



ASHA
American
Speech-Language-Hearing
Association

SCOPE OF PRACTICE IN AUDIOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN AUDIOLOGY

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ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of audiology. The *Audiology Scope of Practice* document has not been updated since 2004. The aim of this document is to reflect the current and evolving clinical practice in audiology. Such changes include, but are not limited to, telehealth, discussion of hearing technologies beyond traditional hearing devices (e.g., over-the-counter [OTC]), and personal sound amplification products (PSAPs). Additional updates in advancements in hearing device implantation, vestibular assessment and rehabilitation, hearing preservation, educational audiology, and interoperative monitoring practice are included.

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INTRODUCTION

DEFINITION OF TERMS

Audiologist: By virtue of education, training, licensure, and certification, audiologists engage in professional practice in the areas of hearing and balance assessment, nonmedical treatment, and (re)habilitation. Audiologists provide patient-centered care in the prevention, identification, diagnosis, and evidence-based intervention and treatment of hearing, balance, and other

related disorders for people of all ages. Hearing, balance, and other related disorders are complex, with medical, psychological, physical, social, educational, and employment implications. Treatment services require audiologists to know existing and emerging technologies, intervention strategies, and interpersonal skills to counsel and guide individuals and their family members through the (re)habilitative process. Audiologists provide professional and personalized services to minimize the negative impact of these disorders, leading to improved outcomes and quality of life. Audiologists are licensed and/or regulated in all 50 states and in the District of Columbia.

Balance: Includes all aspects of equilibrium, specific to the balance and vestibular systems, both peripheral and central. This includes management of symptoms and signs consistent with both peripheral and central etiologies.

Hearing: Includes all peripheral and central functional components of sound reception and analytic processing. This also includes management of symptoms and sequelae of disorders of the auditory system such as tinnitus, hyperacusis, misophonia, and other auditory perceptual disorders.

Hearing, balance, and other related disorders: Throughout this document, the broad term hearing, balance, and other related disorders is used to reflect all areas of assessment and intervention within the audiology scope of practice.

IEP/IFSP/504 Plan: The *Individualized Education Plan (IEP)* is a written statement that guides the educational plan for a child, ages 3–21, in accordance with the Individuals with Disabilities Education Act of 2004 (IDEA). The *Individual Family Service Plan (IFSP)* guides the early intervention services for a child with disabilities and their family. The IEP and IFSP are developed, reviewed, and revised in accordance with federal law. Also, under the IDEA, a student with disabilities is ensured a Free and Appropriate Public Education (FAPE) as well as monitoring the student's progress. The parents/guardians play a central role in the IEP/IFSP progress (IDEA, 2004). A *504 Plan* is a plan developed to ensure that a child with a disability receives accommodations for a general education classroom.

Individuals: The term *individuals* is used throughout the document to refer to students, clients, patients, children, adults, families, and caregivers who are served by the audiologist.

Interprofessional collaborative practice (IPP): This term stems from the World Health Organization's (WHO) framework of looking at a health condition alongside a person's functional ability, social community, and personal goals, in concert with the perspective of other

health care providers. Health care professionals must communicate and collaborate with each other and the individual receiving care, along with the individual's family or support system. This is called *interprofessional collaborative practice (IPP)*. The blending of skill sets results in better outcomes, improved quality of life, and greater satisfaction. It also minimizes the cost of care and improves the individual's safety and sense of well-being (Skevington, Lotfy, & O'Connell, 2004).

Management: This refers to the organization and coordination of activities in order to develop and provide relevant audiologic care for individuals. These activities include assessment techniques and treatment/intervention strategies. Appropriate management aids in the achievement of goals and objectives set forth for individuals with hearing and/or vestibular difficulties.

Other related disorders: This term is intended to reflect that audiologists with the appropriate training can use their skills and techniques to contribute to the knowledge, understanding, and overall care of individuals with other disorders outside the hearing and balance system. A few purely illustrative examples of this could include (a) performing a battery of facial nerve function tests on a patient with a facial paresis or (b) performing a battery of auditory tests on a patient with a developmental or cognitive delay. This type of care is increasingly used as a part of an interprofessional collaborative practice team.

Person-centered care: This approach considers the whole person, taking into account more than the physical symptoms of a specific, discreet disorder. It includes psychological, social, cultural, and environmental factors. Optimal outcomes are achieved when working collaboratively—along with input and accountability—with the individual, supportive family members and with fellow professionals.

