BRITISH ACADEMY
OF AUDIOLOGY
Higher Training Scheme

British Academy of Audiology

Higher Training Scheme (HTS) Module Specification: Paediatric Habilition

Purpose of this specification

This document makes explicit the knowledge and skills that are expected from an HTS candidate relevant to the scope of this module, and outlines additional elements needed to be completed prior to examination, such as secondments and case studies. All the prescribed elements of the module must be completed prior to application for the final examination.

It is important that this document is read together with the HTS regulations which clarifies requirements and gives further guidance.

This specification includes the following details:

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1.0 Scope of this Module

This module relates to M-level training to develop theoretical knowledge and practical skills to enable competency in paediatric habilitation for routine school aged cases, and to assist with those of pre-school age. Candidates are not expected to be competent in leading the habilitation of cases where there are other significant disabilities that would provide major challenges to assessment (e.g., serious visual impairment, significant developmental delay, significant learning disability or social-communicative disorder). Cases should include new referrals and patients under review.

Although this module is primarily concerned with habilitation it will be necessary for the trainee to consider and pursue indications for diagnostic assessment of patients as appropriate.

2.0 Minimum requirements for this module

This module requires candidates to have existing skills and knowledge equivalent to that of a BSc in Audiology and be clinically competent in paediatric hearing assessment (8 months+). Whilst it is not a pre-requisite to have completed the HTS Paediatric Assessment 8 months+ module, it is the responsibility of the supervisor to ensure that the candidate is clinically competent in, and has sound theoretical knowledge of, all aspects of paediatric hearing assessment (including VRA, performance and play audiometry) prior to commencing this module.

The detailed minimum requirements for completion, prior to examination are summarised in the following table. However, it should be noted this is a minimum requirement only and reflects candidates who have already had significant experience in paediatric habilitation, prior to commencing formal training. Candidates newer to paediatric habilitation will require more experience or training than this to enable them to meet the examination standard, and a recommendation for those starting from scratch is also detailed in the table. It is the responsibility of the accredited supervisor to make sure that the candidate has had sufficient training and experience before sitting their exam, to optimise their chances of success. The guidance notes should be followed, any experience which does not comply with this guidance cannot be counted towards the minimum requirements.

Element	Minimum	Recommended number for candidates new to paediatric habilitation
M-level credits	10 credits	10 credits
Supervised clinical sessions	10	40
Tutorials	2	5
Secondment sessions	4 (or 2 days)	8-10 (equivalent to a full working week)
Placement sessions	No minimum	No minimum (but highly recommended)
Procedural skills	All signed off	All signed off
Competency assessments - periodic appraisals of patient management and reflection	2 appraisals in each exam category, with both (or the last two) in each showing all 1s and 2s**	5 appraisals in all 4 categories, with the last two in each showing all 1s and 2s**
Case Studies	2 (one from each of the exam case types)	2 (one from each of the exam case types)

*A session is a whole clinic, to include preparation, seeing patients and any subsequent record and report writing.
** One of these appraisals in each exam category must have been completed by an external supervisor, usually while on secondment. See Section 5.0 of the HTS Handbook.

3.0 Theoretical knowledge

This module assumes an underlying and up-to-date theoretical knowledge equivalent to requirements for the HTS modules in paediatric assessment 8 months+.
For this module the candidate is expected to gain the following theoretical knowledge through academic study, tutorials, self- study and discussion:

1. In depth knowledge and to be able to contextualise childhood hearing loss from the socio-emotional, educational and medical perspective, to include:
    a. knowledge of epidemiology, aetiology and risk factors
    b. embryology and neuromaturation of hearing
    c. genomics related to hearing loss and genetic counselling
    d. the impact of childhood hearing loss on family and on child development
    e. the impact of childhood hearing impairment on speech and language development
    f. the impact of childhood hearing impairment on wider development
2. A detailed knowledge of the evidence relevant to benefit from early intervention for permanent hearing loss in children, including permanent mild and unilateral hearing loss.
3. A detailed knowledge of the amplification options available to children including behind-the ear hearing aids and softband bone conduction devices.
4. Appraise policies and guidelines, position statements and best practice with regard to paediatric habilitation
5. Content of a full and relevant history (including medical, developmental, educational, and family aspects)
6. Understanding of the factors that contribute to successful paediatric hearing aid fitting and review child including content, plus accuracy, sensitivity, reliability and the scientific evidence underlying hearing aid fitting and review methods
7. In depth knowledge of various speech testing methods used in hearing aid assessment and verification, limitations and how results can be used to aid management
8. In depth knowledge of real ear verification (including RECDs) of hearing aid fitting techniques used with children
9. In depth knowledge of advanced technological features of hearing aids and FM systems/assistive devices and Apps
10. In depth knowledge of validated questionnaires used to assess listening and communications skills and abilities
11. Knowledge of the evidence base regarding frequency of hearing aid reviews for children
12. Knowledge of relevant referral criteria and local referral processes for implantable devices such as Cochlear Implant (CI) and Bone Conduction Hearing Implants (BCHI).

