



HEARING AID AUDIOLOGY SOCIETY OF AUSTRALIA LTD

Competency Examination

Case Study Requirements & Assessment Guide

February 2023

The case study portion of your Competency Examination involves a 1-hour oral examination of two case studies. In preparation for this, you will need to submit two (2) case studies to the examination panel, each consisting of a different type of loss e.g., sensorineural and mixed. The examination panel will choose one of these submitted cases studies to discuss with you during your examination as well as one other that will be provided to you 30 minutes prior to your scheduled examination. Three experienced HAASA audiometrists will make up your examination panel.

Below, you will find the requirements for your case studies as well as an assessment guide containing a list of subjects that may be discussed during your Competency Examination. Please use the following information to prepare adequate case studies. Remember, this is your opportunity to showcase the skills and experience you have developed over your supervision period.

CASE STUDY REQUIREMENTS

1. Cover page must include:

- Subject's (client's) identifiers
- Your name and contact details
- Supervisor's name and contact details
- Audiogram must be in colour and legend of symbols should accompany
- Speech discrimination score(s)
- Tympanometry (when performed); and
- Any other diagnostic hearing assessments.

2. Table of contents & bibliography of ALL equipment used during case study (page 2):

- All sections in your case study should be clearly identified in the table of contents
- Examples of equipment to list in your bibliography (but not limited to):
 - Model of Audiometer
 - Which type of A/C transducers and B/C
 - Type of tympanometer
 - Impression material
 - Otoscope
 - Verification equipment

3. Your Subject's background (pages 3 & 4):

- Tell us your client's story – in other words the “ what, when, where and why”
- COSI goals or any other means of subjective assessment of subjective outcomes

4. Header & Footer:

- Subject's (client's) identifier should be in the header
- Your name and the page number should be in the footer

Each case study must not exceed 4 pages.

In conclusion, your Case Study must be set out in an orderly manner, easy to follow and able to have sections easily referenced while discussing it with the Panel.

ASSESSMENT GUIDE

1. Equipment

Is the Clinician aware of the requirements of best practice with equipment e.g.:

- Perform/understand daily calibration of equipment
- Cleaning of all equipment

2. Case History

- Otological history
- General health observation
- Referral indicators
- Identifying communication problems
- Understanding client motivation or concerns regarding amplification or treatment

3. Otoscope examination

Can the clinician identify conditions that may prevent or delay accurate Audiometry?

- Ability to hold an otoscope correctly
- Understanding speculum tip sizers
- Able to identify tympanic membrane landmarks
- Cerumen occlusion
- Obvious perforation
- Identifying a tympanic lesion

4. Pure tone audiometry

Can the clinician:

- Read and evaluate the audiogram
- Understand the testing procedure e.g. Hughson-Westlake
- Understanding speech testing e.g. roll over, masking etc.
- Tympanometry understanding the results and the relationship with the pure and history
- Acoustic reflexes, understanding the results and the relationship with the tone and tymp. results.

5. Medical referral

Can the clinician identify circumstances where medical referral is required :

- Visible occluding cerumen, debris or discharge that would prevent the testing to continue
- Unreported perforation
- Reported discharge, unexplained pain or discomfort in or around the ear
- Bulging or inflamed TM
- Obvious infection/discharge
- Sudden or recent onset of hearing loss
- Dizziness, vertigo or unexplained imbalance
- Unilateral, sudden onset of tinnitus
- Aural fullness or blockage in the ears
- Reported facial numbness or weakness
- Type B Tympanogram
- Air bone gap of 20dB or greater at 500, 1000, 2000 or 3000
- Speech discrimination scores poorer than expected or roll over of 20% or greater
- Evidence of fluctuating hearing thresholds
- Identify possible cochlea or BAHA candidates
- Have the ability to write a report to a GP

6. Rehabilitation plan

Can the clinician develop a rehabilitation plan for the client:

- To have the ability to build a COSI/APHAB
- Knows how to manage realistic expectations/limitation of devices
- Determines where ALD's could be of benefit to the client
- Has the ability to determine the most appropriate configuration of the hearing devices e.g. power, functionality, management and cosmetic consideration
- Develop a rehabilitation plan specific to the client's rehabilitation plan

7. Device selection

Does the clinician have the ability to understand the device selection:

- Excellent understanding of hearing devices appropriate to the hearing loss e.g. ITE, ITC, CIC IIC, BTE, BTE P, RIC, CROS, BI-CROS, SP, UP and ALD
- Chooses the needed features and functionality in the device e.g. Telecoil, Bluetooth etc.
- Consideration and understanding of client ability to manage a device e.g. dexterity
- Able to identify physical characteristics of the ear in reference to fit of device

- Able to choose the correct venting, tubing, mold material, receiver power, domes etc.

8. Impression Taking

Does the clinician have a good understanding of impression taking :

- Otoscopy before taking an impression
- Reason an impression could not be possible e.g. occluding cerumen, discharging ear etc.
- Able to describe the process of taking a safe impression e.g. hand position, autoblock position

9. Electroacoustic Characteristics

Does the clinician have a good understanding of the electroacoustics of a hearing device:

- Understanding of hearing device prescriptive formula
- Has a concise understanding of various prescriptive methods
- Has the ability to select the correct gain setting for the loss including reserve gain
- Has a good understanding of gain, reserve gain, directional/omni microphone, MPO, compression feedback cancellation, frequency transfer, wind noise reduction etc.
- Ability to evaluate MPO and adjust correctly

10. Fitting of hearing device

Does the clinician have a good knowledge and understanding of how to fit a hearing device(s)

- Has the ability to evaluate hearing devices in an objective way for the fitting e.g. REM, Speech mapping and 2cc
- The ability to understanding of objective testing e.g. targets and requirements
- Ability to apply subjective testing to evaluate the hearing device fitting e.g. Speech testing, SPIN, etc.
- Describe how to counsel a client on how to get used to a hearing device and set a rehabilitation plan e.g. “aids are tinny” “I can hear my own voice” “how long should I wear them for”
- Be able to instruct a client how to use the hearing device e.g. insertion, removal, aid adjustments, phone connection etc.
- Able to give instruction on maintenance of hearing device e.g. cleaning, filter changes

- Ability to counsel on communication strategies for group/BGN, comm. in church etc.
- Be able to set up a listening program e.g. telecoil, music etc.
- Provide the client with appropriate literature to help assist the client

11. Follow up on a hearing device

Does the clinician have the ability to evaluate the outcomes of a fitting:

- Ability to collect subjective feedback from a client and counsel correctly
- Ability to make physical changes that maybe necessary e.g. mold buffing, dome changes, ear grips etc.
- Assess any further testing that maybe be necessary e.g. REM, speech testing, 2cc etc.
- Evaluate outcomes successfully e.g. COSI etc.
- Ability to identify areas that require re-training in device function
- Has the ability to encourage and guide client to exceed client outcomes
- Able to access further rehabilitation resources for the client
- Identify where special information is required for client family e.g. written literature “good communication habits”