Quality of life: WHO defines *quality of life* as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships, and relationship to salient features of their environment (Skevington et al., 2004; WHOQOL Group, 1994).

Telehealth: the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.

Working at the top of license: This is the concept that audiologists should engage in patient care activities that require their (i.e., the audiologists') specialized level of expertise and skill. Other less skilled tasks may be delegated to other individuals (e.g., assistants, automated systems, and/or individuals and family members; Burkhard and Trembath, 2015). This would greatly decrease the cost of achieving outcomes (and also increase family satisfaction by decreasing the inconvenience, cost, and overall burden of care; ASHA, 2013). Working at the top of the license is not meant to imply nor does it prohibit audiologists from completing tasks that are not at the top of the license.

Treatment/Intervention: These terms refer to the application of care given to an individual to directly address hearing and/or vestibular difficulties. *Management* (defined above) is the overall coordination of activities that address the needs of individuals. *Treatment/intervention* is one of those direct activities.

STATEMENT OF PURPOSE

The purpose of the *Scope of Practice in Audiology* is as follows:

1. Delineate areas of professional practice.
2. Inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers.
3. Support audiologists in the provision of high-quality, evidence-based services to individuals with hearing and balance concerns.
4. Support audiologists working at the top of their license.
5. Support audiologists in the conduct and dissemination of research.
6. Guide the educational preparation and professional development of audiologists to provide safe and effective services.
7. Inform members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics (ASHA, 2016). Each practitioner evaluates his or her own experiences with pre-service education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Audiologists should engage in only those aspects of the profession that are within her or his professional competence. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics (ASHA, 2016) to provide services that are consistent with the scope of their competence, education, and experience.

By virtue of training and practice, audiology is a unique profession that specializes in and provides comprehensive diagnostic and nonmedical treatment services for hearing and balance disorders, and related impairments. These services are provided to individuals across the entire age span from birth through adulthood; these individuals include persons of different races, genders, religions, national origins, and sexual orientations. This position statement is not intended to be exhaustive; however, the activities described in this document reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. If the audiologist can document appropriate training for new and emerging clinical or technological procedures that fall under the heading of auditory, balance and other related disorders, then such innovations and advances may be incorporated into the *Audiology Scope of Practice*. Audiologists are trained in all areas of clinical service delivery; however, they commonly have one or more specific areas of specialization. ASHA also recognizes that credentialed professionals in related disciplines have knowledge, skills, and experience that could be applied to some areas within the Audiology Scope of Practice. Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed postgraduate professionals from rendering services in overlapping practice areas. Often, these partially overlapping skill sets can result in excellent opportunities for IPP.

Audiologists must achieve required competencies in ancillary professional areas. These areas are distinct from but contribute to diagnostic and nonmedical treatment activities. They are very important areas in which to maintain high standards of clinical service. Examples include cultural and linguistic competencies, IPP, patient- and family-centered care, supervision, and mentoring and knowledge of federal and state statutes and regulations.

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It should serve, however, as a model for the development or modification of licensure laws.

The goals of this updated *Scope of Practice in Audiology* of the American Speech-Language-Hearing Association (ASHA) are as follows:

1. Revise the current scope of practice for audiologists based on new and evolving training, skills, technology, and literature within the profession.
2. Align our professional activities with the evolving best practice models in audiology within the overall health care field.

3. Serve as a resource for other agencies, professional organizations, and the general public (e.g., federal, state, nongovernmental organizations, licensing and credentialing bodies, etc.).
4. Provide a language and framework that is applicable for all audiologists, regardless of professional setting.

AUDIOLOGY SERVICE DELIVERY AREAS

Clinical service delivery areas include all aspects of hearing, balance, and other related disorders that impact hearing and balance, including areas of tinnitus, cognition, and auditory processing for individuals across the lifespan. Audiologists play critical roles in health literacy (<https://www.asha.org/slp/healthliteracy>); in the screening, diagnosis, and treatment of hearing, balance, and other related disorders; and in the use of the *International Classification of Functioning, Disability and Health* (ICF; WHO, 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to hearing, balance, and other related disorders grow accordingly. Clinicians should stay current with advances in hearing and balance practice by regularly reviewing the research literature; regularly consulting the Practice Management (<https://www.asha.org/practice/>) section of the ASHA website, including the Practice Portal (<https://www.asha.org/practice-portal/>); and regularly participating in continuing education to supplement advances in the profession and to provide additional information that can inform the Scope of Practice in Audiology.

