

Hearing loss

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Rationale

Hearing loss is common and may often be prevented. The underlying causes may often be treated.

Causal Conditions

(list not exhaustive)

- Conductive hearing loss
 - a. External ear pathology
 - Congenital (e.g., atresia)
 - Inflammation or infection (e.g., otitis externa)
 - Obstruction of canal (e.g., wax, foreign body)
 - b. Middle ear pathology
 - Congenital (e.g., atresia)
 - Infection (e.g., otitis media)
 - Ossicular pathology (e.g., otosclerosis)
 - Trauma (e.g., tympanic membrane perforation)
 - Tumours (e.g., glomus, adenoma)
- Sensory-neural hearing loss
 - a. Acquired (e.g., presbycusis, noise-induced hearing loss)
 - b. Congenital (e.g., Alport syndrome)

Key Objectives

Given patients with hearing loss or deafness, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. Particular attention should be paid to differentiating between conductive and sensory-neural hearing loss. Patients should be educated and counselled regarding prevention of further hearing loss. Hearing loss in infants must be identified as early as possible to prevent delayed development.

Enabling Objectives

Given patients with hearing loss or deafness, the candidate will

- list and interpret critical clinical findings, including those based on
 - a. an evaluation of potential risks for further hearing loss;
 - b. an early identification of hearing loss or deafness in infants and children;
- list and interpret critical investigations, including
 - a. screening in all neonates;
 - b. tests required to differentiate between conductive and sensorineural hearing loss, where appropriate;
- construct an effective initial management plan, including
 - a. referring the patient for specialized care, if necessary;
 - b. counselling and educating the patient regarding prevention of further hearing loss;
 - c. following-up on a patient with otitis media, selecting antibiotics if appropriate;
 - d. anticipating psychosocial effects of chronic hearing loss.