

Audiology

**Benchmark statement:
Health care programmes**

Phase 2

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Subject benchmark statements: Health care programmes

Subject benchmark statements provide a means of describing the nature and characteristics of programmes of study and training in health care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, subject benchmark statements are one of a number of external sources of information that are drawn upon for the purposes of external review by various bodies and organisations and for making judgements about threshold standards being met. Reviewers do not use subject benchmark statements as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the associated documentation of the relevant professional and statutory regulatory bodies, the institution's own self-evaluation documentation, together with primary data in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of standards in health care subjects is undertaken by groups of appropriate specialists drawn from higher education institutions, service providers and the professional and statutory regulatory bodies. In due course, the statements will be revised to reflect developments in the subjects and the experiences of institutions, and others that are working with them.

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Foreword

This benchmark statement describes the nature and standards of programmes of study in audiology that lead to awards made by higher education institutions in the United Kingdom (UK) in the subject.

The section on standards accords with the relevant qualification descriptor for awards in the qualifications framework published by the Quality Assurance Agency for Higher Education.

The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional competence developed through practice is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

Finally, the statement does not set a national curriculum for programmes leading to awards in audiology. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which higher education institutions are expected, as a minimum, to set their standards for the award.

Introduction

One adult in seven has hearing difficulty that affects their ability to communicate easily with others. The ability to communicate is central to what we do, who we are, how we learn, how we relate to each other and how we participate in society. Disabling problems with communication can affect people's ability to access education, social, economic and career opportunities, and their ability to enjoy full citizenship. In addition, one baby in 500 has a permanent hearing impairment that may have a profound effect on development of speech and language, with consequences for general development and educational outcome. Furthermore, temporary deafness from middle-ear disease is extremely common in young children and constitutes the most common reason for childhood GP consultation. Diagnosis of the type and extent of hearing impairment leads to appropriate intervention, which may be medical/surgical and rehabilitative. Audiologists will assess the person's level of impairment, function and ability to participate in activities in order to understand the person's needs. From this they will develop a programme of intervention to maximise communication skills.

Rehabilitation for hearing impairment may include the provision of hearing aids, information and advice on assistive listening devices, or for the most severely affected, cochlear implants. Evidence suggests that, as in other areas of healthcare, provision of equipment is most effective when the behavioural changes required to make use of the equipment are addressed. Thus the audiologist's role includes providing information and support in making these important emotional and behavioural changes. It also encompasses communication skills training, and the use of counselling skills to develop a therapeutic relationship with the patient/client to enable them to bring about change in order to improve their quality of life. Complaints of dizziness in adults are also extremely common and may involve disorder of the vestibular system of the inner ear. Diagnosis of the type and extent of vestibular disorder leads on to appropriate medical/surgical or rehabilitative treatment. Audiologists will perform investigations to assess the type and extent of hearing impairment or balance disorder, while appraising patients and their difficulties in order to understand their needs. They will similarly assess patients with tinnitus (in these benchmarks, hearing disorder is understood to encompass tinnitus even where there may be no evident hearing impairment). From their assessment audiologists will develop a programme of intervention, in consultation with other appropriate health care professionals, to resolve or ameliorate the assessed difficulties. Audiologists also conduct clinically related research in their discipline.

Audiologists are therefore the experts in the assessment and rehabilitation of patients with hearing problems or balance. Such disorders can be either congenital or acquired. They are caused primarily by physiological disorder but are also influenced by psychological, educational and social factors. Audiology is a profession whose practice is underpinned by the supporting disciplines of human biological sciences, physical sciences, sociology and psychology in addition to the core discipline of audiology. Audiological practice is based on evidence from related disciplines and areas of health psychology, which inform clinical practice.

The NHS employs the majority of audiologists. They work in a range of settings, and in a variety of roles. The settings include ear, nose and throat (ENT) departments, self-contained audiology centres, which may be acute or community-based locations, and

educational establishments. Some audiologists may work as independent practitioners, while other employing sectors include local authorities, educational establishments and the voluntary sector; others may be employed by Social Services.

Audiological assessment and rehabilitation may be direct (face to face with the patient) or indirect (where the objectives can be realised through other methods, such as working with the family, teacher support worker or carer). This is based on sound clinical evidence of the efficacy and effectiveness of different methods of service provision.

