



Supervisory Kit

Hearing Rehabilitation Specialist (HRS)

Australian College of Audiology Ltd

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Supervision

Appendix 1 to By-law 98-1

Appendix One

Supervisor

1 Scope

This appendix concerns the approval of a supervisor of a person who is preparing for examination in one or more of the Basic Competencies. These competencies are detailed in By-Law 97-5 Competency Standards – Appendix One.

2 Qualifications of a Supervisor

- 2.1 Supervisor must be approved by ACAud.
- 2.2 A supervisor's hours of employment must be such that they are able to meet the requirements of the supervisory plan
- 2.3 A supervisor need not be a member of ACAud, but must accept the Code of Ethics of ACAud and accept being subject to the Peer Review by ACAud if required.

3 Duties of a Supervisor

- 3.1 A supervisor is to accept responsibility for the professional conduct of the member throughout the period of supervision.
- 3.2 A supervisor is to ensure the trainee is given controlled exposure to all aspects of clinical practice so that the member may develop clinical facility in each of the skills required for recognition in the Basic Competencies.
- 3.3 A supervisor is to monitor the member's progress and, when appropriate, is to provide a written statement to the effect that in his/her opinion, the member has acquired a thorough theoretical knowledge and practical competence in the Basic Competencies and that the member is now ready for examination.
- 3.4 A supervisor is to maintain up-to-date knowledge of and implement current clinical training techniques to ensure the member has the best opportunity of developing required clinical skills.

- 3.5 Throughout the supervisory period, the supervisor is to ensure that members are supervised in accordance with a supervisory plan detailed in Table 1 or Table 2, as appropriate to their qualification (see By-Law 98.1 Membership Requirements paragraph 7.32). Levels one and two of supervision must be under roof for **all client appointments** seen by the Associate. Any changes to the supervisory plan must be notified to the Secretariat.
- 3.6 All members undertaking supervision are required to keep a log book of their activities
which includes the following information, please see the link to the Digital Logbook inserted:
<https://portal.acaud.com.au/ViewMemberDocument.aspx?fid=125&docId=97>
- 3.7 All Supervisors will be required to keep appropriate records and to submit evidence of their supervision if requested. Records should clearly detail the content, duration, and frequency of the supervision provided.
- 3.8 On completion of the approved period of supervision and on receipt of the s Supervisor's recommendation, members will undertake examination in their elected competencies. Members who fail have the right of appeal and may be re-examined as detailed in By-Law 97-5 8.2.6

4 Approval of a Supervisor

- 4.1 When a person applies for the approval of a supervisor, that application is to indicate a person who is prepared to accept the appointment.
- 4.2 ACAud will then make any enquiries that it deems appropriate, to determine that the proposed supervisor is suitably qualified and equipped to offer the trainee exposure to all aspects of clinical practice required by 3.2 above.
- 4.3 The proposed supervisor must indicate, in writing, that he/she will perform the duties of a supervisor.
- 4.4 The proposed supervisor must have accepted and signed the ACAud Code of Ethics.
- 4.5 Where the proposed supervisor is NOT a member of ACAud he/she must accept, in writing, that he/she is subject to ACAud's Peer Review process.

- 4.6 Any change in the supervisory arrangements should be recorded and notified to the ACAud Secretariat.

5 Minimum physical requirements of a Clinic

- 5.1 The clinic must be equipped with audiometric equipment for each practitioner to allow all duties to be performed as required to achieve the competencies being undertaken.
- 5.2 The equipment may be shared between several practitioners or it may be supplied to each practitioner. Where the equipment is shared, each practitioner must be able to access the equipment without intruding on the consulting room of another practitioner.

Definitions

Competency Levels	
Novice	The Associate is learning through observation and case discussion. At Elbow supervision is required at all times.
Developing	The Associate is able to perform the tasks under the close supervision of their Supervisor.
Consolidation	The Associate is able to perform most of the standard tasks by themselves but require guidance from their supervisor for more complex tasks.
Competent	The Associate is able to demonstrate that they can apply the knowledge across a variety of circumstances and tasks and can work independently.
Grading Competency Level: When completing the Summary page of the Audiometry Supervision Report each Competency is graded based on the lowest level that the Associate has achieved on any of the subsection of that Competency. When completing the supervision table under that then each subsection of the Competency is graded based on the lowest level that the Associate has achieved on any of the section within that Competency sub-section.	
Supervisor Types	
Primary Supervisor	Has a minimum of 3 years as a Full member of ACAud or 3 years as a Qualified Practitioner under HSP if a non-member. They take Primary responsibility for the Associate and sign off on all documentation required.
Secondary Supervisor	May have less than experience requirements for a Primary Supervisor. They support the Associate in providing some of the supervision requirements. They may co-sign the documentation required.
Notification of Change: ACAud must be advised whenever there is a change of Supervisor. If a new Supervisor is to be added then they must complete a Supervisory Plan form for approval to be a Supervisor. If a Supervisor is longer continuing to supervise the Associate ACAud must be notified by email so that they moved from the list. <u>Only ACAud registered Supervisors can complete and sign any documentation required.</u>	
Supervision Types	
At Elbow Supervision	Supervisor is in the same room with the Associate & client for the duration of the consultation/s. The Supervisor has no caseload during this time and is 100% available for the Associate's caseload.
Virtual Supervision	Supervisor must be online in virtual meeting/s with Associate & Client for the duration of the consultation/s. The Supervisor has no case load during this time and is 100% available for the Associate's caseload.
General Supervision	Supervisor must be available via phone, conference call or in person. The Supervisor has no caseload during this time and is 100% available for the Associate's caseload.

All areas must be at the Consolidating level as a minimum to be able to proceed to remote supervision (Level 3).

All areas must be at the Competent level as a minimum to be able to proceed to the HRS examination.

