

Setting the Standard: The Standardization of Audiology, presented in partnership with the Audiology Practice Standards Organization (APSO)

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Key Takeaways

Key Takeaway	Clinical Implication
Standards are the minimum, not the ceiling	A practice standard is the foundation of minimal requirements to care for patients efficiently and safely. Guidelines and best practices build on top of it.
Each term has a distinct role	Scope of practice is the legal definition. Standards sit on top of it, guidelines add flexible recommendations, and best practices are what audiologists strive to achieve.
Standardization means consistent care across clinics	A patient should receive the same core evaluation from any audiologist. Delivery style can differ, but the right basics must be checked and nothing missed.
Standards support interprofessional trust	Consistent reports and communication back to referring providers build trust and strengthen the profession's reputation.
Standards are evidence-based and flexible	They are short and broad so audiologists keep autonomy. Exceptions are acceptable when the provider can justify them.
Standards take time to develop	A standard typically takes a year to a year and a half through expert, legal, and public review, and is revisited about every five years.
Standards belong in audiology education	Students should learn the minimums from day one, and providers and preceptors need education on the standards too.
Common practice is not minimum practice	The optometry tonometry case shows courts may hold providers to a minimum even when it was not yet common practice.
Know when to refer	Standards address when a patient's needs move beyond your training so that referral protects the patient and the profession.

Course Content

Learner Outcomes

After this course, participants will be able to:

- Explain the difference between practice standards, guidelines, and best practices.
- Explain how practice standards are used in the didactic and practical education of audiology students.
- List at least 3 ways standardizing practices are important to patient care.

About This Course

This course is a recorded panel discussion presented in partnership with the Audiology Practice Standards Organization (APSO). The panelists discuss what practice standards are, how they are used in clinical practice and in audiology education, and why standardization matters for patient care.

Panelist	Role as Introduced in the Course
John A. Coverstone, AuD	Executive Director of APSO; moderator of the panel
Amit Gosalia, AuD	Founding board member and prior president of APSO; audiologist at West Valley Hearing Center in the Los Angeles area
Emily McMahan, AuD	Former president of APSO; owner of Alaska Hearing and Tinnitus Center
Nicole Anzalone, AuD	Current vice president of APSO; owner of Syracuse Hearing Solutions

Standards, Guidelines, Best Practices, and Scope of Practice

The panelists separate several terms that are often used interchangeably. Together these layers give audiologists something to measure their own practice against.

Term	How the Panelists Describe It
Scope of practice	The legal definition of the profession and the foundation that standards sit on top of. Scope of practice rules differ from state to state.
Practice standard (standard of care)	The foundation of the minimal requirement that is sufficient to take care of patients efficiently and safely: the minimum an audiologist should be doing.
Guideline	A recommended structure to build from, with more flexibility. Guidelines may describe different acceptable ways of doing things, for example with different populations.
Best practice	What audiologists strive to achieve for every patient. Best practices cannot be achieved without first having the foundation of practice standards.

Why Audiology Lacked Standards

- The panelists note that audiology is a fairly young profession. Early work focused on scope of practice and then jumped to best practices, skipping the foundational step of standards.
- APSO's founders looked at other professions, including physical therapy and optometry, in the U.S. and internationally, to see what their standards were and how they keep them up to date.
- Until recently, a search for audiology practice standards would turn up documents labeled as standards that were actually guidelines, best practices, or scope of practice.

Q4

Quiz Hint: A practice standard (standard of care) is the foundation of minimal requirements sufficient to care for patients efficiently and safely, the minimum an audiologist should be doing. Scope of practice is the legal definition beneath it, while guidelines and best practices build on top.

Standards and Consistent Patient Care

- When a clinic has multiple providers, or patients arrive from other clinics, patients should have a shared experience. At minimum, a patient should not feel they missed testing or protocols after moving or transferring care.
- In a multi-provider clinic, standards let the owner know every provider is at least performing the same core tasks. The goal is never to provide only the minimum, but to make sure everyone receives the same standard of care in a timely way.
- Consistency refers to what is provided, not to delivery style. Personalities and the way care is delivered can differ, but the correct basics should be checked, nothing missed in the patient's hearing health picture, and the right tests completed based on case history and concerns.
- Gaps in records from another provider can lead to difficult conversations about retesting. More widely adopted standards would make transferred records more complete, useful for historical comparison, and a reliable baseline for monitoring a patient over time.
- Results from different methods cannot be directly compared. For example, monitored live voice and a recorded word list are not apples to apples, and the panelists note monitored live voice is not evidence based.
- When an evaluation is complete with no gaps, the provider must decide whether retesting is in the patient's best interest or only a personal preference. A gap gives more justification for additional testing.
- Standards support patient-centered care because they provide consistency between every provider, so the focus stays on the patient.

Q2

Quiz Hint: Standardizing protocols means a patient can expect the same quality of care no matter which audiologist or clinic they see. The panelists describe this as consistency in what is provided, such as the right tests being completed, even when personal delivery styles differ.

Evidence, Flexibility, and Provider Autonomy

- Standards need to be based in evidence to the greatest extent possible, and the panelists acknowledge there are still gaps in the profession's knowledge.
- Where literature is limited, the audiologist follows the patient's best interest, care, and safety. Standards are built with adaptability because every patient is different, and exceptions are acceptable as long as the provider can justify them.
- Standards are not meant to lock audiologists into one way of doing things. They are short (about two pages) and broad rather than detailed, so audiologists keep the autonomy to decide which testing or treatment is right, and the standard keeps a shelf life of about five years. Subject matter experts often want to write guideline-level detail and are reined in.
- Specialty standards, such as tinnitus, address both clinics that specialize and those that do not, and include a point at which referral to another professional is appropriate.

How Practice Standards Are Developed

Stage	What Happens
Call to action	APSO invites audiologists who are passionate about a topic. Subject matter experts typically have publications or textbooks and credibility in the field.
First expert group	The subject matter expert group builds an outline and drafts the standard. Members debate word choices, sometimes for weeks.
Second expert review	Another group of subject matter experts reviews and critiques the draft. The first group accepts or edits their revisions.
Legal and public review	A legal review takes place, and a public review allows comments from colleagues, other providers, or anyone.
Revision	The original group carefully reads the comments and revises where the message was not clear.
Ongoing review	A standard typically takes a year to a year and a half to develop, is fully volunteer driven, and is revisited about every five years.

Standards in Audiology Education

Why Standards Belong in the Classroom

- Standards give an educational model for students: when seeing a patient, this is the minimum that has to be done. Students at the panelists' clinics document everything and follow both the standards and best practices.
- The panelists say standards should be taught at the educational level, with hands-on teaching in AuD programs, rather than left to individual practices. Teaching the minimum from day one is described as hyper important.
- They report a wide gap in the consistency of education across AuD programs, with students arriving at varied knowledge levels. Some programs cover more bases than others.

- Providers need education too. As long as an audiologist has a license, they can mentor students, with no prerequisite of knowing the standards. The panelists would like programs to hold preceptors and sites to the standards, so students have a voice to speak up rather than continue bad habits. A preceptor certificate was mentioned as a foundation for teaching providers what students should learn.

Q1

Quiz Hint: Practice standards form the basis for teaching students the minimum skills and knowledge needed to care for patients: when a student sees a patient, standards tell them the minimum they have to do, and they should be taught this from day one in the AuD program.

Standards as a Roadmap for Students

- Students rotate through at least six clinics, each with its own way of doing things. Standards give a baseline that helps them move from clinic to clinic, builds confidence, and eases the transition from student to professional, while leaving room to make errors, grow, and build their own wording on top.
- The panelists describe checklists based on standards, for example for diagnostic hearing evaluations, tinnitus patients, and hearing aid fittings, as a roadmap that confirms nothing was missed. They advise against scripting what you say to every patient.
- Medical education is highly standardized because lives depend on it. Audiology rarely faces life-or-death situations, but the panelists argue the same consistency matters, comparing it to air traffic control, where airports each doing something different would crash.

Q5

Quiz Hint: The panelists describe practice standards as the foundation for clinical education and a roadmap or checklist for students learning clinical protocols. Standards give students a baseline as they move through many rotations, while students still build their own wording and style on top.

Interprofessional Collaboration and Knowing When to Refer

- Physicians and other professionals need to trust that a patient referred to an audiologist will receive consistent care and the right procedures for the right outcomes. Standards, which also address when to refer to other professionals, support that trust.
- Inconsistent reports hurt the profession. If a physician receives very different reports from different audiologists, it is harder to know whom to refer to.
- One panelist described a new provider who relied on a single outside source because it reliably sent results back. When local audiologists began communicating back and thanking the provider for referrals, the provider welcomed having more options.
- The panelists want to promote standards within and outside the profession. Most healthcare professions have practice standards, and inconsistency makes referral sources question whose wheelhouse a problem belongs to.
- Standards include a point of referral, which does not take away from the care provided. The line can differ by clinic: a specializing clinic may care for a patient longer than one that does not.

- Audiologists should know their limits. For those far from a specialist, the panelists suggest continuing education (including interdisciplinary courses), telehealth and the professional network, or referral, because patients deserve the provider's best clinical self.

Consequences of Not Following Standards

- If something happens to a patient and the audiologist must appear in court, they may need to prove why they did or did not do something. Practicing to the highest level helps them defend choices as being in the patient's best interest for safety and healthcare.
- Scope of practice and licensure differ by state, and audiologists must be aware of the rules where they practice. The panelists hope for universal standards across states.
- Right now a state board reviewing a provider's practice has no audiology standards to turn to. The panelists want standards adopted in each state's scope of practice and by certifying bodies.
- Optometry example from the moderator: in the early 1970s, tonometry (an eye pressure test) was not routinely done for people under 50. A patient who developed glaucoma sued, and the court found the practitioner at fault because the test was minimally invasive, low cost, and quick. Common practice is not the same as a minimum practice.
- Audiology sees few lawsuits because it is not surgical and does not prescribe, but a panelist noted that without our own standards, courts would decide them for us.

Q3

Quiz Hint: Standards are built on evidence-based practice and research, shaped through expert, legal, and public review, written with awareness that scope of practice and licensure rules differ by state, and revisited about every five years. The optometry case shows that a common practice is not the same as a minimum practice.

Looking Ahead

- Many general standards have been published, and specialty standards such as tinnitus are in development. The panelists hope real ear measurement, verification, and validation move from best practices to standards of practice.
- They see universities adopting the standards in their clinics as a refreshing trend, and the next big goal as adoption in each state's scope of practice. If a couple of states start, others will not want to be left behind.
- Standards are reviewed about every five years, and new volunteers bring fresh opinions. The panelists invite audiologists to visit audiologystandards.org to learn more, access published standards, or get involved.

Conclusion

- Practice standards are the minimum foundation of care, with guidelines and best practices built on top.
- Standardization gives patients consistent care across clinics and gives referral sources reason to trust audiologists.
- Standards belong in audiology education from day one, and they stay short and flexible to preserve audiologist autonomy.

Interactive Worksheet

Complete this worksheet as you move through the course. Click any box to type your response. Checkbox options are best completed in desktop Word, and every option also has a printed label.

Date:	
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Module 1: Standards, Guidelines, and Best Practices

Learner Outcome 1: Explain the difference between practice standards, guidelines, and best practices.

Key Terms

Define each term in your own words.

Key Term	Definition in My Own Words
Scope of practice	
Practice standard	
Guideline	
Best practice	

Quick Check

Select True or False for each statement.

A practice standard describes the minimum level of care an audiologist should provide.

☐ True ☐ False

Best practices can be achieved without first having the foundation of practice standards.

☐ True ☐ False

Pause & Apply

If I compare my own clinic's routine protocol with the minimum a patient should receive and find a gap, then I will:

--

Module 2: Consistency, Patient Care, and Collaboration

Learner Outcome 3: List at least 3 ways standardizing practices are important to patient care.

Window Pane Summary

In each pane, describe what the panelists say happens without shared standards and with shared standards.

Without Shared Standards	With Shared Standards
Patient care	Patient care
Referring providers	Referring providers
The profession	The profession

Matching

Write the letter of the matching point in the box next to each example.

My Letter	Example from the Panel	Point It Illustrates
	1. A patient says the previous provider never did a certain test.	A. Different test formats cannot be compared directly.
	2. Monitored live voice versus a recorded word list.	B. Refer, use telehealth and the network, or pursue training.
	3. A new provider referred to one outside source because it sent results back.	C. Gaps in transferred records lead to difficult conversations.
	4. An audiologist is 100 miles from the nearest specialist.	D. Without shared procedures, a system can crash.
	5. Every airport doing something different.	E. Communicating back builds trust with referral sources.

