



THE UNIVERSITY OF

MELBOURNE

Manual for Audiology Clinical Educators 2014

Supplement: Paediatric Clinics

Department of Audiology and Speech Pathology

Melbourne School of Health Sciences

Faculty of Medicine, Dentistry and Health Sciences

The University of Melbourne

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GENERAL INFORMATION

Thank you for agreeing to supervise our Master of Clinical Audiology Students. This manual has been prepared to give you information about the curriculum, clinical procedures taught at the School of Audiology and our expectations of competencies. This page also outlines some important guidelines concerning feedback and documentation.

Before the clinic

Prior to each clinic, students are required to set goals specific to that clinic. The goals are student driven, and may arise from previous supervisor feedback or self reflection. The goals must be specific to the type of clinic and be achievable within the placement time. Examples may include goals such as improving PTA technique to avoid false positives, improving ear impression taking technique etc. The students have been asked to negotiate these goals with the clinic supervisor at the beginning of each placement. The supervisor may then be able to prioritise certain elements of the clinic in order to give the student a chance to achieve their goals especially in clinics where time is short. If the placement is longer than one day, a review period in relation to the goals is also encouraged.

Student Feedback

Please provide each student with constructive verbal feedback concerning their progress in clinics, preferably at the end of each day. Particular attention should be paid to the outcome of the goals set at the commencement of the placement.

Student Assessment

Please fill in a student assessment form for each student at the end of the clinic placement. We do not expect this process to take up a great deal of your time – summary information is sufficient. The information provided by you on these forms is not used as part of the formal assessment of students but it provides us with useful information concerning both the experience gained by the student during each placement and progress in developing clinical skills. These forms are also sent on to the students as a formal record of their experience and progress. There is a copy of the form at the end of this booklet. Completed assessment forms can be sent to Angela Marshall either electronically at amarshal@unimelb.edu.au or by mail to Angela Marshall, Department of Audiology and Speech Pathology, 550 Swanston Street, The University of Melbourne, 3010.

Clinical Experience Sheets

Each student will bring a clinical experience record sheet to the clinic, to be completed by the supervisor. The form has been designed to log the clinical experience hours according to the definition put forward to the ASA in July 2009 by a committee of representatives from all the Australian universities providing accredited audiology programs. This definition was modified slightly at a meeting by the same group in May 2010. Please note that observational hours are not recorded. However, the number of hours of direct adult and paediatric clinical assessment, indirect assessment and professional activities are recorded. The definition of these types of activities is below.

LOGGING CLINICAL EXPERIENCE HOURS FOR MASTER OF CLINICAL AUDIOLOGY STUDENTS

Student clinical experience is logged on the audiology clinical experience record sheet under three categories:

- **Direct client/patient contact** (subdivided into hours relating to experience with adult clients/patients and paediatric (<8 years developmental age) clients/patients)
- **Indirect client/patient contact**
- **Professional activities**

Clinical hour requirements

In order to satisfy the national clinical hour requirements for clinical audiology qualifications in Australia, each student must complete **at least** 250 clinical experience hours. This total shall include:

- **at least** 150 hours of direct client/patient contact, consisting of:
 - at least 100 hrs of direct adult client/patient contact, and
 - at least 30 hrs of direct paediatric (< 8 years developmental age) client/patient contact,
- no more than 50 hours of professional activities

As this is a national requirement, results for Clinical Audiology B and /or Paediatric Audiology B will be withheld until this requirement is met.

In addition, audiology students at the University of Melbourne are required to attend **all** clinic placements for which they are scheduled. **Students should note that satisfactory attendance at clinics is a hurdle requirement for Clinical Audiology A, Paediatric Audiology A, Clinical Audiology B and Paediatric Audiology B.** A student must provide a medical certificate or a statutory declaration for any absence from a clinic. Failure to do so may result in failure of the clinical attendance hurdle requirement of the relevant subject.

Direct client/patient contact

Direct client/patient contact is defined as activities performed by the student, under supervision and in a clinical setting, that:

- directly involve the client/patient, and
- directly contribute to the management and/or outcomes of that client/patient.

Examples include the student:

- taking a case history (this could also be taken from the client/patient's care-giver or significant other),
- preparing the client/patient and/or the audiological equipment for testing. For example, instructing the client/patient on a test protocol, programming the client/patient's NOAH file and hearing aid, or placing electrodes on the client/patient,
- performing audiological assessments,
- interacting with the client/patient and/or the clinical educator in a manner that directly contributes to the obtaining of reliable test results. For example, performing paediatric VRA/VROA distraction, performing alerting tasks during vestibular assessment, identifying evoked potential waveforms during acquisition, real-time troubleshooting of audiological equipment and/or procedures, etc,
- analysing, integrating, and interpreting audiological test results,
- providing feedback on audiological test results (this could be provided to the client/patient's care-giver or significant other),
- providing audiological counselling (this could be provided to the client/patient's care-giver or significant other), and
- teaching the client/patient how to use a hearing aid/ALD etc (this could be provided to the client/patient's care-giver or significant other)

Indirect client/patient contact

Indirect client/patient contact is defined as activities performed by the student, under supervision and in a clinical setting, that:

- do not directly involve the client/patient, but
- directly contribute to the management and/or outcomes of that client/patient.

Examples include the student:

- preparing, reviewing or maintaining the client/patient's case file,
- critically discussing the client/patient's case file with the clinical educator,
- writing the client/patient's audiological report when the student was directly involved in the assessment of that client/patient,
- completing the order forms for the client/patient's hearing aids, ALDs etc,
- directly interacting with associated professionals during the management of the client/patient (e.g. general practitioners, otologists, oto-neurologists, paediatricians, speech pathologists, psychologists, occupational therapists, etc), and
- directly assessing and managing simulated clients/patients (e.g. standardised patients/clients and/or computer-based simulations of patients/clients) where these simulations have been deemed acceptable by the university programs.

Professional activities

Professional activities are defined as activities performed by the student, under supervision and in a professional setting, that:

- do not directly involve a client/patient, but
- improve the students ability to contribute to the management and/or outcomes of clients/patients, and/or
- contribute to the profession of audiology.

Examples include the student:

- critically discussing with his or her clinical educator the literature that directly affects the management of the student's client/patient (especially with regards to evidenced based practice),
- writing a client/patient's audiological report when the student was not directly involved in the assessment of that client/patient (note: this would only occur at the request of the clinical educator, and the final report for the client/patient would be written by that clinical educator),
- providing professional education to the community and/or other professionals about clinical audiology (e.g. presenting a workshop to medical doctors on how to interpret an audiological report),
- directly interacting with his or her clinical educator to set the learning goals prior to the clinical placement and to receive performance feedback after the clinical placement,
- completing OH&S procedures, e.g. undergoing a clinic's OHS induction and performing elements of that induction such as infection control, and
- performing biological calibrations of audiological equipment prior to a clinical session.

Contact that can NOT be counted as clinical experience hours

Clinical experience hours can NOT be obtained by:

- passively observing any activity,
- participating in non-audiological discussions with a clinical educator and/or client/patient,
- attending staff meetings, or
- taking allocated breaks, e.g. lunch, morning/afternoon tea.

CPD Points

You can claim CPD points for supervision of students as long as you are not employed specifically to teach students. A form designed for documenting hours of supervision of masters' students is available from the CPD section of the Audiology Australia website. Please refer to www.audiology.asn.au for further details.

Contact Details

Please contact Angela Marshall on 9035 5343 or by e-mail amarshal@unimelb.edu.au for general queries or if you have any serious concerns regarding student progress.

The University of Melbourne
Department of Audiology and Speech Pathology
Master of Clinical Audiology, 2014

PAEDIATRIC AUDIOLOGY A (AUD190022)

Coordinator: Dani Tomlin

Course structure:

- 43 hours of lectures covering the normal physical, auditory, speech and language development of infants and children, and clinical procedures for assessing the type and degree of hearing impairment in infants and young children.
- Supervised clinical testing in first and second semester.
- Practical sessions
 - 1x 1 hour prac covering VRA techniques (1st semester)
 - 1x 1 hour prac covering Play techniques (2nd semester)