Supervision Levels	
Level 1	<p>The initial weeks of the supervision program. A minimum of 4 logged weeks containing a minimum of 30 hrs of General supervision of which 15 hours or more are at at-elbow. At no time is the Associate permitted to see any client (except for Screening) without the Supervisor being on-site. These conditions continue to apply, and all clinical time to is to be logged until Level 1 sign-off has been received by ACAud.</p>
Level 2	<p>Once Level 1 sign-off has been approved by ACAud the Associate moves to Level 2. At least 10 logged weeks containing a minimum of 15 hrs supervision of which 7.5 hours or more are at at-elbow/virtual These conditions continue to apply, and all clinical time to is to be logged until Level 2 sign-off has been received by ACAud. At no time is the Associate permitted to see any client (except for Screening) without the Supervisor being at elbow/virtual or general supervision. The Supervisor has no caseload during this time and is 100% available for the Associate's caseload.</p> <p>These conditions continue to apply, and all clinical time to is to be logged until Level 2 sign-off has been received by ACAud.</p> <p>An Associate can remain at Level 2 for their entire supervision period under these conditions if they do not need to see clients remote from their supervisor, but the Mid Term examination must be passed prior to sitting their HRS examination.</p>
Level 3	<p>Once the minimum weeks of Level 2 are obtained and the Associate has passed the Mid Term examination the Associate can apply to ACAud to move to Level 3. This allows the Associate to see clients <u>remote</u> from the Supervisor but must have one day (7.5 hours, General Supervision) with the Supervisor and the Supervisor must be available via phone, conference call or in person.</p> <p>These conditions continue to apply, and all clinical time to is to be logged until Level 3 sign-off has been received by ACAud and the Associate has successfully completed their HRS examination.</p> <p><i>*Provisional Audiologists</i> (overseas-qualified) who have completed their HRS examination and are waiting to complete their DRS examination must continue under these conditions and log all clinical work until they have successfully completed the DRS examination.</p>
Logged Week	<p>A period of 5 days or more in which a 'week' of supervision is acquired. For those working part-time the weeks in Level 1 may take more than 5 working days to acquire. <i>In your Log Book draw a line under each completed 'week' as you go.</i></p>

Supervision table			
WEEKS	LEVEL	MINIMUM HOURS OF SUPERVISION PER WEEK	FILE REVIEW
1 – 4	1	30 hours per week which includes: 15 hours per week of Level 1 Elbow Supervision 15 hours per week Level 1 General Supervision Total Minimum Hours for Level 1: 120 hours (60hrs Elbow)	100% Case Files
5 – 14	2	15 hours per week which includes: 7.5 hours per week of Level 2 Elbow or Level 2 Virtual Supervision 7.5 hours per week Level 2 General Supervision Total Minimum Hours for Level 2: 150 hours (75hrs Elbow/Virtual)	100% Case Files
15 – 26	3	7.5 hours per week which includes: 7.5 hours per week of Level 3 General Supervision Total Minimum Hours for Level 3: 90 hours	50% Case Files

*** NB – Level 1 & 2 requires Associates to be supervised either at Elbow, Virtual (Level 2 only) or General Supervision at-all-times during all consultation/s every week, until officially notified by the ACAud Secretariat of the commencement date of level 3.**

- **Level 1 Elbow Supervision** – Supervisor is in the same room with the Associate & client for the duration of the consultation/s. The Supervisor has no caseload during this time and is 100% available for the Associate's caseload.
- **Level 2 Elbow Supervision** – Supervisor is in the same room with the Associate & client for the duration of the consultation/s. The Supervisor has no caseload during this time and is 100% available for the Associate's caseload.
- **Level 2 Virtual Supervision** – Supervisor must be online in virtual meeting/s with Associate & Client for the duration of the consultation/s. The Supervisor has no case load during this time and is 100% available for the Associate's caseload.
- **Level 2 General Supervision** – Supervisor must be available via phone, conference call or in person.
- **Level 3 General Supervision** - Supervisor must be available via phone, conference call or in person.

**** Special consideration may be given for rural & remote locations. Reviewed on a case by case basis upon application.**

Guidelines for the Supervision and Examination of Associate Members

Appendix 1 to By-law 98-1

1 Introduction

These guidelines have been approved by the Executive of ACAud for the use of those members who have been appointed to supervise or examine Associate Members of ACAud who are preparing for examination in either of the two Basic Competencies (i.e. Hearing Rehabilitation Specialist and/or Diagnostic Rehabilitation Specialist).

In general terms an Associate Member is considered as a professional who has obtained basic qualifications in the field of hearing care, but who is not yet considered able to work unsupervised. An appointed supervisor takes responsibility for the professional actions of the Associate Member throughout the time of supervision.

At the conclusion of the supervision period, the supervisor is required to provide a written statement to the effect that in his/her opinion the Associate Member had acquired a thorough theoretical knowledge and practical competence of either or both of the Basic Competencies as detailed in Appendix Two of By-Law 97-5 (Competency Standards) and that the member is now ready for examination.

2 Interpretation of the Competency Standards

The Competency Standards set out a list of Skill Sets and Skills. The categories for Skill Sets are the same for each Competency (i.e. Conduct Assessment, Interpret and Apply Assessment results with a view to Rehabilitation, Select Hearing Aids, Fit and Evaluate Hearing Devices) with an additional skill set Professional Work Practices.

Some of the skill sets differ in the range of particular skills and the required depth of knowledge and competence for those skills. When referring to knowledge or understanding within a skill set, there may be any of three levels of knowledge or understanding required. Where the word knowledge (or understanding) is used without an adjective of either 'working' or 'comprehensive', the Associate will be expected to have an awareness of the topic, to be able to define it and to be able to understand its place in the field of hearing care.

