

## Hearing Aid Council OSPE 2007(2) Chief Examiners' Report

The Objective Structured Practical examinations for 2007(2) took place at the Kent's Hill Training Centre in Milton Keynes from 26<sup>th</sup> November till 30<sup>th</sup> November 2007.

There were ten stations being examined as follows:

**Station 1:** History Taking and Decision making  
**Station 2:** Medical aspects slides on DVD

**Station 5A and B:** NOAH and hearing Aid Fitting  
**Station 6A and B:** NOAH and Fine tuning

**Station 7:** Otoscopy and otoblock placement  
**Station 9:** Impressions and impression taking

**Station 10A and 11A:** Audiometry with and without masking  
**Station 10B and 11B:** Audiometry with and without masking

**Station 12:** Retubing  
**Station 13:** Hearing Aid Fault Finding

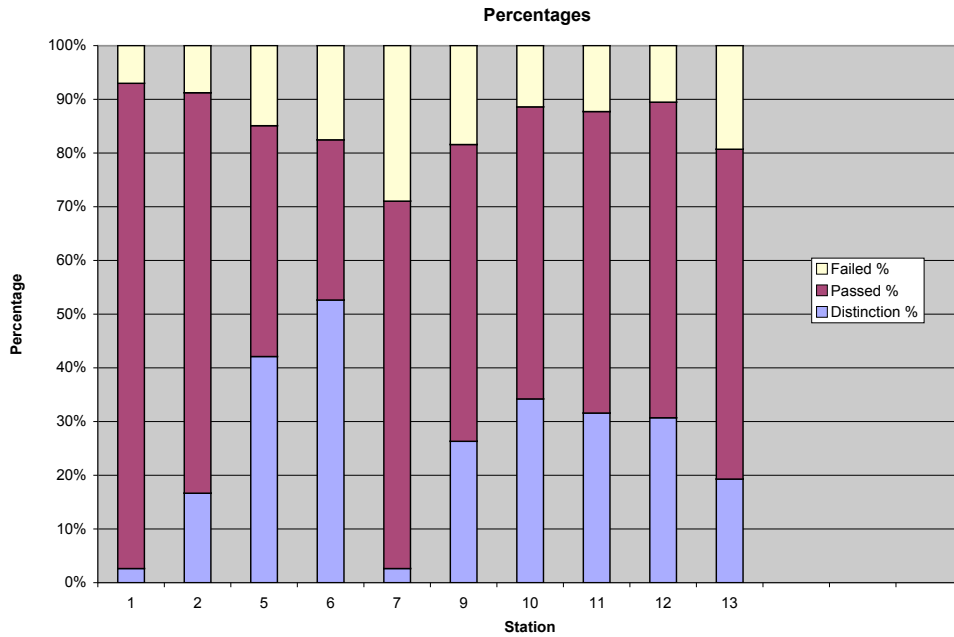
Some examiners were rotated from their stations to others in order to provide a variety for the examiners and to assess the station performance with different examiners. This also gives us greater flexibility in our examiners' pool. The stations involved in this process were 5,6,7 and 9. No significant differences were noted when double marking was undertaken by a reserve examiner on these stations.

New and old software was made available at stations 5 and 6 in order that no student was disadvantaged. Students were notified of this arrangement in advance. On arrival the students indicated on a sheet which software system they would prefer to use.

The results of the OSPE examinations and resits are given below. As can be seen from the Table below the pass rate for stations range from 71% to 93%. At the resits, 75% of the candidates passed the examinations taken.

### Results of OSPE Exams by Station

<b>Station No.</b>	<b>1</b>	<b>2</b>	<b>5a+5b</b>	<b>6a</b>	<b>6b</b>	<b>7</b>	<b>9</b>	<b>10a+10b</b>	<b>11a+11b</b>	<b>12</b>	<b>13</b>
Distinctions	3	19	67	60	3	30	39	36	35	22	
Passes	103	85	39	34	78	63	62	64	67	70	
Fails	8	10	16	20	33	21	13	14	12	22	
TOTAL	114	114	114	114	114	114	114	114	114	114	
% Pass	<b>93%</b>	<b>91%</b>	<b>93%</b>	<b>82%</b>	<b>71%</b>	<b>82%</b>	<b>89%</b>	<b>88%</b>	<b>89%</b>	<b>81%</b>	
Max Mark	20	30	16	9	30	20	30	30	28	16	
Pass Mark	11	12	12	6	22	12	24	21	18	12	
Distinction Mark	19	25	15	8	28	18	28	28	25	15	



The chart above shows the percentage of candidates achieving a distinction, pass and fail at the first OSPE examinations.

**EXAM RESULTS: 2007(2) OSPE Resit**

STATION	1	2	5	6	7	9	10	11	12	13
Number Sitting	7	7	14	15	27	19	9	9	11	20
Passes	7	6	12	14	21	13	8	8	9	16
Fail	0	1	2	1	6	6	1	1	2	4

<b>Total Sitting</b>	<b>67</b>		
Pass	50	% Pass	75%
Fail	17	% Fail	25%

No. of Stations	1	2	3	4	5	6
No. of Candidates Fail	14	0	2	1	0	0

## OSPE Station 1: History taking

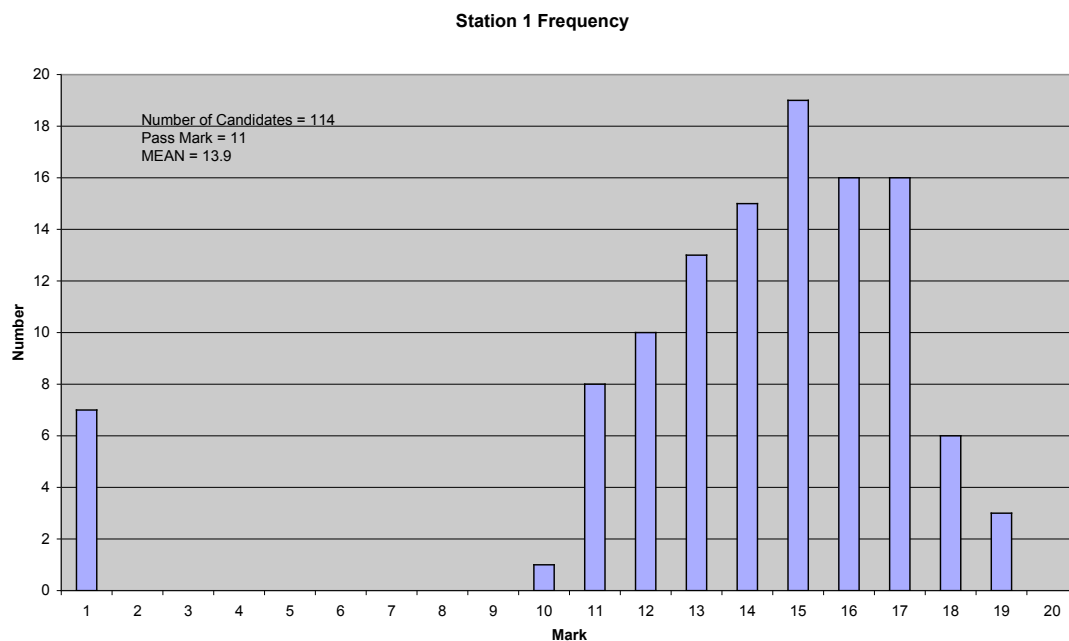
As you will see from the pass rate most candidates had no problems with this station but there were a couple of issues.

Apart from allowing time to write a mnemonic there is little point in asking for the client's GP address *and* telephone number. These are not part of the marking scheme for this station.

On the other hand although most timed this station well, some a couple of candidates had finished everything in less than 5 minutes. These lost marks for empathy with the client and not listening to answers (see below).

Some candidates don't listen to the answers to their questions. They are too busy trying to remember the next question that they miss clues like: "not *now*" or "it is not like it *used* to be" or "things have changed *recently*" or even "not since this last *episode*".

Several candidates understand referable rotary vertigo to be a condition that can only come on when sitting or lying still. As this was a repeated error, it could be a result of incorrect teaching.

