Dr. D’ Ann Rudden: Take a brief moment and imagine yourself at the hospital. Imagine you are about to have a surgical procedure, and someone says, "There really isn’t total accountability for the protocols taken to complete the surgery." But, they say, "We’re pretty sure everything will be fine." Are you good with the words “pretty sure”? 

There are numerous standardized procedures that must be followed in those situations to ensure patient health and safety. While you may be thrilled to have the creative skills the physician has gathered over many years of practice, ultimately, you want to wake up from surgery with your sure results—zero problems. You don’t want to worry that every step was taken to make the event safe and to complete the procedure properly.

Think about flying. You want the pilot to follow standard operating procedures. What if several pilots decided that they wanted to get there faster, and they disregarded the instructions for what altitude, which runway, or what time they were supposed to land? Would you ever fly again if there were variations in the standards based on how creative the pilot wanted to be? Maybe, they wanted to bring us in based on their past training and experiences? You get the point.

But it is not just "life and death" kinds of stuff that get the benefit of standard operating procedures. The standards are all around us every single day at stores, online, shopping, banks, and countless other examples. Did you know that there are actually standards to be followed for how to pay at the pump for a tank of gas? It is actually amazing to stop and think about it in our personal lives. Our culture drives us to put as much standardization as is needed at that given time knowing that standards can change based on a situation, event, or changing needs.

On the podcast this month, we are talking all about standards. Why they are important, why we need them, what they are, and why we don’t already have them. And, most importantly, how we can all get involved in implementing them.

Dr. Tish Gaffney and Dr. Emily McMahan are the current presidents and vice-presidents of the Audiology Practice Standards Organization (APSO). It is an independent, political organization dedicated to developing and adopting practice standards in audiology, as a vehicle to the future growth of the profession. Ladies, welcome to The Hearing Journal Podcast. I am a big fan of you both individually, both as leaders in our profession, but I am even more humbled to have you here to talk about a subject that on the surface might feel a little bit dry, but really has deep implications for the sustainability and the prosperity of audiology for years to come.

Thanks for being here.

03:58 Dr. Tish Gaffney: Thanks for having us. We’re very excited to be here.

04:02 Dr. Emily McMahan: Yes. Thank you for having us. This is great.

04:04 Dr. D’ Ann Rudden: Let’s kick it off by talking about why the audiology practice standards organization itself was developed, and why does it serve a particular purpose that we don’t already have in our state and national organizations?

04:22 Dr. Tish Gaffney: This came about in 2017, where it started with John Coverstone in his podcast, AudiologyTalk, and he had some guests, Lindsey Jorgensen, Jenne Tunnell, and Gail Whitelaw. They were talking about standards and how we don’t have many standards. We have a lot of higher levels like guidelines and best
practices, but we don't have standards. It grew from there. We had a board put together at the end of the year. It has been a quick rise. The premise of it was we were lacking universal standards for the profession of audiology.

05:13 Dr. Emily McMahan: Just to add on, the field of audiology has grown quite a while from where it started. When it first started it was not a doctoring profession and there were different levels of standards and guidelines for non-practitioner status. Now that we are a doctor status or doctor profession, and we are working on a practitioner status with Medicare, these are mandatory things that we need to have established because of guidelines which we often learn in school or when we go to other practices or clinics depending on where we are working. We often talk about things like best practices—where we should be practicing. How do we know where we should be practicing if we don't know what the minimum requirements are? Which would be the standard.

It is hard if we jump ahead of ourselves a little bit and say, "This is how we should practice. This is how we should be audiologists." We need to have the foundations laid in order to have something to stand on. In a legal sense, when we do go for Medicare—practitioner status we are working with, but part of being a practitioner is taking the next step and having it all established because you would never walk into the OR and not have all the foundational practices laid down. We have to get those established, so we can continue growing our profession and be where we are supposed to be with our fellow practitioners.

06:31 Dr. D' Ann Rudden: What I am hearing you say is that the basic standards which is the first order of business, the guidelines, and best practices come from—we kind of jumped the gun and skipped an entire step.