Where the word 'working' is used in an adjectival sense, the Associate will be expected to understand the topic to the extent that the knowledge can be directly applied to his/her day to day practice of hearing care. Where the word 'comprehensive' is used, the Associate will be expected to have a detailed understanding of the theory and practice of the topic so that he/she will be able to ably explain the topic to a lay client. Most of the skills listed in the various skill sets will be particular practical skills.

An Associate will be expected to learn each and all of the skills listed and be able to perform them ably, thoroughly and without hesitation. The aim should be that to the lay observer, the practitioner should be in complete control of his/her professional actions and abilities. The performance of each skill should flow naturally into the next so that there is a logical flow of actions that appear as a whole. The entire procedure, when dealing with a client, should engender a confidence in the client that the practitioner is knowledgeable and able to perform his/her duties well.

3 Specific Examination Requirements

The overriding objective of the examination process is to allow the examiner to satisfy him/herself that the examinee is able to perform all the skills required in the specific competency being examined, to a level of competence such that no further supervision is required.

In coming to this conclusion an examiner must consider all aspects of the examinee's performance with particular concern being given to the safety and well-being of the future clients of the examinee.

The examiner must also be satisfied that the examinee will work in a manner that will not bring discredit upon the hearing care profession.

There is no specific format set for an examination. However, it is recommended that an examiner investigate both the theoretical knowledge and the practical skill of the examinee. It is recommended that there be a period of direct verbal questioning, accompanied by observation of the examinee's ability when working with a client.

Specifically examiners should aim to establish that the examinee is competent in each and all of the skill sets and that in each skill set the examinee is competent in at least 80% of the listed skills. If an examinee is not competent in any one of the skill sets then a 'failed' grade must be returned.

An examiner is not to advise the examinee of the outcome of the examination. This is because there are three examiners who must examine independently. An examiner is only required to advise the Secretariat, in writing, that an examinee has either been deemed either Competent or Not Yet Competent (NYC).

However, should a NYC grade be returned, it would be generally appreciated if an indication of the areas of weakness could be advised to the Secretariat.

*It is important to remember that the examination is neither the time nor the place for tuition. Specifically, if an examinee is weak in a particular area, it is inappropriate to attempt to educate him/her and then return a Competent grade in the hope that the examinee "will remember in the future."

NOTE FOR SUPERVISOR AND SUPERVISEE

In conjunction with the above document it must be realized that whenever an Associate clinician is seeing a client they must be under supervision, either at elbow, on-site or remote depending of the supervision requirements for the individual Associate as per the table of supervision.

The table of supervision displays the minimum 6 months supervision required for an Associate. Prior to gaining permission to sit the ACAud examination, an Associate must be able to provide evidence to the satisfaction of ACAud of having completed six months full time employment as an Associate member under supervision, or an equivalent amount of time pro-rata.

Supervision at Level 3 continues until the Associate has successfully passed the HRS must be maintained until the Associate has successfully passed their examinations and been granted Full membership status by ACAud.

Competency Standards for Hearing Rehabilitation Specialist

Appendix 1 to By-law 97-5(Part B)

PART A. Hearing Rehabilitation Specialist (HRS)

1. CONDUCT ASSESSMENT *(includes but is not limited to)*

1.1 Apply foundation principle

- i) Demonstrate understanding of acoustics
- ii) Demonstrate understanding of Psychoacoustics
- iii) Demonstrate understanding of anatomy of the auditory system
- iv) Demonstrate understanding of Physiology of the auditory system
- v) Demonstrate understanding of Pathology of the auditory system

1.2 Apply otoscopic inspection protocol

- i) Employ safety procedures
- ii) Identify anatomical structures of the external ear
- iii) Identify any abnormalities
- iv) Use referral criteria to determine contraindications to further treatment

1.3 Utilize audiometric testing protocol

- i) Describe the physical environment required to perform audiometric assessment
- ii) Determine that all equipment is calibrated and in proper working order
- iii) Perform pure tone air and bone conduction testing
- iv) Perform speech audiometry
- v) Perform effective masking
- vi) Perform immittance testing, including acoustic reflex testing

2. INTERPRET AND APPLY ASSESSMENT RESULTS WITH A VIEW TO REHABILITATION *(includes but is not limited to)*

2.1 Interpret and explain audiometric results

- i) Demonstrate an understanding of referral criteria
- ii) Interpret pure tone and speech testing results
- iii) Identify the need for additional testing
- iv) Identify the degree, configuration and type of hearing loss
- v) Correlate all test data for accuracy and consistency

2.2 Implement aural rehabilitation and counselling

- i) Utilise effective communication techniques using a person/family centred approach
- ii) Demonstrate an understanding of the psychology of the hearing impaired
- iii) Manage client and family expectations for improved communication

- iv) Identify communication strategies

2.3 Determine candidacy and recommendation of amplification

- i) Conduct and interpret the medical case history and identify contraindications of hearing device use
- ii) Conduct communication needs assessment
- iii) Determine motivation and attitude of client and their family to treatment
- iv) Determine treatment plan including any hearing devices if indicated, including accessories

3. SELECT HEARING AIDS *(includes but is not limited to)*

3.1 Select style and type of hearing devices

- i) Select hearing devices based on test results, communication assessment and client's individual preferences and lifestyle needs
- ii) Select electroacoustic and physical features in line with hearing test data and client's physical and cosmetic considerations
- iii) Select performance features in line with clients communication needs

3.2 Select Earmould or other acoustic coupling

- i) Assess physical properties of the outer ear
- ii) Take ear impressions employing safety procedures
- iii) Determine quality of ear impressions
- iv) Select coupling and acoustic requirements based on client's needs