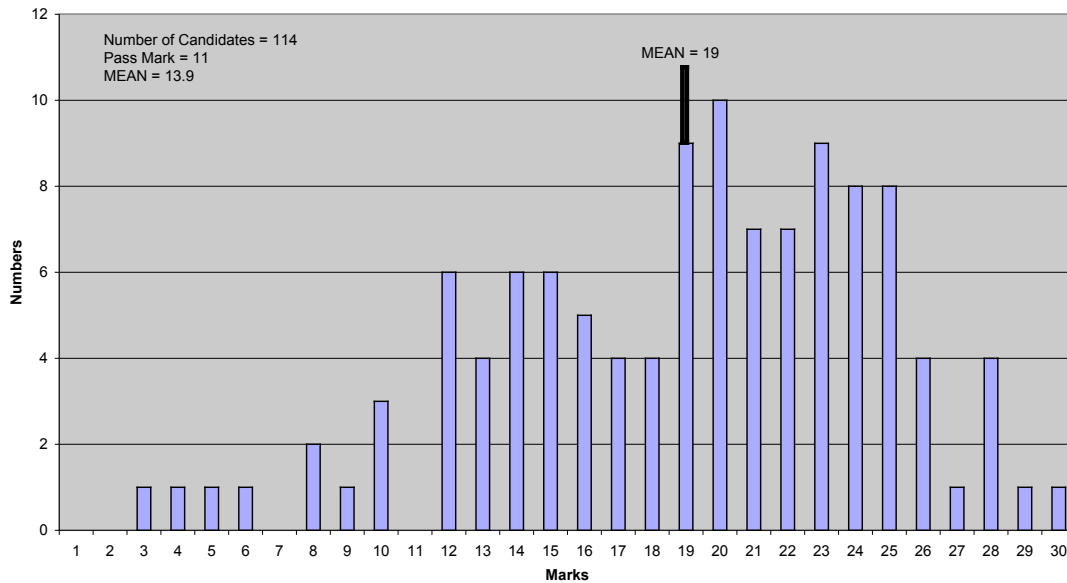


The chart above shows the number of candidates achieving the mark indicated.

## OSPE station 2: Medical aspects DVD

Again this station did not cause problems for many candidates. Where problems arose this seemed to be due to wild guessing rather than purely lack of knowledge. If you do not know the answer to a question it is best to answer "don't know". If you guess you are just as likely to score -1 (and negate a correct answer) as you are to score +1.

Station 2 Frequency



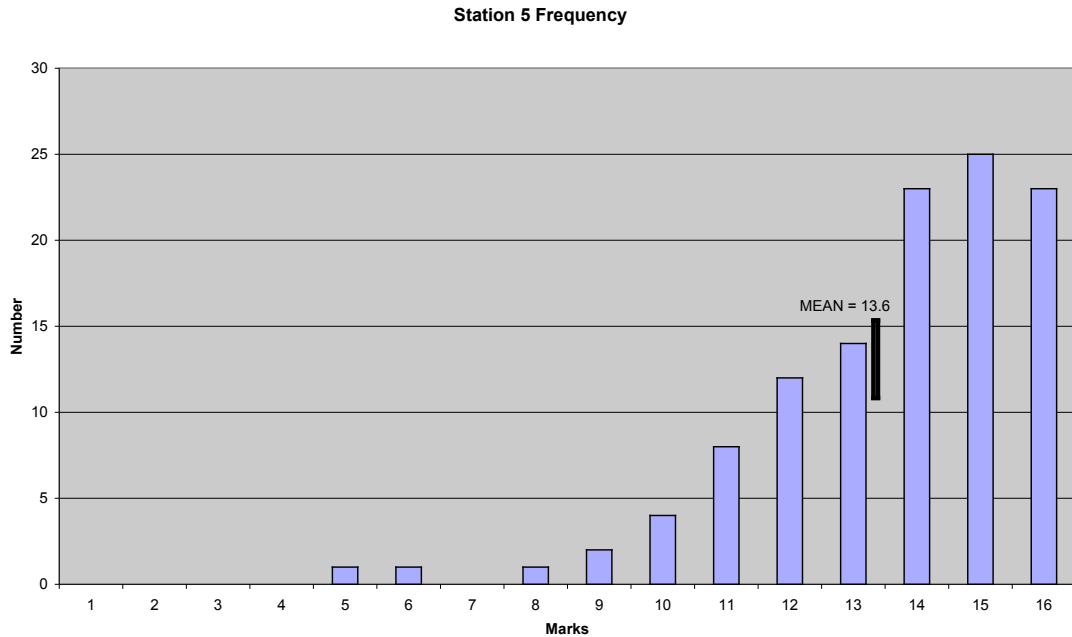
The chart above shows the number of candidates achieving the mark indicated.

