



BENGALURU CITY UNIVERSITY

REGULATIONS AND SYLLABUS FOR MASTERS OF SCIENCE

(SEMESTER SCHEME-CBCS)

(AUDIOLOGY)

2022-23 onwards

1.0 Name of the course offered

As per UGC Notification of 2014, the nomenclature of the program shall be Master of Science (Audiology). M.Sc. (Aud) is the short form.

2.0 Objectives of the M.Sc. (Aud) program

The objectives of the M.Sc. (Aud) program are to equip the students with knowledge and skills to

- Function as teachers and researchers in institutions of higher learning,
- Diagnose and manage disorders of hearing and balance across life span,
- Counsel and guide persons with disorders of hearing and balance as well as their family members,
- Implement rehabilitation programs for persons with hearing and balance disorders,
- To function as the disability certification authority in the field,
- Liaise with professionals in allied fields and other stake holders,
- Implement prevention and public education programs,
- Undertake advocacy measures on behalf of and for persons with hearing and balance disorders,
- Advise government and other institutions on legal and policy issues related to persons with hearing and balance disorders, and
- To establish and administer institutions of higher learning in the area.

3.0 Duration of the program

- a) The program shall be of 4 semesters (2 academic years) and should be completed within 4 years from the date of admission.
- b) An academic year consists of two semesters, and each semester shall extend over a minimum period of fourteen weeks excluding examination days. The semesters shall be spread out as per calendar of the university.
- c) There shall be examination at the end of each semester. Vacation will be as per Bangalore City University rules.

4.0 Medium of instruction

Medium of instruction shall be English

5.0 Eligibility for admission

- 5.1 Candidates with a B.ASLP, B.Sc (Speech & Hearing), BSLPA degree of any University recognized by the Rehabilitation Council of India or any other degree considered as equivalent thereto with an average of not less than 55% of marks are

- eligible for admission to M.Sc (Aud). "Average" refers to average of the aggregate marks obtained in all the years/semesters of the qualifying examination.
- 5.2 Relaxation in the qualifying marks shall be as per rules and regulations of respective University / State / Union Territories or the Central Government.

6.0 Program Structure

Time structure of the program shall be as follows:

Semesters	04	
Weeks per Semester	14	
Days per week	05	(as per Bangalore University regulation)
Hours per day	08	570 hours per semester

Semester 1	Theory	4 papers x 56 hours 1 paper x 42 hours	266 hours
	Clinical		260 hours
	Library		34 hours
Semester 2	Theory	4 papers x 56 hours	224 hours
	Clinical		316 hours
	Library		20 hours
Semester 3	Theory	5 papers x 56 hours	280 hours
	Clinical		180 hours
	Dissertation		80 hours
	Library		20 hours
Semester 4	Theory	1 paper x 56 hours 1 paper x 42 hours	98 hours
	Clinicals		184 hours
	Dissertation		320 hours
	Theory	266+224+280+56+42	826 hours
	Clinicals	260+316+180+184	940 hours
	Dissertation	0+0+80+320	400 hours
	Others	34+20+20	74 hours
Total			2282 hours

7.0 Attendance

7.1 Minimum attendance shall not be less than 80% in theory and 90% in Clinical/Practical's in each semester for students to be eligible to appear for examination at the end of each semester.

7.2 Candidates who cannot appear for the examination for want of attendance will be declared failed and will have to repeat the particular semester to be eligible to appear for exams subsequently.

8.0 Course content

The examination pattern and papers shall be as shown in the below:

Sem no.	Paper No.	Subject	No. of Hrs per week	Exam Duration (in Hrs)	Marks for			
I-Semester								
					IA	Exam	Total	Credits
Core subjects	AUD 101	Research Methods, Epidemiology and Statistics	4	3	30	70	100	4
Core subject	AUD 102	Hearing Sciences	4	3	30	70	100	4
Core subject	AUD 103	Cochlear Physiology	4	3	30	70	100	4
Core subject	AUD 104	Neurophysiology of Hearing	4	3	30	70	100	4
Soft core subject	AUD 105	Technology in Audiology	3	3	30	70	100	2
Clinical Practicum	AUD 106	Clinicals (VIVA VOCE)	16	6	30	70	100	8
		Total			180	420	600	26

Sem no.	Paper No.	Subject	No. of Hrs per week	Exam Duration (in Hrs)	Marks for			
II-Semester								
Core subject	AUD 201	Auditory Perception	4	3	30	70	100	4
Core subject	AUD 202	Auditory Disorders	4	3	30	70	100	4
Core subject	AUD 203	Electrophysiologic Assessment	4	3	30	70	100	4
Core subject	AUD 204	Advances in the Management of Hearing Loss	4	3	30	70	100	4
Clinical practicum	AUD 205	Clinicals (VIVA VOCE)	16	6	30	70	100	8
		Total			150	350	500	24
III- Semester								
Core subject	AUD 301	Genetics of Hearing and Pediatric Audiology	4	3	30	70	100	4
Core subject	AUD 302	Implantable Auditory Devices	4	3	30	70	100	4
Core subject	AUD 303	Speech Perception	4	3	30	70	100	4
Core subject	AUD 304	Auditory Processing Disorders	4	3	30	70	100	4
Core subject	AUD 305	Vestibular system & its disorders	4	3	30	70	100	4
Clinical Practicum	AUD 306	Clinicals (VIVA VOCE)	16	6	30	70	100	8
		Total			180	420	600	28

Sem no.	Paper No.	Subject	No. of Hrs per week	Exam Duration (in Hrs)	Marks for			
IV –Semester								
Core subject	AUD 401	Audiology Practice	4	3	30	70	100	4
Soft Subject	AUD 402	Counselling & Guidance	3	3	30	70	100	2
Core subject	AUD 403	Dissertation	16	3	30	70	100	8
Clinical Practicum	AUD 404	Clinicals (VIVA VOCE)	16	6	30	70	100	8
		Total			120	280	400	22
		GRAND TOTAL			630	1470	2100	100

8.2. Clinical examinations of odd semesters (AUD106 and AUD 306) shall be conducted by the internal faculty of the department at the end of 1st and 3rd semesters. IA marks shall be awarded on the basis of the candidates work throughout the particular semester.

Clinical examinations for even semesters (AUD 205 and AUD 404) will be conducted by external examiner(s) at the end of the 2nd and 4th semester, respectively. Clinical examination shall be with patients. The examiners shall also evaluate records of clinical and practical work of the students. IA marks shall be awarded on the basis of the candidates' work throughout the particular semester.

8.3 An internal faculty member can assist the external examiner(s) in “AUD 205 and AUD 404 Clinicals (External)

9.0 Dissertation

9.1 Students shall complete a dissertation in the 3rd and 4th semester of the course and shall submit the same at the end of 4th semester before final examination. An external and an internal examiner shall assess the dissertation for 100 marks. Candidates who fail to submit their dissertation on or before the stipulated date shall not be permitted to appear for the final semester examination.

10.0 Criteria for passing

10.1 The student is required to obtain a minimum of 50% in each of the theory papers, internal assessment, practical and clinical exams, and dissertation for a pass.

10.2 Students will have to pass the clinical examination of the given semester to proceed to the next semester.

10.3 Carry-over of papers: Maximum number of attempts for any paper / clinical practicum / dissertation shall be three inclusive of first attempt. There shall be no supplementary examination.

11.0 Award of Degree

The University shall award the degree and issue certificate only after the candidates successfully complete all the examinations stipulated.

12.0 Infrastructure for starting the course

Only those institutions who have conducted at least two batches of BASLP programs (5 years) shall be permitted hereafter to offer Masters' program in Audiology, Speech-language Pathology, or both and have the infrastructure as given by RCI, can start the M.Sc (Aud) program after due formalities.

13.0 Others

13.1 On all other issues not mentioned in these rules and regulations like the pattern of question paper, grading, award of grace marks, and declaration of rank, among others, the rules and regulations of the respective University shall prevail.

13.2 These revised regulations will apply to students admitted for the academic year 2018-19 and onwards.

Semester I

AUD 101: Research Methods, Statistics & Epidemiology

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to understand

- a) Clinical research designs and statistical methods,
- b) Epidemiological issues and its relevance in hearing research,
- c) Evidence based practice in Audiology, and
- d) Ethical practices in research

Unit 1: Experimental Designs and Their Applicability in Hearing Research

(12 hrs)

- a) Types of research- post facto research, normative research, standard group comparison, experimental research, clinical and applied research, sample surveys, evaluation research
- b) Methods of observation and measurement, strategies and designs in research
- c) Experimental designs, single subject designs and group designs
- d) Critical analysis of the research methods employed in hearing research.
- e) Documentation and research writing
- f) Ethical considerations in research – National and international guidelines

Unit 2: Epidemiology

(10 hrs)

- a) Epidemiology: Definition, basic concepts – scope and function of epidemiology
- b) Study designs in epidemiology: Cohort studies, case-control studies, cross-sectional studies, clinical trials
- c) Measures in epidemiology – Ratios, proportions, rates, relative risk, odds ratio
- c) Identify biases and their consequences in published literature.
- d) Describe criteria for characterizing the causality of associations.
- e) Application of epidemiology in evaluation and screening procedures employed in Speech-language Pathology
- f) Application and impact of epidemiology on national and local policy; influence of epidemiology on ethical and professional issues

Unit 3: Basic Statistics

(12 hrs)

