



TRADITIONAL AUDIOMETRIC SCREENING

| COMPETENCY | | MET | NOT MET |
|--|---|-----|---------|
| A. BEFORE THE TESTING, STAFF SHOULD BE ABLE TO DEMONSTRATE THE FOLLOWING: | | | |
| 1. | Utilizes a pure tone air conduction audiometer at appropriate ages (starting at age 4). | | |
| 2. | Checks to make sure the audiometer is working properly or has recently been calibrated. | | |
| 3. | Demonstrates competency in the operation of the audiometer. | | |
| a. | Able to identify the audiometer's parts correctly (Power switch, ear selector control, Frequency dial, Intensity dial, and Tones button). | | |
| b. | Able to demonstrate proper placement of the earphones (Red over Right). | | |
| B. PRE-SCREENING STAGE | | | |
| 1. | Positions the child on the screener's dominant side for screening. | | |
| 2. | Powers on the audiometer | | |
| 3. | The staff is able to demonstrate the steps in the different phases of the audiometric screening process. | | |
| 3a. Conditioning Phase Step 1 Set-Up | | | |
| 1. | Keep the EARPHONE on the TABLE. | | |
| 2. | To start, Set the audiometer switch to the RIGHT EAR, Set the tone switch to PULSE TONE and sets the audiometer at 90 dB and 4000Hz. | | |
| 3b. Conditioning - Step 2: Present the Beep | | | |
| 1. | The screener introduces the test, asks the patient to listen. | | |
| 2. | Presses the tone for "1 Mississippi." | | |
| 3. | Acknowledge that the patient heard the sound (hand raised). | | |
| 4. | Praises the patient. | | |

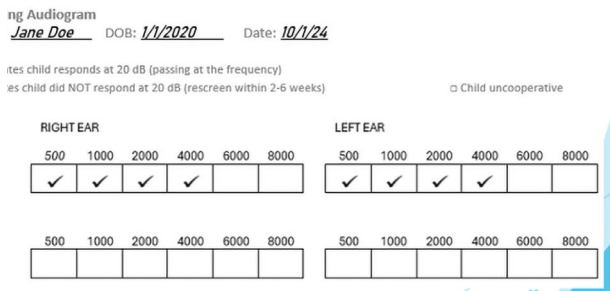
3c. Reconditioning or Confirmation

| | | | |
|----|--|--|--|
| 1. | Set audiometer to 50 dB & 4000 Hz. | | |
| 2. | Place earphones on the patient (red to right ear). | | |
| 3. | Ask patient to listen. | | |
| 4. | Press the tone. | | |
| 5. | If patient raises hand, START SCREENING the right ear at 20 dB and 4000 Hz. | | |
| 6. | If patient does not raise hand, switch to the left ear. | | |
| 7. | If patient still does not raise hand, take earphones off and repeat conditioning and confirmation steps. | | |
| 8. | If patient still does not respond schedule patient for a re-screen in 2-6 weeks. | | |

C. ACTUAL SCREENING

| | | | |
|----|--|--|--|
| 1. | Set Audiometer to 20 dB and 8000 Hz. | | |
| 2. | Confirm ear selector control knob is set to the right ear. | | |
| 3. | Beginning with the right ear, press the button for "1 Mississippi" until all frequencies are measured and the patient's responses are noted. | | |
| 4. | Praise the patient each time they respond (hand raised). | | |
| 5. | Switch the ear selector control knob to the left ear and repeat the process. | | |
| 6. | Start at 6000 Hz and progress up to 8000 Hz. | | |
| 7. | Praise the patient each time they respond (hand raised). | | |
| 8. | When the screening is complete, remove the earphones and thank the patient. | | |

D. DOCUMENTATION

| | | | |
|----|---|--|--|
| 1. | <p>Screener documents the results using the audiogram.</p>  | | |
| 2. | Records a passing audiometric result with a check mark at the completion of the screening procedure. | | |

| | | | |
|----|---|-------------------------|--|
| 3. | Immediately records a non-passing audiometric result with a dash mark while praising the child. | | |
| 4. | If unable to perform, charts reason/s and rescheduling within 2-6 weeks. | | |
| 5. | If the screening fails, documents re-screening in 2-6 weeks. a. Documents and informs the provider the 2 nd failed screening for referral to a specialist. b. Documents follow up per clinic protocol. | | |
| | | TOTAL ITEMS MET: | |

Total Possible Points: 34 points

Passing Score (80%): 27 points

*If score is below 27, please review the training module and retest.**

| | |
|----------------------------------|--------------------------------------|
| Name: _____ | Designation: _____ |
| Date of Evaluation: _____ | |
| Name of Evaluator: _____ | Signature of Evaluator: _____ |
| Designation: _____ | |

INSTRUCTIONS FOR SUBMISSION

1. If you have completed the CHILD training module on Traditional Audiometric Screening, kindly have your office manager/trainer/provider or designee complete this checklist with you.
2. Once required score is met, the office manager/trainer/provider or designee will upload the checklist via the CHILD attestation page:



The completed checklist can also be sent directly to the FSR team at fsrteam@hpsj.com.

3. Once verified by the FSR Team, you will be issued a certificate of completion. The certificate of completion will be **valid for 4 years** unless revoked by the health plan.

For any questions or assistance needed, please reach out to the health plan's FSR team at fsrteam@hpsj.com.