Lectures – Semester 1

PA 1	Introduction to Paediatric Audiology	Dani Tomlin
PA 2, 3	Overview of the infant and child	Judy Lockie
PA 4,5	Diagnostic testing of infants 6 to 18 months old (VRA) (1)	Kelley Graydon
PA 6,7	Play Audiometry and the Kendall Toy Test	Dani Tomlin
PA 8, 9	Risk Factors & History taking	Dani Tomlin
PA 10,11	Early communication, language & speech development in the normal child (1)	Donella Chisari
PA 12,13	Early communication, language & speech development in the normal child (2)	Donella Chisari
PA 14,15	Development of the infant and young child	Kerryn Saunders
PA 16,17	Clinical aspects of perinatology & intrauterine infections	Kerryn Saunders
PA 18-21	Genetics of Hearing	Sharon Keeling
PA 22,23	Case Studies	Dani Tomlin, Shani Dettman, Kelley Graydon, Donella Chisari

Lectures – Semester 2

PA 24	Kindergarten screening weekends	Peter Carew
PA 25,26	Paediatric masking techniques including free field masking	Dani Tomlin
PA 27	Diagnostic testing of 18 to 30 month olds (VRA & Play) (2)	Kelley Graydon
PA 28-30	Paediatric behavioural assessment: Integration & Management	Judy Lockie
PA 31	Behavioural Observation Audiometry assessment of infants	Judy Lockie
PA 32	Speech perception testing: audiogram validity and assessment of hearing variables	Gary Rance
PA 33,34	Audiological management of infants and children (Case discussions) (1)	Dani Tomlin/ Judy Lockie
PA 35, 36	Non-organic hearing loss in children	Kelley Graydon

PA 37,38	Audiological management of infants and children (Case discussions) (2)	Kelley Graydon/ Judy Lockie
PA 39	Neonatal Screening: issues and techniques	Peter Carew
P 40,41	Paediatric feedback	Kelley Graydon / Judy Lockie
P 42-43	Audiological management of infants and children (Case discussions) (3)	Dani Tomlin/ Kelley Graydon

Assessment

All components must be completed successfully to obtain a pass for this subject.

1 hour written examination in July (20%)

Incorporating all child development, speech development and Genetics lectures

2 hour written examination in November (50%)

Incorporating all areas not covered in 1st semester exam.

Clinical assessment (30%)

- 2nd semester clinical work (hurdle requirement)
- Clinical skills assessments

Reference materials

- Lecture handouts
- Reference folder
- Textbooks (all are available in the school library)
 - Hayes & Northern (1996) Infants and Hearing
 - Martin & Clark (1995) Hearing Care for Children
 - Northern & Downs (2002) Hearing in Children
 - Sheridan (1998) From Birth to Five Years: Children's Developmental Progress (This illustrated paperback gives a comprehensive overview of normal child development.)

Paediatric Audiology B (AUD190006) 2014

Coordinator: Kelley Graydon
Email: kgraydon@unimelb.edu.au

Lecture/Prac details: 46 hours lectures and practicum sessions. 50 hours clinical

First semester lectures

PB 1-2	Introduction/Review 2013 written exam	DT/KG
PB 3-4	Diagnosis & mgt of children with hg loss	Miscellaneous & KG
PB 5-6	ENT assessment & mgt of children with hg loss	Libby Rose
PB 7-8	Paediatric objective testing	DT/KG
PB 9-10	Auditory Neuropathy	Gary Rance
PB 11	Mild & unilateral hearing loss	Judy Lockie
PB 12-13	Effects of hearing impairment on S&L develop.	Shani D
PB 14-15	Effects of hearing impairment on S&L develop.	Donella Chisari
PB 16-23	Fitting hearing aids to infants and children	Alison King
PB 24-25	Case studies (interpretation/integration)	KG/DT

Second semester lectures

PB 26	Intro to clinical exam & OSCE revision	Judy Lockie
PB 27-28	Introduction to early intervention	Donella Chisari
PB 29	Case study	KG
PB 30-31	Educational approaches for hg impaired children	Julie Gillespie
PB 32-34	PBL (3 hour session)	KG/DT
PB 35-36	Autism and audiology	Judy Lockie
PB 37-39	PBL (3 hour session)	KG/DT
PB 40-41	Assessing multiply disabled children	Alison King
PB 42-44	Review of educational options (presentations)	Julie Gillespie
PB 45-46	Case studies & common clinic questions	KG/JL

