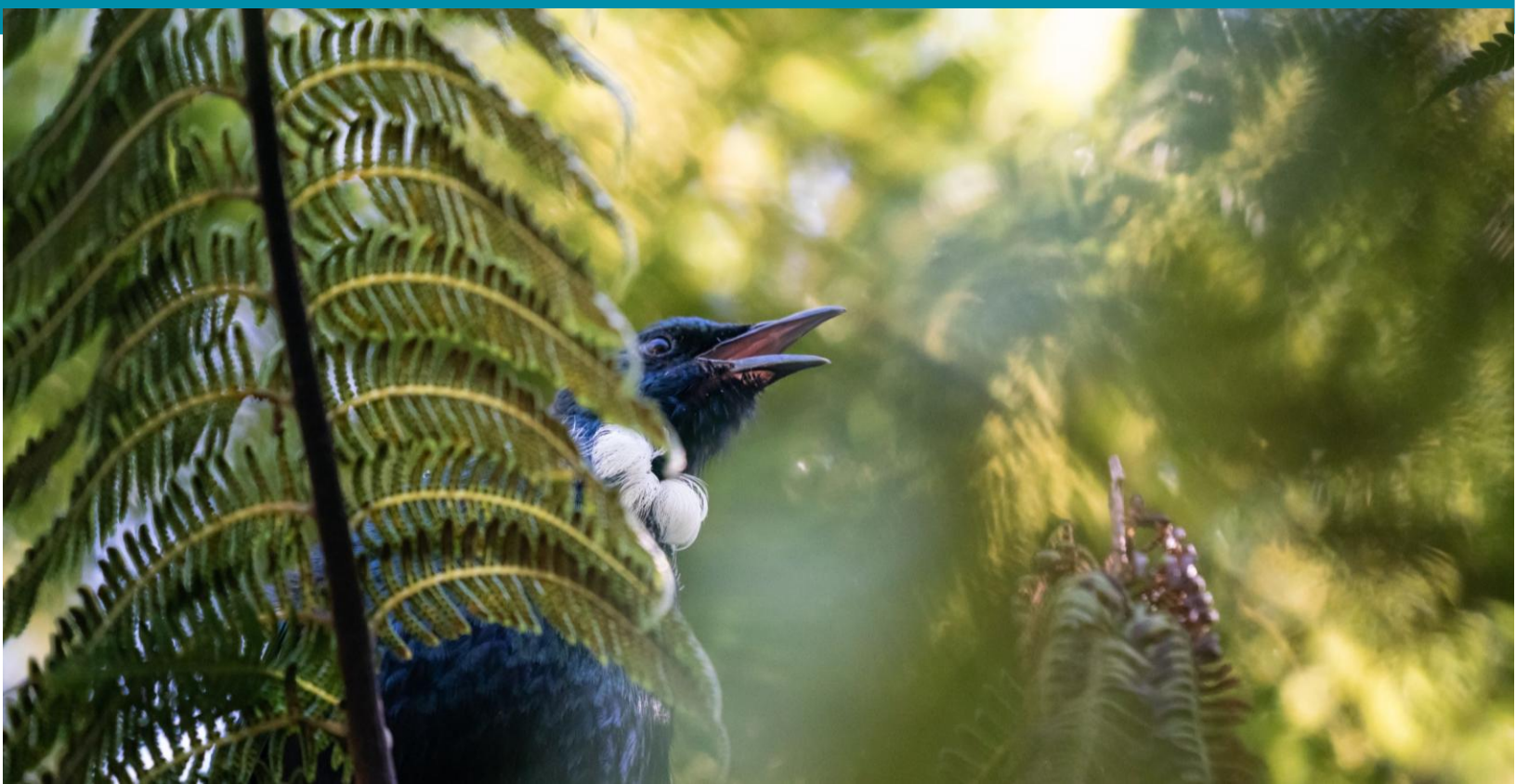




CCC Information Booklet

For Provisional Audiometrist Members

Updated October 2023

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Definitions

The following terms are used throughout this document:

Term	Definition
MNZAS Audiometrist Member	An audiometrist who has met CCC requirements for audiometrist membership with NZAS.
Candidate	Provisional audiometrist completing the CCC training programme to become an audiometrist member of NZAS.
Direct supervision	Direct observation by an MNZAS audiologist, either in person or online, whilst a provisional audiometrist is conducting a client consultation.
Indirect supervision	An MNZAS audiologist is available for consultation either during or after a client appointment. Indirect supervision can occur on-site or off site and can be in person or remote. Activities that are commonly carried out during indirect supervision are file reviews, case-based discussions, targeted skills-based training, CCC progress review.
CCC Support Person (appointed by NZAS)	A MNZAS audiologist who holds a current CCC and who has demonstrated competence in providing clinical supervision and oversight in the past and who is the candidate's first contact for enquiries regarding the CCC process. The CCC support person also checks the candidate's supervision logs and checklists.
MNZAS Audiologist	Audiologist who is a full member of the New Zealand Audiological Society with a current annual practicing certificate.
OSCE	Objective Structured Clinical Examination. A half day examination used to determine clinical competence for the purpose of awarding full membership as an audiometrist member of NZAS.
Paediatric	Client/patient aged between 0 and 16 years
Provisional Audiometrist Member	Has met the requirements for provisional NZAS audiometrist membership and is completing CCC requirements under supervision over a minimum of 2 years leading to an OSCE administered by NZAS.
Scope of Practice	In relation to the profession of audiology, one or more health services that the practitioner is granted permission to perform. Refer to the NZAS Scope of Practice for Audiometrists for more information.
Student audiometrist	Is enrolled in a course of study in the field of audiology or audiometry.
Supervisor	A MNZAS Audiologist who has successfully completed training in supervision and is named in the candidate's supervision plan.

Section 1: Certificate of Clinical Competence Overview

1.1 Introduction

The Certificate of Clinical Competence (CCC) is recognised by the New Zealand Audiological Society (NZAS) as the benchmark for undertaking independent¹ clinical practice of audiology and audiometry in New Zealand.

To be eligible to register for the CCC programme, you must first be a provisional audiometrist or audiologist. Details of application requirements are found in the Provisional Member Application Handbook, which along with the application forms can be found on the NZAS website.

Once the CCC has been successfully obtained, an audiometrist can become a Member of the New Zealand Audiological Society with full voting rights and can use the honorific 'Audiometrist MNZAS'.

To maintain membership with NZAS, an audiometrist member must have regular mentoring, accrue the required Continuing Education Points (CEP), and hold an Annual Practising Certificate (APC). More information regarding the CEP policy and mentoring requirements, can be found on the NZAS website and in the Audiometrist Member Requirements Handbook.

1.2 Provisional Audiometrists and Audiometrist Members Scope of Practice

Provisional audiometrists and audiometrist members conduct hearing screening, audiological assessment including diagnostic hearing assessment, rehabilitation and hearing aid fitting and follow-up specific to adults, subject to criteria set down within the Audiometrist Scope of Practice or other NZAS policy documents, or as specified by funders of hearing devices where those requirements exceed those in this document.

¹ Independent clinical practice for provisional audiometrists and NZAS member audiometrists refers to assessment and management of adults with non-complex hearing loss.

A provisional audiometrist must consult with their supervisor whenever they encounter a non-routine case, which includes (but is not limited to) the following:

- An air bone gap of 20dB or greater at 500Hz, 1kHz or 2kHz
- Speech discrimination poorer than expected given hearing thresholds, based on NZAS Best Practice Guidelines
- Evidence of fluctuation (>15dB) in audiometric thresholds
- The presence of ski-slope audiogram suggesting likely dead regions in the cochlear.

The candidate's supervisor will be available for consultation (via phone, secure email, skype, video conferencing or in-person) if questions arise or if a case presents with any of the clinical indicators listed above – or any other unusual clinical findings that warrant further case discussion.

The supervisor must review the results of clinical tests and must actively participate in clinical decisions, including decisions regarding further tests, referrals, or decision to continue with rehabilitation. The supervisor's involvement must be evident in the client's written clinical notes.

For further information regarding scope of practice and non-routine cases, refer to the Audiometrist Scope of Practice and the Audiometrist Membership Requirements Handbook.

Any clinical presentation which is outside of the provisional audiometrist's scope of practice must be referred immediately to their supervisor.

