



College of Speech and
Hearing Health Professionals
of British Columbia

COMPETENCY PROFILE HEARING INSTRUMENT DISPENSING

Important notes about the reading of the BC Hearing Instrument Dispensing Competency Profile.

1. The following Hearing Instrument Dispensing (HID) Competency Profile provides information about the minimum entry level abilities required of all Hearing Instrument Practitioners (HIPs) entering practice in the regulated province of British Columbia. The document consists of a Preamble (including definitions) and **seven roles**. Within each role is a set of **essential competencies** with their related **sub-competencies**. Together, all the components of the competency profile describe the capabilities that each clinician must be able to demonstrate¹. **To comprehensively understand what is expected of a hearing instrument practitioner entering practice in BC, it is imperative that the reader review the Preamble and all seven roles.**
2. The competency chart consists of the seven roles required of a HIP. Each of these roles describes competencies that HIPs are required to bring to every aspect of their professional lives. The construction of the document is such that there is interplay between the competencies in the different roles. This means that essential and sub-competencies contained in one role will be demonstrated simultaneously with those from other roles, such that in each task or act, a clinician may be demonstrating multiple essential (and therefore sub-) competencies at once. For example, as a clinician is demonstrating a sub-competency outlined in the Expert role (e.g., conducting an assessment), it is understood that the clinician will simultaneously be demonstrating their competence in essential and sub-competencies from other roles, such as the Communicator and Collaborator roles.

The seven roles include:

1. **Expert**
2. **Communicator**
3. **Collaborator**
4. **Advocate**
5. **Scholar**
6. **Manager**
7. **Professional**

3. The Preamble was created to provide background information on the training and aspects of practice for a HIP. Additionally, the Preamble contains two guiding principles that permeate every aspect of a clinician's work, namely, Informed Consent, and a Client- Centered approach. The information contained in the Preamble was organized outside of the competency chart for the sake of:

- a. enhancing the focus on the information contained in the Preamble; and

¹ This format is adapted from the CAASPR design for the national competency profiles for audiology and speech-language pathology to ensure consistency across all three professions in British Columbia, which are regulated in BC by the College of Speech and Hearing Health Professionals of British Columbia (CSHBC).

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- b. enhancing the clarity of the competency chart by reducing the amount of information provided in the chart.

Information in the Preamble is to be considered as important to HID practice as the information provided in the competency chart.

4. The competency profile is not expected to be a list of all techniques, modalities, and technology that a HIP may use in their practice.
5. The definitions included in this document were provided for terms that could be considered vague. The definitions provide the usage of the terms as they are to be understood in this document.
6. Duplication of essential and sub-competencies has been minimized in the document. When reading the document, the reader should assume that an essential competency (or sub-competency) in one role applies across all facets of a clinician's performance and does not need to be repeated in other roles. As an example, a clinician's communicative ability is in the Communicator Role (#2) and does not need to be repeated in the Expert Role (Role #1).
7. Following a similar aim to create a document that is clear and succinct, adverbs, such as those describing the 'effectiveness' or the 'appropriateness' of an ability or activity by the HIP have generally been avoided in this document. It is assumed in this document that an individual who is competent will demonstrate an 'effective' level of skill in each of the essential and sub-competencies in this document and/or perform them in an 'appropriate' manner.
8. It should also be noted that clinicians' level of skill in these competencies should rise throughout their careers, meaning that an entry-to-practice HIP would likely perform these competencies at a lower level compared to a more experienced clinician. It was not intended that this range of performance would be reflected in this document. Instead, for the purpose of this document, it is expected that a HIP will demonstrate the essential and sub-competencies at a minimal competency level which is sufficient for safe and effective practice, as required by the College of Speech & Hearing Health Professionals of BC (CSHBC).
9. Given that legislation differs across the regulated jurisdictions in Canada, each clinician must practice in accordance with regulatory provisions of the jurisdiction in which she or he is registered and practicing. If a HIP is registered in more than one jurisdiction, they must be aware of the regulatory differences between jurisdictions.
10. If a HIP is also registered in another profession, in the same jurisdiction, then the registrant must adhere to the competency profile, standards, scope and responsibilities of each profession they are registered in.



11. The competency profile is not intended to be an exhaustive list of all knowledge, skills and modalities which a HIP may use in practice. It should be used in conjunction with regulatory standards, educational program requirements and pertinent scope of practice documents.