- a) Graphical Representation of data, measures of Central tendency and dispersion
- b) Probability: Random experiment, sample space, outcomes and events. Definitions of probability, compound events, mutually exclusive events and addition law of probability
- c) Probability Distributions: Binomial, Poisson and normal distributions
- d) Statistical Inference – Basic concepts related to hypothesis testing –null hypothesis, alternative hypothesis, significance level, statistical significance, critical value, acceptance / rejection region, p-value, power, types of errors: Type I (α), Type II (β), one-sided (one-tailed) test, Two-sided (two-tailed) test, Confidence Intervals,

- e) Categorical data analysis - Test for association and independence
- f) Parametric and non-parametric approaches to hypothesis testing Measures of association (Contingency coefficient, Cramer's V), Kappa coefficient

Unit 4: Regression, Univariate and Multivariate Analysis (12 hrs)

- a) Correlation, regression analysis and prediction including multiple regression; logistic regression; path analysis
- b) Analysis of Variance (ANOVA)- Basic models, assumptions, one way and two way ANOVA; Consequence of failure of assumptions underlying ANOVA; Tests for additivity, homogeneity, transformation; Post – hoc tests; Analysis of Covariance (ANOCOVA); Repeated measure ANOVA
- c) Multivariate analysis: Need for multivariate analysis, various methods including MANOVA, MANCOVA
- d) Introduction to principal component analysis, factor analysis, discriminant function, multidimensional scaling
- e) Evaluation of application of statistics to different research designs used in different publications
- f) Critical analysis of research articles in the field: Analysis of research designs in different areas of Speech-language Pathology

Unit 5: Evidence Based Practice (10 hrs)

- a) Introduction to Evidence Based Practice (EBP) and Steps to EBP from formulating foreground question, finding best current evidence, critical appraisal of best current evidence, summarizing evidence, integrating evidence and tracking progress.
- b) Concepts related to practical significance (effect size) vs. statistical significance, precision of measurement (confidence intervals)
- c) Levels of evidence: For experimental and non-experimental designs; treatment efficacy-randomized control study, quasi experimental study, correlation and case study, single subject designs, expert committee report, consensus conference
- d) Measures of diagnostic accuracy – positive and negative likelihood ratios; positive predictive value, negative predictive value, diagnostic odds ratio
- e) Concepts related to randomized control trials: Comparative groups- allocation concealment / random allocation; importance of participation and follow up in understanding, evaluating and applying randomized controlled trial results
- e) Methods of carrying out therapy trials; execution, indexing and reporting of therapy trials – efficacy studies; Conventions to study outcomes - i) Absolute risk reduction, ii) Absolute benefit increase, iii) Absolute risk increase, and iv) Absolute benefit reduction
- f) Systematic review and meta-analysis; importance of research publications in terms of systematic review, meta-analysis, clinical practice guidelines, health technology assessments.
- g) Challenges in implementation of EBP in Audiology in India and future directions

Recommended Reading

- Russell Carter, Jay Lubinsky (2016). *Rehabilitation Research: Principles and Applications*. Elsevier
- Robert E. Owens Jr., Dale Evan Metz, Kimberly A. Farinella (2014). *Introduction to Communication Disorders: A Lifespan Evidence-Based Perspective*. Pearson Education
- Laura M. Justice, Erin Redle (2013). *Communication Sciences and Disorders: A Clinical Evidence-Based Approach*. Pearson Education.
- Robert F. Orlikoff, Nicholas E. Schiavetti, Dale Evan Metz (2014). *Evaluating Research in Communication Disorders*. Pearson Education
- David L. Irwin, Mary Pannbacker, Norman J. Lass (2013). *Clinical Research Methods in Speech-Language Pathology and Audiology*. Second Edition. Plural Publishing
- Timothy Meline (2009). *A Research Primer for Communication Sciences and Disorders*. Pearson Education
- David L. Maxwell, Eiki Satake. (2006) *Research and Statistical Methods in Communication Sciences and Disorders*. Thomson/Delmar Learning.
- John C Reinard (2006). *Communication Research Statistics*. SAGE Publications
- Nicholas Schiavetti, Dale Evan Metz (2006). *Evaluating Research in Communicative Disorders*. Allyn & Bacon
- Tim Pring (2005). *Research Methods in Communication Disorders*. Wiley
- Donald G. Doehring (2002). *Research Strategies in Human Communication Disorders*. Pro-Ed
- Carole E. Johnson, Jeffrey L. Danhauer (2002). *Handbook of Outcomes Measurement in Audiology*. Singular
- David L. Maxwell, Eiki Satake (1997). *Research and Statistical Methods in Communication Disorders*. Williams & Wilkins

AUD 102: Hearing Sciences

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to

- a) Understand psychophysical components of sound and their measurement,
- b) Analyse and critically evaluate the different methods of estimation of thresholds, frequency analysis and application of masking, and
- c) Conduct experiments to estimate thresholds, measure pitch.

Unit 1: Introduction to Psychoacoustics

(10 hours)

- a) Physical description and parameters for generation of sounds: Sine wave and complex signals; Analysis of sound: Spectrum and spectrogram, LTASS; Filters and their properties
- b) Theory of signal detection: Basic concepts and applications of signal detection
- c) Psychophysical methods - Classical and adaptive methods

Unit 2: Thresholds and Loudness

(12 hours)

- a) Overview of absolute and relative measures: Methods of measuring absolute and relative thresholds; thresholds of audibility (MAP & MAF); Models of loudness.
- b) Loudness perception in normal hearing persons
- c) Effect of hearing impairment on perception of loudness
- d) Dynamic range of hearing, equal loudness contours and loudness scaling.
- e) Recruitment and softness imperceptions
- f) Consequences of altered loudness perception
- g) Factors affecting loudness: Bandwidth, duration, adaptation and masking.
- h) DLI

Unit 3: Pitch

(12 hours)

- a) Theories of pitch perception - simple and complex signals
- b) Pitch scales
- c) Factors affecting pitch perception
- d) Perception of pure-tones by persons with normal hearing and those with hearing impairment
- d) Perception of complex signals by persons with normal hearing and those with hearing impairment

Unit 4: Peripheral Masking

(12 hours)

- a) Critical band concept and power spectrum model
- b) Estimating the shape of auditory filter: Psycho-physical tuning curve; Notched noise; Non-simultaneous masking
- c) Auditory filter shapes in normal hearing and hearing impaired
- d) Masking patterns and excitation patterns in normal hearing and hearing impaired

Unit 5: Non-Peripheral Masking

(10 hrs)

- a) Central masking
- b) Informational masking
- c) Overshoot phenomena
- d) Co-modulation masking release
- e) Effect of hearing loss on non-peripheral masking

Recommended Reading

- Moore, B.C.J., (2007). Cochlear Hearing Loss: Physiological, Psychological and Technical Issues. England: John Wiley and Sons Ltd.
- Moore , B. C.J. (1998). Cochlear Hearing Loss. (2nd and 3rd Editions). London: Whurr Publishers.
- Gelfand, S, A. (2005). Introduction to psychological and physiological acoustics. New York: Marcel Dekker.
- Gullick, W.L. (1971). Hearing physiology and psychophysics. New York: Oxford University Press.).
- Howard, D and Angus, J (2013). Acoustics and Psychacoustics. Oxford: Taylor & Francis
- Moore, B. C. J. (1995). Hearing. San Diego: Academic Press.
- Gelfand ,S.A.,(1998). Hearing. New York: Marcel Dekker Inc.
- Stuart Rosen & Deter Howell (1991). Signals and systems for speech and hearing. CA: Academic Press Inc.
- Rosen, S., and Howell,D.,(1991). Signals and systems for speech and hearing. CA: Academic Press Inc
- Yost, W. A. (1994). Fundamentals of hearing: An introduction. San Diego: Academic Press.
- Zwicker, E., &Fastl, H. (1999). Psychoacoustics-Facts and models. Springer Verlag: Berlin Heidelberg.

AUD 103: Cochlear Physiology

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to

- a) Describe the micro and macro structures of cochlea,
- b) Explain the physiology of cochlea,
- c) Explain the physiological basis for generation of OAE,
- d) Use appropriate protocol for recording OAEs in clinics and for research,
- e) Use appropriate protocol for recording ECoChG in clinics and for research, and
- f) Understand the research needs in physiological measurements of hearing

Unit 1: Cochlear Anatomy

10 hours

- a) Macro & microanatomy of cochlea
- b) Homeostatic mechanisms in cochlea
- c) Blood supply to cochlea
- d) Innervations of cochlea
- e) Cochlear regeneration
- f) Evolution of human cochlea

Unit 2: Cochlear Physiology

12hours

- a) Techniques to study hair cell and basilar membrane physiology
- b) Basilar membrane mechanics and non-linearity
- c) Outer hair cell physiology – different mechanisms involved in hair cell motility
- d) Inner hair cell physiology
- e) Cochlear non-linearity

Unit 3: Development of cochlea and top down control of sensory process 12hours

- a) Efferent control of cochlear hair cells
- b) Nutrients related to sensory cell physiology
- c) Ontogenetic development of cochlea
- d) Phylogentic development of cochlea
- e) Developmental changes in the cochlea; effect of advancing age on cochlea
- f) Comparative physiology of auditory system in non-mammalian species

Unit 4: Otoacoustic Emissions

12 hours

- a) Classifications of OAEs; mechanism based taxonomy
- b) Characteristics of different types of OAEs
- c) Instrumentation and techniques for recording different types of OAEs
- d) Factors affecting different types of OAEs
- d) Fine structure DPOAEs
- e) Suppression of OAEs: ipsilateral, contralateral, and bilateral
- f) Clinical applications of OAEs

Unit 5: Cochlear Potentials

10 hours

- a) Endocochlear potentials.
- b) Electrocochleography: Instrumentation and technique
- b) Protocol for recording ECoChG
- c) Interpretation of ECoChG
- d) Clinical application of ECoChG

