The Newborn Hearing Screening Training Curriculum (NHSTC) Competency Checklist is a tool for newborn hearing screening programs to observe, assess, document and track screening staff competencies as outlined in the Newborn Hearing Screening Training Curriculum (NHSTC).

Screening competencies should be documented on *at least* 3 infants utilizing the screening equipment and technology used at your facility: Automated Auditory Brainstem Response (A-ABR), Otoacoustic Emissions (OAEs) or both OAE and A-ABR.

It is recommended that the screener shadow a competent screener until all competencies on the checklist are met and readiness to screen independently is determined. This checklist can also be used to identify areas where further training and support is needed for new or existing screeners.

There may be parts of the checklist that do not apply to your facility and therefore, would not need to be filled out. For example, if your facility only screens babies with A-ABR, the OAE section would not need to be filled out.

Once observations are complete and screening competency has been determined both the screener and the observer should sign off and date this checklist. It is recommended that the troubleshooting guide in the NHSTC Resources Section is reviewed with the screener prior to independent screening.

Definitions:

Observer- competent screener, newborn hearing screening program manager, audiologist **Screener**- new screening staff or existing screening staff needing additional training/support

SCREENER NAME:	OBSERVER NAME:	

Preparing to Screen	Observation Date:		Observation Date:		Observation D	ate:
Competency	Met	Not Met	Met	Not Met	Met	Not Met
Conducts an equipment check which		<u>_</u>				
includes all cables and transducers						
prior to screening						
Checks/restocks screening supplies						
Determines babies to be screened						
based on criteria/facility protocol						
Completes all required demographic						
data entry procedures prior to screening						
(screening equipment or other database						
(medical record and state reporting,						
etc.) are followed and that the						
information entered is verified and						
accurate						
Follows HIPAA protocols						
Verifies ID bracelet against						
Mother's bracelet or follows infant						
security protocol						
Explains the screening to families using						
a scripted message						
Obtains and documents permission to						
screen babies, if needed						
Ensures baby is in an optimal state						
(quiet, fed, swaddled)						
Ensures a quiet screening environment						
Performs hand washing and infection						
control procedures per hospital policy						
before and after screening each baby						
Conducts a visual inspection of the ear						

Comments/Plan: Preparing to Screen Competencies	
Observation 1:	
Observation 2:	
Observation 3:	

Otoacoustic Emissions (OAE) Screening	Observation Date:		Observation Date:		Observation (Date):	
Competency	Met	Not Met	Met	Not Met	Met	Not Met
Ensures 3 Ps (proper positioning of the						
screener, proper positioning of baby and						
proper positioning of ear being screened)						
Chooses the appropriate ear tip size						
Uses the proper probe placement technique						
as outlined in the NHSTC						
Conducts the tug test to ensure a stable fit						
and tight seal						
Verifies the correct ear is selected prior to						
starting the screening						
Checks probe tip for debris in between ears						
Discards probe tip when screening is						
complete						
Explains results to family using a scripted						
message in a clear and concise manner						
Provides results to the family in writing						
Uses FAQs to respond to questions and						
concerns						
Completes all documentation and/or						
tracking requirements						

Comments/Plan: OAE Screening Competencies
Observation 1:
Observation 2:
Observation 3:

Observation D	ate:	Observation D	ate:	Observation Da	te:
Met	Not Met	Met	Not Met	Met	Not Met
		Met Not Met			

Comments/Plan: A-ABR Screening Competencies
Observation 1:
Observation 2:
Observation 3:

Screening Babies with Risk Factors	Observation Date:		Observation Date:		Observation D	ate:
Competency	Met	Not Met	Met	Not Met	Met	Not Met
Demonstrates how to find out if risk factors						
are present						
Documents risk factors in the baby's						
medical record, if applicable						
Determines which babies can be screened						
and which babies should not be screened						
Performs facility protocol for high-risk baby						
screening, i.e. A-ABR, A-ABR and OAE)						
Explains results to family using a scripted						
message in a clear and concise manner						
Provides results to the family in writing						
Explains results to family using a scripted						
message in a clear, concise manner						
Uses FAQs to respond to questions and						
concerns						

Comments/Plan: Screening Babies with Risk Factors Competencies	
Observation 1:	

Observation 2:		
Observation 3:		
I		

Follow-up Activities	Observation Date:		Observation Date:		Observation Da	ate:
Competency	Met	Not Met	Met	Not Met	Met	Not Met
Documents hearing screening results per						
facility protocol (EMR, flowsheets,						
screening equipment)						
Confirmation primary care physician after						
discharge and informs them of the						
screening results						
Arranges for congenital CMV screening if						
applicable at your facility						
Communicates to the family exactly what						
they need to do after discharge if follow-up						
is needed; provides next steps instructions						
verbally and in writing						
Schedules outpatient follow-up						
appointments prior to discharge (if						
applicable)						
Obtains contact information for two						
alternative contacts						
Verifies baby's demographic information is						
accurate						
Completes all state reporting and data						
management responsibilities						

omments/Plan: Follow-up Activities Competencies	
bservation 1:	

Observation 2:	
Observation 3:	
have observed the screener and feel they are competent to	screen newborn hearing independently.
Signature of Observer:	Date:
-	reenings under observation of an experienced/competent screener. I feel now where to access troubleshooting guides if/when needed.
Signature of Screener:	Date: