



CAUD802

Adult Hearing Assessment

S1 Day 2017

Dept of Linguistics

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Disclaimer

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General Information

Unit convenor and teaching staff

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Credit points

4

Prerequisites

Admission to MClinaudiology

Corequisites

CAUD803 and CAUD804 and CAUD819

Co-badged status

Unit description

This unit will: - provide an understanding of the theoretical framework of psychoacoustics underlying hearing threshold, hearing loss and related audiometric concepts; - equip students with skills required to perform standard audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance; and - facilitate the development of problem-solving and clinical integration skills for interpretation of audiological information, appropriate clinical decision making and referral.

Important Academic Dates

Information about important academic dates including deadlines for withdrawing from units are available at <https://www.mq.edu.au/study/calendar-of-dates>

Learning Outcomes

On successful completion of this unit, you will be able to:

Students will be able to explain the theoretical framework of psychoacoustics underlying hearing threshold, hearing loss and related audiometric concepts.

Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical

application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.

Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

General Assessment Information

All assessment tasks must be submitted electronically **no later than 5.00pm (unless specified otherwise)** on the due date. Each assignment must contain an electronic coversheet. These coversheets can be downloaded from the following website. <http://www.ling.mq.edu.au/plagiarism/coversheet.html>

Assessment tasks submitted without a coversheet will not be marked.

Submission dates of compulsory assessment tasks may only be altered with the consent of the Unit Convenor. Extensions for submission times will only be granted if a request for late submission is accompanied by a medical certificate for the date of submission or if an application is made *prior* to the date of submission.

- Resubmission of work, at the request of the Unit Convenor, will result in a maximum pass mark of 50%.
- Late submission of work will result in work being penalised at a rate of 5% *per* work day and 5% for the weekend.
- All students must submit each of the compulsory assessment tasks in order to pass the unit.

Academic Honesty Policy

http://mq.edu.au/policy/docs/academic_honesty/policy.html#purpose

Purpose To enable the University to take a consistent, equitable and transparent approach to academic honesty amongst staff and students.

Overview The nature of scholarly endeavour, dependent as it is on the work of others, binds all members of the University community to abide by the principles of academic honesty. Academic honesty is an integral part of the core values and principles contained in the *Macquarie University Ethics Statement*. Its fundamental principle is that all staff and students act with integrity in the creation, development, application and use of ideas and information. This means that:

- all academic work claimed as original is the work of the author making the claim
- all academic collaborations are acknowledged academic work is not falsified in any way

- when the ideas of others are used, these ideas are acknowledged appropriately.

All academic and professional staff involved in learning, teaching and research are expected to display leadership in this area. One of the University's objectives is to produce ethically and socially aware graduates, capable of applying the skills and knowledge they have developed at University to all aspects of their lives, as well as to their academic work. Academic dishonesty undermines the integrity of the University's academic awards and assessment processes, and damages the University's reputation. It also reduces the effectiveness of a student's time at the University. Examples of some dishonest behaviours are deception, fabrication, obstruction, plagiarism and sabotage.

DEFINITIONS

Deception: includes, but is not limited to, false indication of group contribution, false indication of assignment submission, collusion, submission of a work previously submitted, creating a new article out of an existing article by rewriting/reusing it (laundering), using the same data to form the same arguments and conclusion, presenting collaborative work as one's own without acknowledging others' contributions, cheating in an examination or using others to write material for examination.

Fabrication: includes, but is not limited to, creating fictitious clinical data, citation(s), or referee reports. *Sourced from: http://www.mq.edu.au/policy/docs/academic_honesty/policy.html.*

Documents sourced from Policy Central (www.mq.edu.au/policy) take precedence over documents from other sources.

Obstruction: intentionally impeding or interfering with another student's academic work.

