

Title	Carry out hearing evaluation, and interpret and act on the evaluation results and supplied diagnostic information		
Level	5	Credits	10

Purpose	People credited with this standard are able to: record the case history of a person with hearing needs; use an otoscope to examine the ear canal and tympanic membrane; administer pure-tone screening audiometry; interpret and act on the results of the pure-tone screening audiogram; interpret and explain the implications on supplied diagnostic information; and determine a referral procedure.
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Classification	Health, Disability, and Aged Support > Hearing Therapy
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Available grade	Achieved
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Guidance Information

- 1 The performance of all outcomes of this unit standard must comply with any relevant cultural and legislative requirements including the Treaty of Waitangi [The full text of Te Tiriti o Waitangi | The Treaty of Waitangi | Te Papa](#), and the rights and responsibilities of people receiving services or supports as outlined in the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996. [Health and Disability Commissioner \(Code of Health and Disability Services Consumers' Rights\) Regulations 1996 \(SR 1996/78\) \(as at 06 November 2021\) – New Zealand Legislation](#).
- 2 The diagnostic audiograms and tympanograms used in assessment against this unit standard must be supplied by referring audiologists or other hearing professionals.
- 3 Definitions
Locality refers to where the person lives.
Organisational standards refer to the policies, procedures and practices which reflect an organisation's service philosophy and the current and relevant ethical, legislative regulatory and contractual requirements to which the setting or role is subject.
Standard procedures are those recommended by the British Society of Audiology available at <https://www.thebsa.org.uk/guidance-and-resources/current-guidance/>

Outcomes and performance criteria

Outcome 1

Record the case history of a person with hearing needs.

Performance criteria

- 1.1 Case history records the person's details in accordance with organisational standards.

Range details may include but are not limited to – name, age, contact details, GP, employment status, history of hearing loss within family, onset of hearing needs, functional and psychosocial impact if applicable, exposure to noise, health conditions, audiological assessment, otological assessment, use of prostheses.

Outcome 2

Use an otoscope to examine the ear canal and tympanic membrane.

Performance criteria

- 2.1 Hygiene procedures are in accordance with the organisational standards.

- 2.2 The otoscopic examination is carried out in accordance with organisational standards.

- 2.3 The otoscopic examination results are interpreted to determine the presence or otherwise of obstructing material and the level of visibility of the tympanic membrane.

Range obstruction may include but is not limited to – wax, foreign object, infection.

- 2.4 The otoscopic examination results are interpreted to determine the condition of the ear canal and the tympanic membrane.

Range condition may include but is not limited to – blood, discharge, offensive smell, exostoses, inflammation, skin debris, perforation.

- 2.5 The use of the otoscope is explained in terms of the theory of otoscopy.

Outcome 3

Administer pure-tone screening audiometry.

Performance criteria

- 3.1 Administration of pure-tone screening audiometry is in accordance with standard procedures.

- 3.2 Audiogram is produced.
- 3.3 The administration of pure-tone screening audiometry and the produced audiogram are explained in terms of the theory of pure-tone audiometry.

Outcome 4

Interpret and act on the results of the pure-tone screening audiogram.

Performance criteria

- 4.1 Interpretation is consistent with pure-tone screening audiometry results in accordance with standard procedures.
- Range frequency range, decibel range, degree, type, shape, test symbols, speech spectrum.
- 4.2 Action taken based on the interpreted information is in accordance with organisational standards.

Outcome 5

Interpret and explain the implications of supplied diagnostic information.

Performance criteria

- 5.1 Supplied diagnostic audiograms are interpreted in terms of degree, type, shape, and test symbols and additional information supplied by the referrer.
- Range additional information may include but is not limited to – otoscopy results, speech audiometry, bone conduction and masking.
- 5.2 Supplied diagnostic tympanograms are interpreted in terms of the status of the tympanic membrane and middle ear.
- Range type A, type B, type C.
- 5.3 Information from supplied diagnostic audiograms and tympanograms is interpreted, and possible next steps or options explained.

Outcome 6

Determine a referral procedure.

Performance criteria

- 6.1 Where referral is required, the person tested is referred to a health professional in accordance with the otoscopic examination results, their case history, and the audiometry results.

- 6.2 The referral procedure is in accordance with professional referral pathways and the needs and wishes of the person tested.

Range needs and wishes may include but are not limited to – locality, cultural needs, funding needs and limitations, availability of professional support services.

- 6.3 The referral procedure is in accordance with organisational standards.

- 6.4 The test results and the case history of the person tested are communicated to relevant health professionals in accordance with organisational standards.

Planned review date	31 December 2029
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	20 April 2017	31 December 2026
Review	2	26 September 2024	N/A

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Toitū te Waiora info@toitutewaiora.nz if you wish to suggest changes to the content of this unit standard.