Practical sessions

Complex VRA	Paediatric staff (semester 3)
Play/masking	Paediatric staff (semester 3)

Assessment

OSCE (semester 3)	20%
Case study (semester 4)	20%
Written exam (semester 4)	30%
Oral and OSCE (semester 4)	20%
Clinical assessment (semester 4)	10%
Participation in presentations & PBL	Hurdle

GOALS FOR PAEDIATRIC CLINICS Semester 4 (end of second year)

Procedures/Testing

- To be able to obtain accurate test results on a range of paediatric cases with minimum help for non-routine or complex cases and for difficult to handle children.
- Be able to obtain accurate thresholds using VRA on more difficult , older children(18/12 to 2 ½), and to make appropriate adaptations to technique for non-routine cases
- Be able to obtain accurate thresholds using Play audiometry on more difficult children, adapting techniques to cater for children from 2-2 ½
- Be able to judge when modified Play and/or VRA should be used, and to move flexibly between test techniques when required
- Be able to judge when masking is required, and to mask AC and BC using paediatric masking technique
- Be able to structure techniques to avoid false positives, slow or off responses, and non responding. Be able to take appropriate action when these occur. Be aware of inconsistent and unexpected responses and deal with these appropriately
- Be able to judge when masking is required for KTT, to work out masking levels, choose appropriate transducers, and conduct masked free-field speech testing.
- Be able to obtain accurate tympanograms efficiently in difficult cases
- Be able to obtain reflexes on both automatic and manual machines
- Be able to make good quality judgements regarding behavioural responses in very young infants

Interaction with Clients (adults and children)

- Be able to change your own behaviour in order to manipulate children's behaviour towards a desired objective
- Be able to take a comprehensive history covering all areas, using clear questions. Be able to adjust style, rephrase questions and follow up as necessary. Address clients' concerns
- Be able to explain the test procedure and required response to the clients, adjusting style, rephrase, re-emphasise where necessary (non-English speaking background, etc.)
- Be able to explain test results to client using appropriate terminology, relate results to the client's presenting concerns, make appropriate recommendations. Be aware of client's reactions and be able to modify your own behaviour and structure of feedback in response. Check that client understands results and reasons for recommendations. Adequately answer client's questions
- Be responsive to and considerate of the clients, be assertive when required, maintain a friendly and professional approach
- Behave in a mature manner at all times, demonstrate initiative, be punctual and suitably dressed. Be ready to start on time, having checked all equipment, tidy room and clean up room as required

Integration

- Be able to recognise inconsistencies in test results and take appropriate action
- Be able to integrate results and understand the implications of results
- Be able to formulate appropriate management strategies
- Be able to write clear well-organised reports to various professionals, and to submit them to supervisors within a week

VISUAL REINFORCEMENT AUDIOMETRY (VRA)

1. ESTABLISHING STARTING LEVEL (AUDIBILITY CHECK)

Ensure the test stimulus is audible before pairing

- Using 1kHz narrow band noise, present at 55dBHL.
 - If a clear head turn is observed, you *can* reward this response. You are now ready to start conditioning.
 - If you observe a behavioural response, but no clear head turn, do not reward, but you are now ready to start conditioning.
 - If the child does not give any behavioural response, increase the intensity, and/or try a different frequency. If a response is observed, use this intensity as your starting level for conditioning.
 - If still no response after an increase in intensity, proceed with conditioning but with caution at the louder intensity.