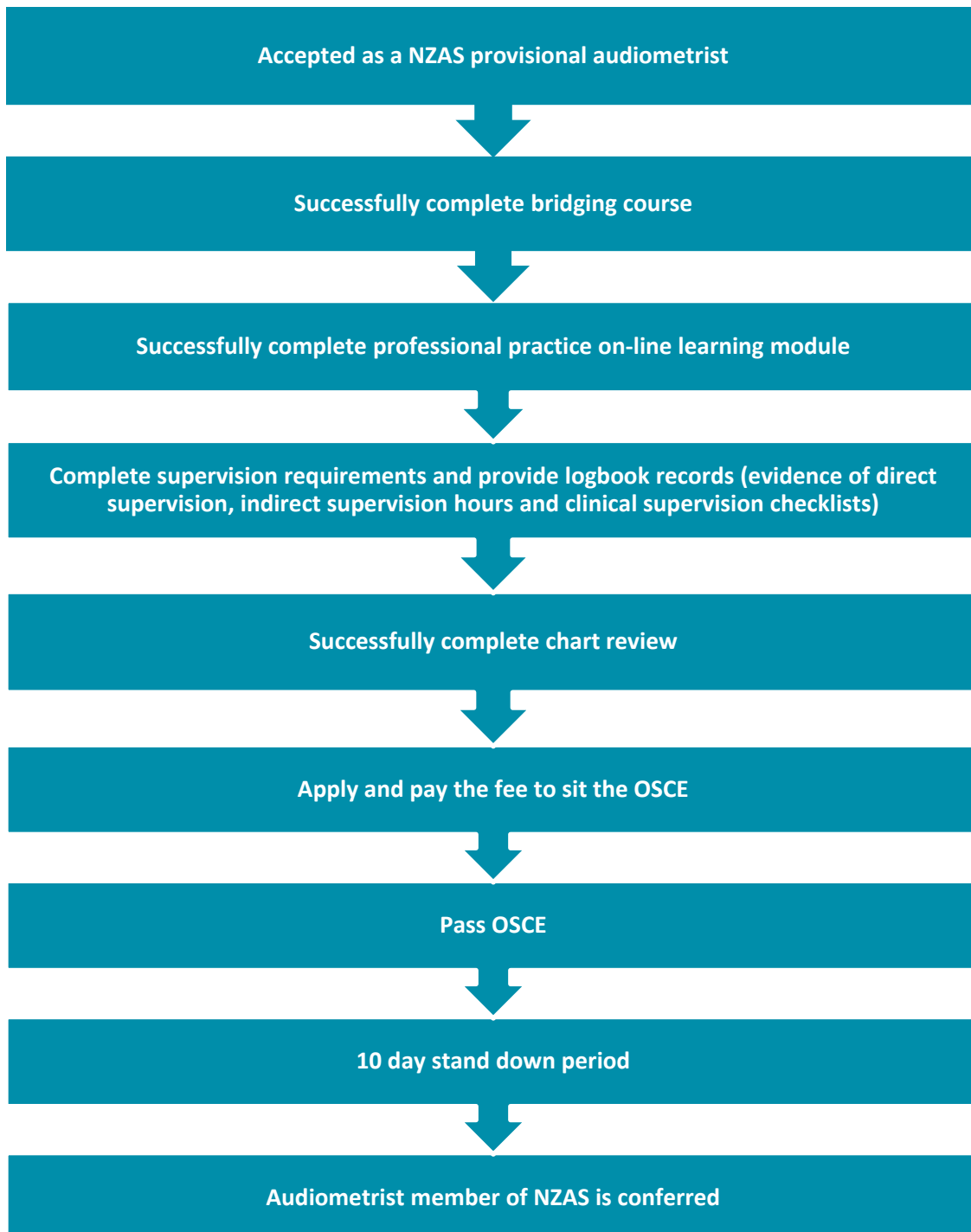
1.3 CCC Framework for Provisional Audiometrists

The CCC has been designed to support provisional audiometrists to gain the knowledge and skills to work independently with adults who present with non-complex hearing losses. It is made up of a series of assessments which help demonstrate skill acquisition and knowledge relevant to audiology and audiometry in New Zealand.

Upon becoming a provisional audiometrist member each candidate is assigned a NZAS CCC support person who is their first point of contact for enquiries regarding the CCC process, and the person who checks the candidate's supervision logs.

Introduce yourself to your allocated CCC support person. Tell them where you work and a little bit about yourself. They are going to be your professional 'buddy' for some time.

Below shows the different steps involved in the audiometrist CCC programme.



1.4 Roles, Responsibilities and Expectations during CCC

The roles and responsibilities of the various parties involved in the CCC process are outlined below.

Role	Expectations
Candidate	All candidates are required to: • Develop a supervision plan with their supervisor and have it approved by their CCC support person. • Take ownership of the entire CCC process including having a supervisor who can fulfil supervision requirements. • Work under the direction and delegation of a MNZAS audiologist to acquire and consolidate skills whilst delivering audiological services to adult health consumers. • Refer to their MNZAS supervisor with immediate effect for any non-routine case or out-of-scope work. • Be accountable for their actions to their level of knowledge and experience and in accordance with NZAS Professional Standards and the Codes of Ethics. • Be responsible for any requisite forms submitted to NZAS via email • Be responsible for ensuring contact details are updated with the NZAS administrators. • Complete Bridging course. • Complete Professional Practice on-line module. • Complete and submit clinical supervision checklists, including chart review checklist, ensuring competency in all key areas of clinical work. • Complete one chart for submission to NZAS for external examination. • Complete logbooks and send them quarterly to CCC support person for approval.
Supervisor	• Has attended and successfully completed supervisor training. • Immediate support person/first point of contact for any audiological or process related queries. • Is available to the candidate for regular guidance and mentoring, including support for preparing for professional practice module, bridging course, chart review and OSCE. • Maintains confidentiality. • Ensures there is no confusing or amalgamation of managerial supervision if the supervisor has a dual role (supervisor and line manager). • Provides protected supervision time as per NZAS guidance. • Creates a facilitative relationship that promotes self-monitoring and self-accountability. • Follows NZAS Professional Standards and Best Practice Guidelines. • Ensures supervision is structured and involves planning and goal setting. • Provides regular verbal and written feedback on performance and progress towards agreed goals.

	• Promotes reflection and self-evaluation by the candidate. • Takes responsibility, along with the candidate, to ensure all evidence of learning is documented i.e. logbooks, clinical supervision checklists, OSCE application complete and signed.
NZAS Administrator	• Receives and processes all paperwork sent to NZAS. • Tracks all requirements associated with CCCs. • Liaison between candidate and CCC support person. • First point of contact with NZAS for queries that the supervisor could not address.
CCC Support Person (appointed by NZAS)	• Assist candidates and supervisors with queries relating to the CCC process not resolved by either the supervisor or NZAS administrators. • Review of supervision plan, logbooks and checklists etc. • Notifies the NZAS administrators that the candidate has met all the CCC requirements and is ready to sit their exam.

Section 2: CCC Syllabus

The following section outlines the syllabus requirements of the audiometrist CCC process.

2.1 Syllabus

During the certification period the candidate will be expected to acquire and/or consolidate their clinical and management skills and theoretical knowledge in the following areas:

Diagnostic audiology:

- i) Understand the underlying scientific principles in all commonly practiced audiological measurement techniques.
- ii) Ability to formulate diagnostic strategies for the investigation of peripheral disorders of hearing.
- iii) Knowledge of audiological standards and best practice guidelines relating to clinical test procedures.
- iv) Awareness of the role of radiological, vestibular and other investigative procedures and pharmacological treatments complementary to audiological assessment.
- v) Ability to produce well-structured, clear, precise, and accurate verbal and written reports of diagnostic investigations.

Rehabilitation/Habilitation:

- i) Knowledge of objective and subjective methods of assessing hearing disability.
- ii) Familiarity with techniques of counselling the hearing-impaired including instruction in hearing tactics and the importance of the role of a support person.
- iii) Understanding of rehabilitative techniques including speech reading training and auditory training.
- iv) Knowledge of the role of special aids for the deaf and hearing impaired (e.g. alerting devices, assistive listening devices, etc.).
- v) Knowledge of local and national services for the Deaf and hearing impaired (educational, social, voluntary).

Hearing instruments:

Knowledge of:

- i) Performance, features and design characteristics of hearing instruments.
- ii) Earmould: impressions, modification techniques and acoustics. iii) Electroacoustic testing of all types of hearing aids and FM systems. Alteration of aid characteristics by software adjustments and other methods (e.g. tubing, sound bore, filters, etc.)
- iii) Strategies for choice of amplification (e.g. hearing aid style; monaural vs. binaural; CROS/BICROS fitting; assistive listening devices).
- iv) Hearing aid verification and validation techniques/tools (e.g. real ear measurements, speech testing, questionnaires, diaries etc.)
- v) Local systems for hearing instrument and earmould provision, funding sources, and eligibility for funding (hearing aid, FM system, other ALDs and CIs).

