**Reviewer Rubric**

**Implantables**

The green text is instructions for reviewers. It has been overlaid on the submission template.

Gentle reminder – please keep criticism constructive.

Reviewers will generally receive the direct comments made, which, because of the way the “Teams” system works, includes your name with the comments.

# **Descriptive Title of Case. Replace this heading with your title.**

Suggest an alternative title if the title is not sufficiently descriptive.

# **Authors**

Check that appropriate format has been used.

Jane Doe, Ph.D., University of Where Ever

John Smith, B.S., Doctoral Student of Audiology, University of Where Ever

ACKNOWLEDGEMENT: Mary Jane, Au.D., Cool Medical Externship Site, City, State

# **User Agreement**

The user agreement is within the Submission Guidelines ([www.AudCases.com](http://www.AudCases.com)) Type the initials of the authors below to electronically sign the user agreement, most importantly, that you have thoroughly checked that the case is completely de-identified:

Return without reviewing if the initials of ALL authors were not included.

# **Table of Content Items**

List the items for your table of content here. Do not indent. Use a separate line per item.

Content items should be listed in the order they appear in the case to facilitate your review. Add or recommend deleting items as you think appropriate.

# **Educational Level**

Choose one educational level that most adequately describes your case and delete the others.

Introductory

Intermediate

Advanced

Recommend a different educational level if needed.

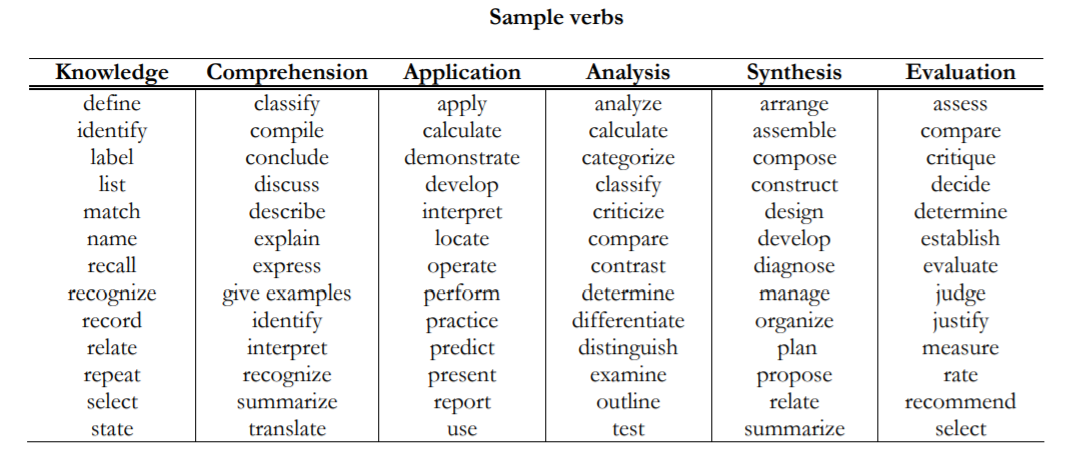
# **Learning / Assessment Objectives**

Replace the list below with your own objectives. Use the format provided.

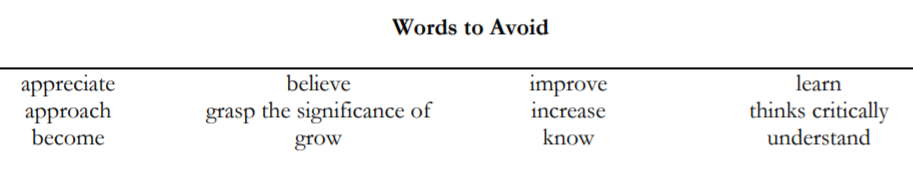
By completing this case, the student will be able to:

1. Determine if the patient is a candidate for cochlear implants
2. Evaluate the adequacy of the current mapping

Evaluate the objectives and consider if they match the educational level. Introductory cases should use terms from the left-hand side of the list; advanced cases from the right-hand side. Considerable latitude can be permitted.



If any of the “avoid terms” are used, suggest an alternative verb.



Below is guidance from the “New” Bloom’s Taxonomy.

**New Bloom’s Taxonomy**

**I. Remembering**

Exhibit memory of previously learned material by recalling facts, terms, basic concepts, and answers.

