



The Audiologist: A Partner Within a Health-Care Team

By Maggie Kettler

Hearing loss is associated with numerous systemic disorders. Audiologists frequently provide consultation for patients whose care is managed by other specialists. In many of these situations, audiologists need to provide more than a consultative service. For many patients seeking answers, our audiological results can help in determining a diagnosis and selecting appropriate treatment.

A patient's health history may be complex and his or her health-care team can include numerous providers. Audiologists are comfortable in the role of hearing health-care provider and frequently function independently from the other health-care providers working with a patient. The best outcome, however, occurs when all of the medical professionals involved with a patient work collaboratively.

A rheumatologist treating a patient with hearing loss associated with rheumatologic disorders, for example, might have limited knowledge about audiological testing and treatment. An audiologist could be unclear about the implications of a patient's rheumatologic diagnosis on evaluation and treatment. The patient's journey to hearing health will improve significantly when these health-care experts work together.

The Role of the Audiologist

As professionals and experts in hearing health care, audiologists should strive to be an active part of a patient's multidisciplinary health-care team. It is very important that audiologists clearly explain audiological results and confirm the understanding of those results with patients and the health-care

professionals involved in their case. The audiologist's work can be instrumental in leading to an accurate and timely diagnosis, while potentially ruling out other conditions.

Due to the many conditions and diseases associated with hearing loss, the audiologist must obtain as much information as possible from the patient. It is the audiologist's responsibility to be sure the patient provides a thorough personal and family medical history. Audiologists must also take the time to research the patient's other conditions to determine if they may contribute to the presenting concern or the development of a diagnosis. Obtaining thorough and accurate historical information allows the audiologist to provide appropriate, individualized recommendations for each patient. Often, patients with medical issues will need to be seen more frequently

than other patients and may require referrals to other providers.

Some patients who come to an audiology clinic will not have an identified disorder or genetic issue. Many individuals with seemingly unlinked symptoms that have auditory and/or vestibular manifestations will come looking for answers. For some patients, an audiologist may be the initial contact with the health-care system, at least for a specific concern.

Our role is the most complicated for the patient with an unknown diagnosis. That patient may come to an audiologist after experiencing dizziness or tinnitus, which are initial symptoms for numerous conditions.

The results of the medical history and testing should go beyond audiological recommendations and be appropriate to guide a referral to other health-care professionals. A comprehensive review of current symptoms, medications, and previous individual and family medical histories should be considered. Evaluation and recommendations should be thorough and referrals to other health-care providers should be anticipated.

Working with Other Health-Care Providers

Audiologists have a responsibility to educate other health-care providers in their communities about the relationship between hearing loss and other medical conditions. Increased knowledge can promote action that directs patients to appropriate care.

The Audiology Project, a grassroots effort created by Kathy Dowd, AuD, ensures that patients with diabetes have their hearing health-care needs met. The program has made great strides in a short time. This type of effort must be multiplied and replicated.

There are medical professionals in many specialty areas who treat conditions associated with hearing

loss. Education and information on current research regarding untreated hearing loss and dementia is necessary for primary-care physicians providing comprehensive care for an aging population.

Neurologists should be educated about appropriate vestibular recommendations for patients with concussions. Rheumatologists need to be informed about the link between numerous rare rheumatologic disorders and hearing loss. Nephrologists need to understand the relationship between renal pathologies and hearing loss.

Medical professionals must have awareness of potential comorbidity and must know when and where to refer their patients for audiological evaluation. This education must be led by audiologists, as the experts in hearing health care.

Keeping Up with Research

We continue to see significant advancements in genetic research in our field. Audiologists must stay informed about these discoveries and their potential effects on patients with hearing loss. Within the audiology community, we must support sharing information about new conditions as are they are identified.

Hearing loss has a relatively common association with rare genetic disorders. There is a genetic component in about 70 percent of the cases of patients with hearing loss, according to the U.S. National Institute on Deafness and Other Communication Disorders. Hearing loss is associated with autosomal dominant, autosomal recessive, and X-linked genetic conditions.

As more genetic conditions are identified and the associations with hearing loss are realized, we must work to ensure that all audiologists are provided with the information about these conditions. This

knowledge is essential in providing assessments and treatment plans for all patients, including referrals to other appropriate health-care providers.

Our Duty to Our Patients

A patient seeks audiological services to benefit from an audiologist's experience and knowledge. It is our responsibility to treat the whole patient, even when audiological recommendations are not the solution.

The role of an audiologist goes beyond assessment and treatment. We must advocate for hearing health for the well-being of our patients.

Professional relationships and partnerships throughout health care are what is best for all health-care professionals and, most importantly, what is best for our patients. Developing partnerships and educating other health-care professionals—as well as educating patients and providers in our community—advances the profession of audiology and improves the level of care all patients receive. 

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References

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