College of
HEALTH AND CARE
PROFESSIONALS OF BC

# HEARING INSTRUMENT DISPENSING FOR CHILDREN

## Certification Program

The *Health Professions and Occupations Act*'s **Health and Care Professionals Regulation** authorizes certified hearing instrument practitioners to prescribe, fit or dispense a wearable hearing instrument for patients aged less than 19 years. For the purposes of this certified practice, children are aged 12–19 years.[1]

### Pre-requisites

The following pre-requisites must have been completed prior to starting certification program objectives and less than 7 years prior to applying for certification.

Completion of coursework on hearing instrument dispensing to children, including:

- overview of pediatric hearing loss
- normal speech, language, and auditory development
- impact of hearing loss on communication, learning, and educational outcomes
- pediatric hearing aid candidacy
- pediatric case history considerations
- family-centred care and counselling principles
- hearing aid selection considerations for children and adolescents
- hearing aid programming principles for children and adolescents
- verification of pediatric hearing aid fittings, including Real Ear Measures (REM)
- validation of hearing aid outcomes
- unilateral hearing loss and pediatric rehabilitation strategies
- classroom acoustics and listening environments
- assistive listening technology and remote microphone systems
- educational accommodations and school-based supports
- interdisciplinary management of pediatric hearing loss
- hearing aid follow-up and ongoing management
- referral criteria and interdisciplinary collaboration in pediatric hearing care

*In-person, online courses, conference workshops, and webinars are accepted.*

### Certification program learning objectives

A Full licensee in good standing may apply to be certified to perform this restricted activity if they successfully complete the following requirements within a period of 3 years or less.

Licensees who anticipate needing longer than 3 years to complete certification program requirements may request an extension by emailing **certification@chcpbc.org**. Extension requests are reviewed and approved by the Licence Committee.

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[1] **CHCPBC Bylaws**, ss.7.19

Supervised practice should occur after completion of observations and in order of objective number. Supervision level should decrease gradually to enable the licensee to attain autonomous practice.

| Objectives | Knowledge, skills, and demonstrated competencies for certification program |
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| **Objective 1** | **Attains foundation knowledge for providing hearing instrument (HI) dispensing services to children** |
| 1.1 | Completes a minimum of two years clinical experience as a licensed hearing instrument practitioner before applying for the certified practice (work as Provisional and Full licensee counts). |
| 1.2 | Understands the roles and responsibilities of team members in the provision of pediatric amplification services. |
| 1.3 | Familiarity with infection prevention and control, and adverse event and emergency processes in a clinical setting with children. |
| **Objective 2** | **Attains clinical knowledge for providing HI dispensing services to children** |
| 2.1 | Has an advanced understanding of:<br>• the difference between speech and language<br>• the frequency composition of speech (e.g., English/French, male and female speakers) sounds, such as vowels, and voiced and unvoiced consonants)<br>• the relationship between different configurations of hearing loss and early speech development<br>• the relationship between different configurations of hearing loss and early language development (e.g., difficulties with morphemes such as plurals and possessives)<br>• the impact of different signal-to-noise ratios upon comprehension and the different needs of children versus adults<br>• continued language development in the teen years (e.g., improvement in abstract language, increased vocabulary, increased complexity of syntax) |
| 2.2 | Understands the effects of age on the:<br>• onset of the hearing loss<br>• identification and treatment of the hearing loss<br>• degree/configuration of the hearing loss<br>• stability of the hearing loss and its educational implications |
| 2.3 | Understands the demands of different educational environments for children. |
| 2.4 | Understands the impact of classroom acoustics on children with hearing loss. |
| 2.5 | Knows of available assistive listening devices and understands classroom acoustic modifications. |

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| 2.6 | Understands the different roles of school and student support personnel (e.g., teacher, learning assistant, hearing resource teacher, speech-language pathologist) and identifies key personnel in applicable school districts and/or independent schools. |
| 2.7 | Understands available resources (e.g., the Ministry of Education and Child Care Auditory Outreach Program). |
| 2.8 | Understands the Individualized Educational Plan (IEP) and the role of the hearing instrument practitioner. |
| 2.9 | Understands the family and social dynamics of hearing loss, including the importance of peer group and culture upon hearing aid acceptance or rejection. |
| **Objective 3** | **Selects patients and determines HI candidacy appropriately** |
| 3.1 | Demonstrates knowledge of HI candidacy. |
| 3.2 | Obtains pertinent information from medical records and patient history and reviews relevant results. |
| 3.3 | Conducts candidacy assessments accurately. |
| 3.4 | Conducts the necessary audiological evaluation accurately. |
| 3.5 | Understands criteria for referral to other health professionals. |
| 3.6 | Utilizes functional test information (e.g., SIFTER results) accurately. |
| **Objective 4** | **Understands appropriate assessment procedures for children, including risks and precautions** |
| 4.1 | Understands, interprets, and demonstrates ability to perform accurate behavioral, functional, and objective assessment procedures, including:<br>• pure tone and speech tests for thresholds, comfortable, and uncomfortable listening levels<br>• speech tests for intelligibility (developed for both adult and non-adult populations)<br>• speech testing at different signal-to-noise ratios and its effect on speech intelligibility<br>• tests of middle ear function<br>• sound level measurements in classroom setting, including estimations of signal-to-noise ratio and its effect on speech intelligibility |
| 4.2 | Understands the need for, and makes appropriate referrals for, additional testing including:<br>• (central) auditory processing disorder<br>• perceptual or cognitive<br>• behavioural or psychological<br>• educational assessment<br>• speech and language<br>• auditory training |