#### Stations 5A/6A and 5B/6B: Hearing Aid Technology

Despite the need to run 2 laptops, using different fitting modules and different hearing aid models for each station there were no technical issues with either of this pair of stations.

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

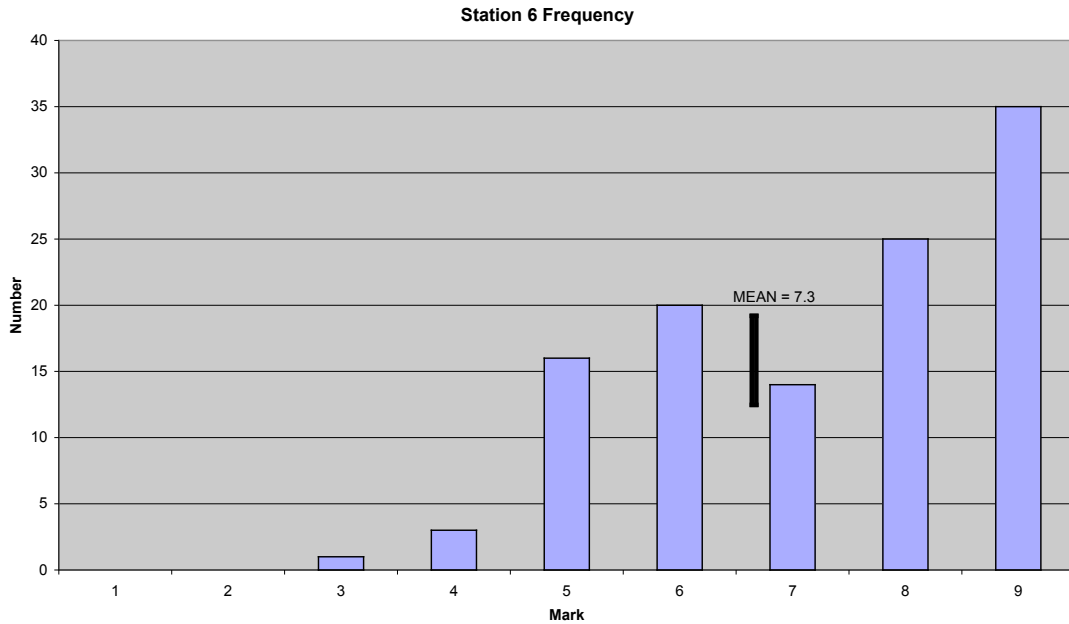
1. Some candidates did not, as requested by the Examiner, search for a client in the NOAH register based on 'last name'. Instead, they opened the entire register list and selected the stated client. This loses marks for not demonstrating the ability to search in NOAH, and has been pointed out several times before.
2. 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 these candidates did not realise this and therefore lost marks.
3. 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.



The chart above shows the number of candidates achieving the mark indicated.

**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 number of candidates still did not know despite this point being made in the 2 previous examination comments.



The chart above shows the number of candidates achieving the mark indicated.

### Station 7: Otoscopy and otoblock placement

There were some candidates who performed excellently (a few faultless) but there were also several candidates who were quite simply unsafe. The following are points to remember:

- Bracing is vital
- The candidate should be seated (or kneeling) for otoscopy, placement, etc.
- The procedure is invasive and should be carried out with care (rather than speed) and at all times the candidate should be aware of the client and their safety/comfort.

