



Supervisory Kit

Diagnostic Rehabilitation Specialist (DRS)

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 please see the link to the Digital Logbook [here](#)
- 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.

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.
<p>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.</p>	
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.
<p>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></p>	
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>*<u>Provisional Audiologists</u> (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*

ACAUD QUALIFYING Exam (DRS) INFORMATION FOR APPLICANTS (REVISED NOVEMBER 2017)

Overseas trained applicants for membership of ACAud must pass the ACAud Qualifying Exam (DRS) as a pre-requisite for being granted full membership of ACAud.

NOTE: The exam consists of one written paper of 3 ½ hours duration. The exam comprises six cases each of equal weighting and examinees must pass a minimum of **five** of the six cases and achieve an **overall mark of 50%** or more to pass the exam. This examination can be sat at any stage during the ACAud internship program, however it **must** be passed before Full Membership is achieved.

How the examination is administered

ACAud is responsible for organising and running the examination. The examination is set and marked by examiners appointed by ACAud. These examiners are familiar with the standard of theory and clinical knowledge expected of new graduates in audiology programs in Australia.

The exam supervisors at each venue are not the examiners and cannot provide you with any information about the timing, content, or marking of the examination, or your individual results. All correspondence regarding the examination must be with the office.

In general, examinations are held twice per year (usually in April and October). Examination venues are organised only when applicants are confirmed for the examination by payment of the examination fee. We organise an examination venue in each state in Australia in which we have confirmed applicants. The exam venues are finalised one month prior to the examination date.

Payment for the examination

Applicants must pay an examination fee to ACAud. The applicant's fee must be paid by the due date (either March 1st for the April exam or September 1st for the October exam). Late applications or late payment to sit the examination may be approved in some circumstances.

Applicants will not be permitted to sit the examination unless their exam fee is paid.

Arrangements for the day of the examination

- Have your photo identification ready (e.g., passport, driver's license). You will not be permitted to sit the exam unless you have your ID with you.
- You will not be able to have: Calculators, mobile phones, personal organisers, etc. These are not permitted.

NOTE: If you have a disability and require non-standard administration of the examination, you must request this at least 2 months in advance, together with appropriate documentation.

Study preparation for the examination

The examination is set to confirm your theory and clinical knowledge in audiology, at a level expected from new Australian graduates of a Masters of Clinical Audiology professional entry program. Regardless of your qualifications and experience, you CAN and SHOULD study for the examination. You should obtain a copy of a recent audiology text book (e.g., J. Katz, Handbook of Clinical Audiology, 6th edition). Before you take the examination, familiarize yourself with the format, content, and the scope of the examination.

Suggested Readings

The following is a limited list that we are providing as guidance to assist you in preparing for the exam. Please note that the list drawn here comprises of *some* suggested reading. The list by no means is complete or absolute and hence your preparation should not be limited to reading these books only.

1. Katz, Handbook of Clinical Audiology, 6th edition
2. Dillon, Hearing Aids
3. Gelfand, Hearing, 4th Ed
4. Musiek, Baran, The Auditory System
5. Roeser, Valente, Hosford Dunn, Audiology: Diagnosis (2nd edition)
6. Hosford Dunn, Roeser, Valente, Audiology Practice Management (2nd edition)
7. Valente, Hosford Dunn, Roeser, Audiology Treatment (2nd edition)
8. Speaks, Introduction to Sound: Acoustics for the hearing & speech Sciences, 3rd Ed
9. Durrant, Lovrinic, Bases of hearing science (3rd edition)
10. Northern, Downs, Hearing in children (5th Ed)

Format of the examination

- The examination consists of one 3 ½ hour case-based paper. The paper consists of 6 cases. You must pass five cases in order to pass the exam and achieve an overall pass mark of 50% to pass the exam. The case study questions relate to theoretical knowledge, interpretation and integration of test results and clinical decision making in audiological practice in a range of clinical areas of audiology.