DIAGNOSTICS FOR HEARING, BALANCE, AND OTHER RELATED DISORDERS

Audiologists are responsible for the assessment of hearing, balance, and other related disorders, including tinnitus and auditory processing, across the lifespan that includes the following:

- Administration and interpretation of clinical case history.
- Administration and interpretation of behavioral, electroacoustic, and electrophysiologic measures of the peripheral and central auditory, balance, and other related systems.
- Administration and interpretation of diagnostic screening that includes measures to detect the presence of hearing, balance, and other related disorders. Additional screening measures of mental health and cognitive impairment should be used to assess, treat, and refer (American Academy of Audiology, 2013; Beck & Clark, 2009; Li et al., 2014; Shen, Anderson, Arehart, & Souza, 2016; Sweetow, 2015; Weinstein, 2017, 2018).

This assessment includes measurement and professional interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment.

Diagnostic measures should be modified based on patient age and on cognitive and physical abilities of the individuals being assessed. Case findings of dementia, memory, vision, and balance (falling risk) should be used when difficulty in communication and or change of behavior is evident (Beck & Clark, 2009; Li et al., 2014; Shen et al., 2016; Sweetow, 2015; Weinstein, 2017; Weinstein, 2018). Assessment extends beyond diagnostic evaluation and includes informational counseling, interpretation of results, and intervention.

Assessment is accomplished using quantitative and qualitative measurements—including standardized testing, observations, and procedures and appropriately calibrated instrumentation—and leads to the diagnosis of abnormal audiologic and/or balance function. Interpretation of test results includes diagnostic statements as to the probable locus of impairment and functional ability within the hearing, balance, and other related systems under assessment.

Audiologists collaborate with other professionals and serve on care teams to help reduce the perceived burden of hearing, balance, and other related disorders and maximize quality of life for individuals.

TREATMENT FOR HEARING, BALANCE, AND OTHER RELATED DISORDERS

Audiologists provide comprehensive audiologic (re)habilitation services for individuals and their families across the lifespan who are experiencing hearing, balance, or other related disorders (e.g., tinnitus and auditory processing disorder). Intervention encompasses the following:

- Auditory training for sound identification and discrimination
- Cerumen management
- Communication strategies (e.g., environmental manipulation, mode of communication)
- Counseling
- Manual communication
- (Re)habilitation related to auditory disorders
- Self-advocacy for personal needs or systems change
- Speechreading
- Strategies to address other related disorders (tinnitus, misophonia)

- Technology interventions
- Vestibular rehabilitation to include management of benign paroxysmal positional vertigo as well as peripheral and/or central vestibular disorders

In this role, audiologists

- design, implement, and document delivery of service in accordance with best available practice;
- screen for possible cognitive disorders;
- case-finding for dementia;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise as well as with individual preference and values in establishing treatment goals;
- utilize treatment data to determine effectiveness of services and guide decisions;
- deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- engage in treatment activities that are within the scope of the professional's competence; and
- collaborate with other professionals in the delivery of services to ensure the highest quality of interventions.

As part of the comprehensive audiologic (re)habilitation program, audiologists evaluate, select, fit, verify, validate, and monitor the performance of a variety of technologies interventions for hearing, balance, and other related disorders. Audiologists provide individual counseling and public education about the benefits and/or limitations of various different classes of devices. Treatment utilizing technology interventions include but are not limited to other emerging technologies:

- Auditory brainstem implants (ABIs)
- Assistive listening devices
- Balance-related devices
- Classroom audio distribution systems
- Cochlear implants
- Custom ear impressions and molds for hearing devices, hearing protection, in-ear monitors, swim plugs, communication devices, stenosis stents, and so forth
- Hearing aids
- Hearing assistive technology

- Hearing protection
- Large-area amplification systems
- Middle ear implants
- Over-the-counter (OTC) hearing aids
- Osseointegrated devices (OIDs), bone-anchored devices, and bone conduction devices
- Personal sound amplification products (PSAPs)
- Remote microphone systems
- Tinnitus devices (both stand-alone and integrated with hearing aids)

Treatment for children also includes developmental and educational interventions such as the following:

- Participation in the development and implementation of an IEP/IFSP for school-age children or implementation of an IFSP for children birth to 36 months of age
- Participation in the development and implementation of a 504 plan
- Measurement of noise levels in educational institutions and recommendations for noise reduction modification

EARLY HEARING DETECTION AND INTERVENTION (EHDI)

Audiologists provide screening, assessment, and treatment services for infants and young children with hearing-related disorders and their families. Services include the following:

- Apply Joint Committee on Infant Hearing (JCIH) protocols for early detection and intervention of infants and children with hearing loss (American Academy of Pediatrics, Joint Committee on Infant Hearing, 2007)
- Establish, manage, and/or review programs following the EHDI protocol
- Provide training and supervision to support personnel
- Monitor the program's outcome measures for quality assurance
- Perform audiological diagnostics to confirm or rule out the presence of a hearing loss
- Provide early intervention treatment for hearing loss to enhance communication and to improve cognitive and social skills
- Upon diagnosis of hearing loss, ensure that the child and family are enrolled in an appropriate early intervention program
- Provide comprehensive information about family support, training, and communication options
- Provide education to community/hospital personnel
- Collaborate with other professionals and with parent groups

EDUCATIONAL AUDIOLOGY

Audiologists in educational settings provide a full spectrum of hearing services to support academic and social achievement for school-age children, adolescents, young adults, and their families with hearing and related difficulties. Services include the following:

- Perform assessments and interpret the educational implications of the student's auditory needs. This also includes assessing and making appropriate recommendations as an advocate on behalf of students, ensuring least restrictive environments.
- Collect data from classroom assessments and from observations of students in various environments, and assess the impact of audiologic interventions on academic and social performance
- Collect data on classroom acoustics, and assess the impact on auditory perception
- Ensure IPP with members of the school multidisciplinary team who facilitate listening, learning, and communication
- Collaborate with private sector/community-based audiologists and other professionals relative to the student's educational needs
- Provide instructional training for educators and staff for the development of skills needed in servicing students with hearing difficulties, which includes providing evidence and recommending support services and resources
- Provide (re)habilitative activities in collaboration with classroom teachers and other support personnel
- Monitor personal hearing instruments
- Recommend, fit, and manage hearing assistance technology
- Counsel children to promote personal responsibility, self-advocacy, and social awareness
- Counsel parents on management options, and provide resource information
- Assist with transitions between academic and vocational settings
- Manage school programs for the preservation of hearing and the prevention of hearing loss
- Manage and implement hearing screening programs

HEARING CONSERVATION AND PRESERVATION

The terms *hearing conservation* and *hearing preservation* are often used interchangeably. Both terms focus on preventing noise-induced hearing loss, whether from occupational or recreational sources. *Hearing conservation programs* are most often, although not exclusively, associated with occupational noise exposure and with U.S. Occupational Safety and Health Administration (OSHA) regulations (OSHA, 2002). In addition, hearing conservation programs have additional

elements not found in hearing preservation programs: engineering controls for reducing environmental noise levels, administrative controls for monitoring hearing sensitivity levels, mandated use of hearing protection devices when needed, employee training about noise, the potential synergistic effects of chemical exposure combined with hazardous noise, and requirements for communication about hazards (e.g., warning signs, posting of signs in required hearing protection environments).

Hearing preservation programs focus on non-occupational settings and are most often intended to prevent hearing loss from occurring in individuals who enter the program with normal hearing sensitivity. Examples of hearing preservation programs may include (a) monitoring of auditory function for patients receiving chemotherapy or radiation therapy of the head or neck (University Health Network, 2018) or (b) providing education to students and young adults on the effects of recreational noise and methods to prevent hearing loss (see the Save Your Hearing Foundation at www.earpeacefoundation.org). Audiologists are uniquely qualified through education and training to design, establish, implement, and supervise hearing conservation programs for individuals of all ages in schools, in industry, and for the general public (Lipscomb, 1988).

Audiologists who engage in occupational hearing conservation must monitor current OSHA regulations (OSHA, 2002) regarding the impact of noise levels on hearing sensitivity. This extends to the distribution of, and instructions related to the use of, hearing protection devices.

Audiologists test hearing levels, determine functional hearing ability, measure noise levels, and assess the risk of incurring hearing loss from noise exposure from any source, including non-occupational and recreational noise (Franks, Stephenson, & Merry, 1996a, 1996b, 1996c).

Audiologists implement and manage all aspects of hearing conservation activities—including education, testing, and the determination of program effectiveness—and serve as the supervisor for OSHA and other U.S. government-mandated hearing conservation programs (Suter, 2003).

Audiologists educate the public and other professionals on how to recognize hazardous noise, ways of preventing noise-induced hearing loss, and the risks associated with reduced audibility when exposed to high-level sound.