06:48 Dr. Emily McMahan: We did. It is kind of an audiology thing, I feel. No one should practice at a standard level. That is not where you want to be hanging out, but you should know what your minimum is and what everyone should be receiving whether you received care in Alaska with me, or in Colorado with you, or in Florida with Tish. We should all have an identical foundation where we should be completing 100 percent of the time. We don't want to hang out where everybody else is though. We should strive to be better than that, but you have to have the foundation in order to know what is better. If we don't know what's worst, then how do we say what is better than someone else when we don't even know what the bottom level is.

07:25 Dr. D' Ann Rudden: Who decides what the standards are?

07:33 Dr. Tish Gaffney: We have subject matter experts who decide what the standards are. The whole goal is to—standards are like the foundation of a house. That is kind of the bare minimum audiologists should be doing. From that, we are going to create and build other things. For a particular standard, we have a group of subject matter experts, and we also have a verification group, which is another set of subject matter experts that then review what the first group did. It is like a peer review on what the original subject-matter expert group does.

08:15 Dr. D' Ann Rudden: Where have you started with the subject matter because there are a lot of topics?

08:21 Dr. Emily McMahan: We started with the broadest topics. We started with intake because regardless of your field, your practice, or what type of office you are in, everyone needs an Intake standard. We also have a test subject, which is also hard to mess up an intake standard. So, the intake standard is the first. We have Adult Hearing Aid Amplification that's also been published. We are working on the Peds Amp (Pediatric Amplification) right now. You asked earlier, where do we find these subject matter experts? It is within our field. We put out a call and say, "Hey! This is what we are working on, does anyone feel passionate about this?" Or does anyone feel if they have the criteria to be able to stand here and say, "This is where we should be?" We have the subject matter experts, and then it is reviewed by a peer group because we have to make sure that is not assumed by only people on the board but also goes to a legal review to make sure we have not skipped or excluded any important portions that would stand up against all 50 states. It is a pretty involved process. Our SME groups are not the same, so there will be some people who will participate, but they are not intentionally identical because we can’t only have a couple of people determining the standards for the entire profession.
If you are listening to this, and you feel passionate about something, email us. We love to have you participate because our standards can only be as good as the people that are participating. You don't have to be a member to participate because this is about being as neutral but appropriate as we can and not just finding standards in most people that we might know. We try to make it as fair as we possibly can to have the most appropriate and legal standards that we can achieve.

10:05 Dr. D' Ann Rudden: We haven't had these before, and we got roughly three-plus types of professional organizations. I know there are some smaller groups like educational audiology associations, but I am going to call the big three out as the captains of the professions. Is there a reason why we needed to have an independent version of standards that was separate from those organizations?

10:46 Dr. Tish Gaffney: The first thing I would say is that we don't have any. The three groups did—everybody wants everybody to practice at a Goldstein level. A lot of the organizations focused on best practices and guidelines. They didn't really take the time to build the foundations.

When we started it—the purpose was to remain as an apolitical organization, so it has one purpose, and it is not influenced by other things. It took some time for the board to wrap our heads around what it really meant and what we were trying to achieve. One of our board meetings at the AAA conference was more like the ANSI. ANSI's independent, they create standards, they are apolitical. The goal is to be accepted by everybody. We wanted to be the anti-correlate to clinical standards and be that independent organization with one task only. When you have one task you can streamline, and you can get things going versus when you have a very large organization where you are trying to have your hand on everything. Sometimes you miss things, or sometimes the priority shifts. So, in this case—this is the only priority, and that is the only focus.

12:27 Dr. D' Ann Rudden: You are a non-profit organization, but for full transparency, where does your funding come from? You are volunteering, but I am sure it takes some resources to get this done.

12:39 Dr. Emily McMahan: The initial board owns personal finances to help get things started. We have paid back all the debts that had been accrued by the founding board members. Our dues are $50 a year, so it is really small, but 100 percent of the fees go to being able to keep us operational. We are volunteering, we don't receive any compensation from the board. We also have run a couple different campaigns that we have done stand-ups for standards. Most recently, we did this at the ADA convention where we asked people whether they are members or not to donate $10 per year in audiology. In a small group like this, we don't have to have the budgets that larger organizations have. Those little amounts have been able to go a long way.

We also have other people that have made donations generously and periodically. So, we are halfway down on our really small budget. Really small, most people would be shocked to learn how tiny it is, but we are small, we are all volunteers, and we can function. Everybody is a little bit $10 whatever that might be goes a long way for us and is able to make all of that happen.

13:51 Dr. D' Ann Rudden: What I am hearing you say is that from the very small amount of the donation from all audiologists would be blowing your budget out?

14:03 Dr. Tish Gaffney: Yes. We operate on a very tiny budget. I don't know if someone would even call it a budget, it is so small. I was the treasurer for a year, and I have seen it. Truly, when we did those fundraisers like ADA, why is it a myth? I said, "Hey! For viewing this audiology practice standard, $10 per year in audiology, make a donation."

We were able to gain enough donations that we now know we can pay for at least the next several legal fees, and we don't have to worry about okay we did the work now how do we make it happen. It also means none of us have to pay out of our own personal pockets to continue it. It just keeps everything moving forward. I think the first
steps are always the hardest, and now we have gained good momentum. We can keep going. It also means we
don’t have any financial hick-ups stopping us from being able to continue moving forward.

14:54 Dr. D’ Ann Rudden: If I want to contribute to audiology practice standards, and I am going to say again, a
non-profit, apolitical organization dedicated to making standards for all of us. Where would I donate?

15:09 Dr. Tish Gaffney: You can go to the website audiologystandards.org, but we recommend you to be a
member. You can sign-up for your membership there or there is a donation button if you would just like to
donate.

15:23 Dr. Emily McMahan: From the homepage, there are titles of the topic, you hit Support. There is a Donate link
button, where you can donate directly, but as I said earlier, the membership is $50. We do have a private Facebook
group with which we can post updates. The cool thing about us is our standards are published. If you go
to audiologystandards.org, you can look at the standards already been vetted and published. The goal of this is not
to be exclusive, it is to be widely accepted. It is helpful if you become a member, but it doesn’t mean that we are
not going to provide those standards to all of our audiology colleagues even if you are not a member. Keep in
mind, if you have the ability to donate the $50 it goes a long way, but if not then it’s fine. But, please grab our
standards from our websites as well.

16:07 Dr. D’ Ann Rudden: Amazing. This first section went so fast I can't believe it, but we are going to dive in a
little bit deeper on the second part. We are going to talk about what happens if you don't follow standards. I am
going to encourage everybody to check out the Aftershow with Dr. Emily McMahan and Dr. Tish Gaffney from
Audiology Practice Standards Organization.

Thank you so much, ladies. I appreciate your time.

16:37 Dr. Tish Gaffney and Dr. Emily McMahan: Thank you.

AFTERSHOW

00:44 Dr. D’ Ann Rudden: We are back on The Hearing Journal Podcast Aftershow with Dr. Emily McMahan and Dr.
Tish Gaffney from the Audiology Practice Standard Organizations.
Give us a little background on you guys, since you mention APSO. Is it weird to call it APSO?

01:05 Dr. Emily McMahan: We usually say A P S O.

01:07 Dr. Tish Gaffney: It goes either way. Some people say APSO, some say A P S O.

01:12 Dr. D’ Ann Rudden: Okay, great. We talked about how the organization got started, how did you guys get
involved?

01:22 Dr. Tish Gaffney: I don't remember if it were Amit, or John. I don't remember who it was, but they reached
out and said, “Hey! We are going to start this organization; it’s going to be on practice standards. Do you want to
join?” I said, “Sure! Why not.” I couldn't say No when I saw who else was signing on to the original board. We had
John Coverstone, Jennifer Tunnel, Amit Gosalia, Ryan McCreery, Lindsey Jorgensen, Dave Favory, A.U. Bainkaitis,
Gail Whitelaw. How could you not want to be a part of that group?

02:08 Dr. D’ Ann Rudden: Would you like to be a part of this really cool smart people group?
02:13 Dr. Tish Gaffney: Yes. Of course. Anything I could do to help. I was on the original board, and I have been on since. Emily, how about you?

02:26 Dr. Emily McMahan: I came in mid-term when the original board members needed to take some personal time and step back. I came in and started the treasurer role. For the following year-term elections, I was the vice-president and now heading to the president's fight. For me, it was Amit Gosalia who reached out to me and asked why I wasn't a part of this. I don't even know about this--what is it?

I was afraid because I was recognized as a student, and I was never directly under him. He was definitely a mentor for me. I was the annoying student, and a young audiologist asking pestering questions about why we don't have this? Why is it here? Why are these rotations vastly different from one another, yet they all count? For me, it fits really well with where I want to see this going. I have been out for a few years now, and I have students underneath me. I just want us to be able to continue moving forward. I have wanted to be an audiologist for a long time. I don't think we can be in audiology for a long time if we don't further ourselves to match our counterparts within this field. So, I am excited to be a part of this group. It is a cool group, and we have accomplished a lot in a short time. It is cool what we can accomplish when everyone puts their minds together and says we are going to do this.

We haven't had to worry about politics, we haven't had to worry about group A versus B, and versus C, we are getting it all accomplished. It has been a lot of fun, And I encouraged anyone to reach out if you are interested or would like to be a part of it, too? The answer is, yes you can. We will give you something to do.

04:03 Dr. D'Ann Rudden: I love that scrappy start-up energy that it sounds like you have going in this organization, that's so fun. You mentioned in the first half that you started out by dealing with what would probably be like the Most basic thing of patient intake. What are the other areas that you are currently looking at, and what areas are you working towards?

04:32 Dr. Tish Gaffney: Like Emily talked about in the first half, we had intake, and this year we published Adult and Geriatric Amplification because we already had a subject matter expert group who put together for the adult—we rolled right into pediatric. There were some people who came off and some came on for expertise, but the act-group was already put together, so it was easy to take some of the adult stuff and start to figure out how this would be effective for pediatrics. The other one we have is in progress. We have started with the SME meetings for the adult diagnostic.

Our goal was to cover the basics. Originally, we put out a poll like in our first year to see what people want to do. They were much more high-leveled tinnitus and vestibular, but in reality, we thought it was best to go back to the foundational level. What are people doing the most? We want to show the buy-in of how it will fit. Starting with the basics is how you get more of the buy-in and start off on a higher level. So, that is what we have in progress and our thoughts behind it all.

05:53 Dr. Emily McMahan: The goal is we will get to those specialty topics. That is definitely on the radar, it is going to come after the foundations are completed. As Tish said, "If we can not get the masses the good information, then we are only getting these tiny sub-specialties, and we want to be as effective as we want to be." They will come. Tish for vestibular and I for tinnitus. We both feel passionate about them.

We also recognized we have a tiny percentage of audiologists working on something to get the majority of the profession up and running before we can focus on those tiny subsets—so, they will come.

06:28 Dr. D'Ann Rudden: You mentioned something that hit home with me. It's about getting buy-in for the standards, and sometimes you would think that just wanting to positively practice may be enough, but sometimes I think we actually need to hear what are the implications if you don't do this, like negative reinforcement. It follows along with—I was reading the 20Questions that Dr. Tunnel did with Gus Mueller on Practice Standards, and she said, and I wrote it down, "Being an average practice might not be good enough in the eyes of the law."
Talk about the legal implications of not doing this or the penalties for not doing this?

07:24 Dr. Emily McMahan: A lot of this is shifting right now with audiology working on pushing masses and gaining on practitioner status, but the advantages of practitioner status also come with some more burden of practitioner status. I am in full support of it, but we have to make sure that everything is checked out. My state licensure law is different from yours, and I am sure is probably very different from Tish's as well. It doesn't mean I am not practicing within the alliance of the law, but my state and your state probably don't agree on what the law is. You never want to go to court because it is never the goal of being the provider, but the reality is that accidents could happen, something could go poorly that you weren't hoping for or wished could happen. Right now, it is kind of up to feelings. Does the judge know what audiology is? Does the defense attorney know what you are up to? Does your attorney know what you do? If you have nothing to look at from a legal standpoint, how are they supposed to interpret a guideline of our state licensure laws when so many of us have to ask questions of what does that mean, anyway? How do we interpret that?

When you leave feelings up to interpretations because unfortunately, we don't have true standards, it is hard to look at the line of the law when it doesn't exist for our field. Each one of our 50 states and territories has different rules. My state is not better than yours or yours is not better than mine, but they don't agree on how we should be practicing.

If we can have this national standard—in the nursing field they have a nursing compact and a lot of the states agree. That state license can go here, and there is no difficulty because they have agreed to practice in the same manner. It will be hard if we could have a look at this for someone who does not understand what the outside is. What does that mean? It means that we all are being held to the exact same standard. My state could not trump your state and vice-versa because we are all being held to the standard. It has been shown ineffective on how we Must practice. Were you doing that because you should always be up here? Did you mess up enough that you could not even meet the minimum standard for your field because you are hurting the patient? My standard of hurting patients should not be different from yours even though within our state guidelines are probably very different. No one wants to practice thinking they got to cover their butt, but in reality, the reason why we have malpractice, why we have insurance, why we do everything else that we do? We should make sure the legal sense of the word if we ended up in court could be held up for it.

09:57 Dr. D' Ann Rudden: Even the moral implications of practicing out of basic level, as to what does it even mean? Without something in writing, we are all guessing. Is that what I am hearing you say?

10:13 Dr. Emily McMahan: Yes. There's so much of an argument that audiologists and hearing instrument specialists do different things. In my practice, we do. I have also know for a fact there are plenty of audiologists who only practice on the same level, and it's where things get convoluted. If we have hard standards for where my degree and what I am doing with patients was dictated upon legal rules, it wouldn't be as hard to see the differentiation because an audiologist should not be practicing on the same level as a dispenser. It is not an offense to dispensers, but the level of what they should be doing should not be equivalent to the level of care I should be providing to a patient. We have got to have these laid out because if not, then who do we say what is appropriate or not, or did we mess up or not. Right now, it is just a bunch of feelings when we are getting into it.

11:09 Dr. D' Ann Rudden: I am a practitioner, and I'm out in the world. At this point, we may not have those standards ready. What do I do in the meantime to make sure I am doing and practicing to the best of my ability to what's available right now?

11:32 Dr. Tish Gaffney: Standards are the minimum. What you should minimally be doing. Your goal is to strive to be higher than that, and that's where other documents come into play. Obviously, you are always following what your state license says. It is important for minimum procedures, diagnostics, or hearing aid fittings. Those guidelines, those best practice documents are really a good place to be, too. It is where your goal should be, to aim towards. Your goal shouldn't be to aim towards the bottom, but we are trying to define the bottom component.
Always aim for the top, but sometimes you are limited by equipment availability or resources. If you can’t meet those gold standards, that’s where that bottom for the standards really comes in.

12:41 Dr. Emily McMahan: The documentation is important. I couldn’t complete this versus pretending it didn't happen. Everything we do should be documented in our charts, but our charts are the stories of what we did. I couldn’t remember what I did to the patient three years ago, and even more than anyone else can, or sometimes yesterday depending on how the day went with the patients.

When we write the story in our charts it will tell us that—"I would have loved to complete this, but I wasn't able to because insert the reason why." But, when you are forward to addressing it, you are able to show what you are up to. I know it sounds basic but our chart notes are critical when we are talking about documentation, because appropriately we can't remember every code and every procedure we did with someone, especially not in the moment, but that's where your story lies. It will show if you justified the test that you did, or should I have completed it or not completed it? It is all being transparent above the table because that is how we should practice, regardless of standards and best practices. We should be practicing what is best for our patients. When we are working on minimum which is the standard, we should always be far above that. If for some reason you can't do something, say why because it is showing the ownership of why you should have done this, or you wished you could have done this, here is why we couldn’t complete it today. It might have been the patient or you, or equipment tech failure. It happens on bad days, too.

Documentation goes a long way because it shows that you had the intent and the knowledge to do it, and maybe you could or couldn’t complete it that day.

14:13 Dr. D' Ann Rudden: That is the perfect Seagway into my final question for these two amazing women of audiology. I want you guys to get out of your crystal balls. I want you to take us 5, 10, 15, or 25 years ahead. Where are we in audiology with practice standards, with the ways we are doing things, and what are your predictions for the future?

14:42 Dr. Tish Gaffney: That is interesting. As far as practice standards in 10 to 15 years, we will have a full set of standards. We will probably have already revised some of the ones since we have a revision cycle for our standards. As far as the way we are practicing, people are often very hesitant to change.

I worked in academia, so my goal is to push and innovate the students, so when they get out they will be willing to adapt to the changes in our environment. I hope there is much change in the profession as far as how we handle things. For example, one thing I have seen is the change towards one simple thing of the real ear. I told my students when I was once at the AAA conferences, where there was a panel, and Ruth Bettler was host and people from different manufacturers. They talked about how you should be doing real ear, and if you are not, then it is not the best practice. You are probably doing something unethical. There was pretty much a riot in the room. People were mad, yelling at them and storming out. We see peer pressure as to following the guidelines and the best practices. I hope to continue to see more of that as the profession moves forward.

16:23 Dr. Emily McMahan: I am in private practice, so I feel like, D'Anne, your day and my day are appropriately different from Tish’s day.

I have owned my practice for almost seven years this coming new year. I feel it has already changed so much from seven years ago. Maybe the 10-year mark, I could say as audiologists can become more flexible, and part of that flexibility is doing telehealth every day. Some people would not do it or cannot do it because it's unethical. My challenge is, why do you feel that way? I am able to provide excellent care to my patients whereas if I didn't have telehealth, I wouldn't have access to them.

I think we have to ask ourselves these types of questions more. Maybe, it is not just telehealth, because it shouldn't be. It should be a variety of other topics, but traditional audiology such as walking to my office, Great to
see you here! Have a good day! Nice to see you! Hopefully, you come back. It can’t exist any longer because it is not acceptable.

I don’t want to go see my doctor if I have a quick question? Pop on a portal, send the message, how can I chat with him/her, and be done. Because it is convenient. Because I don’t need him or her to sit and look at my face if I just have a general question about something. We can accomplish these things in other avenues. As a field, we have to keep moving forward. More and more people are accepting of Bluetooth now. We still have the anti-Bluetoothers, which I don’t understand because it is super helpful, and it can make life so much simpler. We have to find a way. If an audiologist doesn’t want it, then hire an audiology assistant or someone that can do it. We have to find more ways to be more efficient with the tools that we have and to be more effective at patient care because if not, then they will find a more convenient option whether it is from another provider or not. We can be the faces of our profession and our field, but we have to be flexible. It can’t just happen in these doors anymore.

It is something that has to change, but I feel it’s a very inflexible field. It has to get more willing to move and find ways to still be excellent providers, but it doesn’t always necessarily happen physically in front of me. I would like to think in 10 years the idea of standards is no longer a What the heck? Why are you doing these? Why would you need it? I’d like to think that it has become part of being a practitioner we know. There are standards that we must follow at a minimum, and we have to do better. If we have these established, it would lose some of the “willy-nilly, I do this, you don’t do this,” because we’d have to do it. I’d like to think it is the way—yes, it is a minimum, and we shouldn’t practice there. I’d like to think that it can elevate the ability to practice at a better level because there is no more argument on the way to the bottom. No one wins on arguing on the way to the bottom, in fact, we have proven time and time again that the fastest way to end any argument. If we already established that bottom, then hopefully we can work on elevating each other and practicing better rather than pointing out what we are not doing correctly. We have something as a uniform standard to say, “We don’t do this anymore. Here is how we do this. Let’s get better.”

I know what we talked about is the minimum and the negative where you shouldn't hang out here. It opens up the ability to show how we practice, where we practice, how we fix these areas that may be deficient, and we didn’t realize we were. It is not our goal to practice here, it is to establish better practices and easier methods, and it is where everyone can agree upon rather than saying what your school has taught you or your group does.

It would tie us together rather than look at what the organization says here and the other one says here. The idea at the end is all of the big three, the small ones, and everybody in between. The idea is to adopt things and be uniform because in a standard the uniformity could allow our profession to grow. While we are here now, and I agree, we do have to revise them. Nothing can be static, nothing could be stationary because if it is so, then what is it good? It is not good for anything anymore, but I’d like to think the idea of a standard in our profession is so far beyond in 10 years that we can be just working on staying better and keeping things better. You never want to be behind the curve. Right now, we are a little behind the curve. Hopefully, we can get up there and continue to grow and further ourselves and each other.

20:53 Dr. D’ Ann Rudden: I have absolutely no doubt that leaders like the two of you, we are headed in the right direction, and we will be there before we know it. I hope someday we could have another chat, and we can laugh about, “Remember when we didn’t have standards,” because that would be a really fun conversation, as well. Dr. Emily McMahan and Dr. Tish Gaffney thank you so much for being on The Hearing Journal Podcast to talk about audiology practice standards and the Audiology Practice Standards Organization.

21:26 Dr. Tish Gaffney: Thank you for having us. We really appreciate it.

21:29 Dr. Emily McMahan: Thank you for having us.