Plagiarism: Using the work or ideas of another person, whether intentionally or not, and presenting this as your own without clear acknowledgement of the source of the work or ideas. This includes, but is not limited to, any of the following acts:

- copying out part(s) of any document or audio-visual material or computer code or website content without indicating their origins
- using or extracting another person's concepts, experimental results, or conclusions
- summarising another person's work
- submitting substantially the same final version of any material as another student in an assignment where there was collaborative preparatory work
- use of others (paid or otherwise) to conceive, research or write material submitted for assessment (eg ghost writing)
- submitting the same or substantially the same piece of work for two different tasks (self-plagiarism).

Sabotage: includes, but is not limited to, theft of work, destruction of library materials.

Scope This Policy applies to all students and to staff of the University involved in learning,

teaching and research.

Policy The key principles of this policy are that the University will:

- require all students and staff to undertake their academic work honestly
- encourage all staff and students to complete appropriate training
- use a range of approaches to educate students and staff to practise honesty in their academic work and raise awareness of the importance of ensuring ethical behaviour with respect to research
- take consistent and equitable action to manage dishonest student behaviours by:
 - communicating to students that any piece of academic work can be checked at any time using an appropriate process
 - implementing a common remedial and penalty framework across the University
 - establishing and applying appropriate, consistent procedures for detecting and investigating alleged academic dishonesty, and
 - providing and communicating the appeal process
 - apply the appropriate processes of the *Macquarie University Enterprise Agreement* to manage alleged academic dishonesty by staff.

The University will engage staff and students by:

- using appropriate mechanisms to advise staff and students of the Policy
- developing educational strategies to promote academic honesty
- developing strategies that reduce opportunities for academic dishonesty
- designing strategies to increase student engagement with their study, and their ability to submit their own work, and
- reviewing these strategies at appropriate intervals.

COMPLIANCE AND BREACHES

The University may commence applicable disciplinary procedures if a person to whom this policy applies breaches this policy (or any of its related procedures).

All assessment tasks which contain material from other publication sources must be acknowledged. Citing material presented in a lecture is **not** sufficient, unless the results presented are the lecturer's own. All citations must be in APA format. For further information about referencing, see the Course Handbook.

REFERENCES or BIBLIOGRAPHY for your assignments

Please visit the website: <http://libguides.mq.edu.au/content.php?pid=459099&sid=3759394> to follow the referencing style for the assignments.

We recommend that you use APA style for all your essays.

Assessment Tasks

Name	Weighting	Hurdle	Due
Quiz	20%	No	03/04/17
Clinical-based exercise	20%	No	01/05/17
Clinical-based exercise	20%	No	15/05/17
Exam	40%	No	Examination period

Quiz

Due: **03/04/17**

Weighting: **20%**

The aim of the quiz is to assess your understanding of various aspects of psychoacoustics such as loudness, pitch, hearing and principles underlying masking.

Key references:

Moore, Brian CJ, and Brian C. Moore. *An introduction to the psychology of hearing*. Vol. 5. San Diego: Academic press, 2003.

Moore, Brian CJ, ed. *Hearing*. Academic Press, 1995.

Yost, William A., and Robert S. Schlauch. "Fundamentals of hearing: an introduction." *The Journal of the Acoustical Society of America* 110.4 (2001): 1713-1714.

On successful completion you will be able to:

- Students will be able to explain the theoretical framework of psychoacoustics underlying hearing threshold, hearing loss and related audiometric concepts.

Clinical-based exercise

Due: **01/05/17**

Weighting: **20%**

This essay aims to assess your understanding of the principles underlying audiological assessment. The details of the essay will be provided to you at the beginning of the semester. It will be assessed according to the assessment criteria outlined.

On successful completion you will be able to:

- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.
- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Clinical-based exercise

Due: **15/05/17**

Weighting: **20%**

This essay aims to assess your understanding of the principles underlying audiological assessment. The details of the essay will be provided to you at the beginning of the semester. It will be assessed according to the assessment criteria outlined.

On successful completion you will be able to:

- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.
- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Exam

Due: **Examination period**

Weighting: **40%**

The aim of the exam is to integrate the theory learned in this unit with clinical cases. This exam will be 3 hours in duration.