12. In BC, HIPs must have a certificate in order to perform Cerumen Management independently.

13. Services to children may be provided for singly registered HIPs if they hold the certificate for “services to children (ages 12-16 years). For those HIPs who are also registered as audiologists, they may see clients for dispensing across the lifespan.

PREAMBLE

DEFINITIONS

“Aspects of practice” means activities which require clinical judgement, reasoning and decision-making, and falls within the scope of practice of a regulated health professional. Aspects of Practice include portions of prescribing, assessment, treatment planning, intervention and evaluation.

“Client” means the individual, group, or corporation who receives the services of the HIP. A client may also be the parent/legal guardian, spouse, or relative of an individual with a hearing disorder. For the purposes of this document, the notion of the ‘client’ may refer to the individual alone, or it may include both the individual and a parent/legal guardian, family member or a significant other.

“Communication Health Assistants (Support Personnel)” means the individuals who work collaboratively supporting the delivery of hearing instrument dispensing services through activities that are assigned, delegated, monitored/supervised and evaluated by HIPs. In BC, all clinical support personnel are referred to as “Communication Health Assistants” (CHA) regardless of their job title.

“Essential Competency” means an ability required of a HIP at entry-to-practice level, in BC.

“Evidence-Informed” means the ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make clinical and professional decisions with clients.

“Intervention” means a health care related activity undertaken to prevent, improve or stabilize a condition. This includes providing treatment and providing client counselling.

“Sub-Competency” means a key component of an essential competency. The combination of multiple sub-competencies describes in greater detail the components of an essential competency.

ROLES, BACKGROUND, KNOWLEDGE, & PROFESSIONAL CONTEXTS OF A HEARING INSTRUMENT PRACTITIONER

Hearing Instrument Practitioners are experts in the identification, assessment, treatment, and (re)habilitation of hearing disorders especially as they pertain to hearing instruments. HIPs help preserve and (re)habilitate auditory function in adult individuals by recommending, selecting, preparing, altering, adapting, verifying, selling and offering to sell hearing instruments.

For dispensing services to children, Registered Hearing Instrument Practitioners (RHIPs) must either be dually registered as a Registered Audiologist (RAUD), RHIP or hold the applicable Certified Practice certificate (i.e., Certificate D for RHIPs to see children aged 12-16 years).

After the minimum completion of a diploma program in Hearing Instrument Dispensing, HIPs entering practice in BC, have the knowledge, skills, and judgment to provide services related, but not limited, to:

- Auditory Function
- Tinnitus²
- Cerumen Management³
- Prescribing and Dispensing of Hearing Instruments
- Assistive Listening and Alerting Devices
- Hearing Loss Prevention and Conservation

HIPs work autonomously and in collaboration with many other professionals across a variety of settings, including, but not limited to private hearing clinics, residential settings, hearing aid manufacturers, public settings, and educational settings. HIPs are required to adhere to the CSHBC *Registrant Code of Ethics* (CORE-04) and all applicable standards of practice and related clinical decision support tools. This includes, but is not limited to, *Professional Accountability & Responsibility* (SOP-PROF-05) and the requirement of obtaining informed consent.

Language Proficiency

Language proficiency is central to the safe and effective practice of hearing instrument dispensing. Minimum requirements in all four domains of language (reading, writing, speaking, and listening) are necessary to perform the competencies listed. To this end, provincial regulators require proof of language proficiency, in English or French, as a condition of licensure.

Informed Consent

HIPs provide health services only when informed consent has been obtained and documented. Typically, informed consent requires the HIP to provide information on the proposed clinical activity or procedure, explain the risks and benefits, the probability of a risk occurring, costs and alternative courses of action. Also, a HIP must ensure that the individual, or their substitute decision-maker, knows that consent to part or all the clinical activity or procedure can be withdrawn at any time. Consent to share information is also a requirement. For a more comprehensive description of informed consent, please refer to the relevant standard and clinical practice guideline.

Client-centred Care

Client-centred care is central to all clinical decisions made by This guiding principle means that HIPs:

- Engage the client and family in identifying concerns, priorities, values, beliefs, assumptions, expectations and desires to inform assessment and intervention;
- Demonstrate respect for the client's rights, dignity, uniqueness and equal opportunity;
- Examine the client's personal, social, educational and professional contexts;
- Promote the client's participation in decision-making and self-advocacy;
- Develop relationships with the client and collaborators as appropriate, to support the needs of the client; and

² Additional education and training may be required, according to provincial standards to treat tinnitus.

³ A valid CSHBC Certified Practice certificate to perform cerumen management (Certificate C) is required in BC.

