

The profession of audiology is committed to providing auditory and vestibular care through ethical and evidence-based clinical practices that lead to optimal patient outcomes. Standard of practice documents outline basic services that audiologists are expected to include in the provision of quality healthcare. They reflect the values and priorities of the profession, providing direction for professional practice and a framework for the evaluation of practice. Standards of practice are prepared by subject matter experts, based on available evidence, peer-reviewed and subject to periodic updating.

HEARING AID FITTING STANDARD FOR ADULT & GERIATRIC PATIENTS

1. The hearing aid selection and fitting process is based on a comprehensive, valid audiological assessment. Each step of the selection and fitting process and the rationale is documented, where appropriate.^{1, 2, 3}
2. Patient communication is conducted in a clear, empathetic manner consistent with the patient's communication mode, comprehension, and their health literacy level. Patient-centered and family-centered care is provided. The patient is encouraged to include communication partners (e.g., family members, significant others, companions) throughout the selection, fitting, and follow-up process.^{4, 5, 6, 7, 8}
3. A needs assessment is conducted in determining candidacy and in making individualized amplification recommendations. A needs assessment includes audiologic, physical, communication, listening, self-assessment, and other pertinent factors affecting patient outcomes.^{9, 10}
4. Pre-fitting testing includes assessment of speech recognition in noise, unless clinically inappropriate, and frequency-specific loudness discomfort levels. Other validated measures of auditory and non-auditory abilities are considered, as appropriate for the individual patient.^{11, 12, 13, 14, 15, 16, 17, 18, 19}
5. Fitting of bilateral hearing aids is the recommended protocol if the patient is a candidate for hearing aids in both ears and it is supported by the needs assessment.^{20, 21, 22}

6. The hearing aid style and the ear coupling are chosen to be appropriate for the degree and configuration of the hearing loss. Style and coupling should reflect any physical limitations of the patient. Patient input regarding acceptable styles is taken into account.^{23, 24, 25, 26, 27, 28, 29, 30, 31, 32}
 7. The recommended hearing aids include signal processing and features that support the patient's listening needs. They have the appropriate gain and output, including reserve gain, to meet frequency-specific fitting targets as defined by a validated prescriptive method.^{23, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43}
 8. Assistive technology and accessories are considered to facilitate accessibility to other devices and to satisfy the patient's listening and communication needs.^{23, 44, 45, 46, 47, 48}
 9. An assessment of initial product quality is completed, using standard electroacoustic measures to verify either manufacturer or published specifications.^{34, 49}
 10. Hearing aids are fitted so that various input levels of speech result in verified ear canal output that meets the frequency-specific targets provided by a validated prescriptive method. The frequency-specific maximum power output is adjusted to optimize the patient's residual dynamic range and ensure that the output does not exceed the patient's loudness discomfort levels.^{50, 51, 52, 53, 54, 55, 56, 57}
 11. Following individualized verification of hearing aid gain and output, if the fitting is not acceptable to the patient, minor deviations in gain and output may be necessary.^{58, 59}
 12. Orientation is device- and patient-centered and includes use, care, and maintenance of the hearing aid(s) and accessories.^{60, 61, 62, 63}
 13. Counseling is conducted to ensure appropriate adjustment to amplification and to address other concerns regarding communication. Additional rehabilitative audiology is recommended if deemed appropriate.^{64, 65, 66, 67, 68, 69}
 14. Hearing aid outcome measures are conducted. These may include validated self-assessment or communication inventories and aided speech recognition assessment.^{70, 71}
 15. Short- and long-term follow-up is conducted to ensure that post-fitting needs are addressed. This includes updated audiological assessment, hearing aid adjustments and routine maintenance as needed to ensure the devices are functioning properly and appropriately for the patient.^{23, 33, 72, 73, 74,}
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CONTRIBUTORS

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Jason Galster, PhD
Cynthia Hogan, PhD
Lindsey Jorgensen, AuD, PhD
Gus Mueller, PhD
Ryan McCreery, PhD
Erin Picou, PhD

Douglas Beck, AuD
Joscelyn Martin, AuD
Christine Ulinski, AuD
Trent Westrick, AuD

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