On successful completion you will be able to:

- Students will be able to explain the theoretical framework of psychoacoustics underlying hearing threshold, hearing loss and related audiometric concepts.
- Students will be equipped with the skills required to perform basic audiometric

assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.

- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Delivery and Resources

Teaching and Learning Strategies:

- Lectures are generally held on Mondays (2pm-5pm) and Wednesdays (9am-12 noon). However, there may be some variations to this schedule. Therefore, students MUST consult the timetable provided and any changes to the lecture timetable will be posted on iLearn.
- There are no tutorials for this unit.
- There are **nine practica** which will generally be held on Tuesdays and/or Fridays, typically between 9am-5pm with a few exceptions. Please look at your timetable for further details.

Required and Recommended Texts and/or Materials:

Books

J. Katz, L., Medwetsky, R. Burkard & L. Hood (Eds). *Handbook of Clinical Audiology* (6th Ed). Maryland: Lippincott, Williams & Wilkins, 2009.

F.E. Museik & W.F. Rintelmann (Eds). *Contemporary Perspectives in Hearing Assessment*. Allyn & Bacon, 1999.

C. J. Plack. *The Sense of Hearing*. Lawrence Erlbaum Associates, 2005.

B. C. J. Moore. *An introduction to the Psychology of Hearing* (5th Ed). Elsevier Academic Press, 2004.

S. A Gelfand. *Hearing* (4th Ed). Marcel Dekker, 2004

Chapters and Journal Articles

Becker, W., Naumann, H.H. & Pfaltz, C.R. (1994). *Ear, nose, and throat diseases: a pocket reference*. 2nd. Ed. New York : Thieme Medical Publishers. [RF56 .B4313/1994](#)

Bench, J. (1997). Speech audiometry in Australia. In: M. Martin (Ed). *Speech Audiometry*. (2nd Ed: p 287-296). London: Whurr. [RF294.5.S6 .S625/1997](#)

- Borg, E. (1973). On the neuronal organization of the acoustic middle ear reflex: A physiological and anatomical study. *Brain Research*, 49, 101-123.
- Coles, R.R. & Preide, V.M. (1975). Masking of the non-test ear in speech audiometry. *Journal of Laryngology & Otology*, 89(3) 217-226.
- Dermody P. & Lee, K. (1997). Speech tests at the National Acoustic Laboratories. In: M. Martin (Ed). *Speech Audiometry*. (2nd Ed: pp 297-314). London: Whurr. [RF294.5.S6 .S625/1997](#)
- Gelfand, S. (2009). The Acoustic Reflex. In J. Katz, Medwetsky, Burkard & Hood (Eds). *Handbook of Clinical Audiology* (6th Ed. Pg 189-221). Maryland: Lippincott, Williams & Wilkins. (6th Ed).
- Hood, J. (1957). The principles and practice of bone conduction audiometry: a review of the present position. *Proceedings of the Royal Society of Medicine*. 50 689-697.
- Hughson, W. & Westlake, H. (1944). Manual for program outline for rehabilitation of aural casualties both military and civilian. *Trans Am Acad Ophthalmol Otolaryngol Suppl*, 48,1–15.
- Jerger, J. (1993). *Clinical audiology: the Jerger perspective*. San Diego: Singular Publishing. [RF294 .J46/1993](#)
- Jerger, J. & Northern, J.L. (1980). *Clinical impedance audiometry* (2nd Ed.) Massachusetts: Educational Services Division, American Electromedics Corporation. [RF294.5.I5 .C55/1980](#)
- Jerger, S & Jerger, J. (1981). *Auditory disorders: A manual for clinical evaluation*. Boston: Little, Brown. [RF294 .J47](#)
- Johnson, C.D. (2002). Hearing and immittance screening. In J. Katz (Ed). *Handbook of Clinical Audiology* (4th Ed. pp481-493). Maryland: Lippincott, Williams & Wilkins. [RF290 .H36/2002](#)
- Keefe, D.H., & Keeney P.M. (2009). In J. Katz, Medwetsky, Burkard & Hood (Eds). *Handbook of Clinical Audiology* (6th Ed. Pg 125-156). Maryland: Lippincott, Williams & Wilkins.
- Kelly, B.R., Davis, D. & Hegde M.N. (1994). *Clinical methods and practicum in audiology*. San Diego: Singular Publishing. [RF291 .K45 1994](#)
- Lyregaard, P. Towards a theory of speech audiometry tests. In: M. Martin (Ed). *Speech Audiometry*. (2nd Ed: pp 34-62). London: Whurr. [RF294.5.S6 .S625/1997](#)
- McArdle, R. & Hnath-Chisolm T. (2009) Speech Audiometry. In J. Katz, Medwetsky, Burkard & Hood (Eds). *Handbook of Clinical Audiology* (6th Ed. Pg 64-79). Maryland: Lippincott, Williams & Wilkins. (6th Ed).
- Roland, P.S., Marple, B.F. & Meyerhoff, W. L. (Ed.). (1997). *Hearing loss*. New York: Thieme. [RF290 .H4325/1997](#)
- Sanna, M. (2002). *Color atlas of otoscopy: from diagnosis to surgery*. (2nd ed) New York: Thieme. [RF123 .C65 2002](#)
- Schlauch R.S & Nelson, P. (2009). Pure tone evaluation. In J. Katz, Medwetsky, Burkard & Hood (Eds). *Handbook of Clinical Audiology* (6th Ed. Pg 30-49). Maryland: Lippincott, Williams & Wilkins. (6th Ed).

