



College of Audiologists and  
Speech-Language Pathologists of Ontario  
Ordre des audiologistes et  
des orthophonistes de l'Ontario

# PRACTICE STANDARDS

## AUDIOLOGICAL ASSESSMENT

### DRAFT FOR STAKEHOLDER REVIEW

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# GUIDING PRINCIPLES

This document articulates the minimum expectations for Ontario audiologists when conducting an audiological assessment of any patient in all practice environments. The standards apply to patients of all ages and to assessments that occur in-person or virtually. The standards integrate the essential competencies from the [National Audiology Competency Profile](#) developed by the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR, 2018).

These standards address the assessment of hearing and auditory function that precedes or occurs alongside other areas in an audiologist's [scope of practice](#). Other types of assessment that are possible, such as those for tinnitus, vestibular function or central auditory processing, while not specifically addressed here, rely on similar principles. As a general principle, audiologists are expected to have, and to maintain, the knowledge, skill and judgement required when providing service in any area of practice included in their scope.

Audiological assessment approaches may vary due to factors including: the purpose of the assessment, service delivery models, practice settings, and available resources. Audiologists who assess infants, children, individuals who are medically fragile or those with limited cognitive capacity or communication barriers must ensure that they have the competence to assess these populations where the risk of harm may be increased. Patient-centred care serves as a guiding principle, taking into account the perspectives and requirements of each patient from a wholistic perspective and including family members and substitute decision makers (SDMs) in decisions when applicable.

Practice standards address and mitigate risk of harm to patients. A deviation from standards must only occur when it is in the patient's best interest and must involve appropriate clinical judgement. A documented clinical rationale for any deviation from the standards is required.

When applied in practice, these standards must align with established expectations in Ontario legislation, CASLPO Regulations, CASLPO Standards of Practice and the Code of Ethics. In addition, registrants must be aware of and adhere to expectations that may be unwritten, comprised of those generally accepted practices, principles, and techniques adopted by professional consensus.

## DEFINITIONS

**Patient** –an individual who receives health care intervention from an audiologist and is synonymous with “client”, or “student” in a school setting.

**Intervention** – includes screening, assessment, treatment, consultation and education.

**Standard** – the minimal performance level required by an audiologist to provide safe quality service and care to patients.

**Competencies or Competency** –the knowledge, skill and judgement required by an audiologist to meet a standard of practice.

**Risk of Harm** – Risk of preventable harm exists when a modifiable behaviour may result in a specific identifiable adverse event that is likely to impact a patient's physical, social, psychological and/or financial well-being.

**Reasonable** – What a hypothetical, typical audiologist who exercises average care, skill, and judgment would do in similar circumstances and thereby serve as a comparative standard.

# STANDARDS

## A. DETERMINATION OF ASSESSMENT APPROACH



### Standard 1

Audiologists must determine an effective audiological assessment that will address a patient's concerns and generate accurate and reliable results while minimizing patient risk.

Depending on your patient, an audiological assessment will consist of a combination of selected procedures and techniques.

When determining your assessment, consider factors including, but not limited to:

- the patient's presenting concerns;
- the case history, including medical history and other background information;
- If it is an initial or follow-up assessment;
- the patient's unique needs and characteristics;
- the available equipment and resources; and
- the environment (e.g., a soundproof booth vs. bedside, home, community-based or virtual assessment)

### COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. determine the appropriate procedures to ensure a thorough examination of hearing and auditory function based on a patient's unique characteristics and specific concerns;
- b. conduct the assessment using evidence-based procedures and appropriately calibrated equipment in order to accurately establish the degree, type and configuration of a hearing loss;
- c. apply clinical reasoning to guide the assessment in response to a patient's needs;
- d. adapt or modify an assessment as necessary, considering the risk versus the benefit of the adaptation or modification and taking steps to minimize patient risk; and
- e. be flexible and responsive to a patient's needs while optimizing accurate and reliable results

## B. RESOURCE REQUIREMENTS



### Standard 2

Audiologists must have the resources required to conduct a safe, accurate and reliable patient centred audiological assessment.

The term “Resources” includes the equipment, tools and technologies employed for assessment.

Assessment resources may vary or be adapted depending on the circumstances. For example, you may be conducting assessment outside of a soundproof booth during home, school-based, or community visits or using a virtual care approach if deemed safe and appropriate ([See Standard 15](#)). You may be conducting assessment using different versions or combinations of resources, for example with infants and toddlers (e.g., auditory brainstem response).