4. FIT AND EVALUATE HEARING DEVICES *(includes but is not limited to)*

4.1 Fit hearing devices

- i) Confirm physical and acoustic integrity of hearing devices
- ii) Program and adjust hearing devices using a recognised fitting prescription
- iii) Verify physical and acoustic comfort and fit
- iv) Educate client and family about hearing devices and accessories or assistive devices
- v) Assess client's ability to manage devices

4.2 Verify fitting

- i) Employ a recognised verification method using real ear data where possible
- ii) Assess physical and acoustic performance of hearing devices
- iii) Interpret and explain verification results
- iv) Modify physical and acoustic parameters of device and coupling for optimal benefit

4.3 Validate fitting

- i) Select and perform validation method based on client
- ii) Measure outcomes of captured communication needs
- iii) Interpret validation results and determine strategies and tactics for the client and family to obtain optimal benefit

4.4 Interpret electroacoustic analysis results

- i) Identify need for electroacoustic analysis of hearing devices
- ii) Compare electroacoustic analysis of hearing devices to manufacturers fitting specifications

4.5 Apply device maintenance and troubleshooting protocol

- i) Employ hearing device cleaning procedures
- ii) Perform listening checks on hearing devices
- iii) Determine need for maintenance and repair of device
- iv) Troubleshoot acoustic and electroacoustic properties of hearing device
- v) Adjust hearing devices based on changes in client's hearing loss and/or listening needs

5. PROFESSIONAL WORK PRACTICES *(includes but is not limited to)*

5.1 Apply infection control protocol

- i) Choose appropriate infection control processes for tools and equipment
- ii) Observe universal precautions for infection control
- iii) Differentiate between sanitization, disinfection and sterilisation processes
- iv) Identify and use personal protective equipment

5.2 Apply legal and ethical considerations

- i) Practice in accordance with state, territory and national laws and regulations
- ii) Practice in accordance with professional codes of conduct
- iii) Practice within personal scope of practice

5.3 Manage client records and professional relationships

- i) Store and manage client records in accordance with state, territory and national laws
Share and report client record data with third parties in accordance with Privacy and FOI laws and regulations
- ii) Develop, conduct and maintain professional relationships

Reporting

Once you have registered as an Associate member you can then submit your signed Supervisory Plan documents signed by the Supervisor for approval. Your supervision only begins on the date stated in the ACAud approval email that you receive.

PLEASE NOTE, YOU ARE REQUIRED TO SUBMIT YOUR SUPERVISION REPORTS AND LOG BOOKS AT THE END OF EACH LEVEL OF SUPERVISION (eg end of Level 1, end of Level 2 – you are not able to progress onto the next level of supervision until ACAud have sent you confirmation to do so)

Audiometry Supervision Report

Complete the summary page by rating the overall competency level for each section with a brief comment. Primary Supervisor and Associate to both initial all sections.

The next 5 pages of the report breaks each of the Competencies down into the sub-sections related to it. Date and initial your entry for each sub-competency in the relevant column. At the end of each level date and sign the assessment for that level. Photocopy these pages and then add your assessment for the next level to the form. At the end of Level 3 there should be 3 date/signatures for each sub-competency on the same form.

The Supervisor and the Associate are to complete the final page with the additional information required. At each level submission the summary report page and the additional information page will be different. Include the next updated Competency assessment pages (5). Remember to always keep a copy of the submission for your own records.

Logbook Completion

Follow the Logbook template that has been emailed to you to ensure that all relevant information is captured.

- a) Only the **approved supervisors** are to sign logbooks. If you are supervised for purposes other than the ACAud supervision period you may not count this supervision or have this person sign your ACAud logbooks unless they have been acknowledged in writing, as an approved supervisor.
- b) Supervisor and Supervisee to sign/initial on a daily basis
- c) Mark what type of supervision was completed e.g. "At Elbow" or "General Supervision" A legend can be used but be sure the code used is clearly shown eg Elb = At Elbow, GS = General Supervision.
- d) At the end of each 'week' of supervision rule off the logbook, tally up the various hours of supervision (at elbow, general, % of case files reviewed) and both parties sign/initial as an agreement.
- e) Please note that typewritten names or initials are not acceptable for areas requiring "signature/initials" this must be completed by hand.

AUDIOMETRY SUPERVISION REPORT

FOR THE PERIOD/...../..... TO/...../.....

ASSOCIATE'S NAME: PRIMARY SUPERVISOR'S NAME:

****PLEASE NOTE THAT ONLY THE PRIMARY SUPERVISOR CAN SIGN THIS REPORT**

By signing this document you also give permission for the final report of the supervisory period to be made available to the examiner/s for the ACAud Examination for Ordinary Membership if so required.

COMPETENCIES	<ol style="list-style-type: none"> 1. Novice- NYC 2. Developing – NYC 3. Consolidating- NYC 4. Competent – C 	Supervisors Comments & Signature
Section 1: Conduct Assessment <ul style="list-style-type: none"> • Apply foundation principle of auditory function • Apply otoscopic inspection protocol • Utilize audiometric testing protocol 		
Section 2: Interpret & Apply Assessment Results <ul style="list-style-type: none"> • Interpret and explain audiometric results • Implement aural rehabilitation & counselling • Determine candidacy and recommendation of amplification 		
Section 3: Select Hearing Aids <ul style="list-style-type: none"> • Select style and type of hearing device • Select Earmould or other acoustic coupling 		
Section 4: Fit and evaluate Hearing Devices <ul style="list-style-type: none"> • Fit hearing device • Verify fitting • Validate fitting • Interpret electroacoustic analysis results • Apply device maintenance and troubleshooting 		
Section 5: Professional Work Practices <ul style="list-style-type: none"> • Apply infection control protocol • Apply legal and ethical considerations • Manage client records and professional relations 		

Associate Name:

Primary Supervisor Name and Initial (Signature):