The cases cover a broad range of topics in audiology as would generally be covered in completion of the Masters of Clinical Audiology syllabus. Specific topics covered may include:

FOUNDATION HEARING SCIENCE

- Acoustics
 - calibration of audiometric equipment
 - principles of acoustics as related to audiological testing and practice
 - principles of acoustics as related to speech sounds
 - the phonetic and phonological representations of speech sounds
- Anatomy and Physiology
 - anatomy and physiology of the hearing system
 - attributes of the human ear
- Pathologies
 - effects of various aetiologies on auditory function
 - effects of various aetiologies on audiological/vestibular test procedures
- Psychoacoustics
 - auditory perception for auditory stimuli
 - response criteria
 - test parameters
- Syndromes and Genetics
 - basic principles of genetics
 - conditions, signs and symptoms associated with various genetic syndromes
 - genetic influences on speech and language production, reception, and processing

SPEECH AND LANGUAGE

- developmental milestones
- outcomes associated with various disorders

SPECIAL POPULATIONS

- Diagnosis and management
 - Auditory processing disorders
 - Auditory neuropathy

COMMUNITY PROGRAMS

- Hearing Loss Prevention
 - criteria for instituting and evaluating programs
 - selection of suitable tests
- Hearing Screening
 - guidelines for screening programs
 - selection of appropriate screening procedures
- Universal Precautions
 - procedures for infection control

BASIC CLINICAL AUDIOLOGY

- Case History
 - collection and use of information from other agencies in an appropriate manner
 - interview of patient and significant others
 - potential etiological factors
 - present status
- Pure Tone Tests
 - selection of age-appropriate test methods
 - limitations of test procedures
 - patterns of test findings
- Speech Tests
 - characteristics of various test materials
 - selection of appropriate test materials and procedures
- Acoustic Immittance measurement
 - Basic principles of acoustic immittance measures
 - Tympanometry
 - Acoustic reflex tests
- Otoacoustic emissions
 - Basic principles of OAE measurement
 - Types of OAEs
 - Clinical applications

PAEDIATRIC AUDIOLOGY

- characteristics of various test materials for paediatric population
- selection of appropriate test materials and procedures
- knowledge of paediatric test protocols

ELECTROPHYSIOLOGICAL ASSESSMENT/INTERPRETATION

- Auditory
 - appropriate selection of test procedures
 - findings associated with various pathologies
 - principles of specific measures
- Vestibular
 - findings associated with various pathologies
 - principles of specific measures

ADVANCED DEVICES AND REHABILITATION

- Cochlear Implants
 - criteria for candidacy
 - choice of hardware and speech coding strategies
 - outcomes
- Evaluation of Disability/Handicap - interpretation of findings
 - selection of appropriate instruments and procedures
- Audiological Rehabilitative Management
 - age-appropriate techniques
 - implementation of appropriate methodologies
- Counselling
 - acceptance, adjustment, motivation, and coping
 - appropriate communication regarding information about assessment, treatment plans, progress, and results
 - interpersonal communication and counselling techniques
- Patient Management and Referral
 - criteria based on prognosis, progress, and motivation
 - data gathering and interpretation
 - procedures for referral and follow-up

HEARING AIDS AND REHABILITATION

- Hearing Aid Selection, Fit, and Verification
 - criteria for candidacy
 - differences in performance of various types of devices
 - effects of modifications on performance
 - measurement procedures
- Hearing Aid Instruments
 - function of hearing aid components
 - measures of hearing aid performance
 - performance characteristics of various circuits
- Assistive Devices
 - appropriate selection, assessment, and use of various devices
 - criteria for candidacy

PROFESSIONAL ISSUES

- Ethical Practices
 - confidentiality
 - informed consent
 - staffing issues
 - standards for professional conduct and duty of care
 - referrals, permissions, client records
- Laws and Standards
 - appropriate management through knowledge of governmental, legislative, and regulatory requirements and knowledge of professional standards.