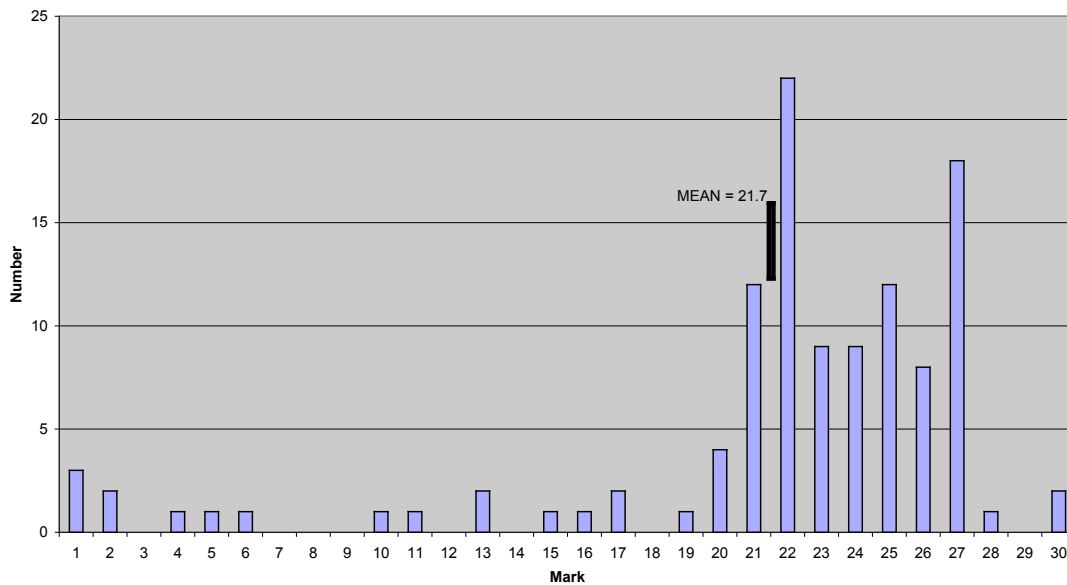
Most candidates braced well, were hygienic and organised. General mistakes included:

- Talking from the side to the deaf ear
- Poor communication with the client
- Glasses (and ear rings) forgotten or ignored. These should be replaced after insertion of the block if they are worn most of the time and removed if not.
- Not asking appropriate case history questions i.e. only those questions *relevant* to this procedure. These are not only to find out what must be referred but also to obtain useful information.
- Assuming the ear is normal and not describing exactly what the candidate has seen.
- There were also a number of candidates who poked the otoblock right down the ear canal with their little finger. This is unacceptable. The block should be placed only in the entrance with the fingers and then positioned with the otolight.

The block must be placed at or beyond the second bend. The description of the ear must be full and accurate.

Although not finishing will lose marks it does not *necessarily* mean the candidate has failed. If the block has been placed correctly and very few mistakes made up to this point, the candidate may pass.

Station 7 Frequency



The chart above shows the number of candidates achieving the mark indicated.

### Station 9: Impressions and impression taking

It was very good to see that the candidates who passed this station took impressions using a safe and gentle technique in accordance with BSA recommended procedure. Thirty-one candidates scored higher than 18 out of 20, which records as a distinction.

In the 2007(2) OSPE, eleven candidates did not brace correctly, or used two hands to hold the syringe, and others stood to take the impression. As these faults are considered to be unsafe practice, these candidates failed the station.

Turning to impression questions, candidates must be able to identify faults on four impressions which are provided. Scoring less than 12 marks out of a possible 24 marks, constitutes a fail on this station. This applied to three candidates, one of whom repeated this at the resit. Nine candidates scored between 12 and 16 out of 24 marks.