Choose • Define • Find • How • Label • List • Match • Name • Omit • Recall • Relate • Select • Show • Spell • Tell • What • When • Where • Which • Who • Why •

**II. Understanding**

Demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions, and stating main ideas.

Classify • Compare • Contrast • Demonstrate • Explain • Extend • Illustrate • Infer • Interpret • Outline • Relate • Rephrase • Show • Summarize • Translate •

**III. Applying**

Solve problems to new situations by applying acquired knowledge, facts, techniques and rules in a different way.

Apply • Build • Choose • Construct • Develop • Experiment with • Identify • Interview • Make use of • Model • Organize • Plan • Select • Solve • Utilize •

**IV. Analyzing**

Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations.

Analyze • Assume • Categorize • Classify • Compare • Conclusion • Contrast • Discover • Dissect • Distinguish • Divide • Examine • Function • Inference • Inspect • List • Motive • Relationships • Simplify • Survey • Take part in • Test for • Theme •

**V. Evaluating**

Present and defend opinions by making judgments about information, validity of ideas, or quality of work based on a set of criteria.

Agree • Appraise • Assess • Award • Choose • Compare • Conclude • Criteria • Criticize • Decide • Deduct • Defend • Determine • Disprove • Estimate • Evaluate • Explain • Importance • Influence • Interpret • Judge • Justify • Mark • Measure • Opinion • Perceive • Prioritize • Prove • Rate • Recommend • Rule on • Select • Support • Value •

**VI. Creating**

Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions.

Adapt • Build • Change • Choose • Combine • Compile • Compose • Construct • Create • Delete • Design • Develop • Discuss • Elaborate • Estimate • Formulate • Happen • Imagine • Improve • Invent • Make up • Maximize • Minimize • Modify • Original • Originate • Plan • Predict • Propose • Solution • Solve • Suppose • Test • Theory • Maximize • Minimize

Anderson, L. W., & Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing, Abridged Edition. Boston, MA: Allyn and Bacon.

<https://www.apu.edu/live_data/files/333/blooms_taxonomy_action_verbs.pdf>

Please check each question throughout the sections.

If a question is not clearly written or contains grammar or spelling errors, please provide suggested improvements.

For multiple choice questions, if the student could deduce the correct answer because it is the longest one, either suggest a revision or point out the problem and return it to the author(s) to correct. Confirm that there is only one correct answer – and that it is completely correct.

* Questions should be bulleted in this style.
* Answers should appear immediately after the question asked

The standard headers are below. Encourage use of them if appropriate. Permit other headings if educationally relevant. The sections listed in the template are noted below.

Check the quality of images. They must be clear and neat. Do not accept images with poor scan quality, titled images or poor graphics (exceptions may occasionally need to be made.)

Be vigilant in looking for identifying patient information. Initials and common first names may be used. Last names, patient ID numbers and exact dates of birth should not appear.

The names of individual practitioners should not be used unless they are authors or donors of the case.

Review all sections for appropriateness / clarity.

# **History**

## **Hearing History**

Include onset of loss and age of identification.

Describe chronological age and hearing age.

## **Initial Evaluation Results**

If there are prior evaluation results, summarize them here. If including audiogram(s), please use the audiogram generator at <http://www.audsim.com/audgenJS/> if possible. The submission guidelines document details when other formats can/should be used.

If the standard format audiogram (example below) is not used, is there an educationally relevant reason for the substitution?

Review all sections for appropriateness, clarity. The standard tables must be used unless the submitter has justified the use of an alternative format. Send submissions with poor quality graphics back to the submitter.

## **Previous Hearing Aid / Devices**

Include trials with Softband, Soundarc, Adhesive

## **Medical History / Imaging Results**

Include other medical evaluations. Report on diagnosis, vestibular concerns, psychological and behavior evaluations in this section.

## **Patient / Family Questionnaires**

Include patient or family questionnaire outcomes pre and/or post implant.

## **Patient / Family Expectations**

## **Family Support**

* What question do you want to insert here? Delete if no question is to be used. Questions can be included in the individual subheadings above, as appropriate for your case. Copy and paste these bullets so that the format remains consistent.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Most Recent Audiological Results**

## **Otoscopy**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Tympanometry**

If acoustic reflex data are presented, change heading to Immittance Results

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Audiometry**

Create a digital audiogram using this link. <http://www.audsim.com/audgenJS/> The “annotate” feature can be used to insert symbols such as L and R or S and A. The submission guidelines document details when other formats can/should be used.

