

**Job Class Profile: Auditory Verbal Therapist****Pay Level: CG-43 Point Band: 1038-1081**

Factor	Knowledge	Interpersonal Skills	Physical Effort	Concentration	Complexity	Accountability & Decision Making	Impact	Development and Leadership	Environmental Working Conditions	Total Points
Rating	7	7	3	5	8	7	6	2	3	
Points	327	117	19	24	240	152	124	43	32	1078

**JOB SUMMARY**

The Auditory Verbal Therapist educates, guides and supports parents and caregivers of children with hearing loss to maximize their child's auditory learning so the child can develop listening and spoken language skills to communicate independently in mainstream society. The Auditory Verbal Therapist works primarily with babies and young children, however, support is also provided to school age children and adults who have been diagnosed with sudden or late onset hearing loss.

**Key and Periodic Activities**

- The Auditory Verbal Therapist assesses children with hearing loss with standardized and informal tests to determine the child's listening, speech, language, communication and cognition. The assessment results are used to develop intervention plans that are highly individualized, parent focused and child friendly.
- Rehabilitates the listening, speech, language, cognition and communication skills of babies, toddlers, and preschool/school aged children who have hearing loss and use assistive technology (i.e., hearing aids, cochlear implants), with particular emphasis on the communication skills/styles of parents/caregivers of children.
- Provides aural rehabilitation for adult cochlear implant recipients. Verifies and maximizes the recipient's acoustic access via the device. Provides counseling to adult cochlear implant recipients and their families regarding communication strategies to use in different settings.
- Documents assessment and rehabilitation plans and results.
- Initiates therapy for the rehabilitation of child or adult's listening and spoken language skills.
- Consults with professionals on the client's health care team i.e. audiologists, speech language pathologists, itinerant teachers of the deaf and hard of hearing.
- Provides consultative support, educational in-servicing and mentoring to Speech Language Pathologists, Audiologists and other professionals throughout the province.
- Engages in quality management activities, including continuing education via workshop, on-line learning, journal articles, etc., to facilitate up-to-date, evidence based practice.
- Develops auditory verbal service goals, objectives, policies and procedures.

## SKILL

Knowledge
<p><b>General and Specific Knowledge:</b></p> <ul style="list-style-type: none"> <li>— Audiology, Speech-Language Pathology and education of the deaf or hard of hearing.</li> </ul> <p><b>Formal Education and/or Certification(s):</b></p> <ul style="list-style-type: none"> <li>— Minimum: Masters Degree in Audiology, Speech-Language Pathology or Education of the Deaf and Hard of Hearing. Certification with the Canadian Association of Speech-Language Pathologists and Audiologists. A certified Auditory Verbal Therapist must also complete 80 hours of post-graduate study in Strategies for Listening and Spoken Language Development, 900 clinical hours in the provision of auditory-verbal therapy, and 18 hours of supervision by a certified Auditory Verbal Therapist over a 3 year period.</li> </ul> <p><b>Years of Experience:</b></p> <ul style="list-style-type: none"> <li>— Minimum: 3-4 years of related work experience.</li> </ul> <p><b>Competencies:</b></p> <ul style="list-style-type: none"> <li>— Analytical and assessment skills.</li> </ul>
Interpersonal Skills
<ul style="list-style-type: none"> <li>— A range of interpersonal skills are used to listen to information from other people such as parents who report their child's communication behaviours and development milestones; adults who report their hearing level and communication challenges pre and post cochlear implant; and audiologists and other professionals who report their clinical findings and recommendations. Skills are used to ask questions to get information; communicate complex information and direction to others such as assessment results and rehabilitation plans and strategies; coach or mentor parents and caregivers of children with hearing loss; provide routine direction to others and gain the co-operation of others (auditory-verbal therapy is an inter-disciplinary practice which involves audiologists and many other professionals and parents/caregivers of children to maximize outcomes).</li> <li>— Also provides expert advice or counsels parents on how to interact with their children to maximize spoken language development; adults are advised on how to maximize the use of their cochlear implant and counseled on communication strategies and self-advocacy skills that can help in difficult situations; provides care, comfort, and nurturing to others; promotes products, services and ideas; may make formal presentations/workshops to groups of people; and deal with upset people on the phone/face to face.</li> <li>— Most significant contacts include clients/patients and their families to provide Auditory-Verbal Therapy and Aural Rehabilitation; peers within the Department to coordinate, plan, and implement Audiology and Auditory-Verbal Services; and employees or peers outside the organization but employed by the Government of Newfoundland and Labrador for the purpose of co-ordination of services.</li> </ul>

## EFFORT

Physical Effort
<ul style="list-style-type: none"> <li>— The demands of the job do not result in considerable fatigue requiring periods of rest.</li> <li>— Occasionally lifts or moves materials such as files, boxes of games, toys and paper weighing up</li> </ul>

to 25 lbs.

- Regularly required to sit when providing structured therapy to children and adults, at a table or on the floor; during audiological evaluations; when typing reports etc.
- Occasionally required to drive to home/daycare visits.
- Fine finger or precision work for typing reports, letters etc.; removing and inserting ear molds of hearing aids/cochlear implants; and adjusting settings on hearing aids/cochlear implants occurs on a regular basis.

### Concentration

- **Visual** concentration is regularly required when watching a cochlear implant recipient for small grimaces or eye blinks which suggest the intensity of the device is too high; looking at a computer screen when typing reports.
- **Auditory** concentration is required when listening for feedback from a hearing aid or when determining if a child has said a particular sound.
- Occasionally other sensory demands such as **touch** are required for such activities as feeling the strength of the magnetic attraction between the internal and external components of a cochlear implant to ensure that the skin is not compromised.
- **Repetition requiring alertness** is evident when observing a toddler during audiological evaluation to determine if they responded to tones at different frequencies.
- **Higher than normal levels of attentiveness** is regularly required when observing a cochlear implant recipient for fine changes in expression which suggest the intensity of the device is too high.
- **Eye/hand coordination** is required on a regular basis when inserting a hearing aid ear mold into a child's ear, or changing the setting on a cochlear implant.
- **Exact results and precision** is required when scoring standardized tests using tables of normative data.

### Complexity

- Performs a series of tasks and activities that are different but allow the use of a broad range of skills and diverse knowledge.
- The most typical problem is a client diagnosed with hearing loss whose listening, speech, language, communication and/or cognition are delayed or compromised. These clients require an assessment and rehabilitation to maximize his/her skills and functioning in these domains so that he/she develops or can use listening and spoken language in his/her activities of daily living. Interdisciplinary practice may involve speech-language pathologists, early childhood educators, and itinerant teachers for the deaf and hard of hearing.
- When addressing typical challenges, second opinions from colleagues is commonly utilized, journal articles provide up-to-date information to ensure best practice is being followed, departmental policy and procedure manuals and other reference material is available to assist.

## RESPONSIBILITY

### Accountability and Decision-Making

- Decisions that can be made without formal approval include: patient scheduling (for example, the amount of direct service provided in the clinic, versus daycare or home visits); intake and

<p>distribution of all new referrals; providing workshops for families of children recently diagnosed with hearing loss, or the development of patient support groups is independently arranged; in-servicing other professionals or daycare workers on auditory verbal strategies or hearing loss is independently arranged; and the purchase of devices and materials up to the delegated authority or budgeted amount.</p> <ul style="list-style-type: none"> <li>— Other decisions made include deciding on location of patient service delivery (home, school, daycare, clinic) and scheduling the frequency of visits/service for patients.</li> <li>— Formal approval is required for all education related travel expenses and various leave requests.</li> <li>— Discretion and judgment are utilized when determining the appropriateness of referrals and how they are managed. Determines point of discharge for the patient based on service protocol, departmental guidelines and patient needs.</li> <li>— Functions with a high degree of independent discretion and judgement with minimal input from the manager.</li> </ul>
<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>— Work tasks and activities are directly felt within the immediate work area, within the department/group, outside the department but within the organization, outside the organization and on clients/patients.</li> <li>— In addition to directly impacting the patient, job tasks and activities impact processes and systems, information, finances, material resources and health and safety.</li> <li>— Often works in conjunction with other Health Care and Educational professionals inside and outside the organization with a common goal.</li> <li>— Patients and their families feel the most direct effect of the service.</li> <li>— The most significant mistake that can be made is poor judgement in the amount/frequency of service that the patient is offered or the inability of the therapist to explain the importance of the service and its potential impact on the hearing impaired child's success.</li> </ul>
<p><b>Development and Leadership of Others</b></p> <ul style="list-style-type: none"> <li>— Not responsible for the supervision of staff.</li> <li>— Provides on-the-job training to non-certified professionals, provides feedback to other health professionals, orients new employees and acts as a technical mentor.</li> </ul>

## WORKING CONDITIONS

<p><b>Environmental Working Conditions</b></p> <ul style="list-style-type: none"> <li>— Not required to take any special precautions or wear safety equipment.</li> <li>— The likelihood of injury or illness is limited.</li> <li>— Regularly exposed to unusual/distracting noise, bodily fluids such as ear wax and occasionally blood, infectious diseases and limited lighted. There is occasional glare from a computer screen.</li> </ul>
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