

Assessment Blueprint for Audiological Medicine

Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
1.1 Congenital or prelingual deafness						
Learning Objective: To be able to suspect, diagnose and manage congenital and prelingual deafness in children						
Knowledge	the signs and symptoms of deafness	X	X	X		
	the aetiology of hearing disorders and the likelihood of involvement of other systems	X	X	X		
	the appropriate aetiological investigations	X	X	X		
	normal general child development	X	X	X		
	the speech & language development of normal and deaf children	X	X	X		
	the indications, application and problems of audiological tests (see 1.10)	X	X	X		
	amplification methods including conventional hearing aids and cochlear implantation (see 4.3)	X	X	X		
	methods of assessing benefit and problems with amplification (see 4.3)	X	X	X		
	alternative modes of communication	X	X	X		
	about the needs of the deaf adolescent during transition and transfer to adult services	X	X	X		
	how to manage a deaf child	X	X	X		
	about the educational needs of children and statutory assessment of educational needs	X	X	X		
	of possible psychological /cultural issues surrounding hearing loss and their immediate and long term management	X	X	X		
	when to refer for further medical opinions and to other allied professionals	X	X	X		
About newborn hearing screening and the management of children who fail	X	X	X			
Skills	Take an accurate history including pre-, peri- and post-natal history and family history		X	X		
	Elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	Undertake an accurate and reliable clinical examination		X	X		
	Recognise features indicative of syndromic deafness		X	X		

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Skills	Select the appropriate tests that are required to assess the child		X	X		
	Interpret the results of these tests		X	X		
	Select and interpret appropriate aetiological investigations		X	X		
	Communicate effectively with both patient and parents, including those whose first language is not English		X		X	
	Work effectively through an interpreter		X			
	Communicate effectively with colleagues verbally and in writing		X		X	
	Assess benefits and problems of intervention		X	X		
	Use British Sign Language to a minimal level of Stage 1		X			
Attitudes	Recognise the importance of the history including family history & developmental history in making a diagnosis.		X	X		
	Recognise the cultural issues and parental views with regards to deafness and its management		X	X	X	
	Recognise the anxiety and stress caused by suspected deafness and the possible natural reactions surrounding the diagnosis		X	X	X	
	Recognise the effect of audiological and aetiological uncertainty following identification of significant deafness in the newborn period		X	X	X	
	Recognise the importance of involvement of other professionals in the management of deaf children		X	X	X	
	Recognise the importance of effective multidisciplinary team work and ability to efficiently communicate with colleagues and parents both verbally and in writing		X	X	X	
	Recognise the needs of the deaf adolescent during transition and transfer		X	X	X	
	Recognise and appreciate the value of voluntary agencies in supporting the family and child		X	X		
1.2 Progressive, sudden or late onset deafness						
Learning Objective: To be able to detect, investigate and manage progressive or sudden deafness in children						
Knowledge	The signs and symptoms of progressive or sudden deafness	X	X	X		
	The psychological sequelae of progressive or sudden deafness	X	X	X		

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Knowledge	The impact on speech and communication skills and school performance	X	X	X		
	The aetiology of progressive or sudden deafness	X	X	X		
	The appropriate audio-vestibular and aetiological investigations	X	X	X		
	How to manage a child with progressive or sudden deafness	X	X	X		
	When to refer for further medical opinions and to other allied professionals	X	X	X		
Skills	Take an accurate history		X	X		
	Elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	Undertake an accurate and reliable audiological, neuro-otological and general clinical examination		X	X		
	Select and interpret appropriate investigations including speech and language assessment and vestibular assessment		X	X		
	Select and interpret appropriate aetiological investigations		X	X		
	Communicate effectively with both patient and parents, including those whose first language is not English		X		X	
	Communicate effectively with colleagues both verbally and in writing		X		X	
	Assess benefits and problems of intervention correctly		X	X		
Attitudes	Recognise the importance of the history including family history, and developmental history in making a diagnosis.		X	X		
	Recognise the anxiety and stress caused by progressive or sudden deafness and the possible natural reactions surrounding the diagnosis for both the child and parents		X	X	X	
	Recognise the importance of involvement of other professionals in the management of such children		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	

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	Recognise the value of voluntary organisations for the child and his family		X	X		
1.3 Fluctuating deafness including otitis media with effusion						
Learning Objective: To be able to detect, investigate and manage fluctuating deafness, including otitis media with effusion, in children						
Knowledge	the signs and symptoms of fluctuating deafness including otitis media with effusion	X	X	X		
	the signs and symptoms of fluctuating deafness including otitis media with effusion	X	X	X		
	the impact of otitis media with effusion on emerging speech and language skills and behaviour, and its management	X	X	X		
	appropriate audio-vestibular and aetiological investigations of fluctuating deafness including otitis media with effusion	X	X	X		
	current best evidence for medical, audiological and surgical management of fluctuating deafness	X	X	X		
	when to refer for further medical opinions and to other allied professionals	X	X	X	X	
Skills	take an accurate history		X	X		
	elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	undertake an accurate and reliable audiological, neuro-otological, developmental, and speech & language assessment, and general clinical examination		X	X		
	select and interpret the appropriate tests that are required to assess the child		X	X		
	select and interpret appropriate aetiological investigations		X	X		
	communicate effectively with both patient and parents, including those whose first language is not English		X		X	
	communicate effectively with colleagues both verbally and in writing		X	X	X	
	assess benefits and problems of intervention correctly		X	X		

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	work effectively within a multi-disciplinary team		X	X	X	
Attitude	Recognise the importance of the history including family history, and developmental history in making a diagnosis.		X	X		
	Recognise the importance of involvement of other professionals in the management of children with deafness		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	
	Recognise that some families seek complementary medicine approaches to otitis media with effusion		X	X	X	
	Recognise parental views of the child's management		X	X	X	
	Recognise the value and limitations of national guidelines	X	X	X		
1.4 Non-organic hearing difficulties						
Learning Objective: To be able to detect, investigate and manage non-organic hearing difficulties in children						
Knowledge	the developmental/history profile of children who present with non organic hearing difficulties	X	X	X		
	the causes of non-organic hearing difficulties	X	X	X		
	correct management of non-organic hearing difficulties	X	X	X	X	
	when to refer for further medical opinions and to other allied professionals	X	X	X	X	
Skills	take an accurate history		X	X		
	elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	carry out an accurate and reliable audiological and general clinical examination in particular a clear profile of psychological and educational achievements		X	X		
	select and interpret the appropriate tests that are required to assess the child	X	X	X		

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	communicate effectively with both patient and parents, including those whose first language is not English		X	X	X	
	communicate effectively with colleagues both verbally and in writing		X	X	X	
	assess benefits and problems of intervention correctly		X	X		
	work effectively within a multi-disciplinary team		X	X	X	
Attitude	Recognise the importance of the history in making a diagnosis.		X	X		
	Recognise the importance of involvement of other professionals in the management of children with non-organic hearing difficulties		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	
	Recognise the importance of sensitivity to parents' and patient's response to a 'non-organic' diagnosis		X	X	X	
1.5 Children with complex medical or developmental problems and others who are "difficult to assess"						
Learning Objectives:						
<ul style="list-style-type: none"> • To be able to carry out an accurate audiological assessment of children with complex medical or developmental problems and also those children who are "difficult to assess" • To be able to manage deafness in these children 						
Knowledge	the signs and symptoms of hearing loss in children with complex medical problems	X	X	X		
	normal development of the child	X	X	X		
	the speech & language development of normal and deaf children	X	X	X		
	amplification methods including hearing aids, and methods of prescribing hearing aids especially with reference to children with complex medical problems	X	X	X		
	methods of assessing benefit and problems with amplification	X	X	X		
	about the educational needs of children and statutory assessment of educational needs	X	X	X		

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	of possible psychological /cultural issues surrounding deafness, particularly in relation to the child's additional difficulties, and their immediate and long term management	X	X	X	X	
Skills	take an accurate history including pre-, peri- and post-natal history, developmental history and the family history		X	X		
	elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	perform an accurate and reliable clinical examination		X	X		
	identify the importance of general medical conditions on audio-vestibular status		X	X		
	select and interpret the appropriate tests that are required to assess the child		X	X		
	select and interpret appropriate aetiological investigations		X	X		
	communicate effectively with both patient and parents, including those whose first language is not English		X	X	X	
	communicate effectively with colleagues both verbally and in writing		X	X	X	
	assess correctly benefits and problems of intervention		X	X		
	work effectively within a multi-disciplinary team		X	X	X	
Attitude	Recognise the importance of the history including family and developmental history in making a diagnosis.		X	X		
	Recognise cultural issues and parental views with regards to deafness and its management		X	X	X	
	Recognise the anxiety and stress caused by suspected deafness and the possible natural reactions surrounding the diagnosis		X	X	X	
	Recognise the combined effect of deafness with other special needs for the child and family		X	X	X	
	Recognise the importance of involvement of other professionals in the management of children with deafness		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	

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	Recognise the value of voluntary organisations for the families		X	X		
1.6 Children with speech & language problems (* ST6 and ST7)						
Learning Objective: To be able to suspect and diagnose speech/language disorder/delay in children presenting with speech & language problems						
Knowledge	the signs and symptoms of speech and language disorder/delay in children	X	X	X		
	the causes of speech and language problems in children	X	X	X		
	the association of developmental disorders of speech and language with other developmental and processing disorders	X	X	X		
	normal development of the child	X	X	X		
	normal speech and language development	X	X	X		
	the role of the speech & language therapist	X	X	X	X	
	about the educational needs of children with speech and language disorder/delay and statutory assessment of educational needs	X	X	X		
	the specialist provision and voluntary organisations supporting these children	X	X	X		
	the range of tests and assessments needed to evaluate children with disorders of speech and language	X	X	X		
	the communication options for these children	X	X	X		
	about the impact of speech and language disorders on the child's psychological and social development	X	X	X		
Skills	take an accurate history including pre-, peri- and post-natal history, developmental history and the family history		X	X		
	to elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	carry out an accurate and reliable clinical examination		X	X		
	work closely with speech and language therapists (SALT) and other professionals to ensure effective multidisciplinary evaluation of the child		X	X	X	
	select and interpret the appropriate aetiological investigations		X	X		
	interpret appropriate multidisciplinary assessments in the light of clinical presentation		X	X	X	

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Skills	formulate in conjunction with a SALT and the parents, an appropriate management plan		X	X	X	
	communicate effectively with both patient and parents, including those whose first language is not English		X	X	X	
	communicate effectively with colleagues both verbally and in writing		X	X	X	
	assess correctly benefits and problems of intervention		X	X	X	
Attitude	Recognise importance of the history including family and developmental history in making a diagnosis.		X	X		
	Recognise cultural issues and parental views with regards to speech and language difficulties and management thereof		X	X	X	
	Recognise the anxiety and stress caused by speech and language difficulties and the possible natural reactions surrounding these diagnoses		X	X	X	
	Recognise the importance of involvement of other professionals in the management of children with speech and language difficulties		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	
	Recognise the importance of enabling parents to access specialist resources		X	X	X	
1.7 Auditory Processing Disorders (APD)						
Learning Objective: To be able to suspect, diagnose and manage auditory processing problems in children						
Knowledge	the signs and symptoms of APD and how it can affect the child's educational progress	X	X	X		
	the conditions that may cause or be associated with APD	X	X	X		
	normal general child development	X	X	X		
	the speech & language development of normal and deaf children	X	X	X		
	the anatomy and physiology of the central auditory pathways	X				
	the indications, application, difficulties and interpretation of audiological test batteries	X	X	X		

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	methods of rehabilitation of children with APD	X	X	X		
	about the educational needs of children and statutory assessment of educational needs	X	X	X		
Skills	take an accurate history including pre-, peri- and post-natal history, developmental history and the family history		X	X		
	to elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	undertake an accurate and reliable clinical examination including neurological assessment		X	X		
	select and interpret the appropriate tests that are required to assess the child		X	X		
	select and interpret appropriate aetiological investigations		X	X		
	communicate effectively with both patient and parents, including those whose first language is not English		X	X	X	
	work effectively within a multi-disciplinary team and communicate effectively with colleagues both verbally and in writing		X	X	X	
	correctly assess benefits and problems of intervention		X	X	X	
Attitude	Recognise the importance of the history in making a diagnosis.		X	X		
	Recognise the importance of involvement of other professionals in the assessment and management of children with APD		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	
1.8 Auditory Neuropathy/Auditory Dysynchrony (AN/AD)						
Learning Objective: To be able to suspect, diagnose and manage auditory neuropathy or auditory dysynchrony in children						
Knowledge	the presentation and diagnostic tests for AN/AD	X	X	X		
	the signs and symptoms of AN/AD and how it can affect the child's educational progress	X	X	X		
	the conditions that may cause or be associated with AN/AD	X	X	X		
	normal general child development	X	X	X		
	the speech & language development of normal and deaf children	X	X	X		
	methods of rehabilitation of children with AN/AD including the value of cochlear implant	X	X	X		

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	about the educational needs of children and statutory assessment of educational needs	X	X	X		
Skills	take an accurate history including pre-, peri- and post-natal history, developmental history and the family history		X	X		
	to elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	undertake an accurate and reliable clinical examination		X	X		
	select and interpret the appropriate tests that are required to assess the child		X	X		
	select and interpret appropriate aetiological investigations		X	X		
	communicate effectively with both patient and parents, including those whose first language is not English		X	X	X	
	share uncertainties in prognosis with parents		X	X	X	
	work effectively within a multi-disciplinary team and communicate effectively with colleagues both verbally and in writing		X	X	X	
	correctly assess benefits and problems of intervention		X	X		
Attitude	Recognise the importance of accurate electrophysiological testing in making a diagnosis.		X	X		
	Recognise the importance of involvement of other professionals in the management of children with AN/AD		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	
	Recognise the effect on the parents of audiological and prognostic uncertainty especially following identification in the newborn period		X	X	X	
1.9 Tinnitus, Dysacusis and Hyperacusis in Children Learning Objectives: <ul style="list-style-type: none"> • To be able to suspect, diagnose and manage tinnitus in children • To be able to suspect, diagnose and manage dysacusis and hyperacusis in children 						
Knowledge	how tinnitus may present in children	X	X	X		

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
Knowledge	how dysacusis or hyperacusis may present in children	X	X	X		
	the different conditions which can cause or trigger tinnitus, dysacusis or hyperacusis	X	X	X		
	current pathophysiological theories about tinnitus generation	X	X	X		
	the prevalence of tinnitus and its natural history of habituation.	X	X	X		
	the psychological effects of tinnitus, dysacusis and hyperacusis on the child and how these can be managed	X	X	X		
	the possible effects of tinnitus, dysacusis or hyperacusis on education	X	X	X		
	how to select and interpret appropriate tinnitometric and aetiological (including audiometric and imaging) investigations	X	X	X		
	how to manage a child with tinnitus, dysacusis or hyperacusis in the context of the multi-disciplinary team	X	X	X	X	
Skills	take an accurate history including pre-, peri- and post-natal history, developmental history and the family history		X	X		
	to elicit sensitive information from the parents/patient that are relevant to management		X	X	X	
	undertake an accurate and reliable clinical examination		X	X		
	select and interpret the appropriate tests that are required to assess the child		X	X		
	select and interpret appropriate aetiological investigations		X	X		
	select appropriate management strategies		X	X	X	
	communicate effectively with both patient and parents, including those whose first language is not English		X	X	X	
	work effectively within a multi-disciplinary team and communicate effectively with colleagues both verbally and in writing		X	X	X	
	refer appropriately to other specialists		X	X	X	
Attitude	Recognise the importance of the history in making a diagnosis and determining optimal management.		X	X		
	Recognise the possible psychological impact of tinnitus on the child and family and of the child and family's attitude on the tinnitus		X	X	X	

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Attitude	Recognise the importance of involvement of other professionals in the management of children with tinnitus, dysacusis or hyperacusis		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues and parents both verbally and in writing		X	X	X	
	Recognise the value of complementary medical approaches to holistic management of tinnitus		X	X	X	
1.10 Practical Procedures in Paediatric Audiological Medicine						
Learning Objectives:						
<ul style="list-style-type: none"> • To gain a comprehensive knowledge of audiological testing in children • To gain practical skills in testing children. • To gain a critical appreciation of the value and difficulties of audiological tests in children 						
Knowledge	the anatomy and physiology of the auditory pathway	X	X	X		
	the theoretical basis of audiological testing including physics, acoustics and psychoacoustics	X	X	X		
	the normal development of behavioural responses to sound in children	X	X	X		
	the indications for the various audiological tests in children	X	X	X		
	the values, limitations and practical difficulties of audiological testing in children	X	X	X		
Skills	select appropriately, interpret correctly and perform competently:					
	distraction testing on normal children		X	X		X
	distraction testing on 'difficult to test' children		X	X		X
	behavioural observation audiometry		X	X		X
	visual reinforcement audiometry		X	X		X
	conditioning techniques for soundfield and ear specific audiometry		X	X		X
	pure tone audiometry (air conduction, bone conduction with or without masking)		X	X		X
	acoustic immittance measures		X	X		X
speech perception tests		X	X		X	

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Skills	Select appropriately, interpret correctly and have practical experience of:					
	middle ear reflex measures		X	X		X
	otoacoustic emissions (transient, distortion product, spontaneous, contra-lateral suppression)		X	X		X
	speech audiometry including speech in noise		X	X		X
	evoked responses (electro-cochleography, auditory brainstem responses, middle latencies, cortical responses)		X	X		X
	tests of auditory processing		X	X		X
Attitude	work effectively in a multidisciplinary team		X	X	X	
	communicate effectively with patients, their families and other professionals both verbally and in writing		X	X	X	
2.1 Tinnitus Learning Objectives: <ul style="list-style-type: none"> ▪ distinguish between the causes of tinnitus ▪ determine the effects of tinnitus on the individual ▪ select appropriate investigations ▪ define a management plan ▪ explain the causes and consequences of tinnitus to the individual 						
Knowledge	the different conditions which can cause or trigger tinnitus	X	X	X		
	current pathophysiological theories about tinnitus generation	X	X	X		
	the prevalence of tinnitus and its natural history of habituation.	X	X	X		
	how to select and interpret appropriate tinnitometric and aetiological (including audiometric and imaging) investigations	X	X	X		
	the psychological effects of tinnitus on the patient and how these can be managed	X	X	X		
	the effects of hearing aids, tinnitus instruments (including WNG, sound ball etc.) and environmental modification on tinnitus	X	X	X		
	about various tinnitus retraining and relaxation techniques	X	X	X		
Skills	take a relevant history and perform an appropriate examination		X	X		
	counsel the patient on the cause, test results and consequences of tinnitus		X	X	X	

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	select and interpret the results of tinnitometric and audiological investigations		X	X		
	select and interpret appropriate aetiological investigations including imaging		X	X		
	select appropriate management strategies such as hearing aids, tinnitus instruments, cognitive therapy, relaxation, pharmacological options		X	X	X	
	identify psychological problems needing psychiatric referral		X	X	X	
	select and interpret appropriate outcome measures		X	X		
	work effectively within the multi-disciplinary team and liaise effectively with hearing therapists, clinical psychologists, psychiatrists and GPs about the appropriate management of the patient		X	X	X	
Attitude	Recognise the psychological impact of tinnitus on the patient and of the patient's psychological attitude on the tinnitus		X	X	X	
	Recognise the need for an empathetic, supportive and positive approach to the patient and his/her concerns		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues both verbally and in writing		X	X	X	
	Recognise the value of complementary medical approaches to holistic management of tinnitus		X	X	X	
2.2 Sudden hearing loss						
Learning Objective: To be able to carry out specialist assessment, treatment and rehabilitation of patients with sudden hearing loss.						
Knowledge	the causes of sudden hearing loss.	X	X	X		
	how to differentiate between the various anatomical sites of lesion that may be involved.	X	X	X		
	the indications for the relevant audiometric, serological and imaging investigations.	X	X	X		
	the psychological impact of sudden hearing loss particularly if permanent and bilateral.	X	X	X		
	current evidence based management for both the acute presentation and later	X	X	X		

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	the indications for surgery in both conductive and profound hearing loss.	X	X	X		
	about communication strategies and hearing tactics	X	X	X		
	about the concurrence of tinnitus and vertigo with sudden hearing loss	X	X	X		
Skills	take a relevant history and perform appropriate examination.		X	X		
	select and interpret results of appropriate investigations.		X	X		
	select appropriate management strategies e.g. pharmacological, surgical, psychological and rehabilitative - including CROS systems.		X	X		
	liaise effectively with Otologists, Neurosurgeons, Hearing Therapists and Counsellors about the appropriate management of the patient		X	X	X	
	work effectively within the multi-disciplinary team		X	X	X	
Attitude	listen sympathetically and positively to the problems and fears of the patient		X	X	X	
	recognise the impact of sudden hearing loss on the patient and his/her ability to work, socialise and communicate		X	X	X	
	recognise the importance of effective multidisciplinary team work and effective communication with colleagues both verbally and in writing		X	X	X	
2.3 Unilateral hearing loss						
Learning Objective: To be able to carry out specialist assessment, treatment and rehabilitation of patients with unilateral hearing loss.						
Knowledge	the causes of unilateral hearing loss.	X	X	X		
	the indications for relevant audiometric, serological and imaging investigations.	X	X	X		
	the effects that unilateral hearing loss may have on the patient, including issues of safety	X	X	X		
	the effects of associated tinnitus and dizziness	X	X	X		
	current evidence based pharmacological management	X	X	X		
	the indications for surgical referral to Otologist or Neurosurgeon.	X	X	X		

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Skills	take a relevant history and perform appropriate examination.		X	X		
	select and interpret results of appropriate investigations.		X	X		
	define an appropriate management plan including BAHA, CROS/BICROS systems.		X	X		
	discuss the diagnosis and management options with the patient		X	X	X	
	work effectively within the multi-disciplinary team		X	X	X	
	liaise with Otologist and Neurosurgeons where necessary.		X	X	X	
Attitude	Recognise the impact of the hearing loss and its cause on the patient and the immediate family.		X	X	X	
	Recognise the importance of effective multidisciplinary team work and effective communication with colleagues both verbally and in writing		X	X	X	
2.4 Hearing problems in younger adults Learning Objectives: <ul style="list-style-type: none"> ▪ determine the cause and types of hearing problems ▪ specify appropriate investigations ▪ determine the consequences of the hearing impairment for the individual ▪ define appropriate management and rehabilitation 						
Knowledge	the conditions which can result in hearing problems in younger adults	X	X	X		
	the manifestations of King Kopetzky Syndrome (also called Obscure Auditory Dysfunction, auditory processing disorder) and auditory neuropathy	X	X	X		
	audiometric investigations which can be used to specify the type of impairment	X	X	X		
	current evidence-based management of hearing loss including pharmacological and surgical	X	X	X		
	the possible impact of the hearing problems on the individual's life and the effect on immediate family members, including psychosocial and speech & language issues	X	X	X		
	the importance of education of significant others to aid rehabilitation.	X	X	X		

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
Knowledge	about appropriate instrumental help e.g. Hearing aids, Bone Anchored hearing aids, Cochlear Implants, tactile and environmental aids	X	X	X		
	about non instrumental rehabilitation e.g. Hearing Tactics, Speech reading	X	X	X		
	the limits of hearing aid amplification	X	X	X		
	about external support agencies and policies e.g. social workers, RNID, Access to work etc.	X	X	X		
Skills	take an appropriate history, examine the patient and perform clinical tests of hearing		X	X		
	select and interpret appropriate audiometric tests including more sophisticated measures such as tests of central auditory function		X	X		
	select appropriate aetiological tests including auto-immune investigation and genetic testing		X	X		
	suggest and refer for appropriate hearing aid or other instrumental fitting		X	X		
	determine and interpret relevant outcome measures		X	X		
	communicate effectively with patients whose first language is not spoken English e.g. BSL		X	X	X	
	work effectively as part of a multidisciplinary team to effect optimal management strategies		X	X	X	
	liaise with ENT Surgeons about surgery for those with appropriate conductive hearing loss		X	X	X	
	explain the results of the investigations and discuss management options with the patient and significant others		X	X	X	
Attitude	Recognise the patient's concerns about the effects of their hearing problems including cosmetic effects		X	X	X	
	Recognise the impact of hearing loss on the individual's ability to work and socialise		X	X	X	
	Recognise the impact of hearing loss on immediate family members		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
2.5 Congenitally deaf adult 2.6 Learning Objectives: <ul style="list-style-type: none"> ▪ determine the aetiology, severity and progression of the deafness ▪ assess the impact of the deafness in the individual ▪ elucidate the previous management, education and communication skills (including signing) of the patient ▪ initiate further rehabilitative management, in conjunction with the social worker for the deaf and disability employment advisor where relevant 						
Knowledge	the causes of congenital deafness	X	X	X		
	the effects of congenital deafness on speech & language and communication	X	X	X		
	the impact of such deafness on individuals concerned and significant others, including psychosocial effects	X	X	X		
	about associated symptoms such as tinnitus or balance difficulties	X	X	X		
	about alternative communication systems	X	X	X		
	about deaf culture and the local support facilities for deaf people	X	X	X		
	about appropriate hearing aids and environmental aids to facilitate the individual leading a normal family life and holding down an appropriate job	X	X	X		
	about the rapid advances in the research of genetic deafness and its impact on patient management	X	X	X		
Skills	take an appropriate family history		X	X		
	take a relevant history and perform an appropriate examination using a sign language interpreter where necessary		X	X		
	investigate and manage the aetiological factors and consequences		X	X		
	determine the communication abilities and needs of the individual		X	X		
	use finger spelling and some basic signs (minimum BSL stage 1)		X	X		
	suggest appropriate environmental and other aids for the patient		X	X		
	work effectively within the multi-disciplinary team		X	X	X	
liaise effectively with the social worker for the deaf about ongoing support		X	X	X		
Attitude	appreciate and understand the attitudes of those within the Deaf Community		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	understand the needs and expectations of a deaf young adult on transfer from a paediatric clinic		X	X		
2.7 Hearing problems in the elderly Learning Objectives: <ul style="list-style-type: none"> ▪ determine the aetiology, type and severity of hearing loss ▪ instigate appropriate investigations ▪ initiate management relevant to the patient within their environment 						
Knowledge	the different conditions which may cause hearing impairment in the elderly.	X	X	X		
	the effects of general ageing process on the auditory system	X	X	X		
	the different rehabilitative approaches that are available	X	X	X		
	of other relevant services, e.g. social worker for the hearing impaired, who can provide help for such individuals	X	X	X		
	of other impairment e.g. loss of tactile sensitivity or blindness which might impair the individual's ability to cope with more routine rehabilitative approaches	X	X	X		
	about psychosocial issues associated with hearing loss in the elderly including feelings of isolation and avoidance	X	X	X		
	common general medical problems which may affect rehabilitation	X	X	X		
	associated problems such as balance disturbance and falls	X	X	X		
Skills	take a relevant history and examine the patient		X	X		
	select and interpret appropriate audiological investigations		X	X		
	investigate relevant aetiological factors		X	X		
	identify additional medical problems which may adversely affect rehabilitation eg hypothyroidism, arthritis, Parkinson's disease and refer appropriately to geriatrician or specialist		X	X		
	refer appropriately for instrumental devices e.g. hearing aids, environmental aids		X	X		
	select and interpret appropriate outcome measures		X	X		
	liaise effectively with hearing therapist and social worker for the hearing impaired regarding optimal approaches to management of the individual's problems		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	discuss management options with the patient		X	X	X	
Attitude	Recognise the impact which hearing loss can have on individuals and their significant others and the importance of education to aid rehabilitation		X	X	X	
	Recognise the need for an empathetic approach		X	X	X	
2.8 Dysacusis and central auditory function						
Learning Objectives						
<ul style="list-style-type: none"> ▪ determine the cause of pressure sensations, phonophobia (hyperacusis), echoing and other dysacusis ▪ treat them appropriately ▪ evaluate any central auditory dysfunction ▪ initiate rehabilitative management for such patients 						
Knowledge	the range of dysacusis and the aetiological factors involved	X	X	X		
	the approaches to treatment and rehabilitative management of dysacusis and their causes	X	X	X		
	the anatomy of the central auditory pathways and methods of testing the function of the different parts	X	X	X		
	the various presentations of central auditory dysfunction	X	X	X		
	the conditions which can result in such dysfunction, their investigations, and current limitations in our knowledge of their cause, investigation and treatment	X	X	X		
	the rehabilitative approaches available for such patients including auditory training methods, communication strategies, hearing tactics	X	X	X		
	the psychosocial effects of these hearing difficulties	X	X	X		
	the impact of these hearing difficulties on the individual's ability to work	X	X	X		
Skills	take an appropriate history and perform a relevant clinical examination		X	X		
	select and interpret tests of peripheral and central auditory function		X	X		
	select appropriate investigations for those with proven central auditory dysfunction		X	X		
	counsel effectively the patients with phonophobia about methods of desensitisation		X	X		

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	liaise effectively with hearing therapist regarding rehabilitative strategy for patients with central auditory dysfunction		X	X		
Attitude	Recognise the impact of dysacusis and central auditory dysfunction on the patient's ability to function at home and at work		X	X		
2.9 Intellectually disabled adult						
Learning Objective: To be able to carry out appropriate hearing assessment, treatment and rehabilitation of patients with intellectual disability.						
Knowledge	the audiological or neuro-otological problems that may be associated with intellectual handicap and the specific effects that such problems may have.	X	X	X		
	the other handicaps that may be present such as visual or speech problems.	X	X	X		
	how acquired audiological or neuro-otological problems may present in such patients.	X	X	X		
	the rehabilitative approaches available for such patients and how to implement them.	X	X	X		
	issues concerning 'consent' in these patients	X	X	X		
Skills	take a relevant history and perform appropriate examination.		X	X		
	manage the patient's audiological or neuro-otological problems appropriately and effectively.		X	X		
	communicate the diagnosis, results of investigations and management plan effectively.		X	X	X	
	use appropriate hearing testing procedures.		X	X		
	liaise effectively with other professionals involved including social workers, speech and language therapists, nursing staff and carers.		X	X	X	
Attitude	listen sympathetically and positively to the problems and fears of the patient.		X	X	X	
	respect issues of confidentiality and informed consent.		X	X	X	
	work effectively with interpreters, carers and significant others where appropriate.		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
2.10 Practical Procedures in Adult Audiological Medicine						
Learning Objectives:						
<ul style="list-style-type: none"> • To gain a comprehensive knowledge of audiological testing in adults • To gain practical skills in performing audiological tests • To gain a critical appreciation of the value and difficulties of audiological tests in adults 						
Knowledge	the anatomy and physiology of the auditory pathway	X				
	the theoretical basis of audiological testing including physics, acoustics and psychoacoustics	X				
	the indications for the various audiological tests	X	X	X		
	the values, limitations and practical difficulties of audiological testing	X	X	X		
Skills	select appropriately, interpret correctly and perform competently and independently:					
	pure tone audiometry (air conduction, bone conduction with or without masking)		X	X		X
	acoustic immittance measures		X	X		X
	speech perception tests		X	X		X
	select appropriately, interpret correctly and perform under supervision:					
	middle ear reflex measures		X	X		X
	otoacoustic emissions (transient, distortion product, spontaneous, contra-lateral suppression)		X	X		X
	speech audiometry including speech in noise		X	X		X
	auditory brainstem responses and electro-cochleography		X	X		X
	select appropriately, interpret correctly and have practical experience of:					
	middle latency and cortical evoked responses		X	X		
	tests of auditory processing		X	X		
Attitude	work effectively in a multidisciplinary team		X	X	X	
	communicate effectively with patients, their families and other professionals both verbally and in writing		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
3.1 Acute vertigo Learning Objectives: <ul style="list-style-type: none"> ▪ determine the cause of the acute attack of vertigo ▪ instigate an appropriate set of investigations ▪ define a management plan ▪ assess the impact of the attack on the individual ▪ explain to the patient the likely cause and outcome of the acute vertigo ▪ identify those patients for whom the attack affects their fitness to drive 						
Knowledge	the different pathological mechanisms of an acute attack of vertigo	X	X	X		
	the various otological, neurological and general medical causes of acute vertigo	X	X	X		
	the clinical presentation of benign paroxysmal positional vertigo	X	X	X		
	the eye movement abnormalities that may be associated with acute vertigo	X	X	X		
	how to investigate each of the causes of vertigo	X	X	X		
	the pharmacological options available to treat acute vertigo including the role of the low salt diet in patients with Meniere's Disease, and the place of prophylaxis in migraine	X	X	X		
	when to refer the patient to an ENT surgeon, a neurologist or a general physician	X	X	X		
	the natural history of acute vertigo	X	X	X		
Skills	distinguish peripheral from central vestibular causes of acute vertigo by an accurate history, examination and investigation		X	X		
	carry out a complete neuro-otological examination including an accurate examination of the eye movements, characterising any nystagmus		X	X		
	identify any general medical causes of vertigo by a good history and examination		X	X		
	identify pathology in the other stabilising sensory and effector motor systems by a good history and examination		X	X		
	assess any associated psychological factors and refer as necessary		X	X		
	perform and interpret caloric irrigation		X	X		X
	carry out particle repositioning manoeuvres e.g. Epley, Semont		X	X		X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
Skills	instruct the patient in appropriate exercises e.g. Cawthorne-Cooksey, Brandt-Darroff		X	X		X
	interpret a full battery of audio-vestibular tests		X	X		
	discuss management options with the patient		X	X	X	
	implement appropriate management including referral to a surgeon when required		X	X		
	work effectively with other members of the multi-disciplinary team		X	X	X	
	judge correctly as to when fitness to drive is affected	X	X	X		
Attitude	work effectively within a multi-disciplinary framework		X	X	X	
	develop an empathetic approach to the dizzy patient and recognise the psychological sequelae of acute vertigo		X	X	X	
3.2 Recurrent disequilibrium Learning Objectives: <ul style="list-style-type: none"> ▪ determine the cause of the recurrent dysequilibrium ▪ identify factors hindering vestibular compensation ▪ determine any disability or handicap conferred by symptoms ▪ select appropriate investigations ▪ instigate appropriate management and referral if necessary 						
Knowledge	the sensorimotor physiology involved in balance maintenance	X	X	X		
	the causes of peripheral and central vestibular disorders and those with remitting and relapsing courses	X	X	X		
	the types of pathology possible in other stabilising sensory and motor effector systems	X	X	X		
	the factors hindering vestibular compensation	X	X	X		
	the psychological impact of recurrent dysequilibrium	X	X	X		
	vestibular tests and aetiological investigation protocols including imaging	X	X	X		
	the pharmacological options, physical rehabilitation and psychological/psychiatric interventions	X	X	X		
Skills	take an accurate history and perform clinical examination to highlight cause of disorder and any factors hindering compensation		X	X		
	assess any associated psychiatric symptoms / avoidance behaviour		X	X		
	select and interpret appropriate vestibular tests		X	X		

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
Skills	identify correctly any aetiological factors		X	X		
	discuss and implement therapeutic options		X	X	X	
	refer appropriately to other members of the multi-disciplinary team for effective management		X	X	X	
Attitude	Recognise the distress and disability caused by recurrent disequilibrium and demonstrate a sensitive approach to the patient		X	X		
	Recognise the multidisciplinary approach to patient assessment and management		X	X		
3.3 Chronic imbalance						
Learning Objectives:						
<ul style="list-style-type: none"> ▪ identify the cause of chronic imbalance and ensure the appropriate management is instigated ▪ ensure appropriate genetic counselling is given if required 						
Knowledge	the range of central vestibular disorders causing chronic imbalance	X	X	X		
	the pathology in the stabilising sensory systems which give rise to multisensory imbalance	X	X	X		
	the pharmacotherapeutic agents causing chronic imbalance	X	X	X		
	the appropriate aetiological and vestibular investigations	X	X	X		
	the effect of recurrent and untreated dizziness of peripheral origin on balance	X	X	X		
	the psychological effects of chronic imbalance	X	X	X		
Skills	take an accurate history of balance impairment and disability		X	X		
	perform an accurate neurological, cardiological and general medical examination		X	X		
	perform an accurate eye movement examination and clinical balance assessment		X	X		
	assess accurately musculoskeletal conditions likely to impair rehabilitation		X	X		
	assess accurately disability and make appropriate physiotherapy referral		X	X		
	disentangle correctly psychological components from peripheral vestibular components in otherwise treatable balance disorders		X	X		
	work effectively within the multi-disciplinary team		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
Attitude	recognise the impact of chronic imbalance on employment and activities of daily living		X	X		
	recognise the psychological impact of chronic imbalance		X	X		
3.4 Blackouts/drop attacks Learning Objectives: <ul style="list-style-type: none"> ▪ distinguish between blackouts and drop attacks ▪ determine the cause of the black-out or drop attack ▪ ensure that appropriate management is instigated ▪ determine the significance of the episode from the perspective of fitness to drive 						
Knowledge	the mechanisms of epilepsy, pseudo-epilepsy, syncope, vasovagal attacks, and blackouts, and to know the aetiological factors involved	X	X	X		
	the investigation protocol and type of abnormalities found for each of the above	X	X	X		
	the pharmacotherapeutic options available to treat each cause	X	X	X		
	the law regarding black-outs and syncope and fitness to drive	X	X	X		
Skills	recognise the different clinical presentations of epilepsy, syncope and drop attacks		X	X		
	distinguish hyperventilation and pseudo-seizures from the above		X	X		
	take a good cardiological and neurological history and perform an appropriate examination		X	X		
	assess any psychological factors involved		X	X		
	interpret the full complement of cardiological, neurological, imaging and blood test abnormalities		X	X		
	refer the patient appropriately when necessary		X	X		
Attitude	recognise the impact of attacks which may be unpredictable and may stop the patient driving		X	X		
	demonstrate sensitivity when discussing psychological factors with the patient		X	X		

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
3.5 Falls in the elderly Learning Objectives: <ul style="list-style-type: none"> ▪ identify the cause of falls in the elderly ▪ make a holistic assessment of balance and gait in the patient ▪ instigate appropriate battery of investigations ▪ manage falls appropriately making specialist referrals as necessary 						
Knowledge	the sensori-motor physiology involved in balance maintenance	X	X	X		
	the effects of ageing and neurological disorder on the postural and righting reflexes	X	X	X		
	the causes of black-outs and drop attacks including cardio- and cerebrovascular pathology	X	X	X		
	the musculo-skeletal disorders impairing maintenance of the upright posture and locomotion	X	X	X		
	the investigation options available to identify aetiological factors	X	X	X		
	the full battery of audio-vestibular testing	X	X	X		
	the pharmacological and physiotherapeutic management options	X	X	X		
Skills	take a complete history and to understand the effects of ageing on memory and the consequent ability to give an accurate history		X	X		
	perform an accurate neuro-otological, neurological, cardiological and musculoskeletal examination.		X	X		
	make an appropriate differential diagnosis		X	X		
	interpret abnormalities on neuro-otological testing		X	X		
	refer appropriately to geriatrician, neurologist, rheumatologist or general physician and to multidisciplinary team		X	X	X	
	apply pharmacological interventions, or recommend physiotherapeutic options					
Attitude	demonstrate awareness of effects of both loss of confidence and social factors on gait.		X	X		
	demonstrate appropriate high standards of tact, empathy, respect and concern for the elderly and their families		X	X	X	
	demonstrate awareness of the voluntary sector in care of the elderly		X	X		

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
3.6 Dizziness and Imbalance in Children Learning Objectives: <ul style="list-style-type: none"> ▪ determine the cause of dizziness or imbalance in a child ▪ perform a developmentally appropriate balance assessment of a child ▪ instigate an appropriate test protocol ▪ implement an appropriate management plan 						
Knowledge	the sensori-motor physiology maintaining balance	X	X	X		
	the development of postural control in childhood	X	X	X		
	the ways in which a child may express their symptoms of dizziness or imbalance	X	X	X		
	the specific causes of childhood dizziness	X	X	X		
	the techniques available to investigate dizziness and balance disorders, which are suitable for children of different ages	X	X	X		
	the other aetiological investigations appropriate for children	X	X	X		
	the treatment options and vestibular rehabilitation approaches for children	X	X	X		
	when to refer to paediatrician, paediatric neurologist, cardiologist, ENT surgeon, geneticist or occupational therapist for an opinion	X	X	X		
Skills	take an appropriate neuro-otological and developmental history from parent/carer and child		X	X		
	perform a developmentally-appropriate balance assessment of the child including an appropriate eye movement examination		X	X		
	request an appropriate set of vestibular tests and be able to recognise abnormalities on those tests as different from age-related irregularities		X	X		
	recognise different causes of childhood and childhood/adult dizziness and imbalance		X	X		
	discuss causes and management strategies in a sensitive way with both the child and his/her carer		X	X	X	
	communicate effectively with other members of the multi-disciplinary team		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
Attitude	demonstrate appropriate high standards of tact, empathy, respect and concern for children		X	X	X	
	communicate effectively with both the child and his/her carer		X	X	X	
	recognise the importance and role of the multidisciplinary team		X	X	X	
3.7 Practical Procedures in Vestibular Medicine						
Learning Objectives:						
<ul style="list-style-type: none"> • To gain a comprehensive knowledge of vestibular testing in children and adults • To gain practical skills in testing children and adults. ▪ To gain a critical appreciation of the value and difficulties of vestibular tests in children and adults 						
Knowledge	the anatomy and physiology of the vestibular system and its central connections	X	X	X		
	the theoretical basis of vestibular testing	X	X	X		
	the indications for vestibular testing	X	X	X		
	the values, limitations and practical difficulties of vestibular testing in both adults and children	X	X	X		
	age-related changes in postural control and responses to visuo-vestibular stimulation	X	X	X		
	integrate the results of audiological, vestibular and aetiological tests to formulate a diagnosis and a management plan	X	X	X		
Skills	select appropriately and interpret correctly and perform competently and independently all the vestibular tests listed below in children and adults					
	Hallpike testing		X	X		X
	Video-nystagmoscopy		X	X		X
	Caloric irrigations		X	X		X
	Posturography		X	X		X
	select appropriately and interpret correctly and perform under supervision all the vestibular tests listed below in children and adults					
	ENG/EOG recordings during visuo-vestibular stimulation		X	X		X
	Vestibular evoked myogenic potentials (VEMPs)		X	X		X
Attitude	recognise the importance of effective multidisciplinary team work and effective communication with colleagues both verbally and in writing		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	demonstrate appropriate high standards of tact, empathy, respect and concern for children and adults		X	X	X	
4.1 Basic sciences Learning Objectives: <ul style="list-style-type: none"> ▪ gain a comprehensive knowledge of the basic sciences related to the auditory system and related organs ▪ gain a knowledge of phonetics, speech reception and speech production ▪ gain a knowledge of room acoustics ▪ gain a detailed knowledge of British and International standards relating to audiological medicine and calibration 						
Knowledge	the anatomy, physiology and biochemistry of the audio-vestibular system and related organs	X				
	the anatomy and physiology of speech production system	X				
	the embryological development of the above	X				
	the psychology of hearing and balance	X				
	the requirements for sound proofing	X				
	about standards and calibration	X				
	basic acoustics	X				
Skills	detect abnormalities in the development of the audio-vestibular system		X	X		
	detect abnormalities in the development of the speech production system		X	X		
	detect abnormalities of speech		X	X		
	ensure room acoustics are appropriate for testing hearing and the equipment is calibrated properly.		X	X		
	communicate effectively with colleagues both verbally and in writing		X	X	X	
Attitude	understand the psychological issues with regards to abnormalities of anatomy and physiology		X	X		
	maintain standards of testing and test environment		X	X		
	recognise the role of various audiological professionals in maintaining the above		X	X		
	work effectively in a team in order to deliver a comprehensive and high standard of testing		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
4.2 Preventive Audiology Learning Objectives: <ul style="list-style-type: none"> ▪ know the general principles of primary, secondary and tertiary prevention ▪ gain a comprehensive knowledge of noise and its effect on the audio-vestibular system ▪ gain a detailed knowledge of ototoxicity ▪ understand the epidemiology of hearing loss and its prevention ▪ develop a comprehensive knowledge of screening for hearing loss 						
Knowledge	the noise levels that are damaging to hearing, sources of such noise and prevention of exposure including noise surveys, hearing conservation and ear protection	X	X	X		
	the substances and drugs that affect the audio-vestibular system and their effect	X	X	X		
	the epidemiology of hearing loss, incidence of permanent congenital hearing loss and acquired hearing loss	X	X	X		
	about screening principles, methods, dealing with screen failures, setting up a screening program in a district, monitoring and audit	X	X	X		
	the genetics affecting the individual's predisposition to ototoxic agents	X	X	X		
	about the role of immunisation in the prevention of hearing and balance disorders	X				
Skills	detect noise damage early and provide appropriate advice		X	X		
	advise on prevention of damage from noise		X	X		
	detect ototoxicity early and advise other clinicians		X	X		
	manage audiovestibular problems from ototoxicity		X	X		
	implement and perform different screening methods, and interpret the results		X	X		
	manage appropriately those who "fail" the screen		X	X		
	address the potential anxieties relating to screening		X	X		
	work effectively within a multidisciplinary team		X	X	X	
Attitude	recognise the importance of effective multidisciplinary team work and effective communication with colleagues both verbally and in writing		X	X	X	

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
4.3 Hearing instruments						
Learning Objective: To gain a comprehensive knowledge of amplification for adults and children including assistive listening devices						
Knowledge	about analogue and digital hearing aids, including body worn, post aural, in the ear, in-the-canal, totally-in-the-canal aids, vibrotactile aids, cochlear implants, bone-anchored hearing aids (BAHA), frequency transposition aids, implantable hearing aids, CROS and BICROS aids	X	X	X		
	about various hearing aid fitting formulae and real ear measurements in both adult and paediatric practice	X	X	X		
	the "plumbing system" (hooks, moulds, tubing etc) and its effect on the sound amplification	X	X	X		
	the assistive devices available including the radio aid and FM soundfield systems, alarm systems, loop systems	X	X	X		
	methods of assessing benefit of amplification in children and adults	X	X	X		
Skills	determine appropriateness and type of amplification (including cochlear implant) through discussion with audiological colleagues, patient and parents in the case of children		X	X		X
	discuss the current best technology with both patients, their families, and other professionals		X	X		X
	refer appropriately for amplification		X	X		X
	work effectively within the multi-disciplinary team		X	X	X	X
	Selecting, testing and fitting of hearing aids including BAHA and cochlear implant in both children and adults		X	X		X
	Measuring benefit of amplification		X	X		X
Attitude	Use of hearing aid test box for testing hearing aids and measuring insertion gain and real ear to coupler difference		X			X
	recognise the importance of effective multidisciplinary team work and effective communication with colleagues both verbally and in writing		X	X	X	X
	be sensitive to the reaction of patients and their families to amplification or to changes in amplification		X	X	X	X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
5.1 Otorhinolaryngology Learning Objectives: <ul style="list-style-type: none"> ▪ gain a sound knowledge of embryology, anatomy and physiology of the head and neck ▪ gain a detailed knowledge of pathology and management of otological conditions ▪ observe audiology related ENT surgery such as grommet insertion, mastoidectomy, tympanoplasty, surgery for cochlear implantation, bone anchored hearing aids and vestibular schwannoma. ▪ learn which patients are appropriately referred to ENT surgeons ▪ gain a knowledge of rhinological, oropharyngeal, upper airway and other head & neck conditions that may affect the audiovestibular system and speech. 						
Knowledge	the embryology, anatomy, physiology of the ear and head & neck	X				
	the pathology, appropriate investigations (including imaging) and management of congenital, acquired and other conditions of the ear including indications, risks, outcomes and complications of surgery	X	X	X		X
	the head and neck conditions that may produce aural symptoms including conductive hearing loss, and their appropriate management	X				X
Skills	take a full otological/ENT history relevant to the audiovestibular system and speech.					X
	perform an accurate and comprehensive examination of the ear, nose, oral cavity, pharynx and head & neck including use of otoscope, operating microscope, head mirror					X
	examine the ear under the microscope competently and to describe and identify any abnormalities accurately.					X
	identify and treat causes of otalgia, external and middle ear dysfunction					X
	refer appropriately to an ENT surgeon or immunologist					X
	removal of wax and debris from the external auditory canal using appropriate instruments and /or suction either under direct vision or using the operating microscope as appropriate					X
	ear syringing					X
Attitude	appreciate the relevance of a good ENT history and examination in managing patients with hearing and balance problems.					X
	know their limitations and when to refer					X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	appreciate the importance of involvement of other professionals including ENT surgeons in the management of patients with hearing and balance disorders					X
Attitude	recognise the importance of effective multidisciplinary team work and effective communication with colleagues both verbally and in writing				X	X
5.2 Paediatrics and Developmental Paediatrics Learning Objectives: <ul style="list-style-type: none"> ▪ develop an appropriate and confident child/family-centred approach when seeing Paediatric patients enabling assessment of the whole child ▪ obtain understanding of the roles of different members of the multi-disciplinary child health team 						
Knowledge	the milestones of normal child development.	X				X
	about school health, and educational provision and assessment procedures for children with special needs.	X				X
	about child protection issues	X				X
	about local professionals and the service they offer	X				X
	about issues concerning consent	X				X
	the problems a very premature or sick neonate or infant may encounter which could affect hearing, balance or speech & language development	X				X
Skills	take a relevant history and perform appropriate examination and developmental assessment					X
	communicate and play with children.					X
	recognise abnormal child development correctly					X
	refer appropriately to relevant specialist(s).					X
	liaise appropriately with members of the multi-disciplinary child health team					X
	talk sensitively with parents					X
Attitude	demonstrate appropriate high standards of tact, empathy and confidentiality.					
	recognise the role of the members of the multi-disciplinary child health team in management of the patient.					X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	recognise the importance of consistent multi-agency working (social services, education etc.)					X
5.3 Paediatric neurology						
Learning objectives:						
<ul style="list-style-type: none"> ▪ make an accurate neurological assessment of a child ▪ know when to refer a patient to a paediatric neurologist or a neurosurgeon 						
Knowledge	the causes of paediatric central vestibular disorder	X				
	about the neurological disorders with neuro-otological manifestations e.g. childhood migraine/cyclical vomiting, neurofibromatosis, epilepsy	X				X
	about the neurological disorders associated with auditory dysfunction and with speech & language impairment	X				X
Skills	take a paediatric neurological history					X
	perform a full neurological examination competently					X
	recognise central vestibular disorders correctly					X
	recognise common neurological disorders					X
	select appropriate investigations					X
	select the appropriate management strategy					X
S	refer appropriately to a paediatric neurologist or neurosurgeon					X
	talk sensitively to parents					X
	communicate effectively with paediatric neurologists and neurosurgeons and other members of the multi-disciplinary team					X
Attitude	demonstrate appropriate high standards of tact, empathy and confidentiality.					X
	Recognise the role of the members of the multi-disciplinary child health team in management of the patient.					X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
5.4 Adult neurology Learning Objectives: <ul style="list-style-type: none"> ▪ make an accurate neurological assessment of a patient ▪ know when to refer a patient to a neurologist or a neurosurgeon 						
Knowledge	the causes of central vestibular disorder	X				X
	the neurological disorders with neuro-otological manifestations i.e. multiple sclerosis, posterior circulation ischaemic disease, MSA, migraine, epilepsy	X				X
	the investigation protocols for the above disorders					X
	the pharmacological treatments and side-effects of common neurological disorders and those with neuro-otological manifestations					X
Skills	take a complete neurological history					X
	perform competently a full neurological examination					X
	recognise central vestibular disorders correctly					X
	recognise common neurological disorders i.e. multiple sclerosis, cerebrovascular disease, migraine, epilepsy					X
	select appropriate investigations					X
	select the appropriate management strategy					X
Attitude	refer appropriately to and communicate with a neurologist or neurosurgeon					X
	Recognise and empathise with any disability conferred on a patient by a neurological disorder					X
5.5 Child and Adolescent Psychiatry/Psychology Learning Objectives: <ul style="list-style-type: none"> ▪ To obtain an overview of child and adolescent psychiatric and behavioural disorders to enable appropriate referral to specialists, and development of appropriate attitudes to child and family. ▪ To understand the role of the clinical psychologist in the assessment and management of children 						
Knowledge	about the common psychiatric disorders of children and adolescents, particularly the mental health of the deaf	X				X
	the pathogenesis of non-organic hearing loss.	X				X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
	about behavioural and psychological disorders of children and adolescents that may impact on management of hearing, balance and speech & language disorders	X				X
Skills	take a relevant history and perform appropriate examination					X
	liaise effectively with local resources and appropriately refer for a specialist opinion.					X
Attitude	Demonstrate appropriate high standards of tact, empathy and confidentiality when dealing with children and their families, especially in the context of breaking bad news.					X
	Recognise the role of the multi-disciplinary team in management of the patient.					X
5.6 Adult Psychiatry/Psychology						
Learning Objectives:						
<ul style="list-style-type: none"> ▪ obtain an adequate psychological profile and to recognise manageable conditions, referring appropriately ▪ acquire appropriate counselling skills 						
Knowledge	the psychiatric disorders with vestibular manifestations	X				X
	how psychotropic medication may influence audiovestibular disorders	X				X
	the possible psychiatric morbidity of neuro-otological disorders	X				X
	the pathogenesis and presentation of non-organic hearing loss.	X				X
Skills	identify behavioural disturbances and psychiatric disorder from the clinical presentations					X
	discuss psychological/psychiatric disorder appropriately with patient					X
	refer to psychiatric/psychological services appropriately					X
Attitude	To recognise the need for confidentiality					X
	Recognise and demonstrate high standards of tact and empathy					X
	Recognise the role of the multi-disciplinary team in management of the patient					X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
5.7 Paediatric Ophthalmology Learning Objective: To obtain an overview of ophthalmological conditions affecting children, especially those which are associated with hearing loss and balance disorders						
Knowledge	the common syndromes affecting vision and audiovestibular system.	X				X
	the syndromes affecting vision and speech & language disorders	X				X
	the roles of other members of the team e.g. orthoptist					X
	about common visual difficulties such as refraction errors, their prevalence and presentation in children					X
	the impact of visual disorders on a child's function when they have disorders of hearing or balance	X				X
	the ways in which children describe visual difficulties					X
Skills	take a relevant history and perform appropriate examination.					X
	perform fundoscopy and interpret a cover test correctly.					X
	recognise eye pathology e.g. colobomata, retinal pigmentation, congenital nystagmus					X
	refer appropriately for a specialist opinion.					X
	liaise effectively with other members of multi-disciplinary team about the appropriate management of the patient.					X
Attitude	Recognise and demonstrate appropriate high standards of tact, empathy and confidentiality.					X
	Recognise the role of the multi-disciplinary team in management of a child with hearing loss or balance disorders and visual difficulties					X
	Recognise the value of voluntary organisations in supporting patients with dual sensory impairments and their families					X
	Recognise the devastating effect of additional visual impairment on the deaf child and his family					X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
5.8 Adult Ophthalmology Learning Objectives: <ul style="list-style-type: none"> ▪ know how to screen a patient for visual disorder know when to refer a patient with visual symptoms						
Knowledge	the common visual disorders with associated neuro-otological manifestations and their treatment	X				X
	how to make an accurate assessment of a strabismus and latent nystagmus					X
	about refractive errors and astigmatism					X
	and understand how visual disorders may impact on balance and how they may interfere with vestibular testing procedures	X				X
	about the management of strabismus, benign intracranial hypertension and oscillopsia resulting from nystagmus and altered vestibular-ocular reflexes					X
Skills	take a history of visual symptoms from a patient					X
	perform a full visual examination and correctly recognise optic field defects, papilloedema, conjunctivitis, choroiditis					X
	recognise relevant and common visual disorders i.e. altered visual acuity, strabismus, benign intracranial hypertension, glaucoma, presbyopia and hypermetropia					X
	refer appropriately to and communicate with an ophthalmologist					X
Attitude	To empathise with patients with temporary or permanent visual disturbance					X
	Recognise the role of the multi-disciplinary team in management of the patient					X
	Recognise the importance of good vision to a deaf patient					
5.9 Genetics Learning Objective: <ul style="list-style-type: none"> ▪ To obtain an understanding of genetics in audiovestibular disorders and the role of the clinical geneticist 						
Knowledge	the inheritance patterns of hearing loss.	X				X
	the genetics of and available tests for conditions associated with audiovestibular disorders.	X				X
	the psychological impact of genetic disorders.	X				X

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Curriculum area	Competence	Diploma	Mini-CEX	CbD	MSF	Structured report
Skills	take a relevant history and perform appropriate examination.					X
	elicit and record correctly a detailed family tree.					X
	Interpret correctly a diagnostic DNA report together with its implications					X
	refer appropriately to a clinical geneticist.					X
	liaise effectively with the clinical geneticist about the appropriate management of the patient.					X
Attitude	Recognise the need for high standards of tact, empathy and confidentiality.					X
	Recognise the nature of non-directive genetic counselling, so that couples are enabled to make an informed choice about their own reproductive decisions					X
5.10 Care of the Elderly Learning Objectives: <ul style="list-style-type: none"> ▪ obtain an overview of the conditions affecting the elderly including falls, multi-system disease, cognitive and visual impairment ▪ be able to explain the role of audiological services within multi-disciplinary teams caring for the elderly. 						
Knowledge	the common causes of falls and imbalance in the elderly.	X				X
	the roles of other members of the multi-disciplinary teams caring for the elderly.					X
Skills	take a relevant history and perform appropriate examination.					X
	refer appropriately for a specialist opinion.					X
	liaise effectively with other members of multi-disciplinary team about the appropriate management of the patient.					X
Attitude	Recognise the need for high standards of tact, empathy and confidentiality.					X
	Recognise the impact of hearing and balance disorders on overall function in the elderly.					X
	Recognise the role of the multi-disciplinary team in care of the elderly					X
	Recognise the role of family in care of the elderly					X