Recommended Reading

- Altschuler, R. A., & Hoffman, D. W. (1986). *Neurobiology of hearing: the cochlea*. New York: Raven Press.
- Berlin, C. I. (1996). *Hair cells and Hearing aids*. San Diego: Singular Publishing Group.
- Dallos, P. (1973). *Auditory periphery: Biophysics & physiology*. New York: Academic Press.
- Dallos, P., Popper, A. N., & Fry, R. R. (1996). *The Cochlea*. New York: Springer.
- De Reuck, A.V.S., & Knight, J. (1968). *Hearing mechanisms in Vertebrates*. London: Churchill.
- Dhar, S and Hall, J.W. (2011). *Otoacoustic emissions: Principles, Procedures and Protocols*. San Diego: Plural Publishing Inc
- Drescher, D. G. (1985). *Auditory Biochemistry*. Springfield: Charles C. Thomas.
- Flock, A., Ottoson, D., & Ulfendahi, M. (1995). *Active Hearing*. Baltimore: Williams & Wilkins.
- Gelfand, S. A. (2004). *Hearing: Introduction to Psychological and Physiological Acoustics*. (4th
- Hall, J.W. (2007). *New Handbook of Auditory Evoked Responses*. Boston: Pearson. Edn.). New York: Marcel Decker.
- Jahn, A. F., & Santos-Sacchi, J. (1989). *Physiology of the Ear*. New York: Academic Press.
- Kemp, D. T. (1986). Otoacoustic emissions, travelling waves, and cochlear mechanisms. *Hearing Research*. 22, 95-104.
- Moller, A. R. (2000). *Hearing: Its physiology and pathology*. San Diego: Academic Press.
- Moore, B. C. J. (1995). *Hearing*. San Diego: Academic Press.
- Musiek, F.E. & Baran, J.A. (2016). *Auditory System: Anatomy, Physiology and Clinical Correlates*. San Diego: Plural Publishing Inc
- Robinette, M. S., & Glatke, T. J. (1997). *Otoacoustic emissions: clinical applications*. New York: Thieme Medical Publications.
- Zemlin, W. R. (2010). *Speech & Hearing Science: Anatomy & Physiology*. Boston: Allyn & Bacon.

AUD 104: Neurophysiology of Hearing

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to

- a) Explain the anatomy afferent system,
- b) Describe the neurophysiology of hearing,
- c) Explain the efferent auditory system,
- d) Describe the functioning and role of efferent system,
- e) Understand the neurophysiological basis of the disorders affecting the auditory nervous system, and
- f) Understand the basis of electrophysiological assessment

Unit 1: Ascending Auditory Pathway: Anatomy

(10 hours)

- a) Auditory nerve
- b) Cochlear nucleus
- c) Superior olivary complex
- d) Lateral lemniscus
- e) Inferior colliculus
- f) Medial geniculate body

Unit 2: Functioning of the Auditory Nerve

(12 hours)

- a) Stimulus coding
 - i. Frequency, intensity and temporal coding
 - ii. Coding of complex signals
- b) Non linearity
- c) Action potentials
- d) Neurotransmitters and neuromodulators

Unit 3: Physiology of Auditory Brainstem

(12 hours)

- a) Tonotopic organization of auditory brainstem
 - i. Cochlear nucleus
 - ii. Superior olivary complex
 - iii. Lateral lemniscus
 - iv. Inferior colliculus
 - v. Medial Geniculate body
- b) Coding of simple and complex acoustic signals at auditory brainstem
 - i. Cochlear nucleus
 - ii. Superior olivary complex
 - iii. Lateral lemniscus
 - iv. Inferior colliculus
 - v. Medial Geniculate body
- c) Role of subcortical structures in sound localization

Unit 4: Anatomy and Physiology of Auditory Cortex

(12 hours)

- a) Anatomy of primary and secondary auditory cortex
- b) Tonotopic organization in auditory cortex
- c) Coding of signals in the auditory cortex
 - i. Simple and complex signals
 - ii. Speech
- d) Association of auditory cortex with other structures
- e) Role of auditory cortex in sound localization
- f) Plasticity of auditory cortex

Unit 5: Efferent Auditory System

(10 hours)

- a) Efferent auditory pathway: medial and lateral olivocochlear bundle
- b) Functioning of the auditory efferent system
- c) Role of auditory efferent system in hearing
- d) Protective function of auditory efferent system

Recommended Reading

- Aitkin, L. (1990). The auditory cortex: structural and functional bases of auditory perception. University of Michigan: Chapman and Hall.
- Berlin, C.E. (1999). The efferent auditory system: basic science and clinical applications. USA: Singular Publishing Group.
- Enrique A. & Lopez-Poveda, S. (2010). The neurophysiological bases of auditory perception. New York: Springer-Verlag.
- Gelfand, S.A. (2004). Hearing: An introduction to psychological and physiological acoustics. USA: Marcel Dekker Inc.
- Günter, E., & Romand, R. (1997). The central auditory system. United Kingdom: Oxford University Press.
- Jahn, A.F., & Santos-Sacchi J. (2001). Physiology of the ear. San Diego: Singular/Thomson Learning.
- Jeffery, A., & Schreiner, C. (2005). The inferior Colliculus. USA: Springer-Verlag.
- Lambert, M.S., Miriam T. T., & Susan F. M (2010). Superior Olivary Complex. USA: Betascript Publishers.
- Meddis, R. (2010). Computational Models of the Auditory System. USA: Springer-Verlag
- Moore, D., Rees, A. & Palmer, A.R. (2010). Oxford handbook of auditory science the ear. United Kingdom: Oxford University Press.
- Musiek, F.E., & Baran, J.A. (2006). The auditory system: anatomy, physiology and clinical correlates. USA: Indiana University Press.
- Musiek, F.E., Baran, J.A., Shinn, J., & Raleigh, J. (2012). Disorders of the Auditory System. San Diego: Plural Publishers.
- Pickels, J.O. (2012). An introduction to the physiology of hearing. United Kingdom: Emerald Group Publishing Inc.
- Richard, A. (1991). Neurobiology of Hearing. USA: Raven Press.
- Ryugo, D.K. (2010). Auditory and Vestibular Efferents. USA: Springer-Verlag

- Schnupp, J., Nelken, I., & Ahissar, E. (2011). Auditory Neuroscience: Making Sense of Sound. USA: Library of Congress..
- Steven, G., & William, A.A. (2006). Listening to Speech: auditory perspectives. New Jersey: Lawrence Erlbaum Associates Inc.
- Syka, J. (1997). Acoustical signal processing in the central auditory system. USA: Springer Science.
- Syka, J., & Merzenich, M.M. (2003). Plasticity and signal representation in the auditory system.
- Richard, H. N., & Musiek, F.E. (1997). Efferent auditory system: structure and function. USA: Singular Publishing Group.
- Webster, D.B., Popper A.N., & Fay R.R. (1992). The Mammalian auditory pathway: neuroanatomy. New York: Springer-Verlag.

AUD 105: Technology in Audiology

42 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to understand

- a) Advanced aspects of signal acquisition and processing,
- b) Development and application of software based tools,
- c) Development and application of tele-technology, and
- d) Technology of amplification devices

Unit 1: Fundamentals of Digital Signal Processing & Communication Systems

(12 hrs)

- a) Digitization of data and digital systems; Principles and methods of digital signal processing
- b) Fundamentals of communication systems – (i) AM & FM transmission & reception (ii) Digital modulation techniques, (iii) Satellite communication
- c) Transducers and signal generation
- c) Biomedical signals & signal processing: Principles of generation of acoustic stimuli
- d) Signal acquisition and processing techniques
- e) Working principles of EEG / Magnetoencephalography, event related potentials/ evoked potential.
- f) High-fidelity sound reproducing systems: Auditorium acoustics

Unit 2: Techniques of Speech Processing and Analysis

(10 hrs)

- a) Artificial neural networks
- b) Speech processing and synthesis models and techniques (linear predictive coding, linear prediction model, LPC-based synthesis) and applications, review of signal processing, Fourier transform and short-time speech analysis(energy, zero-crossing rate, autocorrelation function).
- c) Voice response system, speaker recognition system and speech recognition system: Speech synthesis methods, speech recognition, speaker recognition, speech coding, and speech enhancement.
- d) Basic principles of cepstral analysis, filtering low-time filtering for formant estimation, high-time filtering for pitch estimation, complex cepstrum

Unit 3: Neuro Imaging

(12 hrs)

- a) Principles of neuro imaging techniques - MRI, FMRI, NIRS, CT, PET, SPECT, TMS and MEG and their technology (working principles, interpretation and implications).
- b) Synching various speech stimuli and events for fMRI acquisition and speech perception in fMRI
- c) Technology available for intra-operative monitoring of sensory and motor functions 15

Unit 4: Tele-technology**(10 hrs)**

- a) Tele-technology: Definition, applications, technology, resources
- b) Transmission of information: transmission of patient images, reports, etc.
- c) Remote consultations and databases
- d) Distance learning- multimedia meeting room / videoconferencing

Unit 5: Software for Analysis**(12 hrs)**

- a) Software packages and applications in hearing diagnostics and research - MATLAB, Adobe audition, Audacity, PRAAT
- b) Basics features, vectors and matrices, built-in functions and plotting
- c) Editing audio files, applying effects in waveform editor, amplitude compression and modulation effects, filter and equalizer effects, noise reduction/ restoration effects, basic multitrack controls, saving and exporting
- d) Computer based assessment and intervention programs relating to hearing
- e) Calibration and maintenance of equipment

