

STANDARDS OF PRACTICE FOR AUDIOLOGY

June 2012

The mission of the American Academy of Audiology (Academy) is to “promote quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research.” To serve this mission, the following document was developed to provide professionals, as well as consumers, the *Standards of Practice for Audiology*. The standards outlined in this document represent the expected professional behavior and clinical practice of audiologists. Readers are referred to the American Academy of Audiology’s *Scope of Practice*, *Code of Ethics*, position statements, practice guidelines as well as the core values statements for specific guidance.

The *Standards of Practice for Audiology* were developed by the Professional Standards and Practices Committee to define acceptable standards of practice for services representing the Academy’s *Scope of Practice*. These standards reflect the values and priorities of our profession and are continually evaluated and revised to reflect the current state of the profession. These standards were developed with the knowledge that audiologists evaluate, diagnose, and treat a diverse population across the lifespan, practice culturally sensitive patient/family-centered care; promote safety through, universal precautions; and continually evaluate and improve care through assessment of outcomes. All information gathered to develop these standards, including interviews, evaluation procedures, diagnosis and treatment planning, is documented in a manner that respects the patient’s rights and privacy as dictated through local, state, and federal laws including the Health Insurance Portability and Accountability Act (HIPAA).

I. STANDARD - EDUCATION

- A. *Audiologists assume responsibility for their own professional development and the quality of their services.*
 - 1. Audiologists pursue continuing education to maintain and enhance knowledge and skills.
 - 2. Audiologists implement evidenced-based practices.
 - 3. Audiologists maintain state licensure.
 - 4. Audiologists ensure that their professional activities meet or exceed prevailing ethical and legal standards of the profession.

- B. *Audiologists promote hearing healthcare initiatives to improve public health.*
 - 1. Audiologists keep abreast of developments in healthcare and education policies that impact the provision of audiology services.
 - 2. Audiologists provide consultative and educational information to consumers, other healthcare professionals, and the general public.

3. Audiologists develop counseling materials at healthcare literacy levels appropriate for consumers.
4. Audiologists provide clinical education activities to students, residents, fellows, physicians or other healthcare providers.
5. Audiologists provide precepted clinical experiences to audiology students.

II. STANDARD - IDENTIFICATION (SCREENING)

A. Audiologists develop, administer, supervise, and monitor screening programs to identify individuals with or at risk for auditory and/or vestibular impairments.

1. Audiologists ensure that screening methods are reliable and valid.
2. Audiologists ensure that screening methods are age and culturally appropriate.
3. Audiologists ensure that screening methods are appropriately adapted for physical, emotional, or cognitive ability.
4. Audiologists identify presence or absence of auditory and/or vestibular impairment by using screening methods that include observational measurements, self or communication partner report measures, behavioral or electrophysiological measures.
5. Audiologists train and supervise non-audiology personnel to conduct screening procedures in a variety of health-care, educational, rehabilitative, and community settings, within state licensure laws and/or department of health requirements.
6. Audiologists are responsible for developing, implementing and monitoring the success of follow-up protocols to ensure that individuals identified through screening efforts are referred for further assessment and treatment.

III. STANDARD – EVALUATION/ DIAGNOSIS

A. Audiologists evaluate individuals with complaints or difficulties that may be caused, influenced or manifested by auditory and/or vestibular deficits. These may include, but are not limited to, complaints of impaired hearing, dizziness, imbalance, tinnitus, concerns regarding impaired and/or delayed speech and language, auditory processing problems, poor educational performance or failed hearing and/or balance screen results.

B. Audiologists conduct evaluations that include, but are not limited to, case history (including review of previous assessments and diagnoses; diagnostic impressions and management planning); physical examination of the ears; physical examination of cranial nerve function, gait and station and evaluation of cognitive abilities to screen for neurologic impairment; qualitative or quantitative classification of communication abilities, and tinnitus; behavioral (psychometric or psychophysical) or electrophysiological tests of hearing, vestibular function, balance, and/or auditory processing.

1. Audiologists conduct evaluations so they have adequate reliability and validity for subsequent clinical decision-making purposes and reflect current standards of care.
2. Audiologists conduct evaluations appropriate for each individual's age, physical, cognitive, mental well-being and cultural context.