Case Study Questions

The Case Study paper is comprised of six cases. Each exam covers four clinical areas:

1. Adult hearing aid / rehabilitation case
2. Standard adult assessment case
3. Paediatric rehabilitation / hearing aid case
4. Standard paediatric assessment case

In addition, there will be two cases from other areas of audiological practice, as outlined by the topics above. Case studies may use different formats. Examples of some different formats for case study questions are included in the sample exam paper.

Examination Marking

The PASS mark for the examination is 50%. Applicants must pass (that is, gain a mark of 50% or higher for 5 case studies) and achieve an **overall mark of 50%** or more to pass the exam. Applicants who fail the examination may only be allowed to re-sit the exam at the discretion of ACAud, which reserves the right to determine both whether an applicant will be allowed to re-sit the examination and if eligible, any pre-conditions for them to re-sit the exam.

Notification of results

ACAud will forward your results on the examination to you at your nominated postal address and by email if an email address is provided. ACAud will not provide you with results over the phone. Generally, results will be available approximately 8 weeks after the exam date.

No further information concerning the nature and content of the examination is available.

Study preparation and test-taking skills

The following tips should help you improve your performance on the examination.

- Read and review in all topic areas covered by the examination.
- Obtain a copy of the practice examination available from ACAud and practice writing answers to the examination questions.
- When reading the practice questions, identify critical information, especially in questions involving case studies, and practice the skills of ensuring you answer the specific question posed.
- Time yourself on questions so that you can complete the examination.
- Practice doing case studies. You can find example case studies in many audiology text books.
- Prepare a timeline for your study plan – start at least six months in advance if possible.
- How many marks is each question worth? Note the number of questions Plan your time allocation accordingly.
- Read all the instructions carefully.
- Write legibly ~ it is important that the examiner can easily read your answers.
- Pay attention to the wording of the questions, make sure you identify the point of the question, and make sure you specifically answer the question posed.
- Concentrate on the main point of each question -- don't get distracted by unimportant information. Don't assume the examiner knows what you know. Put all relevant points into your answer.
- Be sure to state, in words, the connections between the points you make in your answer.
- If you are running out of time in the exam, make an attempt to answer all questions
- Make notes on the examination booklet to highlight key words or pieces of information.



AUDIOLOGY SUPERVISION REPORT

FOR THE PERIOD TO

Document is current at time of printing but Subject to change

SUPERVISEE'S NAME: SUPERVISOR'S NAME:

In order to gain the competency of Diagnostic Rehabilitation Specialist an Associate must be competent in the areas listed below:

(As an indication of agreement both parties initial each item in which student is considered now competent - meaning fully capable of working alone in this area. It may be helpful to copy this competency section at completion of each quarter and insert into the report for the next quarter, add any new competencies attained, in the period, complete the new first and last page of the report and lodge with ACAud)

PART A: Fundamentals of Audiology			
	Available	Supervisor	Supervisee
I. Foundations of Audiology			
Explain the Principles, methods and applications of acoustics and psychoacoustics, as related to audiology			
Describe the Anatomy and physiology of the peripheral auditory, central auditory and vestibular systems			
Describe the Anatomy and physiology of the speech production and reception systems			
Demonstrate knowledge and understanding of the Genetics, embryology and development of the peripheral auditory, central auditory and vestibular systems			
Discuss the Mechanisms of disease and injury			
Explain the Pathology and clinical course of common diseases/injuries of the peripheral auditory, central auditory and vestibular systems			
Discuss the Common diseases/injuries of the speech production and reception systems			
Describe the Medical treatment of common diseases/injuries of the peripheral auditory, central auditory and vestibular systems			
Discuss Infectious/contagious diseases			
Demonstrate knowledge and understanding of the Normal course of development of audition skills			