2. CONDITIONING

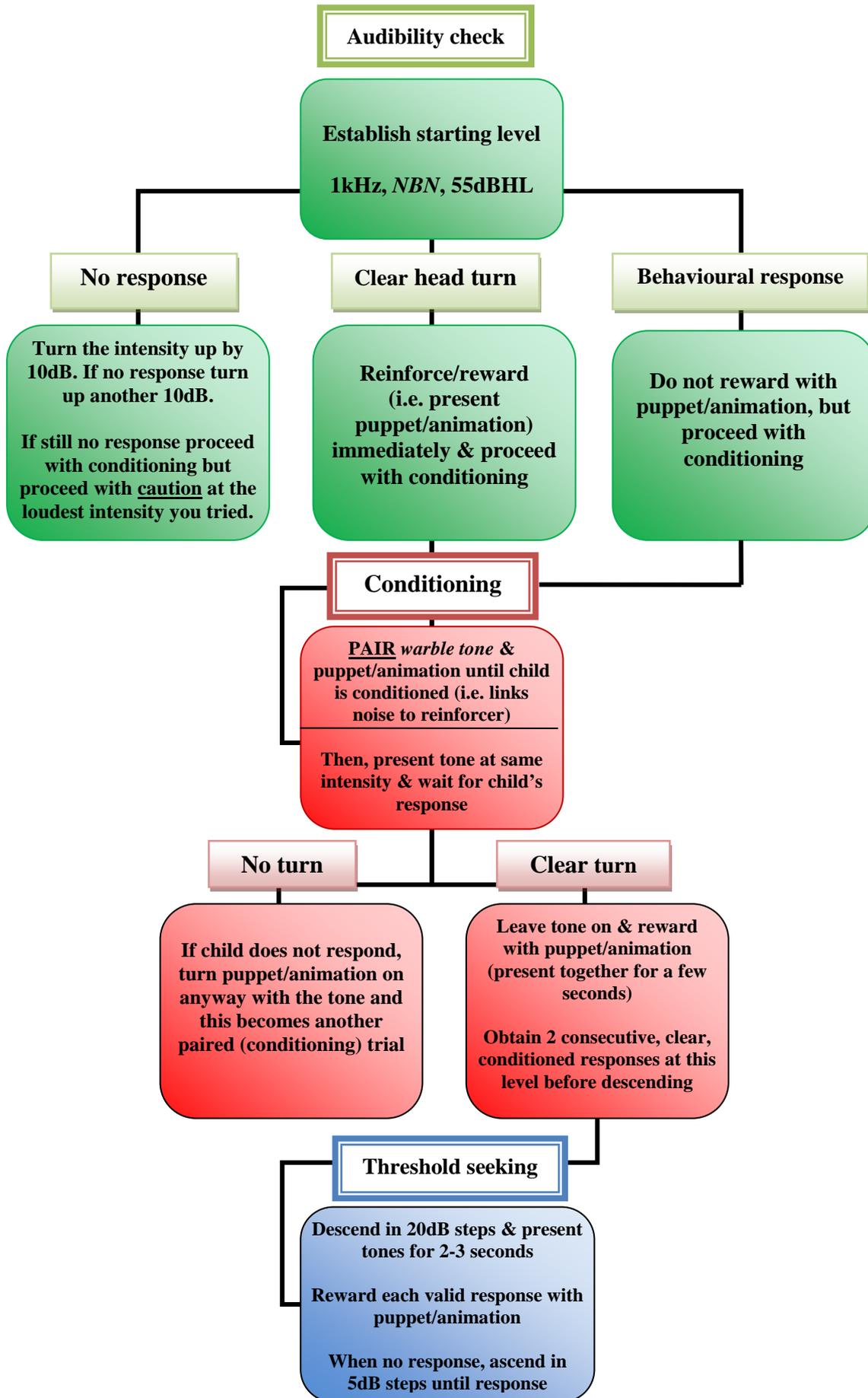
Ensure the child is well conditioned before seeking threshold

- Present a warble tone at the selected starting level, **paired** (i.e. simultaneously) with the reinforcer (puppet/animation) for 2-3 seconds.
 - The distracter draws the child's attention to the reinforcer, and provides social reinforcement.
 - Repeat paired presentations as necessary, with reasonably long inter-presentation intervals.
-
- When you feel the child is becoming conditioned (i.e. links the noise to the puppet/animation), present the tone at the same intensity and **wait** for the child's response.
 - If the child turns, introduce the reinforcer promptly, keeping it and the tone on together for a few seconds. Distracter provides social reinforcement.
 - If the child fails to respond, turn the reinforcer on anyway, and this becomes another paired (conditioning) trial.
 - Valid responses usually occur within about 3-4 seconds of the tone onset.
- **Obtain 2 consecutive, clear, conditioned responses at this level before descending to seek threshold.**