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| **Objective 5** | **Performs children's HI fitting and provides assistive listening technology for different types of hearing loss** |
| 5.1 | Applies knowledge of the following clinical issues through observation and supervised practice:<br>• Significant unilateral permanent hearing loss: 1 observation + 1 supervised HI fitting<br>• Minimal to mild bilateral permanent hearing loss: 1 observation + 2 supervised HI fittings<br>• Fluctuating mild to moderate, conductive hearing loss: 2 observations + 2 supervised HI fittings<br>• Moderate bilateral permanent hearing loss: 2 observations + 2 supervised HI fittings<br>• Profound bilateral permanent hearing loss: 2 observations + 2 supervised HI fittings<br>NOTE: Observations may be completed with any authorized health professional and not necessarily the supervisor of the licensee in training. Observations of procedures in other modalities (e.g. digital recordings) are acceptable. |
| 5.2 | Demonstrates an ability to collaborate with the inter-professional team (including educators) and family. Minimum of 3 supervised collaborations. |
| 5.3 | Demonstrates an understanding of appropriate treatment interventions and their rationale, including:<br>• classroom management strategies (advantageous seating, use of sound field technology)<br>• ear-level FM systems without hearing aids<br>• hearing aids alone (no personal FM)<br>• hearing aids plus FM |
| 5.4 | Understands the implications of non-compliance and the related counseling required, and the ability to recommend alternatives suitable to the child. |
| **Objective 6** | **Accurately interpret the hearing results and evaluate outcomes** |
| 6.1 | Demonstrates the ability to evaluate the effectiveness (objective and subjective responses) of the chosen HI and prescribed technology including:<br>• electro-acoustic assessment on chosen aid<br>• real ear measurement with REUR, REAR, REOR, RESR, and 180° directionality<br>Demonstrates this ability by performing a minimum of 7 supervised evaluations. |
| 6.2 | Based on program results, demonstrates an ability to provide recommendations for:<br>• assessment of hearing evaluation in quiet and noisy environments through pure tone, bone conduction, speech, and speech-in-noise testing<br>• impact on communication, with consideration to education and social impacts, and patient and family observation |

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| | • evaluation of technology benefits, style, lifestyle, cognitive understanding, and environment<br>• review of possible adjustments to learning environments for the introduction of assistive listening devices |
| 6.3 | Able to administer and interpret functional assessments (e.g., SIFTER) as an indicator of the child's performance. |
| **Objective 7** | **Counsel, monitor, and document patient progress** |
| 7.1 | Demonstrates the ability to counsel the child, family, and inter-professional team (including educators):<br>• Provides verbal and written information of assessment results, hearing aid maintenance and function, expected outcomes, and follow up schedule<br>• Includes the child in decisions pertaining to their hearing health whenever possible and under guidance from family<br>• Receives and returns calls following the initial hearing loss diagnosis<br>• Meets with the child's inter-professional team to discuss treatment plan (with appropriate family permission) |
| 7.2 | Recognizes barriers to successful outcomes and modifies the treatment plan by considering the economic, familial, or social barriers which may hinder child from receiving full benefit from amplification (e.g., single family home, blended family, foster family, school issues, shared custody, etc.). |
| 7.3 | Provides alternatives to treatment plan as issues arise, in a timely manner. |
| 7.4 | Monitors, through objective and subjective results, hearing aid function:<br>• Provides timely follow up via telephone after initial fit<br>• Provides follow up with aided verification according to industry standards, after initial fit, with adjustments as needed<br>• Schedules follow-up or "brings forward" for hearing re-assessment and, ear mold and hearing aid maintenance on an appropriate schedule |

Licensees are responsible for documenting learning interactions with patients and patient consent in accordance with the CHCPBC Ethics and Practice Standards.

## References

CHCPBC Bylaws, section 7
CHCPBC Ethics and Practice Standards

## Resources

Practical Learning Log
BCEHP Amplification Protocol