CONDUCT HEARING ASSESSMENT		Novice	Developing	Consolidating	Competent
1.1 Apply foundation principle	<ul style="list-style-type: none"> vi) Demonstrate understanding of acoustics vii) Demonstrate understanding of Psychoacoustics viii) Demonstrate understanding of anatomy of the auditory system ix) Demonstrate understanding of Physiology of the auditory system x) Demonstrate understanding of Pathology of the auditory system 				
1.2 Apply otoscopic inspection protocol	<ul style="list-style-type: none"> v) Employ safety procedures vi) Identify anatomical structures of the external ear vii) Identify any abnormalities viii) Use referral criteria to determine contraindications to further treatment 				
1.3 Utilize audiometric testing protocol	<ul style="list-style-type: none"> vii) Describe the physical environment required to perform audiometric assessment viii) Determine that all equipment is calibrated and in proper working order ix) Perform pure tone air and bone conduction testing x) Perform speech audiometry xi) Perform effective masking xii) Perform immittance testing, including acoustic reflex testing 				
INTERPRET AND APPLY ASSESSMENT RESULTS WITH A VIEW TO REHABILITATION		Novice	Developing	Consolidating	Competent
2.1 Interpret and explain audiometric results	<ul style="list-style-type: none"> vi) Demonstrate an understanding of referral criteria vii) Interpret pure tone and speech testing results viii) Identify the need for additional testing ix) Identify the degree, configuration and type of hearing loss x) Correlate all test data for accuracy and consistency 				

Associate Name:

Primary Supervisor Name and Initial (Signature):

INTERPRET AND APPLY ASSESSMENT RESULTS WITH A VIEW TO REHABILITATION	Novice	Developing	Consolidating	Competent
<p>2.2 Implement aural rehabilitation and counselling</p> <p>v) Utilise effective communication techniques using a person/family centred approach</p> <p>vi) Demonstrate an understanding of the psychology of the hearing impaired</p> <p>vii) Manage client and family expectations for improved communication</p> <p>viii) Identify communication strategies</p>				
<p>2.3 Determine candidacy and recommendation of amplification</p> <p>v) Conduct and interpret the medical case history and identify contraindications of hearing device use</p> <p>vi) Conduct communication needs assessment</p> <p>vii) Determine motivation and attitude of client and their family to treatment</p> <p>viii) Determine treatment plan including any hearing devices if indicated, including accessories</p>				
SELECT HEARING AIDS	Novice	Developing	Consolidating	Competent
<p>3.1 Select style and type of hearing devices</p> <p>iv) Select hearing devices based on test results, communication assessment and client's individual preferences and lifestyle needs</p> <p>v) Select electroacoustic and physical features in line with hearing test data and client's physical and cosmetic considerations</p> <p>vi) Select performance features in line with client's communication needs</p>				
FIT AND EVALUATE HEARING DEVICES	Novice	Developing	Consolidating	Competent
<p>4.1 Fit hearing devices</p> <p>vi) Confirm physical and acoustic integrity of hearing devices</p> <p>vii) Program and adjust hearing devices using a recognised fitting prescription</p> <p>viii) Verify physical and acoustic comfort and fit</p> <p>ix) Educate client and family about hearing devices and accessories or assistive devices</p> <p>x) Assess client's ability to manage devices</p>				

Associate Name:

Primary Supervisor Name and Initial (Signature):

4.2 Verify fitting v) Employ a recognised verification method using real ear data where possible vi) Assess physical and acoustic performance of hearing devices vii) Interpret and explain verification results viii) Modify physical and acoustic parameters of device and coupling for optimal benefit				
4.3 Validate fitting iv) Select and perform validation method based on client v) Measure outcomes of captured communication needs vi) Interpret validation results and determine strategies and tactics for the client and family to obtain optimal benefit				
4.4 Interpret electroacoustic analysis results iii) Identify need for electroacoustic analysis of hearing devices iv) Compare electroacoustic analysis of hearing devices to manufacturers fitting specifications				
4.5 Apply device maintenance and troubleshooting protocol vi) Employ hearing device cleaning procedures vii) Perform listening checks on hearing devices viii) Determine need for maintenance and repair of device ix) Troubleshoot acoustic and electroacoustic properties of hearing device x) Adjust hearing devices based on changes in client's hearing loss and/or listening needs				

Associate Name:

Primary Supervisor Name and Initial (Signature):

PROFESSIONAL WORK PRACTICES	Novice	Developing	Consolidating	Competent
<p>5.1 Apply infection control protocol</p> <p>v) Choose appropriate infection control processes for tools and equipment</p> <p>vi) Observe universal precautions for infection control</p> <p>vii) Differentiate between sanitization, disinfection and sterilisation processes</p> <p>viii) Identify and use personal protective equipment</p>				
<p>5.2 Apply legal and ethical considerations</p> <p>iv) Practice in accordance with state, territory and national laws and regulations</p> <p>v) Practice in accordance with professional codes of conduct</p> <p>vi) Practice within personal scope of practice</p>				
<p>5.3 Manage client records and professional relationships</p> <p>iii) Store and manage client records in accordance with state, territory and national laws</p> <p>iv) Share and report client record data with third parties in accordance with Privacy and Freedom of Information laws and regulations</p> <p>v) Develop, conduct and maintain professional relationships</p>				

ASSOCIATE NAME:

ASSOCIATE SIGNATURE:

PRIMARY SUPERVISOR NAME:

PRIMARY SUPERVISOR SIGNATURE:



DECLARATION OF COMPLETION OF LEVELS 1 & 2 OF SUPERVISION TABLE

(For completion no sooner than 14 weeks after commencement of ACAud Approved supervision)

*****Please note that only the Primary Supervisor can sign this report***

I,(name of Primary Supervisor) being the **Primary Supervisor** for(name of Supervisee) under an ACAud Approved Supervision Plan, confirm that I have supervised:

.....(name of Supervisee) strictly within the ACAud guidelines and under the provisions of Appendix 1 "Supervision" of By-Law 98.1 to the completion of levels one and two of the supervision tables (Appendix 1 to By-Law 98-1 Supervisor paragraph 3.5 tables 1 & 2) for a period:

From(dd)/.....(mm)/.....(yy) **to**(dd)/.....(mm)/.....(yy) and further guarantee that(name of Supervisee) has now completed the minimum number of weeks required and attained sufficient knowledge to progress to level three. During level three I guarantee that I will be accessible to my supervisee for consultation as required and take charge of their cases where necessary. I will, whilst the supervision agreement remains in place, continue to abide by the By-Law 98-1, Appendix 1 Supervision and Appendix 3 Ethics Guidelines and the "ACAud Guidelines for the Supervision & Examination of Associate Members in the Basic Competencies."

Primary Supervisor Signature:

Full Name (print):

Date:

Please also complete the Statutory Declaration, link provided below and send to the Secretariat with this signed Declaration.

<https://portal.acaud.com.au/ViewPublicMemberDocument.aspx?id=20244261456324fdc1384c2e74556a85b4b664c3b91ba>



DECLARATION OF COMPLETION OF SUPERVISION

(Prior to examination)

I,(name of Primary Supervisor) being the **Primary Supervisor** for (name of Supervisee) under an ACAud Approved Supervision Plan, confirm that I have supervised (name of Supervisee) strictly within the ACAud guidelines and under the provisions of Appendix 1 "Supervision" of By-Law 98.1 for a period **From**(dd)/.....(mm)/.....(yy) **to**(dd)/.....(mm)/.....(yy) and further guarantee that (name of Supervisee) has now gained full knowledge of each and all of the competencies required under By-Law 97.5 Appendix 1, Hearing Rehabilitation Specialist, is capable of working alone within each and all of these competencies and is now ready to sit the examination for Hearing Rehabilitation Specialist (HRS) in order to obtain Full/Ordinary Membership of ACAud.

Primary Supervisor Signature:

Full Name (print):

Date:

In the presence of:

Witness Name:

Full Name (print):

Date:



A Guide for Examiners and Examinees to the ACAud Examination for: Hearing Rehabilitation Specialist (HRS)

Background Information to the Examination Process

An Associate Member of ACAud will have obtained the current minimum educational requirement for Associate member status in accordance with the By-Law. In the years since becoming an Associate, the Member will have been working under supervision to ensure that they have attained all the competencies required to become an Ordinary Member of ACAud and to work unsupervised.

The purpose of the ACAud Clinical Examination is to assess the knowledge and understanding of the competencies required for Membership and for the Associate to work as an independent professional clinician.

Examination Process:

Online Examination:

You will have prepared one case study as per the guidelines. This case study is to be emailed to the ACAud Secretariat at least 2 weeks prior to your Examination date. *Please ensure all documents are in black ink only.* The content of the casework presentation will also be considered a written component of this examination. An independent observer nominated by ACAud **may** sit in on the proceedings.

The examiners will then ask you various questions related to your case study.

The examination result is based on the case study prepared and presented on the examination day, and your answers to the questions surrounding the case study. Both examination methods are used to determine competency. Should a candidate give incorrect information/response in one examination but is later, in one of the other examination methods, able to demonstrate their knowledge to the extent that the examiners are confident the examinee has a sound understanding of the competency, the candidate will be deemed competent. A candidate must

be deemed competent in each and every competency as per the list of competencies in By-Law 97.5 and subsequently deemed competent in each of the areas of competency. The examiners' decision is final.

The results of the examination will be released by ACAud to each examinee. **Examinees are not to contact examiners either prior to or after examination in any matter regarding the examination. Should this occur examiners will not accept the communication and will refer the examinee to the Secretariat. Any examinee who attempts contact with an examiner in relation to the examination may jeopardise the examination result.**

As set out in this guide and in the *ACAud Constitution and By-Laws 97.5 Appendix 1 – The case study should be the candidate's own work and clearly demonstrate the candidate's knowledge of Audiometry and understanding of the clinical competencies Clinical Practice.*

This case studies may be read and assessed by the examiners and any observing examiners following which the candidate may be questioned on any or all of the cases as well as Audiometry practices in general to determine the candidate's knowledge of Audiometry and the clinical competencies.

In the case of a **special examination** the examination process may vary from that listed below and candidates should refer to instructions provided. In other cases the following applies.

Three examiners will have been appointed. They may be Audiometrists or Audiologists; they may be from your home state or other states.

Instruction for Candidates

Purpose:

Carefully read all information in this guide and be familiar with the Clinical Standards. The purpose of the casework presentation and written report is to give the candidate an opportunity to display their knowledge and expertise in all three sections as below:

- Section 1:** Assessment and evaluation of clients' needs - History, Equipment, Testing, Interpretation of Results, Plan, Reporting
- Section 2:** Device fitting and evaluation; - Device selection, Selection/Evaluation of electroacoustic characteristics, Training, Follow-up and
- Section 3:** Counselling and rehabilitation - – Auditory communication training, Other devices, Advice, Outcomes assessment.

- The emphasis is on practical skills and how the candidate would handle the needs of the client in a clinical setting.
- The casework presentation and case history report allows the candidate to demonstrate their knowledge and expertise to a fuller extent than can be achieved in an oral/aural or written examination alone.
- The aim is to demonstrate the candidate's knowledge, clinical skills and how they manage the hearing health care needs of the client.
- The candidate must be deemed competent all three sections of the examination process to be credited with a competent result for the examination in Hearing Rehabilitation Specialist competency.

