



**Hearing Aid Audiology
Society of Australia Limited
SUPERVISION LEVEL
COMPLETION REPORT**

For details of Supervision Levels please refer to the last page.

Document reviewed July 2022

Associate Name: _____
Supervisor Name: _____
Supervision Level(s): _____
Period: _____ to _____

D - developing | S – satisfactory | C – competent
(*denotes minimum requirement before proceeding to examination)

This document serves as a guide for Supervisors to assess and record the competency level of the HAASA Associate member at each stage of their supervision. Please complete the report as to the current status (developing; satisfactory; competent) of each of the items listed. This report is required to be submitted at the completion of each stage of supervision. The documents need to be submitted within one week of the end of the stage.

Equipment	D	S*	C
Is aware equipment requires current calibration. Perform daily biological calibration, cleaning of all equipment including headphones, bone conductor, patient response button etc.			
Comments Supervisor:	Comments Supervisee:		

Take Patient History	D	S*	C
Takes a thorough client history including: <ul style="list-style-type: none"> otological history relevant medical history be mindful of looking for referral indicators specify hearing needs and perceived communication problems understand clients attitude/motivation towards rehabilitation. 			
Comments Supervisor:	Comments Supervisee:		

Otoscopic Examination	D	S*	C
Is able to identify condition of the external ear that might prevent accurate audiometry or that may need medical advice before proceeding eg. Cerumen, perforation, any abnormality etc. Uses correct procedure relevant to holding the otoscope to avoid injury to client.			
Comments Supervisor:	Comments Supervisee:		

Audiometry		D	S*	C
Is be able to: <ul style="list-style-type: none"> • give simple and clear instructions to client regarding each step of the assessment process e.g. Pure tone audiometry, bone conduction, speech testing; • record accurate and complete data; • use an appropriate and recognized form of testing eg Hughson-Westlake technique; • perform appropriate masking for air, bone and speech testing; • understand speech testing battery using industry standard recorded speech material; • perform impedance audiometry, where other results or clinical history indicate the need. 				
Comments Supervisor:		Comments Supervisee:		

Medical Referral Procedure		D	S*	C
Is able to identify those circumstances where test results and or client history must be referred to an Audiologist and or medical practitioner to determine further treatment or referral eg :- <ul style="list-style-type: none"> • Visible evidence of a blockage in the ear canal precluding assessment or the taking of an impression. • Previous unreported apparent perforation. • Reported pain, discomfort or tenderness in or behind the ear . • History of recurrent discharge or otoscopic examination indicated an inflamed, bulging or perforated eardrum which may indicate the presence of an ear infection or possible other pathology. • A hearing loss of sudden or recent onset. • Type B tympanogram. • Longstanding unconfirmed perforation. • Dizziness, vertigo or imbalance. • unilateral, sudden onset or pulsatile tinnitus. • Reported feeling of blockage or fullness in the ear. • Rapid deterioration in audiometric thresholds.(greater than 15dB) • Sudden hearing loss • Reported facial numbness, weakness or asymmetrical facial movements. • Air bone gap of 20dB or greater at 500, 1000 or 2000 Hz. • speech discrimination poorer than expected given Hearing Threshold Levels. • Evidence of fluctuation of Hearing threshold levels. • Asymmetrical hearing loss with a binaural difference in bone conduction thresholds of >10dB at two consecutive frequencies or >15dB at one frequency (500-4000Hz). 				
Is able to write clear concise referral letter.				
Is able to provide accurate and informative reports to accompany referral letters.				
Comments Supervisor:		Comments Supervisee:		

Interpretation of Results		D	S*	C
Can explain the results of assessment clearly to the client and or carer/significant other if present. If there is uncertainty over the interpretation of the test results the Associate must refer to Audiologist or GP for further diagnosis, referral or treatment.				
Comments Supervisor:	Comments Supervisee:			

Rehabilitation Plan		D	S*	C
Explores with the client their individual goals, needs and expectations.				
Knows client’s realistic benefits and/or limitations and whether a rehabilitation program including hearing aid/s or assistive listening device fitting might be suitable.				
Determines if a hearing device/s or alternative listening device will benefit the client and if they wish to proceed with the fitting of such a device/s.				
Determines the most appropriate type and configuration of device/s to meet the client’s needs. Gives careful consideration as to the degree of hearing loss, functionality and management issues versus purely cosmetic consideration.				
Explains the benefits of a binaural fitting where appropriate and desirable, to the client.				
Explores what other elements need to be covered as part of the rehabilitation program. Eg. Communication/Rehabilitation training.				
Explains the potential benefits of telecoil devices to the client.				
Makes an agreement regarding the program to be followed with the client including elements to address the specific needs identified in the history.				
Establishes a recorded set of realistic goals, needs and expectations to allow appropriate evaluation of the improvement achieved (eg. COSI, APHAB).				
Comments Supervisor:	Comments Supervisee:			