TELEHEALTH

Telehealth, for audiology, is an alternative method of service delivery that encompasses both diagnostics and intervention services. Diagnostic services are provided using either synchronous or asynchronous protocols (i.e., *store and forward*, whereby data are collected, stored within a computer, and forwarded at a later time). Audiologists provide services using an evidence-based standard of care (American Telemedicine Association, 2017). When practicing via telehealth, audiologists provide care consistent with jurisdictional regulatory, licensing, credentialing and privileging, malpractice and insurance laws, and rules for their profession in both the jurisdiction in which they are practicing as well as the jurisdiction in which the patient is receiving care. The audiologists providing the service shall ensure compliance as required by appropriate regulatory and accrediting agencies (American Telemedicine Association, 2017).

Areas in which telehealth is a viable option include the following:

- Aural/auditory (re)habilitation
- Auditory evoked potentials
- Hearing aid and cochlear implant fitting/programming
- Hearing screening
- Otoacoustic emissions
- Otoscopy
- Pure-tone audiometry and speech recognition in noise
- Supervision of electrophysiology services (e.g., intraoperative monitoring and diagnostic examinations)
- Supervision of vestibular services (e.g., vestibular diagnostic examinations)
- Tympanometry
- Vestibular rehabilitation

COUNSELING

Audiologists counsel by providing information, education, guidance, and support to individuals and their families. Counseling includes discussion of assessment results and treatment options. Counseling facilitates decision making regarding intervention, management, educational environment, and mode of communication. The role of the audiologist in the counseling process includes interactions related to emotions, thoughts, feelings, and behaviors that result from living with hearing, balance, and other related disorders.

Audiologists engage in the following activities when counseling individuals and their families:

- Providing informational counseling regarding interpretation of assessment outcomes and treatment options
- Empowering individuals and their families to make informed decisions related to their plan of care
- Educating the individual, the family, and relevant community members
- Providing support and/or access to peer-to-peer groups for individuals and their families
- Providing individuals and their families with skills that enable them to become self-advocates
- Providing adjustment counseling related to the psychosocial impact on the individual
- Referring individuals to other professionals when counseling needs fall outside those related to auditory, balance, and other related disorders.

ADDITIONAL AREAS OF AUDIOLOGY PRACTICE

Audiology is a dynamic profession, and the fact that the audiology scope of practice overlaps with those of other professionals is a reality in rapidly changing health care, education, industrial, and other environments. Hence, audiologists in various settings work collaboratively with other academic and/or health care professionals to make appropriate decisions for the benefit of individuals with hearing, balance, and other related disorders. This is known as *interprofessional collaborative practice (IPP)* and is defined as “members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other” (Craddock, O’Halloran, Borthwick, & McPherson, 2006, p. 237). Similarly, “interprofessional education [often referred to as “IPE”] provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals” (Bridges, Davidson, Soule Odegard, Maki, & Tomkowiak, 2011, para. 5). The advantage of using IPP/IPE is that it broadens the care teams’ depth of knowledge and understanding of the individual being evaluated and/or treated. This type of collaboration improves outcomes, efficiency, and safety through person-centered care.

RESEARCH

Audiologists conduct and participate in basic and applied/translational research related to auditory, balance, and other related disorders. This research is undertaken as a facility-specific effort or is coordinated across multiple settings. Audiologists engage in activities to ensure compliance with Institutional Review Boards, federal regulations, and international laws

pertaining to research. Audiologists also collaborate with other researchers and pursue research funding through grants.

ADMINISTRATION AND LEADERSHIP

Audiologists administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management, leadership, program design, program growth and innovation, professional development, compliance with laws and regulations, and cooperation with outside agencies in education and health care. Their administrative roles are not limited to audiology, as they engage in program administration across departments and at different levels within an institution. In addition, audiologists promote effective and manageable workloads in school settings, provide appropriate services under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), and engage in program design and development.

EDUCATION

Audiologists serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that audiologists provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. In this role, audiologists

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;
- provide academic training to students in related disciplines and students who are training to become audiology assistants; and
- provide continuing professional education to audiologists and to professionals in related disciplines.

ADVOCACY AND OUTREACH

Audiologists focus on upholding person-centered care in our complex health care and educational systems. Audiologists advocate for hearing, balance, and other related disorders needs of the individuals and families whom they serve.