Likewise the efficacy and effectiveness of assessment and treatment procedures underpin the choice of clinical activity. Audiologists select the assessment methods and develop management plans in collaboration with the patient to ensure that rehabilitation is most appropriate to the patient and their needs, given the setting and the available resource. As well as conducting assessment and providing treatment, audiology roles include those of consultant, advisor, supervisor, educator, facilitator and researcher.

Audiology is underpinned by the following principles, which guide assessment and rehabilitation:

- the need to select and offer a range of assessments that are appropriate to the individual patient, making contingent decisions as information is gathered
- the need to record and document assessments accurately and in a way that facilitates inter-disciplinary communication
- the need to evaluate the individual in terms of their particular needs and context, recognising that hearing, tinnitus and balance disorders affect social and emotional well being both of patients and their significant others
- the importance of developing a therapeutic relationship with patients undergoing rehabilitation (and their families or carers where appropriate)
- the importance of assessing and using appropriate methods of communication where necessary, including sign language, lipreading and lipspeaking
- an understanding of hearing, tinnitus and balance disorders and their impact on life opportunities
- an understanding of different models of disability which informs the philosophy and principles of intervention with patients/clients.

Audiology pre-registration degree programmes are accredited by the British Academy of Audiology on behalf of the Registration Council for Clinical Physiologists (RCCP), and validated by the relevant higher education institutions (HEI). This accreditation is based on five-yearly periodic visits to the HEI and annual monitoring. Each approved graduate is eligible to apply to the Regulatory Body for registration; currently this is RCCP.

Nature and extent of audiology

Audiologists work with patients/clients of all ages, with individuals and in groups, dealing with assessment of hearing, tinnitus and balance, associated needs, provision of appropriate intervention, and assessment of benefit. They may be located close to or within ENT, primary care, paediatrics, or occasionally education services. Audiologists act in support roles for medical colleagues and in some circumstances may act as first-contact autonomous practitioners, with for example direct referral from primary care or from education or social services. There are constraints to this, where an audiologist

would not assess a patient/client without an appropriate medical referral, or where defined patient/client circumstances make referral to medical colleagues mandatory. The importance of appropriate onward referral is central to professional autonomy.

Audiologists usually work as part of a team, with an evaluation of the impact of the hearing loss or balance disorder being informed by the patient/client, the family/carer and the insights of other professionals. At the same time, audiological assessments are informed by a secure understanding of physiology and disease processes, instrumentation, calibration and acoustics, psychology and sociology. Audiological rehabilitation is informed by an understanding of psychological processes involved in the management of change for the individual, societal attitudes to disability and the process of empowerment. Rather than focusing upon limitations imposed by the pathology, audiological rehabilitation engages the patients/ clients in identifying the need for emotional and behavioural change to facilitate the adaptation to disability and to attain goals, which they themselves have set in collaboration with the audiologist. It also involves the transfer of knowledge and the teaching of skills to enable the patient/client to become an autonomous problem solver. Given the complex range of problems that patients/clients may present, presented within unique, individual contexts, audiologists need to be problem solvers working with individuals to find practical solutions. They need to be able to analyse and evaluate the effects of intervention or non-intervention and so make informed professional judgements.

Audiology encompasses a number of areas in which advanced practitioners may choose to specialise. These include paediatric audiology, covering inter alia assessment of auditory function and hearing, and provision of appropriate hearing aids and other amplification devices such as cochlear implants and assistive listening devices; adult diagnostic investigation of hearing and/or balance disorders; and adult rehabilitation, covering inter alia hearing and balance assessment, provision of hearing aids, communication training, assertiveness training, lipreading tuition, auditory training, teaching of hearing tactics, management of disability, programmes of therapeutic care for some balance disorders, and tinnitus management. The most appropriate programme will in all cases be planned by the Audiologist in collaboration with the patient/client following assessment. Audiology draws on a number of component disciplines for its knowledge and evidence base, including physiology, psychology, sociology, acoustics, epidemiology and genetics.

