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**COMPETENCY TRAINING**

**COMPETENCY TRAINING: BPPV Examination and Treatment**

**Candidate Name (please print) …………………………………………**

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| **Training Record:** | **Assessors Initials** | **Time and Date** | |
| * Complete learning needs analysis for BPPV * 4 hours BPPV Theory: Assessment and Treatment of BPPV * 1.5 hours Practical: Assessment and Treatment techniques * Self-directed practice with patients over 6 months * 4 hours observation in Balance Clinic with Vestibular Specialist * Portfolio evidence: 1 Written Case Study & 4 short case reflections * 10-minute case presentation e.g. with mentor or colleagues * OSCE or observed clinical practice in assessment and treatment techniques for BPPV by suitably qualified mentor |  |  | |
| Assessors signature:  Assessors Contact Details:  Students signature: | |  | |
| **Competency Training:**  **Scope of Practice- BPPV Assessment and Treatment** | **Assessor Initials and evidence e.g. observed, examined etc.** | **Date** |
| Theoretical components and procedures:   * Understands the scope of practice to include assessment of ocular motor testing, positional testing, canal repositioning manoeuvres and falls risk.   Through observed assessment and portfolio evidence the therapist should demonstrate a basic theoretical understanding of:   * Anatomy and physiology of the peripheral vestibular, visual and somatosensory balance systems, specifically semi-circular canals, otoliths, receptor organs and link to central and peripheral neuro-muscular, visual and movement systems. * Theories of BPPV * Epidemiology and prognosis of BPPV * Precautions and modifications to tests * Evidence base for assessment and treatment approaches * Prioritise and justify the physical assessment order * Show basic awareness of other common differential diagnoses (Vestibular and Non-Vestibular) for dizziness and balance dysfunction e.g. Stroke, PPPD, Vestibular Migraine, Orthostatic BPPV etc. |  |  |
| Referral to specialist services:   * Understands the use of local criteria for referral to specialist services following examination and that the criteria may vary depending on the purpose of intervention required. * Understands when to refer to onwards e.g. Neurology, Frailty, Falls, GP, ENT or ENT dressing clinic/ Specialist ENT Nurse Practitioner for further treatment of investigation e.g. wax removal or otoscopy prior to Vestibular Function Tests if necessary, MRI, Bloods etc. |  |  |
| Equipment and environment:   * Understands the equipment must be clean and is able to assess it is fit for purpose. * Follows appropriate infection control procedures e.g. hand washing, PPE, clean clinic space * Ensures the area is well lit, comfortable and safe from trip hazards. * Ensures comfortable and appropriate seating for patient and practitioner. * Ensures the appropriate equipment used if available e.g. Frenzel goggles etc. |  |  |
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| **Competency:**  **Training- Knowledge and Understanding** | **Assessors initials and evidence e.g. observed** | **Date** |
| Knowledge and Understanding:   * Demonstrates relevant health and safety issues including hygiene and infection control. * Demonstrates knowledge of anatomy and physiology of the outer, middle and inner ear. * Demonstrates basic knowledge of BPPV. * Demonstrates an awareness of the effect dizziness can have on individuals. * Demonstrates and understanding of relevant specialist services locally. * Demonstrates an understanding of the communication needs of individuals e.g. hearing impaired. * Demonstrates an understanding of professional and medical ethics including informed consent and confidentiality * Demonstrates understanding of the importance of good record keeping in line with local and professional standards. |  |  |
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| **Competency Training:**  **Skills- BPPV Examination and Treatment** | **Assessors initials and evidence e.g. observed** | **Date** |
| The practitioner is able to:   * Introduce self to patient and confirm ID. * Explain procedure and gain consent. * Washes hands and ensures patient is comfortable and in the correct position for examination. * Maintains dignity and communicates with patient. * Ask relevant questions about ear related symptoms e.g. onset, aggravating and easing factors, timing of symptoms (SOCRATES). * Give clear instructions and information to subjects (including those with hearing impairment), ensuring they are understood for informed consent. * Conduct oculomotor assessment, specifically spontaneous and gaze holding nystagmus, smooth pursuit, saccades, VOR cancellation and vergence testing. * Safely and effectively perform the Positional Tests: Dix Hallpike, Side Lying Test and Roll Test * Interpret effectively any observed nystagmus * Identify the appropriate management of BPPV * Safely and effectively perform the Canalith Repositioning Techniques (CRT) of the Epley and BBQ Roll or Gufoni * Recognise alternative forms of BPPV and seek support from Vestibular colleagues to treat * Advise the patient of post CRT advice and agree appropriate review * Assess static and dynamic balance and falls risk * Safely and appropriately use outcome measures e.g. Dizziness Handicap Inventory, Timed Up and Go, x5 Sit to stand etc. * Maintain and manage appropriate records Complete a risk assessment as part of POMR and SOAP notes * Communicate effectively to the patient the test procedure and treatment plan * Communicate and educate the patient effectively regarding the diagnosis * Document accurately assessment findings and treatment intervention * Ensure timely reporting to medical staff of outcome and intervention * Manage adverse incidences and complete Datix if indicated * Effectively communicate information to other professionals. |  |  |
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