In all circumstances, ensure that you have the resources required to conduct a safe, accurate and reliable assessment.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. determine the appropriate resources required in order to obtain accurate and reliable assessment information;
- b. ensure that assessment resources are up to date, in good working condition, well maintained and calibrated according to manufacturer specifications;
- c. practice appropriate [infection prevention and control measures](#) in the use of resources;
- d. use assessment resources effectively; and
- e. adapt the use of resources based on patient need



### Standard 3

Audiologists must make appropriate and expedient referrals when they do not have the required resources or competency to conduct an audiological assessment for a specific patient.

You may have the resources and competency to complete some parts of an assessment but not others. In some cases, a patient's assessment needs may fall outside your individual competence. In these cases, make appropriate referrals so that a thorough assessment can be completed. Ensure that the patient, family and/or significant others, as appropriate, are informed of your recommendations and follow-up in a timely manner. Follow the [General Collaboration Standards](#) for referrals or when involving other professionals in the plan of care.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. recognize limitations with the environment, the assessment approach, or with available resources that restrict the ability to conduct an appropriate assessment;
- b. identify and recommend alternative options for patients whose needs are beyond your professional competence;
- c. recognize hearing conditions or gaps in collected assessment information that warrant further assessment or the involvement of other health professionals (e.g., sudden onset hearing loss); and

- d. communicate effectively and collaboratively with the patient, caregivers, significant others and other professionals to ensure a patient-centred approach



#### Standard 4

Audiologists must remain current regarding technology to ensure that resources used for audiological assessment are effective.

Advances in technology and associated resources for audiological assessment continually occur. Ensure that your resources are in-line with current evidence-based practice and remain aware of relevant updates and changes in technology to preserve the effectiveness of your assessment.

#### COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a) evaluate and use appropriate instrumentation and technology for assessment;
- b) integrate knowledge from relevant fields into the selection and implementation of assessment resources; and
- c) critically appraise research and available evidence to inform the use of assessment resources in clinical practice

## C. RISK ASSESSMENT & MANAGEMENT



#### Standard 5

Audiologists must identify and address risk of harm associated with an audiological assessment and take reasonable steps to mitigate risk.

Risk of harm may be revealed at different points during an assessment and a consideration of risk must, therefore, also occur continually. Considerations of risk may be unique to an individual based on personal factors. Although risk of harm may not contraindicate an assessment it is necessary to assess when making decisions about how to proceed.

Risk of harm may be increased in certain populations such as infants, children, and individuals who are medically fragile or do not have capacity for independent decision making. Ensure that the wellbeing and best interest of the patient are prioritized.

#### Risk of Harm Considerations

##### 1) Risk of physical harm or patient discomfort

**Examples include but are not limited to:**

- risk of transmission of infectious disease (e.g., viral or bacterial infection)

- conditions noted in the case history or during otoscopy and visual ear examination that may pose a risk when placing instruments, probes or earphones in the ear canal or on the ear (e.g., history of surgery to the ear, head or neck, ear sensitivity, ear canal abrasion, active ear infection)
- procedures that may cause discomfort or exacerbate a medical condition (e.g., discomfort during impedance testing, worsening of tinnitus or hyperacusis due to excessive sound levels during assessment)

## 2) Risk of emotional or psychological harm

**Examples include but are not limited to:**

- participation in some procedures may be stressful or uncomfortable (e.g., claustrophobia, anxiety, limited cognition, sound sensitivity)
- awareness that identifying hearing loss may bring about varied emotional responses depending on past experience, potential stigma, or psychological state

## 3) Risk of harm to patient communication outcomes

**Examples include but are not limited to:**

- insufficient or inappropriate counseling regarding the assessment approach leading to a less than optimal patient experience during the assessment process
- insufficient or inappropriate counseling regarding the assessment results leading to incomplete guidance or recommendations for further intervention
- insufficient or inappropriate education or counseling for patients and families on how to manage hearing loss

Once risks have been identified, implement an appropriate risk management plan and discuss the plan with the patient and, when appropriate, with significant others.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. determine the risk of harm associated with an assessment based on a patient's specific characteristics;
- b. carry out a point of care risk assessment (PCRA) to identify the risk of infectious disease transmission;
- c. address any identified risks or concerns that may arise during the assessment process (e.g., recommended referral for a medical emergency and/or psychological support);
- d. effectively communicate any risk and potential impact on the assessment to the patient, family or caregivers as applicable; and
- e. modify the assessment as appropriate to mitigate identified risks

## D. COMPONENTS OF SERVICE DELIVERY

### CONSENT



#### Standard 6

Audiologists must obtain and document consent for *all aspects* of audiological assessment.

