

## Adult Audiology Peer Review Competency Assessment Policy

<b>Department / Service:</b>	Audiology Adult Service
<b>Originator:</b>	Joanne MJ Stanley
<b>Accountable Director:</b>	None at Present
<b>Approved by:</b>	Audiology Governance Meeting
<b>Approved by Medicines Safety Committee:</b>	Not Applicable
<b>Date of approval:</b>	17 <sup>th</sup> September 2024
<b>First Revision Due:</b>	17 <sup>th</sup> September 2027
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	Audiology Adult Service
<b>Target staff categories</b>	Audiologists

### Policy Overview:

All Audiologists providing Audiology care to adult patients must complete peer review competency assessments on an annual basis as outlined in this document.

This is in place to monitor and assess the competencies of all staff to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

### Key amendments to this document

Date	Amendment	Approved by:
17 <sup>th</sup> September 2024	New Document approved	Audiology Governance Meeting

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## 1. Introduction

Regular Peer Review Competency Assessments are essential to ensure and demonstrate staff competency in different aspects of their role and is an established method of competency monitoring and learning.

All Audiologists providing Audiology care to adult patients must complete Peer Review Competency Assessments on an annual basis as outlined in this document.

This is in place to monitor and assess the competencies of all staff to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

Benefits of Peer Review programme include:

- To help assure the quality and consistency of service
- To demonstrate quality care is being provided
- To provide a learning tool to staff
- To help ensure good practice
- To identify areas for improvement
- To identify gaps in care and address any training needs
- To contribute to the audit process

## 2. Scope of this document

This document applies to Audiologists working in the Adult Audiology Service of Worcester Acute NHS Trust across all Audiology sites.

This document is designed to support an action plan of implementation of a staff Peer Review Competency Assessment Programme.

## 3. Definitions

Audiologist includes all Audiologists across all bands including Assistant Audiologists. Assessments will only be carried out on appointments included within an individual's role.

Adult Service includes patients above the age of 18 years old.

Audiology standards for the assessment are in line with the British Society of Audiology assessment standards.

Assessment checklists will comply with local policy requirements for each appointment type.

#### **4. Responsibility and Duties**

The responsibility of each Audiologist is to participate in the Peer Review Competency Assessment annually.

The Audiology department will ensure that the Peer Review Competency Assessment is carried out by a colleague who has training and experience in Peer Reviews and / or Assessing.

It is the responsibility of the reviewer to ensure that the Peer Review Competency Forms are completed and signed and also signed by the Audiologist being assessed.

It is the responsibility of the reviewer to send the forms to the Peer Review Competency Assessment Lead and the Countywide Audiology Service Manager.

#### **5. Policy detail**

Regular peer review is essential to ensure and demonstrate staff competency in different aspects of their role and is an established method of competency monitoring and learning.

Each Audiologist involved with adult audiology patients need to participate in a Peer Review Programme, where they will be observed annually carrying out Equipment Calibration, a Hearing aid Assessment or Reassessment, a Hearing aid Fitting, a hearing aid review and 2 Hearing Aid Repair appointments, 3 for Assistant Audiologists, Tympanometry and Ear Impressions. Observations will be carried out by a colleague who has training and experience in Peer reviews and / or assessing. During the observations their competency will be assessed to BSA standards and following the appointment there will be a 360-degree open discussion between Peers.

#### **Planning –**

Ideally a session will comprise of a morning or afternoon session and include the required adult appointments, in any order...

- 1 x Equipment Calibration
- 1 x Assessment or Reassessment
- 1 x Hearing Aid Fitting
- 1 x Hearing Aid Review
- 2 x Repair, x 3 for Assistant Audiologist roles
- 1 x Tympanometry
- 1 x Impression

There is to be a 30-minute discussion time allocated after completion of all appointment types for open discussion.

However, this format may need to be altered, to accommodate any arising issues including Patient DNA, staff absence, clinical need. But all appointments will still need to be included.

The open discussion is intended to be in a review format, the key is being open and honest and is not in any way a fault-finding mission and it is not a one-way critique, but a discussion of what is done and why. The open discussion will allow peers to share experience, ideas and opinions for both to use the Peer Review process as a learning curve.

In the event of a clinical concern this is to be raised by the assessor with the Peer Review Competency Assessment Lead and Countywide Audiology Service Manager.

**Observation –**

Before the Peer Review session commences, the assessor observing will familiarise themselves with the Peer Review Competency Assessment forms.

The Audiologist being observed will undertake the appointments as they would normally.

The Audiologist observing will observe only and not participate in the appointment, *with the exception of stepping in if there is a clinical concern.*

During observations they will use the Peer Review Competency Assessment forms to confirm that the standards are being met and make notes as required. These notes are to include positive / outstanding points, points where the peer may do things differently, and points that are not reached to the appointment standard. These points are then to be used during the post appointment 360-degree discussion. Please note parts of the appointment standard can be omitted or not reached if clinically appropriate and this can be discussed. For example, BAA PTA protocol can be deviated from with a patient who has dementia or who is unable to press the button etc.

Where it is deemed clinically inappropriate to proceed with a Peer Review for any given patient, the Peer Review Assessment will be stopped and rearranged with a suitable patient. For example, patients with some disabilities may find more people present for their appointment an issue/overwhelming/uncomfortable and in these cases the Peer Review Assessment can be stopped and rescheduled with different patient.

**Discussion Phase -**

This must be an open, honest discussion and not in any way a fault finding or one way critique.

Points noted on the Peer Review Competency Assessment forms are to be discussed in 360-degree style.

**Documentation –**

During observations they will use the Peer Review Competency Assessment forms to confirm that the standards are being met and make notes as required. These notes are to include positive / outstanding points, and points that are not reached to the appointment standard. These points are then to be used during the post appointment 360-degree discussion. Please note parts of the appointment standard can be omitted or not reached if clinically appropriate and this can be discussed.

If there are any clinical concerns this must be raised with the Peer Review Competency Assessment Lead and Countywide Audiology Manager. The Peer Review Competency Assessment forms are then completed and signed by both the clinician being assessed and the assessor. These forms then need to be emailed to the Peer Review Competency Assessment Lead and Countywide Audiology Manager, Audiology Management Team PA to ensure document is in the Clinicians Personnel File.

**Follow up –**

The Peer Review Pathway should be performed annually.

On subsequent Peer Review Competency Assessments, the form from the previous year does not need to be used prior to the current years Peer Review.

When the Peer Review Competency Assessment form is submitted to the Peer Review Competency Assessment Lead and Countywide Audiology Manager it needs to read and then compared with the previous years documentation to check for any recurrent points raised, any concerns and to monitor competency. This will initially be in review form, when the Peer Review Competency Assessment Lead and Countywide Audiology Manager receive a completed Peer Review Competency Assessment form by email the document is read and then compared to Peer Review Competency Assessment form from the previous year. If any concerns arise a meeting can then be arranged between the individual member of staff and their line manager in the first instance.

**Audit –**

The Peer Review Competency Assessment Programme needs to be audited to assess progress, compliance and effectivity. A Peer Review Audit and Peer Review process questionnaire is in the process of being prepared.

Once the Peer Review Competency Assessments have been completed for a year, with the exception of any additions, postponements or new starters, a Peer Review Audit will be developed to select a few key areas to monitor compliance and identify areas for improvement, development and training for the Audiology department as a whole.

In addition, to identify any areas where the Peer Review Competency Assessment process itself can be improved, a feedback questionnaire will be developed and emailed to staff to complete following their competency assessment.

## **6. Implementation**

### **6.1 Plan for implementation**

The policy will be implemented as soon as possible once the policy has been approved and information has been disseminated with the Audiology team.

### **6.2 Dissemination**

Dissemination will start with a presentation at the next countywide Audiology meeting. If there is not a countywide Audiology meeting within the time frame required, then this will be disseminated by the band 7's on each site.

### **6.3 Training and awareness**

Individual Audiologist peer review competency assessments may demonstrate a need and awareness of any individual training needs. These will be discussed during the assessment and will be reviewed by the Peer Review Competency Assessment Lead and Countywide Audiology Manager, when the Peer Review Competency Assessment form is submitted, to check for any recurrent points raised, any concerns and to monitor competency.

## **7. Monitoring and compliance**

The Audiology Department within the Trust plans to monitor compliance with and the effectiveness of this Policy by carrying out a annual audit.

The NHSLA requirements are –

Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.

Monitoring demonstrates whether or not the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

# Trust Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
All	Peer Review Competency Assessments on all Clinical staff carrying out Adult Audiology Appointments	All appointment types detailed are observed and Peer Review Competency Assessment forms are completed	Annually	Peer Review Competency Assessment Lead and Countywide Audiology Manager.	Assessments carried out within the Audiology department, across sites. Completed Peer Review Competency Assessment will be sent to Peer Review Competency Lead and Countywide Audiology Manager.	Annually
All	The Assessor requires experience and training in carrying out Peer Reviews and / or assessments. Their clinical competency also needs to be assessed.	The Assessor needs to have a Peer Review Competency Assessment completed. To be carried out by a suitable senior member of staff.	Annually	To be carried out by a suitable senior member of staff or Countywide Audiology Manager.	Assessments carried out within the Audiology department, across sites. Completed Peer Review Competency Assessment will be sent to Peer Review Competency Lead and Countywide Audiology Manager.	Annually

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## 8. Policy Review

This policy will be reviewed biannually by the Peer Review Competency Assessment Lead and / or Countywide Audiology Manager.