Hearing conservation:

- i) Basic understanding of the principles of industrial hearing conservation procedures and current legislation. The level of understanding should be sufficient to:
 - a. Advise a person at risk for recreational and occupational noise-induced hearing loss of the available means to protect their hearing.
 - b. Advise employers of their legal responsibilities and on actions desirable to protect and monitor the hearing of employees.
- ii) Candidates should be aware of the services available from occupational safety and health (OSH) inspectors & occupational health nurses (OHN).

Calibration and maintenance of audiological equipment:

- i) Knowledge of the requirements and techniques for regular calibration and maintenance of equipment.
- ii) Basic fault-finding capabilities with clinical audiological equipment, sufficient to enable efficient liaison with technicians or manufacturers.
- iii) Knowledge of NZ audiological equipment standards and calibration services.
- iv) Knowledge of safety principles in the use of electrical equipment.

Management and administration:

- i) Ability to make an effective contribution regarding audiological issues at relevant meetings.
- ii) Contribution to the management of a departmental equipment budget, both capital and recurrent, where applicable to the workplace.

- iii) Awareness of principles and constraints involved in the training and management of personnel.
- iv) Involvement in the selection and purchase of equipment.
- v) Familiarity with administrative structures within the work setting.
- vi) Knowledge of the roles of all professional groups, predominantly working with adults, within NZ audiology and the major non-audiological groups interfacing with them (e.g. otolaryngologists, hearing therapists, speech-language therapists, etc.).
- vii) Knowledge of the Privacy Code and how this relates to audiological practice in NZ.

Service monitoring and development:

- i) Awareness of recent and current debates and recommendations concerning the provision of audiological services.

Professional conduct:

- i) Knowledge of professional ethics as outlined in the NZAS Code of Ethics.
- ii) Professional attitudes to patients and colleagues.
- iii) Understanding of the role of the Health and Disability Commissioner.

Infection Control:

- i) Knowledge of need for infection control and recommended clinical protocols.

2.2 Websites

The following websites may be useful when reviewing the CCC Syllabus:

- New Zealand Audiological Society: www.audiology.org.nz
- Worksafe: www.worksafe.govt.nz
- Enable: www.enable.co.nz
- Veterans' Affairs: www.veteransaffairs.mil.nz
- ACC: www.acc.co.nz
- New Zealand Cochlear Implant Programmes
 - Pindrop Foundation: pindrop.org.nz
 - Hearing House: www.hearinghouse.co.nz
 - Southern Programme: www.scip.co.nz
- Privacy Commissioner: www.privacy.org.nz
- Health and Disability Commissioner: www.hdc.org.nz

Section 3: CCC Supervision Requirements

3.1 Supervision Period

Like provisional audiologists, provisional audiometrists work to consolidate their knowledge and skills under the supervision of a named MNZAS Audiologist supervisor. The supervisor maintains overall responsibility for client assessment interpretation and clinical decision making. Supervisors must have successfully completed training in supervision.

The minimum period of supervision is two years (if working full-time) and it is envisaged that all components of the CCC (except the OSCE) are completed in this time frame. You will only be eligible to sit the OSCE after the two years of supervision and other CCC assessments have been completed. The minimum amount of supervision period extends if the candidate is employed part-time. A guide to the minimum length of the CCC period is provided in Table 1.

Table 1: Minimum length of CCC supervision period for part time provisional audiometrists

Hours worked each week	Minimum length of CCC supervision period
30 or more hours	2 years (24 months)
25-29 hours	2.5 years (30 months)
20-24 hours	3.25 years (39 months)
15-19 hours	4 years (48 months)

The maximum length of time in which a candidate must show a satisfactory level of clinical competence will be six years from the date of commencement of their provisional membership.

Please note it is the candidate's responsibility to ensure their CCC support person is notified if there is a change in supervisor. This should be done by filling in the supervisor change form in Appendix A. You should ensure all your logbooks are up-to-date and submitted to your CCC support person prior to the change in supervisor.

Ensure you let NZAS and your CCC support person know about any employment changes

3.2 Supervision Plan

A supervision plan will already have been lodged with the CCC support person as part of the provisional membership application (see Provisional Member Application Handbook). This plan must include details of how supervision will be maintained during planned and unplanned absences of the supervisor and must provide for alternate supervision that meets the requirements except in exceptional, unplanned circumstances.

The supervision plan must ensure the provisional audiometrist has adequate and regular time allocated during their working week to complete supervision requirements (e.g. the CCC logbooks and the supervision checklists).

If your supervisor changes, a change of supervisor form (see Appendix A) and a new supervision plan (see Appendix B) must be submitted to your CCC support person and the NZAS administration office.

3.3 Minimum supervision requirements

Candidates with LESS than 2 years' work experience post qualification

A combination of direct and indirect supervision is provided which reflects the individual provisional audiometrist's need for supervision. The supervisor should spend at least the first two weeks with the candidate full time face-to-face (FTF) to allow orientation and familiarisation with colleagues, equipment and workplace requirements.

The below is based on full-time employment (FTE).

Minimum requirements are:

- a. Three hours direct supervision per week for 2 years. Online tele-supervision (OTS) is possible for a maximum of 3 hours per month if needed.
- b. Indirect supervision (approved supervisor on-site or through Online Tele-supervision (OTS) and available to provide oversight, see points i-vi below).

Direct supervision requirements:

Minimum direct supervision requirements change depending on the amount of work hours per week. See Table 2 for clarification.

Table 2: Minimum direct supervision requirements pro rata

Hours worked each week	Minimum direct supervision per week first 3 months	Minimum direct supervision per week after 3 months
30 or more hours	3 hours	3 hours
25-29 hours	3 hours	2.5 hours
20-24 hours	3 hours	2 hours
15-19 hours	3 hours	1.5 hours

Indirect supervision requirements:

- i. The supervisor will review all audiometry results and reports and will verify the onward management (including hearing aid selection) that has been recommended, prior to a decision being made for implementation of next steps (and must occur within one week). This can be either with the supervisee or asynchronously.
- ii. Prior to a hearing aid(s) fitting being finalised the supervisor will review the file to ensure that appropriate decisions were made throughout the fitting. This can be either with the supervisee or asynchronously.
- iii. The supervising MNZAS audiologist holds responsibility for every client's assessment and rehabilitation including ensuring that goals identified from the needs assessment have been achieved.
- iv. For the first 12 months FTE the supervising audiologist will be available at all times for consultation and to provide oversight. The supervisor must be available on-site for a minimum of 3 days per week and through Online Tele-supervision (OTS) at all other times.
- v. After the first 12 months FTE and subject to the Supervisor's assessment that the provisional audiometrist is competent to work with less immediate support and supervision, the supervisor will be available on-site for a minimum of 2 day per week and through OTS at all other times (up to 3 days a week) for consultation as required. All conditions of direct and indirect supervision (a and b (i, ii and iii) above) must continue to be met.
- vi. After 18 months FTE and subject to the Supervisor's assessment that the provisional audiometrist is competent to work with less immediate support and supervision, the supervisor will be on-site for a minimum of 1 day per week and available through OTS at all other times (up to 4 days a week) for

consultation as required. All conditions of direct and indirect supervision (a and b (i, ii and iii) above) must continue to be met.

For OTS to occur, the supervisor must be on-call from another location for immediate consultation. The supervisor must:

1. Be immediately contactable for a phone consult with the supervisee, or a video consult where they are able to see, hear and speak to the supervisee and patient at all times; and
2. Be able to view clinical information and testing in real time when required (e.g. audiometry, real ear measurements, otoscopy, case notes) with the ability to observe the supervisee's keystrokes and screen.

Case conferences, review of records and peer review meetings can occur through FTFS or OTS. Asynchronous modalities (e.g. email, distance-access to patient files) can support synchronous OTS but cannot replace it.

It is the responsibility of the candidate to complete logbooks of their clinical work each week (see Appendix C). The supervisor must sign the logbooks to confirm their supervisory activities. All logbooks need to be sent to the NZAS administrator and CCC support person as soon as it is complete (at least every quarter). There needs to be a complete record of supervision provided to NZAS for final approval, prior to requesting an OSCE date.