Audiologists advocate for the profession and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to

communication, including the reduction of societal, cultural, and linguistic barriers. Audiologists perform a variety of activities related to advocacy and outreach, including the following:

- Advising regulatory and legislative agencies about the continuum of care for hearing, balance, and other related disorders
- Engaging decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services for the diagnosis and treatment of hearing, balance, and other related disorders
- Advocating at the local, state, and national levels for funding for services, education, and research
- Participating in associations and organizations to advance the audiology profession
- Promoting and marketing professional services
- Consulting with industry in the development of products and instrumentation related to hearing, balance, and other related disorders
- Helping to recruit and retain audiologists with diverse backgrounds and interests
- Collaborating on advocacy objectives with other professionals/colleagues regarding mutual goals
- Serving as expert witnesses, when appropriate
- Educating individuals about communication; development; disorders pertaining to auditory, balance, and other related systems; and audiology services
- Advocating for fair and equitable services, including accessibility for all individuals, especially the most vulnerable
- Providing case management and serving as a liaison for individuals and their families in order to meet educational and vocational programming needs
- Consulting with individuals, their families, professionals, public and private agencies, and governmental bodies on technology intervention, hearing assistive technology, interpreting services, and other relevant assistive technology needed to enhance communication
- Consulting with state education agencies, local school districts, and interdisciplinary teams on direct service and IFSP, IEP, and 504 plan development
- Advocating for appropriate reimbursement of services

CULTURAL COMPETENCY

Audiologists serve diverse populations, and this includes persons of different races, ages, genders, religions, national origins, and sexual orientations. Audiologists' caseloads include individuals from diverse ethnic, cultural, and linguistic backgrounds as well as persons with

disabilities. Culturally based family and community dynamics should be included in the development of an appropriate treatment plan that includes consideration of diversity and evidence-based practice guidelines.

CLINICAL SUPERVISION/PRECEPTING

Supervision is broadly defined as overseeing and directing the work of others. The terms *clinical supervisor* and *clinical supervision* are often used in reference to the training and education of student clinicians, recognizing that supervision is part of the training and education process. However, clinical supervisors do more than oversee the work of the student clinician. They teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior (Council on Academic Programs in Communication Sciences and Disorders [CAPCSD], 2013). Supervision is a distinct area of practice; is the responsibility of audiologists; and crosses clinical, administrative, and technical spheres. Audiologists are responsible for supervising clinical externs/trainees, audiology assistants, credentialed technical staff, and other professional and administrative support personnel. Audiologists also supervise colleagues and peers. Audiologists acknowledge that supervision is integral in the delivery of hearing, balance, and other related services and that supervision advances the profession. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. In this role, audiologists

- possess service delivery and professional practice skills necessary to guide the supervisee;
- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to workplace efficiency;
- seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature; and
- establish supervisory relationships that promote growth and independence while providing support and guidance.

INTERPROFESSIONAL EDUCATION AND INTERPROFESSIONAL PRACTICE (IPE/IPP)

According to ASHA's definition, *interprofessional education* (IPE) is an activity that occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom we serve (ASHA, n.d.-b). Similarly, *interprofessional collaborative practice* (IPP) occurs when multiple service providers from different professional backgrounds jointly provide comprehensive health care or educational services by working with individuals and their families, caregivers, and communities to deliver the highest

quality of care across settings. When both IPE and IPP are used, we refer to this combined term as *IPE/IPP*.

BUSINESS MANAGEMENT

Audiology is a service profession to which principles of business must be applied for success in educational, health care, and industrial settings. For a business entity (profit or nonprofit) to be successful, good business practices are essential. Providing high-quality services that are consistent in type and amount with a person's needs and with professional and ethical standards is good business practice. It is important that revenues collected for services cover and exceed all expenses (e.g., salary, benefits, overhead). Audiologists must understand their individual responsibility for adhering to practice standards that financially support their organization. Each audiologist's daily decisions (clinical and nonclinical) affect the financial viability of his or her organization. Audiologists must remain compliant and current on policy changes related to billing and coding.

LEGAL/PROFESSIONAL CONSULTING

Audiologists may be called upon to provide expertise to other professionals, business, industry, courts, attorneys, public and private agencies, and/or individuals in all areas related to the profession of audiology. Consulting services include but are not limited to

- recommendations for occupational and recreational hearing preservation and conservation, education, and advocacy for policy development;
- quality assessment and improvement; and
- expert witness testimony or second opinion and/or independent evaluation for educational, health, worker's compensation, or other legal purposes.

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