Shanks, J.E., Lilly, D.J., Margolis, R.H., Wiley, T.L., & Wilson, R.H. (1988). Tympanometry. *American Speech-Language-Hearing Association*, 53, 354-377.

Shanks, J. & Shohet J. (2009). Tympanometry. In J. Katz, Medwetsky, Burkard & Hood (Eds). *Handbook of Clinical Audiology* (6th Ed. Pg 157-188). Maryland: Lippincott, Williams & Wilkins. (6th Ed).

Yacullo, W.S. (2009). Clinical Masking In J. Katz, Medwetsky, Burkard & Hood (Eds). *Handbook of Clinical Audiology* (6th Ed. Pg 80-115). Maryland: Lippincott, Williams & Wilkins. (6th Ed).

Unit Schedule

1. Unit Overview: An overview of the need for an audiological test battery to accurately diagnose hearing loss, the factors which may affect the reliability of the assessment including subject variables and tester variables, and the need for equipment calibration will be discussed. RB

2. Pure tone audiometry: The elements of pure tone audiometry, including air and bone conduction audiometry and its role in diagnosis will be discussed. Techniques used for pure tone threshold measurement will be described, in particular, the Hughson-Westlake technique (Hughson & Westlake, 1944). The graphical representation of hearing thresholds using a pure tone audiogram will be discussed together with the classification of hearing loss using the variables of magnitude and configuration. Strategies will be discussed to modify or simplify procedures when faced with problems of assessment reliability arising from subject or tester variables. RB

3. Psychoacoustics I: This lecture will discuss how sounds are processed by the ear and brain to provide the listener with useful information about the world outside. Consideration will be given to the nature and perceptual consequences of hearing loss. In addition, the measurement of auditory thresholds using the minimum audible pressure (MAP) or the minimum audible field (MAF) will be discussed. Loudness perception, including loudness level, equal loudness contours and difference limens, will be discussed. Abnormalities in loudness perception in hearing-impaired listeners will also be considered including softness imperception and hyperacusis. RB

4. Pure tone audiometry masking: The need for clinical masking in accurately assessing hearing threshold will be discussed, including the types of masking noise used and the effective masking level. Concepts of “the better ear”, “cross hearing”, and “shadow curves” will be considered. Methods of masking will be discussed, in particular, Hood’s technique (Hood, 1960) / plateau method. Masking dilemmas such as over-masking, central masking, and the 5-for-10 pattern will be considered and techniques that can be used to overcome these clinical problems will be reviewed. RB