Candidates with MORE than 2 years' audiology work experience post qualification

All of the requirements above apply with the exception of on-site monitoring requirements. Due to the prior audiology experience of the provisional audiometrist (more than two years post qualification) and subject to the supervisor's assessment that the provisional audiometrist is competent to work with less immediate support and supervision, the supervisor will be on-site for a **minimum of 1 day per week** and available through OTS at all other times (up to 4 days a week) for consultation as required.

All conditions of direct supervision (3 hours a week) and indirect supervision (i, ii and iii) above) must continue to be met.

3.4 Exceptional Unplanned Circumstances

If the supervising audiologist is absent due to sick leave, bereavement or parental leave, an alternate supervisor may provide off-site consultation in place of the on-site requirements. All such instances must be noted in the supervision log.

If the candidate stops work for any reason, supervision will cease. The candidate may return to work at a later stage and continue with their supervision plan, but the maximum length of time a candidate has to show a satisfactory level of clinical competence will be six years from the date of the commencement of their provisional audiometrist membership. If a candidate feels they will not complete the requirements within this time, they should apply to the Executive Council for an extension prior to reaching the end of their six-year time limit.

3.5 Conflicts/Disagreements

Candidates and supervisors who disagree with or are in conflict with each other over any matters relating to the supervision should, in the first instance, try to resolve these issues with each other.

If an issue cannot be resolved at a personal level, either party may request the NZAS Membership, Examination, Supervision Committee (MESC) to rule on the matter. Both parties should provide a written explanation and MESC will decide on an outcome.

3.6 Expenses

Expenses incurred during the CCC process are to be met by the candidate and/or their employer. Please note that all expenses listed on the NZAS website are exclusive of GST.

Section 4: Professional Practice Online Module

The professional practice module is a particularly important module for any audiometrists who have trained abroad as it provides resources and an assessment which allows candidates to demonstrate knowledge of professional and ethical issues relevant to New Zealand audiology. The professional practice module must be completed and passed during the provisional membership period. The pass mark for the module is 90%. **Once you have successfully passed the module you should save your module certificate and e-mail it to the NZAS administrator.**

The NZAS Administrator will provide you with access to the module once provisional membership fees and CCC programme fees have been received. An e-mail with instructions on how to access the module via the NZAS Learning Management System, Litmos, will be sent to each candidate. After the initial login, the registration link will expire, subsequent logins should be via the main link: <https://nzaselearning.litmos.com>. Site support can be obtained by emailing support@pascoeberry.zendesk.com.

Section 5: Bridging Course Requirements

The bridging course comprises of 4 sections. Each section has several self-contained modules covering a number of related topics. Each section can be completed in an evening, but all appropriate support material should be within easy reach (such as the NZAS Scope of Practice for Audiometrists, NZAS Code of Ethics etc). The sections are as follows:

Section 1: Background Topics

- Epidemiology and hearing loss and tinnitus in New Zealand
- Screening audiometry
- Impact of hearing loss on communication
- Quiz 1

Section 2: Topics unique to New Zealand

- New Zealand privacy law
- Scope of Practice and referrals
- Deaf Culture in New Zealand
- Code of Ethics
- New Zealand Accident Claim Corporation (ACC) Information
- New Zealand Ministry of Health- Hearing Aid Services
- Quiz 2

Section 3: Topics on actual scope of work

- Speech audiometry
- Immittance and reflexes
- Electrophysiology
- Auditory processing disorders
- Hearing aid verification and real ear measurements
- Integration of results
- Quiz 3

Section 4: Cultural competency

- Cultural competence- Māori

- External linked course (Mauriora.co.nz) incorporating quiz, you will need to pass this quiz and then upload your certificate of completion within the bridging course assessment area.

Upon successful completion of each of the sections (including the upload of the cultural competence certificate of completion), a certificate will be able to be downloaded confirming that you have passed all requirements of the Bridging Course. **You will need to submit this to the NZAS administrator.**

Section 6: Supervision Checklists Requirements

The following section outlines the requirements for completion of Supervision Checklists.

6.1 Overview

Prior to applying for the OSCE, provisional audiometrist members must complete and submit the following Supervision Checklists:

- Adult Diagnostics (Appendix D)
- Adult Needs Assessment (Appendix E)
- Adult Hearing Aid Fitting (Appendix F)
- Chart Review including Chart Submission (Appendix G)

Supervision Checklists can be completed and submitted any time during the provisional audiometrist membership period. Therefore, most candidates begin to work on these checklists from about a third of the way through their CCC period. The skills within the checklists are directly related to skills which will be evaluated in the OSCE exam. All boxes on each checklist must be filled in with a date and the initials of the supervising audiologist. All Supervision Checklists must be successfully completed and approved by the CCC Support Person and NZAS administrator prior to applying to sit the OSCE.

6.2 Diagnostics, Needs Assessment and Fitting Checklists

Candidates must demonstrate independent practical competency that meet current best practice standards, in each skill on five (5) occasions (this can be over several clients/appointments) and their supervisor, or another MNZAS full member, must observe the skill and sign the Checklist.

6.3 Chart Review Checklist

Chart reviews refer to the candidate and supervisor (or another MNZAS Audiologist) reviewing a series of client/patient journeys by reviewing clinical notes. The documentation of clinical work and the ability to critically review charts are key skills of any healthcare professional and are skills that will be assessed during

the OSCE. It is expected that current NZAS Professional Practice Standards and NZAS Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

The supervisor and candidate need to review the case notes of at least 5 client/patient journeys where the candidate has worked independently and ensure that the assessment and management of the client/patient meets NZAS Professional Standards and Best Practice Guidelines. There is no expectation that the candidate re-writes case notes or presents the cases in the same way they would do for the externally examined chart review, but each client/patient journey must show evidence of meeting the competencies in the chart review checklist. The candidate and supervisor (or another MNZAS Audiologist) must initial and date each box to indicate they have both reviewed the charts and there is good documentation for each criterion. All boxes must be filled before this checklist is submitted to NZAS.

6.3.1 Chart submitted for External Examination

The candidate prepares the case notes of ONE of the above client/patient journeys, where the candidate has worked independently, and submits case notes and supporting evidence to NZAS Examiners for external examination. It is important that the case notes are well organised and easy to follow. On some occasions this may mean adding explanatory notes to the file to help the examiner understand the client/patient journey better or explain decision making.

The chart can will be an adult rehabilitation case and must include all diagnostic results (including full reflexes), hearing needs assessment outcomes, hearing aid selection rationale, hearing aid verification and validation methods, etc. The chart must satisfy the marking schedule in order to pass. The externally examined chart should be an example of the candidate's best clinical work and will allow the candidate to demonstrate to the examiner their in-depth understanding of best practice, local requirements, regulations and rehabilitation.

The candidate must have completed all work themselves (i.e., it is not acceptable to submit a chart where someone else did the diagnostic test or fitting but the candidate did the rest of the work). The expected length of a chart is between 8 and 10 pages long. It is not required to include every minor detail that may be in a true patient file, such as the ear mould order form. All identifying information must be removed in accordance with the Privacy Act 2020 and Health Information Privacy Code 2020.

The marking outcome of the chart submission will be 'Fully Attained', 'Attained with Recommendations' or 'Not Attained' (see Appendix H). Where there is evidence of unexplained or invalid deviation from NZAS Professional Practice Standards and Best Practice Guidelines, or the documentation does not meet the

criteria in the checklist, a further chart submission will be required. If it is necessary to resubmit an additional chart, there will be an additional fee payable. Fee information can be found on the NZAS website.

The checklist AND the chart selected for external examination must be submitted together and can be submitted at any time during the provisional audiometrist membership period but must be attained before a candidate applies to take the OSCE exam. A declaration must be completed indicating that the selected chart is a true and accurate record of the client/patient journey, that all identifying client/patient information has been removed, and that both the candidate and supervisor have reviewed the file and deemed it as meeting all criteria in the marking schedule (see Appendix H). A completed Appendix G should be emailed to admin@audiology.org.nz.

When you submit your chart for marking, be pro-active about following up your results after a month, if you have not yet heard back. This will ensure your wait for an examination date is kept to a minimum.

Section 7: OSCE Requirements

7.1 Overview

The final requirement of the CCC process is the successful completion of an Objective Structured Clinical Examination (OSCE). It is a half-day exam that takes place after the candidate has completed all other CCC requirements. The supervisor must also confirm that the candidate has sufficient clinical experience and management skills to be able to sit the OSCE by signing the application to sit the OSCE (see Appendix I).

The OSCE will consist of the candidate proceeding through a series of four timed stations that will separately examine aspects of adult audiological test procedures and case management. The stations may have real or simulated patients.

