

## SCHEDULE “A”

The Bylaws made by the College of Speech and Hearing Health Professionals of British Columbia, under the authority of the *Health Professions Act*, are amended as follows:

### Schedule E – Acceptable Academic Program

1. For the purposes of section 82(1)(a)(ii)(C), an academic program must be provided by a degree- or diploma-granting post-secondary institution and must include in-class and in-lab learning as well as a clinical practicum component with at least 150 contact hours. Topics that must be covered in each of these components include

(a) Theoretical knowledge (in-class instruction)

(i) fundamental knowledge,

(A) Anatomy and physiology of the ear,

(B) physics of sound and acoustics,

(C) speech perception and psychoacoustics,

(D) hearing disorders,

(ii) assessment,

(A) hearing assessment and interpretation,

(iii) treatment,

(A) amplification device knowledge, hearing aid verification and validation

(iv) client management,

(A) psycho-social impact of hearing loss,

(B) counselling assessment and treatment information,

(C) consent, privacy, and confidentiality,

(D) aural rehabilitation,

(E) tenets of client-centered care,

(F) selling and offering to sell hearing instruments,

(b) Related knowledge (in-class instruction)

(i) scope of practice and knowledge of related professions,

(ii) ethics and professionalism,

(iii) infection control,

(iv) hearing loss in the aging population,

(c) Professional competencies (performed in a simulated lab)

(i) assessment: case history, questionnaires, otoscopy, audiometry (air conduction, bone conduction, speech, masking, LDL, MCL, UCL), tympanometry, interpretation, recommendations, referral,

(ii) report writing and documentation including consent,

(iii) counselling information to client and families,

(iv) treatment: hearing aid selection, earmold and earmold impressions, verification including Real Ear Measurement, hearing aid and accessories orientation; follow-up, validation of hearing aid benefit; communication strategies; referral,

(v) hearing Aid Troubleshooting,

(vi) calibration and equipment maintenance,

(vii) hearing aid maintenance and troubleshooting,

(viii) infection control,

(ix) knowing when/how to refer out,

(x) tinnitus management for uncomplicated tinnitus,

(d) Clinical practicum (performed onsite under supervision)

(i) assessment: case history, questionnaires, otoscopy, pure tone and speech audiometry, tympanometry, interpretation, recommendations, when to refer,

(ii) intervention: hearing aid selection, earmolds, fitting, verification, validation, hearing aid troubleshooting,

(iii) client management: communication skills and strategies, hearing loss prevention, infection control, documentation, assisted listening devices, selling and offering to sell hearing instruments, when/how to refer out.