

Hi

Please find comments from yesterdays very interesting and informative meeting at Dundee on 6/2/08 comments-

overall ethos - mention of voluntary and support groups gave an impression directed at an elderly population. suggest - Inclusion of employment support groups. This document will cover whole adult population and account of service provision for working age group, clinic accessibility, support etc would be useful.

helpful to have significant other mentioned as can be important part of patient management suggest - mismatch between standard statement and criteria as sig other position not always seen to flow through standard, rationale, criteria

wording in some standards unclear as to meaning and of complex sentence structure

Standard 3 - inclusion of history taking

Standard 5 - % of bilateral fitting, REMs.

If patient clinically suitable bil fit why only 95% be offered.

REMs why 90% verify if clinically able

Why drop to 75% for measure of input levels.

Should wording be re written to future proof against rem tests superseded in future aids?

Standard 8

clarity between user groups, voluntary and support groups.

Clarity in ability to measure outcomes.

The use of the standards will be an excellent tool in audiology , the IMP especially will be an good structure to use to build the patient journey around.

Can envisage using this document in teaching throughout the audiology courses.

regards

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