Dates for OSCE are confirmed once six candidates have applied and paid to sit the exam. There are limited spaces for each examination date and candidates may need to be wait-listed. **Note both examiners and candidates will be asked to reveal any conflicts of interest prior to each examination based on the list of candidates registered for the examination.**

All candidates must bring photo proof of identity with them to the OSCE and the cost to sit the OSCE must be paid prior to the examination date. Fees for the examination can be found on the NZAS website.

Each candidate will also be asked to sign a candidate disclaimer and filming consent form. This is to ensure all that candidates understand their performance will be videoed and that all materials provided during the examination are done so in the strictest of confidence and no information on exam content should be removed from the venue or discussed with others.

Candidates will be informed of the venue and equipment that will be used for the OSCE once they have registered. At least two weeks prior to the date, candidates will be provided with further information regarding the specific processes that will be followed, as well as additional materials that will be available during the exam.

There will also be a short briefing session at the venue on the day of the examination to ensure candidates are familiar with the equipment and examination process.

The NZAS recommends a preparatory exam be arranged to expose the candidate to test conditions. At a minimum this should include an adult diagnostic test, a hearing aid fitting and a needs assessment. It is suggested an external audiologist be arranged to act as the examiner in order to expose the candidate to test conditions.

Candidates should familiarise themselves with Appendix J - OSCE Key Competencies and Appendix L - OSCE Marking Schedules to be aware of standards expected during the exam. They should also know and demonstrate NZAS Best Practice Guidelines.

7.2 Examination

The series of four stations will separately examine aspects of adult audiological test procedures and case management. Please be aware that you will be allocated either the AM slot or PM slot. This also means that the stations might not be in order depending on your slot allocation.

The four stations are (see OSCE Timetable - Appendix L):

1. Adult Diagnostic Assessment
2. Adult Needs Assessment
3. Adult Hearing Aid Fitting
4. Multiple-choice questions

The key competencies assessed at these stations are listed in Appendix J. The marking schedule for each station can be found in Appendix K and all candidates should also refer to the current NZAS Best Practice Guidelines (BPGs) when preparing for the OSCE.

Upon completion of each station, candidates are required to provide the examiners with any copies of assessment results (e.g. audiograms, immittance measures, REMs etc.) together with any clinical notes they may have made during the examination of that station.

Practice questions for station 4 are available on the NZAS website.

7.3 Examiners

The OSCE will be conducted by NZAS examiners from the examiners' panel. The examiners observe the completion of tasks required at each station.

Each NZAS examiner utilises the NZAS Marking Schedule and the Key Competency document to assess competency.

The standard tested is that of a competent audiometrist working to New Zealand Best Practice Guidelines which are available on the NZAS website.

The Marking Schedule (Appendix K) and the Key Competencies document (Appendix J) are used to score the OSCE stations.

Each OSCE station will be video recorded. This recording will be used to assist the examiners in determining an outcome and for review in the case of an examination appeal. It will then be kept on file by NZAS.

The examiners are MNZAS Audiologists who have been approved by the NZAS Executive Council. The Executive Council selects examiners who meet the following criteria:

- Eminent in the profession
- Expertise in the field
- Integrity in practice
- Understanding of ethical issues
- Accountability – to NZAS Executive Council
- No conflict of interest²

These criteria are aligned with the NZAS Mission and Vision Statements and with the NZAS' values.

7.4 Examination Outcome

The examination result will reflect a candidate's overall clinical competence. To pass, the OSCE candidates will need to pass each station receiving an indication of 'fully attained' or 'attained with recommendations'.

If any significant issues of clinical safety are identified during the examination, these will be discussed amongst the Examiners' Panel following the exam and the candidate may be given an outcome of 'not attained' and be required to re-sit, or 'conditionally attained' where further evidence of knowledge is requested. If a re-sit is required the applicant will need to pay an additional fee. The exact amount will depend on how many stations are required to be re-assessed.

Every candidate will receive an examination report via email within five (5) to fifteen (15) working days of the exam. This will indicate the outcome for each station and give feedback.

² Note examiners will complete a conflict of interest declaration prior to each examination based on the list of candidates registered for the examination.

Exam result – ‘fully attained’ or ‘attained with recommendations’:

The candidate, having successfully demonstrated competence and completed requirements of audiometrist membership, will be nominated for membership as per the Constitution. The invoice to be a MNZAS Audiometrist will be sent to the candidate. This will be adjusted to reflect the number of months left in the financial year (NZAS financial year ends 31 December).

The Certificate of Clinical Competence (CCC) will be issued immediately, and an Annual Practising Certificate (APC) will be issued at the end of the 10- working day notification period. Note that both the CCC and the APC are required to become an accredited practitioner with the various funding agencies such as Enable.

Continuing Education Points (CEPs) must also be accrued from the commencement of the next calendar year after gaining audiometrist membership with NZAS. Points accrued for each financial year are then counted for each three (3) year period. Further details on collecting CEPs can be found on the NZAS website.

Exam result – ‘conditionally attained’:

At the discretion of the examiners, the candidate may be required to submit further evidence of knowledge before achieving a result of ‘attained’. The conditions to be met are determined by the knowledge and skills the candidate is seen to be lacking in certain areas. This could mean, for example, some more in-depth discussion with their supervisor on a certain topic (for example funding criteria), writing an essay on a certain topic, or observation of certain skills (for example reflex testing).

Once the conditions have been satisfied, as determined by the examiners, the CCC will be issued and the candidate’s name circulated to the membership and it, after 10 working days, no objections to their membership have been received, they are conferred as an Audiometrist Member of the NZAS (Audiometrist MNZAS)

Exam result – ‘not attained’:

Where a candidate does ‘not attain’ a station at the OSCE, the candidate will be allowed to re-sit the relevant station(s) when their supervisor agrees the candidate has reached the desired level of competency. The candidate will need to re-sit each station where they were scored as ‘not attained’.

A maximum of two re-sits can be undertaken. Any further attempts are at the discretion of the Executive Council of NZAS.

Each full re-sit will incur the same cost as the initial OSCE fee. Partial re-sits will be charged according to the number of stations required.

A minimum of three months post-examination supervision is required before the candidate may re-sit Stations 1, 2 or 3.

7.5 Appealing an Examination Outcome

Candidates may appeal the results from the OSCE on the basis that:

- an incident occurred during the process of the examination that impacted on his or her performance in the examination (i.e. procedural fairness); or
- the candidate considers the examination result does not accurately reflect his or her performance in the examination (i.e. inaccurate results).

Appeals must be lodged within ten working days of the result being emailed to the candidate. Should a candidate appeal the OSCE decision, they cannot apply for a re-sit until the result of the appeal is known.

Appeals must be made in writing describing the basis for the appeal. An appeal panel formed by the CCC. The Appeals Review Manager will initially consider all appeals by:

- review of procedural fairness where an appeal relates to an incident
- review of video footage

Should the candidate be required to re-sit the OSCE or lodge material for examination, further costs will be incurred by the candidate.

Ruling on the appeal

The CCC Appeals Review Manager will be provided with a copy of the OSCE report and the digital recordings made on the examination day.

The CCC Appeals Review Manager may also request information from the Examiners who conducted the OSCE.

The CCC Appeals Review Manager will issue a report within four weeks of receipt of the appeal. The decision of the CCC Appeals Review Manager is final.

Section 9: Appendices

Supervision Documents:

Appendix A Supervisor Change Form

Appendix B Provisional Audiometrist Supervision Plan template

Appendix C Provisional Audiometrist Logbook template

Supervision Checklists:

Appendix D Supervision Checklist - Adult Diagnostic

Appendix E Supervision Checklist - Needs Assessment

Appendix F Supervision Checklist - Hearing Aid Fitting

Chart Review:

Appendix G Supervision Checklist – Chart Review Checklist and Chart Submission Declaration

Appendix H Chart Review Marking Schedule

Objective Structured Clinical Exam (OSCE):

Appendix I Application to sit Objective Structured Clinical Exam

Appendix J OSCE Key Competencies

Appendix K OSCE Marking Schedules

Appendix L OSCE Timetable

Appendix A: Supervisor Change Form

Please complete and email this form together with your current Supervision Logs to NZAS (admin@audiology.org.nz) and your CCC Support Person.