Assessment Criteria:

The candidate is expected to demonstrate:

- Practical case managements skills
- Problem solving
- A breadth of knowledge relevant to the clinical standards
- Rehabilitative skills
- An ability to focus on the needs of the individual

The week prior to the examination date:

- You will be provided with a date/time for a trial run of your virtual set-up to ensure that it is working correctly for the examination.
- For the virtual session you will need a computer with camera (similar to the mid-term examination) in a quiet room.

On the Day:

- Smart casual attire
- Ensure mobile phones are switched off during the examination
- Apply to enter the Teams room 10 minutes before the time set out for examination and ensure personal comfort has been attended to prior to entering the exam room. You will be kept waiting until the examiners allow you entry when the examination is to begin.
- Case study will be emailed to the Secretariat at least 2 weeks prior to the Examination, you will be required to have a copy of your case study with you for your reference
- The candidate **may not leave** the examination once the exam has commenced except in an emergency, in which case the examination may be cancelled. An absence may not cause an extension of the exam time.
- The panel will have commenced an appraisal of the candidate's case study prior to commencing the oral/aural examination.
- Once the examination is complete the candidate will be asked to leave the Teams session.

How you will be examined:

- The examination is scheduled for 90 minutes but may be completed sooner or take longer depending on the time taken by examiners' to determine competency.
- In this examinations the candidate's skill and knowledge will be assessed, not their presentation skills. However the resultant paperwork must be clearly legible.
- At commencement of the Casework Presentation Examination the candidate will be invited to the examination room, introduced to the examiners and observers (if present).
- The examination panel will ask questions about the case study, e.g. How did you perform the testing? Why did you choose a particular hearing aid? The areas of questioning may be on areas such as but not limited to;
 - ❖ The audiogram, speech testing, impedance results and loudness discomfort assessments, relevant case history, any medical or
 - ❖ Allied health referrals you may have performed and any medical clearances relevant to the client's clinical presentation at time of assessment.
 - ❖ Evaluation including discussions with the client about their hearing health needs and the agreed outcome of those deliberations as to the type of device which will be appropriate to their needs (where a device is chosen) and rehabilitation program decisions.
 - ❖ A detailed and current knowledge of any chosen device, including ALDs. This will include a knowledge of gain and MPO requirements, technical specifications of the aid including internal noise issues, knowledge of compression ratios and knee points, feedback management technologies and all other features present in the device.
 - ❖ Evaluation of fitting and rehabilitation process. The candidate will need to demonstrate knowledge of technologies to appropriately fit and evaluate the performance of the devices, such as:
 - *Real ear insertion gain*
 - *Hearing instrument testing*
 - *Functional gain*
 - *Aided speech testing*
 - *Assessment of loudness discomfort issues*
 - ❖ Counselling the client on managing the aid and care of the aid and setting realistic targets and goals, assessment of those targets and goals over the rehabilitation period (using appropriate tools such as client outcomes measures e.g. COSI). Assessment of any and all outcomes measures used during this rehabilitation period and a final sign off that these have been met by clinician and client.
- The panel will be sensitive to the nature and requirements of an oral presentation.
- You may be questioned on each or any of your presentations and Audiometry in general.
- You should be prepared to give full and detailed descriptions of technique, an accurate interpretation of results, the method used for prescribing the hearing aid, and how the rehabilitation was evaluated.

On Completion of Your Examination:

ACAud will inform you of the result in writing as soon as correlation for the round of exams is complete. All casework presentation and case history reports will be marked with a Competent/Not yet Competent grade only.

A Guide to Preparing the Casework Presentations

The panel will assess the candidate against the criteria addressed in the Clinical Standards. Understanding the Clinical Standards and their relationship to the casework presentations is important.

The candidate must prepare one (1) casework presentation to demonstrate their clinical skills and clinical practice. Delete all client identification, as this is not required and would breach client confidentiality. This casework presentation is to be emailed to the ACAud Secretariat at least 2 weeks prior to your Examination date. *Please ensure all documents are in black ink only.*

The case studies must be derived from the candidate's own actual cases.

The candidate must write their name on the front of each document and number each case study.

Each case study should contain an index with page numbers and section titles for easy reference to the various sections, subsections and test results.

Each case study **must** include the following items, and only the following items:-

- Case History
- Audiogram & Speech
- Tympanometry & Acoustic Reflexes
- Verification – eg Insertion Gain/Live Speech Mapping
- Aided speech tests
- Validation – eg SPIN, APHAB
- Hearing aid spec sheet
- Aided hearing aid programming sheet including frequency, response, MPO, compression & program
- Ear mould order/Hearing aid order form
- GP letter
- COSI

Competency Standards

The candidate will need to demonstrate a thorough knowledge of the competency requirements. **Appendix 1 to By-Law 97.5 Clinical Practice**

PART A. Hearing Rehabilitation Specialist (HRS)

1. CONDUCT ASSESSMENT *(includes but is not limited to)*

1.2 Apply foundation principle

- xi) Demonstrate understanding of acoustics
- xii) Demonstrate understanding of Psychoacoustics
- xiii) Demonstrate understanding of anatomy of the auditory system
- xiv) Demonstrate understanding of Physiology of the auditory system
- xv) Demonstrate understanding of Pathology of the auditory system

1.2 Apply otoscopic inspection protocol

- ix) Employ safety procedures
- x) Identify anatomical structures of the external ear
- xi) Identify any abnormalities
- xii) Use referral criteria to determine contraindications to further treatment

1.3 Utilize audiometric testing protocol

- xiii) Describe the physical environment required to perform audiometric assessment
- xiv) Determine that all equipment is calibrated and in proper working order
- xv) Perform pure tone air and bone conduction testing
- xvi) Perform speech audiometry
- xvii) Perform effective masking
- xviii) Perform immittance testing, including acoustic reflex testing

2. INTERPRET AND APPLY ASSESSMENT RESULTS WITH A VIEW TO REHABILITATION (includes but is not limited to)

2.1 Interpret and explain audiometric results

- xi) Demonstrate an understanding of referral criteria
- xii) Interpret pure tone and speech testing results
- xiii) Identify the need for additional testing
- xiv) Identify the degree, configuration and type of hearing loss
- xv) Correlate all test data for accuracy and consistency

2.2 Implement aural rehabilitation and counselling

- ix) Utilise effective communication techniques using a person/family centred approach
- x) Demonstrate an understanding of the psychology of the hearing impaired
- xi) Manage client and family expectations for improved communication
- xii) Identify communication strategies

2.3 Determine candidacy and recommendation of amplification

- ix) Conduct and interpret the medical case history and identify contraindications of hearing device use
- x) Conduct communication needs assessment
- xi) Determine motivation and attitude of client and their family to treatment
- xii) Determine treatment plan including any hearing devices if indicated, including accessories

3. SELECT HEARING AIDS (includes but is not limited to)

3.1 Select style and type of hearing devices

- vii) Select hearing devices based on test results, communication assessment and client's individual preferences and lifestyle needs
- viii) Select electroacoustic and physical features in line with hearing test data and client's physical and cosmetic considerations
- ix) Select performance features in line with client's communication needs

3.2 Select Earmould or other acoustic coupling

- v) Assess physical properties of the outer ear
- vi) Take ear impressions employing safety procedures
- vii) Determine quality of ear impressions
- viii) Select coupling and acoustic requirements based on client's needs

4. FIT AND EVALUATE HEARING DEVICES *(includes but is not limited to)*

4.1 Fit hearing devices

- xi) Confirm physical and acoustic integrity of hearing devices
- xii) Program and adjust hearing devices using a recognised fitting prescription
- xiii) Verify physical and acoustic comfort and fit
- xiv) Educate client and family about hearing devices and accessories or assistive devices
- xv) Assess client's ability to manage devices

4.2 Verify fitting

- ix) Employ a recognised verification method using real ear data where possible
- x) Assess physical and acoustic performance of hearing devices
- xi) Interpret and explain verification results
- xii) Modify physical and acoustic parameters of device and coupling for optimal benefit

4.3 Validate fitting

- vii) Select and perform validation method based on client
- viii) Measure outcomes of captured communication needs
- ix) Interpret validation results and determine strategies and tactics for the client and family to obtain optimal benefit

4.4 Interpret electroacoustic analysis results

- v) Identify need for electroacoustic analysis of hearing devices
- vi) Compare electroacoustic analysis of hearing devices to manufacturers fitting specifications

4.5 Apply device maintenance and troubleshooting protocol

- xi) Employ hearing device cleaning procedures
- xii) Perform listening checks on hearing devices
- xiii) Determine need for maintenance and repair of device
- xiv) Troubleshoot acoustic and electroacoustic properties of hearing device
- xv) Adjust hearing devices based on changes in client's hearing loss and/or listening needs

5. PROFESSIONAL WORK PRACTICES *(includes but is not limited to)*

5.1 Apply infection control protocol

- ix) Choose appropriate infection control processes for tools and equipment
- x) Observe universal precautions for infection control
- xi) Differentiate between sanitization, disinfection and sterilisation processes
- xii) Identify and use personal protective equipment

5.2 Apply legal and ethical considerations

- vii) Practice in accordance with state, territory and national laws and regulations
- viii) Practice in accordance with professional codes of conduct
- ix) Practice within personal scope of practice

5.3 Manage client records and professional relationships

- vi) Store and manage client records in accordance with state, territory and national laws
- vii) Share and report client record data with third parties in accordance with Privacy and Freedom of Information laws and regulations
- viii) Develop, conduct and maintain professional relationships

Helpful Information for Candidates

- To secure an examination position applicants must have lodged 'Request to sit HRS Examination' form and be accompanied by the current examination fee of *\$860.00.
- Once an exam fee is paid it is not refundable or transferable, only in extreme extenuating circumstances at the discretion of the ACAud Board. Should a request for examination be refused by ACAud on initial application the fee will be refunded.
- Yes, you may make a special request for examination on a particular day and time but please bear in mind this is a request only and is granted on availability and at the discretion of the Secretariat.
- Following examination, the examiners' reports are forwarded to the Secretariat for collation and the result notified in writing to the candidates.
- **Under no circumstances are examinees to contact examiners either prior to or post examination. Attempting to do so may jeopardise the examination result.**
- Where a candidate has special requirements due to health or disability this should be communicated to the Secretariat in writing at least four months prior to the intended examination in order that appropriate arrangements may be put in place to accommodate the candidate as deemed necessary by the Executive Committee or its delegates. It is the candidate's responsibility to ensure receipt by the Secretariat of this communication.
- The Secretariat is your Association and is here to assist you – please be sure to make contact regarding any queries or concerns regarding your proposed examination.

*Subject to Change

Important information for new Associate members

Entitlement to Letters and Titles

What are members of ACAud entitled to call themselves and what letters are they entitled to use?

Fellows: '**Fellow of ACAud**' and are entitled use the letters '**FACAud**'

Full/Ordinary Members: '**Member of ACAud**' and are entitled to use the letters '**MACAud**'

Honorary Fellows: '**Honorary Fellow of ACAud**' but are not entitled to any letters.

Associate, Student, Affiliate and Service Members are entitled to call themselves by the appropriate membership level of ACAud e.g Associate Member of ACAud only whilst retaining this status, they are a financial member and whilst all obligations of membership are current (CEP, Quarterly Reporting, etc).

Under no circumstances are they entitled to any letters.

Use of letters without entitlement or incorrect use may result in Peer Review and also have legal implications.