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(Veterans Administration, Department of Medicine and Surgery Manual)

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(Paragraphs 28.01 through 28.11)**

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CHAPTER 28. AUDIOLOGY AND SPEECH PATHOLOGY**28.01 GENERAL**

a. This guide for review and evaluation of audiology and speech pathology in hospitals and clinics is an outline of the most significant features usually considered in the management of programs of communication disorders. Understanding of the mission is necessary for systematic review and appraisal. The audiology and speech pathology report will provide statistical information as to the scope of activities and will be considered in conjunction with the listed criteria.

b. Communicative disorders may exist when interpersonal reactions are hampered and the transmission of information between individuals is impeded by problems in hearing, in language, or in speech production. Because human communication is a continuity of processes which cannot be neatly subdivided, the audiologist and the speech pathologist share many interests. Their prime responsibility is the task of helping individuals achieve greater effectiveness in the processes of communication. The work of one specialty differs from that of the other in that its primary concern is focused on a particular group of communicative disorders. The audiologist conducts an analysis of hearing function, assesses the impairment of hearing in terms of the individual's need for specialized audiologic procedures and of his prospects of benefiting from them, and administers an individualized remedial program. This program is aimed at restoring the patient's communicative efficiency through the selection of hearing aids and guidance in their use, instruction in speech, reading, redevelopment of listening skills through auditory training, remedial speech instruction as needed, and related counseling. The concern of the speech pathologist is the approach to acceptable speech acquisition through description and analysis of a particular impaired speech pattern; the study and investigation of underlying causes, precipitating factors, and clinically significant speech behavior; and the necessary speech and language instruction and related counseling. With reference to the activities of the audiologist and speech pathologist it will be determined that the following functions in any combination, are being carried out:

- (1) The assessment, evaluation, analysis, and treatment of communication disorders resulting from hearing impairments, language disorders, vocal aberrations, and afflictions of the speech function;
- (2) Investigations to improve the methods for managing communication disorders clinically and to increase the basic scientific understanding of communicative processes and factors causing their disruption;
- (3) The training of audiologists, speech pathologists, and specialists in related fields by providing instruction in principles and bases of communication including clinical techniques and methods of assessment, evaluation, and treatment;
- (4) Assisting other disciplines and services in the understanding and treatment of patients who have speech or hearing impairments.

28.02 MAJOR ELEMENTS FOR CONSIDERATION

The following provide an index whereby program content and effectiveness can be reviewed and evaluated:

- a. Assessment and evaluation.
- b. Management of communication disorders.
- c. Administration.
- d. Space and equipment.
- e. Training.

- f. Research.
- g. Principal audiologist or speech pathologist (chief).
- h. Other staff audiologists and speech pathologists.
- i. Consultation.

28.03 CRITERIA FOR EVALUATION

The criteria which are presented in the subsequent paragraphs provide a means for achieving uniformity, objectivity, and completeness in the evaluation of the Audiology and Speech Pathology program. In reviewing the program, the effectiveness and validity of the findings are dependent upon the specialized knowledge and professional judgment of the individual conducting the survey.

28.04 ASSESSMENT AND EVALUATION

The assessment and evaluation of hearing and speech disorders is basic to the subsequent clinical management of all patients. Restoration of the patient's communicative efficiency cannot be accomplished until there is an assessment of his impairment in terms of his individual need for specialized procedures and his prospects of benefiting from them.

a. Assessment of Social Efficiency Examinations. Assessment of social efficiency examinations are completed to provide Adjudication with a basis for disability rating of hearing impairment. All veterans applying for compensation receive a battery of audiometric tests supplemented by additional special tests as needed. It will be determined that:

- (1) Scheduling is current and in accordance with established priorities.
- (2) Organizations and agencies which represent the interests of veterans are informed regarding basic principles of audiological assessment and the management of this aspect of the program. (The resultant understanding fosters an invaluable working relationship.)
- (3) Facilities and staff of other VA Audiology and Speech Pathology Clinics are utilized when assistance is necessary in assessing organic hearing level.
- (4) Interdisciplinary relationship with other services is maintained to assist in evaluating the extent of communicative problems.

b. Diagnostic and Treatment Examinations. The Audiology and Speech Pathology program aids other services in the diagnosis and treatment of auditory disorders. It will be determined that:

- (1) Referrals for diagnostic examinations emanating from various medical services such as otology, neurology, psychiatry, and physical medicine and rehabilitation are expeditiously processed.
- (2) Various disorders are referred for audiological evaluation. (Testing procedures range from measurement of auditory acuity in cases of chronic otitis media and otosclerosis prior to consideration for surgical restoration, to batteries of special diagnostic examinations for possible retrocochlear pathology such as VIII nerve and brain stem neuronoma and central auditory lesions.)
- (3) Followup examinations subsequent to surgical intervention or medical treatment as well as periodic reexaminations to review progression of initial symptoms in cases of undetermined pathology are effectively provided.

c. Evaluation of Hearing Aids. To be complete, any clinical audiology program must offer three basic services: audiological assessment, evaluation of hearing aids, and aural rehabilitation. In most instances, a suitable hearing aid must be selected before rehabilitation is feasible. It will be determined that:

- (1) Hearing aid evaluations are completed within 28 days following initial application.
- (2) Hearing aid stock is sustained at proper level with reference to gain categories and as to type of hearing aid to allow maximum flexibility in selection and fitting of the prosthesis.
- (3) Counseling and referral for auditory rehabilitation are integral parts of the hearing aid evaluation program. Success of the hearing aid fitting is largely dependent upon the extent of counseling and the adequacy of the available rehabilitation program.

d. Speech Pathology. The responsibility of the Audiology and Speech Pathology program in instances of speech and language disturbance includes evaluation of the problem, planning, and implementation of therapy. It will be determined that:

- (1) Referrals for diagnostic examinations and therapeutic prognosis originate from those medical services which treat disorders affecting the mechanisms used in communication.
- (2) The speech and language anomalies most often found in the veteran population are aphasia and laryngectomy. However, other oral communication problems stemming from both organic and functional etiologies are evaluated and appropriate therapy administered.
- (3) The success of the therapy is largely dependent upon the adequacy of initially defining the communication problem. This in turn is dependent on the provision of a comprehensive battery of diagnostic tests.

28.05 MANAGEMENT OF COMMUNICATION DISORDERS

One of the chief functions of the Audiology and Speech Pathology program is to offer sufficient therapeutic modalities to handle successfully the variety of communication disorders.

a. Auditory Rehabilitation. A program in Auditory Rehabilitation has the basic purpose of assisting the hearing-handicapped individual to utilize his residual hearing and other sensory avenues to improve his communicative ability. It will be determined that:

- (1) The Audiology and Speech Pathology program offers a short, intensive Aural Rehabilitation program in connection with hearing aid evaluations as well as a concentrated 2-day to 1-week session available periodically to veterans with hearing problems who cannot benefit from a hearing aid.
- (2) Veterans having auditory problems are strongly encouraged to participate in the Aural Rehabilitation programs.

b. Speech Pathology. The basic purpose of a Speech Pathology program is to offer therapy designed to restore maximum potential ability for verbal communication. It will be determined that:

- (1) A variety of programs in Speech Pathology are offered; however, therapy programs are specifically planned to meet each individual's needs.
- (2) When appropriate, group therapy is utilized as a valuable adjunct to individual instruction for purposes of socialization, motivation, and observation of others with similar problems.

28.06 ADMINISTRATION

The organization and administration of the Audiology and Speech Pathology program require efficient operations while fostering professional growth of all audiologists and speech pathologists. It will be determined that:

a. Those in administrative capacities are responsible for the strict adherence by the scheduling personnel to the regulations governing priority of examinations.

b. The Audiology and Speech Pathology program is responsible for providing clinical services for other specified geographical regions in addition to the immediate area. Inpatient referrals are a part of the clinic case load.

c. There is integration of each separate aspect of the clinical program into an efficient operation, with conscientious thought given to professional growth and development of the staff through training and incorporation of research.

d. There is a close interdisciplinary relationship established and maintained to provide thorough treatment for every patient.

e. There is adequate clerical staff to permit professional personnel to devote themselves to the needs of the patients being served.

f. There is adequate audiology and speech pathology staff to meet the demands for patient care.

28.07 SPACE AND EQUIPMENT

In order to perform the unique functions of the Audiology and Speech Pathology program, basic as well as special equipment is necessary. The required operational space is dependent upon the scope of the program at present and upon projected growth. It will be determined that:

a. Space. The physical plant has sufficient space to accommodate clinical and research activities, administrative operations, and facilities for maintenance of the required specialized equipment.

- (1) Sufficient sound suites are available to adequately handle the clinical case load of patients as well as the research activities.
- (2) There is required specialized equipment in operating condition and the clinic has facilities and trained personnel available for coping with maintenance problems. (This need is sometimes met through contractual means.)
- (3) The administrative as well as therapy space allotted to each clinical facility is adequate and allows flexibility for projected growth of the staff.
- (4) There is essential sound isolation for efficient operation of the equipment and accurate test results.
- (5) The location of the clinic is convenient for the patients and staff. The overall aesthetic quality of the clinic is conducive to patient rapport and staff morale.

b. Equipment. Highly specialized equipment is a requirement for the execution of all functions of the Audiology and Speech Pathology program; assessment, remedial procedures, and research. It will be determined that:

- (1) There is sufficient specialized electronic equipment for accurate assessment of auditory function. Instruments in sufficient quantity to meet staff needs are maintained.

- (2) The Audiology and Speech Pathology program has sufficient space and equipment for classes in auditory rehabilitation.

28.08 TRAINING

The VA Audiology and Speech Pathology program requires continual educational activities to provide adequately trained professional personnel. A dynamic academic atmosphere promotes a desire to expand professional knowledge. It will be determined that:

- a. Staff members are capable of providing guidance and supervision of training programs.
- b. Orientation of professional personnel in other services to the activities of the Audiology and Speech Pathology program is effectively conducted.
- c. Professional training in the activities of the Audiology and Speech Pathology program and academic study are coordinated to complement and supplement one another.
- d. In addition to the usual professional training and academic study, trainees have the opportunity to gain extra benefit from special seminars and teaching conferences utilizing consultants who are recognized authorities in particular fields.
- e. Although trainees may prefer specialization in one particular area, they are all exposed to academic study and professional training in both audiology and speech pathology and the many disciplines contributing to the basic foundation of communication.
- f. Whenever possible, an affiliation is established with one or more local universities offering graduate degrees in Audiology and Speech Pathology. Such an affiliation promotes a more coordinated and meaningful program of training and study for the student trainee.
- g. Training and experience in research techniques is an integral part of the trainee program in developing versatile audiologists and speech pathologists.

28.09 RESEARCH

Research in the Audiology and Speech Pathology program is vital to continued growth. The results of research into basic areas, refinement of old measures, and development of new techniques serve not only to further scientific knowledge, but also to improve clinical techniques. It will be determined that:

- a. Primary topics for research activities correspond to the interests of the investigators and reflect the current needs in the field of speech and hearing.
- b. The quality of research being completed is at a creditable scientific level.
- c. The instrumentation necessary for completing research is adequate for investigation of the topic.
- d. Whenever possible, cooperative interdisciplinary research which serves to extend the knowledge of the services involved is encouraged.

28.10 PRINCIPAL AUDIOLOGIST--SPEECH PATHOLOGIST (CHIEF)

The efficiency of any Audiology and Speech Pathology program depends upon the professional stature, the academic accomplishments, and the administrative ability of the chief. It will be determined that:

- a. The Chief possesses the minimum requirements for academic and professional experience.

b. Professional experience of the Chief encompasses a variety of areas in the field of Audiology and Speech Pathology.

c. The Chief, in addition to carrying out his administrative and supervisory responsibilities, personally participates whenever possible in teaching, research projects, and is available for consultations.

d. The Chief is responsible for establishing and maintaining a liaison with other services at the hospital or clinic, and he strives to develop his image as a recognized audiologist or speech pathologist in the community and at the affiliated university.

28.11 OTHER STAFF AUDIOLOGISTS--SPEECH PATHOLOGISTS

All audiologists and speech pathologists will be capable of performing those professional activities for which proficiency is expected at a particular level. It will be determined that:

a. Clinical tasks are performed with competence and dispatch.

b. Whenever possible, personal participation by individual staff members in teaching, research projects, and consulting services are encouraged.

c. Staff audiologists and speech pathologists are given administrative and supervisory duties commensurate with their training and experience.

d. All staff members constantly strive to maintain cohesive working relations with other services within the hospital or clinic.

General acceptance of the audiologists and speech pathologists in the community and in the university depends upon the image developed by individual members of the staff.

April 20, 1965

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to reflect changes in the organization and responsibilities of DM&S elements, and to furnish revised criteria for use in evaluating certain programs.

ch 16 ✓ Pages iii and iv: Remove these pages and substitute pages iii and iv attached. (Contents brought up to date.)

ch 17 ✓ Page vii: Delete "Section VI" and paragraphs "15.21" through "15.25".

ch 15 ✓ Pages ix and x: Remove these pages and substitute pages ix and x attached. (Chs. 27 and 28 added.)

✓ Page 1-1, paragraph 1.01

Subparagraph a, lines 1 and 2: Delete "recurring technical".

Subparagraph f

Line 1: Delete "certain of the" and insert "Central Office program officials and".

Line 2: Delete ", and others . . . Director." and insert a period.

✓ Page 1-3, paragraph 1.06b, line 2: Delete "recurring technical".

✓ Page 4-1, paragraph 4.01a, line 1: Delete "Area Medical Office".

✓ Pages 9-1 through 9-4: Remove these pages and substitute pages 9-1 through 9-6 attached. (Ch. 9 revised.)

✓ Page 20-1, paragraph 20.02

Subparagraph f: Delete "f. Laundry operations."

Subparagraph 1: Delete "Quarters . . . rates" and insert "personnel quarters".

✓ Page 20-4, paragraph 20.04d(5): Delete "Work orders" and insert "Requests for engineering work, engineering work orders, and labor job time cards".

✓ Pages 20-5 and 20-6: Remove these pages and substitute pages 20-5 and 20-6 attached. (Par. 20.08j added; par. 20.10 a and d changed; par. 20.09 deleted as directed by change 9.)

✓ Page 20-8

Paragraph 20.15, title: Delete "QUARTERS RENTAL AND UTILITY RATES" and insert "PERSONNEL QUARTERS".

Under subparagraph ^e ~~b~~ add: "d. Limitations on expenditures for maintenance, repair, and minor improvements to housekeeping quarters are complied with."

✓ Pages 22-1 through 22-3: Remove these pages and substitute pages 22-1 and 22-2 attached. (Ch. 22 revised.)

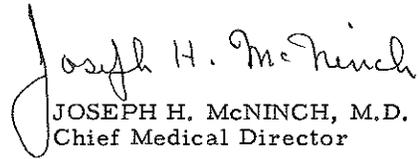
✓ Pages 23-1 and 23-2: Remove these pages and substitute 23-1 and 23-2 attached. (Pars. 23.01 through 23.03 and 23.04h changed.)

**M-6, Part II
Change 10**

April 20, 1965

✓ Page 27-1: Insert this page attached. (The addition of ch. 27 is a cross-reference of the criterion for the DM&S Personnel Service.)

✓ Pages 28-1 through 28-6: Insert these pages attached. (Ch. 28, "Audiology and Speech Pathology," added.)


JOSEPH H. McNINCH, M.D.
Chief Medical Director

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REMARKS

I am returning the attached material with the request that we inform facilities requesting copies of VA Manual M6, Part 2, that the manual will not be reprinted and that Health Care Review Service is working on the developing of a consolidated policy statement to replace M6, Part 2, and similar requirements relating to review of facility activities.

Also, facilities requesting copies of M6, Part 2, as a response to Internal Audit recommendations, should inform Internal Audit staff of the developmental activity of Health Care Review Service in regard to review policy.

FROM  JOHN MULHEARN, Chief, Quality Assurance Division, Health Care Review Service (174)	DATE 11-7-77 TEL. EXT. 275-0301
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