- Incorporate knowledge of, and respond to, the unique needs of linguistically, sexually and culturally diverse populations into practice.

1. The ROLE OF EXPERT

Hearing Instrument Practitioners can apply their knowledge of hearing loss and hearing disorders, together with their assessment, prescribing, and intervention skills regarding hearing instruments, to provide professional, client-centred care to individuals. This includes, but is not limited to, recommending, selecting, preparing, altering, adapting, verifying, selling and offering to sell hearing instruments. This role is central to the function of Hearing Instrument Practitioners.

1.1 Knowledge Expert

Essential Competencies	Sub-competencies
1.1.1 Apply profession-specific knowledge to prevent, identify and manage auditory disorders in adults	<ul style="list-style-type: none"> a. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders in adults. b. Apply knowledge of assessment procedures to the services provided to the client. c. Apply knowledge of hearing loss and strategies to minimize the impact of auditory disorders on the client. d. Apply knowledge of assessment and management of the acoustic and physical environment to prevent and/or minimize the impact of auditory disorders
1.1.2 Apply basic knowledge from relevant fields that apply to communication as it relates to auditory function in adults	<ul style="list-style-type: none"> a. Integrate basic knowledge from relevant fields (e.g., from human physiology, acoustics, electroacoustics, psychology) into clinical practice.
1.1.3 Use evidence and clinical reasoning to guide professional decisions	<ul style="list-style-type: none"> a. Critically appraise research and other available evidence to inform clinical practice. b. Integrate current leading evidence and clinical reasoning in clinical practice.

1.2 Clinical Expert

Essential Competencies	Sub-competencies
1.2.1 Identify individuals requiring Hearing Instrument Dispensing (HID) services	<ul style="list-style-type: none"> a. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for a hearing assessment. b. Manage and promote screening programs as appropriate to identify individuals requiring HID services.
1.2.2 Plan, conduct, and adjust an assessment	<ul style="list-style-type: none"> a. In partnership with the client, substitute decision-maker and family, as appropriate, collect and analyze pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions). b. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation. c. Plan a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client.
1.2.3 Analyze and interpret assessment results	<ul style="list-style-type: none"> a. Interpret the assessment data using knowledge, skill and judgment. b. Integrate the data and formulate a conclusion (e.g., functionality, reliability, needs of the client).
1.2.4 Develop and share recommendations, including for appropriate hearing instruments based on the assessment results	<ul style="list-style-type: none"> a. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals. b. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.

<p>1.2.5 Develop a realistic, evidence-informed, and measurable intervention plan</p>	<ul style="list-style-type: none"> a. Develop objectives for the intervention reflecting the client’s goals, needs, values, expectations, and constraints. b. Determine the resources and projected timelines required for the intervention. c. Prioritize the intervention objectives. d. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment. e. Consult with others, as required. f. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the HIP. g. Incorporate outcome measures into the intervention plan.
<p>1.2.6 Implement intervention plan</p>	<ul style="list-style-type: none"> a. Prescribe hearing instrument technology, as appropriate to the client’s needs. b. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures). c. Provide the client and appropriate caregivers with education, training, intervention and counseling, as appropriate. d. Manage and promote hearing conservation and hearing loss prevention programs
<p>1.2.7 Monitor, adapt and/or redesign intervention plan based on the client’s responses and needs</p>	<ul style="list-style-type: none"> a. Evaluate the outcomes of the intervention on an ongoing basis. b. Modify, limit or discontinue an intervention as appropriate. c. Consult with the client when considering a change in the course of action. d. Make referrals, and/or consult with other professionals, as required.
<p>1.2.8 Provide clinical direction and oversight to CHAs (support personnel) when</p>	

<p>used in the provision of HID services</p>	<ol style="list-style-type: none"> a. Incorporate CHAs (support personnel) in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction. b. Facilitate the integration of CHAs into the service model or employment context in a manner that is appropriate to their knowledge, skills and abilities in accordance with CSHPBC standards of practice and bylaws. c. Determine the capabilities of CHAs. d. Provide tasks and portions of aspects of practice, to support CHAs based on their competencies. e. Provide the necessary training of CHAs. f. Monitor, supervise and review the performance of CHAs.
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2. The ROLE OF COMMUNICATOR

HIPs facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.

<p>Essential Competencies</p>	<p>Sub-competencies</p>
<p>2.1 Communicate respectfully and effectively using appropriate modalities</p>	<ol style="list-style-type: none"> a. Use language appropriate to the client and context, considering age, culture, linguistic abilities, education level, cognitive abilities and emotional state. b. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic). c. Mitigate language barriers by using translators/interpreters, as required. d. Recognize and respond to the client’s verbal and non-verbal communication. e. Use strategies to facilitate a mutual understanding of shared information.