Candidate Name _____

Current Supervisor(s) _____

Primary Workplace _____

When did you start your CCC/Provisional audiologist period _____

New Supervisor's Name _____

New Supervisor's contact details: (phone) _____ (email) _____

Date Supervisor will change _____

Will there be a gap between your old Supervisor ending and your new Supervisor starting? **Yes / No**

Why is your Supervisor changing? _____

Is this a permanent change or a temporary one? _____

Please describe any gap (unsupervised time) which may occur between one Supervisor finishing and the new Supervisor starting and your plans for managing your required hours:

Candidate Signature: _____ Date: _____

Current Supervisor's Signature: _____ Date: _____

New Supervisor's Signature: _____ Date: _____

Appendix B: Provisional Audiometrist Supervision Plan template

(to be lodged with application for provisional audiometrist membership or if there is a change of supervisor)

SUPERVISION PLAN AND AGREEMENT

This agreement is made

between:

_____ and _____
(Supervisor) (Candidate)

We both:

- Agree to uphold the confidentiality of supervision, and as such the content of supervision will not be discussed outside the supervisory session unless agreed upon by both parties with the exception of unsafe, unethical or illegal practice
- Understand the goals of the supervision and expectations of each other as supervisor and supervisee
- Understand the importance of discussing the supervision plan (as below) prior to signing, for the purposes of having a supportive and facilitative approach to supervision

Name of Provisional Audiometrist	
Provisional Audiometrist contact details Location: Primary Clinic: Phone/Mobile: Email:	
Best method of contact	
Name of MNZAS Supervisor	
Supervisor contact details Location: Primary Clinic: Phone/Mobile: Email:	

Best method of contact	
Method to review clinical files <i>e.g. remote access log in; secure email</i>	
Goals of Supervision - what do you want to achieve (Consider learning needs, and discuss each other's expectations as supervisor and supervisee)	
Supervision content & processes - how will each party prepare for meetings, what sorts of issues should be brought to supervision meetings, what type of supervision will occur, discuss different methods pros/cons	
Direct Supervision: Minimum of 3 hours/week (face to face only): <i>Provide details of how regular direct supervision is to be achieved and how direct supervision will be maintained during absences of supervisor</i>	
Indirect Supervision: Supervisor is on site and available for consultation <i>Provide details of how indirect supervision is to be achieved during onsite supervision requirements – please refer to the handbook. e.g. Daily meetings at 4.30pm, in person or by phone. Email GP letters to supervisor daily.</i>	

Indirect Supervision: Supervisor is off-site and available for online tele-supervision (OTS) consultation <i>Provide details of how indirect supervision is to be achieved during any OTS supervision – please refer to the handbook for maximum allowable OTS.</i>	
Online Tele-supervision plan: <i>How will you ensure OTS meets requirements for visibility and communication in accordance with the Audiologist CCC Handbook? e.g. OTS using Teams. Second monitor to run Otosuite with screen-sharing. Mobile phone available if audio is unclear.</i>	
Record Keeping - Who will be responsible for writing records? How regularly will notes be taken, how will feedback on direct supervision sessions be provided?	
Additional learning procedure, eg. Follow-up on actions from previous supervision; in-depth case review; expectations regarding learning and development	

Additional support procedure e.g. Include day to day support; direct supervision; liaison with employer and/or NZAS; identifying or requiring additional training opportunities; plan for unplanned supervisor absences	
Monitoring of effectiveness of supervision - how will you know if supervision is meeting its purpose and goals	
Boundaries - if you have a dual line management role & supervisor role discuss the boundaries within the supervision role	
Process for resolving conflict/tensions within supervisory relationship	

Signed: _____(Supervisor)

Signed: _____(Provisional Member)

Date: _____

Appendix C: Provisional Audiometrist Logbook template

(to be submitted quarterly to CCC Support Person and NZAS Administrator)

Enter a summary of activity for each fortnight of clinical practice.

Candidate Name: _____

Logbook Start Date: _____

Supervisor Name: _____

Fortnight ending (date):	List direct clinical observation activities	Hours spent under direct face-to-face supervision	Hours spent under direct online tele-supervision	# days with Supervisor onsite	Candidate's signature	Supervisor's signature
<i>Example</i>	<i>Adult assessment</i>	<i>3</i>	<i>3</i>			
<i>7 Mar 2021</i>	<i>Adult HA fitting</i>	<i>1</i>	<i>1</i>	<i>5 days</i>		
	<i>HA follow-up</i>	<i>1 Total = 5</i>	<i>1 Total = 5</i>			

Appendix D: Supervision Checklist - Adult Diagnostic

You are required to demonstrate competency on each of the skills below, on 5 occasions. These are key skills which will be examined at the OSCE. You need to be confident and well-practiced in each of the skills below. It is expected that current NZAS Professional Practice Standards and Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

Your Supervisor, or another MNZAS Audiologist, must initial and date each box to indicate he/she has observed this skill and has approved your competency. **All boxes must be signed and dated before this checklist is submitted to NZAS.**

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Please scan and submit this to your CCC Support Person, when completed.

Skill/criteria	Date Achieved & Supervisor Initials				
Case history is obtained using open ended questions and expanding on relevant areas					
Test procedures are explained					
Pure tone audiometry is performed using Hughson-Westlake threshold seeking techniques					
Inter-aural attenuation values are known for supra-aural and/or insert earphones					
Air conduction masking is performed correctly					
Bone conduction testing is performed correctly and accurately					
Bone conduction masking is performed accurately using either the standard plateau method or the step method					
Speech audiometry is performed and a maximum and half peak level are obtained					

Speech masking is performed correctly and accurately					
Tympanometry is performed accurately and interpreted correctly					
Acoustic reflex threshold is performed at 500, 1000 and 2000 Hz. Reproducible reflex and growth are demonstrated. Contralateral reflexes are performed					
Results are integrated and communicated to the patient					
Reason for referral is addressed					
Case is managed appropriately including referral for further testing, habilitation or medical management					

By signing below, I agree that these skills have been completed in a true and correct manner.

Candidate Signature: _____

Date: _____

Candidate email: _____

By signing below, I agree this candidate is competent in the skills listed on this checklist.

Supervisor Signature: _____

Date: _____

Supervisor email: _____

Appendix E: Supervision Checklist - Needs Assessment

You are required to demonstrate competency on each of the skills below, on 5 occasions. These are key skills which will be examined at the OSCE. You need to be confident and well-practiced in each of the skills below. It is expected that current NZAS Professional Practice Standards and Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

Your Supervisor, or another MNZAS Audiologist, must initial and date each box to indicate he/she has observed this skill and has approved your competency. **All boxes must be filled before this checklist is submitted to NZAS.**

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Please scan and submit this to your CCC Support Person, when completed.

Skill/criteria	Date Achieved & Supervisor Initials				
Clear explanation to client of appointment procedures					
Client's needs and wants elicited (listening environments, motivation, cosmetic preference, budget)					
Physical, cognitive, and social support factors are assessed					
Referral for suspected active medical pathology (if applicable)					
Client-oriented goals established using a formal method (e.g. COSI)					
Informational counselling: Technology levels and hearing aid features explained					
Informational counselling: Hearing aid styles discussed					
Informational counselling: Coupling options (domes, moulds) discussed					
Informational counselling: Acclimatisation to sound quality and volume explained					

Informational counselling: Expectations of aid(s) given client's audiometric results and listening needs					
Informational counselling: Communication strategies discussed					
Hearing aid fitting and trial process explained, including potential costs					
All funding eligibility discussed (criteria, restrictions, costs, evidence required)					
Other rehabilitation options discussed (e.g. ALDs, FM, cochlear implants)					
At least two options of hearing aid are recommended for the client to make an informed decision based on their audiological, communicative and physical needs and values					
Professional language and respectful interaction with client					

By signing below, I agree that these skills have been completed in a true and correct manner.

Candidate Signature: _____

Date: _____

Candidate email: _____

By signing below, I agree this candidate is competent in the skills listed on this checklist.

Supervisor Signature: _____

Date: _____

Supervisor email: _____

Appendix F: Supervision Checklist - Hearing Aid Fitting

You are required to demonstrate competency on each of the skills below, on 5 occasions. These are key skills which will be examined at the OSCE. You need to be confident and well-practiced in each of the skills below. It is expected that current NZAS Professional Practice Standards and Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

Your supervisor, or another MNZAS Audiologist, must initial and date each box to indicate he/she has observed this skill and has approved your competency. **All boxes must be filled before this checklist is submitted to NZAS.**

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Please scan and submit this to your CCC Support Person, when completed.