Audiology is provided in a variety of delivery patterns, as matched to the patient/client needs, research on efficacy and the service resource. The British Academy of Audiology, British Society of Audiology, Royal National Institute for Deaf People, National Deaf Children's Society and other groups produce guidelines which inform the delivery of the service with respect to aspects such as outcome measures, frequency of reassessments, structuring of intervention and so on.

Audiology is provided in a variety of settings including hospital ENT departments, hospital-based audiology departments, community clinics, neonatal or maternity units, day centres, social care venues, in the residential setting of the patient/client, in health clinics, and on premises in the voluntary sector.

Audiological intervention takes account of the multicultural and multilingual needs of the population, and of the particular issues of deaf people and deaf culture.

The principle of managed closure/discharge should be embedded in any intervention, reflecting that the psychological well being of the patient and their family is a central consideration in the execution of any management.

In the UK there have been a number of different professional groups in audiology. Audiological physicians and consultant community paediatricians (audiology) follow a medical route to training with additional audiology at master's level. Non-medical audiologists in 2004 merged into one discipline based on degree-level training; the undergraduate programmes for audiology were introduced in 2002. There are also pre-registration, postgraduate, one-year master's programmes. All programmes are expected to be fully integrated in respect of academic and clinical work and to have embedded the principle of planned progression, through both clinical and academic modules to the point of award. They also should be developing, or have already established, recruitment and student support strategies, to ensure that the needs and diversity of different communities can be reflected in the profession.

Nature and extent of programmes in audiology

A Expectations of the audiologist in providing patient/client services

A1 Professional autonomy and accountability of the audiologist

The award holder should be able to:

- conform to relevant professional standards
- be knowledgeable about professional guidelines and clinical governance in relation to audiology
- understand the legal responsibilities and ethical considerations of professional practice
- appreciate the significance of professional self-regulation
- acknowledge the boundaries of professional competence in a changing health care environment
- be committed to continuing professional development in order to enhance competence to practise and maintain registered professional status
- participate in the continuation and development of the profession
- recognise the importance of clinical effectiveness in the delivery of audiology.

A2 Professional relationships

The award holder should:

- develop and maintain effective working relationships across the range of individuals and agencies, as appropriate
- participate effectively in a variety of multiprofessional, interprofessional, and intraprofessional teams, keeping and needs of the patient/client central to such participation
- recognise professional and support staff boundaries and roles
- apply appropriate referral practices
- work with clients and colleagues from diverse cultural and ethnic groups
- draw on the principles of supervision in relation to self and others
- maintain appropriate records and report accurately to others
- build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- participate in the management of staff and students according to organisational policy and accepted standards.

A3 Personal and professional skills

The award holder should be able to:

- take appropriate responsibility for professional and clinical actions
- recognise limitations on clinical competence
- assess personal abilities realistically and recognise personal frameworks
- demonstrate an awareness of the need to behave in an appropriate and professional manner

- demonstrate an awareness of the need to manage personal equilibrium
- show an understanding of the role of empowerment in the therapeutic process
- demonstrate confidence in delivering a clinically effective service
- demonstrate a high level of communication skills with clients, peers and other health care professionals
- use supervision, reflection and self-directed learning in order to promote personal effectiveness.

A4 Profession and employer context

The award holder should be able to:

- show understanding of the structure and function of the health care system in relation to audiology
- show awareness of the structure and function of the education and social services
- demonstrate an ability to use statistical and epidemiological data for purposes of quality assurance and audit
- demonstrate attitudes that ensure clients' and carers' expressed needs and choices become the focus of the care management process.

B The application of practice in securing, maintaining or improving health and well-being

Audiology graduates will have a core theoretical understanding of a range of hearing, balance and related disorders, and the knowledge base that underpins the principles of assessing, treating, and managing people with hearing and balance disorders.

It is expected that graduates will have developed a threshold level of expertise for safe and competent management of a range of client types within a variety of clinical contexts. This expectation is recognised by the procedures maintained by the professional body for the support of new graduates in their first post.

