties.</p> <p>B) Assesses current hearing aid/s and earmould/s suitability, patient satisfaction, patient handling, care and maintenance skills .</p> <p>C) Maintains a rapport with the patient and is aware of their concerns.</p>				
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**Additional comments**

**Section B4: Hearing Aid Follow-up.**    Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

<b>Sub section</b>	<b>Notes</b>	<b>FD</b>	<b>P</b>	<b>&lt;P/O</b>
<p><i>Interview and Debriefing</i></p> <p>A) Establishes any relevant change in history since last appointment.            B) Evaluates subjective sound quality, comfort and expectations.            C) Maintains a rapport with the patient and is aware of their concerns.            D) Checks if patient has been experiencing problems with the hearing aid(s).            E) Checks how often patient the patient has been wearing the hearing aid(s).</p>				
<p><i>Assessment Strategy</i></p> <p>A) Evaluates subjective sound quality including tolerance to loud sounds.            B) Performs otoscopy and checks fit and comfort of earmoulds.            C) Checks use of programmes.</p>				
<p><i>GHABP Part 2 (or equivalent)</i></p> <p>A) For each pre-specified situation and user defined situation asks patient the extent to which the hearing aid is used, the extent to which problems have been reduced, extent to which problems remain and the extent to which the client has been satisfied by the intervention.</p>				

<p><i>Integration of Results/Management Strategy/Patient debriefing</i></p> <p>A) Uses results of questionnaire to guide patient rehabilitation, i.e. demonstrate benefit, highlight where problems remain.          B) Fine tunes hearing aid response based on subjective sound quality evaluation and/or GHABP results, repeat REMs if necessary.          C) Modifies earmould(s) if comfort/fit problems.          D) Provides information and counseling to the patient in appropriate use of the hearing aid to promote auditory acclimatisation. Discusses communication tactics as appropriate.          E) Identifies patients who would benefit from changes to current personal amplification and/or environmental aids          F) Evaluates the need for referral to other services or the need for further follow-up.          G) Able to explain results and management options to patient including time scales.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

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<p><i>Assessment Strategy</i></p> <p>A) Evaluates subjective sound quality including tolerance to loud sounds.            B) Performs otoscopy and checks fit and comfort of earmoulds.            C) Checks use of programmes.</p>				
<p><i>GHABP Part 2 (or equivalent)</i></p> <p>A) For each pre-specified situation and user defined situation asks patient the extent to which the hearing aid is used, the extent to which problems have been reduced, extent to which problems remain and the extent to which the client has been satisfied by the intervention.</p>				

<p><i>Integration of Results/Management Strategy/Patient debriefing</i></p> <p>A) Uses results of questionnaire to guide patient rehabilitation, i.e. demonstrate benefit, highlight where problems remain.          B) Fine tunes hearing aid response based on subjective sound quality evaluation and/or GHABP results, repeat REMs if necessary.          C) Modifies earmould(s) if comfort/fit problems.          D) Provides information and counseling to the patient in appropriate use of the hearing aid to promote auditory acclimatisation. Discusses communication tactics as appropriate.          E) Identifies patients who would benefit from changes to current personal amplification and/or environmental aids          F) Evaluates the need for referral to other services or the need for further follow-up.          G) Able to explain results and management options to patient including time scales.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B4: Hearing Aid Follow-up.**    Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Interview and Debriefing</i></p> <p>A) Establishes any relevant change in history since last appointment.            B) Evaluates subjective sound quality, comfort and expectations.            C) Maintains a rapport with the patient and is aware of their concerns.            D) Checks if patient has been experiencing problems with the hearing aid(s).            E) Checks how often patient the patient has been wearing the hearing aid(s).</p>				
<p><i>Assessment Strategy</i></p> <p>A) Evaluates subjective sound quality including tolerance to loud sounds.            B) Performs otoscopy and checks fit and comfort of earmoulds.            C) Checks use of programmes.</p>				
<p><i>GHABP Part 2 (or equivalent)</i></p> <p>A) For each pre-specified situation and user defined situation asks patient the extent to which the hearing aid is used, the extent to which problems have been reduced, extent to which problems remain and the extent to which the client has been satisfied by the intervention.</p>				