13. Knowledge of and ability to reflect upon the evidence and value of holistic, person/family-centred, and transdisciplinary care in paediatric habilitation including informed choice, joint working, shared decision making and safeguarding, as well as sources of support
14. In depth knowledge of and the ability to critically evaluate the evidence for management and support approaches for permanent childhood hearing impairment
15. Critically evaluate the principles of selection, prescription, verification, evaluation and monitoring of amplification in children, taking into account the needs of the individual patient.
16. How to integrate relevant information to make a shared informed decision concerning the management of individual cases
17. An understanding of their own role and those of other professionals and agencies (e.g. Teachers of the Deaf, Educational Audiologists, Social workers, ENT, Speech and Language Therapy) who contribute to the management and welfare of the child and their family / carers, how this can differ depending on local set up, local services and referral routes e.g. CHSWG.

4.0 Learning outcomes

On completion of the module the candidate should integrate theoretical knowledge and practical skills to enable them to:

1. Prepare test facilities & equipment, to include daily calibration checks and room set up
2. Formulate review and management plans, liaising with the relevant professionals to co-ordinate assessments & care, as appropriate
3. Plan clinical approaches, using clinical reasoning strategies, evidence-based practice and person-centred approaches
4. Take a full and relevant history
5. Keep parent/carers and child fully informed during all aspects of the appointment, obtaining consent for procedures as appropriate
6. Carry out assessment / verification in a safe and effective manner adapting as required to ensure assessment / verification is appropriate for the developmental age of the child, and information gained is maximised within the time available, to include the use of:
    a. Real ear measures / RECDs
    b. Validated questionnaires
    c. Speech testing
    d. Subjective assessment
7. Show creativity, initiative and originality of thinking in tackling and solving practical problems
8. Collate relevant information, interpret and make an informed decision concerning the management of individual cases, to include hearing aid programming adjustments and onward referral to ENT or other appropriate professions if any red flags or significant hearing changes.
9. Develop individual management plans, ensuring that children and parents / carers are part of the decision making with use of person-centred care, to include transition plans at the appropriate stage to ensure a managed transition into adult services. Uses shared decision making to explore the range of treatment options available in a collaborative way.
10. Give advice on assistive listening devices, FM systems and apps, as appropriate, and ways these may be obtained, making referrals as needed
11. Communicate effectively with parents and children giving clear information on the plan for the session, hearing aid orientation, results, recommendations and management plan to children and families using appropriate language and communication strategies
12. Keep appropriate clinical records
13. Write reports on test results and recommendations suitable for the intended audience, to include a range of professionals and parents/carers

14. Relate own practice to a supporting knowledge base, to include local and national guidance, processes and structures.
15. Justify own clinical decisions made in the assessment or management of patients
16. Critically evaluate and reflect on own actions, showing independent thought through alternative (and justified) approaches to existing local practice

In this module the above overarching learning outcomes will apply to the indicative content outlined in Section 5.0. These learning outcomes are used to assess competency in appraisals and examination.

5.0 The range of procedures in which competence is expected

1. Preparation for appointment to include preparation of clinical facilities & equipment, to include real ear measurement systems and hearing aid test boxes, and room set up
2. Formulating a plan for the session taking into account the priorities for the individual child within the time available and attention span of the child, but adapting this as necessary dependent on findings
3. Independently and succinctly obtains a relevant case history in a logical but flexible progression to assess progress and concerns, showing sensitivity to any concerns and involving the child as appropriate, to include:
    a. Applying person centred skills including asking for child and family perspectives and exploring the impact of the hearing loss on the child's life
    b. Presence of any parental/child concerns
    c. Presence of any concerns from the teacher of the deaf, educational audiologist or school
    d. Presence of any concerns from other health professionals, such as speech and language therapy or paediatrics.
    e. Hearing aid comfort
    f. Hearing aid reliability / functioning
    g. Earmould fit / feedback issues
    h. Hearing aid use with reference to specific situations at home and at school
    i. Hearing aid benefit with reference to specific situations at home and at school
    j. Progress with hearing aid management
    k. Progress with particular listening situations e.g. TV, telephone, doorbell etc to ascertain need for assistive listening devices
    l. Progress at school, acoustic environment at school
    m. Support at school, do they have any additional support, is an FM system used or being considered
    n. Other recent otological history – ear infections etc.
4. Paediatric Impression taking, demonstrating:
    a. Appropriate adherence to BSA Recommended Procedure.
    b. Clear instructions/explanation to parents and child.
    c. Appropriate modifications of techniques for child e.g. correct choice of tamp size/modifications to tamp.
5. Paediatric Hearing Aid Selection and programming, demonstrating:
    a. Appropriate choice of hearing aid and features to match needs of child.
    b. Ability to access required features of hearing aid software.
    c. Manipulation of hearing aid output as required.
    d. Awareness of compression characteristics.
    e. Choice of prescription formula.
    f. Programming and saving changes to hearing aid.
6. New hearing aid fitting demonstrating:
    a. Introducing the hearing aids to the child and family in a considerate manner
    b. Hearing aid orientation carried out with parent/child ensuring full understanding of information to include advice on use.

    c. Select and program appropriate hearing aids to child taking age, development and amplification needs into account
7. Real Ear Measures, demonstrating:
    a. Use of BSA recommended procedure.
    b. Application of appropriate modifications of technique for children (e.g. probe tube insertion depth).
    c. Differences between REM and RECD and when appropriate to use.
    d. Modifications for open fit devices.
    e. Understanding of Speech Intelligibility Index (SII).
8. Simulated Real Ear Measures, demonstrating:
    a. Use of BSA recommended procedure.
    b. Measurement of RECD including appropriate probe tube placement and insertion depths.
    c. Identification of RECD anomalies and actions to address these.
    d. Coupler verification measures.
    e. Understanding of Speech Intelligibility Index (SII).
9. Electro-acoustic Testing of Hearing Aids, demonstrating:
    a. Appropriate choice of electro acoustic test and understanding of its purpose. Use of appropriate coupler.
    b. Correct positioning of hearing aid in test box.
    c. Accurate recording of hearing aid response.
    d. Correct interpretation of results.
10. Subjective Evaluation Measures
    a. Interpretation of reports and age appropriate questionnaires received from education and the multidisciplinary team.
    b. Administer developmentally age appropriate questionnaires as appropriate and interpret results in clinic e.g. PEACH, LittlEars.
    c. Be able to explain purpose to parents and utilise results in conjunction with other measures to evaluate the hearing aid fitting.
    d. Evaluation of hearing aid in situ to ensure comfort and check tolerance to loud sounds.
11. Objective Evaluation Measures
    a. Use of datalogging and discussions with parents, including GDPR implications.
    b. SII interpretation and normative ranges.
    c. Use of aided speech discrimination testing using age appropriate materials and understanding of results.
12. Ability to make necessary adjustments based on both subjective and objective measures.
13. Debrief to child / parents / carers to include:
    a. Explaining findings, implications and proposed management using appropriate language
    b. Responding to questions from the child, parents/carers in an appropriate way, showing sensitivity and rephrasing /re-explaining as necessary to ensure understanding
    c. Backing up information given with information materials for parent/child where possible
    d. Using appropriate methods to break difficult news to parents /carers (using role play if situation does not arise in practice)
    e. Involving child in debrief, as appropriate
14. Keep appropriate clinical records: record findings and interventions delivered clearly, in a consistent format, all of which must be dated and named.
15. Write reports on assessment sessions, recommended treatment plans and / or outcome of treatment as required, suitable for the intended audience, to include a range of professionals.

6.0 Types of cases for periodic appraisals of whole patient management

The specified appointment types / patient categories for this module are:

- Leading hearing aid reviews for hearing loss related to glue ear
- Leading hearing aid reviews PCHI (Primary aged 4-11 years)
- Leading hearing aid reviews PCHI (Secondary aged 11-16 years)
- Leading transition hearing aid reviews* (Secondary to Adult Services)

*age of exact transition to adult services will vary across sites so this age is a guide but the transition hearing aid review should include planning for the transition.

Cases will be assessed against the same criteria as the examination marking guidance. The type and or/age of the patient module should be recorded for each appraisal.

7.0 Examination details

Greater detail is given in section 12 of the handbook and should be referred to when planning all exams. Examinations will take place over a one-day period at the candidate's training centre, assessing the candidate against the learning outcomes for this module. The examination is a practical assessment of clinical skills which involves the direct observation of the candidate in two appointments, as outlined below, followed by a detailed case viva after each case, plus a written report on one of these cases. The report includes the following discrete sections: history, summary of findings, summary of interventions delivered including changes to hearing aids settings and individual management plan.

For the practical assessment, candidates will be examined on the assessment of two children

- Hearing aid review for hearing loss related to glue ear (any age)
- Hearing aid review for PCHI (any age)

The children should be developmentally appropriate for their age. Each patient should have 90 minutes allocated with a further 30 minutes for the case viva before the next patient is booked. An example timetable is given below.

8.30 – 9.00	Examiners review patient suitability
9.00 – 9.15	Briefing by examiners
9.15–11.15	Case 1 & viva
11.15-13.15	Case 2 & viva
13.15-14.15	Lunch and candidate writes report
14.15-14.30	Examiners review report and final discussions (with candidate if required)
14.30-14.45	Feedback from examiners

8.0 Examination marking guidance

Learning outcome	Learning outcome number	0 Does not meet examination standard	1 Meets examination standard	2 Exceeds examination standard
Prepare test facilities & equipment, to include daily calibration checks and room set up	1	Omits or incorrectly performs calibration checks and equipment setup, OR is unable to identify the consequences of proceeding with incorrectly calibrated or faulty equipment, or room set up inappropriate for the session.	Performs calibration checks and equipment setup correctly, and is able to identify the main consequences of proceeding with incorrectly calibrated or faulty equipment, and the room is set up appropriately for the session.	Performs calibration checks and equipment setup skilfully, and is able to identify detailed consequences of proceeding with incorrectly calibrated or faulty equipment, and room is set up with a high attention to detail and patient needs.
Formulate review and management plans, liaising with the relevant professionals to co-ordinate assessments & care, as appropriate Plan clinical approaches, using clinical reasoning strategies, evidence-based practice and person-centred care	2,3	Does not select appropriate or person-specific assessment or management plans, OR is unable to explain the reasoning behind the approach taken, OR does not show sufficient knowledge of the current research evidence and clinical guidance, OR does not liaise with relevant professionals as appropriate.	Identifies appropriate assessment and management plans, and modifies these to meet individual needs. Is able to broadly explain the reasoning underpinning the approach taken using current research evidence and clinical guidance. Liaises with relevant professionals as appropriate.	Creates an assessment or management plan which is highly tailored to the person's specific needs and consistent with current clinical guidance, highly person-centred approaches and evidence-based practice and liaises with the relevant professionals as appropriate.
Take a full and relevant history	4	Obtains insufficient information about the child's progress, difficulties and needs, health, and listening environments.	Uses effective questioning and listening to elicit sufficient information about the child's progress, difficulties and needs, health, and listening environments.	Uses skilful questioning, and active listening to elicit a comprehensive picture of the child's progress, difficulties and needs, health, and listening environments.

Keep parent/carers and patients fully informed during all aspects of the appointment, obtaining consent for procedures as appropriate. Communicate effectively with parents and children giving clear information on the plan for the session, hearing aid orientation, results, recommendations and management plan to children and families using appropriate language and communication strategies.	5,11	Communicates information to parents / carers and children in a way that is generally unclear or contains irrelevant information OR does not obtain consent.	Communicates relevant information about testing and management options to parents / carers and children clearly and in a way that broadly meets their needs. Obtains consent.	Effectively and clearly communicates relevant information about testing and management options to parents / carers and children in a way that is highly tailored to their needs. Obtains consent.

