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**HEARING SERVICES: CLINICAL PRACTICE REVIEW**

**Name: …..…………………**…………………………………………………………………………………………

**Site: ……..**……………………………………………………………………………………………………………..

**Date of review: ..………**………………………………………………………………………………………….

**PURPOSE:**

A clinical practice review should be undertaken between a clinical senior in audiometry nursing (e.g.: CNC, CNS or Clinical Advisor in Audiometry) with the clinician to determine that a best practice approach to the provision of a high quality hearing health service is achieved. Clinical practice review should be completed at least once every 3 years or more often if required.

**GUIDELINES:**

* The environment for testing meets the ANSI/ASA S3.1 or ISO 8253 for maximum acceptable background noise levels for testing with and without headphones e.g. sound field or bone conduction

* The clinic has the essential equipment necessary for conducting hearing assessments including an otoscope, tympanometer with acoustic reflex facility, audiometer with air, bone and masking options, and a paediatric screening audiometer

* The equipment is calibrated annually and is maintained in excellent working order
* Booths are inspected at least 3 yearly by an appropriate technician.

* The length of appointment time is appropriate for a diagnostic assessment (e.g. one hour)
* Relevant State and Territory health department and local health service infection control and work, health and safety guidelines are followed

* A reporting mechanism is in place for statistical data collection
* The audiometry nurse maintains professional standards as per professional organisation guidelines

**WERE ANY POINTS RAISED AT PREVIOUS CLINICAL REVIEW? IF SO HAVE THEY BEEN ADDRESSED? IF NOT, WHY?**

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**CLINICAL ASSESSMENT: To be completed by clinician**

* How often do you conduct audiometry clinics? Are you happy with this, or would you like

to discuss changes? (Recommended minimum 8 hours per month)

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* + What is the usual waiting time for a hearing appointment?

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* + Describe the process at this facility for scheduling appointments:

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* + Is the time allocated to complete each appointment adequate?

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* + Describe how non attendees are followed up

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* Does the testing environment meet the relevant A/NZ Standard?

Yes □ No □

Comment: ……………………………………………………………………………………………………………………..

* + Are there Safe Operating Procedures for each piece of equipment?

Yes □ No □

Comment: ……………………………………………………………………………………………………………………..

* Does the testing environment meet Workplace Health and Safety Standards

Yes □ No □

Comment: ………………………………………………………………………………………………………………..….

* Is there a copy of the current Audiometry Nursing Clinical Practice Standards for the hearing

service available?

Yes □ No □

Comment: ……………………………………………………………………………………………………………………..

* Is there a copy of the current Clinical Competencies for Audiometry Nurses available?

Yes □ No □

Comment: ………………………………………………………………………………………………………………….

* Do you have adequate tools of trade available?

Yes □ No □

Comment: …………………………………………………………………………………………………………….……..

* Is the equipment checked and calibrated as per operator manual prior to each clinic

Yes □ No □

Comment: …………………………………………………………………………………………………….................

**ASSESSMENT SKILLS to be completed by assessor**

**History taking and communication skills**

Comments: ……………………………………………………………………………………………………………………………….

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**Otoscopy**

Comments: …………………………………………………………………………………………………………………………..…..

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**Tympanometry**

Comments: ……………………………………………………………………………………………………………………………....

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**Air and bone conduction audiometry**

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**Air and bone conduction masking**

Comments: …………………………………………………………………………………………………………………………..…………………….

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**Free field / PA5 screening**

Comments: ……………………………………………………………………………………………………………………………….

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**Audiometry report form including appropriate report writing**

Comments: ……………………………………………………………………………………………………………………………….

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**Interpreting and explanation of results to the client/carer**

Comments: ……………………………………………………………………………………………………………………………….

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**Handouts for clients and other resources**

Comments: ……………………………………………………………………………………………………………………………….

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**Clinical notes / data collection**

Comments: ……………………………………………………………………………………………………………………….……..

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**CLINICIAN’S COMMENTS:**

**Quality or health promotion activities undertaken in the past 3 years**

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**Professional development activities related to audiometry nursing in the past 3 years**

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**What area of your audiometry nursing practice do you feel is your strongest area?**

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**Are there any areas you feel you can improve on or benefit from further knowledge?**

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**Have you considered how could this be achieved? How?**

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**Other comments?**

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**FUTURE NEEDS OF THE SERVICE**

List what you see as being essential for the continued quality and growth of the hearing service. For example environment, resources, educational needs, professional support.

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Signature: ………………………………………………… Print name: ……………………………………………..

Date: ……………………………………………………….. Designation: …………………………………………..

**Assessors Comments:**

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Date: ……………………………………………….. Designation: …………………………………………..