

Clinical Conundrum



Q: I am a speech-language pathologist working in isolation in rural Alberta. I routinely screen hearing as part of the initial assessment, but there are no audiologists in my area to provide support, follow-up, etc. How can I provide the best services for my clients with the limited resources that are available?

A: You have some very valid concerns that are unfortunately all too common. The varied questions received by ACSLPA in relation to hearing screening invariably point to the bigger question, “**When do I consult an audiologist on hearing screening matters?**” The answer would be anytime you have an audiology-related question. Find an audiologist whom you can easily work with (near or far).

In regards to the question above, working with limited resources poses a definite dilemma. In addition, we are also faced with challenges related to varying practices both within and between the professions of speech-language pathology and audiology. In order to both create and maintain some consistency, it is helpful to review ACSLPA’s guidelines, which promote “best practice” in the services we provide.

In this case, I would recommend a review of ACSLPA’s [Hearing Screening Guidelines](http://tinyurl.com/cjppqohc) – (<http://tinyurl.com/cjppqohc>), which are based on ASHA’s guidelines, as well as another valuable resource available to ACSLPA members, the [Hearing Screening Webinar](http://tinyurl.com/agcc2b8) (<http://tinyurl.com/agcc2b8>). The intention of this webinar is to refresh one’s skills in hearing screening procedures (exception note: 500 Hz is no longer considered a screening frequency – only 1000, 2000 and 4000 Hz, bilaterally), but also to assist in orienting one to the task of *conditioned play audiometry for screening preschoolers*. A “hand-raising” or standard response method is only reliable in the school-aged and adult population and is not recommended for the younger population.

It is recommended that an audiologist’s services be utilized for the orientation or training of “new” screening personnel [speech-language pathologists (SLPs) or support personnel (SP)] in person or via telehealth and that the audiologist run the program for training these new personnel. Consult with your “neighbourhood” audiologist for answers on screening (programs, procedures or training) or hearing-related matters. Linkages to audiologists in neighbouring or urban areas should also be relied upon for consultation, assessment and follow-up services.

Support personnel are often given the task of performing hearing screenings. The supervising SLP would be responsible for the actions of the SP in practice and could be the one to determine the SP’s proficiency in hearing screening after training has been completed. The SP may be delegated responsibilities at the supervisor’s discretion, given that the SLP monitors the SP and is confident in the SP’s abilities (competency). These activities may include:

- Obtaining consent for the screening procedure
- Determination of responses – pass/fail (No “interpretation” made in hearing screening)
- Recording “results” on paper
- Communication of “results” (with supervisor or parent)
- Referral to audiologist for follow-up (with parent consent)

Ideally, hearing screening should take place before the speech-language assessment to reduce variability in behaviours, false negatives and over-referrals to audiology for follow-up. In a province where newborn hearing screening has not yet been implemented, all children demonstrating speech and language delays should have their hearing screened as a percentage of these kids will have permanent childhood hearing impairment requiring treatment, likely amplification. Conducting assessment and treatment for speech and language delays could be counterproductive with a child with a significant hearing loss.

In the event where a child (three to 18 years of age) has failed the hearing screen, the *Hearing Screening Guidelines* indicate a “*direct referral to audiology is recommended*”. This would also apply to those under the age of three and those deemed difficult to test *regardless of available services in the area*. Again, making linkages to audiology services within or external to your location will assist clients and families gain access to services. **If there are no audiological services in your area, screen hearing anyway (see preceding paragraph).** Clients can make travel arrangements to urban centres if needed.

Healthy adults with no hearing complaints could be screened and could be provided information about accessing full audiological services, whereas *adults in long-term care facilities or geriatric patients should receive full audiological workup* (screening would likely

be an unnecessary step with the high incidence of hearing loss in that population.)

ACSLPA supports hearing screening programs in the province of Alberta involving audiologists as managers or consultants in the program. Ultimately it is the employer's decision to determine what services are provided, but it is the member's responsibility to provide services based on "best-practice" principles.

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Clinical Conundrum addresses member questions related to ethical, clinical practice issues in speech-language pathology and audiology.

We welcome your thoughts on this or any other clinical conundrum! Readers are encouraged to submit both their comments and their ethical clinical issues in question format to Susan Rafaat (director2@acslpa.ab.ca) for SLP-related issues and to Holly Gusnowsky (director1@acslpa.ab.ca) for audiology-related issues.