FAQs: Assessment and Treatment Adaptations

Audiologists and SLPs are encouraged to adapt the delivery of their services to limit in-person appointments when possible for the safety of their patients and themselves. This can be done by implementing a system of virtual care for aspects of assessment and treatment that can be done well virtually, as well as other adaptations made to limit in-person interactions and spread of infection. (Please review Pandemic Practice Advisory #9, Assessment and Treatment Adaptation.)

AUDIOLOGY

1) **Question:** Is Simulated-Real-Ear Measurement (S-REM) acceptable for hearing aid fitting during the pandemic?

   Answer: Yes, S-REM is a validated evidence-based verification method that meets the minimum expected practice standard for verification (Standard H.12 in Practice Standards for Provision of Hearing Aid Services by Audiologists). In-person (i.e., in-situ) REM is the gold standard. However, S-REM would meet the minimum expected standard of practice for audiologists during the pandemic or otherwise.

   Be aware of the potential drawbacks of S-REM. Evidence shows less accuracy of S-REM compared to in-person REM for fitting the low frequencies in particular with vented fittings. The accuracy of S-REM is also best when carried out with an individual real-ear-to-coupler difference (RECD) measurement.

   Verifying sound quality through hearing aid validation and appropriate follow-up are also minimum expected standards of practice and are of increased importance when using S-REM. (See standards H.13, H.15 and H.17 in Practice Standards for Provision of Hearing Aid Services by Audiologists). Virtual care can be used for validation and follow-up including remote adjustment of the hearing aid settings if the patient is comfortable with virtual care and the technology allows for it.

   S-REM followed by virtual care for validation and follow-up may not meet every patient's needs, particularly if there are continued issues with sound quality and comfort. Use your clinical judgement to determine when in-person REM may be required. For all in-person appointments follow the Pandemic Practice Advice guidance.

   Some companies have provided helpful information around adapting REM practices to maintain physical distancing during in-person appointments.
   Knowledge brief VF2 Benefits Safe Efficient Verification.pdf*

   *(**Please note**: CASLPO does not endorse specific companies or products)

2) Questions: What audiology services can be provided using virtual care?

Answer: Aspects of assessment or treatment that are conversation-based, including:

- Case history
- Consent discussions
- Conversations around determining hearing aid candidacy, for example:
    - Hearing and communication needs
    - Lifestyle and personal factors
    - Economic considerations
    - Motivation, expectations and goals for HA use

- Hearing aid validation
- Adjusting hearing aid settings remotely while in communication with the patient
- Aural rehabilitation and counseling
- ”How to” demonstrations and troubleshooting

The same principle may apply for practice areas such as tinnitus, vestibular and auditory processing assessment and treatment.

Virtual care may not be appropriate for every patient. Continually evaluate if virtual care is appropriate given each patient’s unique needs and circumstances.

Refer to the Practice Standards for Virtual Care and the Consent Tool for guidance around the consent conversation with patients for virtual care.