



College of
Speech and Hearing
Health Professionals of BC

Regulator of Audiologists, Hearing Instrument
Practitioners and Speech-Language Pathologists

GUIDELINES FOR PRACTICUM TRAINING

FOR SUPERVISORS AND STUDENT HEARING INSTRUMENT PRACTITIONERS

EFFECTIVE SUPERVISION

Supervising a Student Hearing Instrument Practitioner is an investment. Make it a good one.

To excel as a manager or supervisor, several skills are essential, such as how to delegate, communicate, hire, resolve conflict and work with difficult people. However, the first step to excellence is to know how to manage yourself.

Time Management

Effective supervision of others takes time. Ensure you make the time to provide the training and oversight that is needed. Far too often, new HIP Students are given menial tasks or ignored until the supervisor has time to devote to their training. Another common situation is to expect the HIP Student to perform tasks without supervision due to the absence of a proper supervisor (resources). Plan ahead and ensure adequate resources are available to deal with the day-to-day operation, particularly during close supervision.

Hiring

People cannot apply to the College unless they have secured a supervisor. Ensure the person meets the requirements outlined in section 82 of the College [Bylaws](#) in terms of education and language proficiency.

Ask the person questions to get a sense of their values and ethics. If the person is to work with a team, is the person a team player? If the person is to work independently in a very small clinic, is this a suitable environment for the person's personality?

Practicum hours do not start until the student's application has been approved by the College.

Know and Apply Supervisory Skills

It takes personal confidence to become a successful supervisor. Building that level of personal confidence requires learning supervisory skills. A supervisor's job is to: communicate effectively (providing information and listening to feedback) and demonstrate technical skills, sound professional judgement, and ethics as outlined in the [Code of Ethics](#).

Technical Knowledge

Effective supervision involves imparting your knowledge to others. Ensure you are current in best practices by reviewing all the clinical decision support tools provided by the College and other industry journals.

Clinical Decision Support Tools

[Infection Control](#)

[Audiologic Management of Adult Hearing Impairment](#)

[Documentation and Record Management](#)

[HIP Competency Profile](#)

[Policy QA-05 Hearing Assessment and Hearing Instrument Fitting and Dispensing](#)

[Policy QA-08 Ear Impressions](#)

[Policy QA-09 Sales of Equipment and Services](#)

[Protocol QA-01 Adult Ear Related Red Flags](#)

[Protocol QA-02 Real Ear Probe Microphone Measurement Verification of Hearing Aids in Adults](#)

[Protocol QA-03 Clinical Masking for Audiometric Testing in Adults](#)

[Protocol QA-04 Ear Impressions](#)

General Supervisory Skills

The following online courses are considered excellent resources for understanding and developing supervisory skills. These courses are FREE.

- 1) The [Preceptor Education Program](#) – 8 excellent modules of 15-20 minutes and/or:
- 2) [E-Tips](#) – covers the basics.

Supervising Student Hearing Instrument Practitioners

[Policy R-02 HIP Practicum Requirements](#)

Work Plan - Declaration

The following Work Plan has been developed for both the supervisor and the Student Hearing Instrument Practitioner. The sections covered during the examinations are listed below; they are in accordance with the College's mandate to protect the public through both set standards and a supervised practicum. The latter refers to your providing the Student HIP 330 hours of close supervision and 330 hours of general supervision during the first 12 consecutive months of the maximum two-year practicum.

This plan replaces the Student Declaration and must be submitted by the Student Hearing Instrument Practitioner in order to be eligible to take the written exam administered by the International Hearing Society (IHS).

What is expected during Close Supervision (330 hours)

During this phase, the supervisor must be on site 100% of the time with the student HIP and must observe the student for the first 30 clinic hours. The supervisor must co-sign written reports, audiograms, and verification measures. A student HIP may not provide services to clients in the supervisor's absence from the clinic. The supervisor is expected to ensure the student HIP has reviewed the applicable College's clinical decision support tools (see links above).

What is expected during General Supervision (330 hours)

During the final 330 practicum hours, the supervisor will provide general supervision; that is, the supervisor monitors the actions performed by the student HIP, co-signs written reports, audiograms, and verification measures. The supervisor will also be available for case discussions and will review case files at least weekly. The student HIP may provide services to clients on occasions when the supervisor is not in the clinic as long as (a) the student HIP previously demonstrated appropriate skill in the service to be provided, (b) the supervisor is available for consultation via telephone or electronic means, and (c) the supervisor is otherwise present in the clinic at least 60% of the time when the student is providing clinical services.

General supervision must continue until the student has passed the practical exam.

Termination/change of practicum with a student

If employment has been terminated between the supervisor and the student HIP, the supervisor must advise the College. It is then the student's responsibility to secure another supervisor. If the practicum supervisor can no longer fulfill the role, the supervisor or employer must first seek approval from the College for a change in supervisor.

What is expected if the Student HIP fails the practical exam?

Comments from the examiner(s) are provided to the student and supervisor in writing by the Registrar. The supervisor is expected to review these areas with the student and, if need be, to observe the student practicing in these areas and provide the appropriate instruction/remedial training.

WORK PLAN - DECLARATION

Name: Student Hearing Instrument Practitioner: _____

Name: RHIP Supervisor: _____

Commencement Date of Practicum: _____

Date of Practicum Completion (660 hours): _____

Signature Student HIP

Signature RHIP Supervisor

Date

Date

SECTION	SUB-SECTION	CHECKLIST	COMPLETED (initials)
1. Assessment	1(a) Case history	1(a) <input type="checkbox"/> Case history <input type="checkbox"/> Audiometric equipment set-up	 <hr/> Candidate <hr/> Supervisor <hr/> Date

	<p>1(b) Audiometry</p>	<p>1(b)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pure-tone audiometry <ul style="list-style-type: none"> <input type="checkbox"/> air-conduction audiometry using insert earphones <input type="checkbox"/> air-conduction audiometry with headphones <input type="checkbox"/> Bone-conduction audiometry <input type="checkbox"/> Speech audiometryⁱ <ul style="list-style-type: none"> <input type="checkbox"/> using recorded speech <input type="checkbox"/> using monitored live voice <input type="checkbox"/> Masking <ul style="list-style-type: none"> <input type="checkbox"/> pure tones (air and bone) <input type="checkbox"/> speech <input type="checkbox"/> Soundfield audiometryⁱⁱ <input type="checkbox"/> Tolerance testing <ul style="list-style-type: none"> <input type="checkbox"/> frequency-specific <input type="checkbox"/> speech 	<hr/> Candidate <hr/> Supervisor <hr/> Date
	<p>1(c) Documentation</p>	<p>1(c)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of case notes <input type="checkbox"/> Documentation of client contacts <input type="checkbox"/> Documentation of treatment plan <input type="checkbox"/> Third-party documentation 	<hr/> Candidate <hr/> Supervisor <hr/> Date
<p>2. Earmold Impressions, Red Flags, Tympanometry</p>	<p>2(a) Earmold Impressions</p>	<p>2(a)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Otoscopy <input type="checkbox"/> Hygiene <input type="checkbox"/> Materials and equipment <input type="checkbox"/> Earmold impression procedures and safety 	<hr/> Candidate <hr/> Supervisor <hr/> Date

	2(b) Red Flags	2(b) <ul style="list-style-type: none"> <input type="checkbox"/> Contraindications <input type="checkbox"/> Referral protocols <input type="checkbox"/> Red flags 	<hr/> Candidate <hr/> Supervisor <hr/> Date
	2(c) Tympanometry	2(c) <ul style="list-style-type: none"> <input type="checkbox"/> Performance of tympanometry <input type="checkbox"/> Identification of tympanograms <input type="checkbox"/> Interpretation of tympanograms 	<hr/> Candidate <hr/> Supervisor <hr/> Date
3. Treatment Planning, Hearing Instrument Selection, Fitting, Follow Up, Outcome Measures and Verification	3(a) Treatment Planning	3(a) <ul style="list-style-type: none"> <input type="checkbox"/> Referral for red flags or other reasons <input type="checkbox"/> Pre-counseling on benefits/limitations of amplification <input type="checkbox"/> Monitoring hearing in lieu of amplification <input type="checkbox"/> Assistive listening devices 	<hr/> Candidate <hr/> Supervisor <hr/> Date
	3(b) Hearing Instrument Selection	3(b) <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate selection of hearing instruments <input type="checkbox"/> Prescriptive targets <input type="checkbox"/> Clinical documentation Informed/implied consent 	<hr/> Candidate <hr/> Supervisor <hr/> Date

	3(c) Hearing Instrument Fitting and Follow Up	3(c) <ul style="list-style-type: none"> <input type="checkbox"/> Hearing instrument fitting procedures <input type="checkbox"/> Adjustments and modifications <input type="checkbox"/> Client counseling <input type="checkbox"/> Follow-up care plan <input type="checkbox"/> Clinical documentation and sales agreements 	<hr/> Candidate <hr/> Supervisor <hr/> Date
	3(d) Outcome Measures	3(d) <ul style="list-style-type: none"> <input type="checkbox"/> Subjective needs assessment <input type="checkbox"/> Types of outcome measurement tools <input type="checkbox"/> Applying outcome measurements 	<hr/> Candidate <hr/> Supervisor <hr/> Date
	3(e) Verification	3(e) <ul style="list-style-type: none"> <input type="checkbox"/> Electroacoustic analysis <input type="checkbox"/> Real-ear probe microphone measurement procedures <input type="checkbox"/> Prescriptive formulas <input type="checkbox"/> Insertion gain methods <input type="checkbox"/> Speech mapping methods <input type="checkbox"/> Functional gain methods <input type="checkbox"/> Implications for maximizing client benefit <input type="checkbox"/> Simulated real-ear measures <input type="checkbox"/> Open-fit considerations <input type="checkbox"/> Interpretation of real-ear measurements 	<hr/> Candidate <hr/> Supervisor <hr/> Date

ⁱ Speech audiometry includes, minimally, Speech Reception Threshold (SRT) testing, Word Recognition testing, and Most Comfortable Listening (MCL) level assessment.

ⁱⁱ Given that many clinics do not have Soundfield testing capabilities, the student can demonstrate this skill verbally (i.e., be able to explain the rationale for such testing and give descriptions of test set up and administration).