Skill/Criteria	Date Achieved & Supervisor Initials				
Clear explanation to client of appointment procedures					
Otoscopy completed safely					
Correct dome/mould selected for optimal gain and comfort					
Physical comfort and retention of device checked (static and dynamic)					
Cosmetic acceptability assessed and discussed					
Acoustic feedback checked and resolved					
Client's audiometric profile correctly input into manufacturer's programming software					
Appropriate fitting prescription selected					
Safely inserted probe tube to as close to the tympanic membrane as possible					
Real Ear Measurements (REMs) are set up accurately, including					

prescription parameters and physical set up					
REMs performed safely for soft (50–55 dB), average (60–65 dB), loud (70–75 dB) inputs					
REM targets met within ± 5 dB or valid rationale provided					
Real Ear Maximum Power Output (MPO) measured safely					
Subjective loudness discomfort assessed and addressed					
Client feedback on sound quality, volume, and binaural balance addressed					
Occlusion effect checked and resolved					
Realistic expectations discussed (adaptation, limitations, usage)					
Hearing aid components explained (controls, batteries, cleaning, storage/safety, connectivity)					
Insertion/removal demonstrated and taught					
Follow-up plan discussed and referrals made if needed					
Infection control measures implemented					
Professional language and respectful interaction with client					

By signing below, I agree that these skills have been completed in a true and correct manner.

Candidate Signature: _____

Date: _____

Candidate email: _____

By signing below, I agree this candidate is competent in the skills listed on this checklist.

Supervisor Signature: _____

Date: _____

Supervisor email: _____

Appendix G: Supervision Checklist - Chart Review Checklist and Chart Submission Declaration

You are required to demonstrate good documentation on each of the skills below, on 5 occasions. The documentation of clinical work and the ability to critically review charts are key skills which will be examined at the OSCE. It is expected that current NZAS Professional Practice Standards and NZAS Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

You and your Supervisor, or another MNZAS Audiologist, must initial and date each box to indicate you have both reviewed a chart and you have demonstrated good documentation for each criterion. All boxes must be filled before this checklist is submitted to NZAS.

In addition, you must submit **ONE** patient chart that meets ALL of the criteria, as an example of your best work. This checklist and chart must be submitted together and can be submitted at any time during the provisional audiometrist membership period. They must be completed before you apply to take the CCC exam. Please remove any identifying information in accordance with the Privacy Act.

The expected length of a chart is between 8 and 10 pages long. It is not required to include every minor detail that may be in a true patient file, such as the ear-mould order form. There are example charts available on the NZAS website.

NOTE:

The marking outcome of the chart submission will be Fully Attained, Attained with recommendations or Not Attained. Where there is evidence of unexplained or invalid deviation from NZAS Professional Practice Standards and NZAS Best Practice Guidelines, or documentation does not meet the criteria in the following checklist, a further chart submission will be required.

Appendix G: Chart Review Checklist

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Skill/Criteria:	Date Achieved and Candidate/Supervisor Initials				
Complete case history documented					
Otoscopy results noted					
AC and BC test results accurately documented					
Speech test results and masking levels (if needed) are documented correctly Choice of speech material is appropriate for the patient's age and language					
Age appropriate immittance test results are recorded accurately and consistency with other results are noted in file					
Appropriate recommendations and referrals are made and documented					
Needs assessment documented. Appropriate selection of hearing aid based on the needs assessment and rationale is documented.					
Hearing aid fitting results and fine-tuning adjustments are documented and consistent with subjective report.					
Follow-up and age-appropriate fitting validation documented (e.g. aided/unaided speech testing, questionnaires, behavioral reports)					
Overall presentation of the file is such that another clinician would be able to pick up the file and manage the patient seamlessly					

Chart Submission Declaration

I _____, certify that:

- The chart submitted is a true and accurate record of a case I have been involved in.
- Patient details have been removed from the chart.
- I have shown this chart to my supervisor, and we are both confident that it meets all the criteria on the Chart Review Checklist, that it follows NZAS Professional Practice Standards and NZAS Best Practice Guidelines (or any deviation from these protocols has a valid explanation), and that it is ready for submission to the NZAS examiners' panel.
- My supervisor and I are signing below to confirm that we have each checked this chart and are happy with the quality of it for submission.

Signed: _____
CANDIDATE

Date: _____

Signed: _____
SUPERVISOR

Date: _____

This form must be submitted with your chart to admin@audiology.org.nz.

Appendix H: Chart Review Marking Schedule

Criteria:	Fully Attained	Attained with Recommendations	Not Attained	Comments
Complete case history documented				
Otoscopy results noted				
AC and BC test results accurately documented				
Speech test results are documented. Choice of speech material is appropriate for the patient's age and language				
Appropriate Immittance test results are recorded accurately, and consistency with other results are in noted in file				
Appropriate recommendations and referrals are made and documented				
Needs assessment documented. Appropriate selection of hearing aid based on the needs assessment and the rationale is documented				
Hearing aid fitting results and fine-tuning adjustments are documented and consistent with subjective report.				
Follow-up and fitting validation documented (i.e.: aided/unaided speech testing, questionnaires)				
Overall presentation of the file – can another clinician pick up the file and manage the patient seamlessly?				
The file follows NZAS Professional Standards and NZAS Best Practice Guidelines (or any deviation from these protocols has a valid explanation)				

Appendix I: Application to sit Objective Structured Clinical Exam

Candidate: _____ Email: _____

Supervisor: _____ Email: _____

CCC Support Person: _____ Email: _____

Date: _____

Workplace: _____

Provisional Audiometrist members

Please confirm and submit evidence that the following has been completed and passed:

All learning modules, bridging course and chart submission have been completed and passed if applicable:

- On-line Module (with attached certificate)
- Logbooks and clinical checklists (attach an email from your CCC support person to confirm that your logbooks and clinical checklists have been completed and fulfil the CCC requirements).
- Bridging Course
- Chart submission (attach marking schedule from examiner showing a pass)
- Both the candidate and the supervisor have read and understand all relevant information regarding the OSCE and agree the candidate is prepared to sit the OSCE (Sign below).

Supervisor's Summary:

I confirm that the candidate has demonstrated the key clinical competencies required for me to recommend he/she is ready to sit the OSCE. The candidate is aware of the CCC Syllabus and has sufficient understanding of the NZ Audiology environment.

Supervisor's signature: _____ Date: _____

Candidate's signature: _____ Date: _____

Please scan and submit this along with all evidence (if it hasn't already been submitted) to
admin@audiology.org.nz.

Application will be declined if any pre-requisite is missing or incomplete

Appendix J: OSCE Key Competencies

Please refer to current NZAS Best Practice Guidelines for procedures to be followed. Note that if the candidate feels the need to deviate from current NZAS BPGs during the OSCE, they need to be able to explain their reasoning to the examiners. Please also refer to the OSCE marking schedules for specific requirements.

i) Adult Diagnostic Assessment

1. An appropriate case history is obtained, and follow-up questions must be asked in areas of concern.

At least the six following questions are covered in an adult history:

- a. patient's view of their hearing
 - b. surgery / medical problems with ears present or past
 - c. family history of hearing loss
 - d. history of noise exposure
 - e. tinnitus
 - f. balance
2. Patients are informed:
 - a. of the test and/or appointment procedures in a clear and logical manner
 - b. of results accurately in a clear and logical manner
 - c. The explanation of integrated results is accurate.
 - d. The explanation of integrated results is complete: all major test results covered.
 3. Otoscopy is attempted
 - a. Otoscopy must be attempted in all cases unless the candidate can justify their decision.
 - b. The description of the eardrum is consistent with the immittance findings or possible discrepancies explained.
 4. The tympanogram is interpreted correctly
 - a. Tympanogram is defined using standard nomenclature (e.g. Type A/B/C) including an indication of "d" or "s" as appropriate.
 - b. If the result is ambiguous, tympanometric width measurements should be taken into account and classification based on integration of other results (e.g. acoustic reflexes, pure tone audiometric results).
 5. Acoustic reflex testing is interpreted correctly
 - a. Reflex threshold level should be identified through the following three categories: threshold, reproducibility, growth
 - b. Candidate expected to be able to discuss common reflex patterns and their clinical indications (e.g. probe effect)

6. Pure tone audiometry air conduction is performed accurately
 - a. Intermediate frequencies are tested if equal or >20dB difference in thresholds between adjacent octave frequencies or if there is significant history of noise exposure.
 - b. Air conduction masking is performed, if necessary, based on appropriate inter-aural attenuation values, which will be provided
 - c. AC masking is performed after BC masking if large A-B gap indicates masking is required.
7. Bone conduction is performed accurately
 - a. At frequencies 500, 1000, 2000 and 4000Hz only. Additional frequencies may be tested at the candidate's discretion.
 - b. Bone conduction is attempted if thresholds are equal or > 20dBHL
 - c. Bone conduction thresholds are masked accurately using standard methods where appropriate (i.e. if the air bone gap is ≥ 15 dBHL)
 - d. The non-test ear is not occluded for testing at 500 and 1000Hz and/or extra masking used to check for occlusion at these frequencies
 - e. When an explained air bone gap is present at 4000Hz, the test ear should be occluded to account for acoustic radiation.
8. Speech audiometry is performed, and results are interpreted correctly
 - a. Speech audiometry is only performed above 90 dBHL if clinically indicated and tolerable.
 - b. Speech testing is performed even if the client has a supposed 'dead ear'.
 - c. A maximum discrimination level and measure of consistency with the audiogram are obtained as per NZAS BPG.
9. Speech masking is performed if necessary
 - a. Based on appropriate interaural attenuation values, air- bone gap considerations and peaks of speech.
 - b. Speech masking should be performed after BC masking complete, although will not 'not achieve' unless A-B gap indicates that extra speech masking is required.
10. Case is managed appropriately
 - a. An appropriate management decision is made without intervention from the examiner.
 - b. Referral to other services is appropriate and in line with national or local practices (e.g. GP, ENT, SLT etc.).
 - c. Review is appropriate and in line with clinic practice and/or national guidelines.

ii) Adult communication needs assessment and hearing aid selection

1. Communication needs are established
 - a. Using formal means (a blank COSI will be provided and must be completed)

- b. As a minimum should cover the following environments: work, home, community.
- 2. Appropriate rehabilitation is recommended based on patient history, communication needs, financial / social / physical considerations
- 3. All funding streams the patient may be eligible for are identified, and the next steps for the patient are accurately described.
- 4. If hearing aids are recommended, options are discussed with the patient in terms of style, technology and price.
- 5. Appropriate hearing aids are selected
 - a. Based on patient history, communication needs, financial / social / physical considerations
 - b. Specific hearing aid models are discussed with patient and/or examiner.

iii) Adult hearing aid fitting

- 1. Real ear measures are performed
 - a. Either insertion gain or speech mapping are acceptable.
 - b. Safely: otoscopy, probe tube insertion
 - c. Targets are met for soft, medium and loud speech for speech like stimuli, or valid reasons are given if this is not possible. MPO is tested objectively.

iv) Other areas

- 1. Privacy and Ethics
 - a. Adherence to the Privacy Code and the NZAS Code of Ethics.
 - b. Appropriate infection control strategies.
 - c. Professionalism in terms of language and demeanor.
 - d. Appropriate time management skills
- 2. Infection Control
 - a. The candidate demonstrates appropriate infection control strategies.
- 3. Clinical Safety
 - a. The candidate does not jeopardise patient safety
 - i. otoscopy is performed prior to inserting probes or plugs into the ears
 - ii. test stimuli should not be presented at an unsafe level
- 4. Professionalism
 - a. The candidate is well presented, does not use inappropriate language, shows respect for patients and colleagues.

Appendix K: OSCE Marking Schedules

Diagnostic assessment station

Criteria	Pass	Marginal	Not achieved
Case history is obtained using open ended questions and expanding on relevant areas.			
Clear explanation to patient regarding proceedings of appointment.			
Performs otoscopy safely and reports findings accurately			
Air conduction is performed safely and correctly and masking is performed accurately using either plateau/step method if necessary.			
BC performed safely and correctly (if applicable) and masking is performed accurately using either plateau/step method.			
Speech audiometry is completed safely and correctly (at a minimum PI max and HPL recorded) and if necessary, masking is performed accurately.			
Performs tympanometry safely and accurately interprets results.			
Performs acoustic reflex testing safely and accurately interprets results			
Integrates all test results correctly			

Criteria	Pass	Marginal	Not achieved
Summarises and communicates these to the patient in a way which addresses their main concerns			
An appropriate management decision is made and referral to other services is appropriately recommended in line with national practice			
Candidate completed testing in a clinically safe manner: causing no harm to patient			
Observes proper infection control/processes.			
Candidate uses appropriate language and shows respect for the patient and colleagues			

Notes regarding 'attained' and 'conditionally attained':

Notes regarding skills 'not attained':

Hearing needs assessment station

Criteria	Pass	Marginal	Not achieved
Clear explanation to client of appointment procedures			
Client's needs and wants elicited (listening environments, motivation, cosmetic preference, budget)			
Physical, cognitive, and social support factors are assessed			
Referral for suspected active medical pathology (if applicable)			
Client-oriented goals established using a formal method (e.g. COSI)			
Informational counselling: Technology levels and hearing aid features explained			
Informational counselling: Hearing aid styles discussed			
Informational counselling: Coupling options (domes, moulds) discussed			
Informational counselling: Acclimatisation to sound quality and volume explained			
Informational counselling: Expectations of aid(s) given client's audiometric results and listening needs			
Informational counselling: Communication strategies discussed			
Hearing aid fitting and trial process explained, including potential costs			
All funding eligibility discussed (criteria, restrictions, costs, evidence required)			
Other rehabilitation options discussed (e.g. ALDs, FM, cochlear implants)			
At least two options of hearing aid are recommended for the client to make an informed decision based on their audiological, communicative and physical needs and values			
Professional language and respectful interaction with client			

Notes regarding 'attained' and 'conditionally attained':

Notes regarding skills 'not attained':

Hearing aid fitting station

Criteria	Pass	Marginal	Not achieved
Clear explanation to client of appointment procedures			
Otoscopy completed safely			
Correct dome/mould selected for optimal gain and comfort			
Physical comfort and retention of device checked (static and dynamic)			
Cosmetic acceptability assessed and discussed			
Acoustic feedback checked and resolved			
Client's audiometric profile correctly input into manufacturer's programming software			
Appropriate fitting prescription selected			
Safely inserted probe tube to as close to the tympanic membrane as possible			
Real Ear Measurements (REMs) are set up accurately, including prescription parameters and physical set up			
REMs performed safely for soft (50–55 dB), average (60–65 dB), loud (70–75 dB) inputs			
REM targets met within ± 5 dB or valid rationale provided			
Real Ear Maximum Power Output (MPO) measured safely			
Subjective loudness discomfort assessed and addressed			
Client feedback on sound quality, volume, and binaural balance addressed			
Occlusion effect checked and resolved			
Realistic expectations discussed (adaptation, limitations, usage)			
Hearing aid components explained (controls, batteries, cleaning, storage/safety, connectivity)			
Insertion/removal demonstrated and taught			
Follow-up plan discussed and referrals made if needed			
Infection control measures implemented			
Professional language and respectful interaction with client			

Notes regarding 'attained' and 'conditionally attained':

Notes regarding skills 'not attained':

Multiple Choice Questions (MCQ)

Station 4 consists of 34 single answer multiple choice questions.

In preparation candidates are advised to review the CCC syllabus, paying particular attention to knowledge required to accurately assess and manage patients presenting to audiological services.

Candidates should have a detailed understanding of NZAS Best Practice Guidelines and any other guidelines NZAS or funding bodies such as ACC, Veterans Affairs or Ministry of Health (Enable) have published. Candidates should have enough knowledge on funding criteria to be able to advise patients appropriately and therefore be familiar with all documentation required to support funding applications.

Practice questions are available with the OSCE information in the members only section of the website:

[Objective Structured Clinical Examination \(OSCE\) » New Zealand Audiological Society \(audiology.org.nz\)](http://audiology.org.nz)

Appendix L: OSCE Timetable

OSCE TIMETABLE

[DATE], Greenlane Clinical Centre, Auckland

Time	Group 1			Group 2		
8.30	Group 1 arrives for Introduction, familiarisation; present ID and disclaimer form signed.					
9.00-9.50	Station 1	Station 2	Station 3			
10.00-10.50	Station 2	Station 3	Station 1			
11.00-11.50	Station 3	Station 1	Station 2			
				11:30 am Group 2 arrives for Introduction, familiarisation; present ID and disclaimer form signed.		
12.00-12.50	Group 1 and 2 Station 4.					
1.00-1.50	Group 1 Leaves, Group 2 begins Stations 1-3			Station 1	Station 2	Station 3
2.00-2.50				Station 2	Station 3	Station 1
3.00-3.50				Station 3	Station 1	Station 2
4.00				Group 2 leaves		
4.00-5.00	Examiners' Meeting					

Station 1: Diagnostics Assessment (Room 3 – Short Tripod) (Actor)
 Station 2: Hearing Aid Needs Assessment (Room 4) (Actor) Case X
 Station 3: Hearing Aid Fitting (Room 1) (Actor)
 Station 4: Chart review (Conference Room) Case X

Examiners: