

## **CLINICAL PHYSIOLOGY**

Audiologists are represented nationally by the British Academy of Audiology when they generally work in the National Health Service. They work in acute hospitals, community health providers and in some cases social enterprises.

Audiologists accept referrals for hearing care from GPs and hospital consultants and frequently from any health profession. They practice autonomously and will diagnose, set rehabilitation programmes and advise on hearing loss. Often this may include the provision of hearing aid amplification. Where this is the case the remit of the audiologist extends to the wide implications of hearing loss. There can be a counselling role in facilitating the patient to come to terms with hearing loss and the audiologist may help with employment issues in the work place through liaison with other agencies such as Access to Work.

Patients of any age may be seen from the very young of a few days old right through to the very elderly. If a patient is diagnosed with hearing loss they are likely to be accessing hearing services for life. The relationship that the audiologist builds up with the patient and family has to be an extremely supportive one.

Audiologists will conduct different aspects of hearing care:

- Diagnostic tests with adults and children
- Follow up of the Newborn Hearing Screening Programme
- Diagnosing deafness in the very young
- Hearing Aid work with adults and children
- Functional testing to support the precise setting of digital hearing aids
- Recommending assistive devices that link with hearing aids to facilitate for example telephone or television use.
- Referral to other agencies – Health Care of the Elderly, Social Services, The Education Team, Access to Work
- Balance Disorders – diagnosis and treatment.
- Referral for and follow up of Cochlear Implant patients, adult and children.
- Tinnitus Clinics

- Support of individuals and families
- Auditory training

Audiology has moved significantly as a profession over the last 15-20 years. We have always worked closely with Ear Nose and Throat doctors but whereas 20 years ago we completed tests and the medics took over from there we are now autonomous in our work and the central professional in caring for patients with hearing loss. In a patient pathway there are opportunities for 'hand ons' to other professionals to ensure holistic care, but it is the audiologist who now governs that journey and has responsibility for the patient outcomes.

Perhaps it is illustrative to describe one possible journey:

Diagnosis of hearing loss in a three week old, following the universal hearing screen:

- Electrophysiological tests that estimate hearing loss.
- Breaking of bad news to parents and being available during this traumatic time – we often give out our home phone numbers
- Estimating amplification needs based on assessment within a scientific protocol requiring significant individual judgement.
- Over the first year of life – multiple earmould appointments, assessment and revision of prescription as the true full picture emerges.
- Liaison with Paediatricians, ENT Services, Social Services, Ophthalmology and Education.
- Possible Hearing Therapy for tinnitus in children
- Many years consistent care
- Transition to adult services, liaison with Access to Work or with Universities.

This care is vital to maximise the life opportunities for hearing impaired patients. The negative implications of less than optimal care can be disastrous.