3. Audiologists apply critical thinking skills to evaluate patient status and to respond to actual or potential health problems or health promotion needs using a patient-centered approach.
- C. *Audiologists diagnose type, severity, site of lesion, communicative impact and possible etiologies of auditory disorders.*
1. Audiologists diagnose hearing loss and identify auditory disorders. Audiologists determine the possible etiology of auditory disorders (e.g. hearing loss related to aging or noise exposure) which does not constitute the practice of medicine as defined by individual state law.
 2. Audiologists recognize when their knowledge base or skill set may not be adequate to meet the needs of their patient and refer to other practitioners when appropriate.
- D. *Audiologists evaluate vestibular and balance function to identify disorders that cause dizziness or imbalance, aid in the diagnosis of vestibular disease, and establish falls risk and candidacy for vestibular rehabilitation.*
1. Audiologists determine the possible etiology of vestibular and balance disorders (e.g. bilateral severe vestibular hypofunction consistent with aminoglycoside toxicity) which does not constitute the practice of medicine as defined by individual state law.
 2. Audiologists recognize when their knowledge base or skill set may not be adequate to meet the needs of their patient and refer to other practitioners when appropriate.
- E. *Audiologists evaluate and monitor auditory, vestibular, or other central nervous system function to advise other practitioners about treatment outcomes.*
1. Audiologists design and implement protocols for identifying and quantifying potential ototoxic and vestibulotoxic changes in hearing or balance function.
 2. Audiologists design and implement surgical monitoring protocols involving assessment of central or peripheral nervous system function.
- F. *Audiologists may also work with other healthcare providers to integrate their services within the larger context of the patient's medical home or current treatment team.*
1. Audiologists evaluate patients when health conditions raise concern about associated auditory or balance problems.
 - a. Audiologists ensure evaluation results are communicated to the referring party in a timely manner.
 - b. Audiologists may work as a member of a diagnostic team and collaborate with other caregivers to develop an integrated multi-disciplinary plan of care.

IV. STANDARD - TREATMENT

A. Audiologists establish and implement management or treatment based on assessment results, need for medical or other provider referral, and the needs and desires of the patient and their caregivers.

1. Audiologists prescribe and fit assistive technologies that enhance or augment hearing and listening, vestibular or balance function including hearing instruments, implantable devices or other technologies.
2. Audiologists recommend and provide non-medical therapies or treatments designed to improve a person's use of residual auditory and/or vestibular function, mitigation of dizziness, development or improvement of hearing, communication or balance abilities.
3. Audiologists counsel and provide educational services to improve a person's use of residual auditory and/or vestibular function or cope with the consequences of a loss of function.
4. Audiologists provide services within the context of the patient's medical home, educational setting, communicative and social context.
 - a. Audiologists may work as a member of a treatment team and collaborate with caregivers to develop an integrated multi-disciplinary plan of care.
 - b. Audiologists may collaborate with educators, speech language pathologists, healthcare providers and other (re)habilitative specialists to support the communication, educational, vocational, and psychosocial development of patients with auditory and/or vestibular impairments.
5. Audiologists recommend and implement therapies or devices used for the management of tinnitus and hyperacusis.

B. Audiologists treat auditory-based communication deficits within a family and larger social context.

1. Audiologists work with patients to establish appropriate goals to enhance communication and/or other function of the auditory and/or vestibular systems.
2. When appropriate, audiologists identify family members and other support systems that may play roles in the management of identified auditory and/or vestibular deficits or related communication disorders, and develop management plans to help guide those members in their role in the care and management of the patient.
3. Audiologists counsel patients and, when appropriate, their families about assessment results, health and communicative implications of any identified conditions using language and written materials appropriate to the cultural and healthcare literacy attributes of the patient.
4. Audiologists provide support to patients and their caregivers to address the potential psychosocial impact of auditory and vestibular deficits.

C. Audiologists monitor progress relative to the treatment plan to ensure optimal outcomes and re-evaluate as needed.

V. STANDARD - HEARING LOSS PREVENTION

A. Audiologists identify individuals exposed to potentially adverse noise levels and monitor the impact on hearing and daily life.

1. Audiologists provide site surveys or personal dosimetry to determine ambient noise levels and the estimated exposure levels.
2. Audiologists develop, administer, supervise and monitor programs to prevent hearing loss in the workplace.
3. Audiologists investigate the effects of noise on auditory function and communication for medical and legal purposes.
4. Audiologists investigate the non-auditory effects of noise exposure, including but not limited to community noise, nuisance, communication interference, and sleep interference.

B. Audiologists develop and implement strategies to mitigate potential adverse noise exposure.

1. Audiologists provide education to individuals in both occupational and non-occupational settings to promote an understanding of the impact of noise exposure on the auditory system, as well as prevention and mitigation methods.
2. Audiologists fit hearing protection devices for individuals exposed to potentially damaging levels of noise.
3. Audiologists recommend environmental modifications to minimize adverse noise exposure risk.

VI. STANDARD - RESEARCH

A. Audiologists provide services that have a basis in scientific evidence whenever possible.

1. Audiologists seek, critically evaluate, and apply research findings to promote evidence-based practice.
2. Audiologists monitor clinical outcomes as part of continuous quality improvement.
3. Audiologists apply research findings and quality improvement measures to develop or revise local clinical policies, procedures and clinical pathways to improve patient care.

B. Audiologists generate or participate in basic or applied research activities.

1. Audiologists develop, oversee, or implement research activities including the development of research questions, generation of a research method or design, collection of data and subsequent analysis, monitoring of budgetary and legal compliance, and the dissemination of results as appropriate for their background training, knowledge and skill.
2. Audiologists apply standard quality control procedures to assure accuracy of research activity results.
3. Audiologists who engage in research activities follow appropriate national, state, local, professional and institutional ethical guidelines, and regulations for these activities.