## 9. References and Resources [You should include external source documents and other Trust documents that are related to this Policy]

### References:

Code:

Local clinical guidelines	N/A
BSA Recommended Procedures	N/A
The Royal Wolverhampton NHS Trust Competency Assessment Documents	N/A
Aston University Assessment Documents	N/A

### Resources: Peer Review Competency Assessment Forms Attached...

Adult Daily Audiometer Calibration Peer Review Competency Assessment Form Worcester Acute NHS Trust	Document Attached 1
Adult Assessment Peer Review Competency Assessment Form Worcester Acute NHS Trust	Document Attached 2
Adult Hearing Aid Fitting Peer Review Competency Assessment Form Worcester Acute NHS Trust	Document Attached 3
Adult Hearing Aid Review Peer Review Competency Assessment Form Worcester Acute NHS Trust	Document Attached 4
Adult Hearing Aid Repair Peer Review Competency Assessment Form Worcester Acute NHS Trust	Document Attached 5
Adult Aural Impression Peer Review Competency Assessment Form Worcester Acute NHS Trust	Document Attached 6
Adult Tympanometry Peer Review Competency Assessment Form Worcester Acute NHS Trust	Document Attached 7

## Audiology Competency Adult Daily Audiometer Calibration

The aim of this peer review competency assessment is to ensure that you, the Clinician, are performing Adult assessments, either direct referral or reassessments, in line with best practice guidance. There may be situations where deviations from best practice are made and we will be checking your problem solving and reasoning in these situations.

At the end of the checklist there is an opportunity for reflection on performance in this area.

The following guidelines will be used to record a level of achievement:

Level of Achievement	Competence Demonstrated
<b>N/A</b>	Skill of activity <b>not applicable</b> or <b>not assessed</b>
<b>O</b>	Clinician <b>observed</b> skill or activity without practical participation
<b>A</b>	Clinician performed skill or activity with <b>assistance</b> . Demonstrated limited knowledge and understanding. Recognised own limitations.
<b>I</b>	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but <b>improvement</b> required. Evaluates own practice and identifies support needs.
<b>C</b>	Clinician performs skill/activity <b>competently, confidently</b> , independently and safely. Provides rationale to underpin practice.

Guidelines referred to in this assessment include, but are not limited to:

- Local clinical guideline and local calibration sheet.
- British Society of Audiology recommended procedure for daily stage A Audiometer calibration

<b>Clinician's name</b>	
<b>Signature</b>	
<b>Assessor/witness name</b>	
<b>Job title</b>	
<b>Signature</b>	
<b>Date of observation</b>	

1. Calibration Preparation	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Ensure room is stocked appropriately	YES	NO	N/A	O	A	I	C	N/A	
All required equipment available	YES	NO	N/A	O	A	I	C	N/A	
Decontaminate equipment	YES	NO	N/A	O	A	I	C	N/A	
Decontaminate surfaces	YES	NO	N/A	O	A	I	C	N/A	
Hand hygiene in line with Trust policy	YES	NO	N/A	O	A	I	C	N/A	
PPE is worn appropriately	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									

2. Calibration of Audiometer	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Check Audiometer serial number matches room calibration sheet	YES	NO	N/A	O	A	I	C	N/A	
Check Headphones belong to Audiometer	YES	NO	N/A	O	A	I	C	N/A	
Check condition of Headphones, headphone cushions and headband and decontaminate Headphones	YES	NO	N/A	O	A	I	C	N/A	
Check BC belongs to Audiometer	YES	NO	N/A	O	A	I	C	N/A	
Check condition of BC and BC headband and decontaminate BC and BC headband	YES	NO	N/A	O	A	I	C	N/A	
Check Inserts belong to Audiometer	YES	NO	N/A	O	A	I	C	N/A	
Check condition of Inserts and decontaminate Inserts	YES	NO	N/A	O	A	I	C	N/A	
Decontaminate Patient response button	YES	NO	N/A	O	A	I	C	N/A	

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Check equipment stage B objective calibration is current / within date	YES	NO	N/A	O	A	I	C	N/A	
Using AC headphones check headphone stimulus is presenting in the correct ear	YES	NO	N/A	O	A	I	C	N/A	
Using Headphones AC puretone sweep across frequencies at 15db/20db	YES	NO	N/A	O	A	I	C	N/A	
Repeat above, using Headphones AC puretone sweep across frequencies at 15db/20db, for other ear	YES	NO	N/A	O	A	I	C	N/A	
Check puretone loudness balance between both ears at 60db 1KHz	YES	NO	N/A	O	A	I	C	N/A	
Using Headphones AC puretone sweep across frequencies at 60db	YES	NO	N/A	O	A	I	C	N/A	
Repeat above, using Headphones AC puretone sweep across frequencies at 60db, for other ear	YES	NO	N/A	O	A	I	C	N/A	
Using Headphones AC Wide Band Noise sweep across frequencies at 60db	YES	NO	N/A	O	A	I	C	N/A	
Repeat above, using Headphones AC Wide Band Noise sweep across frequencies at 60db, for other ear	YES	NO	N/A	O	A	I	C	N/A	
Using Headphones AC Narrow Band Noise sweep across frequencies at 60db	YES	NO	N/A	O	A	I	C	N/A	
Repeat above, using Headphones AC Narrow Band Noise sweep across frequencies at 60db, for other ear	YES	NO	N/A	O	A	I	C	N/A	
Using BC puretone sweep across frequencies at 15db/20db	YES	NO	N/A	O	A	I	C	N/A	
Using BC puretone sweep across frequencies at 40db	YES	NO	N/A	O	A	I	C	N/A	
Check headphones and BC for absence of distortion and intermittency	YES	NO	N/A	O	A	I	C	N/A	
Check plugs and leads for absence of intermittency	YES	NO	N/A	O	A	I	C	N/A	
Check all switches are secure and free from clicks when presenting the tones	YES	NO	N/A	O	A	I	C	N/A	
Check lights work correctly and patient response indication light works correctly	YES	NO	N/A	O	A	I	C	N/A	
Check the patient response button	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
Decontaminate headphones	YES	NO	N/A	O	A	I	C	N/A	
Decontaminate BC and BC headband	YES	NO	N/A	O	A	I	C	N/A	
Decontaminate patient response button	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

3. Tympanometer Calibration	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Decontaminates Tympanometer	YES	NO	N/A	O	A	I	C	N/A	
Place probe in 0.5ml manufacturer calibration cavity, acceptable value 0.5ml	YES	NO	N/A	O	A	I	C	N/A	
Place probe in 2.0ml manufacturer calibration cavity, acceptable value 1.9ml to 2.1ml	YES	NO	N/A	O	A	I	C	N/A	
Place probe in 5.0ml manufacturer calibration cavity, acceptable value 5.0ml, acceptable value 4.8ml to 5.2ml	YES	NO	N/A	O	A	I	C	N/A	
Perform Tympanometry on an ear know to produce a normal peaked response to ensure pump is operational and tube is not blocked	YES	NO	N/A	O	A	I	C	N/A	
Decontaminates Tympanometer	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

4. Documentation Completion	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Demonstrates professional attitude	YES	NO	N/A	O	A	I	C	N/A	
Document that stage A checks have been completed, ensuring calibration sheet is signed	YES	NO	N/A	O	A	I	C	N/A	
Document that Tympanometer calibration has been completed, ensuring calibration sheet is signed	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

**Assessor Notes**

**Clinician's Personal Reflection**

**Action Plan (SMART)**

**Review Date**

**Audiology Competency Adult Assessment: Direct referral or Reassessment**

The aim of this peer review competency assessment is to ensure that you, the Clinician, are performing Adult assessments, either direct referral or reassessments, in line with best practice guidance. There may be situations where deviations from best practice are made and we will be checking your problem solving and reasoning in these situations.

At the end of the checklist there is an opportunity for reflection on performance in this area.

The following guidelines will be used to record a level of achievement:

Level of Achievement	Competence Demonstrated
<b>N/A</b>	Skill of activity <b>not applicable</b> or <b>not assessed</b>
<b>O</b>	Clinician <b>observed</b> skill or activity without practical participation
<b>A</b>	Clinician performed skill or activity with <b>assistance</b> . Demonstrated limited knowledge and understanding. Recognised own limitations.
<b>I</b>	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but <b>improvement</b> required. Evaluates own practice and identifies support needs.
<b>C</b>	Clinician performs skill/activity <b>competently, confidently</b> , independently and safely. Provides rationale to underpin practice.

## History taking - adults

Guidelines referred to in this assessment include, but are not limited to:

- Local clinical guideline: Audiology Assessment Direct referral or reassessment.
- British Society of Audiology Pure tone air and bone conduction threshold audiometry with and without masking.
- British Society of Audiology Tympanometry.
- British Society of Audiology Taking an aural impression.

<b>Clinician's name</b>	
<b>Signature</b>	
<b>Assessor/witness name</b>	
<b>Job title</b>	
<b>Signature</b>	
<b>Date of observation</b>	

5. Appointment Preparation	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Appropriate room selected for the assessment	YES	NO	N/A	O	A	I	C	N/A	
Room stocked appropriately for the appointment	YES	NO	N/A	O	A	I	C	N/A	
All required equipment available	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
Equipment and surfaces decontaminated	YES	NO	N/A	O	A	I	C	N/A	
Hand hygiene in line with Trust policy	YES	NO	N/A	O	A	I	C	N/A	
Checks that Calibration sheet has been signed to indicate Calibration has been carried out	YES	NO	N/A	O	A	I	C	N/A	
Room arranged appropriately for good communication	YES	NO	N/A	O	A	I	C	N/A	
PPE is worn appropriately	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									



1. Appointment	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Patient called into appointment at appointment time / within 5 minutes +/- of appointment time	YES	NO	N/A	O	A	I	C	N/A	
Introduce staff in attendance and request permission for any additional staff to sit in on the appointment	YES	NO	N/A	O	A	I	C	N/A	
Verify the patient's identity appropriately, ensuring patient verbally says details rather than patient just responding yes in case the patient has misheard.	YES	NO	N/A	O	A	I	C	N/A	
Explain purpose of the appointment	YES	NO	N/A	O	A	I	C	N/A	
Take a full and relevant history to include: otological history (tinnitus, balance, pain, discharge, surgery, pacemaker, shunt), important listening situations where they want to improve listening ability, social and emotional impact and lifestyle limitations	YES	NO	N/A	O	A	I	C	N/A	
DR Questionnaire completed	YES	NO	N/A	O	A	I	C	N/A	
COSI completed	YES	NO	N/A	O	A	I	C	N/A	
Establish who is accompanying patient relative/friend/carer	YES	NO	N/A	O	A	I	C	N/A	
Involve relatives and carers as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Establish information about: dexterity, cognitive ability, significant psychosocial issues, lifestyle, expectations and motivation	YES	NO	N/A	O	A	I	C	N/A	
Identifies any emerging contra-indications and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a PVP shunt	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a pacemaker	YES	NO	N/A	O	A	I	C	N/A	
Uses effective communication strategies.	YES	NO	N/A	O	A	I	C	N/A	
If patient has a hearing aid - Place hearing aids or patients mould on a paper towel in compliance with good infection prevention guidelines	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

2. Otoscopy	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Obtains and documents appropriate consent prior to examination	YES	NO	N/A	O	A	I	C	N/A	
Takes appropriate action where consent is denied	YES	NO	N/A	O	A	I	C	N/A	
Examines the ears in a safe and competent manner in a seated or kneeling position	YES	NO	N/A	O	A	I	C	N/A	
Uses different speculae for each ear	YES	NO	N/A	O	A	I	C	N/A	
Switches hands for otoscopy with auroscope in left hand for left ear and right hand for right ear	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									

3. Pure tone audiometry	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Obtains appropriate consent prior to performing pure tone audiometry	YES	NO	N/A	O	A	I	C	N/A	
Establishes appropriate noise floor and takes appropriate action where this is compromised	YES	NO	N/A	O	A	I	C	N/A	
Seats the patient so their face is visible during testing	YES	NO	N/A	O	A	I	C	N/A	
Checks for other factors that might affect the test if not covered in history, including: recent noise exposure and tinnitus	YES	NO	N/A	O	A	I	C	N/A	
Identifies the perceived better hearing ear and starts the test on this side	YES	NO	N/A	O	A	I	C	N/A	
Appropriate instructions given to the patient to include all aspects of instruction included in the BSA guideline	YES	NO	N/A	O	A	I	C	N/A	
Appropriate order of testing used: as specified in BSA guideline. Both ears completed in the same way	YES	NO	N/A	O	A	I	C	N/A	
Test-retest reliability checked on ear 1 and any significant variation investigated and acted on appropriately	YES	NO	N/A	O	A	I	C	N/A	
Timing of stimulus presentation is appropriate and unpredictable	YES	NO	N/A	O	A	I	C	N/A	
Threshold established using appropriate criterion: 2 responses out of 2, 3 or 4 ascending presentations at a given level (50%)	YES	NO	N/A	O	A	I	C	N/A	
Appropriate modifications made in patients with shorter attention spans; i.e. fewer frequencies tested but using same criteria for threshold. It is not acceptable to accept 1 ascending response	YES	NO	N/A	O	A	I	C	N/A	
If techniques are altered for any reason, including exaggerated thresholds (non-organic), the method is	YES	NO	N/A	O	A	I	C	N/A	

appropriate and a comment is added to the audiogram to state which method has been used.									
Where required, the bone conductor is placed behind the worse hearing ear	YES	NO	N/A	O	A	I	C	N/A	
The placement of the bone conductor is noted in the audiogram comments – BC plotted on same side that the bone conductor was placed.	YES	NO	N/A	O	A	I	C	N/A	
Appropriate order of BC testing used : as specified in BSA guidelines.	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action is taken to occlude the BC test ear at 4000 Hz but ONLY at this frequency. This is recorded on the audiogram	YES	NO	N/A	O	A	I	C	N/A	
Levels of presentation likely to produce vibrotactile response are avoided. Where a vibrotactile response is suspected this is noted on the audiogram.	YES	NO	N/A	O	A	I	C	N/A	
Where required, thresholds requiring masking under rule 1 are identified and masked appropriately	YES	NO	N/A	O	A	I	C	N/A	
Where required, thresholds requiring masking under rule 2 are identified and masked appropriately	YES	NO	N/A	O	A	I	C	N/A	
Where required, thresholds requiring masking under rule 3 are identified and masked appropriately	YES	NO	N/A	O	A	I	C	N/A	
Appropriate instructions for masking are given	YES	NO	N/A	O	A	I	C	N/A	
Plateau seeking method of masking is used correctly (including re-establishment of not-masked, occluded thresholds for BC)	YES	NO	N/A	O	A	I	C	N/A	
Due caution is given to use of masking noise of 80 dB EML and pure tones above 100 dB HL	YES	NO	N/A	O	A	I	C	N/A	
Thresholds are recorded on the side that they were recorded from (not copied over to non-test ear) using BSA symbols. Any deviations are documented appropriately	YES	NO	N/A	O	A	I	C	N/A	
Measure ULL's if appropriate	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

4. Tympanometry	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Correctly identified that tympanometry is required	YES	NO	N/A	O	A	I	C	N/A	
Identifies any contra-indications and acts appropriately	YES	NO	N/A	O	A	I	C	N/A	
Obtains appropriate consent	YES	NO	N/A	O	A	I	C	N/A	
Explains tympanometry to patient	YES	NO	N/A	O	A	I	C	N/A	
Appropriately instructs patient for tympanometry	YES	NO	N/A	O	A	I	C	N/A	
Correct size ear tip used	YES	NO	N/A	O	A	I	C	N/A	
Use different ear tip for each ear	YES	NO	N/A	O	A	I	C	N/A	
Probe positioned correctly in the ear in a way that optimises the test and reduces the likelihood of artifacts	YES	NO	N/A	O	A	I	C	N/A	
Recognises within normal limits / tolerances	YES	NO	N/A	O	A	I	C	N/A	
Recognises any artifact and addresses appropriately, whether changing ear tip, technique, etc	YES	NO	N/A	O	A	I	C	N/A	
Repeats test if results have artifact or are abnormal	YES	NO	N/A	O	A	I	C	N/A	
Results explained to patient in appropriate way if necessary	YES	NO	N/A	O	A	I	C	N/A	
Results interpreted correctly and recorded in the patient's notes	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

5. Impressions	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Take a brief and relevant history of any previous ear surgery or other contraindications to aural impression taking	YES	NO	N/A	O	A	I	C	N/A	
Maintains a rapport with the patient and is aware of their concerns	YES	NO	N/A	O	A	I	C	N/A	
Establish information about dexterity, any visual issues and cognitive ability as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Identifies any emerging contra-indications and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Discusses risks of impression taking	YES	NO	N/A	O	A	I	C	N/A	
Discusses shared decision-making alternatives to impressions	YES	NO	N/A	O	A	I	C	N/A	
Performs otoscopy, correctly acting upon findings	YES	NO	N/A	O	A	I	C	N/A	
Places Tissue / Hand Towel on patients shoulder	YES	NO	N/A	O	A	I	C	N/A	
Correctly and safely positions otostop	YES	NO	N/A	O	A	I	C	N/A	
Performs Otoscopy after positioning of otostop	YES	NO	N/A	O	A	I	C	N/A	
Places hearing aid behind ear	YES	NO	N/A	O	A	I	C	N/A	
Asks patient to wear glasses if usually worn	YES	NO	N/A	O	A	I	C	N/A	
Selects correct size nozzle for patients ear, to ensure meatus and helix can be properly filled	YES	NO	N/A	O	A	I	C	N/A	
Syringes impression material into ear safely & using correct & current BSA procedure	YES	NO	N/A	O	A	I	C	N/A	
Safely removes impression from ear/s when set	YES	NO	N/A	O	A	I	C	N/A	
Produces an acceptable impression (well filled meatus, helix and concha. No crease, bubbles, underfilling )	YES	NO	N/A	O	A	I	C	N/A	
Recognises if impression is not good enough to send for manufacturing, and retakes if necessary	YES	NO	N/A	O	A	I	C	N/A	
Performs otoscopy following impression removal, correctly acting upon findings	YES	NO	N/A	O	A	I	C	N/A	
Selects earmould & modifications appropriate to patients hearing loss & comfort	YES	NO	N/A	O	A	I	C	N/A	
Indicates appropriate meatal length for manufacture	YES	NO	N/A	O	A	I	C	N/A	
Packages impression safely, with centre number and pt ID on label	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