Demonstrate knowledge and understanding of the Normal course of development of speech and language skills			
Demonstrate knowledge and understanding of the Normal processes of communication over the lifespan			
Demonstrate knowledge and understanding of the Normal processes of auditory behaviour/function over the lifespan			
Discuss Health care and education delivery systems			
II. Hearing Loss Prevention and Screening	Available	Supervisor	Supervisee
Demonstrate knowledge and understanding of the Risk factors for hearing loss in children and adults			
Demonstrate knowledge and understanding of Neonatal hearing screening systems in Australia and abroad			
Discuss Hearing screening applications with other paediatric and adult groups			
Demonstrate knowledge and understanding of Ototoxic agents and mechanisms			
Demonstrate knowledge and understanding of Effects of noise exposure on auditory mechanisms			
Demonstrated ability of Counselling of clients on hearing conservation and on their rights/obligations under Occupational Health & Safety legislation			
Demonstrated ability of Audiologic evaluations for the purposes of Occupational Health & Safety and Workers' Compensation			
Demonstrate knowledge and understanding of Strategies and procedures for prevention of hearing loss and/or communication disorders in occupational and non-occupational settings			
Discuss In-service and public education programs concerning the prevention, identification, evaluation and management of hearing impairment			
III. Diagnostic Evaluations in Adults	Available	Supervisor	Supervisee
Explain Principles and techniques underpinning all standard audiological assessments			
Demonstrated ability of Integration of information from appropriate sources to facilitate planning for audiological assessments			
Discuss and explain Client and tester variables that may influence results and associated amendments to test procedures			
Demonstrate knowledge and understanding of Calibration/functioning of equipment/environment according to manufacturer's specification and accepted standards			
Describe Infection control procedures			
Demonstrated ability to conduct appropriate, in-depth case history			

Demonstrated ability for hypothesizing of likely type and site of pathology in clients with auditory symptoms			
Demonstrate knowledge and understanding of Interpretation of otoscopic findings, pure tone audiometry, tympanometry, acoustic reflex testing, speech audiometry, otoacoustic emissions (OAEs), auditory brainstem response (ABR) testing			
Demonstrate knowledge and understanding of the Evaluation of the consistency of results across the test battery and determination of further action for resolution of inconsistencies			
Demonstrated ability of Integration of test battery results to produce accurate, clear and concise reports including recommendations for management			
Discuss need for Referrals to, and collaborations with, medical and other professionals			
IV. Rehabilitation in Adults	Available	Supervisor	Supervisee
Demonstrate knowledge and understanding of Conceptual frameworks underpinning aural rehabilitation of adults with acquired hearing loss			
Discuss Psychosocial impact of hearing loss			
Explain Effects of hearing loss on speech perception and communication			
Demonstrate knowledge and understanding of Communication needs analysis to establish rehabilitation goals			
Demonstrate knowledge and understanding of Negotiation of realistic and achievable client expectations for rehabilitation			
Demonstrate knowledge and understanding of Age-related conditions, including physical and cognitive, and modifications in delivery of rehabilitation programs in light of these conditions			
Demonstrate knowledge and understanding of Aged-care settings and the role of the audiologist			
Demonstrate knowledge and understanding of Candidacy for hearing aid fitting, implantable devices and aural rehabilitation			
Demonstrate knowledge and understanding of Factors that may influence use/acceptance of rehabilitation			
Demonstrate knowledge and understanding of Range of activities involved in rehabilitative test appointments, hearing aid fitting and follow-up appointments			
Demonstrate knowledge and understanding of Technological features in selection and setting of hearing aids			
Demonstrate knowledge and understanding of Earmould features for adult cases			
Demonstrate knowledge and understanding of Prescriptive methods for setting electroacoustic properties of hearing aids			