3. THRESHOLD SEEKING

- Present tones for 2-3 seconds at a time, descending in 20dB steps. Reward each valid response with the reinforcer.
 - Valid responses and non-responses are recorded as they are obtained (with ticks and crosses).
 - Do not record a non-response if the child becomes noisy/overactive as the tone is presented. Repeat the presentation instead, when response state improves.
 - When the child does not respond, ascend in 5dB steps until a response is obtained. Reward this response. Continue as for pure tone audiometry (down 10, up 5) until responses have been obtained for **2 out of 3 presentations**.
 - Two clear responses at a minimal level (e.g. 15dBHL) are sufficient if the child has normal hearing.
 - Repeat for the remaining frequencies. Usual test order is 1kHz, 4kHz, 500Hz, 2kHz.
- **Repeat with bone conductor, insert earphones as necessary, and if possible.**

VISUAL REINFORCEMENT AUDIOMETRY (VRA)



Test order is 1kHz, 4kHz, 500Hz, 2kHz

VRA

- Aim to obtain separate ear information
- Testing down to 15 dBHL only for VRA (as opposed to 10 dBHL previously).
- Starting intensity 55 dBHL
- 1KHz 55dB NBN audibility check for VRA - if the child gives a clear head turn, reward with the puppet – if no turn, do not reward, but if other clear behavioural response, continue to conditioning.

Play Audiometry

- Test order for Play audiometry (for very young children) - 1kHz then 4 kHz in 1st ear, then 4kHz, then 1 KHz 2nd ear. Then 500Hz in both ears, followed by 2kHz.
- No bone conduction testing until AC thresholds are 20dBHL or worse (as per revised adult protocol).
- No bone conduction testing at 250Hz unless clinically indicated.

Paediatric Masking:

- **Select the threshold/s to be masked.**
 - Most significant likelihood of SN loss.
 - Most likely and/or largest cond. loss.
- **Establish unmasked threshold, NB. not a screening level.**
- **Choose a level of masking which:**
 - Is ideally 30dB above the non-test ear air conduction threshold.
 - Will not cross to the test ear (overmasking). You may need tube-phones to achieve this
- **Seek a threshold, beginning at the unmasked level and ascending in 5dB steps.**
 - Often the masking noise creates uncertainty in the child.
 - The task can be clarified by reconditioning. Present the tone at a higher level (+ 30dB or so), establish a response, and then return to threshold and ascend.
 - If the threshold changes by more than 5dB, always recheck by ascending a second time.
- **Calculate the shift in the tone threshold.**
- **If the shift is < half the sensation level of the masking, the response is coming from the test ear:**
 - Up to 10dB shift for 30dB of masking
 - Up to 5dB shift for 20dB of masking
- **If the shift is \geq half the sensation level of the masking, the response could be from either ear:**
 - Need to add masking (usually in 10dB steps) to achieve a plateau.
 - OR if not a clear 30 for 30 shift, may choose to start Hood's technique from 10 dBSL of masking.

Auditory Processing Clinic Protocols January 2013

Thorough History taken

Peripheral hearing Assessment: PTA, Immittance including reflex thresholds, AB words. ABR assessment to investigate VIIIIN pathology

Abnormality Detected?

Yes

Appropriate referral to ENT/AHS etc

No

Academic Progress concerns

Poor listening skills in class

Difficulties in background noise

Poor following of instructions

Hearing concerns only

No further action

Language Delay

Temporal Resolution Deficits:
Gaps in noise
Temporal Sequencing
Frequency Pattern Test – NL
Binaural Integration
Dichotic Digits Test
Binaural Interaction
Lisn-S & MLD
Evoked Potential Assessments
ABR/Cortical/OAE
Also
Auditory Working Memory
Digit Span
Non-Verbal IQ
Toni 4
Auditory and Visual Attention
Brain Train

APD test Battery

Abnormality Detected?

