**Newborn Hearing**

# Station 1: Anatomy

|  |  |
| --- | --- |
| **Label** | **Name** |
| A |  |
| B |  |
| C |  |
| D |  |
| E |  |
| F |  |
| G |  |
| H |  |
| I |  |
| J |  |

**Newborn Hearing**

# Station 3: AOAE Clinical Skills

|  |  |
| --- | --- |
| **Hearing Screener name:** |  |
| **Assessor name:** |  |
| **Date of assessment:** |  |

|  |  |  |
| --- | --- | --- |
| **First ear** | **Yes** | **No** |
| Positions self and baby to observe ear canal - *stands at appropriate side of baby* |  |  |
| Selects largest ear-tip and places on earpiece – *fully positioned on earpiece and gripping* |  |  |
| Holds/opens pinna appropriately – *holds pinna in line with ear canal and lifts pinna upwards and back* |  |  |
| Inserts earpiece firmly using ¼ turn – *holds earpiece until baby settled* |  |  |
| Assesses earpiece fit - *stays securely in place without support* |  |  |
| Correctly positions earpiece cable – *upwards away from baby; no ‘rubbing’* |  |  |
| **Second ear** |  |  |
| Positions baby and observes ear canal - *stands at appropriate side of baby* |  |  |
| Holds/opens pinna appropriately – *holds pinna in line with ear canal and lifts pinna upwards and back* |  |  |
| Inserts earpiece firmly using ¼ turn |  |  |
| Assesses earpiece fit - *stays securely in place without support,* |  |  |
| **Post screen: Clinical area and equipment** |  |  |
| Checks and cleans clinical ‘area’ to ensure it meets all local infection control policy requirements |  |  |
| Checks and cleans equipment to ensure it meets all local infection control policy requirements – *wipes from earpiece end* |  |  |
| Disposes of used consumables as per all local infection control policy requirements |  |  |
| **Daily Equipment checks** |  |  |
| Visual check - ensures earpiece, lead and instrument are OK and that data is downloaded |  |  |
| Cavity check – ensures a NCR is recorded |  |  |
| Occlusion check – NCR recorded |  |  |
| Real ear check – CR recorded |  |  |
| What action should you take if AOAE equipment does not pass QA check/s |  |  |
| **Examiners comments:** |  |  |
| Do you feel this screener demonstrated s/he was competent? |  |  |
| Do you feel this screener demonstrated s/he was knowledgeable? Question No.\_\_\_\_\_\_\_\_ asked |  |  |
| Other comments | | |

**Newborn Hearing**

Station 4: Informed Consent & Ascertaining Family History

|  |  |  |  |
| --- | --- | --- | --- |
| **Hearing Screener name:** |  | | |
| **Assessor name:** |  | | |
| **Date of assessment:** |  | | |
| **The new parent is offered the screen – Well Baby protocol** | | **Yes** | **No** | |
| Introduces self and role | |  |  | |
| Checks identity of parent and accuracy of recorded information – *address, GP, telephone numbers* | |  |  | |
| Screen offered to all babies – *parent aware optional* | |  |  | |
| Explains why hearing screening for newborns is important – *early ID, improved outcomes, parent support* | |  |  | |
| Explains disadvantages of hearing screening for newborns – *time takes, potential anxiety* | |  |  | |
| Explains AOAE screen – *soft clicks, response from ear* | |  |  | |
| Explains AOAE screen process – *disposable tip, snug earpiece fit, time takes - can feel longer, baby settled, no visible response from baby* | |  |  | |
| Warns of possible NCR –gives reasons *hearing loss, debris/fluid, unsettled baby, noise* | |  |  | |
| Informs parent of action if NCR – *what will happen next, when.* | |  |  | |
| **Risk factors identified** | |  |  | |
| Ascertains mother’s family history of permanent childhood hearing loss | |  |  | |
| Ascertains father’s family history of permanent childhood hearing loss | |  |  | |
| Correctly identifies and records baby core risk factors | |  |  | |
| Correctly identifies and records baby national risk factors | |  |  | |
| **Gaining informed consent** | |  |  | |
| Answers questions from parent/ask if the parent has any/more questions - *use of open questions* | |  |  | |
| Establishes if parent wishes hearing screen for their baby | |  |  | |
| Negotiates when would be convenient time to screen | |  |  | |
| Explains use of data – *national access, only authorised individuals, programme audit purposes* | |  |  | |
| Records consent or decline on baby’s proforma/records | |  |  | |
| **General** | |  |  | |
| Do you feel this screener demonstrated that s/he was competent? | |  |  | |
| Do you feel this screener demonstrated that s/he was Knowledgeable? Question No.\_\_\_\_\_\_\_ asked | |  |  | |
| Parent ‘actor’: - did you understand/feel involved? (5=excellent, 4 =good, 3=reasonable, 2=fair,1=poor) | |  |  | |
| **Additional Comments** | | | | |
|  | | | | |

**Newborn Hearing**

Station 5: Multiple Choice Questions

|  |  |
| --- | --- |
| **Hearing Screener name:** |  |
| **Date of assessment:** |  |

**Question Number Answer (please circle)**

**1 A B C D**

**2 A B C D**

**3 A B C D**

**4 A B C D**

**5 A B C D**

**6 A B C D**

**7 A B C D**

**8 A B C D**

**9 A B C D**

**10 A B C D**

**Newborn Hearing**

# Station 6: AABR Clinical Skills

|  |  |
| --- | --- |
| **Hearing Screener name:** |  |
| **Assessor name:** |  |
| **Date of assessment:** |  |

|  |  |  |
| --- | --- | --- |
| **General Preparation** | **Yes** | **No** |
| Sets out consumables – is well organised |  |  |
| Rolls baby toward them to prep/apply shoulder and nape sensor sites – can see good airway |  |  |
| **Skin preparation and Sensor placement** |  |  |
| Observes sensor areas prior to preparation – *moisture, vernix absorbed as necessary* |  |  |
| Prepares site and places sensors one at a time |  |  |
| Holds skin taut **throughout** preparation – *3-5 firm wipes in 1 direction using prep-pad/ x 3 sensor sites* |  |  |
| Holds skin taut **throughout** sensor placement x 3 |  |  |
| Does not touch/contaminate sensors with fingers |  |  |
| Correctly places sensors: **Forehead** – *up to (but not into) hairline*  **Nape** -  *up to (but not into) hairline, not on skull*  **Shoulder** – *on ‘fleshy’ area 2cms away from nape sensor* |  |  |
| **Headphone placement** |  |  |
| Fully inserts transducers and checks they are not blocked |  |  |
| Places headphone - *moves baby’s hair away*; *rolls on from back to front* |  |  |
| Checks baby’s ears are completely enclosed within headphones – *not up against transducer entry* |  |  |
| Checks headphones on correct ears – *red =right, blue = left* with transducers in the correct position |  |  |
| **Connections** |  |  |
| Connects cables to correct sensors |  |  |
| Correctly positions cables – *upwards away from baby, not crossed/twisted* |  |  |
| **Baby completes the screen** |  |  |
| Gently removes sensors x 3 – *not pulling; ‘walks’ sensors off* |  |  |
| Gently removes headphones x 2 – *not rushed; ‘walks’ headphones off* |  |  |
| Checks and cleans equipment to ensure it meets all local infection control policy requirements – *wipes from patient end.* |  |  |
| **Examiner’s comments** |  |  |
| Do you feel this screener demonstrated s/he was competent? |  |  |
| Other comments | | |

**Newborn Hearing**

# Station 8: Bilateral Clear Responses

|  |  |
| --- | --- |
| **Hearing Screener name:** |  |
| **Assessor name:** |  |
| **Date of assessment:** |  |