Recommended Reading

- Moser, P. (2015). Electronics and Instrumentation for Audiologists. Psychology Press.
- Villchur, E. (1999). Acoustics for Audiologists (1 edition.). San Diego, Calif: Delmar Cengage Learning.
- Baber, C. & Noyes, J.M. (1993). Interactive Speech Technology: Human Factors Issues in the Application of Speech Input Output to Computers. London: Taylor and Francis.
- Daniloff, R.G (1985). Speech Sciences: Recent advances. London: Taylor and Francis.
- Gottingen, M.R.S. (Ed.) (1985). Speech and Speaker Recognition. Basel: Kager.
- Haton, J.P. (Eds) (1981). Automatic speech analysis & Recognition. USA, D. Reidel Publishing Company.
- Keller, E. (ed.) (1994). Fundamentals of Speech Synthesis and Speech Recognition: Basic Concepts, State of the art and Future challenges. New York: John Wiley & sons.
- Morgan, D.P. & Scofield, C.L (1991). NeuralNetworks and Speech Processing. Boston, Kluwer Academic Publishers.
- Nakagawa, S., Shikano, K., & Tohkurama, Y (1995). Speech, Hearing and Neural Network Models. Oxford: IOS, Press
- Oppenheim & Schafer (1989). Digital Signal processing. New Delhi: Prentice Hall of India.
- Boulston, F. R. & Dvorak, J.D (2015). Matlab Primer for Speech Language Pathology and Audiology. San Diego: Plural Publishing Inc
- Silman, S & Emmer, M.B. (2011). Instrumentation in Audiology and Hearing Science: Theory and Practice. San Diego: Plural Publishing Inc

Semester II

AUD 201: Auditory Perception

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to

- a) Understand the processes involved in the perception of speech by persons with normal and impaired hearing, and
- b) Apply principles of speech perception in therapy and research.

Unit 1: Temporal processing

(10 hrs)

- a) Overview of temporal processing: temporal resolution; temporal integration; models of temporal processing
- b) Detection and discrimination of gaps in normals and individuals with hearing impairment
- c) Temporal modulation transfer function in normals and individuals with hearing impairment
- d) Temporal integration in persons with normal hearing and those with hearing impairment
- e) Models of temporal processing in persons with normal hearing and those with hearing impairment

Unit 2: Auditory object and pattern perception

(12 hrs)

- a) Basic concepts in auditory object perception
- b) Spectral cues for object perception
- c) Temporal cues for object perception
- d) Auditory pattern perception in individuals with normal hearing and those with hearing impairment
- e) Timber perception
- f) Time invariant-pattern and time varying pattern perception

Unit 3: Adaptation

(10 hrs)

- a) Adaptation vs. fatigue
- b) Methods of studying adaptation
- c) Adaptation in in persons with normal hearing and those with hearing impairment
- d) Neurophysiological basis of adaptation
- e) Factors affecting adaptation

Unit 4: Perception in Space

(12 hrs)

- a) Perception of distance: localization vs. lateralization; localization of pure tones; localization of complex signals
- b) Effect of hearing loss on localization
- c) Monaural localization
- c) Factors affecting localization
- d) Neurophysiology of localization

Unit 5: Binaural hearing and Perception of Music

(12 hrs)

- a) Binaural hearing - overview
- b) Models of binaural hearing
- c) Masking level difference
- d) Musical scales/Musical notes
- e) Factors affecting perception of music

Recommended Reading

- Brain, C.J. Moore (1986). Frequency selectivity in Hearing. CA: Academic Press Inc.
 - Diana Deutsch (2013). The Psychology of Music, Third Edition (Cognition and Perception) 3rd Edition. Academic Press
 - Gelfand, S, A. (2005). Introduction to psychological and physiological acoustics. New York: Marcel Dekker.
 - Howard, D and Angus, J (2013). Acoustics and Psychacoustics. Oxford: Taylor & Francis
 - M. Riess Jones, R.R. Fay, A.N. Popper (2010). Music Perception. Springer
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 - Stanley, A. Gelfand (1998). Hearing. New York: Marcel Dekker Inc.
 - Warren, R. M. (2008). Auditory Perception: An Analysis and Synthesis. Cambridge: Cambridge University Press.
 - Yost, W. A. (1994). Fundamentals of hearing: An introduction. San Diego: Academic Press.
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- Journal of Acoustical Society of India
Journal of Acoustical society of America
Journal of Speech, Hearing and Language Research
Ear and Hearing
Journal of All India Institute of Speech and Hearing
Journal of Indian Speech and Hearing Association

AUD 202: Auditory Disorders

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to

- a) Explain the pathophysiology of auditory disorders,
- b) Diagnose and differentially diagnose auditory disorders, and
- c) Recommend appropriate management options for the clients with hearing loss.

Unit 1: Disorders of the External and Middle Ear

(10 hrs)

- a) Congenital malformations of external and middle ear
- b) Diseases of the external ear: otitis – externa, neoplasms of external ear, cerumen, keratosis obturans, injuries, sebaceous cysts, acquired atresia, stenosis of external auditory canal & malignant otitis externa
- c) Diseases of the middle ear cleft: otosclerosis otitis media, non suppurative otitis media, complications of middle ear diseases, neoplasms.
- d) Assessment of middle ear functioning: multicomponent tympanometry, multifrequency tympanometry, wide band reflectance/absorbance, reflexometry
- d) Reconstruction of external and middle ear hearing mechanisms: reconstructive and rehabilitation procedures

Unit 2: Disorders of the Cochlea

(12 hrs)

- a) Pathophysiology inner ear disorders: ototoxicity, Meniere's, age related hearing loss, Sudden hearing loss, auto immune conditions, hearing loss due to systemic diseases
- b) Audiological profile in persons with above inner ear disorders
- c) Nonaudiological management options

Unit 3: Disorders of the Cochlea– NIHL&Traumatic Injury

(10 hrs)

- a) Pathophysiology inner ear disorders due toNIHL, traumatic injuries
- b) Audiological profile in persons with above inner ear disorders
- c) Hearing conservation: National and International guidelines
- d) Nonaudiological management options

Unit 4: Auditory Nerve and Brainstem

(12 hrs)

- a) Pathophysiology of space occupying lesions of auditory nerve and brainstem
- b) Audiological profile in persons with space occupying lesions
- d) Radiological findings and its correlations with audiological findings
- d) Challenges in diagnosis of space occupying lesion
- e) Management options for space occupying lesion

Unit 5: Auditory Neuropathy Spectrum Disorders

(12 hrs)

- a) Pathophysiology of ANSD
- b) Etiology of ANSD
- c) Audiological profile of persons with ANSD and its correlations with pathophysiology
- d) Speech perception in persons with ANSD
- e) Management of persons with ANSD: Aids strategies

Recommended Reading

- Berlin, C. I., Hood, L. J., & Ricci, A. (2002). Hair Cell Micromechanics and Otoacoustic Emissions. New York: Thomson Learning Inc.
- Chasin, M (2009) Hearing Loss in Musicians: Prevention and Management. San Diego: Plural Publishers
- Hall, J. W. (2000). Handbook of Otoacoustic Emissions. San Diego: Singular Publishing Company.
- Hall, J.W. (2007). New Handbook of Auditory Evoked Responses. Boston: Pearson.
- Hood, L.J. (1998). Clinical applications of auditory brainstem response. San Diego: Singular Publishing Group Inc.
- Moller, A. R. (2000). Hearing: Its physiology and pathology. San Diego: Academic Press.
- Rintleman, W.F. (1991). Hearing Assessment. Boston: Allyn and Bacon.
- Roeser, R. J., Valente, M., & Hosford-Dunn, H. (2007). Audiology: Diagnosis. New York: Thieme Medical Publishers.
- Sanbridge, S.A. (2009). Ear Disorders. San Diego: Plural Publishers
- Sininger, Y& Starr, A (2001). Auditory Neuropathy: A new perspective in hearing disorders
- Standring, S. (2008). Gray's Anatomy: The Anatomical Basis of Clinical Practice, Expert Consult. Livigstone: Churchill publishers.
- Wiley, T.L., & Fowler, C.G. (1997). Acoustic immittance measures in clinical audiology: A primer. San Diego: Singular Publishing Group Inc.