Demonstrate knowledge and understanding of Hearing aid performance characteristics			
Demonstrate knowledge and understanding of Verification of the success of hearing aid fitting using insertion gain procedures			
Demonstrate knowledge and understanding of Verification of the success of hearing aid fitting using aided threshold testing and aided speech testing			
Demonstrate knowledge and understanding of Interpretation of client's subjective responses to amplification and associated device modifications			
Demonstrate knowledge and understanding of Device troubleshooting			
Demonstrate knowledge and understanding of speech perception tests and their applications in rehabilitation			
Demonstrated ability of Counselling of adult clients concerning the impact and management of hearing loss			
Demonstrated ability of Incorporation of optimal communication strategies into a client's rehabilitation program			
Discuss Methods used to measure rehabilitation outcomes and modification of objectives based on measured outcomes			
V. Case Management & Related Knowledge for Professional Practice	Available	Supervisor	Supervisee
Discuss Schemes and proactive methods for achieving objectives			
Discuss Prioritisation of tasks on the basis of the needs of the service provider, client and professional team			
Discuss Evaluation of opinions, application of critical reasoning, decision making and reflection on conclusions using an evidence-based approach			
Ability to Deconstruct complex issues into their constituent elements in order to study or examine them, draw conclusions, or solve clinical problems			
Discuss the Role of the Audiologist in the holistic management of clients with hearing loss			
Explain the Use of appropriate level, style and means of communication			
Demonstrated Sensitivity, empathy and professionalism			
Demonstrate knowledge and understanding of Social/civic responsibility and recognition of the Audiologist's role as advocate for clients with hearing loss and their families			
Discuss Philosophical and social contexts of health disciplines			
Discuss National and international scope of practice in audiology			

Demonstrate knowledge and understanding of Professional codes of ethics and analysis of ethical issues in audiological practice			
Demonstrate knowledge and understanding of Legislation and regulations relevant to the provision of hearing services			
Demonstrate knowledge and understanding of Quality assurance processes in professional audiological practice and ability to select appropriate outcome measures			
Demonstrate knowledge and understanding of Organisational issues in audiology practice including models of practice, workplace values, and management structures			
Discuss the Role of research in clinical practice			
Discuss the Principles of experimental design and quantitative and qualitative research methodology			
Discuss the statistical analysis relevant to audiology			
PART B – Advance Diagnostic Audiology			
VI. <u>Diagnostic Evaluations in Children</u>	Available	Supervisor	Supervisee
Demonstrated ability to conduct an Appropriate, in-depth case history			
Demonstrated ability to conduct a Common test battery protocols for paediatric assessments			
Demonstrated ability to Select and interpret appropriate physiologic hearing tests for children [including immittance, OAEs, ABR, auditory steady state response (ASSR), Cortical Evoked assessment]			
Demonstrated ability to Select and interpret appropriate behavioural assessments for young children [including behavioural observation audiometry (BOA), visual reinforcement orientation audiometry (VROA) and Play audiometry]			
Demonstrated ability to Construct an appropriate test battery for Central Auditory Processing Disorders and interpretation of tests of central auditory function			
Demonstrated ability of Test technique modifications for children with special needs			
VII. <u>Electrophysiologic & Other Advanced Tests</u>	Available	Supervisor	Supervisee
Demonstrated knowledge and understanding of Underlying principles and test battery protocols			
Demonstrated knowledge and understanding of Application and interpretation of auditory electrophysiologic tests, including electrocochleography (ECochG), ASSR, auditory evoked middle and late latency responses, and event related potentials			
Demonstrated knowledge and understanding of Application and interpretation of assessments of vestibular function, including, but not limited to: electronystagmography (ENG),			