<p><i>Integration of Results/Management Strategy/Patient debriefing</i></p> <p>A) Uses results of questionnaire to guide patient rehabilitation, i.e. demonstrate benefit, highlight where problems remain.          B) Fine tunes hearing aid response based on subjective sound quality evaluation and/or GHABP results, repeat REMs if necessary.          C) Modifies earmould(s) if comfort/fit problems.          D) Provides information and counseling to the patient in appropriate use of the hearing aid to promote auditory acclimatisation. Discusses communication tactics as appropriate.          E) Identifies patients who would benefit from changes to current personal amplification and/or environmental aids          F) Evaluates the need for referral to other services or the need for further follow-up.          G) Able to explain results and management options to patient including time scales.</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

<b>Sub section</b>	<b>Notes</b>	<b>FD</b>	<b>P</b>	<b>&lt;P/O</b>
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

Sub section	Notes	FD	P	<P/O
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

<b>Sub section</b>	<b>Notes</b>	<b>FD</b>	<b>P</b>	<b>&lt;P/O</b>
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

**Section B5: Hearing Aid Repair. Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_**

<b>Sub section</b>	<b>Notes</b>	<b>FD</b>	<b>P</b>	<b>&lt;P/O</b>
<p><i>Interview</i></p> <p>Discusses the nature of the problem with the patient.</p>				
<p><i>Assessment Strategy / Procedural Skills / Integration of test results</i></p> <p>A) Identifies the procedures required based on the information obtained/ from history.            B) Depending on test strategy one or more of the following:            Otoscopy, basic hearing aid listening checks, hearing aid test box measurements, real ear measurements, hearing aid adjustment or replacement, earmould modification, impressions. Note range of procedures in comments box.            C) Reinstructs the patient as necessary regarding the use and maintenance of aid/s.            D) Integrates all available information on the communication needs of the patient.</p>				
<p><i>Management Strategy /Patient Debriefing</i></p> <p>A) Identifies patients who would benefit from reassessment, new earmould/s, further counseling and communication training, lip-reading classes, environmental aids.            B) Evaluates the need for referral to other services (e.g. social services, Access to Work agency, volunteer scheme, GP, ENT).            C) Where appropriate explain and instruct the patient regarding the nature of the fault.            D) Explain additional management options to the patient, including time scale.</p>				

<p><i>Reporting Results</i></p> <p>Concise, accurate and objective reporting of findings and management strategy for patient records and hearing aid record book as appropriate. (database patient management system).</p>				
<p><i>General approach</i></p> <p>A) Consistent with NHS constitution, including Principles and Values of NHS          B) Consistent with the Health &amp; Care Professions Council Standards of Conduct, Performance &amp; Ethics and codes of conduct of other relevant registration bodies          C) Consistent with the BSA Principles of Rehabilitation          D) Can explain and justify approach with respect to most appropriate sources of information (e.g. NHS constitution, codes of conduct of registration bodies, national and local policies, BAA and BSA guidance and recommended procedures, Cochrane reviews, systematic reviews, primary research; see 'pyramid of evidence')</p>				

**Additional comments**

## 7. Section C Feedback Sheets

### Section C1: Vestibular Assessment & Management

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>A) Assists appropriately with the communication with the patient (e.g. informed consent, instructions, reassurance, contra-indications, cautions)            B) Applies reasonable standards of hygiene pre, during and post appointment both for the protection of the patient and themselves.            C) Assists appropriately with the safe and efficient preparation of the test environment, equipment and patient (e.g. lighting, clinical examination of eye movement and gait, otoscopy, applications of goggles, technical checks)</p>				
<p><i>Performing the procedures</i></p> <p>Assists appropriately with carrying out the procedures (e.g. ocular motor assessment, calorics, Dix Hallpike test, Epley procedure) according to relevant standards (e.g. BSA recommended procedures).</p>				
<p><i>Interpretation &amp; patient management</i></p> <p>A) Actively observes interpretation of results, formulation of appropriate management strategy and patient debriefing (e.g. can engage in discussion about it with the patient absent)            B) Assists appropriately with documentation of results.</p>				