If the standard format audiogram is not used, is there an educationally relevant reason for the substitution?

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

Use this table for speech testing results, inserting patient-specific results. If using alternative stimuli (e.g. QuickSIN) then use your preferred format. Replace SRT with SAT if appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PTA (dB HL)** | **SRT (dB HL)** | **WRS** | **WRS Intensity (dB HL)** |
| **Right Ear** | 80 | 80 | 44 | 100 |
| **Left Ear** | 10 | 15 | 100 | 50 |
|  |  |  |  | |
| Spondee Technique | MLV | WRS Technique | Recorded | |
|  |  | List and Number | NU-6 Right: 1A Left: 1B | |
|  |  | Number of Items | Right: 50 Left: 10 MD | |

MLV = Monitored Live Voice PP = Picture Pointing

NU-6 = Northwestern University List 6 CID W-22 = Central Institute of the Deaf, Word List 22.

10 MD = 10 Most Difficult

NU-ChiPS = Northwestern University Children’s Perception of Speech

WIPI = Word Intelligibility by Picture Identification

PB-K = Phonetically Balanced – Kindergarten

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

Implant Evaluation, Assessment and Management

Delete this section if not relevant to the case

# **Implant Evaluation**

## **Hearing Aid Verification**

Include relevant hearing aid information as well as hearing aid verification prior to testing.

## **Soundfield Aided Testing**

Please use this table to record pre-implantation data.

If tests are not performed, please leave them blank. If one side is not relevant to the case, then delete the rows of the table for that side.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Behavioral Results** | **Right** | | | | | **Left** | | | | | | **Bilateral** | | | | | |
| **SRT** |  | | | | |  | | | | | |  | | | | | |
| **NBN/Warble Tones** |  | | | | |  | | | | | |  | | | | | |
| **250 Hz** |  | | | | |  | | | | | |  | | | | | |
| **500 Hz** |  | | | | |  | | | | | |  | | | | | |
| **1000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **2000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **3000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **4000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **6000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **8000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **Right Side** | **dB HL** | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | |
| **AzBio in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **AzBio in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **BKB SIN** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **CNC** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Other:** |  | | | | | | | | | | | | | | | | |
| **Left Side** | **dB HL** | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | |
| **AzBio in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **AzBio in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **BKB SIN** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **CNC** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Other:** |  | | | | | | | | | | | | | | | | |
| **Bilateral** | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** |
| **AzBio in Quiet** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **AzBio in Noise** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **Pediatric AzBio Quiet** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **Pediatric AzBio Noise** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **HINT in Quiet** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **HINT in Noise** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **BKB SIN** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **CNC** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **Other:** |  | | | | | | | | | | | | | | | | |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Device Selection**

## **Technology**

Bimodal, bilateral, unilateral?

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Patient Counseling**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Implantation**

This information would be in the history section for those who are already implanted. Retain section for new implantation cases.

Describe date of implantation. Include information from the surgical report.

Include visual inspection of surgical site / magnet site / abutment site

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Mapping / Programming**

## **Activation / Initial Fitting**

Omit if already implanted.

## **Prior Programs**

Omit if this is a new implantation

## **Current Issues / Concerns**

Omit if this is a new implantation

## **Datalogging**

Omit if this is a new implantation

## **Programs / Program Changes**

For new implants, use the subheading of “Programs”. If this is an adjustment, use the heading “Program Changes”.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

**Osseointegrated Hearing Device Check**

Omit if not pertinent to the case. Describe devices / manufacturer / external / accessories, using the table to the extent possible, add in additional information here.

Include results of device listening check and visual inspection.

Omit table sections that are not appropriate to the case.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RIGHT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Type of Connection (softband, connect, magnet)** |  | | | |
| **Accessories** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Programs** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEFT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Type of Connection (softband, connect, magnet)** |  | | | |
| **Accessories** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Programs** |  |  |  |  |

# **Cochlear Implant Device Check**

Omit if not relevant to the case. Describe devices / manufacturer / internal / external / accessories, using the table to the extent possible, add in additional information here.

