

Audiology Corner

Submitted by Lori Pakulski 4/1/10

The Audiology Caucus at the 2010 convention was well attended and provided an opportunity for audiologists from various work settings and backgrounds to discuss some important issues and challenges. The main topics discussed were (1) role of hearing instrument specialists and aides, (2) finding ways in which audiologists and SLPs can partner with health educators to increase public awareness about communication disorders, particularly related to prevention of noise induced hearing loss, and improve referrals for screening, assessment, and aural (re)habilitative services, (3) continued discussion of the significance and use of evidence-based practice among clinical professionals *particularly as it pertains to AR and interest among audiologists*, (4) interest and input related to the proposed OSLHA mentorship programs between AuD students/new supervisors and practicing professionals, (5) questions regarding supervision of 4th year AuD students, (6) Medicaid reimbursement issues, and (7) telepractice.

A case was discussed at the Caucus in which a hearing instrument specialist (HIS) made recommendations for a child to get follow-up auditory processing assessment after the HIS completed a thorough audiological evaluation on an otherwise typical hearing child. The role and scope of practice of HISs was discussed and participants were encouraged to (1) contact the individual in question and inform him/her of the rules and regulations, and if that person was not in agreement, then (2) contact the licensure board to report people suspected of practicing audiology without a license.

Many people weighed in on the discussion regarding partnering with health educators and school nurses to increase public awareness and improve screening and related services for school children with noise induced hearing loss (NIHL), or at-risk for NIHL. Ideas included (1) performing OAEs as part of the screening, (2) creating an audiology speaker board who could attend nursing conferences to provide education related to updates in the screening and referral process for school-age children, and (3) partnering with the Ohio Department of Education and the Ohio chapters of the National Student Speech-Language-Hearing Association (NSSLHA) to provide awareness and education.

The level of importance placed upon evidence-based practice (EBP) among professionals was discussed at the 2009 Caucus and feedback varied widely. It was decided that clinical practitioners would like OSLHA to aid them in identifying relevant and current research and provide critical thinking guidelines at convention. This information was presented in a poster Saturday morning (before the Caucus) and I reported at the Caucus that very few practitioners visited the poster nor did they pick up the handouts. Participants interested in this information who were not able to take part in the poster session were encouraged to contact me.

At the 2009 Caucus, it was suggested that OSLHA begin a preceptor posting so students and practicing professionals would be able to identify and contact mentors. Over the past year, a plan was devised for SLPs and audiologists that includes definitions and suggested guidelines, as well as possible ways to put the plan into action. Discussion was initiated to get feedback on the guidelines and action plan. After much discussion, it was decided that professionals have very little free time and would not likely seek out a mentee or volunteer for such a plan since many do it routinely through different avenues.

Questions were raised about the scope of practice for 4th year AuD students, who some believe are routinely practicing without supervision. Feedback from the licensure board was sought; it was indicated that 4th year AuD students must have supervision and those students must have a clinical supervisor signature on each report indicating that supervision and oversight occurred. Violations should be brought to the attention of the supervisor, and if that supervisor does not make the necessary changes, a report should be made to the licensing board.

Participants expressed concern about Medicaid reimbursement issues, particularly as it relates to changes in fee structure and unbundling of services. They reported that they are unable to recoup the dispensing fee for hearing aids that are returned, despite the fact that they completed the dispensing service. A close inspection of the Ohio Revised Code supports this notion. I have contacted several people across the state more knowledgeable than myself about this issue and will be following-up as more information is available, and advocating as necessary.

There was interest in audiology telepractice and its regulations. This topic will be addressed in the next year.