**Additional comments**

**Section C1: Vestibular  
Assessment & Management**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>A) Assists appropriately with the communication with the patient (e.g. informed consent, instructions, reassurance, contra-indications, cautions)            B) Applies reasonable standards of hygiene pre, during and post appointment both for the protection of the patient and themselves.            C) Assists appropriately with the safe and efficient preparation of the test environment, equipment and patient (e.g. lighting, clinical examination of eye movement and gait, otoscopy, applications of goggles, technical checks)</p>				
<p><i>Performing the procedures</i></p> <p>Assists appropriately with carrying out the procedures (e.g. ocular motor assessment, calorics, Dix Hallpike test, Epley procedure) according to relevant standards (e.g. BSA recommended procedures).</p>				
<p><i>Interpretation &amp; patient management</i></p> <p>A) Actively observes interpretation of results, formulation of appropriate management strategy and patient debriefing (e.g. can engage in discussion about it with the patient absent)            B) Assists appropriately with documentation of results.</p>				

**Additional comments**

**Section C1: Vestibular  
Assessment & Management**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>A) Assists appropriately with the communication with the patient (e.g. informed consent, instructions, reassurance, contra-indications, cautions)            B) Applies reasonable standards of hygiene pre, during and post appointment both for the protection of the patient and themselves.            C) Assists appropriately with the safe and efficient preparation of the test environment, equipment and patient (e.g. lighting, clinical examination of eye movement and gait, otoscopy, applications of goggles, technical checks)</p>				
<p><i>Performing the procedures</i></p> <p>Assists appropriately with carrying out the procedures (e.g. ocular motor assessment, calorics, Dix Hallpike test, Epley procedure) according to relevant standards (e.g. BSA recommended procedures).</p>				
<p><i>Interpretation &amp; patient management</i></p> <p>A) Actively observes interpretation of results, formulation of appropriate management strategy and patient debriefing (e.g. can engage in discussion about it with the patient absent)            B) Assists appropriately with documentation of results.</p>				

**Additional comments**

**Section C1: Vestibular  
Assessment & Management**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>A) Assists appropriately with the communication with the patient (e.g. informed consent, instructions, reassurance, contra-indications, cautions)            B) Applies reasonable standards of hygiene pre, during and post appointment both for the protection of the patient and themselves.            C) Assists appropriately with the safe and efficient preparation of the test environment, equipment and patient (e.g. lighting, clinical examination of eye movement and gait, otoscopy, applications of goggles, technical checks)</p>				
<p><i>Performing the procedures</i></p> <p>Assists appropriately with carrying out the procedures (e.g. ocular motor assessment, calorics, Dix Hallpike test, Epley procedure) according to relevant standards (e.g. BSA recommended procedures).</p>				
<p><i>Interpretation &amp; patient management</i></p> <p>A) Actively observes interpretation of results, formulation of appropriate management strategy and patient debriefing (e.g. can engage in discussion about it with the patient absent)            B) Assists appropriately with documentation of results.</p>				

**Additional comments**

**Section C1: Vestibular  
Assessment & Management**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
<p><i>Preparation</i></p> <p>A) Assists appropriately with the communication with the patient (e.g. informed consent, instructions, reassurance, contra-indications, cautions)            B) Applies reasonable standards of hygiene pre, during and post appointment both for the protection of the patient and themselves.            C) Assists appropriately with the safe and efficient preparation of the test environment, equipment and patient (e.g. lighting, clinical examination of eye movement and gait, otoscopy, applications of goggles, technical checks)</p>				
<p><i>Performing the procedures</i></p> <p>Assists appropriately with carrying out the procedures (e.g. ocular motor assessment, calorics, Dix Hallpike test, Epley procedure) according to relevant standards (e.g. BSA recommended procedures).</p>				
<p><i>Interpretation &amp; patient management</i></p> <p>A) Actively observes interpretation of results, formulation of appropriate management strategy and patient debriefing (e.g. can engage in discussion about it with the patient absent)            B) Assists appropriately with documentation of results.</p>				

**Additional comments**

**Section C2: Paediatric  
Assessment & Management (<= 6 years)**

Date \_\_\_\_\_ Supervisor sig \_\_\_\_\_

Sub section	Notes	FD	P	<P/O
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**Additional comments**

**Section C2: Paediatric  
Assessment & Management (<= 6 years)**

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