6. Debriefing and management	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Results explained to patient in appropriate way if necessary	YES	NO	N/A	O	A	I	C	N/A	
Integrates patients reported areas of hearing difficulty, from COSI if appropriate or from verbal discussion and audiometric results	YES	NO	N/A	O	A	I	C	N/A	
Discuss Binaural or Monaural hearing aids if appropriate	YES	NO	N/A	O	A	I	C	N/A	
Establish if within AQP criteria and discharge to AQP	YES	NO	N/A	O	A	I	C	N/A	
If discharged to AQP issue ICB letter to patient	YES	NO	N/A	O	A	I	C	N/A	
Discuss hearing aids and patient motivation towards hearing aids if appropriate	YES	NO	N/A	O	A	I	C	N/A	
Discuss expectations regarding Hearing aids	YES	NO	N/A	O	A	I	C	N/A	
Discuss hearing aid acclimatisation and rehabilitation	YES	NO	N/A	O	A	I	C	N/A	
Explains next necessary action	YES	NO	N/A	O	A	I	C	N/A	
Issues individual management plan booklet	YES	NO	N/A	O	A	I	C	N/A	
Discuss model and colour of hearing aid	YES	NO	N/A	O	A	I	C	N/A	
Establish if patient has android mobile phone or iPhone and explain manufacturer hearing aid app	YES	NO	N/A	O	A	I	C	N/A	
Appointment ran to time / allocated appointment time used	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

7. Documentation completion	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Journal completed using hot key	YES	NO	N/A	O	A	I	C	N/A	
Results letter to patient , GP and ENT (if required)	YES	NO	N/A	O	A	I	C	N/A	
Completed mould label	YES	NO	N/A	O	A	I	C	N/A	
Patient marked as finished and correct appointment outcome completed.	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken in the event of any adverse reactions/injury to patient	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

8. Patient Care Techniques	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Demonstrates professional attitude	YES	NO	N/A	O	A	I	C	N/A	
Demonstrates and maintains rapport/empathy with the patient/relative/carer	YES	NO	N/A	O	A	I	C	N/A	
Effectively communicates throughout appointment	YES	NO	N/A	O	A	I	C	N/A	
Responds to individual patient needs	YES	NO	N/A	O	A	I	C	N/A	
Gives patient an opportunity to ask questions	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

**Assessor Notes**

**Clinician's Personal Reflection**

**Action Plan (SMART)**

**Review Date**



**Audiology Competency Adult Fitting: New Patient Fitting or Re-fitting**

The aim of this peer review competency assessment is to ensure that you, the Clinician, are performing Adult hearing aid fitting appointments, either new patient fitting or re-fitting, in line with best practice guidance. There may be situations where deviations from best practice are made and we will be checking your problem solving and reasoning in these situations.

At the end of the checklist there is an opportunity for reflection on performance in this area.

The following guidelines will be used to record a level of achievement:

Level of Achievement	Competence Demonstrated
<b>N/A</b>	Skill of activity <b>not applicable</b> or <b>not assessed</b>
<b>O</b>	Clinician <b>observed</b> skill or activity without practical participation
<b>A</b>	Clinician performed skill or activity with <b>assistance</b> . Demonstrated limited knowledge and understanding. Recognised own limitations.
<b>I</b>	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but <b>improvement</b> required. Evaluates own practice and identifies support needs.
<b>C</b>	Clinician performs skill/activity <b>competently, confidently</b> , independently and safely. Provides rationale to underpin practice.

# Trust Policy

<b>Clinician's name</b>	
<b>Signature</b>	
<b>Assessor/witness name</b>	
<b>Job title</b>	
<b>Signature</b>	
<b>Date of observation</b>	

6. Appointment Preparation	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Appropriate room selected for the assessment	YES	NO	N/A	O	A	I	C	N/A	
Room stocked appropriately for the appointment	YES	NO	N/A	O	A	I	C	N/A	
All required equipment available	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
Equipment and surfaces decontaminated	YES	NO	N/A	O	A	I	C	N/A	
Hand hygiene in line with Trust policy	YES	NO	N/A	O	A	I	C	N/A	
Room arranged appropriately for good communication	YES	NO	N/A	O	A	I	C	N/A	
Selects an appropriate hearing aid for the patients loss	YES	NO	N/A	O	A	I	C	N/A	
Selects appropriate prescription method	YES	NO	N/A	O	A	I	C	N/A	
Measures & calibrates REM probe tube(s)- if appropriate	YES	NO	N/A	O	A	I	C	N/A	
PPE is worn appropriately	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									

7. Appointment	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Patient called into appointment at appointment time / within 5 minutes +/- of appointment time	YES	NO	N/A	O	A	I	C	N/A	
Introduce staff in attendance and request permission for any additional staff to sit in on the appointment	YES	NO	N/A	O	A	I	C	N/A	
Verify the patient's identity appropriately, ensuring patient verbally says details rather than patient just responding yes in case the patient has misheard	YES	NO	N/A	O	A	I	C	N/A	

## Trust Policy

Explain purpose of the appointment and review previous appointment. Review test results and overview of difficulties patient is experiencing (COSI)	YES	NO	N/A	O	A	I	C	N/A	
Address any concerns patient may have/ assess patient's attitude/motivation towards hearing aid.	YES	NO	N/A	O	A	I	C	N/A	
Establish who is accompanying patient relative/friend/carer	YES	NO	N/A	O	A	I	C	N/A	
Involve relatives and carers as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Establish information about factors that may affect the ability to test the patient – for e.g. cognitive ability and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a PVP shunt	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a pacemaker	YES	NO	N/A	O	A	I	C	N/A	
Uses effective communication strategies	YES	NO	N/A	O	A	I	C	N/A	
Advise on what to expect when hearing aid is first switched on	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									

3. Otoscopy	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Obtains and documents appropriate consent prior to examination	YES	NO	N/A	O	A	I	C	N/A	
Takes appropriate action where consent is denied	YES	NO	N/A	O	A	I	C	N/A	
Examines the ears in a safe and competent manner in a seated or kneeling position	YES	NO	N/A	O	A	I	C	N/A	
Uses different speculae for each ear	YES	NO	N/A	O	A	I	C	N/A	
Switches hands for otoscopy with auroscope in left hand for left ear and right hand for right ear	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<i>Comments:</i>									

4. Fitting and Adjustments of Hearing Aid	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Place hearing aids or patients mould on a paper towel in compliance with good infection prevention guidelines	YES	NO	N/A	O	A	I	C	N/A	
Measure patient for dome/receiver/slim tube etc unless custom aid or mould ensure fitting is comfortable	YES	NO	N/A	O	A	I	C	N/A	
Ensure fit of earmould/open fit is comfortable	YES	NO	N/A	O	A	I	C	N/A	
Fits aid to software recommendations according to patient experience and acoustic properties of dome/tube/first fit/long term user.	YES	NO	N/A	O	A	I	C	N/A	
Subjective tests: evaluates sound quality including patient own voice, speech discrimination using live voice and fine tune as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Evaluate comfort around loud sounds and fine tune as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Troubleshoot any issues including feedback	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

5. REM	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Checks information and/or takes history regarding contra-indications	YES	NO	N/A	O	A	I	C	N/A	
Calibrate probe tube	YES	NO	N/A	O	A	I	C	N/A	
Instructs patient regarding the REM/fitting procedure	YES	NO	N/A	O	A	I	C	N/A	
Positions patient appropriately for REM	YES	NO	N/A	O	A	I	C	N/A	
Performs otoscopy, correctly acting upon findings	YES	NO	N/A	O	A	I	C	N/A	
Checks fit of earmould/ear piece	YES	NO	N/A	O	A	I	C	N/A	
Inserts probe tube correctly, to current BSA guidelines, and performs otoscopy (essential)	YES	NO	N/A	O	A	I	C	N/A	
Obtains REUR	YES	NO	N/A	O	A	I	C	N/A	
Inserts earmould/ear-piece & obtains REOR if appropriate	YES	NO	N/A	O	A	I	C	N/A	
Obtains REIR for 50, 65 and 80 dB SPL targets (80dB trace may be omitted if not local policy or contra-indicated providing loudness tolerance/patient comfort is checked by alternative means)	YES	NO	N/A	O	A	I	C	N/A	
Fits hearing aid response to prescription target	YES	NO	N/A	O	A	I	C	N/A	
Discusses appropriate programme options with patient and sets all hearing aid programmes as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Confirms that patient is comfortable and happy with the sound	YES	NO	N/A	O	A	I	C	N/A	
Programmes hearing aid, saving REM & fitting data	YES	NO	N/A	O	A	I	C	N/A	
Performs otoscopy after removal of probe (essential)	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

