
HEARING AID COUNCIL

OBJECTIVE STRUCTURED PRACTICAL EXAMINATIONS.

OSPEs 2007(1)

**EXAMINERS' REPORT
OCT 2007**

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Introduction

A review of the OSPE examinations was undertaken by University of Manchester - The resulting McLauchlan Review was published in March 2007.

The aim of the review was to consider each OSPE station for its purpose in assessing minimal competence in the particular technique being examined by that station. The Examining Body of the Hearing Aid Council considered the various recommendations and the following were agreed for implementation in subsequent OSPE examinations.

Station 1. Medical aspects with examiner

It was agreed that the station will be renamed "Taking History and Decision making"
It was agreed that the candidates will need to correctly justify their referral decision in order to pass and that the examiner will remain as client, and ensure that the referral decision is communicated and justified using client friendly language
The instructions and marking criteria were revised and published

Station 2. Medical aspects

The Exam body also agreed to change the name of the station to "Ear abnormality recognition".

It was agreed that all slides that require candidates to label schematic diagrams will be removed and more slides that assess candidate's ability to recognize different medical conditions (or healthy ears) that they are likely to be seen in their practice will be included.

Station 3. Pure tone audiometry errors

The Exam Body agreed with the recommendation to remove this station.

Station 5. Hearing Aid Technology

The Exam Body agreed with the recommendation to change the scoring system, which will give candidates either one point or zero points.

Station 6. Hearing Aid Technology

The Exam Body agreed with the recommendation to change the scoring system, which will give candidates either one point or zero points.

It was also agreed that software and hardware should be updated for Stations 5 and 6

Station 7. Otoscopy and otoblock placement

It was agreed that more explicit examiner instructions will be given regarding otoscopic examination and more emphasis will be placed on communication skills.

Station 9. Impression taking and earmoulds

This station will be renamed "impression taking and impressions".

It was agreed to modify the marking criteria to include candidate communication skills, quality of end product and candidate critique of impression.

Ear Mould fault identification will be moved to station 12.

Station 10. Pure tone audiometry without masking

Station 11. Pure tone audiometry with masking

No Changes

Station 12. Retubing and earmoulds

It was agreed that the candidates will be provided with more details on marking scheme.

Ear impression critique assessed at Station 9.

Station 13. Hearing aid technology

It was agreed that candidates will be provided more detailed information on how marks are allocated.

An expert panel has been used to interrogate each question and answer and questions were removed where more than one answer was possible or any ambiguity was removed.

Station 14. Communication errors

This station would be removed

The Examining Body agreed that definitive exam guidance, marking criteria and instructions for each station would be made available on the website.

The pass criteria were posted on the website.

The new OSPE station set up would be as follows

Old Station	Old Name	New Station	New Name
Station 1	Medical aspects with Examiner	New Station 1	Taking History /Decision making
Station 2	Medical aspects	New Station 2	Ear Abnormality Recognition
Station 3	Pure Tone Audiometry Errors		
Station 4	Rest		
Station 5	Hearing Aid Technology	New Station 3	– NOAH & Hearing Aid Programming
Station 6	Hearing Aid Technology	New Station 4	Problem Solving and Fine Tuning
Station 7	Otoscopy and Otoblock	New Station 5	Otoscopy and Otoblock
Station 8	Rest		
Station 9	Impression and Ear Moulds	New Station 6	Impression taking and Impressions
Station 10	Audiometry	New Station 7	Audiometry without Masking
Station 11	Audiometry	New Station 8	Audiometry with Masking
Station 12	Retubing and Impressions	New Station 9	Retubing and Ear Moulds
Station 13	Hearing aid Technology	New Station 10	Hearing Aid Features and Faults

Current situation:

This scheme was to be implemented in 2007(2) examinations but it has been postponed till 2008(1) exams to ease the transfer to the new system. However the software and hardware changes for former Stations 5 and 6 are being offered as well as the previous provision to allow candidates to choose which between former and updated software and hardware configurations.

OSPE 2007(1) Individual Stations

Station 1:

Val Newton

Candidates were generally very good at communicating with the "client". Only a few persisted in asking for details such as address of the client, telephone number, GP's address - unnecessary information under examination circumstances. The main problem is that many candidates will still follow a set pattern of questioning irrespective of the complaint for which the "client" is attending the interview. The pattern involves asking about the "health of the ear" before probing the problem which the client is mainly concerned with.

The majority of candidates were able to make a correct referral decision based upon the information received and were able to give the correct reasons.

Stations 5A/6A and 5B/6B – Hearing Aid Technology

Barry Downes and Rory Kewney

The majority of candidates again came well prepared for these two Stations. A minority of candidates revealed similar shortcomings as follows:-

Stations 5A/B – NOAH navigation, NOAH audiogram completion and initial programming of hearing aid selected by candidate:-

1. Some candidates did not, as requested by the Examiner, search for a client in the NOAH register based on 'last name'. Instead, they opened the entire register list and selected the stated client. This loses marks for not following the Examiner's instructions.
2. With the NOAH audiogram module, when candidates are asked to copy audiometric curves from one audiogram to the other, a minority chose to manually enter each reading. This does not lose marks but is more time-consuming than using this module's 'copy' function.
3. When asked to enter a 'masked BC no response' symbol, many candidates correctly use a right mouse click but select 'no response' which returns a 'not masked BC no response' symbol. The majority of candidates did not realise this and had to be prompted to select the correct symbol and then hesitated before being able to do so. This loses both marks and time.
4. Few candidates had difficulty with the initial programming of their selected hearing aid. However, when asked a question about a feature of the fitting software, answers were often rather vague and lacking in correct use of terminology. The most frequent example was candidates' explanation of the effect of acclimatisation/experience levels on the initial settings of the hearing aid.

Station 6A/B – Appropriate solutions to three common problems for new hearing aid users, programming the selected hearing aid based on the chosen solutions and restoring to initial settings before ending the fitting.

Few problems encountered with the majority of candidates but a minority lost marks when they their chosen manufacturer's software did not enable them to

make changes to the hearing aid's settings exactly as described for their choice of a most appropriate solution. The correct solution from the multiple choice answer sheet was usually chosen but some candidates mistakenly combined both output limitation changes and alterations to gain rather than just one or the other. Changes to gain or output should be stated in dB rather than as so many "clicks". When asked how much of a change in dB was achieved by each "click", a surprising number of candidates did not know.

Station 7

Maryanne Maltby

Analysis of a sample of the candidates' score sheets showed that the following were common difficulties for candidates at this station:

- Giving poor instruction to the client e.g. failing to advise them not to talk/cough.
- Not knowing what case history questions are relevant to this procedure. Also not asking if the client wears glasses/ear rings.
- Inadequate description of the view of the outer ear e.g. only 'normal' or 'safe to continue'. To obtain maximum marks, the candidate is expected to give a full description of what they can see, noting any special features or problems (and suggesting referral if appropriate).
- Not checking the ear at the end.

The following faults, although less common, were also noticeable (c.10%):

- Failure to place the block just beyond the second bend. In extreme cases, placing it very close to the canal opening.
- Not bothering with the 'niceties' such as good organisation, hygiene throughout, clear communication, thinking about the client (not leaving them standing, pleasant manner, etc).

A small number of candidates were unsafe. Correct bracing and checking the ear with the otoscope at appropriate times cannot be left out. A candidate must be safe and able to place an otoblock such that it could be used to produce an acceptable impression.

Several candidates wanted tweezers. These were used historically as the specula were stored in liquid. This practice has now ceased and it is therefore no longer a requirement to use tweezers.

Total no of candidates in sample	= 98
No. giving poor instruction	= 36
No. not giving full relevant history	= 49
No. lacking detail in description	= 47
No final otoscopy	= 33

Station 7 Resit

Twelve out of 19 resit candidates passed Station 7. Those that passed were, on the whole, good rather than of minimal competence.

Of those that failed, four were unsafe. These candidates tended to go at the impression taking with too much speed and lacked the necessary care.

General comments include:

- Poor block positioning (a block which does not even reach the second bend is unacceptable)
- Waving the otolight near the client's eyes is worrying
- Bracing was poor
- Do you normally wear glasses is a relevant question but the answer should not then be ignored

- By restricting their investigations the x days required for referral, the important history may be missed
- The wrong block size can cause knock-on problems eg inadequate meatal length, client discomfort
- Candidates should be aware that it is not an automatic fail if the station is not completed although of course it makes it more likely.

Station 9: Impressions and Impression Questions

Helen Belcher

This session involved taking an impression of a rubber ear, either in a 'wooden head' or a 'hairdressers dummy'. Station 9 changed this session as the series of questions concerning four different impressions, rather than four different earmoulds.

The effect of having the impression questions with impression taking, had the effect of reducing the number of distinctions, given to candidates at Station 9. A score of 19 or below, out of 24 questions lost 3 marks, which even with a perfect impression would have given a final mark of 17/20, one mark below distinction level.

40 candidates would have gained distinction, if they had obtained better marks on the impression faults. Only one candidate failed to pass the station with the question marks, and their impression would have failed anyway.

There were some excellent impressions in this session. Candidates who failed the station, lost marks for the following, or a combination thereof:

Syringing very forcefully and quickly.

Syringe not filled correctly, poor judgement of quantity.

Distorting the pinna with the tip of the syringe – 9 candidates.

Two handed syringing.

Incorrect bracing, which spanned, no contact with the head at all, to pushing the earlobe down with the bracing hand.

Impression completely unfit for purpose, normally reinforced by poor answers to impression questions.

Removal of the impression, was much better than usual, ie: gentle and safe.

Evenly distributing material seemed to be a problem for some candidates.

Stations 10/11

Gillian Booth and Tony Gunnell

It was pleasing to note that more candidates covered the familiarization of the initial frequency 1000 Hz by presenting it at a clearly audible level for a longer period than usual, which required acknowledgement by the client.

Candidates must remember the BSA recommendation procedure of 5dB increase steps above 80dB HL. The simulation of a marked unilateral hearing loss that required AC masking proved to be uncomfortable when a few candidates presenting the initial tone well above 80dB HL. Candidates should keep in mind the effect of abnormal loudness growth.

Again, consider a similar marked unilateral hearing loss with unmasked bone conduction at 0dB HL and the bone conductor placed behind the worst AC threshold ear. The occlusion effect from the headphone/insert requires the BC to be re-established and should be plotted on the masking chart if there is improvement.

Candidates must remember that there is an approximate ratio of 1:1 between the increased masking level and the elevation of the masked threshold of the non-test ear until the plateau is reached. It is therefore unnecessary to present the initial tone above the marked AC threshold - 30dB above the unmasked BC threshold is sufficient. Importantly, it shortens the test procedure, thus lessens the possibility of fatigue.

Station 12
Maryanne Maltby

Station 12 was an unmanned station. Almost all the failures were due to retubing such that the aid would have been unusable by a client without further attention. However, this situation did not occur in the resits.

Station 12 Resits

On the resits there was a 100% pass rate with some very high marks. Well done!

Station 13 – Part1: hearing aid system features and functions of controls.
Station 13 – Part2: identification of common faults with hearing aids and their effects on performance.

Barry Downes and Rory Kewney

The majority of candidates did well at this un-staffed OSPE Station.

Those who did less well simply did not identify correct hearing aid system features in Part 1. Stating incorrect vent size and tubing bore were the most common errors in Part 1.

In Part 2, lower scoring candidates did not correctly identify a fault and/or did not correctly state its consequence. Marks were more often lost in Part 2 because the fault must be correctly selected from the multiple choice of answers before marks can be given to the choice of the most likely effect on the hearing aid's performance.

Overall Performance at Each station

Station Number	Pass mark/ Maximum marks	% Pass mark	Candidates Passing station
1	11/20	55%	95%
2	12/30	40%	89%
5	12/16	75%	96%
6	6/9	67%	89%
7	22/30	73%	77%
9	12/20	60%	79%
10	24/30	80%	93%
11	21/30	70%	83%
12	18/28	64%	80%
13	12/16	75%	80%

As can be seen from the Table above the pass rate ranges from 77% to 95%. The poorest performance is seen at stations 7 and 9 and the un-staffed stations 12 and 13.

It is clear that the candidates need to focus their attention on improving their performance on these particular stations.