

Neuroaudiology Newsletter

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AUDIOLOGY AMONG COVID

Seeing audiology patients clinically and for the purpose of research has drastically changed since the COVID-19 pandemic. However, clinical interactions as well as conducting research is as important as ever! A recent publication in the ASHA Perspectives peer-reviewed journal describes using

decision trees for how to triage and manage patients with hearing aids. This timely publication highlights the importance of using both in-person, remote, and hybrid approaches to maintaining patient interactions.

Davidson, A. & Marrone, N. (2020). A clinically valuable interaction in the midst of COVID-19 and beyond: A viewpoint on the importance of patient-centered outcomes in rehabilitative audiology. *Perspectives of the ASHA Special Interest Groups*, 5(4), 940-945.

PERSPECTIVES

SIG 7

Viewpoint

A Clinically Valuable Interaction in the Midst of COVID-19 and Beyond: A Viewpoint on the Importance of Patient-Centered Outcomes in Rehabilitative Audiology

Alyssa Davidson¹ and Nicole Marrone²

Purpose: In this article, we describe the problems that patients and audiologists face today during the COVID-19 pandemic when accessing and delivering hearing health care. Additionally, we introduce a proactive rehabilitative counseling approach to hearing aid follow-up care now and how it may continue in future practice. **Method:** Combining current literature, clinical practice, and results from a recent dissertation study, decision trees were created to guide patient engagement and prioritize follow-up care. **Results:** The central focus is on patient-centered communication needs and self-efficacy. The benchmark

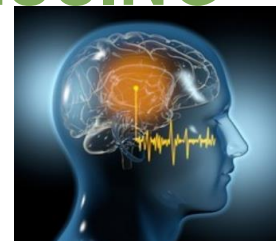
for the Measure of Audiologic Rehabilitation Self-Efficacy for Hearing Aids questionnaire is set at an 80% composite score, with further interpretation of subscales to identify the format and focus of subsequent clinical interactions. Follow-up care can be delivered remotely during the COVID-19 pandemic and in hybrid formats combining remote and in-person services in the future. **Conclusions:** Audiology follow-up appointments may be elective, but patients are still in need of clinician interaction to help mitigate social isolation. We suggest that audiologists reach out to proactively manage communication needs of patients through increased access to rehabilitative audiology.

AUDIOLOGY TRIVIA

ANSWERS ON THE LAST PAGE

- 1) In normal hearing individuals, about how much would thresholds change for a 1000 Hz 10 ms tone vs a 1000 Hz 500 ms tone?
a) No change, b) 4 dB, c) 10 dB, d) 20 dB
- 2) Carhart published his original paper on tone decay in what year?
a) 1954, b) 1957, c) 1959, d) 1961
- 3) In auditory evoked potential lore, what does CNV stand for?

CENTRAL AUDITORY PROCESSING DISORDERS CORNER



Topic: CAPD Test Battery Length

When audiologists first started testing children seeking to determine the presence or absence of CAPD, test battery length was a concern – and perhaps still is. The concern usually centered around the number of tests a clinician should use in the battery. Common thinking at that time was the more tests that could be conducted, the better. This thinking created clinical problems of keeping the child in the sound booth attentive and keeping test results reliable. Since those early days, things have changed. It has become apparent that with the selection of appropriate tests, a test battery really should not exceed 4 or 5 tests (for more details on test selection, see Musiek et al. 2011). These tests would be behavioral tests and could often be completed in less than an hour under most clinical situations. If an electrophysiologic test was deemed necessary, the child would either be brought back for a return visit or if feasible, given a long rest period and then complete the procedure.

The AAA recommendation for the diagnosis of CAPD is that the patient score below the norm on at least two tests. This criteria is based on a 4 or 5 test battery. This is not to relay however that in certain clinical situations that more or less than a 4 – 5 test battery be employed. This is often a decision that the well-informed clinician can and should make. However, the point of this commentary is to inform the reader that 6 or more tests in a CAPD battery is likely not needed or useful. With the selection of appropriate tests, a 4 or 5 test battery, total battery sensitivity and specificity will likely be at their best. Additional tests are going to increase sensitivity only marginally or possibly not at all, while sensitivity will become markedly poorer. CAPD test batteries of reasonable length will make evaluations more feasible for audiologists and be met with overwhelming approval by the pediatric population !

- American academy of audiology clinical practice guidelines for the diagnosis and treatment and management of children and adults with central auditory processing disorder (2010). Retrieved from https://audiology-web.s3.amazonaws.com/migrated/CAPD%20Guidelines%208-2010.pdf_539952af956c79.73897613.pdf
- Musiek, F., et al. (2011) Diagnostic accuracy of established central auditory processing test batteries in patients with documented brain lesions. *J Am Acad Audiol*, 22, 342 – 358.

Where are they now?

Lauren Fedt, AuD, CH-TM (pictured below) is a member of the University of Arizona's 2017 graduating class and this month's Featured Audiologist. Dr. Fedt is currently working in private practice in Sierra Vista, Arizona and provides diagnostics, hearing aid, and tinnitus management services. She works with patients ages 4+ and provides services to residents of southeastern Arizona, service members at the Fort Huachuca Army installation, and residents from the neighboring states of New Mexico and Sonora, Mexico. Dr. Fedt has also provided consulting services related to teleaudiology and private practice ethics issues. Having this teleaudiology skillset may prove to be critical with the emerging change in audiology practice due to the coronavirus. *For more information on teleaudiology, a recent scoping review may be of interest:



- Coco, L., Davidson, A., & Marrone, N. (2020). The role of patient-site facilitators in teleaudiology: A scoping review. *American Journal of Audiology*, 1-15.

Interesting Reads on Neuroaudiology and CAPD

- Koohi, N., & Bamiou, D. E. (2020). Hearing Screening Protocol for Stroke Patients. *The Hearing Journal*, 73(1), 42-43.
- Iliadou, V. V., Chermak, G. D., Bamiou, D. E., & Musiek, F. E. (2019). Gold standard, evidence-based approach to diagnosing APD. *The Hearing Journal*, 72(2), 42-45.

AUDIOLOGY TRIVIA ANSWERS

- 1) Hearing thresholds would change about (C) 10 dB for a 10 ms vs 500 ms tone.
- 2) Carhart published his paper on tone decay in (B) 1957.
- 3) In auditory evoked potential lore, CNV stands for contingent negative variation.