

# Basic Audiometry Learning Manual

*Third Edition*

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# Preface

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The *Basic Audiometry Learning Manual*, a volume in the Core Clinical Concepts in Audiology Series, is designed to provide beginning clinicians and students with experiences and instruction in the art and science of clinical audiometry techniques. Learning outcomes, review of concepts, observation exercises, guided practice, and review materials serve as catalysts for active learning of concepts and provide opportunity for utilization of fundamental audiometry methods.

The *Learning Manual* can be used in conjunction with a text of the instructor's choosing or with the books of the complementary Core Clinical Concepts in Audiology: Basic Audiometry Series to promote reflection, application, and assessment of learned information. The comprehensive content of the *Learning Manual* encompasses the breadth of audiologic evaluation, including history taking and patient communication, ear canal assessment, immittance, pure-tone testing, masking, speech audiometry, otoacoustic emissions, and patient counseling. Along with its family of texts in the Core Clinical Concepts in Audiology Series, the *Learning Manual* is designed to cultivate successful learning by students and professionals.

Each chapter of the *Learning Manual* consists of five components designed to guide the reader through an engaging process of active learning. The first component, Learning Outcomes, provides the reader with clear goals for knowledge and skill building and a foundation for readers to evaluate their progress toward clinical competence outcomes.

The second component, Review of Concepts, provides a concise review of the theoretical knowledge necessary for performance of clinical activities. This section provides examples that serve as preparation for practice of the clinical skill.

The third component, Observation, challenges readers to witness the behavior of seasoned professionals in the act of clinical practice. Observation exercises may be performed by watching

clinical instructors or practicing professionals in the laboratory, classroom, or clinic, utilizing the pertinent techniques with patients, students, or volunteers. The Observation component encourages students to learn by example and provides the opportunity for instructors to model exemplary clinical behavior.

The fourth component, Guided Practice, leads the reader step-by-step through exercises designed to provide firsthand experience performing clinical activities. Components of each clinical activity are segmented into manageable modules, allowing readers to experience success with the individual elements of clinical techniques and systematically guide readers toward clinical competence.

The final component, Reflection and Review, provides readers with opportunities to incorporate newfound understanding gained through Observation and Guided Practice into their theoretical and conceptual knowledge base through answering reflective and review questions. By explaining methods, describing experiences, and answering questions related to techniques, readers will demonstrate their understanding of concepts and have an opportunity to assess learning in relation to expected outcomes, set forth in the Learning Outcomes section.

Chapters of the *Learning Manual* can be completed in a serial fashion, following the sequence of a typical audiologic evaluation. Alternatively, the order of activities can be tailored to suit a particular instructional curriculum, or as individual topics coalesce with the reader's immediate goals. Topics addressed in each chapter are explored in-depth in the books of the associated Basic Audiometry Series of the Core Clinical Concepts in Audiology Series, and references are provided to these books to provide an integrated learning experience for readers. Readers may also find additional information from other sources as well to be used as a supplement to or in lieu of these texts.

### **New to the Third Edition**

The third edition of the *Basic Audiometry Learning Manual* has been updated to include equipment and strategies that learners will experience in current clinical settings. Figures and terminology have

been updated to reflect current clinical practice. Additional content includes a new chapter related to audiometric speech testing as a precursor to hearing treatment, as well as basic information on treatment options for patients with communication disorders resulting from hearing loss.

# Acknowledgments

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We sincerely appreciate the opportunity to create this *Learning Manual* as a component of the series. We wish to thank all the individuals who have assisted in the process of the creation of this book, especially Kylee Haller, MA, CCC-SLP, who provided updated illustrations. We appreciate the efforts of all of the individuals at Plural Publishing who have guided us through the publishing

process. We also thank those users of the first and second editions who provided valuable feedback regarding suggested modifications for the third edition of this text.

It is our sincere hope that instructors and students will find the material in this book helpful in their quest for translating theoretical material into clinical skills.







# Greeting the Patient

## INTRODUCTION

In this chapter, you learn how to greet patients and set expectations for the evaluation process in a professional manner. Once you have learned the fundamentals of greeting a patient and explaining the evaluation process, you will be able to build on this knowledge to develop your own style in interacting with patients and their families.

Note that there are many potential terms that you may use when referring to the person you are evaluating. You may prefer to use terms such as *client* or *consumer*. There are valid arguments to be made regarding the most appropriate terms to use in an evolving health care milieu. We have chosen to use the term *patient* here because of the historical importance of the patient and provider relationship in the medical setting. Physicians take an oath regarding their responsibilities to their patients. We seek to reinforce to the new clinician that they have a special responsibility to the person receiving services.

## LEARNING OUTCOMES

- Be able to greet patients appropriately.
- Explain what will happen during the evaluation process.

## REVIEW OF CONCEPTS

### Greeting the Patient

Many factors come into play when greeting a patient for the first time. For the most part, patients will see you before they speak to you. Therefore, your physical appearance is crucial. Do you look the part of the professional in the environment? Are you suitably dressed and wearing appropriate identification to reveal your role? Overall, your appearance should set you apart as belonging in the health care environment.

Observe whether anyone is accompanying the patient. Many patients who have difficulty hearing will bring a companion to assist with communication. Ask the patient if they would like this person to be present with them during the examination. If the accompanying person is an interpreter, remember some important factors:

- While the interpretation is occurring, speak to the patient rather than the interpreter.
- Verify whether the interpreter will be interpreting sequentially (after you speak) or simultaneously (while you are speaking). If the interpreter will be using a sequential method, be sure to pause appropriately.
- You can work with the interpreter before the session begins to review any technical terms you might be using in the interaction.
- Be certain to verify patient knowledge and understanding by asking questions that will tap the patient's understanding of the information.

When greeting a patient, you may already have some information about the purpose for the visit. For instance, a receptionist may have noted a basic "complaint," or you might have documentation indicating why the patient has come to see you. During the greeting process, remember that not only is it appropriate, but it is of utmost importance to ask, "What brings you in today?"

A critical aspect of meeting the needs of patients with hearing loss is to modify your style of interaction to facilitate optimal communication. For patients with known or suspected hearing loss, your speech should be slightly slower and slightly louder than normal, and you should face the patient wherever possible. You should maintain your attention on the patient rather than on medical record-keeping or note-taking equipment. Most patients will have a limited understanding of the terminology formally used for describing anatomy of the auditory system and hearing function. It is important to modify your use of language to avoid jargon that will be confusing to the patient.

It is your responsibility to build rapport with patients so that they are comfortable with you. This will begin in the first few moments that you are with patients and will carry on throughout

your relationship with them. In order to build rapport, you will need to possess and display genuine characteristics of objectivity, empathy, and respect. As a demonstration of the aforementioned characteristics, you also will need to convey a fundamental desire to listen in a sensitive manner.

Understanding the culture of the patients you are greeting is critical. Patients from different cultural groups may respond to disability, eye contact, familial hierarchy, use of names and titles, and the role of different genders in society in a manner that is different from yours. You should be aware of these differences because they will set the stage for your interactions with the patient from the very beginning. When greeting patients, be sensitive to their cultural background.

It is best practice to ensure that the intake processes of your clinic collect information about the gender identity of the patient and their preferred name and pronoun. If this information has not been collected, you should ask how the patient would prefer to be addressed. Until knowing the preference of the patient, you should plan to use the nonspecific pronoun "they." In general . . .

- If you do not know how your patient would prefer to be addressed, use their first name until you have clarified their preference. The patient may prefer the use of a title and their last name, such as Ms., Mr., or Dr., their first name, or another name altogether.
- Ensure that you are talking with the correct person. Use at least two other identifiers, such as birth date and address, to confirm identity.
- Identify yourself and your purpose.
- If the patient is accompanied by another person, ask if this person should be present during the patient's examination.

Say, for example, "Hello Mary. My name is (state your title, and first and last names). I am the audiologist who will be testing your hearing today/seeing you today. I would like to ensure that I am being respectful, so could you please let me know how you prefer to be addressed? . . . Will you please confirm your (address, date of birth, identification number, phone number, other identifier) for me? Our appointment should take about (insert number of minutes)."

## Explaining the Evaluation

After you have greeted the patient and confirmed their identity, explain the process of the evaluation. Say, for example, “First, I will be talking with you about what brings you in today. Then I will be looking in your ears, and testing your hearing.

I also will be testing how well your eardrums and the bones in your middle ears are functioning. These tests will help me understand more about your hearing and any difficulties you might be having.” This brief statement gives the patient a sense of the overall structure of the appointment. Then ask, “Do you have any questions before we begin?”

## OBSERVATION

1. Observe an experienced clinician greeting a patient.
2. Observe the elements that the clinician uses to build rapport.
  - a. What specific behaviors does the clinician use?
  - b. Does the clinician’s choice of words appear appropriate for the patient’s cognitive level, chronologic age, and hearing status?
3. If an interpreter is present, note how the clinician interacts with the patient and the interpreter. To whom does the clinician address their questions?

## GUIDED PRACTICE

1. Prepare to greet a patient on your own. Utilize demographic and other available information to learn about the patient prior to the visit.
2. Based on the information that you have, briefly list the assumptions that you are making prior to meeting with the patient.

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3. Greet the patient. Remember to speak slowly and clearly.
4. Verify the patient’s identity and review the plan of action for the appointment with the patient.
5. Test any assumptions you have noted in item number 2.

6. Make certain that the patient is comfortable with the process and has an opportunity to ask questions.

## REFLECTION AND REVIEW

1. Describe in detail how you would greet a patient. Include the following:
  - a. Addressing the patient
  - b. Confirming the patient's identity
  - c. Providing an overview of the activities of the appointment, as well as the time frame in which they will be conducted
  - d. Asking the patient for any questions about the process

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2. What specific behaviors might you display to earn the patient's trust and respect?

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