Audiological assessment has several components that patients and substitute decision makers (SDMs) must be made aware of. Ensure that you explain all aspects of your assessment and that you have the patient's or SDMs consent to proceed. The [Consent and Capacity Standards](#) provide the specific requirements pertaining to informed and knowledgeable consent, evaluation of capacity to consent, and documentation of consent. Additional resources on Consent and Capacity are available on the CASLPO website. For consent requirements for virtual care, refer to the [Standards for Virtual Care in Ontario](#).

This standard does not have associated competencies because it is based on Ontario legislation that must be followed.

### CASE HISTORY



#### Standard 7

Audiologists must review relevant background information and conduct a case history to determine a patient's specific audiological assessment needs.

A case history is required to determine an appropriate assessment and if certain procedures may be contraindicated. The case history must include appropriate exploration of relevant information.

This includes but is not limited to:

- the reason for referral and the referral source;
- medical or surgical history related to hearing and auditory function;
- the patient's symptoms, their own perceptions of their hearing status and the impact on communication and activities of daily living; and
- Family history

### COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. analyze relevant background information provided (e.g., referrals, reports, consultation);

- b. collect and analyze pertinent personal health information that is relevant to the assessment in partnership with the patient and relevant others as appropriate (e.g., medical history, goals, expectations, motivations, activity limitations and participation restrictions);
- c. determine an appropriate assessment based on the collected information; and
- d. determine any additional information that is required for the assessment

## OTOSCOPY & VISUAL EAR EXAMINATION



### Standard 8

Audiologists must make reasonable attempts to conduct otoscopy and visual examination of the ear.

Visual inspection of the outer ear, ear canal and ear drum are required to identify issues that require a medical referral, that preclude assessment and to confirm that an assessment will yield accurate results. Otoscopy and visual ear examination also allow for appropriate decisions regarding the use of equipment and resources, for example selection of ear probes based on a patient's ear canal dimensions.

There may be cases where otoscopy is challenging to conduct due to the physical characteristics of a patient's ears. With a virtual approach, otoscopy may not be possible without trained and competent support personnel in the patient's environment.

Use your professional judgement to determine the risks to your patient if you are unable to perform otoscopy and modify your assessment as required to mitigate patient risk of harm.

### COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. conduct otoscopy and visual examination of the ear using appropriate equipment and techniques;
- b. recognize conditions of the ear that pose a risk, contraindicate assessment or require a medical referral; and
- c. determine when an assessment can safely proceed without otoscopy with a documented clinical rationale that includes the reason for not performing otoscopy

# HEARING THRESHOLD MEASUREMENT



## Standard 9

Audiologists must make reasonable attempts to determine ear-specific and frequency-specific hearing threshold measures using reliable and evidence-based methods.

Reliably establishing hearing thresholds is integral to the accurate identification of hearing loss and is the basis for an appropriate plan of care. A plan of care may involve prescription of hearing aids, services for implantable devices, or intervention for other concerns (e.g., auditory processing, dizziness, tinnitus, etc.). Assessment adaptations in terms of time, support, choice of procedures and repeated assessment attempts may be required based on individual and cognitive needs, for example for infants and children.

If you are determining hearing thresholds outside of a soundproof booth using portable equipment or virtual technology, you must account for how the environment or virtual medium will impact the validity of your results.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. determine the appropriate procedures and methods for hearing threshold measurement based on the patient's characteristics, the environment and the medium (e.g., child vs. adult patient, soundproof booth vs. bedside, community-based, or virtual assessment);
- b. conduct accurate and reliable measurement of ear and frequency specific hearing thresholds;
- c. determine when bone conduction threshold testing and masking are required;
- d. ensure that the approach to hearing threshold measurement is evidence-based; and
- e. modify, adapt or repeat the hearing threshold measurement as needed to establish and ensure accuracy and reliability

# ACOUSTIC IMPEDANCE



## Standard 10

Audiologists must balance the risks and benefits of conducting acoustic impedance testing when determining hearing loss type, degree or site of lesion.

