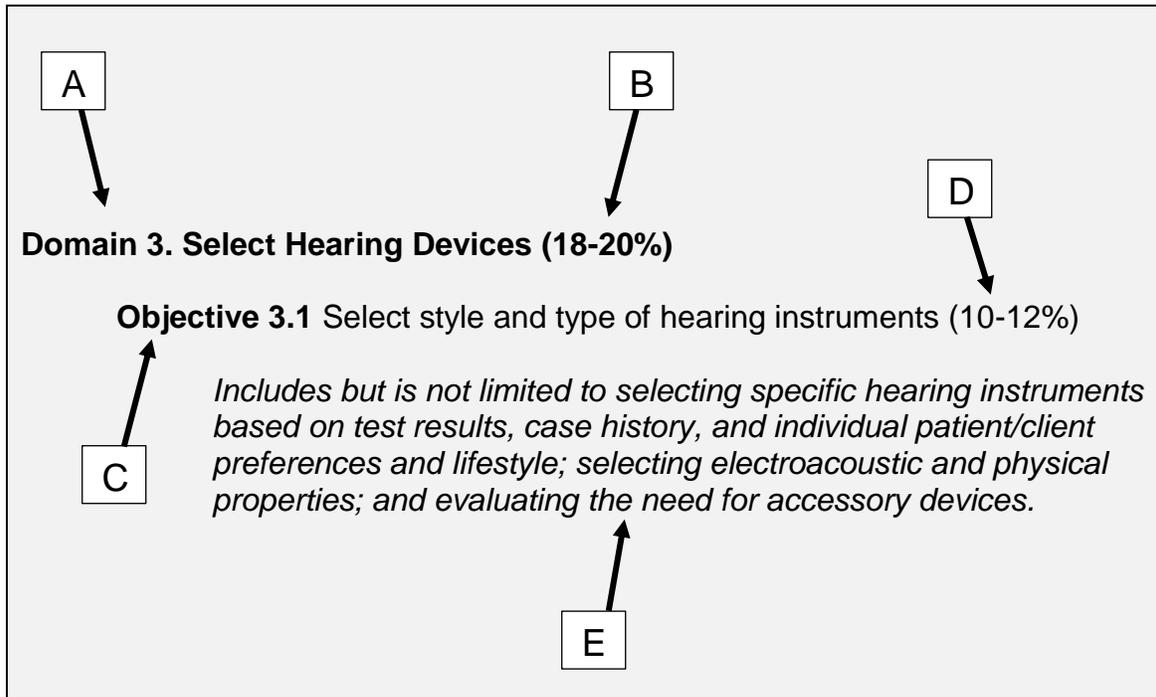


COMPETENCY MODEL STRUCTURE AND TERMINOLOGY
for the International Licensing Examination for Hearing Healthcare Professionals



- A. **Domain:** Broad areas of practice assessed on the exam.
- B. **Domain Weight:** The percent of items on the exam that fall within the Domain.
- C. **Objective:** Specific elements of the Domain that are assessed on the exam. Each exam item is written to target a specific Objective.
- D. **Objective Weight:** The percent of items on the exam that fall within the Objective.
- E. **Additional Objective Information:** Illustrative examples of the types of knowledge, skills, and abilities assessed by items within the Objective.

Domain 1. Conduct Patient/Client Assessment (18-24%)

Objective 1.1 Apply infection control protocols (4-6%)

Includes but is not limited to choosing appropriate infection control processes for tools and equipment; observing universal precautions for infection control; distinguishing between single- and multiple-use items; differentiating among sanitization, disinfection and sterilization processes; and identifying personal protective equipment.

Objective 1.2 Apply otoscopic inspection protocols (5-7%)

Includes but is not limited to observing safety protocols during otoscopy; identifying anatomical structures; identifying abnormalities through otoscopic inspection; and recognizing the presence of referral criteria. This objective helps provide evidence of the candidate's ability to perform otoscopy.

Objective 1.3 Utilize audiometric testing protocols (9-11%)

Includes but is not limited to performing air and bone conduction threshold and suprathreshold testing; performing speech audiometry; performing effective masking; and applying principles of immittance audiometry. This objective helps provide evidence of the candidate's ability to perform audiometric testing.

Domain 2. Interpret and Apply Assessment Results (25-31%)

Objective 2.1 Interpret and explain audiometric results (10-12%)

Includes but is not limited to demonstrating an understanding of referral criteria; interpreting pure tone and speech testing results; identifying the need for additional testing; identifying the degree and configuration of hearing loss; and identifying the type of hearing loss.

Objective 2.2 Determine candidacy for amplification (7-9%)

Includes but is not limited to interpreting the case history and outlining contraindications to hearing instrument use.

Objective 2.3 Determine recommendation for amplification (8-10%)

Includes but is not limited to analyzing test results, case history and observations; establishing fitting objectives and goals; and determining devices to be utilized in action plan.

Domain 3. Select Hearing Devices (18-20%)

Objective 3.1 Select style and type of hearing instruments (10-12%)

Includes but is not limited to selecting specific hearing instruments based on test results, case history, and individual patient/client preferences and lifestyle; selecting electroacoustic and physical properties; and evaluating the need for accessory devices.

Objective 3.2 Select earmold or other acoustic coupler (6-8%)

Includes but is not limited to assessing physical properties of the outer ear, taking ear impressions, critiquing ear impressions, and selecting coupler based on patient/client needs.

Domain 4. Fit and Dispense Hearing Devices (16-22%)

Objective 4.1 Utilize protocols to fit hearing instruments and other devices (10-12%)

Includes but is not limited to confirming physical and acoustic integrity of hearing devices; programming and adjusting hearing devices; verifying physical fit and acoustic comfort; orienting patient/client to hearing instruments; and orienting patient/client to assistive devices. This objective helps provide evidence of the candidate's ability to program and dispense hearing instruments and other devices.

Objective 4.2 Verify fitting (3-5%)

Includes but is not limited to selecting verification method based on patient/client; assessing physical and acoustic integrity of hearing devices; interpreting and explaining verification results; and modifying physical and acoustic parameters of device. This objective helps provide evidence of the candidate's ability to perform fitting verification (e.g., speech mapping, REM).

Objective 4.3 Validate fitting (3-5%)

Includes but is not limited to selecting validation method based on patient/client; interpreting and explaining validation results; and modifying physical and acoustic parameters of device. This objective helps provide evidence of the candidate's ability to perform fitting validation (e.g., questionnaire, self-assessment).

Domain 5. Provide Continuing Care (11-17%)

Objective 5.1 Implement aural rehabilitation and counseling (5-7%)

Includes but is not limited to demonstrating an understanding of the psychology of the hearing impaired; defining and managing patient/client expectations for improved communication; defining and managing family/caregiver expectations for improved communication; and identifying communication strategies.

Objective 5.2 Apply instrument maintenance and troubleshooting protocols (5-7%)

Includes but is not limited to employing hearing instrument cleaning procedures; performing listening checks on hearing instruments; troubleshooting acoustic properties of hearing instruments; and adjusting based upon changes in patient/client hearing loss and/or listening needs. This objective helps provide evidence of the candidate's ability to maintain and troubleshoot instrument performance.

Objective 5.3 Interpret electroacoustic analysis results (1-3%)

Includes but is not limited to identifying need for electroacoustic analysis and comparing electroacoustic analysis of patient's/client's hearing instruments to fitting specifications.