



Alberta College of
Speech-Language Pathologists
and Audiologists

Audiologist Restricted Activities Competency Profiles

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Audiologist Restricted Activities Competency Profiles

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Audiologist

Restricted Activities Competency Profiles

1. Introduction/Background

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) is a regulatory body that carries out its activities in accordance with provincial legislation to protect and serve the public by regulating, supporting and ensuring competent, safe, ethical practice of speech-language pathologists (SLPs) and audiologists in Alberta. SLPs and audiologists have been regulated under the *Health Professions Act* (HPA) since July 1, 2002. The HPA directs the activities of ACSLPA and outlines the regulatory responsibilities of the College that are required to protect and serve the public, which includes providing authorization for the performance of restricted activities (RAs).

Under Alberta legislation, RAs are those procedures or services that pose significant risk and require a high level of professional competence to be performed safely. RAs may only be performed by persons authorized by their regulatory college to do so. Regulated SLPs and audiologists should only perform those RAs that they are competent to perform and that are appropriate to their area of practice. The RAs for audiologists are described in the *Speech-Language Pathologists and Audiologists Profession Regulation* under the HPA as follows.

Table 1. RAs as outlined in <i>Speech-Language Pathologists and Audiologists Profession Regulation</i>	
Audiology An audiologist who is a regulated member of ACSLPA is authorized to perform the following restricted activities in relation to or as part of providing a health service:	
RA AUD1	To insert or remove instruments or devices beyond the cartilaginous portion of the ear canal.
RA AUD2	To insert into the ear canal: liquid, air or gas under pressure.
RA AUD3	To insert into the ear canal: a substance that subsequently solidifies.

Competencies define “the combined knowledge, skills, attitudes and judgment required to provide professional services.”¹ ACSLPA has identified the development of competency profiles with performance indicators for RAs applicable to audiologists in Alberta as a priority. The process used to develop the Competency Profiles can be found in Appendix A. The Competency Profiles for audiologists can be found in the following sections of this document, while the Competency Profiles for SLPs are found in a separate document.

Please note, RAs are typically performed by audiologists as one component of the assessment and/or intervention procedures of their practice. More information related to the scope of practice of audiologists can be found at www.acslpa.ca/.

¹ Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen’s Printer.

1.1 Purpose of the Competency Profiles

The key purpose for the RAs Competency Profiles is to provide a description of the minimum competencies of audiologists required for safe and effective practice. This document has primarily been developed for the regulated members of the profession and for the College itself, but will also be of value to educators, managers, and employers.

1.2 Assumptions/Guiding Principles

The Competency Profiles are based on the assumptions that:

- The RAs are outlined in Alberta legislation and these competencies reflect those RAs that audiologists are authorized to perform.
- The RA procedures are within the scope of practice of audiologists.
- The competency profiles describe the minimum competency requirements for a regulated member to ensure safe and effective practice in high risk activities.
- The competency profiles are intended to withstand the test of time (e.g., not be limited to procedures that only exist now and may be included/developed in the future).
- The document is intended as a complementary professional resource to be used in conjunction with other key professional documents to describe and guide practice (e.g., ACSLPA Standards of Practice).
- The document does not duplicate available resources that already exist related to specific procedures.

1.3 How the Competency Profiles Are Organized

Each RA Competency Profile includes the following information:

- A description of the RA in plain language.
- Examples of procedures that involve the RA.
- The role of the audiologist in performing the RA.
- The prerequisite knowledge required by the audiologist to perform the RA.
- The key competencies or “combined knowledge, skills, attitudes and judgment” required to perform the RA.²
- The performance indicators that outline the actions of the audiologist in demonstrating each competency.

² Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen’s Printer.

2. Audiologist Restricted Activities Competency Profiles

2.1 RA AUD 1

Please note:

- The Audiologist RAs Competency Profiles are intended to be applied within the context of the *ACSLPA Standards of Practice* available at: www.acslpa.ca/
- The Audiologist RAs Competency Profiles are applied within a client-centred approach which considers clients' unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA AUD1: To insert or remove instruments or devices beyond the cartilaginous portion of the ear canal.
RA Description: Instruments and devices are inserted beyond the cartilaginous portion of the ear canal and removed to: <ul style="list-style-type: none">• Investigate auditory and vestibular function;• Determine candidacy and develop impressions for deep fitting hearing aids;• Insert hearing aids and verify their performance in situ; and• Manage ear canal status.
Examples of procedures involving the RA include: <ul style="list-style-type: none">• Verification of hearing aid fitting• Ear impressions/otoblock• Cerumen management• Completely invisible in the canal (CIIC) hearing aids candidacy and fitting• Electrocochleography (ECoG)
Role of the audiologist includes preventing, assessing, diagnosing, and managing hearing and balance function using devices that are intended to assist in identifying auditory/vestibular status, improve communication abilities, and ear health. N.B. If any or all components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ³
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none">• Normal anatomy and physiology versus pathological conditions of the outer and middle ear using otoscopic inspection.• Normal vs. pathological conditions of the auditory pathway.• Appropriate levels of personal protective equipment (PPE), infection prevention and control techniques (IPC) related to the procedure.• Equipment use and safety issues related to electrical equipment.• Understanding of the relevant electrophysiological tests.

³ ACSLPA Standards of Practice Standard 4.4 (2015)

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
1. Assess the client's ⁴ candidacy for the procedure.	1.1 Recognize indications and contraindications for the procedure. 1.2 Demonstrate knowledge of candidacy for different in-the-ear devices based on anatomical features of the ear canal (i.e., mastoid cavity, stenosis, etc.), case history, and audiological assessment. 1.3 Demonstrate knowledge of the presenting pathological condition. 1.4 Demonstrate proficiency in client selection and candidacy for the procedure. 1.5 Determine when to make a medical referral.
2. Prepare the client for the procedure.	2.1 Explain the procedure, including risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent. 2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure.
3. Conduct the procedure.	3.1 Apply techniques related to auditory and vestibular assessment. 3.2 Follow established protocols for the procedure. 3.3 Assess the effectiveness of the procedure and make adjustments as required. 3.4 Monitor the client's tolerance discontinuing the procedure as indicated.
4. Use the equipment effectively.	4.1 Ensure all equipment, instruments, and/or devices are assembled according to manufacturers' and IPC standards. 4.2 Calibrate the equipment, instruments, and/or devices to required standards as appropriate. 4.3 Demonstrate skill in the use of equipment, instruments, and/or devices.
5. Interpret the findings.	5.1 Interpret the findings from the procedure accurately. 5.2 Determine the need for referral/follow-up with the appropriate health care provider as required.
6. Apply risk management, appropriate precautions, and infection control measures as required.	6.1 Demonstrate understanding of the risks and complications associated with the procedure and take appropriate measures to mitigate them.

⁴ Client refers to the recipient of services unless otherwise indicated.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	6.2 Refer the client for medical treatment as a result of any adverse events during the procedure. 6.3 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments, and/or devices. 6.4 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.
7. Establish plans for the management of client care within the service context.	7.1 Communicate with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up after the procedure.
Resources: <ul style="list-style-type: none"> • American Academy of Audiology. (2010). <i>Audiology Core Competencies Worksheet</i>. Reston: Author. • American Speech-Language and Hearing Association. (1992). <i>External Auditory Canal Examination and Cerumen Management</i>. Rockville: Author. • British Society of Audiology. (2013). <i>Recommended Procedure: Tympanometry</i>. Berkshire: Author. • College of Audiologists and Speech Language Pathologists of Manitoba. (2014). <i>Advanced Competency Certification Program</i>. Winnipeg: Author. • College of Audiologists and Speech-language Pathologists of Ontario. (2014). <i>Preferred Practice Guideline for Cerumen Management</i>. Toronto: Author. • College of Speech and Hearing Health Professionals of British Columbia. (2013). <i>Advanced Competency Certification</i>. Vancouver: Author. • Winnipeg Regional Health Authority. (2006). <i>Winnipeg Regional Health Authority Primary Care Program Best Practice Statement Cerumen Management</i>. Winnipeg: Author. 	

2.2 RA AUD 2

Please note:

- The Audiologist RAs Competency Profiles are intended to be applied within the context of the ACSLPA Standards of Practice available at: www.acslpa.ca/
- The Audiologist RAs Competency Profiles are applied within a client-centred approach which considers clients' unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA AUD2: To insert into the ear canal: liquid, air or gas under pressure.
RA Description: A device directs liquid, air or gas under pressure into the ear canal.
Examples of procedures involving the RA include: <ul style="list-style-type: none"> • Immittance measures • Irrigation of the ear canal • Caloric irrigation • Pneumatic otoscopic inspection
Role of the audiologist includes assessing function of the auditory and vestibular systems and maintaining hygiene of the external ear canal. N.B. If any or all components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ⁵
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none"> • Normal anatomy and physiology versus pathological conditions of the outer and middle ear using otoscopic inspection and imittance techniques. • Normal vs. pathological conditions of the auditory and vestibular systems. • Techniques related to auditory and vestibular assessment. • Irrigation techniques. • Appropriate levels of personal protective equipment (PPE), infection prevention and control techniques (IPC) related to the procedure.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
1. Assess the client's ⁶ candidacy for the procedure.	1.1 Recognize indications and contraindications for the procedure. 1.2 Demonstrate knowledge of candidacy for different in-the-ear devices based on anatomical features of the ear canal (i.e., mastoid cavity, stenosis, etc.), case history, and audiological assessment. 1.3 Demonstrate knowledge of the presenting pathological condition.

⁵ This RA involves elements of assessment, including the interpretation of findings. Support personnel may be involved in certain activities associated with this RA (e.g., set up, clean up) but are not to be involved in the assessment or interpretation of findings components of the RA itself. For more information please consult ACSLPA Standards of Practice Standard 4.4 (2015)

⁶ Client refers to the recipient of services unless otherwise indicated.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	1.4 Demonstrate proficiency in client selection and candidacy for the procedure. 1.5 Determine when to make a medical referral.
2. Prepare the client for the procedure.	2.1 Explain the procedure, including risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent. 2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure.
3. Conduct the procedure.	3.1 Apply techniques related to assessing function of the auditory and vestibular systems (e.g., application of the probe-type device for auditory assessment) while minimizing client discomfort. 3.2 Apply caloric irrigation or irrigation of the ear canal techniques. 3.3 Follow established protocols for the procedure. 3.4 Assess the effectiveness of the procedure and make adjustments as required. 3.5 Monitor the client's tolerance, discontinuing the procedure as indicated (e.g., caloric irrigation and vestibular symptoms, nausea).
4. Use the equipment effectively.	4.1 Ensure all equipment, instruments, and/or devices are assembled according to manufacturers' and IPC standards. 4.2 Calibrate the equipment, instruments, and/or devices to required standards as appropriate. 4.3 Demonstrate skill in the use of equipment, instruments, and/or devices.
5. Interpret the findings.	5.1 Interpret the findings from the procedure accurately. 5.2 Determine the need for referral/follow-up with the appropriate health care provider as required.
6. Apply risk management, appropriate precautions, and infection control measures as required.	6.1 Demonstrate understanding of the risks and complications associated with the procedure and take appropriate measures to mitigate them. 6.2 Refer the client for medical treatment as a result of any adverse events during the procedure.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	6.3 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments, and/or devices. 6.4 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.
7. Establish plans for the management of client care within the service context.	7.1 Communicate with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up after the procedure.
Resources: <ul style="list-style-type: none"> • American Academy of Audiology. (2010). <i>Audiology Core Competencies Worksheet</i>. Reston: Author. • American Speech-Language and Hearing Association. (1992). <i>External Auditory Canal Examination and Cerumen Management</i>. Rockville: Author. • College of Audiologists and Speech Language Pathologists of Manitoba. (2014). <i>Advanced Competency Certification Program</i>. Winnipeg: Author. • College of Audiologists and Speech-Language Pathologists of Ontario. (2014). <i>Preferred Practice Guideline for Cerumen Management</i>. Toronto: Author. • College of Audiologists and Speech-Language Pathologists of Ontario. (2014). <i>Preferred Practice Guideline for Ear Impressions</i>. Toronto: Author. • College of Speech and Hearing Health Professionals of British Columbia. (2013). <i>Advanced Competency Certification</i>. Vancouver: Author. • Ferrano, J. & Durrant.J. (2006). <i>Electrocochleography in the Evaluation of Patients with Meniere’s Disease/Endolymphatic Hydrops</i>. Journal of the American Academy of Audiology. Vol 17:45-68. 	

2.3 RA AUD 3

Please note:

- The Audiologist RAs Competency Profiles are intended to be applied within the context of the ACSLPA Standards of Practice available at: www.acslpa.ca/
- The Audiologist RAs Competency Profiles are applied within a client-centred approach which considers clients’ unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA AUD3: To insert into the ear canal: a substance that subsequently solidifies.
RA Description: Softened material is placed in the ear canal, which eventually hardens and is removed to create a replica of an individual’s external ear anatomy. Personal devices are then fashioned from the ear impression to fit each unique ear.
Examples of procedures involving the RA include: <ul style="list-style-type: none"> • Ear impressions for custom hearing aids. • Ear molds coupled to hearing aids or assistive listening devices • Swim molds. • Personal noise protection (custom earplugs, in-ear-monitors).
Role of the audiologist includes making ear impressions for the manufacture of devices that are worn in the ear (hearing aids, swim molds, noise protection, etc.).
N.B. If any or all components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ⁷
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none"> • Normal anatomy and physiology versus pathological conditions of the outer and middle ear using otoscopic inspection. • Appropriate levels of personal protective equipment (PPE), infection prevention and control techniques (IPC) related to ear impression procedures.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
1. Assess the client’s ⁸ candidacy for the procedure.	1.1 Recognize indications and contraindications for ear impressions. 1.2 Demonstrate knowledge of candidacy for different in-the-ear devices based on anatomical features of the ear canal (i.e., mastoid cavity, stenosis, etc.), case history, and audiological assessment. 1.3 Demonstrate knowledge of the presenting pathological condition. 1.4 Demonstrate proficiency in client selection and candidacy for the procedure. 1.5 Determine when to make a medical referral.

⁷ ACSLPA Standards of Practice Standard 4.4 (2015)

⁸ Client refers to the recipient of services unless otherwise indicated.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	1.6 Communicate with the client, family or substitute decision maker regarding the ability to manage custom fit ear devices.
2. Prepare the client for the procedure.	2.1 Explain the ear impression procedure including risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent. 2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure.
3. Conduct the procedure.	3.1 Apply techniques related to ear impressions for fitting of hearing aids and custom fit ear devices. 3.2 Apply the impression material. 3.3 Follow established protocols for the procedure. 3.4 Assess the effectiveness of the procedure and make adjustments as required. 3.5 Monitor the client's tolerance discontinuing the procedure as indicated.
4. Use the equipment effectively.	4.1 Mix and apply the appropriate impression material agents according to standard protocols. 4.2 Demonstrate skill in the use of equipment, instruments, and/or devices e.g., otoblock, syringe.
5. Interpret the quality of impression.	5.1 Interpret the accuracy and quality of the ear impression procedure. 5.2 Demonstrate knowledge of the quality of the impression required for the purpose of fitting each specific device.
6. Apply risk management, appropriate precautions, and infection control measures as required.	6.1 Demonstrate understanding of the risks and complications associated with ear impressions and take appropriate measures to mitigate them. 6.2 Refer the client for medical treatment as a result of any adverse events during the procedure. 6.3 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments, and/or devices. 6.4 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
7. Establish plans for the management of client care within the service context.	7.1 Communicate effectively with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up.

Resources:

- American Academy of Audiology. (2010). *Audiology Core Competencies Worksheet*. Reston: Author.
- American Speech-Language and Hearing Association. (1992). *External Auditory Canal Examination and Cerumen Management*. Rockville: Author.
- College of Audiologists and Speech Language Pathologists of Manitoba. (2014). *Advanced Competency Certification Program*. Winnipeg: Author.
- College of Audiologists and Speech-language Pathologists of Ontario. (2014). *Preferred Practice Guideline for Ear Impressions*. Toronto: Author.
- College of Speech and Hearing Health Professionals of British Columbia. (2013). *Advanced Competency Certification*. Vancouver: Author.

APPENDIX A

How the Competency Profiles Were Developed

The project took 12 months to complete and involved the following five steps.

1. Preparation of a Background Document that included a focused literature review of best practices and current trends in competency profile development and a review of selected comparator organizations.
2. Development of a draft framework for the RAs competency profiles.
3. Preparation and facilitation of a meeting of the RA Advisory Group to review the draft competency profile framework and develop/enhance the document as required based on members' expertise and relevant practice experience.
4. Validation of the draft RAs competency profiles through an electronic survey.
5. Completion of the final draft of the RAs competency profiles.

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