Acoustic impedance testing is a component of audiological assessment and may be used to measure middle-ear function or determine retrocochlear pathology. The tests may be important to help objectively determine hearing loss severity, etiology, and if a medical referral is necessary. However, the tests may not be required for every assessment. Further,

some patients may find this testing uncomfortable due to repetitive, loud or sustained sound levels.

Use your professional judgment to determine if the tests are necessary. Inform the patient and document your clinical rationale if the testing will be incomplete or omitted due to the patient's tolerance or comfort level.

If you determine the testing is needed but you cannot attempt it due to the environment, approach (e.g., virtual), or a lack of equipment, inform the patient or substitute decision-makers as appropriate and modify your assessment. Ensure you also discuss and arrange for further testing.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. determine if acoustic impedance testing, for example tympanometry, acoustic stapedial reflex and reflex decay, are necessary to help confirm the degree, type or site of lesion of a hearing loss;
- b. assist the patient in understanding and tolerating any reactions to the test procedure;
- c. select appropriate procedures and conduct acoustic impedance testing when required;
- d. monitor the patient's continual consent and modify, limit or discontinue the testing as necessary in response to the patient's responses and tolerance level; and
- e. determine if incomplete testing or omission of the testing from the assessment presents a relatively low risk of harm

## SPEECH AUDIOMETRY



### Standard 11

Audiologists must make reasonable attempts to conduct speech audiometry when appropriate to patient context.

Speech audiometry may not be indicated for certain age groups or development levels or may be challenging to conduct (e.g., infants, children with special needs, individuals with cognitive or language deficits). However, in many contexts, information regarding speech perception and reception provides an important baseline measure of hearing and auditory function. At minimum, reasonable attempts to conduct speech audiometry in quiet should be made. Speech-in-noise testing has been shown to yield important and clinically relevant information.

The absence of any attempted speech audiometry may pose a risk of harm related to:

- predicting benefit and establishing realistic goals for an intended intervention
- allowing patients to make informed decisions regarding the use of hearing technologies and the personal and economic considerations involved (refer to the [Practice Standards for the Provision of Hearing Aid Services by Audiologists](#))

Modifications to speech audiometry may involve the use of non-standard methods (e.g., use of digits or non-standard word lists). Document your clinical rationale for any modifications.

If this testing will be incomplete or omitted from your assessment, ensure the benefits outweigh the risks and document your clinical rationale.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. select and conduct evidence-based speech audiometry, including speech reception and perception testing in quiet and noise;
- b. work in partnership with patients to respond to unique and diverse linguistic and cultural needs;
- c. modify or adapt the testing as necessary to account for, age, culture, linguistic background and abilities, education level, cognitive status and emotional state;
- d. evaluate the impact of non-standardized or alternative testing approaches on the assessment results; and
- e. determine typical and delayed or disordered speech and language in order to adapt testing approaches and monitor patient progress

## EDUCATION & COUNSELING



### Standard 12

Audiologists must inform and counsel patients on the results and findings of an audiological assessment and provide information on further support or recommended intervention.

Counseling to educate and support patients, their families and significant others who may experience distress related to a hearing disorder is an important facet of service delivery.

Education and counseling are required to:

- convey adequate information about assessment findings and their implications;
- address the patient's questions and concerns regarding the assessment findings and the impact on their hearing and communication; and
- ensure the patient understands the information and the next steps to be considered

Use strategies that are responsive and that minimize barriers to successful communication including oral, non-verbal, written, electronic, and/or the services of an interpreter

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. explain and discuss the assessment findings and recommendations with the patient and other relevant individuals (e.g., family members, caregivers,);
- b. discuss the implications of detected hearing loss on communication, activities of daily living and quality of life;
- c. provide the patient and relevant others with information regarding further education, treatment and counseling;

- d. assist the patient in addressing barriers to accessing services and provide information and tools to assist a patient to access services and supports; and
- e. advocate for necessary services and resources to support the patient

## FURTHER INTERVENTION



### Standard 13

Audiologists must either provide or make appropriate recommendations for further intervention when required.

Further intervention may not always be required, for example if assessment findings do not present a concern or a patient's goals have been met. Often, however, some form of follow-up care is required following an assessment, such as the provision of some kind of intervention or (re)habilitation.

Depending on the patient needs and context, further intervention may be provided by you or another professional and it may occur at a future date. Ensure that patients, and significant others as applicable, understand when follow-up and further intervention is required, the nature of the services, how to access the services and who will provide them.

When follow-up is provided in a different setting from a different audiologist or health care professional, the [Collaboration Standards](#) and Position Statement for [Concurrent Intervention](#) apply.

### COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. develop realistic objectives for further intervention and follow-up that reflect the patient's goals, needs, values, expectations and constraints;
- b. develop an evidence-informed intervention plan with direct or indirect service delivery, as appropriate, to address the goals identified in the assessment;
- c. identify and recommend alternative services for a patient upon request or when the patient's needs are beyond the audiologist's professional limitations;
- d. assist the patient in finding alternative services, if required;
- e. consult and collaborate with other professionals as required; and
- f. consult with the patient when considering a change in the course of action

## DOCUMENTATION



### Standard 14

Audiologists must document all aspects of the audiological assessment services, including communication with the patient and significant others and collaboration with other professionals in the planning and delivery of services.

Documentation and retention of patient records must conform to the [Records Regulation \(2015\)](#) and the [Documentation Standards](#). The patient record serves as a vehicle of communication and must be accurate, complete, accessible, and securely stored ([Personal Health Information Protection Act, 2004](#)).

A patient may see several service providers in the process of having their hearing assessed and treated. Consequently, timely documentation is important to facilitate transfer of information across professionals involved. The sharing or release of relevant documentation must occur in a timely manner bearing in mind the time-sensitivity of the issue. This includes recommended referrals to other service providers.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. effectively document the assessment services provided and their outcomes;
- b. accurately document communication and collaboration with the patient, family, significant others and other professionals;
- c. respond to requests for documentation from other professionals in a timely manner; and
- d. provide a patient with access to documentation related to the audiological assessment in a timely manner upon request (e.g., a copy of an audiogram or assessment report)

## E. VIRTUAL AUDIOLOGICAL ASSESSMENT



### Standard 15

Audiologists must ensure that a virtual audiological assessment is in the patient's best interest and that it is feasible, appropriate and reliable.

Virtual assessment must be carefully considered for each patient and must follow the [Standards for Virtual Care in Ontario](#) while also adhering to standards 1 to 14 in this document.

There are generally accepted practices for assessment that exist in the field of audiology based on professional consensus. Virtual assessment approaches that do not allow for generally accepted practices, or for standards of practice, to be met are considered to be an *alternative approach*. The principles and expectations when considering an alternative approach are articulated in the [Position Statement on Alternative Approaches to Intervention](#).

It may be that required components of your assessment will not be feasible to conduct in a reliable, appropriate, or evidence-based manner using a virtual approach. Such components may include, but are not limited to, otoscopy, hearing threshold measures and acoustic impedance. Competent support personnel in the patient's environment who have access to appropriate equipment and who can accurately relay information may be required.

There may be occasions when a virtual screening or assessment is the only option, for example when patients cannot readily access in-person services due to limited mobility, geographic location, or in a public health crisis such as a pandemic. In such cases, consider if the risk of

not providing assessment outweighs the risk of attempting a virtual assessment. What is clinically justifiable for one patient may not be for another.

When obtaining informed consent, the potential risks and limitations of a virtual approach must be explained, as well as how you will collaborate with your patient to adapt or modify the assessment to mitigate risk as necessary. Your clinical rationale for a virtual assessment must be documented and must prioritize the patient's best interest.

## COMPETENCIES

Audiologists will apply knowledge, skill and judgement in order to:

- a. Determine the risk of harm associated with proceeding with a virtual assessment for a specific patient, including the adaptation or potential omission of assessment procedures
- b. Assess the appropriateness of virtual assessment based on a patient's needs and characteristics (e.g., initial vs. follow-up assessment, severity of hearing loss, age, visual or cognitive limitations, need for support personnel or a helper)
- c. Determine what aspects of the assessment are possible using a virtual approach
- d. Employ evidence-based procedures during virtual assessment
- e. Determine the risk associated with basing clinical decisions on findings gathered through virtual assessment (e.g., hearing aid prescription)
- f. Modify, limit or discontinue a virtual assessment based on the patient's responses, comfort and need