Journal of Acoustical Society of India
Journal of Acoustical society of America
Journal of Speech , Hearing and Language Research
International Journal of Audiology
Ear and Hearing
Journal of All India Institute of Speech and Hearing
Journal of Indian Speech and Hearing Association
Indian Journal of Otology
Audiology and Neurootology
Noise and Health

AUD 203: Electrophysiological Assessment

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to

- a) Describe and classify auditory evoked potentials,
- b) Understand the technology for recording auditory evoked potentials,
- c) Record and interpret exogenous and endogenous potentials,
- d) Use appropriate protocols for recording exogenous and endogenous potentials for clinical and research purposes, and
- e) Understand research needs in auditory evoked potentials

Unit 1: Foundations of Auditory Evoked Potentials (AEPs)

(10 hrs)

- a) Introduction and Classification of AEPs
- b) Neuroanatomy and neurophysiology related to AEPs; dipole orientation and scalp distribution of AEPs
- c) Stimuli for recording AEPs- generation, characteristics and types
- d) Electrodes for recording AEPs
- e) General principles of recording AEPs
- f) Overview to advanced analyses techniques such as independent component and time frequency analyses
- g) Maintenance and Calibration of instrumentation

Unit 2: Auditory Brainstem Responses

(12 hrs)

- a) Acquisition and analysis responses for different stimuli -clicks, tone bursts, chirps, complex stimuli such as speech
- b) New trends in ABR such as Cochlear Hydrops Analysis Masker Procedure (CHAMP) and stacked ABRs, and ABR for chained stimuli,
- c) Factors influencing ABR: Stimuli related, acquisition related, subject related
- d) Clinical applications

Unit 3: Middle Latency Auditory Evoked Potentials and Auditory Steady State Responses

(12 hrs)

- a) Acquisition and analysis of middle latency responses,
- b) Factors influencing middle latency responses: Stimuli related, acquisition related, subject related
- c) Acquisition and analysis of auditory steady state responses (ASSR)
- d) Factors influencing ASSR: Stimuli related, acquisition related, subject related
- e) Post auricular muscle responses
- f) Clinical applications

Unit 4: Cortical Auditory Evoked Potentials

(12 hrs)

- a) Overview of exogenous and endogenous cortical evoked potentials
- b) Acquisition and analysis of obligatory cortical auditory evoked potentials, acoustic change complex, T-complex, mismatch negativity, P300, N400, P600, CNV and other endogenous potentials
- c) Factors affecting exogenous and endogenous evoked potentials Stimuli related, acquisition related, subject related
- d) Clinical applications

Unit 5: Intraoperative monitoring

(10 hrs)

- a) Physiological tests useful in intraoperative monitoring of auditory function
- b) Effect of anesthetic agents on electrophysiological responses of the auditory system
- c) Recording auditory evoked potentials during surgery; requirements, patient preparation
- d) Guidelines for intraoperative monitoring
- e) Electroneurography

Recommended Reading

- Burkard, R.F., Don, M., & Eggermont, J.J. (Eds.) (2007). Auditory Evoked Potentials: Basic Principles & Applications. Baltimore: Lippincott Williams & Wilkins.
 - Ferraro, J.A. (1997). Laboratory exercises in auditory evoked potentials. San Diego: Singular Publishing Group Inc.
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- Journal of Acoustical Society of India
- Journal of Acoustical society of America
 - Journal of Speech , Hearing and Language Research
 - International Journal of Audiology
 - Ear and Hearing
 - Journal of All India Institute of Speech and Hearing
 - Journal of Indian Speech and Hearing Association
 - Indian Journal of Otology
 - Audiology and Neurootology

AUD 204: Advances in the Management of Hearing Loss

56 hours

(Marks 30+70)

Objectives: At the end of the course, the students should be able to

- a) Understand the different amplification/assistive devices and their changing technology
- b) Explain the strategies of device selection and optimization
- c) Develop need-based programs and intervention strategies for persons with different types of hearing impairment across age groups, and
- d) To list specific needs and know psychosocial and communicative demands and strategies to solve these

Unit 1: Advances in Hearing Aid and Hearing Assistive Technology (10 hrs)

- a) Application of recent advances in hearing aids and hearing assistive technology : Compression and expansion, directionality, advanced signal processing techniques including noise reduction algorithms, wireless technology, data logging, trainable hearing aids, occlusion reduction, application of nanotechnology in hearing aids, Personal amplification systems
- b) Techniques to control acoustic feedback, distortion, circuit noise: Electromagnetic interference – measurement, solutions; techniques to improve compatibility of hearing aids with mobile phones
- c) Application of LASER technology in ear mold production, ear mold modifications for enhancing listening comfort – physical and acoustic modifications
- d) Electroacoustic measurement of hearing aids: Variables affecting electroacoustic measurements and its implications
- f) International and Indian standards/legislations for hearing aids and ALDs.

Unit 2: Selection and Fitting of Hearing Aid and Hearing Assistive Devices

(12 hrs)

- a) Selection, verification and validation of hearing aids and hearing assistive devices: Pre-selection, selection and assessment of listening needs
- b) Objective procedures for hearing aid fitting (ABR, ALLR, ASSR and others):
- c) Hearing aid programming, optimization, verification and validation
- d) Hearing aid fitting for children : pre-selection, selection, verification and validation: Different protocols used
- e) Hearing aid fitting for persons with different types of hearing loss (Sudden hearing loss, unilateral hearing loss, High frequency hearing loss, Cochlear dead region)
- f) Future trends in hearing aids and HATs: Technology and fitting strategies

Unit 3: Speech Perception through Hearing Aids

(10 hrs)

- a) Factors affecting speech perception through hearing aids and hearing devices: Auditory plasticity
- b) Methods to improve speech perception through hearing aids and hearing devices: Speech cue enhancement – spectral shape, duration, intensity, enhancement of CVR, speech simplification, re-synthesis, enhancement of perception of telephone speech
- c) Emerging technology for better speech perception
- d) Noise reduction algorithms and nanotechnology in hearing aids

Unit 4: Rehabilitation of Individuals with Hearing Impairment

(12 hrs)

- a) Counseling of users of hearing aid and hearing assistive devices: techniques: Realistic expectations, adjusting to hearing device, other management options
- b) Care and maintenance of hearing aid and hearing assistive devices
- c) Trouble shooting and fine tuning/optimization of hearing aids and assistive devices
- d) Management of children with hearing impairment: Criteria for selecting different auditory listening programs; criteria for transition from one method to the other as a child grows: Adapting AVT techniques for Indian languages and late identified children
- e) Providing group listening training activities for children having different listening skills
- f) Rehabilitation of adults and older adults: auditory listening / speech reading training for older adults: variables that affect the communication and the role of the communication partner: auditory plasticity: Planning training activities; assertiveness training
- g) Quality of life of hearing impaired and its enhancement: Outcomes of different management strategies across age groups: Methods and measures

Unit 5: Management of the children/adult with Multiple Disabilities and other Hearing Related Disorders

(12 hrs)

- a) Management of children and adults with multiply disability: hearing aid fitting considerations, strategies used and the outcome with different strategies for individuals with hearing impairment with visual problems; cognitive problems; neuro-motor problems: educational and vocational placement, role of caregivers and outcome measures
- b) Audiological management of tinnitus: characteristics, assessment of tinnitus, basis and theories of tinnitus, models related to tinnitus management: patho-physiological and neurophysiological model: overview to non-audiological management techniques for tinnitus
- c) Audiological management techniques for those with normal hearing and different degrees of hearing loss (TRT, counseling, others) and their outcomes
- d) Audiological management of persons with hyperacusis: Models related to hyperacusis management; overview to non-audiological management techniques for hyperacusis
Audiological management techniques for normal hearing and different degrees of hearing loss and their outcomes

Recommended Reading

- Atcherson, S. R., Franklin, C. A., & Smith-Olinde, L. (2015). Hearing Assistive and access technology. San Diego: Plural Publishing Inc.
 - Dillon, H. (2012). Hearing Aids. 2nd Edn. Australia: Boomerang Press.
 - Martini, A., Mazzoli, M., Read, A., & Stephens, D. (2001). Definitions, Protocols and Guidelines in Genetic Hearing Impairment. England: Whurr Publishers Ltd.
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 - Estabrooks, W. (2006). Auditory Verbal Therapy & Practice. United States: Alexander Graham Bell Association for the Deaf and Hard of Hearing Inc.
 - Hull, R. H. (2014). Introduction to aural rehabilitation. 2nd edn. San Diego: Plural publishing Inc.
 - Tye-Murray, N. (2015). Foundations of aural rehabilitation-Children, Adults & Their family members. 4th Edn. United States of America: Stamford, Cengage Learning.
 - Baguley, D. M., & Andersson, G. (2007). Hyperacusis: Mechanisms, Diagnosis and Therapies. San Diego: Plural Publishing Inc.
 - Hersh, M. A., & Johnson, M. A. (2003). Assistive Technology for the hearing-impaired, Deaf and Deaf-blind. Nottingham: Springer-Verlag London Ltd.
 - Jastreboff, P.J., & Hazell, J.W.P. (2004). Tinnitus retraining therapy-implementing the Neurophysiological model. United Kingdom: Cambridge University Press.
 - Johnson, C. E. (2012). Introduction to auditory rehabilitation: A contemporary issues approach. New Jersey: Pearson Education, Inc.
 - Wong, L., & Hickson, L. (2012). Evidence-based practice in audiology: Evaluating interventions for children and adults with hearing impairment. San Diego: Plural Publishing Inc.
- Journal of Speech , Hearing and Language Research
 - International Journal of Audiology
 - Ear and Hearing
 - Journal of All India Institute of Speech and Hearing
 - Journal of Indian Speech and Hearing Association
 - Audiology and Neurootology
 - Seminars in hearing
 - Volta Review

AUD 106 & AUD 205: Clinicals in Audiology

General considerations

- a) The student should be able to carry out complete audiological evaluation and management of persons with hearing impairment.
- b) After completion of clinical postings, the student will have the ability to apply, show (in a clinical diary/log book), and perform the following on patients/clients:

Know-how

- a) Make appropriate changes in OAE protocols depending on the clinical / research needs
- b) Develop protocol for recording exogenous and endogenous auditory evoked potentials
- d) Integrate the results of audiological evaluation and correlate it to the possible pathophysiological/radiological findings
- e) Apply the latest technological advances available for persons with hearing impairment.
- f) Make appropriate modifications in hearing devices depending on the listening needs.
- g) Recommend appropriate aural rehabilitation program for persons with hearing impairment

Demonstrate

- a) Recording of exogenous and endogenous potentials
- b) Generation of stimuli for recording AEPs
- c) Analyze auditory evoked potential waveforms
- d) Electroacoustic measurement of different types of hearing aids
- e) Carry out ear mold modifications

Do

- a) Record OAEs, ABR for different stimuli and cortical auditory potentials on 5 persons with hearing loss
- b) Complete audiological evaluation on 5 persons with hearing loss and prepare a detailed report with appropriate recommendations
- c) Select and fit appropriate hearing devices to 10 individuals with different degree, configuration and type of hearing loss.
- d) Plan and carry out appropriate aural rehabilitation program for five children
- e) Evaluate and counsel/carry out appropriate audiological management for 5 persons with tinnitus.
- f) Carry out aided AEPs

Evaluation

- a) Internal evaluation shall be based on attendance, clinical diary, log book and learning conference.
- b) External evaluation: Spot test, OSCE, Record, Viva-voce, case work

Semester III

AUD 301: Genetics of Hearing and Pediatric Audiology

56 hours

(Marks 30+70)

Objectives: After completing this course, the student will be able to

- a) Understand the genetic basis for hearing loss
- b) Understand the tests/procedures for identifying genes for hearing loss
- c) Counsel parents or caregivers of children with genetic and non-genetic hearing loss
- d) Carry out screening programs to identify hearing loss using appropriate protocols, and
- e) Diagnose and manage hearing loss in children using appropriate tests/protocols and aural management procedures

Unit 1: Molecular Genetics for Audiologists

(10 hrs)

- a) Basic concepts of genetics
- b) Genes involved in hearing
- c) Gene localization methods, gene mapping

Unit 2: Genetic Hearing Loss

(12 hrs)

- a) Genetics of hearing impairment, gene database for hearing loss
- b) Genetic evaluation of persons/families with hearing loss, genetic screening
- c) Genotypes and phenotypes of non syndromic hearing loss
- d) Genotypes and phenotypes of syndromic hearing loss
- e) Genetic counseling

Unit 3: Hearing Screening

(10 hrs)

- a) Neonatal and infant hearing screening, international and national Protocols to identify middle ear disorders; sensory and neural hearing loss
- b) Screening for hearing loss in school children
- c) Screening for central auditory processing disorders in school children
- d) Issues related to hearing screening

Unit 4: Pediatric Hearing Evaluation

(12 hrs)

- a) Etiology of hearing loss in children
- b) Behavioral tests of hearing evaluation for children
- c) Physiological tests of hearing evaluation for children
- d) Assessing hearing in children with associated problems
- e) Speech audiometry in children
- f) Development of tests for speech audiometry in children
- g) Issues related to assessment and diagnosis of hearing loss in children

Unit 5: Team Approach in diagnosis of hearing loss in children (12 hrs)

- a) Integration of results of behavioral and electrophysiological assessment of hearing
- b) Correlating results of audiological evaluation with those of otolaryngological, pediatric, psychological and speech-language evaluation
- c) Problems faced by children with hearing loss in preschool and school setup
- d) Challenges/problems faced by children with conductive hearing loss and auditory processing problems
- e) Counseling parents/caregivers regarding hearing impairment, sequel and management
- f) Counseling and management of children with unilateral hearing loss and mild hearing loss

Recommended Reading

- Bess, F.H. & Gravel, J.S. (2006). Foundations of Pediatric Audiology. San Diego: Plural Publishing Inc
- Driscoll, C. & McPherson, B (2010). Newborn Screening Systems: The complete perspective. San Diego: Plural Publishing Inc
- Martini, A, et al.(1996) Genetics and Hearing impairment, London: Whurr Publishers.
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- Flexer C A (2008). Pediatric Audiology: Diagnosis, Technology, and Management. New York: Thieme Medical Publishers.
 - Journal of Speech , Hearing and Language Research
 - International Journal of Audiology
 - Ear and Hearing
 - Journal of All India Institute of Speech and Hearing
 - Journal of Indian Speech and Hearing Association
 - Audiology and Neurootology

AUD 302: Implantable Auditory Devices

56 hours

(Marks 30+70)

Objectives: At the end of the course, the student should be able to

- a) Identify and describe the types of implantable hearing devices,
- b) Describe the purpose of different components of implantable hearing devices,
- c) Determine candidacy for implantable hearing devices,
- d) Assess benefits from implantable hearing devices and guide the clinical population, and
- e) Understand and contribute to formulation Government policies and schemes relating to implantable hearing devices

Unit 1: Development of Technology, Criteria/ Candidacy and Program (10 hrs)

- a) Candidacy for bone conduction implantable devices (BCID), middle ear implants (MEI), cochlear implant (CI), auditory brainstem implant (ABI) and mid brain implant (MBI): evidence from research
- b) Comprehensive Candidacy Assessment for implantable hearing devices (IHD- Audiological and non-audiological).
- c) Safety standards and regulation for IHD.
- d) State and central Government schemes for cochlear implants and other implantable devices.
- e) Pre-requisite to start a IHD program
- f) Comprehensive policy issues relating to IHD

Unit2: Bone Conduction Implantable Devices and Middle Ear Implants (12 hrs)

- a) Types of BCID and components (per-cutaneous, trans-cutaneous and intra-oral)
- b) Types of MEI and components
- c) Intra-operative and post-operative measurements/assessment for device function (troubleshooting) and performance outcomes
- d) Programming BCID and MEI
- e) Contra indications and management of device failures and poor performance.
- f) Limitations and future development/requirement

Unit 3: Cochlear Implants

(12 hrs)

- a) Concepts and types of ci : external components (sound processor- body worn, BTE, off the ear); internal component (electrode type/design, MRI compatibility & reliability);totally implantable cochlear implants.
- b) Expanding criteria- audiological and non-audiological assessment: single sided deafness, ski sloping SN hearing loss, bilateral asymmetric HL; cochlea/nerve anomaly(classification), auditory neuropathy spectrum disorder (ANSD) and multiple disabilities.

- c) Speech/Sound Coding Strategies: Within and across devices; Evidences from research and critical analysis of each strategy; Features for Enhancing Speech and Music perception.
- d) Surgical procedures: posterior tympanotomy, varia technique, hearing preservation technique; surgical complications and management
- e) Intra-operative measurement: device function (impedance/ voltage/ compliaince telemetry); patient function (eCAP, eSRT, eABR and facial nerve monitoring); Special consideration in anomalous cochlear/nerve, ANSD and multiple disabilities.

Unit 4: Programming Cochlear Implants

(12 hrs)

- a) Psychophysics of programminga: parameters (pulse width, rate of stimulation, frequency allocation/ re-allocation, map law);pre-requisites for mapping: pre-implant radiological report, post-implant radiological report; discharge report of surgeon; non-physiological objective measures (electrode impedance, compliance, electrode voltage); special considerations in cochlea/nerve anomaly, ANSD, multiple disabilities and SSD; Effect of map parameters on perception of loudness, pitch perception, gap,
- b) Programming technique: evidences from research: behavioral maps; objective maps (eCAP, eSRT&eABR based programming); evidence and target based programming (artificial intelligence);self-programming.
- c) Measuring performance and MAP optimization: assessment of benefit: speech and non-speech; electrophysiological measures (EABR and other evoked potentials); optimization of: hearing aid in the contralateral ear for bimodal implants; bilateral cochlear implants; electroacoustic stimulation and SSD.
- d) Complications: identifying and managing device failures; identifying and managing infection, magnet migration, electrode extrusion; identifying and managing poor performance; decision making in subjects with poor performance; special consideration in revision implantation; outcome audit.
- e) Limitations and future developments/requirements (device, techniques and procedures)

Unit 5: ABI and MBI

(10 hrs)

- a) Pre-op (ABI and MBI): candidacy for children and adult; audiological and non-audiological assessment; evidences from research for predicting outcome; counseling and expectations; device type and components
- b) Intra-op (ABI and MBI): Surgical procedures – overview; eABR, eCAP; cranial nerve monitoring; decision making.
- c) Post-op: programming ABI (subjective and objective methods) and technique for pitch ranking, identifying auditory and non-auditory electrodes); MAP optimization (pitch, loudness, auditory and non-auditory sensation); techniques to identify auditory and non-auditory sensation; assessment of benefit : speech and non-speech; role of eABR, aided cortical potentials, PET and fNIRS in programming and monitoring outcomes.
- d) Managing and monitoring subject with ABI: rehabilitation strategy; identifying and managing complications (device failure, infection, trauma, device migration, radio imaging); identify poor performance- auditing outcome; decision making in complications and poor performance

Recommended Reading

- Boheim, K. (2010). Active middle ear implants. Basel: Karger.
- Clark, G., (2003). Cochlear implants - fundamentals & Applications. New York: Springer – AIP Press.
- Cooper, H. (1995). Cochlear Implants –A practical guide. Delhi: AITBS Publishers.
- Hughes, M. L. (2013). Objective measures in cochlear implants. San Diego: Plural Publishing Inc.
- Kirwin, S.H. (2014). Cochlear Implants: Technological advances, psychological/social impacts and long-term effectiveness. New York: Nova Biomedical.
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- Indian Journal of Otology
- Audiology and Neurootology
- Volta review

AUD 303: Speech Perception

56 hours

(Marks 30+70)

Objectives: At the end of the course, the student should be able to

- a) Explain coding of speech in the auditory pathway in normal hearing and hearing impaired individuals,
- b) Critically evaluate theories of speech perception and methods to synthesis speech,
- c) Explain speech perception in relation to short term memory,
- d) Describe aspects of dichotic speech perception.

Unit 1: Theories of Speech Perception

(10 hrs)

- a) Basic concepts of speech perception; hearing, listening, perception and comprehension; acoustic cues of different classes of speech sounds
- b) Definition and concept of categorical and continuous speech perception
- b) Normalization in speech perception: Definition and methods used for normalization of vowels and consonants
- c) Coding of speech in the auditory pathway - cochlea, auditory nerve and the central auditory pathway
- d) Theories of speech perception (acoustic, neurological, auditory, motor, analysis-by-synthesis, dual stream, reverse hierarchy theory)

Unit 2: Perceptual Cues for Vowels and Consonants

(12 hrs)

- a) Perception of vowels and diphthongs in normal - major and minor cues
- b) Perception of consonants in normals: Major and minor cues to identify place, manner and voicing features of stops, fricatives, affricates, nasals
- c) Perception of vowels and consonants in the persons with hearing impairment
- d) Perception of vowels and consonants through amplification and implantable devices

Unit 3: Speech Perception of Segmental and Suprasegmental Features

(12 hrs)

- a) Effects of co-articulation on speech perception:
- b) Perception of segmental features in normal hearing individuals
- c) Perception of suprasegmental cues in normal hearing individuals
- d) Perception of segmental and suprasegmental cues in persons with hearing impairment

Unit 4: Factors related to Speech Perception

(12 hrs)

- a) Memory and speech perception: Stages of memory, coding and capacity at the different stages; Models of short term memory: Dual coding Model, Modal model, A model for auditory memory and contrast, Working memory model; Role of short term memory in the perception of consonants and vowels

- b) Dichotic listening: Theories and physiological bases: Testing of dichotic listening and the clinical significance of the results; Factors influencing dichotic perception
- c) Music perception: Methods of study of perception of music; Perception of music through amplification and implantable devices.

Unit 5: General issues related to speech perception (10 hrs)

- a) Infant perception: theories of infant speech perception (universal theory, attunement theory, perceptual learning theory, maturational theory, perceptual magnetic theory); methods of studying infant speech perception; perception of consonants and vowels in infants, and comparison with adults
- b) Speech perception in animals: methods of study of speech perception in animals; perception of consonants and vowels; categorical perception and normalization; animal vs. human perception; need for study of speech perception in animals
- c) Methods to study speech perception: EEG/electrophysiological and behavioral methods to study speech perception; study designs; role of cognition in speech perception.

Recommended Reading

- Raphael, L. J., Borden, G. J., & Harris K. S. (2011). *Speech Science Primer: Physiology, Acoustics, and Perception of Speech* (Sixth edition). Baltimore, MD: LWW.
 - Greenberg, S., Ainsworth, W. A., & Fay, R. R. (Eds.). (2004). *Speech Processing in the Auditory System*. New York: Springer.
 - Mildner, V. (2007). *The Cognitive Neuroscience of Human Communication* (1 edition). New York: Psychology Press.
 - Pickett, J. M. (1998). *The Acoustics of Speech Communication: Fundamentals, Speech Perception Theory, and Technology* (1 edition). Boston: Pearson
 - Pisoni, D. B., & Remez, R. E. (Eds.). (2005). *The Handbook of Speech Perception*. Blackwell Publishing Ltd.
 - Studdert-Kennedy, M., & Mattingly, I. G. (Eds.). (1990). *Modularity and the Motor theory of Speech Perception: Proceedings of A Conference To Honor Alvin M. Liberman* (1 edition). Hillsdale, N.J: Psychology Press.
 - Sanders, D.A (1977). *Auditory perception of speech - an introduction to principle and problems*. New Jersey: Prentice Hall
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 - Kent, R. D. (2002). *Acoustic Analysis of Speech* (2nd Revised edition edition). Australia ; United States: Delmar Cengage Learning.
- Journal of Acoustical Society of India
 - Journal of Acoustical society of America
 - Journal of Speech , Hearing and Language Research
 - International Journal of Audiology
 - Ear and Hearing
 - Journal of All India Institute of Speech and Hearing
 - Journal of Indian Speech and Hearing Association
 - Audiology and Neurootology

AUD 304: Auditory Processing Disorders

56 hours

(Marks 30+70)

Objectives: At the end of the course, the students should be able to

- a) Diagnose and differentially diagnose auditory processing disorders (APDs) and explain their physiological bases,
- b) Administer different tests for diagnosis and interpret the findings including correlation with findings from imaging and cognitive studies,
- c) Institute screening and public education programs in different setups on APDs,
- d) Identify and explain factors influencing assessment of APDs,
- e) Advise clinical clientele on management of APDS including guidance on aids and appliances, and
- f) Advise and liaise with members of the management team like neurologists, neurosurgeons on the diagnosis as well as management of APDs.

Unit 1: Introduction to Auditory Processing Disorders (APDs)

(12 hrs)

- a) Terminologies and definitions of APD
- b) Underlying neurobiological and neurochemical (genetic) correlates
- c) Relationship between neural maturation - degeneration and auditory processing
- d) Models to explain auditory and spoken language processing: Relationship between the two
- d) Methods of studying auditory processing - Animal studies
- e) Various disorders that lead to APDs (Syndromes, TBI etc): Signs, symptoms and classification
- f) Developmental communication disorders and APDs

Unit 2: Assessment of APDs (Behavioral)

(10 hrs)

- a) Overview of behavioral assessment in APDs
- b) Screening for APDs: questionnaires, checklists and tests
- c) Dichotic test (linguistic and non-linguistic)
- d) Monaural tests (linguistic and non-linguistic)
- e) Psychoacoustic tests for assessment of APDs

Unit 3: Assessment of APDs (Electrophysiological)

(12 hrs)

- a) Electrophysiological measures and their clinical applications in diagnosing APDs
 - i. Endogenous potentials
 - ii. Exogenous potentials
- b) Correlation between behavioral and electrophysiological measures: implications for diagnosis
- c) Factors influencing assessment of APDs: behavioral and electrophysiological

Unit 4: Management of APDs

(12 hrs)

- a) Management of APDs in children and adults
- b) Direct remediation techniques and meta-cognitive and meta-linguistic approaches
- c) Auditory perceptual training and its methods, applicability and outcome.
- d) Evidence based approach and treatment efficacy
- e) Multidisciplinary approach
- f) Signal enhancement and room acoustics
- g) Aids and appliances - indication and outcome
- h) Factors affecting management of APDs

Unit 5: Team work in the diagnosis and management of APDs

(10 hrs)

- a) Electrophysiological and radiological correlates for APDs: implications in management
- b) Imaging and cognitive studies in APDs
- c) Diagnosis and differential diagnosis
- d) Development of APD test materials (linguistic and non-linguistic)
- e) Open source software for developing diagnostic tests and intervention modules

Recommended Reading

- American Speech-Language-Hearing Association. (2005). (Central) Auditory Processing Disorder (technical report) Retrieved from <http://www.asha.org/members/desref-journals/deskref/default..>
- Geffner, D., & Ross-Swain, D. (2013). Auditory Processing Disorders: Assessment, Management, and Treatment. 2nd Edn. San Diego, Plural Publishing Inc.
- Musiek, F. E., Baran, J. A., Shinn, J. B., & Jones, R. O. (2012). Disorders of the Auditory System. San Diego: Plural Publishing Inc.
- Katz J., 7th Edn . Handbook of Clinical Audiology (2014) English. K & Chasin M Wilkins & Williams Lippincott: Philadelphia.
- Musiek, F. E., & Chermak, G. D. (2014). Handbook Of Central Auditory Processing Disorder: Auditory Neuroscience And Diagnosis. 2nd Edn, Vol: 1. San Diego: Plural Publishing Group Inc.
- Chermak, G. D., & Musiek, F. E. (2006). Handbook of (Central) Auditory Processing Disorders – Comprehensive Intervention. Vol. II. San Diego: Singular Publishing Group Inc.
- Chermak, G. D., & Musiek, F. E. (2002). Auditory Training: Principles and Approaches for Remediating and Managing Auditory Processing Disorders. *Seminars In Hearing*, 23(4), 297-308.
 - Journal of Acoustical Society of India
 - Journal of Acoustical society of America
 - Journal of Speech , Hearing and Language Research
 - International Journal of Audiology
 - Ear and Hearing
 - Journal of All India Institute of Speech and Hearing
 - Journal of Indian Speech and Hearing Association
 - Audiology and Neurootology

305 : Vestibular System and its Disorders

56 hours

(Marks 30+70)

Objectives: After completing this course, the student should be able to

- a) Describe the functioning of the balance and vestibular system
- b) Explain the disorders of the vestibular system
- c) Assess vestibular system using appropriate tests/protocols
- d) Recommend appropriate management option for persons with vestibular dysfunction
- e) Counsel and guide the clinical clientele with vestibular disorders on quality of life etc.

Unit 1: Anatomy and Physiology of the Vestibular System

(12 Hrs)

- a) Peripheral vestibular system including semicircular canals, utricle, saccule and vestibular nerve
- b) Central vestibular pathway (brainstem, cerebellum, cortex)
- c) Reflexes involving vestibular system like vestibuloocular reflex, vestibulo spinal reflex and vestibulo colic reflex advise
- d) Other systems involved in maintenance of balance like proprioceptive system, visual system etc.