5. Psychoacoustics II: the principles underlying masking. RB

6. Speech Recognition testing: The uses of speech discrimination testing in adult clients as a diagnostic and rehabilitative tool will be discussed. Issues pertaining to test design, the suitability of various speech based materials and their clinical applications will be discussed with particular emphasis on those materials currently used in Australian clinics. Problems encountered with speech testing will also be reviewed. Reliability of speech measures in estimating significance

will also be discussed. RB

7. Speech Masking: Masking of speech-based materials will be discussed. RB

8. Acoustic Immittance tests (Overview): The historical origins and basic principles of acoustic immittance measurements will be reviewed. Correct terminology will be discussed and analogies between acoustical, mechanical and electrical systems will be used to define the principles of acoustic immittance. An overview of the methodology, analysis and clinical significance of acoustic immittance measures will be given. RB

9. Acoustic Immittance tests (Standard 226 Hz tympanometry & Multi-frequency tympanometry): Tympanometry measures using different frequency probe tones and tests of Eustachian tube dysfunction will be discussed. Methods of analysing tympanometric results will be discussed, including equivalent ear canal volume, peak compensated static acoustic admittance, tympanogram peak pressure, tympanogram width and gradient. Different classification schemes will be discussed, including the commonly used scheme proposed by Jerger for the standard 226 Hz probe tone (1970; Jerger et al., 1972) and the Vanhuyse model (Vanhuyse et al., 1975) for describing the four normal patterns of acoustic susceptance and conductance. The clinical analysis of these patterns will be discussed with reference to correct / appropriate documentation and report writing. RB

10. Acoustic Reflex & Decay: Acoustic reflex pathways will be discussed. The technique of generating this reflex with loud sounds and its diagnostic significance as part of the audiometric test battery will be discussed. The reliability of using this measure as a test of retrocochlear pathology will be considered. RB

11. Psychoacoustics III: The principles underlying bone-conduction are considered with the phenomenon known as Carhart's notch. RB

12. Review for exam. RB

Practica:

There are 9 practica:

1. Otoscopy
2. PTA simulators (AC and BC thresholds seeking)
3. PTA Simulators (masking techniques)
4. Psychoacoustics I
5. Psychoacoustics II
6. PTA (AC and BC)
7. Speech Testing & Masking
8. Immittance (tympanometry and multifrequency audiometry)
9. Immittance (acoustic reflexes)

Policies and Procedures

Macquarie University policies and procedures are accessible from [Policy Central](#). Students should be aware of the following policies in particular with regard to Learning and Teaching:

Academic Honesty Policy http://mq.edu.au/policy/docs/academic_honesty/policy.html

Assessment Policy http://mq.edu.au/policy/docs/assessment/policy_2016.html

Grade Appeal Policy <http://mq.edu.au/policy/docs/gradeappeal/policy.html>

Complaint Management Procedure for Students and Members of the Public http://www.mq.edu.au/policy/docs/complaint_management/procedure.html

Disruption to Studies Policy (in effect until Dec 4th, 2017): http://www.mq.edu.au/policy/docs/disruption_studies/policy.html

Special Consideration Policy (in effect from Dec 4th, 2017): <https://staff.mq.edu.au/work/strategy-planning-and-governance/university-policies-and-procedures/policies/special-consideration>

In addition, a number of other policies can be found in the [Learning and Teaching Category](#) of Policy Central.

Student Code of Conduct

Macquarie University students have a responsibility to be familiar with the Student Code of Conduct: https://students.mq.edu.au/support/student_conduct/

Results

Results shown in *iLearn*, or released directly by your Unit Convenor, are not confirmed as they are subject to final approval by the University. Once approved, final results will be sent to your student email address and will be made available in [eStudent](#). For more information visit ask.mq.edu.au.

Student Support

Macquarie University provides a range of support services for students. For details, visit <http://students.mq.edu.au/support/>

Learning Skills

Learning Skills (mq.edu.au/learningskills) provides academic writing resources and study strategies to improve your marks and take control of your study.

