Adult Audiology Peer Review Competency Assessment Form
Worcestershire Acute NHS Trust

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
N/A	Skill of activity **not applicable** or **not assessed**
O	Clinician **observed** skill or activity without practical participation
A	Clinician performed skill or activity with **assistance.** Demonstrated limited knowledge and understanding. Recognised own limitations.
I	Clinician performed skill or activity independently. Demonstrated knowledge and understanding but **improvement** required. Evaluates own practice and identifies support needs.
C	Clinician performs skill/activity **competently, confidently**, 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.**

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

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	
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	
Overall Level of Achievement &	**YES**	**NO**	**N/A**	**O**	**A**	**I**	**C**	**N/A**	
Comments									

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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments									

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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments:									

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 appropriate and a comment is added to the audiogram to state which method has been used.	YES	NO	N/A	O	A	I	C	N/A	
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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments									

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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments									

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	
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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments									

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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments									

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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments									

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	
Overall Level of Achievement	YES	NO	N/A	O	A	I	C	N/A	
Comments									

Assessor Notes

Clinician's Personal Reflection

Action Plan (SMART)	Review Date