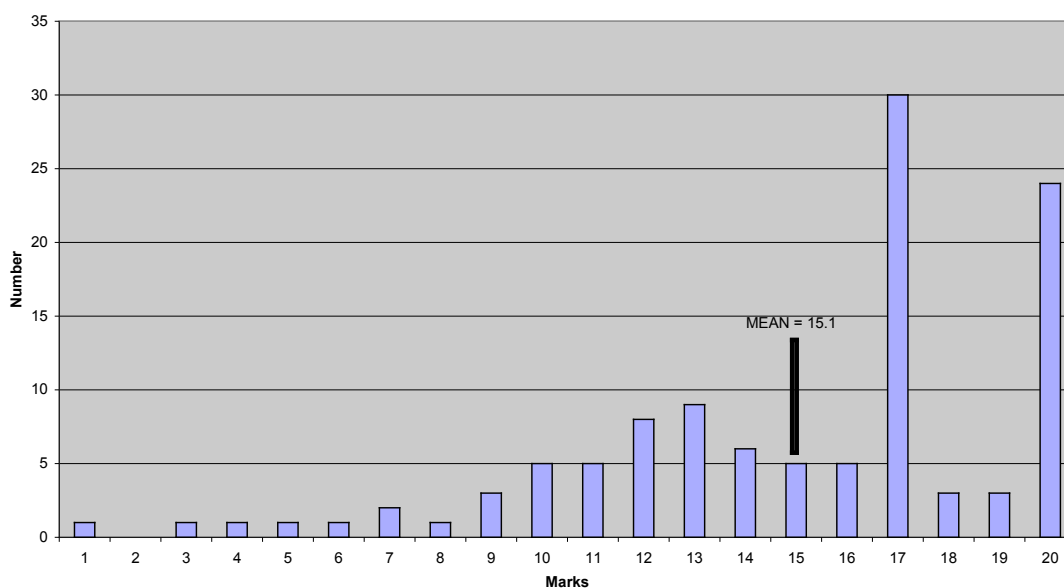
Other reasons why candidates do not fulfil the criteria for passing this station could have been combinations of any number of the following:

- Poor fault identification with the sample impressions.
- Incorrect handling of material and/or uneven distribution of material, causing the impression to be unfit for purpose.
- Distorting the pinna, with the tip of syringe, or distorting the pinna with the bracing hand.

On the whole candidates who succeeded at this station passed very well. The candidates who failed need to refer to the BSA recommended procedure, and implement its guidance. Also practice in identifying impression faults with the assistance of an experienced dispenser would be of benefit.

An audit of this station at 2007(2) and the resit, clearly showed that candidates who failed at both attempts, failed in the same area(s) on both occasions, indicating that they should seek the advice of an experienced RHAD.

### Station 9 Frequency



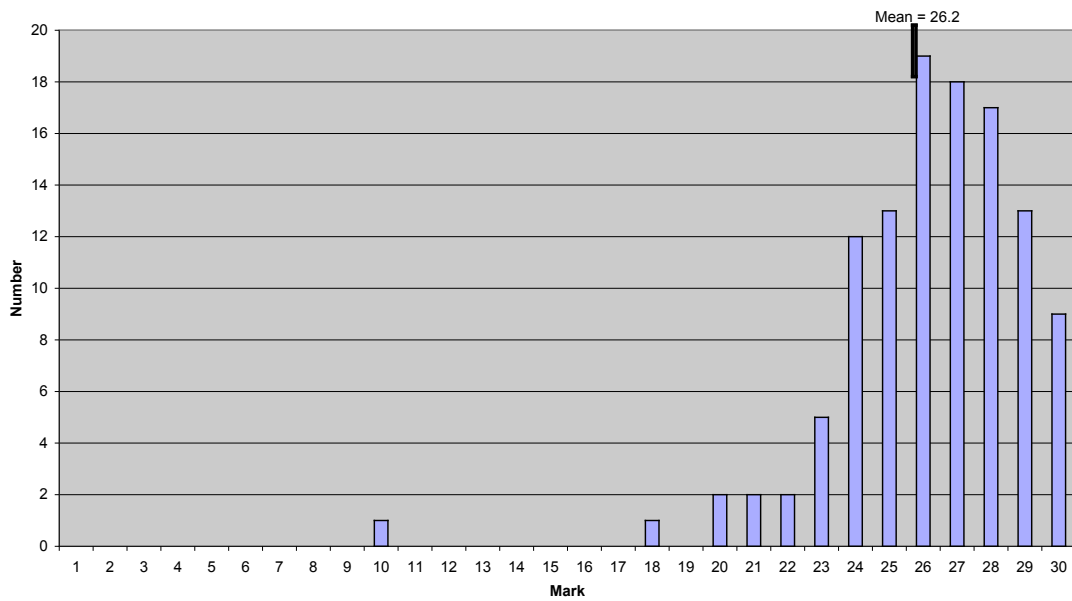
The chart above shows the number of candidates achieving the mark indicated.