Include results of device listening check and visual inspection

Describe results of impedance measures for CI cases

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RIGHT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Accessories** |  | | | |
| **Magnet Strength** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Impedance Check** (stable, change, short, open) |  | | | |
| **Telemetry** |  | | | |
|  |  | | | |
| **Average Dynamic Range** |  | | | |
| **Maxima** |  | | | |
|  |  |  |  |  |
| **Programs** |  |  |  |  |
| **Volume** |  |  |  |  |
| **Sensitivity** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEFT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Accessories** |  | | | |
| **Magnet Strength** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Impedance Check** (stable, change, short, open) |  | | | |
| **Telemetry** |  | | | |
|  |  | | | |
| **Average Dynamic Range** |  | | | |
| **Maxima** |  | | | |
|  |  |  |  |  |
| **Programs** |  |  |  |  |
| **Volume** |  |  |  |  |
| **Sensitivity** |  |  |  |  |
|  |  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Verification/Validation**

Complete the table and add other textual information here. If the case is pediatric, change the speech tests to those used.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Behavioral Results** | **Right** | | | **Left** | | | **Bimodal/Bilateral** | | |
| **Ling 6** |  | | |  | | |  | | |
| **Spondees** |  | | |  | | |  | | |
| **SRT** |  | | |  | | |  | | |
| **NBN/Warble Tones** |  | | |  | | |  | | |
| **250 Hz** |  | | |  | | |  | | |
| **500 Hz** |  | | |  | | |  | | |
| **1000 Hz** |  | | |  | | |  | | |
| **2000 Hz** |  | | |  | | |  | | |
| **3000 Hz** |  | | |  | | |  | | |
| **4000 Hz** |  | | |  | | |  | | |
| **6000 Hz** |  | | |  | | |  | | |
| **8000 Hz** |  | | |  | | |  | | |
| **Right Side** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** |
| **AzBio in Quiet** |  |  |  |  |  |  |  |  |  |
| **AzBio in Noise** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Quiet** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Noise** |  |  |  |  |  |  |  |  |  |
| **HINT in Quiet** |  |  |  |  |  |  |  |  |  |
| **HINT in Noise** |  |  |  |  |  |  |  |  |  |
| **BKB SIN** |  |  |  |  |  |  |  |  |  |
| **CNC** |  |  |  |  |  |  |  |  |  |
| **Other:** |  | | | | | | | | |
| **Left Side** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** |
| **AzBio in Quiet** |  |  |  |  |  |  |  |  |  |
| **AzBio in Noise** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Quiet** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Noise** |  |  |  |  |  |  |  |  |  |
| **HINT in Quiet** |  |  |  |  |  |  |  |  |  |
| **HINT in Noise** |  |  |  |  |  |  |  |  |  |
| **BKB SIN** |  |  |  |  |  |  |  |  |  |
| **CNC** |  |  |  |  |  |  |  |  |  |
| **Other:** |  | | | | | | | | |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

Introductory-level cases do not need to include these last sections (below). If the case does not include synthesis- and/or evaluation-category objectives, then it probably is not appropriate to ask the student to summarize or recommend. It may be appropriate to use the section to allow the student to tie together the facets of the case, but if “summary” questions seem redundant with questions in each section, you may want to recommend that they be omitted.

# **Summary and Discussion**

Omit this category if not appropriate to the case. You may reorder this heading vs recommendations as fits your case.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Recommendations**

Omit this category if it is not appropriate to your case.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# Decision –

# Does the case have educational merit?

* Reject cases that do not represent appropriate audiological assessment, unless the case has been designed to highlight the testing weakness.
* Use your discretion if the case is like other case(s). If similar cases are well represented within ACES, adding another may bloat the site.

# Is the case quality high enough to merit inclusion?

* The writing clarity, the graphics quality, and the nature of the questions and answers should all be good for a case to be accepted. A highly useful / highly educational case can be accepted if there is legitimate reason that revision and resubmission cannot overcome the deficit. For example, an unusual pathology case could be accepted with a poor-quality image.

# Case Category. This case has been submitted under Audiogram Interpretation. Would it be a better fit to one of the other categories? The categories are listed below for your convenience.

Amplification

Auditory Electrophysiology

Audiogram Interpretation

Auditory Processing

Audiologic Rehabilitation

Counseling

Educational Audiology

Ethics

Hearing Conservation

Immittance and OAE

Implantables (CI and other)

Medical Audiology

Pediatric Audiology

Tinnitus and Sound Sensitivity

Vestibular Evaluation and Management