Unit 2: Assessment of the Vestibular System

(10 Hrs)

- a) Techniques and Principles of electronystagmography / videonystagmography, Rotatory chair test, Video Head Impulse test, Sclera Coil search test, Vestibular Evoked Myogenic Potentials: cVEMP, oVEMP, Dynamic Posturography, Craniocorpography, Subjective visual vertical horizontal tests, Vestibular autorotation tests
- b) Screening for vestibular disorders
- c) Questionnaires to assess quality of life in persons with vertigo

Unit 3: Pathophysiology of Vestibular Disorders

(12 Hrs)

- a) Peripheral Vestibular Disorders like Benign paroxysmal positional vertigo, Meniere's disease, Vestibular neuritis, Labyrinthitis, Ototoxicity, vestibular neuropathy
- b) Perilymph fistula, Superior semicircular canal dehiscence, Auditory neuropathy spectrum disorders, Vestibular schwannomas
- c) Central Vestibular disorders like Generalized neuropathy involving multiple systems, Multiple sclerosis, Cranial tumors, Cerebro-vascular accidents involving vestibular cortex and cerebellum, Vertebro-basilar insufficiency, Migraine, Meningitis and encephalitis
- d) Vestibular disorders in children
- e) Age related changes in vestibular system

Unit 4: Profiling Vestibular Disorders using Audio Vestibular Test Battery (10 hrs)

- a) Benign paroxysmal positional vertigo, Meniere's disease, Vestibular neuritis, Labyrinthitis, Ototoxicity, Perilymph fistula, Superior semicircular canal dehiscence, Auditory neuropathy spectrum disorders, Vestibular schwannomas, Multiple sclerosis, Cranial tumors, , vestibular neuropathy
- b) Quality of life in persons with vestibular disorders

Unit 5: Management of Persons with Vestibular Disorders (12 hrs)

- a) Medical management
- b) Surgical management
- c) Vestibular rehabilitation:
 - i. Repositioning Maneuvers
 - ii. Adaptation Exercises
 - iii. Habituation Exercises
 - iv. Imbalance Exercises
- d) Special considerations for rehabilitation of children with vestibular problems
- e) Vestibular implants

Recommended Reading

- Ackley, R. S., Decker, T. N., & Limb, C. J. (2007). An essential guide to hearing and balance disorders. New Jersey: Lawrence Erlbaum Associates Inc.
- Biswas, A. (2009). Clinical audio-vestibulometry for otologists and neurologists. 4th
- Desmond, A. L. (2004). Vestibular function: evaluation and treatment. New York: Thieme Medical Publishers Inc. Ed. Mumbai, India: Bhalani Publishing House.
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- Jackler, R. K., & Brackmann, D. E. (2005). Neurotology. 2nd
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- Kaga, K. (2014). Vertigo and balance disorders in children. Tokyo, Japan: Springer.
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- Myers, B.L. (2011). Vestibular Learning Manual. San Diego: Plural Publishing Inc.
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- Journal of Speech , Hearing and Language Research
- International Journal of Audiology
- Ear and Hearing
- Journal of All India Institute of Speech and Hearing
- Journal of Indian Speech and Hearing Association
- Indian Journal of Otology
- Audiology and Neurootology

Semester IV

AUD 401: Audiology in Practice

56 hours

(Marks 30+70)

Objectives: At the end of the course, the students should be able

- a) Know the role of an audiologist in different set-ups.
- b) Liaise with other professionals in setting-up an audiology clinic.
- c) Audit audiology practices in existing set-ups.
- d) Implement acts and legislations relating to persons with hearing impairment,
- e) Advise Governments and other agencies on the formulation of policies and legislative acts relating to hearing disability
- f) Understand the legal implications of practice in audiology.

Unit 1: Scope of Practice, Laws, Regulations and Professional Ethics (10 hrs)

- a) Scope of practice in global and Indian scenario
- b) Professional ethics
- c) Existing acts, legislations, policies related to persons with communication impairment
- d) Role of audiologist in the formulation of acts, regulations and policies
- e) Implementation of acts, legislations, policies and welfare measures relating to persons with hearing impairment
- f) Advocacy groups and rights of citizens
- g) National and international standards related to audiology
- h) Welfare measures provided by State and Central Government for persons with hearing impairment

Unit 2: Specialized Programs in Audiology (12 hrs)

- a) Need for specialized programs in audiology: Geriatric and persons with multiple disability
- b) Forensic audiology
- d) Health, wellness, and health care - Health promotion and disease prevention, quality of life and healthcare finances
- e) Disability-friendly environment including public education
- f) Prevention and early identification programs including societal participation

Unit 3: Service Delivery Models in Audiology (10 hrs)

- a) Services in different medical / rehabilitation/ research /educational set ups
- b) School based services pertaining to regular and special schools
- c) Community based practice in rural and urban areas
- d) Family empowerment programs
- e) Home based delivery of services
- f) Autonomous practice in audiology
- g) Apps for hearing screening/assessment

Unit 4: Tele-practice in Audiology

(12 hrs)

- a) Information and communication technology in Audiology practice
- b) Infrastructure for video-conferencing and tele-practice in audiology
- c) Techniques/principles of remote testing for screening and diagnostic assessment for hearing, intervention and counseling
- d) Challenges and limitations of tele-practice in audiology in screening, assessment and evaluation, selection of aids and appliances, therapeutics and counseling.

Unit 5: Issues in Audiology Practice

(10 hrs)

- a) Medico-legal issues,
- b) Entrepreneurship and planning to set up private practice/clinic for audiology practice: Clinical ethics
- b) Documentation in audiology practice: clinical / demographic data, database management and storage
- c) ICF framework for documentation / reports
- d) Quality control and auditing in audiology practice
- e) Documenting and implementing evidence based practice in audiology
- f) Understanding team approach: Work in cohesion with other professionals
- g) Information resources in audiology including books and journals, both electronic and print – Databases

Recommended Reading

- College of Audiologists and Speech-Language Pathologists of Ontario.(2004). Use of Telepractice Approaches in Providing Services to Patients/Clients.
- Dobie, R.A (2015). Medico legal evaluation of hearing loss. San Diego: Plural Publishing Inc
- Dunn, H.H., Roeser, R.J., & Valente, M. (2000).Audiology- practice management. New York: Thieme Medical Publishers Inc.
- King, P.F. et al., (1993). Assessment of hearing disability- guidelines for medico-legal practice, London: Whurr Publishers.
- Ramachandran,V&Stach, B.A. (2013). Professional Communication Audiology. San Diego: Plural Publishing Inc
- Resource Guide for Educational/Pediatric Audiologists. Retrieved from <http://www.asha.org/aud/pediatric-ed>
- Rizzo, S.R., &Trudean, M.D. (1994).Clinical administration in audiology and speech language pathology. San Diego: Singular Publishing Group Inc.
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- Stephen, R.R., Jr., Trudeau, D.M. (Eds.) (1994). Clinical administration in audiology & speech language pathology. San Diego: Singular Publishing Group Inc.
- Taylor, B. (2015). Marketing in an Audiology practice.San Diego: CA: Plural Publishing Inc.

- www.rehabcouncil.nic.in (website of Rehabilitation Council of India)
- www.disabilityaffairs.gov.in (website of Department of Empowerment with Disabilities)
- Acts relating to disability, particularly hearing, enacted by the Indian Parliament.
 - Journal of the Rehabilitation Council of India
 - Journal of Speech, Hearing and Language Research
 - International Journal of Audiology
 - Ear and Hearing
 - Journal of All India Institute of Speech and Hearing
 - Journal of Indian Speech and Hearing Association
 - Indian Journal of Otology
 - Audiology and Neurootology

AUD 402: COUNSELLING AND GUIDANCE

42 Hours

(30+70)

Learning objective: The professional services of a psychologist in the modern era have undergone a paradigm shift from clinical orientation to enhancing quality of life. Professional counseling approach and guidance based on objective, scientific guidelines would ensure the quality of life. The paper highlights on the principles, theories and the requirements for an effective counseling psychologist.

Unit 1. Basic concepts, types and scope, principles of guidance and counseling

Unit 2. Theories of guidance and counselling – Roger, Erikson, Adler, Skinner

Unit 3. Qualities of a counsellor – personal and professional, ethical considerations

Unit 4. Counselling process – steps and procedures of counseling

Unit 5. Areas of counselling – educational, vocational, avocational, social, health, personal and Moral

References:

- Nayak A.K. 2007 Guidance and counselling APH Publishing New Delhi
- Barki B.G. & Mukhyopadhyay B 2008 Guidance and counselling A Manual 10th reprint Sterling
- Corey G 2008 Theory and practice of group counselling 7th edition Stanford :Cengage Learning.

AUD 306 & AUD 404 Clinicals in Audiology

General considerations

- a) The student should be able to carry out complete audiological evaluation and management of persons with hearing impairment.
- b) After completion of clinical postings, the student will have the ability to apply, show (in a clinical diary/log book), and perform the following on patients/clients:

Know-how

- a) Identify, manage and counsel persons with genetic hearing loss
- b) Choose/modify appropriate tests/protocols for evaluating children and multiply disabled
- c) Choose appropriate tests/protocols for evaluation and management of persons with giddiness
- d) Develop language / culture sensitive APD tests
- e) Advise clinical clientele on the latest implantable devices available for persons with hearing impairment.
- f) Set up audiology clinics / centers in different set ups
- g) Procedure for certification of persons with disability
- h) Financial planning and insurance policies

Demonstrate

- a) Administration of different tests for APD
- b) Plan management for 5 persons with APD/at risk for APD
- c) Administration of different tests for vestibular assessment
- d) Troubleshoot cochlear implants

Do

- a) Administer complete audiological test battery, behavioural and electrophysiological tests on 10 children with hearing loss and prepare a report explaining the results of the test and make appropriate recommendations
- b) Administer APD test battery on 5 persons with APD symptoms and prepare a report
- c) Administer complete vestibular test battery on 5 persons with giddiness
- d) Carry out pre-implant counseling for 5 persons with hearing loss
- e) Carry out mapping for 5 persons using cochlear implants
- f) Counsel 5 persons regarding use and maintenance of cochlear implants

Evaluation

- a) Internal evaluation shall be based on attendance, clinical diary, log book and learning conference.
- b) External evaluation: Spot test, OSCE, Record, Viva-voce, case work

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- Suman Kumar, Deputy Director (Prog.), RCI, Convener (Ex-officio)