- [Workshops](#)
- [StudyWise](#)
- [Academic Integrity Module for Students](#)
- [Ask a Learning Adviser](#)

Student Services and Support

Students with a disability are encouraged to contact the [Disability Service](#) who can provide

appropriate help with any issues that arise during their studies.

Student Enquiries

For all student enquiries, visit Student Connect at ask.mq.edu.au

IT Help

For help with University computer systems and technology, visit http://www.mq.edu.au/about_us/offices_and_units/information_technology/help/.

When using the University's IT, you must adhere to the [Acceptable Use of IT Resources Policy](#). The policy applies to all who connect to the MQ network including students.

Graduate Capabilities

PG - Capable of Professional and Personal Judgment and Initiative

Our postgraduates will demonstrate a high standard of discernment and common sense in their professional and personal judgment. They will have the ability to make informed choices and decisions that reflect both the nature of their professional work and their personal perspectives.

This graduate capability is supported by:

Learning outcomes

- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.
- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Assessment tasks

- Clinical-based exercise
- Clinical-based exercise
- Exam

PG - Discipline Knowledge and Skills

Our postgraduates will be able to demonstrate a significantly enhanced depth and breadth of knowledge, scholarly understanding, and specific subject content knowledge in their chosen fields.

This graduate capability is supported by:

Learning outcomes

- Students will be able to explain the theoretical framework of psychoacoustics underlying hearing threshold, hearing loss and related audiometric concepts.
- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.
- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Assessment tasks

- Quiz
- Clinical-based exercise
- Clinical-based exercise
- Exam

PG - Critical, Analytical and Integrative Thinking

Our postgraduates will be capable of utilising and reflecting on prior knowledge and experience, of applying higher level critical thinking skills, and of integrating and synthesising learning and knowledge from a range of sources and environments. A characteristic of this form of thinking is the generation of new, professionally oriented knowledge through personal or group-based critique of practice and theory.

This graduate capability is supported by:

Learning outcomes

- Students will be able to explain the theoretical framework of psychoacoustics underlying hearing threshold, hearing loss and related audiometric concepts.
- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.
- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Assessment tasks

- Quiz

- Clinical-based exercise
- Clinical-based exercise
- Exam

PG - Research and Problem Solving Capability

Our postgraduates will be capable of systematic enquiry; able to use research skills to create new knowledge that can be applied to real world issues, or contribute to a field of study or practice to enhance society. They will be capable of creative questioning, problem finding and problem solving.

This graduate capability is supported by:

Learning outcomes

- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.
- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Assessment tasks

- Quiz
- Clinical-based exercise
- Clinical-based exercise
- Exam

PG - Effective Communication

Our postgraduates will be able to communicate effectively and convey their views to different social, cultural, and professional audiences. They will be able to use a variety of technologically supported media to communicate with empathy using a range of written, spoken or visual formats.

This graduate capability is supported by:

Learning outcomes

- Students will be able to explain the theoretical framework of psychoacoustics underlying hearing threshold, hearing loss and related audiometric concepts.
- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical

application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.

- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.

Assessment tasks

- Clinical-based exercise
- Clinical-based exercise
- Exam

PG - Engaged and Responsible, Active and Ethical Citizens

Our postgraduates will be ethically aware and capable of confident transformative action in relation to their professional responsibilities and the wider community. They will have a sense of connectedness with others and country and have a sense of mutual obligation. They will be able to appreciate the impact of their professional roles for social justice and inclusion related to national and global issues

This graduate capability is supported by:

Learning outcomes

- Students will be equipped with the skills required to perform basic audiometric assessments of adults and older children, including otoscopy, pure tone audiometry, speech discrimination testing, clinical masking, and acoustic immittance. The clinical application of speech recognition testing and acoustic immittance testing in an adult population is also discussed.
- Students will be able to apply problem-solving strategies to make clinical decisions and to integrate and interpret audiological information.