Pause & Apply

If a patient arrives with records from another clinic that have gaps, then I will:

--

Module 3: Developing and Teaching Standards

Learner Outcome 2: Explain how practice standards are used in the didactic and practical education of audiology students.

Sequencing

Number these stages in the order they happen, 1 through 6.

Step Number	Stage in Developing a Practice Standard
	A legal review and a public review gather additional comments
	A call to action invites passionate subject matter experts to join
	The standard is revisited about every five years
	The original group reads the comments and revises the draft
	The first expert group builds an outline and debates the wording
	A second group of experts reviews and critiques the draft

Guided Notes

Name two reasons the panelists give for keeping a standard short and broad rather than detailed:

--

Explain how standards help students who rotate through many clinics:

Pause & Apply

If a student or new provider joins my clinic, then I will:

Module 4: Consequences and Looking Ahead

Learner Outcomes 1 and 3: Explain the role of standards and list ways standardization matters to patient care.

Quick Check

Select True or False for each statement.

According to the panelists, a practice that is common in a profession is the same as a minimum standard of practice.

☐ True ☐ False

Practice standards are meant to be long, detailed documents that prescribe how to perform every task.

☐ True ☐ False

The panelists say standards are revisited about every five years.

☐ True ☐ False

Guided Notes

Explain the lesson of the optometry tonometry case for audiology:

Pause & Apply

If a patient presents with a need outside my training or comfort zone, then I will:

Post-Course Reflection

What was the most significant thing you learned that surprised you or challenged your existing practice?

What knowledge gaps did this course reveal about the standards that apply to your practice?

Describe a specific patient, student, or referral relationship in your practice where you would apply something from this course:

Action Plan

Identify at least 2 specific, measurable changes you plan to make to your practice as a direct result of this course. Use the If-Then format where possible: "If I encounter [situation X], then I will [action Y]."

My Action Plan Goal	Target Date	How I Will Measure Success

What is one thing you will do differently in your practice next week as a result of this course?

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Quiz Summary

The following quiz hints appeared throughout the course content. Use this section as a quick study reference.

Q1

Quiz Hint: Practice standards form the basis for teaching students the minimum skills and knowledge needed to care for patients: when a student sees a patient, standards tell them the minimum they have to do, and they should be taught this from day one in the AuD program.

Q2

Quiz Hint: Standardizing protocols means a patient can expect the same quality of care no matter which audiologist or clinic they see. The panelists describe this as consistency in what is provided, such as the right tests being completed, even when personal delivery styles differ.

Q3

Quiz Hint: Standards are built on evidence-based practice and research, shaped through expert, legal, and public review, written with awareness that scope of practice and licensure rules differ by state, and revisited about every five years. The optometry case shows that a common practice is not the same as a minimum practice.

Q4

Quiz Hint: A practice standard (standard of care) is the foundation of minimal requirements sufficient to care for patients efficiently and safely, the minimum an audiologist should be doing. Scope of practice is the legal definition beneath it, while guidelines and best practices build on top.

Q5

Quiz Hint: The panelists describe practice standards as the foundation for clinical education and a roadmap or checklist for students learning clinical protocols. Standards give students a baseline as they move through many rotations, while students still build their own wording and style on top.

Additional Information

Presenter Bios

John A. Coverstone, AuD

Dr. Coverstone is the Executive Director of Audiology Practice Standards Organization, a non-profit professional organization dedicated to developing and maintaining practice standards in audiology. Dr. Coverstone was a founding board member and first president of the organization. He has also served as board member and President of the Minnesota Academy of Audiology, board member and Chair of the American Board of Audiology, and Chaired the State Network Committee and Governmental Relations Committee for the American Academy of Audiology.

Amit Gosalia, AuD

Dr. Amit Gosalia is the co-owner of West Valley Hearing Center located in Woodland Hills, CA. He has been awarded Distinguished Fellow of the American Academy of Audiology (DFAAA), Distinguished Fellow by the National Academies of Practice (NAP), American Board of Audiology Certified (ABAC), is a member of the American Academy of Audiology (AAA) and the California Academy of Audiology (CAA).

He is the owner/CEO of the AudBoss Private Practice Group and the AudBoss Private Practice Summits, and was the Mentor for the Ambassador for the Student Academy of Audiology (SAA) in California. He served a 3-year term on the Board of Directors for the American Board of Audiology in 2012-2015 and has served as Chair of the American Academy of Audiology Marketing sub-committee and the inaugural Public Awareness Committee, along with many other committees on the national level. He is currently on the physician advisory boards for Face Forward International serving patients from around the world, on the board of directors for the Association of Los Angeles Physicians of Indian Origin (ALAPIO) and is a mentor and preceptor to doctoral students nationally.

Emily McMahan, AuD

Dr. Emily E. McMahan, is the owner of Alaska Hearing & Tinnitus Center and an internationally recognized expert in tinnitus care. She provides advanced clinical services to high-needs tinnitus patients through both her Anchorage-based clinic, Telehealth appointments, and in-person field clinics across the U.S. Dr. McMahan holds multi-state licensure to expand access to evidence-based care and is dedicated to improving clinical outcomes for individuals living with tinnitus and hearing loss. She is an adjunct faculty member at the University of Alaska and the University of South Dakota, and she regularly mentors audiologists on best practices in tinnitus management and clinic development.

Dr. McMahan is a frequent speaker at national and international conferences, sharing her expertise on tinnitus, Telehealth, and innovative care models. A graduate of Salus University, Dr. McMahan is also a published author in Nature Communications Medicine for her work on real-world tinnitus treatment outcomes.

Nicole Anzalone, AuD

Dr. Nicole Anzalone is the owner and operator of Syracuse Hearing Solutions, providing personalized, evidence-based hearing healthcare to individuals and families throughout Central New York. Combining clinical expertise, neuroscience research, and professional leadership, she is committed to delivering exceptional patient-centered care. Dr. Anzalone completed her clinical training as a Doctor of Audiology while conducting research at the Institute for Sensory Research at Syracuse University. Her work focused on auditory psychophysics, cochlear implants, and auditory neuroscience, including psychophysical studies with cochlear implant users and the development of cochlear implant research interfaces. She also conducted research on auditory nerve physiology, contributed to peer-reviewed publications, presented at national scientific conferences, and served as a graphics and text editor for two books authored by a renowned auditory scientist and engineer. Dr. Anzalone earned a Master of Science in Neuroscience from Syracuse University, further strengthening her expertise in hearing science and auditory physiology. In addition to her clinical practice, she currently serves as Vice President of the Audiology Practice Standards Organization (APSO), helping advance standards of care and support the continued evolution of audiology practice nationwide. Today, Dr. Anzalone draws on her research, clinical expertise, and passion for innovation to help patients achieve better hearing, understand and manage their tinnitus, and improve quality of life.

Presenter Disclosure

Financial: John Coverstone has no relevant financial disclosures. **Non-financial:** John Coverstone is a founding board member and first President of the Audiology Practice Standards Organization (APSO). John Coverstone is the Executive Director of the Audiology Practice Standards Organization (APSO), the organization whose practice standards are the subject of this course.

Financial: Amit Gosalia is owner/CEO of the AudBoss Private Practice Group and the AudBoss Private Practice Summits, which provide practice-management education to audiologists. **Non-financial:** Amit Gosalia has no relevant non-financial relationships to disclose.

Financial: Emily E. McMahan has no relevant financial relationships to disclose. **Non-financial:** Emily E. McMahan has no relevant non-financial relationships to disclose.

Financial: Nicole Anzalone has no relevant financial relationships to disclose. **Non-financial:** Nicole Anzalone serves as Vice President of the Audiology Practice Standards Organization (APSO), the organization whose practice standards are the subject of this course.

Content Disclosure: This learning event does not focus exclusively on any specific product or service.

Sponsor Disclosure: This Course is presented in partnership with the Audiology Practice Standards Organization (APSO).

Additional Information (continued)

Handout Information

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Social Workers

For additional information regarding standards and indicators for cultural competence, please review the NASW resource: [Standards and Indicators for Cultural Competence in Social Work Practice](#)

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- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

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