	<p>f. Participate respectfully in challenging conversations.</p>
<p>2.2 Maintain client documentation</p>	<p>a. Accurately document services provided and their outcomes.</p> <p>b. Document informed, clinical consent and consent to release information.</p> <p>c. Complete and disseminate documentation in a timely manner.</p> <p>d. Comply with regulatory and legislative requirements related to documentation.</p>

3. The ROLE OF COLLABORATOR

HIPs seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others, and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.

Essential Competencies

Sub-competencies

3.1 Establish and maintain effective collaborations to optimize client outcomes

- a. Collaborate with the client during all stages of care.
- b. Interact effectively with team members.
- c. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals.
- d. Recognize and respect the roles and perspectives of other individuals.
- e. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.
- f. Facilitate transfer of care within and across professions.

4. The ROLE OF ADVOCATE

HIPs use their expertise to advance the hearing health and well-being of a client by assisting them to navigate the healthcare system, third party provider networks or educational systems and access support and resources in a timely manner.

Essential Competencies	Sub-competencies
<p>4.1 Advocate for necessary services and resources that support an individual client</p>	<ul style="list-style-type: none"> a. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals. b. Encourage the client's societal inclusion and participation. c. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.
<p>4.2 Provide information and support to promote a client's self- advocacy</p>	<ul style="list-style-type: none"> a. Identify and provide information and tools to assist the client to access services and supports. b. Enable the client to identify and address barriers that impede or prevent access to services and resources.

5. The ROLE OF SCHOLAR

HIPs demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the participation in prescribed quality assurance activities to maintain professional competence.

Essential Competencies	Sub-competencies
5.1 Maintain currency of professional knowledge and performance, in order to provide optimal care	<ul style="list-style-type: none"> a. Identify one’s own professional strengths and areas for development. b. Determine one’s own goals for competency development. c. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship, practice reviews). d. Ensure practice is current and recent.
5.2 Share professional knowledge with others	<ul style="list-style-type: none"> a. Identify the need for education related to hearing instrument dispensing services in other professionals, the client and/or caregivers and the community. b. Identify and adapt to the appropriate level of content for the audience. c. Provide information in an accessible manner to facilitate audience

6. The ROLE OF MANAGER⁴

HIPs are integral participants in decisions relating to the service provided to clients in the healthcare system. The decision process may involve co-workers, resources and organizational tasks.

Essential Competencies	Sub-competencies
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⁴ Manager in this context is not to be confused with a job title of ‘manager’

6.1 Manage the clinical setting

- a. Balance competing demands to manage time, caseload, resources and priorities.
- b. Apply appropriate precautions, risk management (including emergency protocols) and infection control measures, as required.
- c. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.
- d. Identify opportunities to improve practice models within workplace settings where appropriate.
- e. Participate in (or lead if applicable) quality improvement initiatives.
- f. Ensure marketing and sales (including records) comply with provincial standards.
- g. Identify and address problems in one’s clinical setting that are related to provincial standards for service provision to the public.

7. The ROLE OF PROFESSIONAL

HIPs are integral participants in decisions relating to the service provided to clients in the healthcare system. The decision process may involve co-workers, resources and organizational tasks.

Essential Competencies

Sub-competencies

7.1 Maintain professional demeanor in all clinical interactions and settings

- a. Maintain confidentiality.
- b. Demonstrate professionalism in managing conflict.
- c. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals.
- d. Recognize and respond appropriately to the inherent power differential in the client- clinician relationship.
- e. Demonstrate professionalism in all communications, including those involving electronic platforms.

7.2 Practice ethically

- a. Adhere to professional code of ethics, as defined within one's jurisdiction.
- b. Recognize and use critical judgment to respond to ethical issues encountered in practice.
- c. Recognize and use critical judgment to respond to actual or perceived conflicts of interest.
- d. Identify one's own biases, as they relate to the care of a client.
- e. Address any practices that are not in the client's best interest.
- f. Actively work to mitigate one's biases, as they relate to the care of a client.
- g. If unable to overcome significant biases, provide the client with alternative options.

7.3 Adhere to professional standards and regulatory requirements

- a. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction.
- b. Practice within the profession's scope of practice and one's personal capabilities.
- c. Comply with regulatory body requirements to maintain competency, as defined with in one's jurisdiction.