### Station 10 AB/11AB Audiometry with and without masking

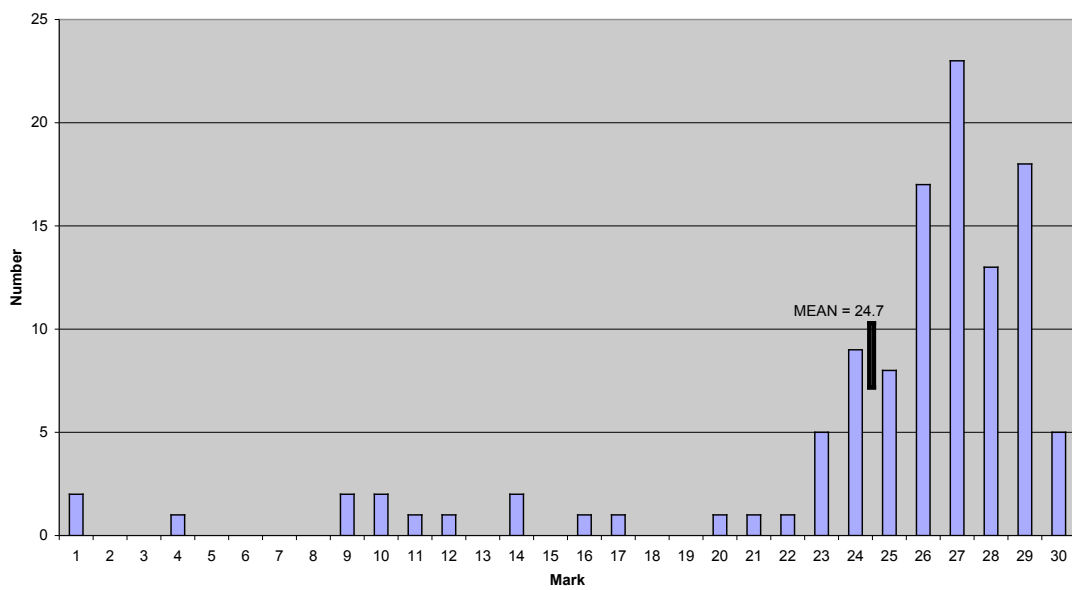
It is pleasing to see many of the comments arising from previous OSPE examinations are finding their way into training; many candidates are now carrying out a very controlled and accurate audiogram which is reflected in their marks. Some points arising: correct procedure for BC at 4 KHz/ Application of rules 1 and 3 of masking would bear looking at.

A few candidates are still at some considerable variance with BSA procedure. The Hearing Aid Council Code of Practice (clause 9) clearly stipulates the requirement to carry out Audiometry to this procedure and those involved in training must refer to and teach from this document, and ensure there is full understanding and application by their candidate. The publication of the examiners' marking sheet was not intended to provide a checklist of what needed to be learnt, but to be used in conjunction with the procedure. There is the potential for considerable risk to the client if Audiometry is not carried out properly and completely.

Station 10 Frequency



Station 11 Frequency

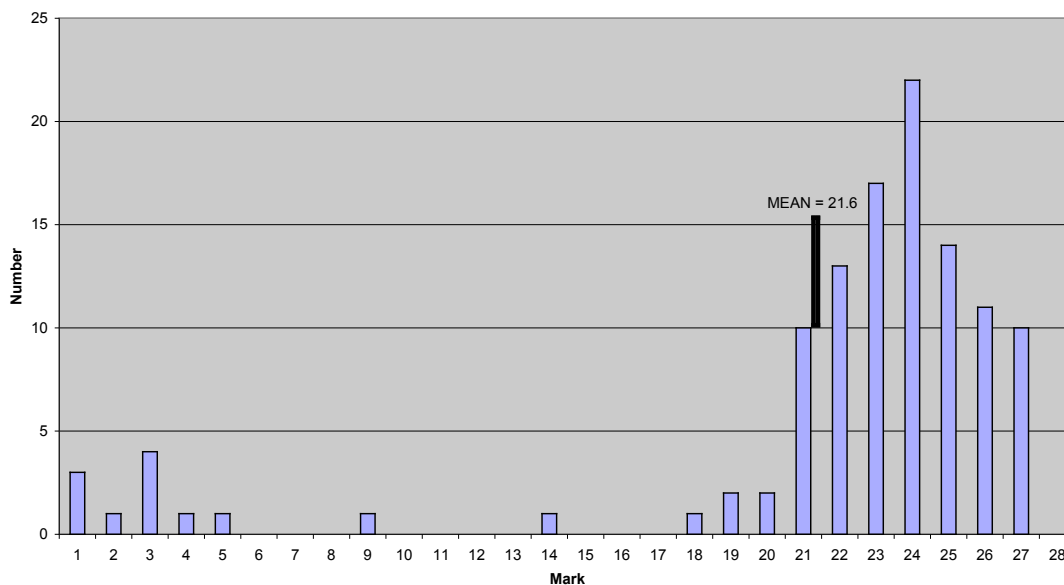


The charts above shows the number of candidates achieving the mark indicated.

### Station 12: Retubing

Most candidates did well at this station, though a few were clearly not sufficiently experienced at re-tubing earmoulds. Candidates are reminded that the correct orientation of the sound tube on a re-tubed mould is important – small errors are not penalised, but in some cases the tube was more than 90° off the correct angle.

Station 12 Frequency

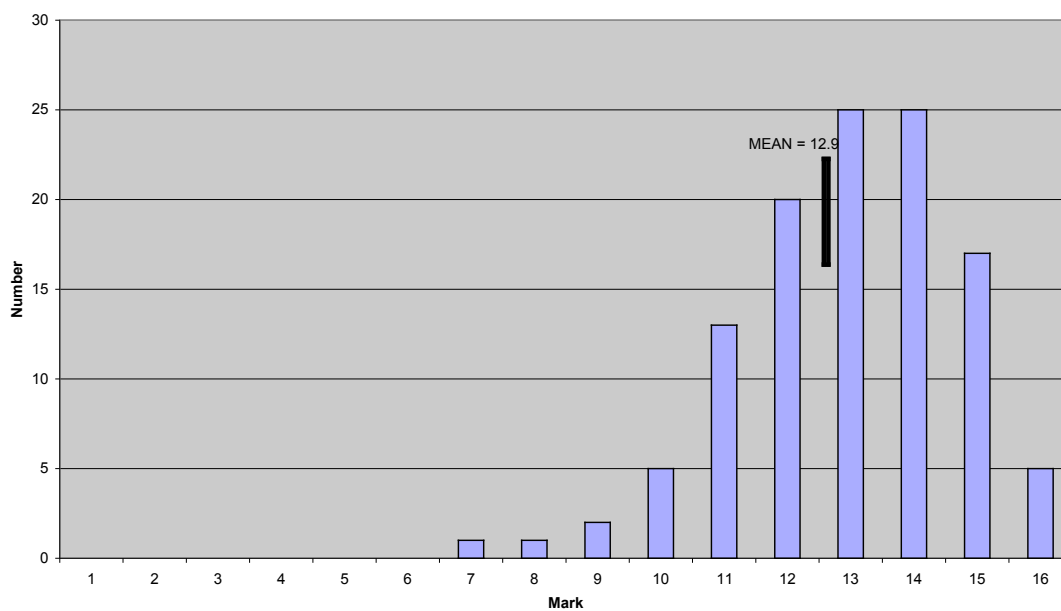


The chart above shows the number of candidates achieving the mark indicated.

### Station 13 :Hearing Aid Fault Finding

Again most candidates did well. Candidates need to read the questions carefully and make sure that all questions are attempted. There is no negative marking for this station.

Station 13 Frequency



The chart above shows the number of candidates achieving the mark indicated.