6. Instructing patient on using hearing aid	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Use an appropriate demonstration aid with appropriate earpiece earmould/open fit	YES	NO	N/A	O	A	I	C	N/A	
Explains and demonstrates earmould/open fit care and cleaning and issue cleaning wires for open fit	YES	NO	N/A	O	A	I	C	N/A	
Explains regular retubing of moulds or changing of open fittings	YES	NO	N/A	O	A	I	C	N/A	
Demonstrate key functions e.g. on/off, VC and programmes as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Explains battery life/battery warning sound and demonstrates battery changing	YES	NO	N/A	O	A	I	C	N/A	
Explain programme functions and other systems and devices such as telecoil as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Explain using telephone use with hearing aid	YES	NO	N/A	O	A	I	C	N/A	

## Trust Policy

Establish whether patient has an android mobile phone or iPhone and explain Hearing Aid App as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Ensure patient is confident with changing batteries and controlling the aid themselves and/or allowing carer/relative to practise in appointment	YES	NO	N/A	O	A	I	C	N/A	
Explain and demonstrate aid fitting/insertion and removal	YES	NO	N/A	O	A	I	C	N/A	
Ensure patient is confident with aid fitting/insertion and removal of the aid themselves and/or allowing carer/relative to practise in appointment	YES	NO	N/A	O	A	I	C	N/A	
Provides information on how to obtain supplies such as batteries/open fits/tubes	YES	NO	N/A	O	A	I	C	N/A	
Inform patient on how to obtain assistance in case of hearing aid breakdown or faults	YES	NO	N/A	O	A	I	C	N/A	
Explain lost aid charge	YES	NO	N/A	O	A	I	C	N/A	
Explain features of hearing aid that may be useful in the future	YES	NO	N/A	O	A	I	C	N/A	
Signpost to other support and services such as lip reading, tinnitus counselling, hearing therapy, ALD's if appropriate	YES	NO	N/A	O	A	I	C	N/A	
Issue instruction booklet and app information	YES	NO	N/A	O	A	I	C	N/A	
Issue supply of Batteries / supply of tubes / open fits / cleaning wires	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

7. Counselling	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Explains the adaption process and ensures that patient has realistic expectations about adapting to amplified sound	YES	NO	N/A	O	A	I	C	N/A	
Explains how to use the hearing aid in their own key listening situations (expectations of hearing aid)	YES	NO	N/A	O	A	I	C	N/A	
Helps patient to set goals regarding usage of the hearing aid in their key listening environment to aid their progress between this appointment and the next	YES	NO	N/A	O	A	I	C	N/A	
Reminds patient of the importance of the use of communication tactics in conjunction with the hearing aids	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

8. Debriefing and management	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Give alternative/additional advice/treatment if required	YES	NO	N/A	O	A	I	C	N/A	
Arrange further investigations if required	YES	NO	N/A	O	A	I	C	N/A	
Results explained to patient in appropriate way if necessary	YES	NO	N/A	O	A	I	C	N/A	
Explains next necessary action	YES	NO	N/A	O	A	I	C	N/A	
Explains patient led or telephone hearing aid review or if this is not appropriate a face to face review. Request review appointment appropriately	YES	NO	N/A	O	A	I	C	N/A	
Any deviation from guideline is appropriately documented in the patients journal and in the hospital notes	YES	NO	N/A	O	A	I	C	N/A	
Correct Hotkey used and completed	YES	NO	N/A	O	A	I	C	N/A	
Hearing aids/stock issued from stock on Auditbase as per local policy	YES	NO	N/A	O	A	I	C	N/A	
Patient marked as finished and correct appointment outcome completed.	YES	NO	N/A	O	A	I	C	N/A	
Appointment ran to time / allocated appointment time used	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									

9. Patient care techniques	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Demonstrates professional attitude	YES	NO	N/A	O	A	I	C	N/A	
Demonstrates and maintains rapport/empathy with the patient/carer/significant other	YES	NO	N/A	O	A	I	C	N/A	
Effectively communicates throughout the appointment	YES	NO	N/A	O	A	I	C	N/A	
Responds to individual patient needs	YES	NO	N/A	O	A	I	C	N/A	
Gives patient an opportunity to ask questions	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

**Assessor Notes**

**Clinician's Personal Reflection**

**Action Plan (SMART)**

**Review Date**



**Audiology Competency Adult Hearing Aid Review: Face to Face Review**

The aim of this peer review competency assessment is to ensure that you, the Clinician, are performing Adult hearing aid review appointments, in line with best practice guidance. There may be situations where deviations from best practice are made and we will be checking your problem solving and reasoning in these situations.

At the end of the checklist there is an opportunity for reflection on performance in this area.

The following guidelines will be used to record a level of achievement:

<b>Level of Achievement</b>	<b>Competence Demonstrated</b>
<b>N/A</b>	Skill of activity <b>not applicable</b> or <b>not assessed</b>
<b>O</b>	Clinician <b>observed</b> skill or activity without practical participation
<b>A</b>	Clinician performed skill or activity with <b>assistance</b> . Demonstrated limited knowledge and understanding. Recognised own limitations.
<b>I</b>	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but <b>improvement</b> required. Evaluates own practice and identifies support needs.
<b>C</b>	Clinician performs skill/activity <b>competently, confidently</b> , independently and safely. Provides rationale to underpin practice.

<b>Clinician's name</b>	
<b>Signature</b>	
<b>Assessor/witness name</b>	
<b>Job title</b>	
<b>Signature</b>	
<b>Date of observation</b>	

1. Appointment Preparation	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Appropriate room selected for the assessment	YES	NO	N/A	O	A	I	C	N/A	
Room stocked appropriately for the appointment	YES	NO	N/A	O	A	I	C	N/A	
All required equipment available	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
Equipment and surfaces decontaminated	YES	NO	N/A	O	A	I	C	N/A	
Hand hygiene in line with Trust policy	YES	NO	N/A	O	A	I	C	N/A	
Room arranged appropriately for good communication	YES	NO	N/A	O	A	I	C	N/A	
PPE is worn appropriately	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									

2. Otoscopy	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Obtains and documents appropriate consent prior to examination	YES	NO	N/A	O	A	I	C	N/A	
Takes appropriate action where consent is denied	YES	NO	N/A	O	A	I	C	N/A	
Examines the ears in a safe and competent manner in a seated or kneeling position	YES	NO	N/A	O	A	I	C	N/A	
Uses different speculae for each ear	YES	NO	N/A	O	A	I	C	N/A	
Switches hands for otoscopy with auroscope in left hand for left ear and right hand for right ear	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<i>Comments:</i>									

3. Appointment	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Patient called into appointment at appointment time / within 5 minutes +/- of appointment time	YES	NO	N/A	O	A	I	C	N/A	
Introduce staff in attendance and request permission for any additional staff to sit in on the appointment	YES	NO	N/A	O	A	I	C	N/A	
Verify the patient's identity appropriately, ensuring patient verbally says details rather than patient just responding yes in case the patient has misheard	YES	NO	N/A	O	A	I	C	N/A	
Explain purpose of the appointment	YES	NO	N/A	O	A	I	C	N/A	
Take a brief and relevant history of patients progress with the hearing aid(s)	YES	NO	N/A	O	A	I	C	N/A	
Identify and discuss if patient has been experiencing any issues or problems with the hearing aid(s)	YES	NO	N/A	O	A	I	C	N/A	
Evaluates subjective sound quality, comfort and expectations	YES	NO	N/A	O	A	I	C	N/A	
Checks how often patient the patient has been wearing the hearing aid(s)	YES	NO	N/A	O	A	I	C	N/A	
Maintains a rapport with the patient and is aware of their concerns	YES	NO	N/A	O	A	I	C	N/A	
Establish who is accompanying patient relative/friend/carer	YES	NO	N/A	O	A	I	C	N/A	
Involve additional adults present as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Establish information about: dexterity, any visual issues and cognitive ability as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Identifies any emerging contra-indications and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a PVP shunt	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a pacemaker	YES	NO	N/A	O	A	I	C	N/A	
<b>Assessment strategy...</b>									
Place hearing aids or patients mould on a paper towel in compliance with good infection prevention guidelines	YES	NO	N/A	O	A	I	C	N/A	
Evaluates subjective sound quality including tolerance to loud sounds	YES	NO	N/A	O	A	I	C	N/A	
Check fit and comfort of earmoulds/open-fit earpiece	YES	NO	N/A	O	A	I	C	N/A	
Checks correct use of aids cleaning/batteries/controls etc	YES	NO	N/A	O	A	I	C	N/A	
Checks use of programmes	YES	NO	N/A	O	A	I	C	N/A	
Check use of hearing aid app use	YES	NO	N/A	O	A	I	C	N/A	
<b>COSI questionnaire...</b>									
For each pre-specified situation and user defined situation, asks patient the extent to which the hearing aid helps them and how much they can hear with the hearing aid	YES	NO	N/A	O	A	I	C	N/A	
<b>Hearing Direct questionnaire...</b>									
Complete questionnaire based on patient responses	YES	NO	N/A	O	A	I	C	N/A	
<b>Integration of Results/Management Strategy/Patient debriefing/Reporting Results</b>									
Uses results of COSI to guide patient rehabilitation, i.e. demonstrate benefit, highlight where problems remain	YES	NO	N/A	O	A	I	C	N/A	