|  |  |  |
| --- | --- | --- |
| **Explanation of bilateral CR outcome** | **Yes** | **No** |
| Clearly explains AOAE bilateral clear response result to parent |  |  |
| Answers questions from parent/s – *use of open questions* |  |  |
| Explains parent role in on-going monitoring – *shows and discusses NHSP checklists* |  |  |
| Correctly identifies if targeted follow-up at 8 months of age required |  |  |
| Explains need for targeted follow-up at 8 months – *why and importance* |  |  |
| Ask if parents have any questions |  |  |
| **Question:** |  |  |
| Name the 4 Risk Factors that require a targeted follow-up |  |  |
| **Outcome** |  |  |
| Do you feel that this screener demonstrated that s/he was competent? |  |  |
| Do you feel that this screener demonstrated that s/he was knowledgeable? Question No. \_\_\_\_\_ asked |  |  |
| Parent ‘actor’: - did you understand/feel involved? (5=excellent, 4 =good, 3=reasonable, 2=fair,1=poor) |  |  |
| **Additional comments** |  |  |
|  | | |

**Newborn Hearing**

# Station 9: AABR Required

|  |  |
| --- | --- |
| **Hearing Screener name:** |  |
| **Assessor name:** |  |
| **Date of assessment:** |  |

|  |  |  |
| --- | --- | --- |
| **Explanation of the NCR result:** | **Y** | **N** |
| Clearly explains the AOAE screen outcome: bilateral NCR |  |  |
| Explains AABR screen – *soft clicks, response from hearing nerve* |  |  |
| **Explanation of AABR** |  |  |
| Explains AABR sensor skin preparation |  |  |
| Explains AABR sensor placement – forehead, nape and shoulder |  |  |
| Explains screening conditions required –*time taken, baby needs to be settled/asleep* |  |  |
| Warns of possible NCR – *hearing loss,* |  |  |
| *debris/fluid,* |  |  |
| *unsettled baby* |  |  |
| *noise* |  |  |
| Informs parent of action if NCR – *what, when* |  |  |
| Negotiates when would be a convenient time to screen |  |  |
| **Outcome** |  |  |
| Do you feel this screener demonstrated that s/he was competent? |  |  |
| Do you feel this screener demonstrated that s/he was knowledgeable? Question No.\_\_\_\_\_\_\_\_ asked |  |  |
| Parent ‘actor’-did you understand/feel involved? (5=excellent, 4 =good, 3=reasonable, 2=fair, 1=poor) |  |  |
| **Additional Comments** | | |
|  | | |

**Newborn Hearing**

# Station10: Referral to Audiology Required

|  |  |
| --- | --- |
| **Hearing Screener name:** |  |
| **Assessor name:** |  |
| **Date of assessment:** |  |

|  |  |  |
| --- | --- | --- |
| **Outcome of baby’s screen** | **Yes** | **No** |
| Clearly explains AABR screen outcome to parent |  |  |
| Reminds parent of possible reasons for NCR outcome:   * ***hearing loss*** * *as appropriate - debris/fluid, unsettled baby, noise* |  |  |
| Clearly explains need for referral to Audiology |  |  |
| Answers questions from parent/s - *use of open questions* |  |  |
| **Baby is referred to Audiology** |  |  |
| Provides parent with leaflet ‘Your Baby’s Visit to Audiology’ |  |  |
| Explains what tests at Audiology will involve |  |  |
| Informs parent of appointment duration – *approx 2 hours* |  |  |
| Explains need for baby to be settled – *feeds, nappies* |  |  |
| Emphasises importance of attending appointment |  |  |
| Directs parent to Audiology contact details – *further questions* |  |  |
| Suggests parent takes partner/friend to appointment |  |  |
| Negotiates audiology appointment – *when partner available, sibling at nursery, need for fluid absorbtion* |  |  |
| Provides parent with screen outcome/audiology appointment letter |  |  |
| Provides parent with clinic details – *location, parking costs, bus route* |  |  |
| Answers questions from parent/s - *use of open questions* |  |  |
| Informs parent of how they can contact screener/screening service if have further questions |  |  |
| **Outcome** |  |  |
| Do you feel this screener demonstrated that s/he was competent? |  |  |
| Do you feel this screener demonstrated that s/he was knowledgeable? Question No. \_\_\_\_\_\_\_\_\_ asked |  |  |
| Parent ‘actor’: - did you understand/feel involved? (5=excellent, 4 =good, 3=reasonable, 2=fair, 1=poor) |  |  |
| **Additional Comments** | | |
|  | | |