B1 Identification and assessment of hearing and balance disorder

The award holder should be able to:

- apply theoretical knowledge from psychology, physical sciences and human biological sciences, linking theory to practice
- use standard and modified procedures for assessments to identify, analyse, and evaluate congenital and acquired hearing and balance disorders
- identify the influence of individual context on hearing and balance disorders
- provide a description of the impact of the hearing or balance disorder on the individual for well being and quality of life
- recognise possible contributing factors to hearing and balance disorder, whether medical, psychological or social
- evaluate the effect of communication difficulty on the psycho-social well being of the client
- recognise possible contributing factors to communication difficulty, whether social, psychological or medical

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- evaluate interaction between medical, social, cognitive, educational and communication needs
- through interview and individual discussion, understand the values, beliefs and interests of clients, their families and carers
- use literature to inform current and evolving research and evidence based practice
- use clinical reasoning to guide analysis of data within a systematic approach to gathering and evaluating information
- analyse the information in the environmental and social context of the client and in accordance with the clients' choice and goals
- use information to prioritise problems.

B2 Communication and information technology

The award holder should be able to:

- use interpersonal communication using written, verbal and non-verbal modes
- teach and present to individuals and groups
- use information technology to identify and access information, to record and manage patient data and to process and analyse research findings
- handle information with due regard for legal and ethical requirements.

B3 Assessment

The award holder should be able to:

- identify and recognise the physical, psychological and cultural needs of individuals and communities
- gather and record information from a wide range of sources and by a variety of methods.

B4 Formulation of plans and strategies for meeting hearing and balance needs

The award holder should be able to:

- generate hypotheses from the analysis and integration of case history and assessment findings and apply clinical reasoning and problem solving in order to plan, prioritise and implement treatment
- make the patient/client central to the delivery of care
- find original creative solutions to complex one-off problems to enable the potential of individuals to be achieved
- plan and implement appropriate and effective treatment or rehabilitation
- produce management plans in the context of multidisciplinary provision
- take account of available service delivery options
- show adaptability and flexibility in provision of audiology services, indicating an awareness of contextual constraints which influence service delivery
- understand the rationales and principles underlying assessment and rehabilitation
- use rehabilitation techniques appropriate to the range of hearing and balance disorders

- set goals based on assessment and need
- liaise effectively with other professionals, patients/clients' relatives/carers, and appreciate their potential contributions to the management process
- synthesise new theory and practice in health and social care
- accurately and concisely record assessment methods and results
- justify the decisions about interventions especially in relation to patient's/clients' wishes
- demonstrate evidence of clinical reasoning and problem solving skills and techniques.

B5 Practice

The award holder should be able to:

- practise in a manner that promotes well being and protects the safety of all parties
- demonstrate the ability to apply theory to practice and modify practice contingently according to the information gathered and changing needs
- apply the evidence base derived from current research to clinical practice
- perform assessments rigorously and document results accurately in a format suitable for intended recipients
- demonstrate an awareness of the full range of hearing aids and other assistive devices, including suitability for individual patients/clients
- demonstrated appropriate interaction skills, adapting according to patient/client characteristics and needs
- demonstrate awareness of the specific needs of the deaf community
- contribute to the development of individual management plans for patients/clients, demonstrating and awareness of appropriate onward referral and discharge.

B6 Evaluation and research

The award holder should be able to:

- appreciate the need for ongoing evaluation of practice to enhance quality
- understand the principles of research and research methodology which underpin an analytical approach to clinical practice
- use clinical reasoning approaches in the selection, justification, and review of appropriate treatments
- develop and use outcome measures for evaluation
- evaluate and make judicious use of the best available information and evidence with a view to service development.

B7 Personal and professional development

The award holder should be able to:

- manage uncertainty and stress
- manage time and plan their workload
- identify individual learning needs
- construct and implement a personal development plan and set realistic goals
- reflect and modify behaviour in the light of experience and advice
- work with others, negotiate, conciliate and develop partnerships
- recognise the importance of continuing professional development
- work in team and develop leadership skills
- make clinical judgements on the best available evidence.

C Knowledge, understanding and skills that underpin the education and training of audiologists

The education of audiologists is characterised by the integration of academic theory and clinical practice.

C1 Knowledge and understanding

The audiology award holder will be able to evaluate knowledge critically and integrate that knowledge and understanding in the following areas.

Hearing and balance disorders

Knowledge and understanding of the following disorders, and of the principles of assessing and managing people with them:

- permanent and temporary hearing impairment in childhood
- adult hearing impairment
- balance disorder
- tinnitus
- non-organic hearing loss
- specific central nervous system disorders.

Language and communication

- normal language development and the effects of childhood hearing impairment
- the effects of hearing impairment on communication
- the implications of English as a second language for assessment and rehabilitation
- the implications of different modes of communication.

Human biological sciences

- basic biological processes underlying human development and function
- the specific aspects of biomedical and medical sciences including the anatomy and physiology of systems relevant to hearing and balance, including disorders of these systems.

Physical sciences

- basic acoustics, signal processing and instrumentation related to audiology.

Psychology

- perception, performance measurement and psychophysics
- speech perception
- self-report instruments, their use and validity
- the impact of hearing and balance disorders on the psychological and social well-being of the person and his/her relationships
- basic aspects of psychology (cognitive, neuropsychology, social, health, developmental, learning) and the application of such knowledge to normal and impaired hearing and balance.

Sociology

- the person in society, including education, health, workplace and multicultural society
- behavioural sciences
- psychological and social factors that influence an individual in health and illness
- theories of communication as communication and interpersonal skills are vital to competent and effective practice, informing effective interaction with patients/clients, peers, managers, carers and other health care professionals
- learning theories as the process of learning is important for practitioner and patient/client (These theories underpin continuing professional development and lifelong learning. This knowledge also equips the practitioner to become an effective teacher in a wide range of contexts, such as health education and the education of students.)
- team working and leadership.

Statistics, epidemiology and public health

- distributions, sampling and descriptive statistics
- prevalence and incidence of disorders of hearing and balance and their causation
- screening for disorders of hearing and balance.

Research

- knowledge and understanding of research methods that inform the knowledge base of audiology and ability to evaluate research reports critically.

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Context of professional practice

The award holder will be able to demonstrate knowledge and understanding of the following:

- current issues in audiology
- contexts of service delivery
- health and safety, child protection, education, statutory requirements, equal opportunities and professional regulation
- professional roles and boundaries in education, healthcare and social services contexts.

C2 Skills

These are embedded into Sections A and B of the discipline-specific benchmarks.

Teaching, learning and assessment

Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, guided by QAA requirements, and should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to promulgate any one approach over others. However, this benchmark statement promotes an integrative approach to the application of theory and practice. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard.

Fundamental to the basis upon which students are prepared for their professional career is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

The design, content, and delivery of the curriculum is driven by effective, dynamic partnerships between practising audiologists, including those who work with students on placement, and the HEI.

The learning process in audiology at honours degree level can be expressed in terms of four interrelated themes.

Cognitive and perceptual

Programmes should develop cognitive skills in students, eg the ability to reconstruct knowledge and apply it to individual situations. Such skills should be developed through a variety of teaching and learning methods in which students are encouraged to become actively and practically engaged with the process.

Clinical and technical

Audiology skills should be developed in both the university and clinical setting. These should be supervised, facilitated and developmental learning experiences in which students receive information and summative judgements and feedback on their performance.

Social and personal context

The programme should enable students to develop an awareness of cultural diversity, values, beliefs and social factors that affect the context of audiology. This should be achieved through both theoretical and practice perspectives and be exposing students to clinical practice in a wide variety of settings.

Generic and enabling skills

Programmes should be designed to facilitate students' acquisition of effective communication skills, team working, problems solving, use of information technology, research methodology and clinical reasoning. The generic nature of these skills should enable them to be achieved through inter-professional education where their acquisition should be through activity-based experiences.

Assessment

Methods should match the teaching and learning strategy, meet learning outcomes and encompass a wide variety of tools. Academic assessment should be designed to develop and test cognitive skills drawing on the context of practice and reflecting the learning and teaching methods employed. Methods should normally include case study presentations and analyses, practice-focussed assignments, essays, project reports, clinical assessments and examinations of a written or practical nature. The requirements of honours degree programmes in audiology should usually include an extended piece of individual written work that is typically completed in the final year. This should be related to audiology practice and include systematic inquiry, investigation, analysis and evaluation.

The assessment of competence to practise should be determined in partnership between audiology lecturers and placement staff. Professional registration is dependent upon meeting university requirements that include satisfactory completion of a period of clinical practice, as specified by the professional and statutory bodies.