Information/Management strategies given

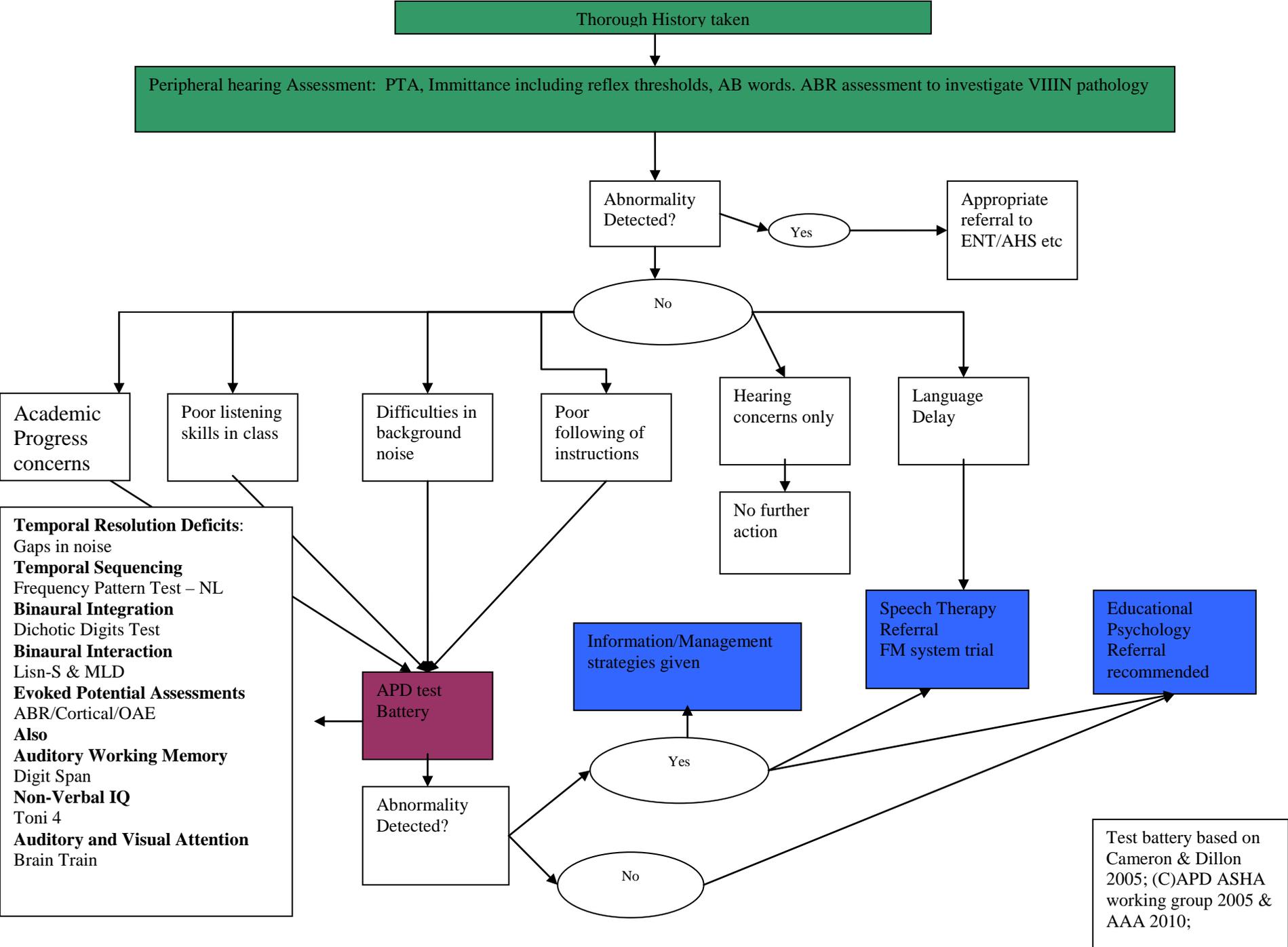
Yes

Speech Therapy Referral
FM system trial

Educational Psychology Referral recommended

No

Test battery based on Cameron & Dillon 2005; (C)APD ASHA working group 2005 & AAA 2010;



The University of Melbourne

Audiology Student Clinical Placement Assessment Form

This assessment form is for student personal feedback and internal university purposes only. It is not to be copied and sent on to other people including prospective employers.

PLEASE NOTE: THIS DOCUMENT WILL BE COPIED AND PASSED ON TO THE STUDENT

Student's name:

Clinical Supervisor(s):

Site/Clinic:

Date/s of placement:

Brief summary of caseload / casemix (please check boxes and/or make notes)

Type of Testing		Degree of Difficulty
Paediatric	Adult	<input type="checkbox"/> Average / easy cases
<input type="checkbox"/> BOA	<input type="checkbox"/> PTA	<input type="checkbox"/> High degree of difficulty case/s
<input type="checkbox"/> VRA / VROA	<input type="checkbox"/> Normal Hearing	<input type="checkbox"/> NESB patient / family
<input type="checkbox"/> Play audiometry	<input type="checkbox"/> SNHL	<input type="checkbox"/> Work with interpreter
<input type="checkbox"/> PTA (paed)	<input type="checkbox"/> Conductive hearing loss	<input type="checkbox"/> Challenging behaviours
<input type="checkbox"/> Conductive hearing loss	<input type="checkbox"/> Mixed loss	<input type="checkbox"/> Complex testing / masking
<input type="checkbox"/> SNHL	<input type="checkbox"/> Complex case e.g. NOHL	<input type="checkbox"/> Complex / ambiguous results
<input type="checkbox"/> Complex case/s e.g. autism	<input type="checkbox"/> Adult electrophysiology	
<input type="checkbox"/> Infant electrophysiology		
<input type="checkbox"/> Other (please specify)	Amplification	Counselling
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Practical / technical activities	<input type="checkbox"/> Informational
	<input type="checkbox"/> Patient interaction / habilitation	<input type="checkbox"/> Personal adjustment

Notes / Comments

For the categories of professional conduct, interpersonal interactions, clinical assessment skills and amplification, please comment on the student's strengths and weaknesses.

- The examples given for each category are not exhaustive and/or may not apply in all clinics.
- For each category, please comment on the student's overall *level of independence* in their practice by indicating **X** on the line representing the *Novice – Intermediate Beginner – Independent* continuum according to the overall degree of supervision and guidance they required. Click and type X anywhere on the line, e.g.

X		
<p>Novice: Needs constant supervision and significant guidance</p>	<p>Intermediate beginner: Some support needed in routine cases</p>	<p>Independent: Minimal supervision in routine cases</p>

- If completing the form electronically please delete extra lines in each section as required. Double click on check boxes to open the field options window and select checked / not checked.

Professional conduct

(Punctuality, courtesy, appropriate manner, interest, initiative, responsiveness to feedback, etc. Seeks supervision / assistance when appropriate)

Novice:

Needs constant supervision and significant guidance

Intermediate beginner:

Some support needed in routine cases

Independent:

Minimal supervision in routine cases

Comments

Interpersonal interactions

(Patient-centredness, empathy, rapport. Appropriate clinical communication, effective interviewing style, use of language, voice level, non-verbal skills, etc.)

Novice:

Needs constant supervision and significant guidance

Intermediate beginner:

Some support needed in routine cases

Independent:

Minimal supervision in routine cases

Comments

Clinical assessment skills

*(Pure tone testing, masking, speech recognition testing, speech masking, immittance testing, etc.
Recognises and resolves test inconsistencies, interpretation, management planning, etc.)*

Novice:

Needs constant supervision
and significant guidance

Intermediate beginner:

Some support needed
in routine cases

Independent:

Minimal supervision
in routine cases

Comments

Amplification

(Considerations in pre-selection, selection, use of prescriptive formula, impression-taking, real ear measurements, use of manufacturer's software, trouble shooting, outcome assessment, assistive listening devices, counselling on care and maintenance).

Novice :

Needs constant supervision
and significant guidance

Intermediate beginner:

Some support needed
in routine cases

Independent:

Minimal supervision
in routine cases

Comments

** Please email the completed form to amarshal@unimelb.edu.au or mail to Angela Marshall,
Department of Audiology and Speech Pathology, 550 Swanston Street, University of Melbourne, 3010.

** Please contact Angela on 9035 5343 if you have serious concerns about a student's performance.