## Trust Policy

Fine tunes hearing aid response based on subjective sound quality evaluation and/or COSI results, repeat REMs if necessary	YES	NO	N/A	O	A	I	C	N/A	
Modifies earmould(s)/open fitting if comfort/fit problems	YES	NO	N/A	O	A	I	C	N/A	
Provides information and counselling to the patient in appropriate use of the hearing aid to promote auditory acclimatisation	YES	NO	N/A	O	A	I	C	N/A	
Identifies patients who would benefit from changes to current personal amplification and/or environmental aids	YES	NO	N/A	O	A	I	C	N/A	
Evaluates the need for referral to other services or the need for further follow-up	YES	NO	N/A	O	A	I	C	N/A	
Able to explain results and management options to patient including time scales	YES	NO	N/A	O	A	I	C	N/A	
Discussed hearing aid app use if appropriate	YES	NO	N/A	O	A	I	C	N/A	
Confirm that any issues with aids have been resolved and patient is happy with aid use and sound	YES	NO	N/A	O	A	I	C	N/A	
Offer patient a supply of batteries	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									

4. Debriefing and management	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Give alternative/additional treatment if required	YES	NO	N/A	O	A	I	C	N/A	
Arrange further investigations if required	YES	NO	N/A	O	A	I	C	N/A	
Results explained to patient in appropriate way if necessary	YES	NO	N/A	O	A	I	C	N/A	
Explains next necessary action	YES	NO	N/A	O	A	I	C	N/A	
Any deviation from guideline is appropriately documented in the patients journal and in the hospital notes	YES	NO	N/A	O	A	I	C	N/A	
Correct Hotkey used and completed	YES	NO	N/A	O	A	I	C	N/A	
Patient marked as finished and correct appointment outcome completed.	YES	NO	N/A	O	A	I	C	N/A	
Appointment ran to time / allocated appointment time used	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									

5. Patient care techniques	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Demonstrates professional attitude	YES	NO	N/A	O	A	I	C	N/A	
Demonstrates and maintains rapport/empathy with the patient/carer/significant other	YES	NO	N/A	O	A	I	C	N/A	
Effectively communicates throughout the appointment	YES	NO	N/A	O	A	I	C	N/A	
Responds to individual patient needs	YES	NO	N/A	O	A	I	C	N/A	
Gives patient an opportunity to ask questions	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

**Assessor Notes**

**Clinician's Personal Reflection**

**Action Plan (SMART)**

**Review Date**

**Audiology Competency Adult Hearing Aid Repair: Hearing Aid Repair**

The aim of this peer review competency assessment is to ensure that you, the Clinician, are performing Adult hearing aid repair appointments in line with best practice guidance. There may be situations where deviations from best practice are made and we will be checking your problem solving and reasoning in these situations.

At the end of the checklist there is an opportunity for reflection on performance in this area.

The following guidelines will be used to record a level of achievement:

Level of Achievement	Competence Demonstrated
<b>N/A</b>	Skill of activity <b>not applicable</b> or <b>not assessed</b>
<b>O</b>	Clinician <b>observed</b> skill or activity without practical participation
<b>A</b>	Clinician performed skill or activity with <b>assistance</b> . Demonstrated limited knowledge and understanding. Recognised own limitations.
<b>I</b>	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but <b>improvement</b> required. Evaluates own practice and identifies support needs.
<b>C</b>	Clinician performs skill/activity <b>competently, confidently</b> , independently and safely. Provides rationale to underpin practice.

<b>Clinician's name</b>	
<b>Signature</b>	
<b>Assessor/witness name</b>	
<b>Job title</b>	
<b>Signature</b>	
<b>Date of observation</b>	

1. Appointment Preparation	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Appropriate room selected for the assessment	YES	NO	N/A	O	A	I	C	N/A	
Room stocked appropriately for the appointment	YES	NO	N/A	O	A	I	C	N/A	
All required equipment available	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
Equipment and surfaces decontaminated	YES	NO	N/A	O	A	I	C	N/A	
Hand hygiene in line with Trust policy	YES	NO	N/A	O	A	I	C	N/A	
Room arranged appropriately for good communication	YES	NO	N/A	O	A	I	C	N/A	
PPE is worn appropriately	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									

2. Otoscopy	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Obtains and documents appropriate consent prior to examination	YES	NO	N/A	O	A	I	C	N/A	
Takes appropriate action where consent is denied	YES	NO	N/A	O	A	I	C	N/A	
Examines the ears in a safe and competent manner in a seated or kneeling position	YES	NO	N/A	O	A	I	C	N/A	
Uses different speculae for each ear	YES	NO	N/A	O	A	I	C	N/A	
Switches hands for otoscopy with auroscope in left hand for left ear and right hand for right ear	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<i>Comments:</i>									



3. Appointment	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Patient called into appointment at appointment time / within 5 minutes +/- of appointment time	YES	NO	N/A	O	A	I	C	N/A	
Introduce staff in attendance and request permission for any additional staff to sit in on the appointment	YES	NO	N/A	O	A	I	C	N/A	
Verify the patient's identity appropriately, ensuring patient verbally says details rather than patient just saying yes in case the patient has misheard	YES	NO	N/A	O	A	I	C	N/A	
Explain purpose of the appointment	YES	NO	N/A	O	A	I	C	N/A	
Take a brief and relevant history of the problem the patient is reporting	YES	NO	N/A	O	A	I	C	N/A	
Establish who is accompanying patient relative/friend/carer	YES	NO	N/A	O	A	I	C	N/A	
Involve additional adults present as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Establish information about factors that may affect patient dexterity, any visual issues and cognitive ability as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Identifies any emerging contra-indications and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a PVP shunt	YES	NO	N/A	O	A	I	C	N/A	
Identifies if patient has a pacemaker	YES	NO	N/A	O	A	I	C	N/A	
<b>Hearing aid repair</b>									
Place hearing aids or patients mould on a paper towel in compliance with good infection prevention guidelines	YES	NO	N/A	O	A	I	C	N/A	
Replaces ear mould tubing or life tip if blocked or worn	YES	NO	N/A	O	A	I	C	N/A	
Instructs patient on how to replace tubing or life tip taking into account individual ability	YES	NO	N/A	O	A	I	C	N/A	
Checks and tests hearing aid appropriately to identify any issues with performance	YES	NO	N/A	O	A	I	C	N/A	
Advice given to patient regarding function of hearing aid	YES	NO	N/A	O	A	I	C	N/A	
Replaces faulty aid choosing correct model and colour	YES	NO	N/A	O	A	I	C	N/A	
Programme replacement aid to duplicate programming or adjust if appropriate	YES	NO	N/A	O	A	I	C	N/A	
<b>Impression taking</b>									
Appropriately identifies need for new ear mould	YES	NO	N/A	O	A	I	C	N/A	
Take a brief and relevant history of any previous ear surgery or other contraindications to aural impression taking	YES	NO	N/A	O	A	I	C	N/A	
Maintains a rapport with the patient and is aware of their concerns	YES	NO	N/A	O	A	I	C	N/A	
Establish information about dexterity, any visual issues and cognitive ability as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Identifies any emerging contra-indications and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Discusses risks of impression taking	YES	NO	N/A	O	A	I	C	N/A	
Discusses shared decision-making alternatives to impressions	YES	NO	N/A	O	A	I	C	N/A	

Performs otoscopy, correctly acting upon findings	YES	NO	N/A	O	A	I	C	N/A	
Places Tissue / Hand Towel on patients shoulder	YES	NO	N/A	O	A	I	C	N/A	
Correctly and safely positions otostop	YES	NO	N/A	O	A	I	C	N/A	
Performs Otoscopy after positioning of otostop	YES	NO	N/A	O	A	I	C	N/A	
Places hearing aid behind ear	YES	NO	N/A	O	A	I	C	N/A	
Asks patient to wear glasses if usually worn	YES	NO	N/A	O	A	I	C	N/A	
Selects correct size nozzle for patients ear, to ensure meatus and helix can be properly filled	YES	NO	N/A	O	A	I	C	N/A	
Syringes impression material into ear safely & using correct & current BSA procedure	YES	NO	N/A	O	A	I	C	N/A	
Safely removes impression from ear/s when set	YES	NO	N/A	O	A	I	C	N/A	
Produces an acceptable impression (well filled meatus, helix and concha. No crease, bubbles, underfilling )	YES	NO	N/A	O	A	I	C	N/A	
Recognises if impression is not good enough to send for manufacturing, and retakes if necessary	YES	NO	N/A	O	A	I	C	N/A	
Performs otoscopy following impression removal, correctly acting upon findings	YES	NO	N/A	O	A	I	C	N/A	
Selects earmould & modifications appropriate to patients hearing loss & comfort	YES	NO	N/A	O	A	I	C	N/A	
Indicates appropriate meatal length for manufacture	YES	NO	N/A	O	A	I	C	N/A	
Packages impression safely, with centre number and pt ID on label	YES	NO	N/A	O	A	I	C	N/A	
Confirms options with patients to collect moulds or have posted out to them	YES	NO	N/A	O	A	I	C	N/A	
<b>Mould alterations</b>									
Identifies need for mould modification	YES	NO	N/A	O	A	I	C	N/A	
Cleans mould before mould modification	YES	NO	N/A	O	A	I	C	N/A	
Check equipment and PPE	YES	NO	N/A	O	A	I	C	N/A	
Wears safely equipment	YES	NO	N/A	O	A	I	C	N/A	
Operates drill safely	YES	NO	N/A	O	A	I	C	N/A	
Operates polish safely	YES	NO	N/A	O	A	I	C	N/A	
Checks for flaws before fitting in patients ear	YES	NO	N/A	O	A	I	C	N/A	
<b>Triage for Reassessment/Review</b>									
Following successful repair appropriate check made to ensure patient is satisfied with their hearing ability	YES	NO	N/A	O	A	I	C	N/A	
Competently performs free-field live voice testing if necessary	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