Device Selection		D	S*	C
Chooses/recommends appropriate style and configuration (eg. OTE, ITE, BTE, ITC, RIC, alternative listening devices; bilateral, unilateral, CROS, BI-CROS etc.). Gives consideration to; prescriptive needs, communication needs, manageability, functionality. User controls (eg. volume, remote control etc), discussed in detail. Telecoil considerations discussed with client in detail.				
Comments Supervisor:	Comments Supervisee:			

Earmould Selection		D	S*	C
Ensures ear mould selection: <ul style="list-style-type: none"> • is an appropriate style • considers hearing loss • considers physical ear characteristics • considers client dexterity • has appropriate venting and tubing 				
Comments Supervisor:	Comments Supervisee:			

Impression taking		D	S*	C
Is able to take an accurate individual ear impression using appropriate hygiene controls, and in keeping with industry principles, (eg. ear canal blocks and syringing technique). Ensures due regard for client’s safety is paramount for example the ear canal clear of obstruction, a medical clearance if required due to client personal pathology eg. wax, infection, surgery etc.				
Comments Supervisor:	Comments Supervisee:			

Selection of Electroacoustic Characteristics		D	S*	C
Ensures the electro-acoustic characteristics of any device fitted is selected according to recognised prescriptive method. The prescriptive method must be appropriate to the characteristics of the device.				
Has a concise and clear understanding of the various prescriptive methods currently in use.				
Understands the theory and practical consideration of selecting, setting and evaluation of the MPO of hearing devices.				
Understands gain, (and appropriate reserve gain), frequency response, directional microphone technology, feedback cancellation/suppression systems, adaptive and/or automatic response features.				
Comments Supervisor:	Comments Supervisee:			

Hearing Device Demonstration and Training		D	S*	C
Is competent in providing the client with the skills to effectively manage their hearing device/s				
Comments Supervisor:	Comments Supervisee:			

Evaluation of Device Fitting		D	S*	C
Evaluates the fitting, (including the earmould), to determine if the requirements selected for the individual client have been met to optimize client benefit. This needs to include; comfort, objective assessment of how well the device meets target, speech testing, subjective reaction to amplification, outcome measures, real ear measurements etc.				
Comments Supervisor:	Comments Supervisee:			

Follow up		D	S*	C
Ensures after the client has had an opportunity to gain experience using their device/s, further outcome evaluation and appropriate action, where indicated, is taken. This may include further information and instruction, re-training, modifications, identify problems, encouragement etc.				
Comments Supervisor:	Comments Supervisee:			

Hearing Aid Maintenance and Repair		D	S*	C
Demonstrates proficiency in minor repairs and cleaning of devices and earmoulds including changing tubing, listening check with stethoset, checking volume control, push buttons, battery door, hooks, switches etc. Identify when device needs to be returned to manufacturer.				
Checks mould for wear and tear – checks mould fitting with client.				
Uses the test box to check gain, power, distortion, battery consumption against manufacturer specifications.				
Comments Supervisor:	Comments Supervisee:			

Auditory Communication Training		D	S*	C
Identifies and discusses hearing tactics and communication strategies. This should include:- <ul style="list-style-type: none"> • communication in background noise; • communication in a group situation; • limitations and best uses of hearing devices.; • communication in churches, theatres, auditoriums etc. utilizing induction loop and telecoil functions where available Role of speech-reading and use of visual cues; • discussing the benefits of revealing the hearing problem to others; • discussing with the client the need for practice and experience in using new auditory information; • developing a listening program to facilitate adjustment to using the auditory information provided by the hearing device; • appropriate literature made available; • attention given to any particular needs regarding communication by telephone and TTY relay services; • exploring any appropriate options with the client, including information and demonstration with; <ul style="list-style-type: none"> Special telephone products Telephone couplers Use of hearing aids alone Special techniques Information for the client’s family and friends, (including written information), should be provided wherever possible.				
Be capable of offering rehabilitation services under the ‘Rehab Plus’ criteria if offering service to OHS clients.				
Comments Supervisor:	Comments Supervisee:			

Other Devices/ Other Services		D	S*	C
Is conversant in the availability and use of, (and if possible able to demonstrate) other devices to meet the specific needs of the client where possible eg. personal loops, FM systems. Has knowledge of where devices can be obtained.				
Ensures direct audio Input options discussed, and where fitted, properly explained.				
Is aware of local services, self help and support groups and their relevance to the client. Has knowledge of and access to literature on hearing loss and its’ effects.				
Comments Supervisor:	Comments Supervisee:			

Assessment of Client Outcomes		D	S*	C
Is able to assess the outcome of a rehabilitation program . This assessment must relate to the specific needs identified by the client in the initial establishment of the rehabilitation program. Uses recognised measures of outcome (eg. COSI, APHAB).				
Comments Supervisor:	Comments Supervisee:			

Client Records		D	S*	C
Is proficient in clinical record keeping including details of all procedures carried out , proposed and actual rehabilitation program, details of any referrals and reports. Is aware of and adhere to privacy regulations.				
Comments Supervisor:	Comments Supervisee:			

Occupational Health and Safety		D	S*	C
Is aware that HAASA members employed in the provision of hearing health care must be compliant with all Commonwealth, State and Local government laws and regulations pertaining to occupational health and safety practices for the benefit of employees and clients, and conducts themselves accordingly.				
Comments Supervisor:	Comments Supervisee:			

Infection Control Protocol		D	S*	C
Observes appropriate protocols of personal hygiene set down under the guidelines of the relevant organizational and State/Territory Health Department Infection Control Policy. Observes appropriate protocols for the safe handling and cleaning of potentially contaminated instruments and equipment under the relevant organisational and State/Territory Health Department Infection Control Policy				
Comments Supervisor:	Comments Supervisee:			

Optional Tally Sheet

This tally sheet is optional and only offered to assist in ensuring that a variety of tasks are performed in key areas over each stage. This sheet does not have to be submitted with the end of stage reports. The purpose is to be able to monitor that the Associate is performing all tasks regularly to ensure their competency in each.

Task Performed	No. this Quarter
Hearing Tests	
AC Masking	
BC Masking	
Incidents of Speech Masking	
Impressions Taken	
Develop a Rehabilitation Plan	
Impedance audiometry performed	

Task Performed	No. this Quarter
Selected Earmoulds	
Selected devices	
Device fitting	
Evaluated device fitting (rem,etc)	
Identify need for Referral	
Referral letters written	
Use the test box to check devices	

HAASA Associate Supervision Table

Weeks	Level	No. of weeks	Minimum* Hours of Clinical Supervision	Hours At Elbow**	Location#	File Review^
1 - 4	1	4	32 per wk	100%	On-site	100%
5 - 10	2	6	32 per wk	8 per wk	On-site	100%
11 - 18	3	8	32 per wk	5 per wk	On-site	75%
19 - 26	4	8	32 per wk	As required	On-site; 24hrs/wk remote; 8hrs/wk; exam prep### 2hrs week	50%

***Minimum** is the least amount of hours the Associate should be working in a clinical capacity. If the Associate is working more than the minimum, they still must be supervised all hours working in a clinical capacity. If the Associate is working less than the minimum, they can apply for pro-rata consideration.

****At Elbow** refers to the Associate and Supervisor being together in the same room with the client. It is expected the Associate consult with the client with the Supervisor observing and providing direct feedback and involvement as required. During the Associates 1st 4 weeks at i.e. On Level 1, is expected that all client consultation be At Elbow.

#**Location** refers to the clinic geographical location of the Associate and Supervisor. On-site means they both must be in the same clinic location i.e. physical building. Remote means they can be at different clinic location, but the Associate must be able to contact the Supervisor at any time via telephone, email, text etc.

##**Exam Preparation** is a requirement to ensure the best outcome for the HAASA Competency Exam. It is expected the Associate and Supervisor take 2 hours each week for the last 4 weeks preceding examination, away from clinic consultations to study and prepare for the exam. This is a minimum requirement, but it is recommended that exam preparation be an ongoing theme of supervision and that the Supervisor consider specific exam preparation time be implemented earlier as they may see necessary.

^**File Review** refers to the Supervisor reviewing client files ensuring that practices, diagnosis and resolutions were appropriate and provide feedback to associate and rectification if required.

Description:

Level 1	Requires that when practicing as a HAASA Associate Member, <u>all</u> client contact for the first four weeks must be at elbow with the supervisor, therefore both Associate and supervisor cannot be seeing separate clients at the one time. .
Level 2	Requires that when practicing as a HAASA Associate Member, 8 hours each week must be at elbow. For the remainder of clinic time the Associate and Supervisor can be seeing separate clients at the same time but must be at the same physical clinic location and the Supervisor available to assist as required. Refer to the HAASA Supervision Table for details.
Level 3	Requires that when practicing as a HAASA Associate Member, 5 hours each week must be at elbow. For the remainder of clinic time the Associate and Supervisor can be seeing separate clients at the same time but must be at the same physical clinic location and the Supervisor available to assist as required. Refer to the HAASA Supervision Table for details
Level 4	Requires that when practicing as a HAASA Associate Member, both Associate and Supervisor can be seeing separate clients at the same time but must be at the one physical clinic location with the exception of 8 hrs/wk (1 day) which can be remote meaning they can be at different clinic location, but the Associate must be able to contact the Supervisor at any time via telephone, email, text etc. Additionally the Associate and Supervisor must spend a minimum of 2 hrs/wk at elbow/exam preparation during the last four weeks of level 4 . At the conclusion of Level 4, the Associate must sit and pass the HAASA Competency Examination before applying for Full membership of HAASA.

For more information please refer to the HAASA Supervision Guidelines Rules – on the HAASA website