caloric tests and vestibular evoked myogenic potentials (VEMP)			
Demonstrated knowledge and understanding of Intra-operative procedures to monitor cranial nerve function			
PART C – ADVANCED REHABILITATIVE AUDIOLOGY			
VIII. Advanced Adult Rehabilitation			
Discuss Assessment strategies and management techniques for clients with tinnitus	Available	Supervisor	Supervisee
Discuss Technical and medical aspects of implantable devices, including cochlear implants and bone anchored hearing aids			
Demonstrated knowledge and understanding of Post-operative management of adult cochlear implant recipients, including device programming, re/habilitation, and outcome assessment			
Demonstrated knowledge and understanding for Selection of suitable assistive listening devices			
Discuss Community services available for assisting in the aural rehabilitation of adults with hearing loss and/or communication disorders			
Demonstrated knowledge and understanding of Individual and group communication training programs tailored to clients' communication needs			
IX. Re/habilitation in Children			
Demonstrated knowledge and understanding of Effects of hearing loss on all aspects of development in children, with particular attention to speech perception, speech and language development and communication	Available	Supervisor	Supervisee
Demonstrated knowledge and understanding of Functional consequences of Central Auditory Processing Disorders and recommendation of appropriate management strategies			
Demonstrated knowledge and understanding of Audiological and educational implications of Otitis Media in the general paediatric population and in high risk groups (e.g., Aboriginal and Torres Strait Islander children)			
Demonstrated knowledge and understanding of Audiological, educational and communication management options available for children and young adults with hearing impairment, including those with: mild-moderately severe loss, unilateral, minimal, conductive and profound loss			
Demonstrated knowledge and understanding of Hearing aid fitting and verification, including real ear measures and aided threshold testing			
Demonstrated knowledge and understanding of Speech perception tests and their applications in rehabilitation			
Demonstrated knowledge and understanding of Outcome measures for use with children and families			
Discuss Psychosocial impact of hearing loss in children			

Discuss Deaf culture			
Demonstrated knowledge and understanding of Candidacy for implantable devices and factors affecting outcomes in children			
Demonstrated knowledge and understanding of Technical and medical aspects of implantable devices, including cochlear implants and bone anchored hearing aids			
Demonstrated knowledge and understanding of Post-operative management of paediatric cochlear implant recipients, including device programming, rehabilitation, and outcome assessment			
Demonstrated knowledge and understanding of Principles of family-centred practice and informed choice			
Demonstrated knowledge and understanding of Effective counselling techniques for working with children and their families			
Demonstrated knowledge and understanding of Classroom acoustics and recommendation of appropriate environmental modifications and strategies for enhanced listening			
Demonstrated knowledge and understanding of FM technology, sound field amplification, and tactile aids			
Demonstrated knowledge and understanding of Selection of appropriate assistive listening devices			

NOTE: ALL PAGES must be returned to the Secretariat. Continue to list all areas in which the Supervisee is now competent. At the close of the supervisory period the Supervisee should be competent in all areas listed in the report and the report should reflect this by having all areas initialled as competent and all competencies signed off BY BOTH PARTIES. This report may also be useful as a benchmark for progress.

Comments (Not Mandatory): *(If insufficient space copy this page and attach. Mark names clearly.)*

Supervisor:

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Supervisee:

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ENSURE LOG BOOKS ARE ATTACHED FOR THIS PERIOD

Supervisee's Name	Supervisee's Signature
Primary Supervisor's Name	Primary Signature	Supervisor's



DECLARATION OF COMPLETION OF LEVELS 1 & 2 OF SUPERVISION TABLE

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

I,(name of Supervisor) being the 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, in particular, that I will be accessible to my supervisee for consultation as required and take charge of his/her 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".

Signed **(Supervisor)**

Full Name (Print).....

Date

Please complete the Statutory Declaration, link provided [here](#) below, and send to the Secretariat with this signed Declaration.



DECLARATION OF COMPLETION OF SUPERVISION

(Prior to Examination)

I,(name of Supervisor) being the 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) 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, Diagnostic Rehabilitation Specialist is capable of working alone within each and all of these competencies and is now ready to sit the examination for Diagnostic Rehabilitation Specialist (DRS) in order to obtain Full/Ordinary Membership of ACAud.

Signed **(Supervisor)**

Full Name (Print).....

Date

In the presence of:

Signed **(Witness)**

Full Name (Print).....

Date

(Witness should not be the Supervisee)

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.