4. Debriefing and management	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Give alternative/additional treatment if required	YES	NO	N/A	O	A	I	C	N/A	
Arrange further investigations if required	YES	NO	N/A	O	A	I	C	N/A	
Results explained to patient in appropriate way if necessary	YES	NO	N/A	O	A	I	C	N/A	
Explains next necessary action	YES	NO	N/A	O	A	I	C	N/A	
Offer patient a supply of batteries	YES	NO	N/A	O	A	I	C	N/A	
Offer Patient supply of tubes / open fits / cleaning wires	YES	NO	N/A	O	A	I	C	N/A	
Any deviation from guideline is appropriately documented in the patients journal and in the hospital notes	YES	NO	N/A	O	A	I	C	N/A	
Correct Hotkey used and completed	YES	NO	N/A	O	A	I	C	N/A	
Patient marked as finished and correct appointment outcome completed.	YES	NO	N/A	O	A	I	C	N/A	
Appointment ran to time / allocated appointment time used	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									

5. Patient care techniques	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Demonstrates professional attitude	YES	NO	N/A	O	A	I	C	N/A	
Demonstrates and maintains rapport/empathy with the patient/carer/significant other	YES	NO	N/A	O	A	I	C	N/A	
Effectively communicates throughout the appointment	YES	NO	N/A	O	A	I	C	N/A	
Responds to individual patient needs	YES	NO	N/A	O	A	I	C	N/A	
Gives patient an opportunity to ask questions	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

**Assessor Notes**

**Clinician's Personal Reflection**

**Action Plan (SMART)**

**Review Date**

## Audiology Competency Adult Aural Impression

The aim of this peer review competency assessment is to ensure that you, the Clinician, are performing Adult hearing aid review appointments, in line with best practice guidance. There may be situations where deviations from best practice are made and we will be checking your problem solving and reasoning in these situations.

At the end of the checklist there is an opportunity for reflection on performance in this area.

The following guidelines will be used to record a level of achievement:

Level of Achievement	Competence Demonstrated
<b>N/A</b>	Skill of activity <b>not applicable</b> or <b>not assessed</b>
<b>O</b>	Clinician <b>observed</b> skill or activity without practical participation
<b>A</b>	Clinician performed skill or activity with <b>assistance</b> . Demonstrated limited knowledge and understanding. Recognised own limitations.
<b>I</b>	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but <b>improvement</b> required. Evaluates own practice and identifies support needs.
<b>C</b>	Clinician performs skill/activity <b>competently, confidently</b> , independently and safely. Provides rationale to underpin practice.

<b>Clinician's name</b>	
<b>Signature</b>	
<b>Assessor/witness name</b>	
<b>Job title</b>	
<b>Signature</b>	
<b>Date of observation</b>	

1. Appointment Preparation	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Appropriate room selected for the assessment	YES	NO	N/A	O	A	I	C	N/A	
Room stocked appropriately for the appointment	YES	NO	N/A	O	A	I	C	N/A	
All required equipment available	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
Equipment and surfaces decontaminated	YES	NO	N/A	O	A	I	C	N/A	
Hand hygiene in line with Trust policy	YES	NO	N/A	O	A	I	C	N/A	
Room arranged appropriately for good communication	YES	NO	N/A	O	A	I	C	N/A	
PPE is worn appropriately	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									

2. Otoscopy	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Obtains and documents appropriate consent prior to examination	YES	NO	N/A	O	A	I	C	N/A	
Takes appropriate action where consent is denied	YES	NO	N/A	O	A	I	C	N/A	
Examines the ears in a safe and competent manner in a seated or kneeling position	YES	NO	N/A	O	A	I	C	N/A	
Uses different speculae for each ear	YES	NO	N/A	O	A	I	C	N/A	
Switches hands for otoscopy with auroscope in left hand for left ear and right hand for right ear	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<i>Comments:</i>									

3. Appointment	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Patient called into appointment at appointment time / within 5 minutes +/- of appointment time	YES	NO	N/A	O	A	I	C	N/A	
Introduce staff in attendance and request permission for any additional staff to sit in on the appointment	YES	NO	N/A	O	A	I	C	N/A	
Verify the patient's identity appropriately, ensuring patient verbally says details rather than patient just responding yes in case the patient has misheard	YES	NO	N/A	O	A	I	C	N/A	
Explain purpose of the appointment	YES	NO	N/A	O	A	I	C	N/A	
Establish who is accompanying patient relative/friend/carer	YES	NO	N/A	O	A	I	C	N/A	
Involve additional adults present as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Take a brief and relevant history of any previous ear surgery or other contraindications to aural impression taking	YES	NO	N/A	O	A	I	C	N/A	
Maintains a rapport with the patient and is aware of their concerns	YES	NO	N/A	O	A	I	C	N/A	
Establish information about dexterity, any visual issues and cognitive ability as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Identifies any emerging contra-indications and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Discusses risks of impression taking	YES	NO	N/A	O	A	I	C	N/A	
Discusses shared decision-making alternatives to impressions	YES	NO	N/A	O	A	I	C	N/A	
Performs otoscopy, correctly acting upon findings	YES	NO	N/A	O	A	I	C	N/A	
Place hearing aids or patients mould on a paper towel in compliance with good infection prevention guidelines	YES	NO	N/A	O	A	I	C	N/A	
Places Tissue / Hand Towel on patients shoulder	YES	NO	N/A	O	A	I	C	N/A	
Correctly and safely positions otostop	YES	NO	N/A	O	A	I	C	N/A	
Performs Otoscopy after positioning of otostop	YES	NO	N/A	O	A	I	C	N/A	
Places hearing aid behind ear	YES	NO	N/A	O	A	I	C	N/A	
Asks patient to wear glasses if usually worn	YES	NO	N/A	O	A	I	C	N/A	
Selects correct size nozzle for patients ear, to ensure meatus and helix can be properly filled	YES	NO	N/A	O	A	I	C	N/A	
Syringes impression material into ear safely & using correct & current BSA procedure	YES	NO	N/A	O	A	I	C	N/A	
Safely removes impression from ear/s when set	YES	NO	N/A	O	A	I	C	N/A	
Produces an acceptable impression (well filled meatus, helix and concha. No crease, bubbles, underfilling )	YES	NO	N/A	O	A	I	C	N/A	
Recognises if impression is not good enough to send for manufacturing, and retakes if necessary	YES	NO	N/A	O	A	I	C	N/A	
Performs otoscopy following impression removal, correctly acting upon findings	YES	NO	N/A	O	A	I	C	N/A	
Selects earmould & modifications appropriate to patients hearing loss & comfort	YES	NO	N/A	O	A	I	C	N/A	
Indicates appropriate meatal length for manufacture	YES	NO	N/A	O	A	I	C	N/A	

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Decontaminate impression	YES	NO	N/A	O	A	I	C	N/A	
Packages impression safely, with centre number and pt ID on label	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									

4. Debriefing and management	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Give alternative/additional treatment if required	YES	NO	N/A	O	A	I	C	N/A	
Arrange further investigations if required	YES	NO	N/A	O	A	I	C	N/A	
Results explained to patient in appropriate way if necessary	YES	NO	N/A	O	A	I	C	N/A	
Explains next necessary action	YES	NO	N/A	O	A	I	C	N/A	
Any deviation from guideline is appropriately documented in the patients journal and in the hospital notes	YES	NO	N/A	O	A	I	C	N/A	
Offer patient a supply of batteries	YES	NO	N/A	O	A	I	C	N/A	
Correct Hotkey used and completed	YES	NO	N/A	O	A	I	C	N/A	
Patient marked as finished and correct appointment outcome completed.	YES	NO	N/A	O	A	I	C	N/A	
Appointment ran to time / allocated appointment time used	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									



5. Patient care techniques	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Demonstrates professional attitude	YES	NO	N/A	O	A	I	C	N/A	
Demonstrates and maintains rapport/empathy with the patient/carer/significant other	YES	NO	N/A	O	A	I	C	N/A	
Effectively communicates throughout the appointment	YES	NO	N/A	O	A	I	C	N/A	
Responds to individual patient needs	YES	NO	N/A	O	A	I	C	N/A	
Gives patient an opportunity to ask questions	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

**Assessor Notes**

**Clinician's Personal Reflection**

**Action Plan (SMART)**

**Review Date**

**Audiology Competency Adult Tympanometry**

The aim of this peer review competency assessment is to ensure that you, the Clinician, are performing Adult assessments, either direct referral or reassessments, in line with best practice guidance. There may be situations where deviations from best practice are made and we will be checking your problem solving and reasoning in these situations.

At the end of the checklist there is an opportunity for reflection on performance in this area.