Academic and practitioner standards

Standards associated with threshold level are identified below. Although only threshold level has been articulated, many graduates attain a level well above threshold. Standards are predicated on the integration of theory and practice and that professional and key skills cannot only be considered in isolation, but as the end result of such integration and synthesis.

Students emerge with different profiles of strengths and areas requiring attention. It is the review of such a profile that forms the judgement as to the student's readiness to practise as an audiologist. The profile takes into account the following three skills and abilities.

- The ability to understand, critically evaluate and apply relevant theoretical knowledge to clinical practice.
- The practical skills such as the performance of assessments and the implementation of rehabilitative methods, treatments and materials.
- The interpersonal and communication abilities, used to set up and maintain an appropriate atmosphere, where patients/clients can be assessed effectively and whereby rehabilitation is facilitated.

Assessment is also made according to effectiveness of the resultant management plan. A graduate will not be effective in all clinical situations, but at threshold should be aware of limitations in effectiveness and be able to execute plans to improve effectiveness.

Another aspect, which impacts more at modal and exemplary levels, is efficiency. It may be that while the award holder, at the point of award, should be clinically effective most of the time, he/she may not be as efficient at reaching clinical goals within a timeframe. This may be because the experience and confidence necessary to know when to move through to the next stage has not yet been achieved.

Given these preliminary statements, students are not expected to meet every standard on all occasions. Using the outline of students' learning profiles, some standards are interdependent, and possibly hierarchical, whereas others may be independent.

A The audiologist as a registered practitioner

Professional autonomy and accountability

The award holder should be eligible to apply for statutory registration.

Professional relationships

The award holder should be able to:

- develop and maintain constructive working relationships
- participate constructively in a variety of multiprofessional, interprofessional and intraprofessional health, social and education approaches
- recognise others' boundaries and roles
- apply appropriate referral practices, including health, education and social settings.

Personal and professional skills

The award holder should be able to:

- take on an appropriate level of responsibility for professional and clinical actions
- seek support when required
- recognise needs for own professional and personal development
- demonstrate awareness of the influence of his/her own feelings, knowledge, beliefs and experience, and the potential for prejudicial judgements
- adhere to health and safety requirements
- operate with a suitable degree of self protection.

Profession and employer context

The award holder should be able to:

- demonstrate an emerging knowledge of institutional and organisational structures, and health policy
- contribute to the application of statistical and epidemiological data for audit.

B Application of principles and concepts**Identification and assessment of hearing and balance disorders**

The award holder should be able to:

- demonstrate sound clinical reasoning in the analysis and integration of case history and assessment data
- know when to seek professional direction for confirmation of clinical reasoning.

Formulation of plans and strategies for meeting hearing and balance needs

The award holder should be able to:

- justify assessment and management strategies for individual patients/clients based on the analysis and integration of case history and assessment data
- justify, plan and implement appropriate assessment and management of individual patients/clients
- know when to seek professional direction regarding management plans.

Practice

The award holder should be able to:

- demonstrate appropriate interaction skills with patients/clients and others
- adopt appropriate communication and interpersonal behaviour, to promote effective clinical interaction
- demonstrate flexibility in planning implementing clinical strategies.

Evaluation and research

The award holder should be able to:

- recognise the potential clinical application of research findings
- use current literature and appreciate its application to clinical practice

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- demonstrate a knowledge of different service delivery options
- understand the limitations of assessments in relation to current research.

C Knowledge, understanding and skills

The award holder should be able to:

- evaluate and apply, with evidence of critical thinking, knowledge and understanding in the core discipline of audiology
- evaluate and apply, with evidence of critical thinking, knowledge and understanding in the disciplines of human biological sciences, physical sciences and psychology
- demonstrate knowledge of research methods as related to audiology
- appreciate the relevance of the ethical issues in relation to audiology practice.

Generic skills

The award holder should be able to:

- identify key issues and begin to create effective solutions, necessary for effective practice
- demonstrate competence in record keeping, with knowledge of legal, ethical and other considerations related to such practices.

Appendix 1

The benchmark statement was initially drafted by Professors John Bamford (University of Manchester) and Mark Lutman (University of Southampton). It was extensively redrafted during wider consultation under the auspices of the British Academy of Audiology (BAA). The final version was approved by the BAA.