Carry out assessment / verification in a safe and effective manner adapting as required to ensure assessment / verification is appropriate for the developmental age of the child, and information gained is maximised within the time available	6	Does not carry out a person-centred assessment, OR does not follow local or national guidance (or without evidence based justifications as to why not), OR is not completed within an appropriate time, OR does not adapt the assessment process to maximise data collection. Does not deliver person-centred treatment plans and identifying where these plans may need to change or adapt according to clinical, personal, or familial preferences, Or does not include the following when appropriate: • Electroacoustic function tests • Real ear measures • Validated questionnaires • Speech testing • Subjective assessment	Does carry out a person-centred assessment, AND does obtain a full and relevant case history, AND does follow local or national guidance (or with evidence based justifications as to why not), AND is completed within an appropriate time, AND does adapt the assessment process to maximise data collection. Does deliver person-centred treatment plans and identifying where these plans may need to change or adapt according to clinical, personal, or familial preferences AND includes the following when appropriate: • Electroacoustic function tests • Real ear measures • Validated questionnaires • Speech testing • Subjective assessment	Carry out a highly person-centred assessment, AND skilfully obtain a full and relevant case history, following local or national guidance (or with evidence based justifications as to why not), AND is completed within an appropriate time, AND skilfully adapts the assessment process to maximise data collection. Skilfully delivers person-centred treatment plans and identifies where these plans may need to change or adapt according to clinical, personal, or familial preferences AND includes the following when appropriate: • Electroacoustic function tests • Real ear measures • Validated questionnaires • Speech testing • Subjective assessment

Show creativity, initiative and originality of thinking in tackling and solving practical problems	7	Does not show creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session.	Shows creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session.	Shows a high level of creativity, initiative and originality of thinking in tackling and solving practical problems if they arise during the session.
Collate relevant information, interpret and make an informed decision concerning the management of individual cases, to include hearing aid programming adjustments and onward referral to ENT or other appropriate professions if any red flags or significant hearing changes Develop individual management plans, ensuring that children and parents / carers are part of the decision making with use of person-centred care, to include transition plans at the appropriate stage to ensure a managed transition into adult services. Uses shared decision making to explore the range of treatment options available in a collaborative way.	8,9	Does not identify an appropriate range of management options for the child or does not ensure parents / carers/child are part of the decision-making process OR does not make the appropriate hearing aid adjustments OR does not identify the need for or make appropriate referrals if required OR does not develop an individual's management plan OR does not use shared decision making and collaboration.	Integrates the details from the history, test results, research evidence, current clinical guidance and patient preferences to identify a range of appropriate management options for the patient, including onward referral AND ensures the parents / carers and children are part of the decision making process AND makes the appropriate hearing aid adjustments AND does identify the need for and make appropriate referrals if required AND develops an individual management plan AND does this collaboratively.	Integrates the details from the history, test results, research evidence, current clinical guidance to identify the full range of appropriate management options for the patient, (including onward referral) and their likely benefits and limitations, and fully involves the parents / carers and children in decision making AND skilfully makes the appropriate hearing aid adjustments AND develops a highly personalised individual management plan with clear collaboration.

Give advice on assistive listening devices, FM systems and apps, as appropriate, and ways these may be obtained, making referrals as needed	10	Does not recognise need to give advice OR does not give advice as required OR does not give accurate advice does not explain how these may be obtained OR does not make appropriate referrals if appropriate.	Recognises the need to give advice and gives accurate advice to include how these may be obtained and refers as appropriate.	Proactively gives advice regarding a range of devices / systems / apps to ensure access to speech and environmental sounds, tailored to the individual child and family, to include how these may be obtained and refers as appropriate.
Keep appropriate clinical records	12	Clinical record omits key information OR is omitted from the clinical record system.	Provides a clear summary of the clinical episode, which is stored in an appropriate clinical record system.	Provides clear and detailed information about the clinical episode, which is stored in an appropriate clinical record system.
Write reports on test results and recommendations suitable for the intended audience, to include a range of professionals and parents/carers	13	Report omits key information, is disorganised or written using unprofessional terminology.	Report provides a clear summary of the clinical episode which is logically structured, and written using professional terminology.	Report provides clear and detailed information about the clinical episode which is highly organised, concise, and well written using professional but accessible terminology.

Continued overleaf……

Relate own practice to a supporting knowledge base, to include local and national guidance, processes and structures. Justify own clinical decisions made in the assessment or management of patients Critically evaluate and reflect on own actions, showing independent thought through alternative (and justified) approaches to existing local practice	14,15,16	Limited ability to reflect on and critically evaluate own clinical practice, or explain clinical reasoning Demonstrates limited knowledge of subjects discussed	Able to reflect on and critically evaluate own clinical practice, and explain clinical reasoning Demonstrates comprehensive knowledge of subjects discussed	Able to provide insightful reflection and critical evaluation of own clinical practice, and explain clinical reasoning with reference to research evidence and clinical practice Demonstrates a wider knowledge of subjects discussed

Candidates must achieve a final rating of 1 or 2 in every section of the examination to achieve a pass.

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