The following guidelines will be used to record a level of achievement:

<b>Level of Achievement</b>	<b>Competence Demonstrated</b>
<b>N/A</b>	Skill of activity <b>not applicable</b> or <b>not assessed</b>
<b>O</b>	Clinician <b>observed</b> skill or activity without practical participation
<b>A</b>	Clinician performed skill or activity with <b>assistance</b> . Demonstrated limited knowledge and understanding. Recognised own limitations.
<b>I</b>	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but <b>improvement</b> required. Evaluates own practice and identifies support needs.
<b>C</b>	Clinician performs skill/activity <b>competently, confidently</b> , independently and safely. Provides rationale to underpin practice.

## History taking - adults

Guidelines referred to in this assessment include, but are not limited to:

- Local clinical guideline: Audiology Assessment Direct referral or reassessment.
- British Society of Audiology Tympanometry.

<b>Clinician's name</b>	
<b>Signature</b>	
<b>Assessor/witness name</b>	
<b>Job title</b>	
<b>Signature</b>	
<b>Date of observation</b>	

8. Appointment Preparation	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Appropriate room selected for the assessment	YES	NO	N/A	O	A	I	C	N/A	
Room stocked appropriately for the appointment	YES	NO	N/A	O	A	I	C	N/A	
All required equipment available	YES	NO	N/A	O	A	I	C	N/A	
Equipment and surfaces decontaminated	YES	NO	N/A	O	A	I	C	N/A	
Hand hygiene in line with Trust policy	YES	NO	N/A	O	A	I	C	N/A	
Room arranged appropriately for good communication	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken if equipment is not functional	YES	NO	N/A	O	A	I	C	N/A	
PPE is worn appropriately	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement &amp;</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>O</b>	<b>A</b>	<b>I</b>	<b>C</b>	<b>N/A</b>	
<b>Comments</b>									

9. Appointment	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Patient called into appointment at appointment time / within 5 minutes +/- of appointment time	YES	NO	N/A	O	A	I	C	N/A	
Introduce staff in attendance and request permission for any additional staff to sit in on the appointment	YES	NO	N/A	O	A	I	C	N/A	
Verify the patient's identity appropriately, ensuring patient verbally says details rather than patient just responding yes in case the patient has misheard.	YES	NO	N/A	O	A	I	C	N/A	
Explain purpose of the appointment	YES	NO	N/A	O	A	I	C	N/A	
Establish who is accompanying patient relative/friend/carer	YES	NO	N/A	O	A	I	C	N/A	
Involve relatives and carers as appropriate	YES	NO	N/A	O	A	I	C	N/A	
Identifies any emerging contra-indications and takes appropriate action	YES	NO	N/A	O	A	I	C	N/A	
Uses effective communication strategies.	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

10. Otoscopy	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Obtains and documents appropriate consent prior to examination	YES	NO	N/A	O	A	I	C	N/A	
Takes appropriate action where consent is denied	YES	NO	N/A	O	A	I	C	N/A	
Examines the ears in a safe and competent manner in a seated or kneeling position	YES	NO	N/A	O	A	I	C	N/A	
Uses different speculae for each ear	YES	NO	N/A	O	A	I	C	N/A	
Switches hands for otoscopy with auroscope in left hand for left ear and right hand for right ear	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<i>Comments:</i>									

11. Tympanometry	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Correctly identified that tympanometry is required	YES	NO	N/A	O	A	I	C	N/A	
Identifies any contra-indications and acts appropriately	YES	NO	N/A	O	A	I	C	N/A	
Obtains appropriate consent	YES	NO	N/A	O	A	I	C	N/A	
Explains tympanometry to patient	YES	NO	N/A	O	A	I	C	N/A	
Appropriately instructs patient for tympanometry	YES	NO	N/A	O	A	I	C	N/A	
If patient has hearing aids - Place hearing aids or patients mould on a paper towel in compliance with good infection prevention guidelines	YES	NO	N/A	O	A	I	C	N/A	
Correct size ear tip used	YES	NO	N/A	O	A	I	C	N/A	
Use different ear tip for each ear	YES	NO	N/A	O	A	I	C	N/A	
Probe positioned correctly in the ear in a way that optimises the test and reduces the likelihood of artifacts	YES	NO	N/A	O	A	I	C	N/A	
Recognises within normal limits / tolerances	YES	NO	N/A	O	A	I	C	N/A	
Recognises any artifact and addresses appropriately, whether changing ear tip, technique, etc	YES	NO	N/A	O	A	I	C	N/A	
Repeats test if results have artifact or are abnormal	YES	NO	N/A	O	A	I	C	N/A	
Results interpreted correctly and recorded in the patient's notes	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

12. Debriefing and management	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Results explained to patient in appropriate way if necessary	YES	NO	N/A	O	A	I	C	N/A	
Explains next necessary action	YES	NO	N/A	O	A	I	C	N/A	
If patient has hearing aids - Offer Patient supply of tubes / open fits / cleaning wires	YES	NO	N/A	O	A	I	C	N/A	
Appointment ran to time / allocated appointment time used	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

13. Documentation completion	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Journal completed with tympanometry values / results	YES	NO	N/A	O	A	I	C	N/A	
Patient marked as finished and correct appointment outcome completed.	YES	NO	N/A	O	A	I	C	N/A	
Appropriate action taken in the event of any adverse reactions/injury to patient	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

14. Patient Care Techniques	Yes/No/NA			Competence					Note
	YES	NO	N/A	O	A	I	C	NA	
Demonstrates professional attitude	YES	NO	N/A	O	A	I	C	N/A	
Demonstrates and maintains rapport/empathy with the patient/relative/carer	YES	NO	N/A	O	A	I	C	N/A	
Effectively communicates throughout appointment	YES	NO	N/A	O	A	I	C	N/A	
Responds to individual patient needs	YES	NO	N/A	O	A	I	C	N/A	
Gives patient an opportunity to ask questions	YES	NO	N/A	O	A	I	C	N/A	
<b>Overall Level of Achievement</b>	YES	NO	N/A	O	A	I	C	N/A	
<b>Comments</b>									

**Assessor Notes**

**Clinician's Personal Reflection**

**Action Plan (SMART)**

**Review Date**



**10. Background**

**10.1 Equality requirements**

Equality impact assessment form completed, as per below, mainly positive and neutral impacts. Where there is a negative impact the assessment will not be carried out during that particular appointment and will be rescheduled to remove potential negative impact.

**10.2 Financial risk assessment**

Financial Impact Assessment form completed, as per below, no financial risk involved. The assessor's time is the only additional impact.

**10.3 Consultation**

This document will be circulated to the Countywide Audiology Manager for consultation.

**Contribution List**

This key document has been circulated to the following individuals for consultation;

Designation
Edward Southan Countywide Audiology Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
N/A

**10.4 Approval Process**

This will be reviewed internally by the Countywide Audiology Manager for approval and ratification of this Policy.

**10.5 Version Control**

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:


**Supporting Document 1 – Equality Impact Assessment form**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

# Trust Policy



## Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	Edward Southan / Joanne MJ Stanley
----------------------------------	------------------------------------

<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Edward Southan	Countywide Audiology Manager	edward.southan@nhs.net
	Joanne Stanley	Senior Clinical Audiologist	joanne.stanley2@nhs.net
<b>Date assessment completed</b>			

### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Policy for Peer Review Competency Assessments</b>		
What is the aim, purpose and/or intended outcomes of this Activity?	This is in place to monitor and assess the competencies of all staff to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input type="checkbox"/> Review of an existing activity		

	<input checked="" type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Following CQC advice for requirement and service Improvements. Information gathered from other Trusts, including The Royal Wolverhampton NHS Trust and Coventry University Hospitals NHS Trust. British Society of Audiology recommended Procedures Local Clinical Guidelines NSHCS Assessments Aston University assessment documents.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation with CQC and implemented following their advice for requirement and service improvements.
Summary of relevant findings	Implementing this is a necessary step to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Age</b>	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Disability</b>	X	X	X	Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved. Negative – if a wheelchair or scooter patient there may be less space in the clinic room due to an extra member of staff. Some disabilities may find more people present an issue but in these cases assessment can be stopped and rescheduled with different patient.
<b>Gender Reassignment</b>	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Marriage &amp; Civil Partnerships</b>	X	X		Neutral - as same appointment carried out regardless.

# Trust Policy

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Pregnancy &amp; Maternity</b>	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Race including Traveling Communities</b>	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Religion &amp; Belief</b>	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Sex</b>	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Sexual Orientation</b>	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Negative impact / risk above – if a wheelchair or scooter patient there may be less space in the clinic room due to an extra member of staff. Some disabilities may find more people present an issue	In these cases the assessment can be stopped and rescheduled with different patient.	The clinician and / or assessor	During the appointment clinical judgement can be made.
<b>How will you monitor these actions?</b>	This will be monitored by clinical staff involved in Peer Review and will be noted on Peer Review forms why the peer review process was stopped for this individual appointment. These events will be noted and included in the Peer Review Audit.			
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Annually			

**Section 5 - Please read and agree to the following Equality Statement**

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	Joanne MJ Stanley
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# Trust Policy



<b>Date signed</b>	March 2024
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	Edward Southan
<b>Date signed</b>	
<b>Comments:</b>	





## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	Assessors time is the only additional impact.

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval