

CARING FOR AMERICA'S HEARING • VOLUME 20, NUMBER 1 • JANUARY/FEBRUARY 2008

Audiology

THE BULLETIN OF THE AMERICAN ACADEMY OF AUDIOLOGY

Today

20TH ANNIVERSARY • AMERICAN ACADEMY OF AUDIOLOGY • HEAR TO STAY!

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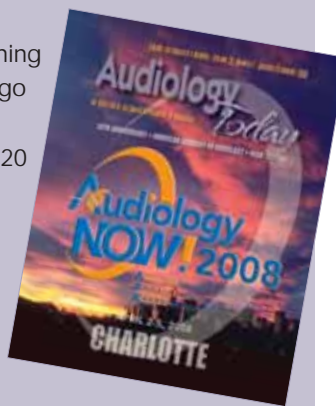
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Alison Grimes, AuD,
President,
American Academy
of Audiology



President's *Message*

HAPPY 20TH ANNIVERSARY American Academy of Audiology!

January 1988. Twenty years ago, our Academy was born, arising from a session at ASHA in 1987, where our founding fathers and mothers declared that it was time, past time, for an audiology-only organization. Many of us had talked informally and with passion for years leading up to this moment about the need to declare independence and form an organization of, by and for audiologists; the critical time and critical mass had been reached, and the Academy was formally initiated in Houston on January 30, 1988. We have come a long way—from our small first headquarters office in the Neuroscience Center at Baylor Medical Center, the birth of the Trivia Bowl at a social gathering of some early founders at Jerry Northern's Colorado home, and the first official executive committee meeting held during the 1989 ASHA convention in Boston—to 2008, with two headquarters offices, one in Reston, Virginia, and one in downtown Washington, DC!

Twenty years ago, the practice of audiology had a different look. Computers were not in routine use and, when employed at all, stored data slowly on large “floppy” disks. Otoacoustic emissions and probe-microphone measures were not routine clinical practices. Hearing aids were adjusted with screwdrivers in trimpots, 675-battery BTEs were

standard, and ITE hearing aids were big and ugly. Tympanograms were plotted on X-Y plotters using pens that invariably dried out when coworkers failed to cap them. Acoustic reflexes were generated by pairing a portable audiometer next to an impedance bridge. Deaf infants were fitted with body hearing aids. We did SSI-ICM and SSI-CCM on all patients; SISI and ABLB tests were still fairly routine, although beginning to be supplanted by STAT, SPAR and PIPB Rollover. A “pediatric” patient meant one who was one year old, not one week or one day!

Our Academy started because we realized that our profession was a separate, unique, and distinguished profession, not a small piece of the larger profession of speech-language pathology. We recognized needs for more advanced education and training, and more cross-training with disciplines other than speech-language pathology, such as psychology, neurology and

acoustics. We sought separate licensure, a separate educational path, and separate recognition for reimbursement. We declared our independence, and have continued to this day to work for that identity.

Now, those of us who participated in the birth of our Academy are increasingly reaching retirement age, and the next generation of audiologists (some of whom were in

“The future
depends on
what we do
in the
present”

—M. Gandhi

Alison Grimes is Director of the Audiology Clinic at the UCLA Medical Center, Los Angeles, CA

grade school in 1988!) are moving into positions of education, professional standards-setting and leadership within the Academy. We are planning a "Young Leaders" initiative to identify rising audiologists and bring them to the national office for training and formal mentorship, in recognition of the need to have the next wave of leaders at the ready to sustain our Academy in years to come.

We recognize and extend enormous appreciation to our colleagues who were among the founders and comprised the first executive committee to establish and conduct the business of our Academy: Jim Jerger (for whom our conference room in the new Academy Capitol Hill office is being named), who has served continuously as our only editor of our scholarly journal, *Journal of the American Academy of Audiology*; Jerry Northern, who has edited *Audiology Today* for 17 years; Brad Stach (currently chair of the American Academy of Audiology Foundation), Gus Mueller, Laura Wilbur, Fred Bess and Rick Talbott.

Learning from the past allows us to chart our future. Recognizing the importance of early research and writings as building blocks of our understanding of hearing and balance and as the foundations for the clinical practices we use today, Richard Wilson contacted me with an exciting proposal to make the "classic" textbooks that are now

out of print, such as *Modern Developments in Audiometry* (J. Jerger, Editor), available on our Web site as scanned documents in a searchable format. What a terrific suggestion to preserve these foundational texts of our profession so that all audiologists and audiology students can fully appreciate and understand basic mechanisms of hearing, sound, physiology and speech perception, and the historical research that made our understanding possible!

As we look forward to this year of celebrating our 20th anniversary, it is exciting to anticipate where we are going in the next 20. I foresee enormous strides in autonomy and professionalism: student recruitment, education, ethics, clinical practice that continues to improve outcomes for our patients, and research that underlies the services and products that we provide.

What else does the future hold? At the suggestion of board members Kris English and Pat Feeney, we have launched a task force on telepractice, headed up by Mark Krumm. As I talk with student members of the Academy, I am struck by how much knowledge and professional practice savvy they have after three years in their doctoral programs. I am also impressed with the maturity and intelligence of student leaders in our field, who will someday be leaders of our Academy.

I believe the future holds routine employment of audiologist assistants by doctors of audiology: there are many who need our services, and that number will dramatically increase with the aging of our population and the increasing need for pediatric services on the other end of the age spectrum. As audiology and basic science research enables us to know more about the electrophysiologic aspects of hearing and the microscopic function of hair cells and neural transmission, we will see rapid growth in implantable hearing devices, hair-cell regeneration, and applications of stem-cell research in disorders that cause hearing and balance impairments, and a vastly improved understanding of the processes that underlie speech perception and comprehension. New initiatives to engage, educate and warn consumers about the dangers of noise exposure on hearing will begin to pay off. Thanks to Academy initiatives like "Turn it to the Left" and "Hearing Great in 2008" (underwritten by Energizer), parents and the general public will have increased understanding that noise causes permanent hearing loss. And as we consider launching our own audiology week (or month!), public awareness of audiology, and hearing and balance disorder prevention, diagnosis and treatment will grow. In 20 years, personal hearing protection will be as common as bicycle helmets or seat belts, and dramatic steps will have been taken to reduce noise levels in classrooms, factories and recreational settings.

And finally, I see that in the next 20 years, we will enjoy an Academy that represents 100% of audiologists, that provides specialty certification in key practice areas and that continues to grow in its ability to advocate for legislative and regulatory issues in a wide range of areas. We will not only be the repository of the history of our profession but the source for contemporary research, practice and public education. We will accredit our own doctoral programs, conduct our own basic and applied research, and be sought as the voice representing hearing and balance issues by other professionals, legislators and policy makers, educators and consumers.

"The future depends on what we do in the present" (Gandhi). Are we ready to take on the next 20 years with forward momentum? I think so, and along with all of you, I look forward to participating in this endeavor.

It's been a great 20 years, and I am proud, and humbled, to be the Academy's President on its anniversary. Thank you to all of the past presidents, board members, volunteers and staff who have built this incredible organization, and thanks most of all to you, the members, for making the Academy what it is today. See you in 2028! 🎉

Executive UPDATE

CHERYL KREIDER CAREY, CAE EXECUTIVE DIRECTOR



FOUNDERS DAY JANUARY 30

While reading historical pieces about the Academy's inception, I noted three key components: a new idea, a forward-thinking innovator and a group of dedicated visionaries. The convergence of these three elements resulted in the American Academy of Audiology.

An idea: a professional organization for audiologists

An innovator: Dr. James Jerger

A group of visionaries: 31 audiologists

In December 1987, Dr. Jerger invited 31 audiologists by mail to a two-day meeting in Houston to consider a professional organization for audiologists. Several excerpts from his letter:

...to discuss the formation of a national society of audiology ...an organization uniquely sensitive to the professional issues, and the professional concerns affecting all audiologists...this initial meeting is currently conceived as open-ended...since no funds are available to support this endeavor, we will all have to come at our own expense.

Have you ever wondered what thoughts were going through his mind as he wrote the letter? In Dr. Jerger's words:

When I came home from the ASHA convention in New Orleans in 1987, I could still hear the amazingly supportive response to my suggestion

that we needed our own organization. But I was still a bit wary. In those days many people felt that it was wrong to even think about fragmenting the ASHA. Disloyalty was a commonly used word. But I had worked within the ASHA for many years and had an intimate view of the extent to which my suggestions for improving the lot of audiologists fell on deaf ears. My original view was that ASHA should serve as an umbrella organization very much in the way that the AMA serves as an umbrella organization for the various medical specialty organizations. To me that seemed like the most positive way of dealing with the inevitable sub-specialization that all professions, including communication sciences and disorders, must necessarily undergo as the knowledge base widens. But the ASHA has never quite grasped that singular truth. Some have suggested that the ASHA will always be more concerned with losing possible membership revenue than with doing what is best for professionals and the society they serve. But I was naturally uncomfortable about being divisive. Yet I knew, from the New Orleans response, that this was the time and we should not let it pass; someone had to step forward and do it. I talked it over with Brad [Stach], and we agreed that I should get the ball rolling.

	THEN	NOW
WORLD		
President	George H. W. Bush	George W. Bush
Dow Jones	1,973	13,289
Minimum Wage	\$3.35	\$5.85
Super Bowl Champs	Washington Redskins	TBD
Academy Award for Best Picture	Rain Man	TBD
Grammy Song of the Year	Bobby McFerrin, "Don't Worry, Be Happy"	TBD
PROFESSION OF AUDIOLOGY		
A professional organization solely for audiologists	a dream	a reality
Name of organization	American College of Audiology	American Academy of Audiology
Audiology Study Group (meeting in Houston)	32 audiologists (paid own travel, food & hotel)	
American Academy of Audiology		10,500 and growing
President	James Jerger, PhD	Alison Grimes, AuD
Budget	\$640 (each audiologist contributed \$20)	\$7 million
Staff	0	30
Mission	The aim of the Academy shall be to promote the public good by advancing the highest professional standards for the diagnosis, habilitation, rehabilitation, and research in hearing and its disorders.	Promote quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research.

ideas, innovators and visionaries

Additionally, have you ever wondered what those 31 audiologists thought and felt upon receiving such an invitation? Here are several responses:

What an exciting possibility for the future of our profession!!! Can we pull this off? — **David Citron**

Actually, in December 1987, I was Director of Audiology at the University of Texas-Houston (directly across the street from Jim Jerger and the Baylor College of Medicine). I could literally look into Jim's 2nd floor office in the Neurosensory Center from my 6th floor office. When the letter went out, I was well aware of the plans to bring a group of audiologists to Houston for a meeting that was likely to revolutionize the profession of audiology. I immediately reserved an 11-person van from the University car pool, so I could provide airport shuttle service for the audiologists flying in from around the country for the big event. My wife and I hosted the group at our house one night, where the group ate plenty of Texas chili washed down with a few cold beers. All of us were (and had been for years) frustrated by the lack of an organization that really cared about audiology. We were ready to give our all to changing our destiny as a profession. — **Jay Hall**

I am honored to be invited. There was no question that I would go. And that was a decision that shaped quite a few years to follow for the Founders as we shepherded this new organization and watched with pride as it grew and thrived.—**Linda Hood**

I was excited at the prospect of the possibility of creating an organization for audiologists and the possibilities that held. Perhaps my memory is shaped by events that followed, but I was impressed at the timeliness of Dr. Jerger's proposal to meet and form an organization. It seemed to me at the time that audiology needed to establish itself as an independent profession with an organization that was not constrained by well intended, but sometimes poorly directed members of our sister profession. I spent my career in a department of Otolaryngology, so the proposal seemed to me as logical as when the physicians who were members of the "Eyes, Ears, Nose, and Throat" profession separated into two organizations representing Ophthalmology and Otolaryngology. My additional response was that I was honored to be included among the prestigious individuals who were included in the invitation. It was a momentous time, and a significant event in the development of our profession. And it was clear from the first moment that life in audiology would never be the same. I am proud to have been part of it all.

—**Robert Keith**

Finally, our many informal discussions about the status of audiology over the past few years at various gatherings are coming to fruition. My hope was that our intrepid group would brainstorm and come up with plans and guidelines that would ultimately result in improving audiology education and raising the professional and economic status of the profession. I certainly did not expect us to establish then and there a



January 30, 1988: Dr. Jerger toasts the Academy.

new organization, exclusively for audiologists. I can still remember the champagne toast we raised (Jim was obviously well prepared for this eventuality) immediately upon declaring the foundation of our Academy.—**Paul Kileny**

This meeting is incredibly important...I wonder why Dr. Jerger included me? Could it be that this letter was intended to go to a different Herman G. Mueller?—**Gus Mueller**

Many of us had often talked previously about setting up our "own" organization for audiologists because of our common concerns about audiology representation within ASHA—but I never really thought it would happen. So when I opened the letter from Jim Jerger dated Dec 1, 1987, I was immediately enthusiastic thinking that it is REALLY going to happen—and I couldn't wait to be involved to help set up this new organization. At that point in time, there was no doubt in my mind that the group could reach any other conclusion except to move forward with a new professional organization for audiologists.—**Jerry Northern**

Actually, I never received a letter. Dr. Jerger was my boss at the time, and he told me that I would be attending the meeting. I believe we used my hospital cost centers to procure the meeting room and, perhaps, the champagne. Declaring audiology's independence seemed so much like the right thing to do at the time. I got a sense early on from all of the enthusiasm generated by Jerger's ASHA convention speech in November of '87 that independence was inevitable. When the overwhelmingly supportive replies began arriving in response to Dr. Jerger's letter, I got a very real sense that I would be witnessing history in the making.—**Brad Stach**

(paraphrasing Groucho Marx) I'm not sure I would want to belong to an organization that would have me as a co-Founder!—**Roy Sullivan**

...Actually most of us were not surprised at all by the initial letter since we had been discussing by phone with each other since the first "spark" was ignited which actually happened at the mini-seminar titled The Future of Audiology held in New Orleans at the ASHA convention in November of 1987. When we first organized that panel discussion, we

ideas, innovators and visionaries

wondered if there would be very many audiologists who would attend a non-scientific meeting about the future of the profession—I happened to have the honor of organizing and chairing that session and I can tell you that all of us on the panel (Lu Beck, Jim Jerger, George Osborne, Jay Hall, and me) were very surprised and amazed at the turnout—about 500 folks packed into the room with people standing on the sides and in the aisles. There was an electricity in the air and needless to say we had struck a cord. There was no doubt at the end of that meeting when Jim called for the establishment of an association for audiologists—things were going to happen—and they did. Jim organized the follow up meetings in Houston by inviting the group that would become the original founders of the association but there was no question after the New Orleans meeting that audiologists were ready to unite into their own association—and so we did.—Rick Talbott

Those visionaries, known as the “Audiology Study Group,” convened on January 30 and 31, 1988. At the end of the first day—January 30, 1988—they voted unanimously to form a new audiology professional organization!

Fast-forward in time 20 years. Representing almost 11,000 audiologists, the American Academy of Audiology’s mission remains focused solely on audiology. While numerous differences exist (see sidebar), those three key components present in the beginning remain today: ideas, innovators and visionaries.

It is in that spirit that the Academy’s leadership will commemorate the milestone of our 20th anniversary by proclaiming January 30 as Founders Day! This special day readily brings to mind one individual, our founder and first president, James Jerger. Thus, in recognition of the inaugural Founders Day—January 30, 2008—and in honor of our founder, we will name the conference room of our Capitol Hill office the “James Jerger Conference Room.” Since the purpose of the Academy’s new acquisition on Capitol Hill is to educate the public about the profession of audiology, who is more deserving of this naming recognition than Dr. Jerger, an exemplary educator himself! Additionally, in his role as editor of the Journal of the American Academy of Audiology, he has educated many audiologists through the years, including future leaders of the Academy.

The Academy and the American Academy of Audiology Foundation are pleased to announce that Plural Publishing and Dr. and Mrs. Sadanand Singh will honor Dr. Jerger’s legacy with a commitment to underwrite the James Jerger Conference Room. The Academy and the Foundation are grateful to Sadanand and Angie Singh for this generous gift that commemorates our founding father and his many contributions to the profession and science of audiology. The Academy and Foundation are making plans to celebrate Dr. Jerger and Founders Day at the end of January.

Let’s all raise a toast to the ideas, innovators and visionaries of 1988, 2008 and beyond! 🍷

Callier Prize in Communication Disorders

Nominations are now being accepted for the Callier Prize

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Candidates should have made substantial contributions in the area of audiology/hearing science.

UTD/ Callier Center for Communication Disorders

FEEDBACK...letter to the editor

Kirkwood Responds to Glaser

I noticed that my old acquaintance Robert Glaser had a Viewpoint article in your Nov-Dec, 2007 issue commenting on my “recent” editorial (actually June 2007) in *The Hearing Journal* about the use of the term “audio-prosthologist.” While I am sorry that he disagreed with my editorial, I am impressed by the great passion he brought to his criticism of it. Perhaps he needed six months to work up to such high dudgeon.

I’m not going to debate the audio-prosthologist issue here. I’ve already expressed my opinions on it in my journal, which is available in our online archives (www.thehearingjournal.com). And, as a matter of professional courtesy, I am not going to point out all the half-truths and misstatements in something published in another journal—least of all in *Audiology Today*, for which I have such great admiration.

I am, however, puzzled by a couple of things about Bob’s piece. If he had some-

thing to say about an editorial in *HJ*, why didn’t he send it to us? Many other *HJ* readers submitted their views on the same editorial directly to me as the editor, and we published the great majority of them.

I’m also curious as to why Bob feels able to deduce that it is “clear that Kirkwood is bound more to the manufacturers and their needs” than to audiologists. Figuring out other people’s motives is a risky business, especially if you don’t bother to talk to them, and Bob displays no gift for it here. The truth is, my first allegiance as editor of *HJ* is to our readers—all of them, including audiologists, hearing instrument specialists, physicians, and all the other people who devote themselves to helping people hear better. It is because we provide editorial content that our readers value that companies choose to reach them through advertising in *HJ*.

Bob did get one thing right. *The Hearing Journal* and I do rely heavily upon

audiologists—for their readership, for the articles they write for us, for the counsel they provide, and, I would add, for the friendships my colleagues and I have with so many of them. This reliance upon them reflects our great respect for audiology, audiologists, audiology organizations, and, specifically, the American Academy of Audiology and its president. But this respect does not rule out anyone’s right to respectfully disagree at times.

In Bob’s closing note, he instructs your readers that they should “consider their reading material much more carefully.” I’m not certain what he’s getting at, since he obviously reads our journal—and has also made valuable contributions to it. But, unlike Bob, I respect audiologists enough to be confident that they are perfectly capable of deciding for themselves what to read without any guidance from him or anyone else.

—David H. Kirkwood, Editor, *The Hearing Journal* 🍷

Audiology Today welcomes letters from readers. The *AT* Editorial Advisory Board offers the following guidelines: All letters are subject to editing for brevity and clarity. Letters should be limited to one subject or theme. Letters should not exceed 175 words. Invective and derogatory comments will not be published.



"Education is not the filling of a pail, but the lighting of a fire."
---William Butler Yeats

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- Transitioning from the Hearing Aid Evaluation to a Functional Communication Assessment

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Business Enhancement Strategies and Techniques (BEST) Committee

Direct Access



My name..... *Gyl A. Kasewurm*

childhood ambition..... *To be a Star!*

first job..... *Babysitting for neighbors*

inspiration..... *My father who said that I could be whatever I wanted to be.*

fondest memory..... *Family gatherings*

favorite movie or book..... *Shall We Dance?*

indulgence..... *Macaroni & Cheese*

proudest moment..... *winning an Academy honor.*

perfect day..... *Shopping in Chicago with an unlimited budget!*

My life..... *is crazy but fun!*

My profession..... *offers incredible opportunity*



Gyl Kasewurm
Professional Hearing Services
St. Joseph, MI
gyl@prohear.net

AMERICAN
ACADEMY OF
AUDIOLOGY



INTERVIEW WITH A *Legend* JOZEF

Jerry Northern, PhD, Editor

The many contributions of the legendary Jozef Zwislocki should be familiar to all audiologists as he is recognized as one of the world's leading auditory researchers. During his 63-year career, he has had a profound impact on auditory research. As a scientist, teacher, researcher and inventor, Dr. Zwislocki is one of the most respected scientists to be associated with audiology—although his contributions have come from his background in electrical engineering, psychoacoustics, biophysics and psychophysiology. A native of Poland, he taught and conducted research at Syracuse University for more than 35 years, retiring in 1992, with the title of “Distinguished Professor of Neuroscience.” He has published more than 200 scientific papers and holds 13 patents for various hearing devices and instruments. Most recently, his work includes a new sound muffling device for use in industry. He has been honored by every acoustic-related organization with their highest recognition award or medal. AT was fortunate to meet with him recently and discuss his remarkable career.



Jozef Zwislocki:
Scientist, Teacher,
Researcher, Inventor

AT: *In reviewing your curriculum vitae, one has to be astounded by the breadth and depth of your research career. We noted publications in so many areas of audiology, including nonorganic hearing loss, bone conduction, acoustic reflex, auditory adaptation, fatigue and acoustic trauma, loudness recruitment and intensity difference limens, temporal summation, threshold measurements, etc., etc., and etc., just to name a few!*

ZWISLOCKI:

Yes, I must admit, I have been interested in studying and conducting research in nearly every area of audition. I have a very vivid imagination ... and I just like to create. That's how my brain works. I've always been interested in bringing my multidisciplinary background to my research projects. I'm wearing hearing aids now, and when I had my hearing tested recently and I heard the masking noise come on in the opposite earphone, I realized that I had written a number of early papers on the use of narrow-bands of noises as the most efficient auditory masking.

AT: *And yet, many of your most notable contributions to the field of hearing have been your studies of the acoustics and mechanics of the hearing system, including impedance of the middle ear, propagation of sound through the human skull, cochlear dynamics, hair cell theory, etc., etc., and again, etc.*

ZWISLOCKI:

My studies of the auditory system have given me a great opportunity to bring together a number of discipline approaches to resolve complex physiological questions. In fact, my doctoral thesis completed in 1948 was entitled, “Theory of Cochlear Mechanics,” and certainly, my engineering background contributed to my thinking.

AT: *Somehow, in the midst of your research and teaching activities, you managed to develop and patent a number of important instruments? The Zwislocki Acoustic Impedance Bridge, developed in the mid-1960s, opened the door to objective differential diagnosis of various middle ear disorders and etiologies*

as well as clinical applications of acoustic reflex measurements.

ZWISLOCKI:

My acoustic impedance bridge was a mechanical instrument that provided precision and stable measurements. Earlier instruments did not exist which could compensate for the volume of air between the tip of the probe tip and the tympanic membrane. My instrument utilized a variable resistance that provided data which could be used to make inferences about the integrity and movement of the middle ear system. Although the mechanical Zwislocki Acoustic Bridge turned out to be too cumbersome for clinical audiologists to use easily, it stimulated many research projects around the world and ultimately increased our understanding of conductive and sensorineural hearing disorders. And, actually, it helped in the development of an



Zwislocki's
Acoustic
Coupler



Dr. Zwislocki

ZWISLOCKI



Zwislocki's
Acoustic
Impedance
Bridge

electroacoustic impedance measuring instrument in Denmark designed for clinical use. I'm particularly pleased that these auditory impedance measurements have become a standard part of the audiological evaluation of all patients

AT: *How about the acoustic coupler you invented in the early 1970s?*

ZWISLOCKI:

I like to create things that people can use. The Zwislocki ear simulator, or acoustic coupler, was an "artificial ear" designed for earphone or hearing aid measurements. The ear simulator is an alternative coupler that allows for the acoustic impedance of the human eardrum and takes into account the volume, mass and resistance of ears. The coupler is used to determine the amount of current needed in an earphone to produce a particular sound intensity at the human eardrum.

AT: *You were awarded the first Békésy Medal in 1985 from the Acoustical Society of America. Did you ever work with Georg von Békésy?*

ZWISLOCKI:

I came to the United States from the University of Basel, Switzerland, and accepted a position as Research Fellow from 1951 to 1957 in the Psychoacoustics Laboratory at Harvard University—where

von Békésy also worked. Békésy was a quiet fellow and worked in his own lab down the hall from mine. Each afternoon, however, he made a trip to the soda machine next to my office, then drank his cola while standing in my doorway and speaking to me for 15 to 20 minutes. We spoke in German, Békésy's preferred language. We didn't really talk about science, but mostly chatted about politics, people, and general topics. Békésy was working on various models of cochlear waves during those days. I continued my mathematical work, begun with my doctoral dissertation in 1958, which accounted for the empirical phenomena discovered by him. It clarified some differences Békésy had with Hallowell Davis and Glen Wever. Perhaps because of this work, I was asked by the Acoustical Society of America to write an obituary for him when he died in 1972.

AT: *You retired from teaching at Syracuse in 1992 after 35 years serving as a faculty member and mentor to countless students and colleagues from around the world. What do you look back on as your most successful endeavors at the university?*

ZWISLOCKI:

A couple of events stand out in my career as a faculty member. In 1958 I established the Bioacoustic Laboratory, then, a multidisciplinary Laboratory of Sensory Communication, and finally, in 1973, the Institute for Sensory Research. This research center became world famous for studies of the structure and function of sensory systems. During that time, I also began one of the first, perhaps the first in the USA, undergraduate programs in bioengineering.

AT: *What have you been working on recently?*

ZWISLOCKI:

I'm just doing what I like to do these days. Since the late 1950s, I have been interested in the noise attenuation by ear protectors. This has led me lately to the development of a new sound muffling ear protection system known as ZEM (Zwislocki Ear Muffler) which I designed for use in industry and noise environments. The ZEM works by directing sound away from the ears with the help of wave resonance that produces a sound-pressure null at the entrance to the ear canal. Because the frequency response of the ZEM system is flat, the ability to understand speech in a noisy environment is optimized.

AT: *And, I understand that you have also recently authored an autobiography?*

ZWISLOCKI:

Well, it is not an autobiography but a monograph entitled *Auditory Sound Transmission: An Autobiographical Perspective*. It has been published by Lawrence Erlbaum Assoc. in 2002. The book is intended as a culmination of my life's research on sound transmission in the human ear and is mainly based on my research. It is not just a review of my past work, however. Rather, original concepts have been modified according to the current state of knowledge. For example, our concept of cochlear mechanics of Békésy's times has been modified according to valid more recent insights. The model that has emerged is much more complex than our original simplistic descriptions would have suggested. 🎧

2008 NOMINEES

AMERICAN ACADEMY OF AUDIOLOGY
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E. Kimberly Barry, AuD

Chief, Audiology and Speech Pathology Service,
Department of Veterans Affairs Medical Center,
Augusta, GA

Education

BA: Audiology and Speech Pathology, University of
Oklahoma, 1977

MS: Audiology, University of Oklahoma Health
Sciences Center, 1980

AuD: Central Michigan University, 2000

Professional Activities: Audiologist, Department of Veterans Affairs, 1990–2002; Chief, Audiology and Speech Pathology, Department of Veterans Affairs, 2003–present; Fellow, American Academy of Audiology, 1995–present; Board Certified, American Board of Audiology, 2001–present; Georgia Academy of Audiology Steering Committee, 2001–2002; Georgia Academy of Audiology Convention Committee, 2002; Secretary-Treasurer, Association of VA Audiologists, 2002–2006; Professional Resource, Audiology Awareness Campaign, 2003–present; Professional Liaison, Augusta, GA, Chapter, Hearing Loss Association of America, 2004–2006; Clinical Champion for Audiology, VISA 7, Department of Veterans Affairs, 2005–present; Chair, Georgia Academy of Audiology Membership Committee, 2006–2008; Department of Veterans Affairs Southern Region Professional Standards Board, 2006–present; American Academy of Audiology Membership Committee, 2006–2008; American Academy of Audiology Welcoming Sub-Committee, 2006–2008; Adjunct Appointment, Medical College of Georgia, 2007–present; American Academy of Audiology Learning Labs Sub-Committee, AudiologyNOW! 2007; Board of Directors, Audiology Awareness Campaign, 2007–present; Chair, American Academy of

Audiology Learning Modules Sub-Committee, AudiologyNOW! 2008

Honors: Superior Performance Award, Augusta, GA, VA Medical Center, 1993, 1994, 1995, 1996, 1997, 2004; Commendation, Georgia State House of Representatives, 1996; Special Contribution Award, Augusta, GA, VA Medical Center, 1998, 2005, 2006; Department of Veterans Affairs Network Executive Healthcare Leadership Institute, 2005–2006

Areas of Special Interest: Geriatrics, credentialing, audiology education, public awareness of the professional identity of audiologists

Position Statement: I am honored to be nominated for the position of Member-at-Large for the Academy. Audiology has made major strides in achieving professional autonomy, in improving public awareness of the role of the Audiologist, in developing a credentialing process independent of membership in any one organization, and in the delivery of quality hearing health care. But we must address two other critical concerns to insure the continued viability and growth of our profession. First, it is imperative that we establish and foster close liaisons with clinical training programs in order to offer students exemplary practicum experiences and to provide informed feedback to their mentors as to the adequacy of their preparation to practice professionally. Second, if we are to avoid stagnation and obsolescence in our rapidly-evolving, high-tech society, we must be quick to apply new research findings, tools, and techniques. But if we become dependent upon others outside the profession to provide these critical resources, we will put our hard-won stature and independence in jeopardy. It is essential that we aggressively support research training and active engagement in research. If you choose me as a member of the Academy Board of Directors, I promise to work diligently to achieve these goals.



Deborah L. Carlson, PhD

Director, Center for Audiology and Speech
Pathology, and Associate Professor of
Otolaryngology, University of Texas Medical Branch,
Galveston, TX

Education:

AB: Speech Pathology, Augustana College, Rock
Island, IL, 1980

MS: Communication Disorders and Sciences and
Rehabilitation Administration, Southern Illinois

University at Carbondale, 1982

PhD: Audiology, Southern Illinois University at Carbondale, 1986

Professional Activities: Director, Center for Audiology and Speech Pathology, 1989–present; Associate Professor of Otolaryngology, 1995–present; American Speech-Language-Hearing Association Professional Services Board, 1997–2000; Audiology Column Editor, ASHA Administration and Supervision Newsletter, 1999–2001; American Academy of Audiology Membership Committee, 1999–2003; President, Texas Academy of Audiology, 2000–2001; Texas State Board of Examiners for Speech Pathology and Audiology, 2000–2006; Regional Coordinator, AAA State Network Committee, 2001–2006; Associate Coordinator, American Speech-Language-Hearing Association Division 11 Steering Committee; 2001–2004; Scientific and Education Board, American Speech-Language-Hearing Association, 2001–2003; Exhibitor Advisory Committee, American Academy of Audiology, 2003–2005; Chair, AAA Membership Committee, 2004–2006; Past-president's advisory council, Texas Academy of Audiology, 2005–present; Financial Planning Board, American Speech-Language-Hearing Association, 2006–present; State Licensure Subcommittee, American Academy of Audiology, 2006–2007; Coding and Reimbursement Committee, American Academy of Audiology, 2006–present

Honors: Gubernatorial appointment to state licensure board, 2000; Fellow, American Speech-Language-Hearing Association, 2007

Areas of Special Interest: Amplification, diagnostics in CAPD and electrophysiology, professional issues

Position Statement: The profession of audiology has rapidly advanced in the past twenty years and is at a crossroads in many areas. Direct access is critical to our future as independent service providers, will provide more cost-effective hearing healthcare, and have an impact on reimbursement. The upgrade of our profession from a master's to AuD degree has been realized and is in need of refinement and standardization as it relates to education and the clinical externship. Programs will be held to high and consistent standards through clinical accreditation and would be further enhanced with an in-service examination, much like that which exists in medical residency programs. This examination would allow individuals and programs the ability to rank themselves in relation to other programs. The AuD clinical externship portion of the education experience is in need of standardization in terms of site and preceptor expectations, as well as clinical exposure. A certification or accreditation process for clinical sites or preceptors would ensure a high quality experience during this critical training year. Promotion of evidence based practice and collection of outcome data will assist our profession in its continued efforts to improve third party reimbursement and recognition in the healthcare arena. To this end we must continue to educate our members in coding and billing practices, reimbursement, and professional advocacy efforts. Finally, continued public awareness efforts must not only enhance consumer knowledge of our profession but will also focus on attracting future professionals for the clinical arena as well as attracting scientists for research and teaching.

2008 NOMINEES

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Lawrence M. Eng, AuD

Private Practice, Director of Audiological Services,
Golden Gate Hearing Services, San Francisco, CA

Education:

BA: Communicative Disorders, San Francisco State University, 1984

MS: Communicative Disorders, San Francisco State University, 1986

AuD: Pennsylvania College of Optometry, School of Audiology, 2001

Professional Activities: Board of Directors, Hearing Society for the Bay Area, 1991–1993; Secretary, Bay Area Audiology Group, 1995–1997; Northern California representative, California Academy of Audiology, 2001; Legislative Liaison, California Academy of Audiology, 1998–2000; Wireless access taskforce member, ATT/Cingular, 1994–2007; Board member, Academy of

Doctors of Audiology, 2003–2005; AAA State Leadership network, 2005–2006; President, California Academy of Audiology, 2006

Honors: Community Service Award, Bay Area Audiology Group

Areas of Special Interests: Aural rehabilitation/amplification, cell phone/hearing aid compatibility, and state licensure issues

Position Statement: We have made great strides in our profession due to the unwavering commitment, vision and enthusiasm of past board members. The hard work of this Academy has resulted in the acknowledgment by local, state and federal agencies that audiologists may be entrusted to serve individuals with hearing loss and vestibular problems. I am prepared to continue the work that the current board has been doing to ensure that our profession has the recognition that we have all worked so very hard to achieve. It is important that the AAA Board be representative of the diversity of its members in order to be an effective vehicle for all.



Noreen Daly Gibbens, AuD

Henry Ford Health System, Detroit, MI

Education

BA: Western Michigan University, 1982

MS: Vanderbilt University, 1984

AuD: Central Michigan University, 2006

Professional Activities: Michigan Academy of Audiology Board Member and President, 2002–present; Michigan Audiology Coalition Convention Planning Committee Member, 2005–present; Hearing Loss

Association of Michigan-Macomb Chapter Professional Advisor, 2005–present; Day at the State Capitol (HLA-MI) Planning Committee, 2005–present; Michigan Academy of Audiology Reimbursement Committee, 2004–present

Areas of Special Interest: Reimbursement, defining appropriate scope of practice, quality of patient management.

Position Statement: As a clinical audiologist who sees patients on a daily basis, I believe we need to increase the use of support staff in our profession. I do not feel we will ever have the public perception we deserve without changing the manner in which we utilize support staff. We also need to focus on recruiting students even in high school in order to attract additional qualified individuals to the profession. Without doing so, we will not be able to provide the level of services needed for our patients. Although I work in a building with many physicians, I still encounter roadblocks to patient care that involve the problems with direct access. This is an issue every audiologist needs to be involved in, as it has a major impact on our ability to provide care.

As an active member of the committee planning “Hearing Loss Awareness Day” at the Michigan state capitol I have needed to work with other hearing health care professionals in the state (physicians and hearing aid dealers), and members of hearing loss advocacy groups. It has involved recognizing the interests of audiologists while supporting others. This can be a very challenging venture, but an important one to continue on the national level.



Joscelyn R. K. Martin, AuD

Instructor of Audiology, Mayo Clinic,
Rochester, MN

Education:

BA: Audiology and Speech Sciences, Michigan State University, 1993

MA: Audiology and Hearing Sciences, Northwestern University, 1994

AuD: Audiology, Central Michigan University, 2002

Professional Activities: Faculty Audiologist,

Northwestern University, Evanston, IL, 1996–1997; Clinical Audiologist, Ear, Nose and Throat SpecialtyCare of Minnesota, 1997–1998; Clinical Audiologist, Mayo Clinic, Rochester, MN, 1998–present; American Academy of Audiology, Student Volunteers Subcommittee of the convention Program Committee, 2004–2005; Minnesota Academy of Audiology, Government Relations Chair, 2004–present; American Academy of Audiology, State Leaders’ Network Member, 2004–present; Minnesota Academy of Audiology, Treasurer, 2004–2005; Minnesota Academy of Audiology, President, 2007; American Academy of Audiology, AudiologyNOW! Community Support Subcommittee Chair, 2006; Minnesota Department of Health, Speech-Language Pathology and Audiology Advisory Council, 2007–present; Minnesota Department of Health, Newborn Hearing Screening Advisory Council, 2007–present; American Academy of Audiology, Professional Standards and

Practices Committee, 2007–present

Areas of Special Interest: Early hearing detection and intervention, patient and family centered counseling, audiology education

Position Statement: Audiology awareness, education, ethics, reimbursement, and government relations are several of the priorities key to our academy today. They require cooperation, among members of our academy, the general public, and associated organizations.

Public awareness of our profession has increased considerably over the years, and will continue to increase as we promote awareness. Similarly crucial to the proliferation of our profession are our efforts to promote AuD and PhD programs to potential students. Pursuit of innovative educational avenues is fundamental to our ability to produce the best clinicians and researchers. Maintaining ethical standards befitting the profession that is audiology is a complex priority for the academy. Continued effort will be necessary to encourage a culture of high ethical standards. One of the most immediate concerns for audiologists in the field is third party reimbursement. So many aspects of this priority are outside of our immediate control. The aspects that we do have control over involve so many facets of our academy, from coding and reimbursement to government relations.

I welcome the responsibility and privilege of serving an organization that has done so much to benefit its membership and promote the profession of audiology.

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Erin L. Miller, AuD

Coordinator, Hearing Aid Dispensary and Clinical Preceptor, University of Akron, Northeast Ohio AuD Consortium, Akron, OH

Education:

BS: Speech Pathology and Audiology, Clarion University of Pennsylvania, 1983

MA: Audiology, Kent State University, 1986

AuD: University of Florida, 2000

Professional Activities: Private Practice, Neuro-Communication Services, Inc., 1993–2005; Communications Chair, Ohio Academy of Audiology, 2002–2003; President, Northern Ohio Academy of Audiology, 2003; Exhibits and Sponsorship Chair, Ohio Audiology Conference, 2003; Web Developer, Ohio Academy of Audiology, 2003–2005; Board of Governors, American Board of Audiology, 2003–2005; President, Ohio Academy of Audiology, 2004; Chair, American Board of Audiology Marketing Committee, 2004–2005; Secretary and Ohio Academy of Audiology Representative, Ohio Speech and Hearing Governmental Affairs Coalition, 2004–2007; State Leaders Network, Region 3 Captain, 2004–2006; Chair, ABA Nominations Committee, 2005; Planning Committee Chair, Ohio Audiology Conference 2005 and 2007; Member, American Board of Audiology Marketing and Fundraising Committee, 2005–present; Chair, American Academy of Audiology State Network Committee, 2006–2007; Committee Member, American Academy of Audiology Government Relations Committee, 2006–2007; National Association of Future Doctors of Audiology Faculty Advisor, Northeastern Ohio AuD Consortium, 2006–present; American Academy of Audiology Ethical Practices Committee, 2006–present; Membership Chair, Women in Higher Education, University of Akron, 2007–present; Chair, Ohio Speech and Hearing Governmental Affairs Coalition, 2007–present; Board of Directors, American Academy of Audiology, 2007–present

Honors: Scholar Award, American Academy of Audiology, 2002, 2003, 2004, 2005, and 2006; appointed interim Member-at-Large on the American Academy of Audiology Board of Directors, 2007–present

Areas of Special Interest: Adult audiologic treatment; auditory processing disorders; professional issues, and student mentoring

Position Statement: The profession of audiology, with the Academy as its voice, has made significant progress in improving public awareness of the profession and the services we provide. The Academy's Government Relations Committee, through the diligent work of our colleagues and Academy staff, is ensuring policy makers understand the important work we do to improve the quality of life for our patients with hearing and balance problems. As a profession we have a great deal to be proud of; yet, there is much work ahead. Audiologists must be recognized as independent practitioners with the ability to bill for services, and patients must have direct access to our services. The Academy Board of Directors has made this a legislative focus, and I am confident I have the energy to help continue this work. Creating rigorous educational standards to ensure students are adequately prepared to practice professionally upon graduation is critical. We must also support audiologic research which will guarantee that audiology can chart its own destiny. Finally, I believe that mentoring future leaders of our profession must be a priority for the Academy. It is imperative that those of us involved at the local, state and national levels demonstrate the value of involvement in professional organizations, create a venue through the Academy for student involvement and engage students in the process. Mentoring future leaders will ensure the Academy's success. I am proud to be an audiologist, committed to the success of our profession and I would be honored to serve the membership of the American Academy of Audiology.



Jill E. Preminger, Ph.D.

Associate Professor, University of Louisville School of Medicine, Louisville, KY

Education:

BS: Speech Pathology and Audiology, Boston University, 1980

MS: Communication Disorders, University of Wisconsin–Madison, 1982

PhD: Audiology, University of Minnesota–Minneapolis, 1993

Professional Activities: Assistant Professor, Department of Special Education, Kean University of New Jersey, Union, NJ, 1997; Research Audiologist, The Lexington Center, Research Division, Jackson Heights, New York, 1997; Assistant Professor, University of Louisville, Department of Surgery, Program in Audiology, 1998–2004; Associate Professor, University of Louisville, Department of Surgery, Program in Audiology, 2004–present; Education Committee, American Academy of Audiology, 2001–2004; Featured Sessions Committee, American Academy of Audiology Convention, 2000–2001; Assistant Editor, *Journal of the American Academy of Audiology*, 2002–present; Chair, Instructional Course Committee, American Academy of Audiology Convention, 2002; Consultant, *Ear and Hearing*, 2002–present; Associate Editor, *Journal of Educational Audiology*, 2002–2004; Executive Board Member, Academy of Rehabilitative Audiology, 2004–present; Student Research Forum Committee, American Academy of Audiology, 2005; President, Academy of Rehabilitative Audiology, 2005; Convention Chair, Academy of

Rehabilitative Audiology, 2006; Consultant, *American Journal of Audiology*, 2006; Publications Committee, American Academy of Audiology, 2006–present; Consultant, *Trends in Amplification*, 2007; Associate Editor, *Journal of Speech Language Hearing Research*, 2007

Honors: University of Louisville, Program in Audiology, Teaching Award, 2007

Areas of Special Interest: Evaluation of audiologic rehabilitation services, reimbursement for audiologic rehabilitation services, audiology education

Position Statement: I have had the pleasure of working in audiology as a clinician, researcher, teacher and mentor over the past 24 years. Audiology has experienced considerable evolution as our research base has increased and as the entry level degree into clinical practice has changed. Audiology will continue to evolve to meet the changing needs of our patients. As a result, the American Academy of Audiology has a crucial role in driving the evolution of Audiology.

As an Academy Board Member, I would advocate for the development of Audiology in the following areas. First, evidence based research in audiology is increasing. I would promote additional evidenced based research. Additionally, the dissemination of this research must improve so that our clinical activities are always based on current best practices. Second, while audiologic rehabilitation is the focus of my research, audiologic rehabilitation is often not the focus of our clinical activities. This is primarily due to reimbursement and payment issues. Efforts are necessary to improve reimbursement for all clinical services. Third, as an educator, I am interested in promoting change in our audiology education as we move to a new accreditation model. Outcomes based research is necessary to evaluate our educational model.

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Georgine Ray, AuD

Private Practice, Owner/President, Affiliated
Audiology Consultants, Inc., Phoenix, AZ

Education:

BS: Speech and Hearing Sciences, Arizona State
University, 1979

MS: Communication Disorders, Arizona State
University, 1983

AuD: University of Florida, 2003

Professional Activities: Vice-President and Chair,

Program/Convention Committee, Arizona Speech-Language-Hearing Association, 1988–1990; President, Arizona Speech-Language-Hearing Association, 1992–1993; Co-Chair Local Arrangements, Program Committee, American Academy of Audiology Annual Convention, 1993; Founding Member, Board of Governors, American Board of Audiology, 1998–2001; Editorial Advisory Board, *Audiology Today*, 1999–present; Strategic Planning Discussion Group, American Academy of Audiology, 2000; Proctor, Arizona Hearing Aid Dispensing License exam, 2000–present; Member and Chair, Advisory Committee, Arizona Audiology, Speech-Language Pathology and Hearing Aid Dispenser Licensing, 2001–present; Clinical Preceptor for AuD Program, A.T. Still University, Arizona School of Health Sciences, 2003–present; Chair, Employment Services Center Sub-Committee, American Academy of Audiology Annual Convention, 2004; Member and AZ representative, State Leaders Network, American Academy of Audiology, 2004–present; Member, Ethical Practices Committee, American Academy of Audiology, 2005–present

Areas of Special Interest: Public awareness of our profession, direct access, reimbursement, externship opportunities for AuD students, private practice issues

Position Statement: How did we get here and where are we headed? It is critical that we, as a profession, pay due diligence to these questions and take an active role in deciding who will chart our course. I think I speak for all in our profession to say that audiologists had better be in the driver's seat! I would be honored to represent my fellow colleagues as we continue in our ongoing efforts to be the leaders in hearing health care. My personal interests involve issues of particular concern to private practitioners, such as coding, reimbursement and marketing. Along with these issues are other facets of the profession that are important to ALL audiologists, including ethics, student education/mentoring, continuing education, support for research, licensure and certification, to name a few. The challenge we face is how to successfully merge these issues into private practice and other clinical settings with as little conflict as possible. It is our Academy's role to provide guidance and leadership in all these areas. As a profession we have successfully faced many challenges and subsequently achieved many impressive goals during the 20 years of our Academy's existence. There will inevitably be more challenges ahead. During my career, I have been actively involved with many of these challenges through my participation on boards, committees and task forces at national, state and local levels. If elected, I will dedicate myself as an Academy Board Member to LISTEN to our organization's membership and address their needs and concerns to the best of my ability.

ELECTION 2008 INFORMATION: This election in 2008 will be the second year that the Academy President will be elected by the Board of Directors from the sitting or past Board members. This is in accordance with a change in the by-laws enacted in 2005. This change in election process may create a vacancy in the current Board of Directors should one of them be elected to serve as President.

The nominees presented in this issue of *Audiology Today* are candidates for the Member-at-Large of the Board of Directors. Three of the candidates will be elected by the general membership to serve a three-year term, beginning in July of 2008 through June of 2011. It is important for the voting membership to understand that their elected Members-at-Large could ultimately serve as the Academy President. Should the election of the President create a vacancy in the current sitting Board of Directors, an additional candidate (with the fourth highest count of votes) will be added as an appointed Board Member to fulfill the term of the open position.

The 2008 American Academy of Audiology election of new Board Members will be held from February 5 through March 5. All members with an electronic address in the database will be sent an e-mail ballot. Those members who do not have an electronic address on file will be sent a paper ballot by regular mail on January 31. It is anticipated that the new Board Members and the new President-Elect will be announced on or about March 14, 2008.

Can Ripples Predict Speech Understanding in Listeners with Cochlear Implants?

Performance variability among cochlear implant (CI) users has been a topic of much research interest. Why is it that one person can understand conversations over the phone while another CI user refuses to wear their implant in situations with background noise? This type of performance heterogeneity is especially true when it comes to understanding speech in noise. While some CI users can understand speech in quiet, they often have great difficulty in noisy situations.

Much research has been focused on estimating how well CI users will be able to perceive speech in quiet and in background noise, and results have been somewhat mixed. If a test were developed to estimate speech perception in CI users, it might improve the efficiency in programming implant processors or provide additional information for (re)habilitation strategies, such as increasing the amount of aural (re)habilitation recommended for a child with a poor test result. A test with this in mind might be able to indicate which program map would be optimal for the patient's capacity to understand speech.

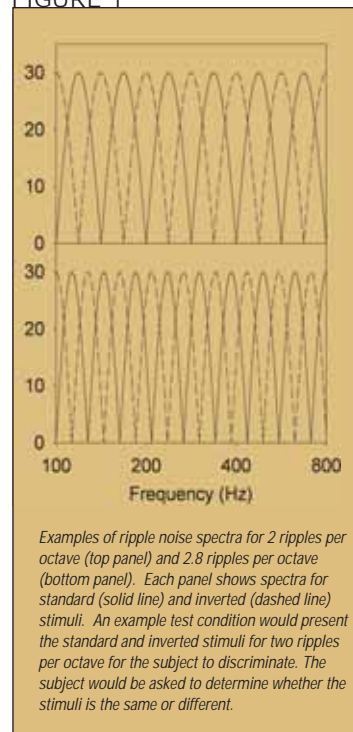
If such a test were to be used with young children and infants, it would need to be nonlinguistic because infants and children might not be able to tell us what speech sounds they do or do not understand. In the last few years, attempts to design such tests have been made. In particular, studies using spectral-ripple noise stimuli have shown promising results. Spectral (frequency) resolution is targeted in these tests because reduced spectral resolution has been related to poor speech perception in CI users (see Won, Drennan, and Rubinstein, 2007 for review). In short, the frequency information contained in the stimuli includes non-overlapping, narrow bands of noise (see Figure 1). A common bandwidth for ripple stimuli is 100 – 5000 Hz. The stimuli may be described by the number of ripples (spectral peaks) per octave.

The subject's task is to indicate if they hear a spectral change in the stimulus or to identify which stimulus sounds different when several samples are presented. The spectral "change" they are listening for is an "inverted" stimulus, which has its spectral peaks halfway between the spectral peaks of the regular ripple sound. Detecting this spectral change is easier when there are fewer ripples (spectral peaks are farther apart), and becomes more difficult as the number of ripples increase (peaks closer together). Thresholds can be quickly

obtained by using an adaptive procedure. Henry, Turner, and Behrens (2005) found significant correlations between spectral-ripple threshold and vowel and consonant understanding in quiet for CI users, hearing-impaired and normal-hearing listeners. Listeners that had better spectral-ripple thresholds had better speech perception in quiet. How spectral-ripple threshold relates to speech in noise is the important question, considering CI users often have difficulty in noise.

Won et al (2007) reported that spectral ripple discrimination threshold in adult CI users was significantly correlated with speech recognition threshold (SRT) in quiet and two types of noise: multi-talker babble and speech spectrum noise. The better a listener's spectral

FIGURE 1



resolution, the lower their SRT. In addition, a significant correlation between spectral ripple threshold and word recognition in quiet was found. Test-retest reliability of the spectral ripple thresholds was good when compared across two sessions on different days. These relationships were seen across a wide age range, even when subjects ranged in age from 41 to 81 years. However, it should be noted that these subjects were reported to be successful CI users and it will be important to test the relationship between spectral ripple threshold and speech perception in CI users who perform poorly with their devices.

It will also be important to compare spectral ripple thresholds to word recognition scores obtained in

noise. And finally, if spectral-ripple based tests are to be used in clinical practice, the relationship between spectral-ripple thresholds and speech understanding will need to be examined in pediatric populations. Pediatric populations could especially benefit from successful tests such as these, as these patients are not always able to provide feedback as to what device settings result in better speech perception. 🗣️

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American Academy of
Audiology Foundation

FOUNDATION

Swanepoel to Present Marion Downs Pediatric Lecture for AN! 2008

The American Academy of Audiology Foundation is pleased to announce that De Wet Swanepoel, PhD, will present the 2008 Marion Downs Lecture in Pediatric Audiology at AudiologyNOW! Swanepoel, a Senior Researcher and Clinical



De Wet Swanepoel

Audiologist at the University of Pretoria, South Africa, has dedicated most of his career to promote and develop early identification and intervention programs for infant hearing loss in developing countries such as South Africa. His presentation, *Infant Hearing Loss: Silent Epidemic of Developing Countries*, is scheduled for April 4, 2008 at the Charlotte Convention Center.

Dr. Swanepoel's presentation will focus on how almost 90% of infants born with hearing loss live in developing countries where there is virtually no prospect of early identification or intervention. In these countries the high prevalence of childhood hearing loss, the lack of early clinical signs to signal the condition and the low priority for non-life-threatening conditions has consigned infant hearing loss to a silent epidemic. He will discuss the extent of this global epidemic with critical consideration of the unique risks and challenges posed by developing contexts such as HIV/AIDS. The case for early identification and intervention for hearing loss in developing countries will be presented through the review of pilot programs, analysis of global health care expenditure, and a discussion of ethical imperatives.

Dr. Swanepoel was born in Pretoria, South Africa in 1978 where he also spent his childhood years until 11th grade when he moved to Little Rock,

Arkansas. Despite several opportunities to pursue graduate studies in the US, he returned to South Africa to conduct his undergraduate studies in audiology and speech-language pathology at the University of Pretoria. He pursued a research master's degree on the auditory

steady-state response. His work was acknowledged as "outstanding" by the National Science and Technology Forum of South Africa's Department of Science and Technology. He continued his doctoral studies in audiology on the development and implementation of early hearing detection and intervention programs at primary health care clinics in rural South African communities. The findings were published as a unique and novel infant hearing screening model for developing countries.

Dr. Swanepoel has pursued his research and clinical interests in the fields of early identification and diagnostic audiology for infants and young children with a specific emphasis on the challenges posed by developing world contexts. His efforts to advance early identification of hearing loss is evident in the first international conference for Early Hearing Detection and Intervention in Africa which was held in South Africa during 2007, for which Dr Swanepoel was one of the main organizers and invited speakers. Swanepoel has received several awards and research grants from organizations including the Mellon Foundation, UK Hearing Conservation Council, SKYE

Foundation, National Research Foundation and the National Advisory Council on Innovation. The Medical Research Council of South Africa is also currently supporting his work in the development of newborn and infant hearing screening programs in a public healthcare hospital serving previously disadvantaged communities.

Dr. Swanepoel serves on several national and international committees and was recently commissioned by the Health Professions Council of South Africa to compile an Early Hearing Detection and Intervention position statement for South Africa, published in 2007. He is also an editor for the *International Journal of Audiology*. He is closely involved in the collaborations on contextual challenges to audiology in developing countries around the world and is currently editing a text on HIV/AIDS and its effect

on communication disorders. He has published more than 30 articles, has supervised numerous postgraduate research projects, and has presented extensively at international conferences around the world.

Dr. Swanepoel is married to Marli, who is a physician, and they make their home in a quiet suburb on the outskirts of Pretoria. The great continent of Africa is very dear to them and they are both involved in humanitarian projects in their professional capacities.

The American Academy of Audiology Foundation is pleased to sponsor the presentation of distinguished international audiologist, Dr. Swanepoel, at AudiologyNOW! 2008 and thanks the Oticon Foundation for its continued generous support of the Marion Downs Lecture in Pediatric Audiology.

MD Pediatric Lecture:
Infant Hearing Loss: Silent Epidemic of Developing Countries, is scheduled for April 4, 2008 at the Charlotte Convention Center.

New PR Campaign Hits the Airwaves: "Hearing Great in 2008"

The Academy and AAA Foundation are excited to announce that a second public awareness campaign on healthy hearing was kicked off over the holidays! The "Hearing Great in 2008" program was targeted to hit national media markets in December and January, and was underwritten with a generous gift from Energizer Battery, Inc.

These family-focused television spots encourage consumers to make a New Year's resolution to visit an audiologist for a hearing check-up. During holiday celebrations, we frequently notice hearing difficulties in our family members and friends. Taking them to visit an audiologist could be the best present—the gift of hearing.

The Academy and AAA Foundation thank Energizer for its support, as we work to ensure that everyone is "Hearing Great in 2008!"

"Great States!" Basket Auction Planned for AudiologyNOW! 2008

The American Academy of Audiology Foundation is challenging each state academy to participate in our "Great States!" Basket Auction fundraiser at AudiologyNOW!

Those local groups who choose to participate are asked to donate a gift basket featuring the best qualities your state has to offer. The themed baskets can highlight your state's natural resources (think Florida's beaches) or most prominent city (Chicago, Chicago!). They can feature a special annual event in your state (Mardi Gras or the Academy Awards), spotlight a historical event (Remember the Alamo!) or a local NFL, NBA or MLB team. The possibilities are endless!

The donated state baskets will be auctioned off during the AAAF Silent Auction held in Academy Central in the Charlotte Convention Center. And of course, the best part is that all proceeds will benefit the AAAF and help fund programs such as the ABA Pediatric Specialty Certification, Research Awards, Member Assistance Program, DiscovEARy Zone, and Turn It to the Left Noise-Induced Hearing Loss Research Fund.

For more information, contact the Foundation office at 703.226.1049.

AAAF's 2008 Annual Fund Kicks Off in January

The American Academy of Audiology Foundation asks you to remember its many funding initiatives as you make your philanthropic giving plans for 2008. The Foundation relies on the support of the members of the Academy as it works to finance many worthy programs in audiology and the hearing sciences. In 2008 these programs will include the Research Awards program, the Member Assistance Program, the ABA Pediatric Certification initiative, Student Research Forum Awards, CAPCSD Summer Institute Scholarship, and the Turn it to the Left Fund for Research and Public Awareness on Noise-Induced Hearing Loss, among others.

And remember that all donors who make a gift of \$250 or more to the Annual Fund are the Foundation's special guests at the Happy Hour-and-a-Half in Charlotte. Make your 2008 donation before March 15, 2008, to receive your complimentary invitation to this fun event scheduled for April 2, 2008!

In 2008 we are also encouraging Academy members to become **Foundation Visionaries** as we celebrate the Academy's 20th Anniversary. For more information on the Visionaries initiative or Annual Fund giving, contact Kathleen Devlin Culver at 703.226.1049 (kculver@audiology.org) or visit the Foundation's Web site, www.audiologyfoundation.org.

AAA Foundation and Academy Announce the 2008 ARO Travel Award Recipients

The American Academy of Audiology Foundation and American Academy of Audiology are pleased to announce the recipients of the Association for Research in Otolaryngology Travel Awards for 2008. The awards are offered to defray travel and lodging expense for Academy members who are presenting authors on a submitted abstract for the ARO Midwinter Meeting.

The 2008 Award recipients are Renee Banakis and Brian Earl. Banakis, a fourth year AuD student at Northwestern University, will present on "Spontaneous and Tone-Evoked Otoacoustic Emissions in Mice." Earl is a PhD student in audiology at the University of Kansas who will discuss his research, "Estimating the Number of Auditory Nerve Fibers Using the Compound Action Potential," at the conference.

The Association for Research in Otolaryngology is an international association of scientists and clinicians dedicated to scientific exploration in the areas of hearing, balance, speech, taste and smell among others. A wide range of scientific approaches is represented including biochemical, physiological, behavioral, genetic, developmental and evolutionary. The Midwinter Meeting, held annually in February, is a premier research meeting that attracts 1000–1500 scientists from around the world.

The funding of the ARO Travel Awards is made possible by donations from Academy members to the AAA Foundation. To find out how you can make a tax-deductible contribution to this worthwhile program, please call Kathleen Devlin Culver at 703.226.1049



"HEAR TO PLAY" Golf Tournament Scheduled for April 1st

There will be no "April Fools" on the course in Charlotte ... just golfers who enjoy "playing a round" and raising money for a great cause, the AAA Foundation! The benefit tournament will be held at Raintree Country Club on April 1, 2008, and registration is opened to all those attending the AudiologyNOW! 20th Anniversary Celebration. Golfers can sign up, on a first come, first served basis, with their convention registration. The cost to play is \$88 and includes transportation from the Charlotte Convention Center.

There are opportunities for individuals and corporations to participate as hole sponsors and event underwriters. All proceeds from the tournament will benefit the AAA Foundation and its efforts to fund research, education and public awareness in audiology. Call the AAA Foundation office (703-226-1049) for more information.



2008 MEMBER ASSISTANCE PROGRAM

The American Academy of Audiology Foundation supports the Academy as it works to make AudiologyNOW! the premier educational event in the hearing sciences on an annual basis. The AAA Foundation is pleased to partner with the Academy by providing registration and travel funding through the Member Assistance Program (MAP) for audiologists who might not otherwise have the resources to attend.

The application process is open to any Academy member who is experiencing FINANCIAL HARDSHIP (due to natural disaster or medical, family, professional or personal reasons). If your attendance at AudiologyNOW! 2008 hinges on additional support, the AAA Foundation invites you to apply for this assistance. The assistance provided can include complimentary registration, complimentary accommodations in Charlotte and/or a stipend or reimbursement of travel expenses.

Applicants for MAP funding must be members of the Academy and must not have received MAP funding in the past. MAP assistance can only be used in conjunction with attendance at AudiologyNOW! 2008. Those who are eligible for assistance through the Academy's Student Volunteer Program are not eligible for MAP.

All applicants must:

- Complete the *Member Assistance Program Application* available at www.audiologynow.com.
- Attach a Statement of Need (not to exceed 500 words) to your application.
- Return both to the AAA Foundation office via mail, email or fax. All information must be received by Friday, February 8, 2008.

Applications and statements will be reviewed and evaluated by the MAP committee, and all information submitted will be kept confidential. All MAP applicants will be notified by Friday, February 22, 2008. Please contact Kathleen Devlin Culver (800.222.2336 x 1049 or kculver@audiology.org) for more information.

The AAA Foundation appreciates the financial support of Auban, Inc., and Oaktree Products, Inc., our 2008 Member Assistance Program underwriters. Thank you!



REMARKABLE MARKETING



Bruce Edwards, Immediate past Chair, American Board of Audiology

The American Board of Audiology™ (ABA) stipulates in its mission statement that it is “dedicated to enhancing audiologic services to the public by promulgating universally recognized standards in professional practice. The ABA encourages audiologists to exceed these prescribed standards, thereby promoting a high level of professional development and ethical practice.”

That succinct statement covers a lot of territory in the certification field! Think about how many audiologists you know and how many areas of practice they are engaged in: cochlear implants, early identification and management of hearing loss, hearing aid dispensing, diagnostic testing, intraoperative cranial nerve monitoring, vestibular testing, industrial hearing conservation, clinical administration, university-level instruction, etc., etc. I would be hard-pressed to tally the number of practitioners that I know in those areas—my bet is that you would find the exercise equally difficult! So, how can the ABA promote, or market, itself to a profession with such diverse interests? The answer is by aligning its products and services (Board and Specialty Certification) with its mission statement—affirming the critical importance of a carefully crafted statement.

According to the findings of a task force of the American Society of Association Executives that produced *7 Measures of Success—What Remarkable Associations Do That Others Don't*, nonprofit organizations like AARP, the Girl Scouts of the USA, the American Dental Association, the National Association of Counties and others build their structures, processes and interactions around assessing and fulfilling members' needs and expectations. Such a focus is equally important in marketing for smaller organizations too. In the study, other vital marketing measures of success included:

- operating in a customer-service culture;
- the use of data-driven strategies to track and fulfill member needs and drive change in the organization;
- routine staff and volunteer dialogues that aid in determining direction and priorities;
- an organizational willingness to consider the need for change; and
- seeking complementary partners and projects to strengthen alliances.

If creating and maintaining a customer service culture and aligning products and services are two components of successful organizational marketing commitments to purpose (as outlined in *7 Reasons*), does the ABA in fact “walk the walk and talk the talk”? Cindy Simon, a private practitioner and partner in South Miami Audiology, thinks so. In a questionnaire recently sent by the ABA's Marketing Committee to a select group, Simon—one of the longest, continuously Board Certified audiologists in the ABA—remarked that “Board Certification is the high path and the right path. I am very proud that Board Certification is not something easily conferred on an individual ... and that before any other organization had any requirements for renewal, ABA Board Certification mandated continuing education and ethics for maintenance.” These are the very ideas that many audiologists asked for from the ABA, and they are delivered to those audiologists who, like Simon, are interested in being on top of professional developments to help demonstrate their dedication to consumers of their services and to various colleagues with whom they work and have contact.

Comments, criticisms and suggestions of Board Certified Audiologists are routinely sought out by the ABA Board of Governors, formally and informally, leading to additional organizational commitments to analysis and feedback and ultimately to action by the ABA Board on behalf of all Board Certified Audiologists. As regards the organizational need to be dynamic and responsive, the ABA helped *define* change for our profession (voluntary Board Certification of, by and for audiologists—free and clear of membership in any audiology organization) and continues to propel the field in the direction of a more autonomous practice reality. So too, the ABA continues to effectively serve its certificants and the public by strengthening alliances with allied organizations such as the Academy, the Academy Foundation, and the Accreditation Commission for Audiology Education (ACAE).

7 Reasons specifies that while extraordinary organizations differ in their focus and function, all experience crises and delays. Nevertheless, remarkable groups keep central to all decision making their members and their mission. Without that perspective and the actions that derive from it, there is little hope for remarkability!

The ABA Board of Governors and its staff invite readers to become involved in our remarkable organization by seriously considering Board Certification and active involvement in ABA decision making! For more information, call the ABA at 800.881.5410, visit the ABA Web site (www.americanboardofaudiology.org) or email aba@audiology.org for more information. 📞

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Phil Bongiorno
Senior Director of
Government Relations,
American Academy
of Audiology

Washington Watch

MAKE ADVOCACY PART OF YOUR NEW YEAR'S RESOLUTIONS

The New Year brings with it a sense of renewal. This is the time when we reflect on the previous year, celebrating accomplishments and reexamining goals. With every New Year, we tend to use this time to set new goals. For many, this process manifests itself in the form of New Year's resolutions. Over the past year, the Academy has seen considerable gains from our efforts to advance the Medicare Hearing Health Care Enhancement Act (direct access legislation). As of this writing, the books are closing on the first session of the 110th Congress. Through the efforts of Academy members and staff, we have garnered 70 cosponsors for the direct access bill in the House of Representatives. This represents a 30% increase over the entire 109th Congress in just the first session. While you make your own New Year's resolutions, please consider the following ways you can help the Academy make progress toward its goal of passing direct access legislation in the United States Congress. (See also "New Year's Resolutions for Audiologists" by President Alison Grimes in the November/December 2007 issue of *ATEXtra*.)

WRITE A LETTER

The Academy has prepared a letter that you can mail or e-mail to your elected representatives in Congress. This letter is available on the Academy's Legislative Action Center Web page at <http://capwiz.com/audiology/home>. You can also choose to write your own letter and mail it to your elected representatives in Washington, DC. To learn the names and contact information of your Members of Congress, go to the Legislative Action Center Web page and click on the "Elected Officials" tab (<http://capwiz.com/audiology/dbq/officials/>).

MAKE A CALL

The House and Senate operator can be reached at (202) 225-3121. Ask to be connected with the offices of your elected officials and ask to speak with the legislative assistant handling health-care matters. Describe the direct access legislation to the staff person (talking points can be found on the Academy Web site at <http://www.audiology.org/govtrelations/congressional/directaccess>) and request that the Member of Congress cosponsor S. 2352 /H.R. 1665.

TELL A FRIEND

Help the Academy educate and inform other audiologists and other health-care professionals. Ask your colleagues to write a letter or make a call to their elected representatives.

ARRANGE TO VISIT YOUR LEGISLATORS IN WASHINGTON OR IN YOUR HOME STATE/DISTRICT

The Academy encourages you to develop personal relationships with your legislators, and a good way to begin doing

this is by requesting a meeting in their Washington, DC, or state/district office.

CONTRIBUTE TO THE ACADEMY POLITICAL ACTION COMMITTEE


Political activity is an important way to enhance the visibility of audiologist services while supporting legislators who have demonstrated support for the profession. We have an extraordinary opportunity to take advantage of our new Capitol Hill office location to sponsor and host more political fundraisers and other political activities. As part of the 20th Anniversary "GIVE to HEAR" campaign, the Academy is asking members to consider an anniversary contribution of \$2,008 to the Academy's Political Action Committee (PAC). This elite group of contributors will receive a very special recognition at *AudiologyNOW! 2008* in Charlotte. Contact Kate Thomas in our Capitol Hill Office at 202-544-9336 or kthomas@audiology.org to find out how you can contribute using our monthly debit plan. You may also demonstrate your support by contributing \$312 to become an inaugural member of the Academy PAC 312 Club! Your contribution will be commemorated within the new office at 312 Massachusetts Ave with a special recognition. Please visit the PAC Contribution page (http://webportal.audiology.org/Custom/PAC_Contributions.aspx) to make your contribution today.

HOST A FUNDRAISER FOR A LEGISLATOR

The Academy PAC stands ready to assist those audiologists who are interested in taking the next step in political action—hosting a fundraiser for a Member of Congress. Contact the Academy Government Relations staff for more information.

GIVE YOUR LEGISLATORS A TOUR

Educating your legislators about the role audiologists play in the delivery of quality hearing health care is critical. Invite your elected representatives for a tour of your clinic, hospital, or other facility where you work. You will find that they are very receptive to touring places where a good crowd or press can be gathered. Contact the Academy Government Relations staff for assistance.

As the Academy marks a significant milestone this coming year, celebrating its 20th anniversary, we ask all members to contribute to the success of this advocacy campaign. Let's make 2008 a year to remember. Happy New Year! 

RAC' emUp!

Don't Be Behind the "8Ball"

DEBRA ABEL, AuD
KADYN WILLIAMS, AuD

In 2003, Congress promulgated the Medicare Prescription Drug Improvement and Modernization Act (MMA). Section 306 of that act requires a three-year demonstration program, directed by the secretary of the Department of Health and Human Services and scheduled for completion on March 27, 2008, to correct overpayments and underpayments to Medicare. To accomplish this, Medicare has dispatched contractors, known as "Recovery Audit Contractors (RAC)," to Florida, California and New York, the states with the highest per capita utilization of Medicare services. Twenty-five percent (25%) of Medicare payments are to providers in these states (Centers for Medicare and Medicaid Services [CMS], 2006). The RACs are to recover these overpayments and to correct the underpayments for three years of claims. Connolly Consulting is the contractor reviewing the New York claims, PRG Schultz and Concentra Preferred Systems the California claims and HealthData Insights the Florida claims. The total number of improper payment dollars identified by the RACs is 303.5 million (CMS, 2006). Most of that amount is of course overpayment dollars, especially from NY and CA. Florida has more physician claims to their credit whereas CA and NY have more inpatient hospital claims. This may also be due to these contractors concentrating their investigative efforts in these specific areas.

Medicare claims that are at least one year old will be reviewed by the contractors. Claims to be reviewed are those containing complex procedure codes, bundled services and claims where Medicare is the secondary payer or MSP (Medicare Secondary Payer).

The two largest sources of overpayments are non-medically necessary and incorrectly coded claims for claims paid by Medicare. Most of the overpayments were from inpatient hospital stays followed by skilled nursing facilities (CMS, 2006). Interestingly, the RACs are paid a

Interestingly, the RACs are paid a percentage of the overpayments they recover, an obvious incentive, issued when reviews of claims and medical records are completed.

percentage of the overpayments they recover, an obvious incentive, issued when reviews of claims and medical records are completed. This is the first time that Medicare has ever paid a contractor on a fee basis for collections (CMS, 2006).

The impact on audiology is especially concerning. The Academy is keeping the proverbial ear to the ground as CPT code 92547 is under intense scrutiny. Add to this a timeline that shifted due to changing guidance, a moratorium as well as over-utilization by Independent Diagnostic Therapy Facilities (IDTFs), and it becomes more complicated.

CPT code 92547, use of vertical electrodes, is being reviewed by the RACs. This code became an add-on code in 1999 for vestibular tests. The difficulty stems from differing guidance that was offered by Medicare and by the *CPT Assistant*. A moratorium was issued from May 2004 to February 2005 declaring that 92547 should be billed once per date of service and not multiple times. The Academy in conjunction with ASHA is providing documentation about this timeline and the guidance offered pre- and post-moratorium to CMS, including the *Federal Register, 2004*, which specifies 92547 be used once per day.

In the coming months, the Academy will be offering information on—among many areas of coding and reimbursement—the requirements of accepted practice in chart documentation. In order to be in compliance with Medicare statutes, whether or not you are in RAC territory, the following information must be clearly recorded: why you performed the CPT codes you did (ensuring that the ICD-9 diagnosis code reflects the reason the patient presented to your office and supports the procedures performed), the medically necessary reason the patient was referred, the outcome of the audiologic tests and a follow-up letter to your referral source. 🗣️

REFERENCE

Centers for Medicare and Medicaid Services (CMS). (2006) *RAC Status Document FY 2006*. <http://www.cms.hhs.gov/RAC/Downloads/RACStatus/Document—FY2006.pdf> (accessed November 26, 2007).

Live Voice Speech Recognition Audiometry—Stop the Madness!

There is a plethora of literature supporting the diagnostic and rehabilitative/treatment value of speech recognition (SR) tests administered at suprathreshold levels. Overall, the essential functions of SR tests at suprathreshold levels are to assess the integrity of the auditory system, which can differentiate peripheral from retrocochlear and central hearing loss; obtain information regarding communication ability for use in measuring outcomes; and monitor auditory system status over time (Rintelmann and Orchick, 1983).

The two essential requirements (i.e., required) for SR testing are that standardized materials be used and that the same procedures and stimuli be used so that test-retest data can be compared between examiners. Procedurally, the implication of these requirements is that clinicians must utilize recorded presentation of standardized SR test materials.

From the very beginning it was recognized that recorded presentation for SR testing was superior to monitored live voice (MLV) presentation. Carhart (1946), a pioneer in the development of speech audiometry, noted that “phonograph presentation increases the stability of conditions.” Carhart continues, “Some clinics with broad experience claim that phonograph presentation is superior to live-voice presentation” (p. 349). Since Carhart’s early observations, a substantial body of research is available to show that

significant increases in test-retest variability occur with MLV presentation for SR testing, which reduces the reliability of test scores (Brandy, 1966; Hood and Pool, 1980; Penrod, 1979). The significantly reduced reliability of MLV presentation for SR eliminates the validity of data obtained from any given patient; recorded presentation for SR testing is without question the standard of practice required for quality diagnosis and proper treatments.

Despite the known advantages of recorded presentation for SR testing, the most recent surveys on audiological practice show that 63–82% of audiologists use MLV for SR testing (Martin et al, 1998; Medwetsky et al, 1999). This apparent lack of conformity to an accepted standard of practice prompted us to conduct an informal survey of why audiologists continue to use MLV for SR testing. Common among the reasons given by licensed audiologists were that “it’s more convenient—not requiring any equipment set up time”; “it doesn’t cost any more”; it provides more flexibility in presenting the stimuli—“I can repeat some of the words if I need to”; “patients perform so poorly on recorded presentation—they do better with MLV”; and “we talk different in this part of the country and my voice is more typical of what my patients will hear.”

There is no question that recorded presentation for SR

testing was initially cumbersome due to the inability to present stimuli on-demand. With phonograph and tape recordings, the inter stimulus interval was fixed at 6–8 sec, often wasting valuable clinical time if patients’ responses were rapid, or causing confusion and disrupting testing for patients who required a greater inter stimulus interval to respond. However, with the introduction of digital technology, clinicians can now present pre-recorded speech stimuli on-demand, making it quite convenient. Moreover, equipment and material costs are extremely low, possibly less than \$200–300 for standardized basic SR testing. Consequently, since there are now no valid procedural or cost reasons to rationalize the continued use of MLV SR testing, it appears that ignorance and/or complacency and laziness are now the only reasons why clinicians elect to use MLV presentation for SR testing.

When individual patient data from MLV and recorded SR test results are compared, patients score high for both recorded and MLV presentation, but when there is a difference, virtually all

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FIGURE 1a

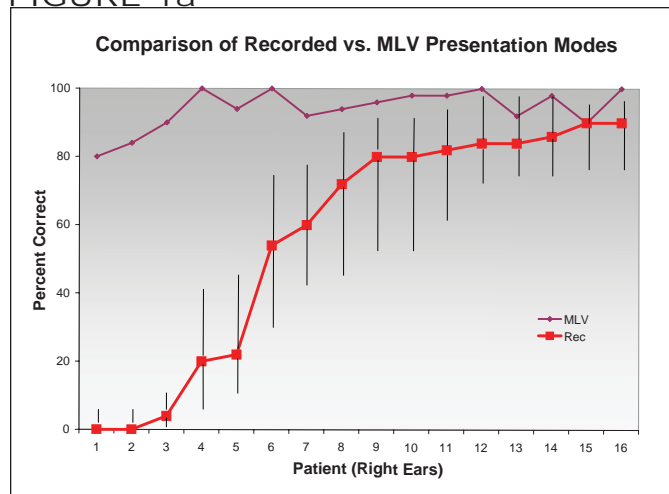


FIGURE 1b

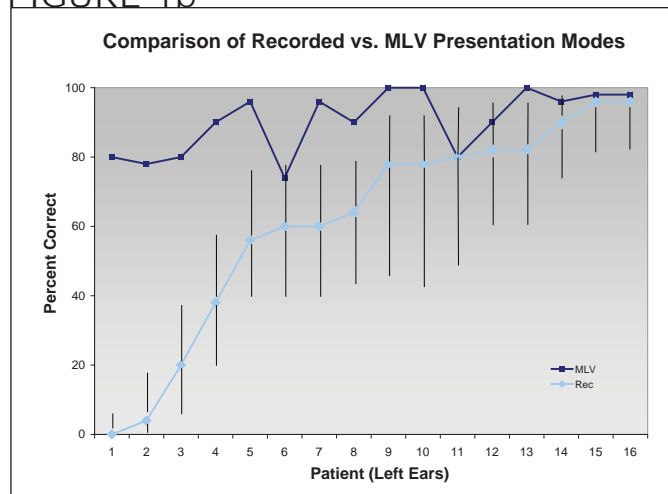



Figure 1. Comparison of word recognition scores for the (a) right and (b) left ears using monitored live voice and recorded presentation for 16 patients. The ranges shown for the recorded presentations are the 95% confidence levels predicted from the Raffin and Thornton (1980) binomial tables.

patients perform poorer on recorded presentation. To illustrate this observation, we recently tested 16 English-speaking patients involved in litigation over potential work-related noise induced hearing loss (NIHL). Prior to our testing, each patient had been evaluated using MLV (NU6) SR testing by the same audiologist at a different facility. We repeated pure tone testing and used a recorded version of the NU6. Figure 1 shows a comparison of our recorded data to the MLV data for each patient for the right ear (Fig. 1a) and left ear (Fig. 1b) separately. Also included in Figure 1 for the recorded data are the 95% confidence levels predicted from the Raffin and Thornton (1980) binomial tables. As shown, when using the 95% confidence level for the recorded presentations as a criterion, for 23 (72%) of the 32 tests, the scores for the recorded presentations were significantly poorer when compared to the MLV presentations. It is important to point out that SR differences

between the two presentation procedures exceeded 50% for 10 of the 23 scores. The clinical interpretation of the data in Figure 1 is that the adverse effect of the NIHL on monosyllabic word recognition ability in a quiet environment was substantially underestimated for the 72% of the patients whose MLV scores were significantly better. This finding could be quite detrimental to these patients whose hearing was damaged due to work-related hearing loss in establishing treatment options and/or possible compensation.

The time has come for the audiology community as a whole to accept the need to standardize SR testing by using recorded presentation as the standard of care. MLV testing can no longer be accepted for routine SR testing. That is not to say that MLV can never be utilized. There will always be those occasions when MLV presentation for SR testing will be quite appropriate, such as for special populations (young children, developmentally delayed patients, etc.) and other special circumstances that might apply. However, when MLV is utilized, it should be clearly stated on the audiogram, and interpretation should be tempered on this non standardized method. Of course, with cooperative adult patients, MLV testing for SR threshold

testing is quite acceptable.

An interesting observation is that some patients with similar pure tone threshold sensitivity loss will perform differently with MLV and recorded presentation. While some patients perform quite well with both procedures, as shown in our data, others perform poorer with recorded presentation. Possible organic factors or psycho-acoustic variables that would explain these differences should be explored. 

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Hearing Aid Care Protocol for Audiology Assistants

The American Academy of Audiology position statements on support personnel (1997, 2006) state that audiology assistants are used to “ensure both the accessibility and the highest quality of audiology care while addressing productivity and cost-benefit concerns.” It has been reported that through the use of audiology assistants, VA audiology has been able to provide timely, quality hearing care services to a greater number of veterans (Dunlop et al, 2006). Kasewurm (2006) published data to show the positive impact that the use of audiology assistants may have in private practice offices. In both of the aforementioned studies, the authors agree that successful use of audiology assistants is dependent upon the quality of training and supervision with which they are provided. However, due to the paucity of evidence regarding the quality of care provided by audiology assistants, the question remains whether such care is a cost benefit to hospitals, clinics and/or private practices. It is likely that quality of care and cost benefit will depend upon audiology assistant training, the tasks audiology assistants are allowed to perform, and the degree of decision-making autonomy audiology assistants are allowed.


Hamill and Freeman (2006) surveyed audiologists who use audiology assistants regarding the acceptable scope of practice for audiology assistants, and also to determine what tasks their audiology assistants are currently assigned. Ninety-one percent of the respondents indicated that their assistant(s) evaluate hearing aids presented for repair. Eighty-three percent of the respondents indicated

their assistant(s) determine the need for return to manufacturer for repair. Eighty-seven percent of respondents indicated their assistant(s) clean hearing aids and make in-office hearing aid repairs. Hamill and Freeman did not ask respondents whether they allowed their assistant(s) to modify hearing aid gain and frequency response as a repair strategy. Finally, only 26% of the respondents indicated that their assistant(s) perform electroacoustic analysis of hearing aids, though 65% of the respondents reported this task was appropriate for audiology assistants. It is unclear from the survey whether the audiologists or their assistants interpret the results of electroacoustic analysis, and whether the results are actually used to evaluate hearing aids for repair.

Evidently, most audiologists expect their assistants to use verbal patient reports, visual inspection, and subjective listening checks to determine whether hearing aids need repair and whether the repairs should be attempted in the office or returned to the manufacturer. The use of such subjective strategies by audiology assistants concerns us for at least three reasons: First, audiology assistants are not trained, qualified or licensed to determine whether patient complaints are related to undiagnosed pathology or progressing hearing loss; secondly, subjective strategies may be insufficient to ensure appropriate repair outcomes;

and finally, flawed decision making by audiology assistants may lead to unnecessary patient return visits, which will negatively impact the productivity and cost benefit that their use is designed to provide. There is, therefore, a need for an audiology assistant protocol with forced-choice decision tracks based on objective data with step-by-step audiologist approved guidance.

In this article, the authors share their hearing aid care decision-making protocol for audiology assistants as currently in use in our Veterans Affairs audiology clinic. The protocol includes step-by-step guidance with forced-choice decision points that, when followed correctly, ensures that audiology assistants (1) refer to the audiologist when there is a possibility of worsening hearing or the need for advanced hearing aid programming or decision making, (2) systematically evaluate, and when necessary, objectively evaluate the need for in-office and manufacturer hearing aid repair, (3) objectively evaluate the efficacy of in-office repairs, and (4) limit hearing



For more on support personnel, see the January/February 2006 issue of *Audiology Today*, which focuses on the topic of audiologist's assistants:
<http://www.audiology.org/publications/at/AT2006.htm>.

aid gain and frequency response changes. Finally, we compare data collected before implementation of the protocol and following implementation of the protocol for our clinic.

HEARING AID CARE PROTOCOL

The audiometric assistant protocol is illustrated in two flowcharts. The first flowchart guides decision making for audiology assistants confronted with hearing aid complaints (Figure 1). Audiology assistants follow a forced-choice decision-making and repair process. When a patient encounter is ended, audiology assistants assign the outcome to one of seven categories. Office staff then refer to these categories to decide whether to schedule return appointments with an audiologist assistant or with an audiologist (Figure 2).

As shown in Figure 1, complaints arising from new hearing aid fittings

(dispensed within the last three months) are referred directly to the fitting audiologist because the appropriate treatment may require advanced programming adjustments and additional decision making rather than repair. Complaints involving hearing aid fittings of more than three months are assumed to have been originally successful but now in need of repair or alteration, and, accordingly, these patients are seen by audiology assistants. The protocol initially requires systematic subjective analysis including visual/listening check of the device and otoscopy of the patient's ear canals. Subjective analysis may be sufficient for some in-house solutions including hearing aid reorientation/counseling, activating remote controls and user options, earmold retubing, case/shell modification and battery door repairs. Successful outcomes of these problems are assigned to Category 1. When in-house solutions

are unsuccessful, decisions are made for manufacturer repair (Category 2) or possible replacement (Category 3) of the hearing aid depending on its age; in our clinic, hearing aids greater than four years old are considered for replacement.

Other complaints reported by patients are potentially more complex and therefore require more sophisticated objective analysis. Such complaints include hearing aid(s) that are too loud, too weak, dead, distorted or feeding back, and can arise from hearing aid malfunction or by some change in the patient, requiring consultation with the audiologist. Electroacoustic analysis is therefore necessary to decide if the aid is functioning as originally programmed and verified by the fitting audiologist. This step on the flow chart is called "initial 2cc coupler output." We recommend that audiology assistants compare the test-box electroacoustic analysis of hearing aids to the programmed settings saved in

FIGURE 1 Hearing Aid Care Protocol for Audiology Assistants

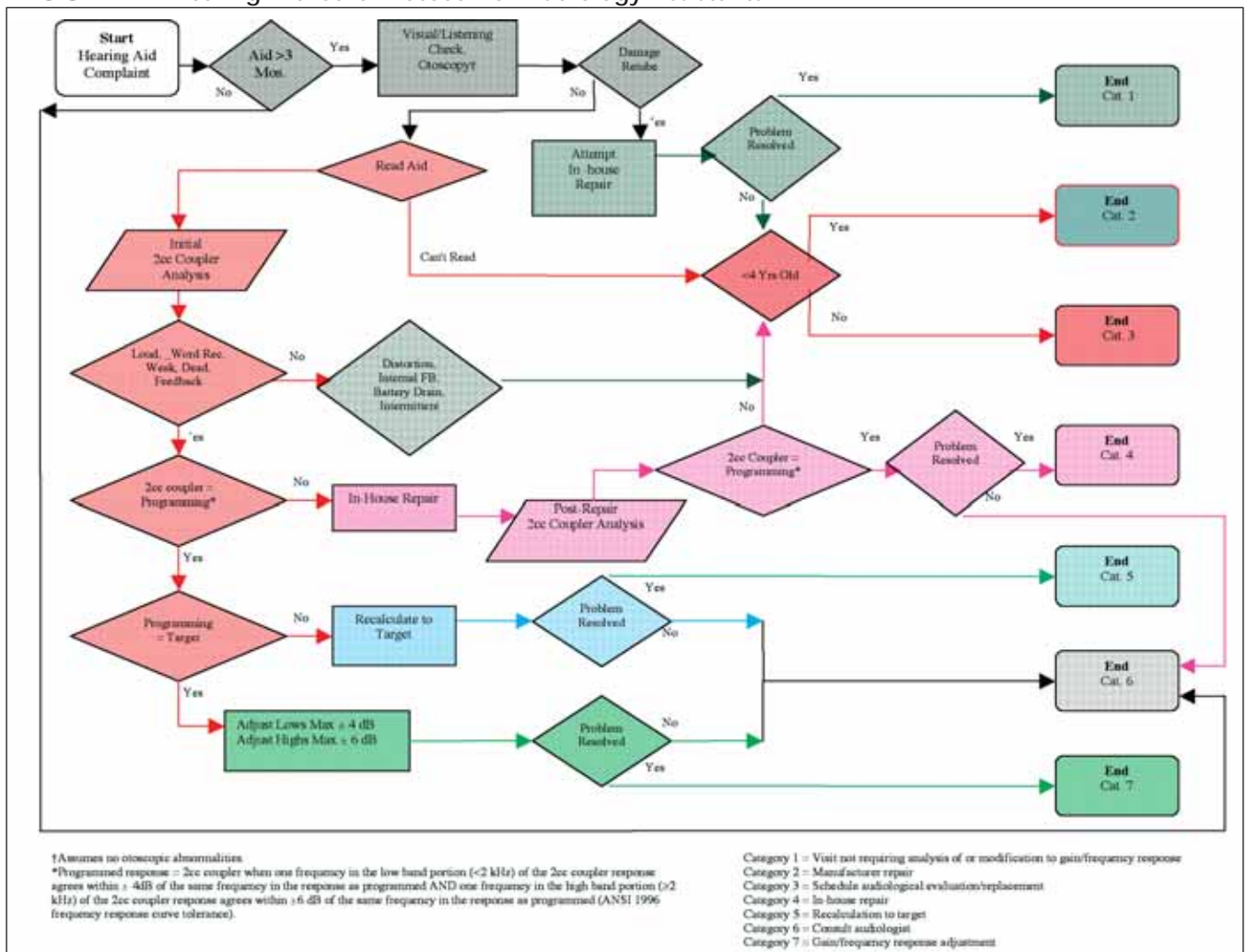
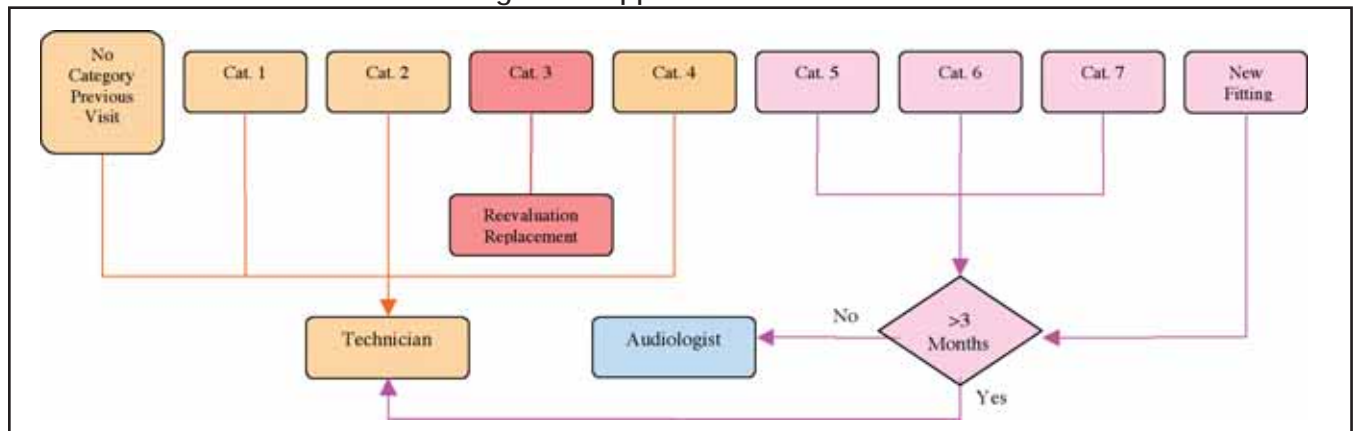


FIGURE 2 Guidelines for scheduling return appointments.



the Noah database and displayed as 2cc coupler output. Our mandated interpretation criteria are based on the ANSI (1996) frequency response standard for determining whether a hearing aid is functioning within manufacturers' specifications. The response of a hearing aid analyzed by an audiology assistant is considered to be functioning as programmed when the hearing aid response is within ± 4 dB for one frequency below 2000 Hz and within ± 6 dB for one frequency at or above 2000 Hz. This step in the flow chart is called "2cc coupler = programming."

If the initial measured coupler output of a hearing aid does not meet our criteria, hearing aid malfunction is confirmed, and the audiology assistant attempts an in-house repair (cleaning of microphone inlets, removing debris from receiver tubes/ear hooks, etc.). The outcome of the repair is then evaluated by remeasuring 2cc coupler output for comparison to the programmed settings using the aforementioned criteria. This step on the flow chart is called "post-repair 2cc coupler output." If the coupler output then equals the programmed output the repair is successful and assigned to Category 4.

In contrast, if the initial measured coupler output is within our

mentioned criteria, malfunction is not confirmed. The audiology assistant then determines whether the hearing aid's gain was set below the audiologist's prescribed fitting. For hearing aids that are not programmed to meet the prescribed target, and when complaints

output equals the desired targets and the complaint is too loud, too soft, occlusion, or feedback, the assistant can manipulate low frequency gain by ± 4 dB and/or high frequency gain by ± 6 dB. This conservative approach insures that the assistant will (1) only make gain

adjustments within the range of the variation to the gain/frequency response permitted by the ANSI standard and (2) will likely not compensate for significant changes in hearing. If this action resolves the complaint, the visit is ended and categorized as a change to the gain/frequency response (Category 7). If the complaint is not resolved, the audiologist is consulted to determine whether hearing has changed or more advanced counseling or programming is needed (Category 6).

Subsequent visits are scheduled as needed with

either the assistant or the audiologist depending upon how their previous visit was categorized (Figure 2). Categories 1, 2 and 4 assume that the fitting was initially successful and required repair of the device only. There is therefore low risk of a change in patient hearing, and subsequent visits are scheduled with the audiology assistant. In contrast, Categories 5, 6 and 7 visits ended with modification to the gain/frequency response of the hearing aid. This suggests that there may have been some change in the patient. Therefore,

TABLE 1

CROSTABULATION OF PROBLEMS AND ACTIONS TAKEN BEFORE AND AFTER IMPLEMENTATION								
Action	Implementation	Distortion	Loud	Feedback	Damage	Dead	Weak	Total(%)
Category 1 No Gain Adjustment	**Before After				20			20(7)
Category 2 Manufacturer Repair	Before After	2 7	1	13	17 7	43 16	22 70	97(30) 101(34)
Category 3 Reevaluation/ Replacement	Before After					1	2 1	3(1) 1(<1)
Category 4 In-House Repair	Before After	5 1		20 4	22 1	54 3	48 29	149(46) 38(13) 187
Category 5 Recalculate to Target	**Before After	2	1	1		1	17	22(7)
Category 6 Consult Audiologist	Before After	1 1	2 1	2	1	1	3 19	8(2) 23(8)
Category 7 Change to Gain/Frequency Response	Before After	1 3	15 14	7 11		1 3	41 61	65(20) 92(31)

Note: Total percentages are based on 322 hearing aid problems before implementation and 297 hearing aid problems after implementation.
 **Data not collected before implementation.

are of weak or ineffective hearing aids, the audiology assistant recalculates the hearing aid gain to the prescribed targets. Most manufacturer software allows for this simple programming as a "first fit" option. If this action resolves the complaint, the visit is ended and categorized as a recalculation to target (Category 5). If the complaint is not resolved, the audiologist is consulted to determine whether hearing has changed or more advanced counseling or programming is needed (Category 6).

When the initial measured coupler

subsequent visits for these categories are scheduled with the audiologist for further evaluation. The final category for each patient visit is entered into the patient record and is easily interpreted by office personnel for appropriate scheduling of return appointments (Figure 2).

PROTOCOL EVALUATION

Outcomes for hearing aid repairs were analyzed before and after the implementation of the audiology assistant protocol in our Veterans Affairs clinic, which is staffed by five audiologists and three audiology assistants. Hearing aid complaints immediately scheduled for the audiology assistants included "distortion," "loud," "feedback," "damage," "dead," and "weak." Prior to implementation of the protocol, hearing aid assessment by audiology assistants was limited to visual and listening check, in-house repairs were unverified, and unlimited changes were made to gain frequency responses based on the subjective complaint(s) from the patient. The audiology assistants functioned autonomously, yet they had no means of objectively evaluating hearing aids before or after repair. More importantly, there were no specific guidelines to indicate under which circumstances the audiometric assistant should consult the audiologist.


Data were collected for 322 hearing aid complaints before implementation of the protocol. The audiology assistants were then trained on the above described audiology assistant hearing aid care protocol. The protocol was then implemented, and data were collected for 297 hearing aid complaints. A cross tabulation of problems and actions taken before and after protocol implementation is provided in Table 1.

The most common hearing aid complaint before (35%) and after (31%) implementation of the protocol was that the amplified speech was "weak." As a result of implementation of the protocol, manufacturer repairs increased, in-house repairs decreased, changes to the gain/frequency response decreased, and audiologist consults increased for "weak" amplification complaints. Our manufacturer repairs increased and in-house repairs decreased because the protocol calls for verification of in-house repairs. After implementation, more than half (52%) of attempted in-house repairs for weak amplification complaints were inadequate, and the hearing aids were sent in for manufacturer repair. This suggests that after implementation of the protocol required of the audiometric assistants, patients left the clinic with only those hearing aids that were verified as "functioning as programmed." It also suggests that prior to implementation of the protocol, patients left the clinic with suboptimal outcomes.

Changes to the gain/frequency response decreased after protocol implementation because adjustments were made only to those hearing aids that were verified as "functioning as programmed." Perhaps more important was the increase in audiologist consults after implementation of the protocol suggesting that assistants may have (1) missed changes in auditory thresholds and/or (2) attempted to resolve issues beyond an acceptable scope of practice.

CONCLUSION

Private practice offices and VA clinical audiologists have been able to provide more timely hearing care services to greater

numbers of patients through the use of audiology assistants. However, the lack of standard audiology assistant protocols may allow audiology assistants to make flawed decisions and/or decisions that should be made only by audiologists. This, in turn, may lead to poor audiologic outcomes and/or significant audiological errors. Implementation of our audiology assistant hearing aid care protocol appeared to impact positive outcomes in our clinic. Further research is needed, however, to identify protocol outcomes that represent either a reduction or increase in medical errors. Subsequently, any finalized protocol should be subjected to a cost-benefit analysis. Only then can we know whether the use of audiology assistants is consistent with the 2006 Academy position statement to "ensure both the accessibility and the highest quality of audiology care while addressing productivity and cost-benefit concerns." 

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Patricia Roush, AuD; Craig Buchman, MD; John Grose, PhD; Holly Teagle, AuD; Jackson Roush, PhD; Thomas Page, MS

Clinical Electrophysiology of the Brainstem and Cortex

Barbara Cone-Wesson, PhD

FM Verification for the 21st Century: A Practical Guide

Leisha Eiten, MA; Dawna E. Lewis, PhD

FEATURED SESSIONS

Auditory Neuropathy/Dys-Synchrony in Children

Craig Buchman, MD; Patricia Roush, AuD

Auditory Neuropathy/Dys-Synchrony: Diagnosis and Management

Charles Berlin, PhD; Linda J. Hood, PhD

(C)APD: The Role of Interhemispheric Function over the Lifespan and in Neurological Disease

Frank Musiek, PhD

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Nina Kraus, PhD

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Harvey Dillon, PhD

Marion Downs Lecture in Pediatric Audiology—Infant Hearing Loss: Silent Epidemic of Developing Countries

Daniel Christaan De Wet Swanepoel, PhD
This lecture is annually funded by the AAAF with a grant from the Oticon Foundation.

Objective Assessment of Infant Hearing: ABRs, ASSRs & LAEPs

Terence W. Picton, PhD

Pediatric Grand Rounds with a Twist—Educational Significance

Yvonne Sininger, PhD; Mona Dworsack, AuD; Marilyn Neault, PhD; Deborah Hayes, PhD; Patricia Roush, AuD; Jane R. Madell, PhD; Donna Smiley, PhD

Session made possible by funding from the Educational Audiology Association

GERIATRICS

LEARNING LAB

Coupler and Real-Ear Verification of Hearing Aids

Michael Valente, PhD; Elizabeth Baum, AuD student

FEATURED SESSIONS

(C)APD: The Role of Interhemispheric Function over the Lifespan and in Neurological Disease

Frank Musiek, PhD

Continued on next page

Featured Sessions and Learning Labs by SuperTrack *continued*

“Normal” and Impaired Hearing and Cognition in Older Adults

Kathy Pichora-Fuller, PhD

Support Programs for Older Adults with Hearing Loss

Patricia Kricos, PhD

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Craig A. Buchman, MD; Holly F.B. Teagle, AuD

Cortical Plasticity/Reorganization in Hearing-Impaired Children

Anu Sharma, PhD

Fitting and Verification Procedures for Baha

William Hodgetts, PhD

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- 8:00am–11:45am LL102 Vestibular Assessment: Choosing the Best Test from a Myriad of Choices

PM HALF DAY

- 12:45pm–4:30pm LL101 Audiologic Management of Infants and Young Children
- 12:45pm–4:30pm LL601 BPPV Diagnosis and Treatment: 2008 Clinical Update
- 12:45pm–4:30pm LL401 Clinical Electrophysiology of the Brainstem and Cortex
- 12:45pm–4:30pm LL402 What You Didn't Learn in School: Assembling the Vestibular Test Puzzle

FULL DAY

- 8:00am–4:30pm LL301 Hearing Loss Prevention: Professional Supervision of Audiometry
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Launching Your Research Career Trajectory through the NIDCD

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The goals of this presentation are to demystify the process of obtaining research and research training grant funding from the National Institute on Deafness and Other Communication Disorders of the National Institutes of Health and provide guidance in: (1) navigating the Extramural NIH funding system; (2) identifying the appropriate grant mechanisms for audiologists at the training and new faculty career stages; and (3) crafting a competitive grant application. Presenters: Daniel A. Sklare, PhD, NIH/NIDCD; Linda J. Hood, PhD, Vanderbilt University

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The Association of VA Audiologists (AVAA) is pleased to announce its eighth Annual Meeting in conjunction with AudiologyNOW! 2008. We look forward to another outstanding meeting including continuing education offerings, presentations from VA and national organization leaders and time to network with your colleagues from around the country. Please make plans to join us. For more information, e-mail Charles Martinez, charles.martinez@va.gov.

8:00am-5:00pm

National Association of Future Doctors of Audiology (NAFDA)

The National Association of Future Doctors of Audiology (NAFDA) will hold its eighth Annual Convention in conjunction with AudiologyNOW! 2008. NAFDA welcomes Doctor of Audiology (AuD) and research PhD students. All NAFDA Convention attendees are also welcome to join NAFDA at its business meeting on Thursday, April 3, to hear enthusiastic speakers discuss the promising future of NAFDA and Audiology. For more information, visit www.nafda.org. (NAFDA Convention registration is separate from AudiologyNOW! registration.)

5:00pm-9:00pm


National Association of Special Equipment Distributors (NASSED)

NASSED holds its annual meeting on the eve before the opening of Audiology Solutions. Attended by the country's hearing and balance health care equipment distributor members, as well as many of the principle equipment manufacturers, this reception's highlight is the presentation of NASSED's annual Lifetime Achievement Award. Contact NASSED for more information: Julie Renshaw, julie@gordonstowe.com.

The Employment Service Center: What's in a Name?

As far names go, the "Employment Service Center" (or ESC for those of us who tire of writing this long title) doesn't really have much zing factor. It doesn't rhyme or have the word "extreme" in it, but there is a good reason for this. The name Employment Service Center simply describes what this area of AudiologyNOW! provides. It is better than "Centralized location of services for both employers and job seekers utilized for seeking personnel or obtaining and maintaining employment." And it fits nicer on a banner.

If you need to post or find a job in the field of audiology, view or post resumes, or conduct interviews, this is where you go. If you need advice about audiology in general, we have you covered, anywhere along the employment spectrum, from what kind of audiologist you want to be to getting the job. Whether seeking employment as an audiologist or looking to hire—we have a service for you. The ESC consists of six interview rooms, a theater space and a job board area. This year, the ESC will be located right next to registration.

Employers who post jobs on the [HEARCareers](#) Web site (provided that they flag their job with an  attending) will have the ability to set up interviews with interested jobseekers before they get to Charlotte. When an employer registers as an attendee and marks the available position with an AudiologyNOW! logo, the employer will

automatically have an internal scheduling and messaging system built into their [HEARCareers](#) account. Instructions for using this system are available on the [HEARCareers](#) homepage. On-site interview room reservations are accepted at no charge for employers who have posted their position on [HEARCareers](#). If you have not posted a position but would still like to reserve a room, there will be a fee for the space. Space is limited so we encourage you to secure firm appointments with candidates before you arrive.

The ESC also includes a theater space where informative classes will be given to assist both those looking for employment and those looking to employ. Our latest crop of presenters will be bringing decades of experience to this year's course schedule. Let the expertise of your colleagues work for you; it could be the difference between getting the job and almost getting the job. Make sure you reserve time in your schedule to drop by. Check [www.audiologynow.org](#) under the Employment Service Center section for more in-depth information on available classes.

On Saturday the ESC Theater will host the "Last Chance Mixer" for employers and job seekers. Upon arrival, employers and job seekers will be given color-coded nametags to designate them as an employer or a job seeker. Next, they will write the position they are looking for and

the state in which they are offering employment or wish to be employed. Find someone with the opposite color but the same information as your tag and, voile!, a potential match. AudiologyNOW! has brought you to the same state, the same building, and the same room as your potential employer or employee ... now you take it from there. Meeting times will be determined by region of the country. Check [www.audiologynow.org](#) for a final schedule of times.

Finally, there will be a job board area where those looking for work can leisurely browse through available openings. Jobs posted by employers who are attending AudiologyNOW! will be marked accordingly to increase a jobs seeker's chance of having a face-to-face meeting. Computer stations will be available so employers and job seekers can post jobs or resumes while at AudiologyNOW!

The name may not sound fancy, but we are not here to be fancy, we are here to help guide you down the path of a rewarding career in audiology.

VISIT
[HEARCareers](#)



TODAY:
<http://www.audiology.org/membership/careers/>

The Employment Service Center Theater

Melanie Herzfeld

When I was asked to chair the Employment Service Center, my initial response was, "Who, me?" Though I have worked for my entire adult life, I knew little about the employment process. My last interview was so long ago, I forgot what it was like. One thing I always remembered, however, was the impact of advice from someone whose name I recognized, whether it was the author of a book, a member of a board, or the head of a practice. And so, as I pondered putting together a committee, I wondered from whom I would like to hear information about employment and what I would like to learn.

So that became my quest. First I had to ask a few individuals to help me out. Luckily, my requests were answered affirmatively. Kris English said she would love to talk about paths for audiologists and preparing for that journey into the field of audiology. Bettie Champion-Borton quickly responded that she teaches her students about the important must-do's and must-not-do's

during interviews and would also love to share. And Pat Kricos wants to help all of us to interview the interviewer!

Speaking of paths for audiologists, I could not help but reflect on the various jobs my friends have. Some of us are private practice audiologists, some teach, some work with children or infants, some work in medical centers, some for the VA. When I look back on how I came to work where I did, it was just plain old potluck. And while luck can always play a part, with all of the employment options audiologists have today, we can also aim for the role we enjoy the most. Knowing this, some of my contacts volunteered to conduct a discussion group on possible career paths for audiologists. Pat Kricos will talk about working in gerontology, Joscelyn Martin about working in a large multispecialty medical center, Jim Beauchamp about working in a school setting and Bruce Edwards about working in the operating room of a teaching hospital. Kim Barry will

talk about working in the VA, and Erin Miller, Kris English and Bettie Borton about working for universities. Cindy Simon will represent private practice, as will I. Barbara Kurman will talk about working on the other side of audiology, the equipment vendor side, and about opportunities in manufacturing.

To round out our presentations this year, we will have one session in which general professional issues will be discussed. It is always important to consider licensing, certification and malpractice when planning a career. Don Vogel, Bruce Edwards, Joscelyn Martin and Cindy Simon will host this session. Lastly, Erin Miller is planning an interesting session on ethical choices and contract negotiation.

It promises to be an exciting year at the Employment Service Center, and we hope to see you all there! Check out the Employment Service Center page at [www.audiologynow.org](#) for more information.

MY CITY, MY EXPERIENCE

Tracy Swanson, AuD, Chair of the Community Support Subcommittee and Charlotte Resident!

Welcome to Charlotte.

With the excitement of a cosmopolitan city and the ease of Southern charm, Charlotte presents a unique atmosphere where big city style meets down-home appeal. More than just the nation's second largest financial center, the Queen City's changing face will surprise you. As a magnet for progressive growth and smart development, the city finds itself welcoming more and more new faces—both visitors and residents alike.

“Charlotte in the spring is just so beautiful. EVERYONE must come!”

More than 55% of the country's population lives within a two-hour flight of Charlotte/Douglas International Airport, the national hub of US Airways. On average, more than 500 flights arrive and depart daily. This is more flights per capita than any other airport in the nation.

The LYNX Blue Line is the Charlotte region's first light rail service! It is 9.6 miles long and operates from I-485 at South Boulevard to Uptown Charlotte. Twelve express routes provide quick transportation—with minimal stops—



from the suburbs to the uptown area. The Gold Rush rubber-wheeled trolley service, also operated by CATS, offers two circulating lines in Center City. These minibuses resemble historic streetcars and provide routes that run up and down Tryon Street and west along Trade Street through the historic Fourth Ward. The Gold Rush trolleys stop at marked bus stops every seven minutes from 7:00 am to 10:00 pm.

Charlotte attractions like the U.S. National Whitewater Center and the Billy Graham Library are truly one of a kind. Family-friendly destinations like Discovery Place and ImaginOn are sure to excite. See how Charlotte's



attractions can enrich your visit. Charlotte is home to some of the nation's foremost museums and galleries. The Mint Museum of Art and Mint Museum of Craft + Design guide visitors through ever-changing exhibits



featuring some of the world's finest collections. The Levine Museum of the New South exhibits some of the most fascinating collections of post-Civil War Southern history including its award-winning centerpiece exhibit, “Cotton Fields to Skyscrapers.” One of



the top hands-on science museums in the nation, Discovery Place provides ever-changing, entertaining facilities that foster experiences in areas that range from life science to space exploration. More than a half-million people from all over the United States visit Discovery Place, its IMAX Dome Theatre and the Charlotte Nature Museum each year.



“I love going uptown on a Friday or Saturday night. It's fun to walk around, look up at the buildings and go to some of the local bars and pubs. Uptown is clean, safe and very beautiful at night.”

Beyond the skyline of the nation's second-leading financial center lie Charlotte's historical and visually stunning neighborhoods. Stroll through Charlotte's most diverse streetcar-era neighborhoods, where buildings range from vintage factories to grand Southern estates. Take in turn-of-the-century architecture and traditional idyllic thoroughfares with boutiques and restaurants scattered along tree-lined streets.



"The city streets are beautiful in the spring with the trees and flowers in bloom!!!"

One of Charlotte's streetcar-era suburbs, the captivating neighborhood of Dilworth is, as *Southern Living* puts it, "the picture of vitality." Bungalow-style homes, oak-shaded sidewalks, and a traditional neighborhood feel characterize this popular area. Up and down Dilworth's main thoroughfare, East Boulevard, visitors can stumble on hip eateries,

"And shopping—there is plenty of shopping in Charlotte!"

trendy boutiques, corner cafes and more.

Myers Park, an area with old Southern estates and streets lined with towering oaks, is known by Charlotteans as one of the city's most prestigious addresses. Nestled amongst the winding, shady streets is the not-to-be-missed Mint Museum of Art. And tucked between a stretch of breathtaking residences is the Duke Mansion, the former home of Duke University founder James Buchanan

Duke, which is now a bed and breakfast. Dilworth's neighbor, South End, is just a trolley stop away from Center City and pairs an assorted mix of



renaissance of sorts in the 1980s that drew young artists into the area who had a vision of developing a new art community for Charlotte residents. Today, NoDa is home to a funky collection of galleries, performance venues and dining hotspots. Also, be



sure to check out the South Park, Plaza-Midwood, Ballantyne, and University neighborhoods.

Don't forget about the food. With a little help from dynamic chefs, invigorating restaurant concepts, and the addition of the culinary leader Johnson & Wales University, Charlotte's cuisine and

"Charlotte has a beautiful skyline"

restaurant scene are earning a spot on the map. Named one of the "Top 50 Cities That Sizzle" by *Restaurant News Magazine*, Charlotte's culinary delights are seemingly endless. So prepare your taste buds for savory eats that range from Southern fried chicken to Spanish small plates. Even as

Charlotte dining options continue to multiply throughout growing Charlotte, know that your meal will always be served with the grace and charm that characterizes this fair city. Charlotte

restaurants, antique shops, and retail with a relaxed atmosphere. Fine local and regional performing and visual artists host a bevy of live music, monthly gallery crawl events, and festivals like the "Art and Soul of South End." NoDa is Charlotte's historic "arts district" located on North Davidson, just north of Center City. After the closing of the area's last mill, NoDa began a

Charlotte is an experience to be savored, and AudiologyNOW! 2008 is the perfect occasion to indulge yourself.

Thank You

AudiologyNOW! is made possible by sponsors, exhibitors and, you, the attendee!

DIAMOND	BOOTH #
Oticon, Inc.*	1211
Phonak*	1843
Siemens Hearing Instruments*	1825
Starkey*	901
Widex Hearing Aid Co. Inc.*	1813
<hr/>	
SAPPHIRE	
GN ReSound *	605
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PLATINUM	
Williams Sound Corporation	1968
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GOLD	
SONIC innovations	213
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BRONZE	
Allyn & Bacon	736
Etymotic Research, Inc.	1733
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* A special thank you to our Title Partners for their support of Celebrate Audiology, which will take place at the US National Whitewater Center on April 3, 7:00-10:00 pm.

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December 20, 2007

Viewpoint

Service and Product Delivery Systems Time to Take a Stand?

Internet sale of hearing aids has been a topic of lively discussion for some time. A common theme in opposition to the practice is that fitting of hearing aids goes far beyond the product and includes professional identification and diagnosis of the hearing loss, and careful fitting, verification, validation and rehabilitative services leading to a successful outcome. The primary argument in favor of the practice of Internet or mail-order hearing aids is that these product-only delivery systems make hearing aids affordable to many who would otherwise go without. The reflexive response of most audiologists is that Internet and mail-order delivery systems are not good for the consumer because the necessary service component is deemphasized.

The discussion can be further confounded by the topic of bundling product and services in the retail pricing of hearing aids. The common system of hearing aid pricing was inherited from traditional hearing aid dealers, and offered product and fitting services included in one price. The argument against this practice of bundling service and product together is that it has the effect of overemphasizing the product, and diminishing the value of the services necessary for fitting and rehabilitation. In effect, the practice of charging the same price to all consumers, not knowing who will require little service and who will require an extensive

amount of time and service, can be argued to be inherently unfair to those who do not need extra time, and a free ride for those who do. Conventional wisdom argues that unbundling is a fair and proper way to offer hearing aids and services to the public, although the majority of us have not been able to figure out a way to do it in a manner that attracts a favorable response from the general public.

Looking at both issues could lead one to conclude that Internet and mail-order sales may be viewed as methods to facilitate an unbundled model of service. The consumer may purchase the products needed from a retailer anywhere, and pay for local service as needed. Unfortunately, it has not worked out that way so far. Either the consumer is left to find their own services, or the Internet source offers local providers a severely discounted fitting and service fee. Either way, the consumer is left without advice and expertise, or they go to someone who is willing to take the low bid and who has little invested in the success of the patient. The end result is that a non-service provider is being compensated for diluting the importance and value of professional services.

Hearing aid manufacturers started weighing in on the issue last year. Starkey Labs issued a "Consumer Alert" in June of 2007, and their Web


site states that they do not sell directly to Internet retailers because they do not believe that the consumer can be provided with the necessary high quality professional services needed.

Similarly, in August of 2007, Widex published a "Consumer Notice" on their Widex USA Web site recommending that consumers not purchase hearing instruments from Internet retailers but seek the advice and full range of services from a Widex authorized professional. Effective November 9, 2007, Oticon, Inc. followed suit with detailed guidelines offering their products only through distributors that meet certain quality of service standards and provide hearing aids only through "face-to-face" in-person consultations. These three manufacturers are following the spirit of a guideline and report on the selection and fitting of hearing aids, published by the American Academy of Audiology (2000; Chisholm et al, 2007), that support the contention that successful hearing aid use is predicated on careful counseling, followed by

To view the Academy task force report on health-related quality of life benefits of amplification in adults, go to www.audiology.org/publications/jaaa/2007.htm.



selection, fitting, verification, and validation of the fitting—activities that can best be accomplished through the direct diagnosis and treatment by a licensed audiologist.

Recognizing that new methods and ideas are emerging, the Academy has charged past president David Fabry to chair a task force and develop a position statement on the provision of hearing aids. Included in the charges to this task force are these: develop recommendations to separate audiologic diagnostic and treatment services from device provision, tie recommendations to the task force report cited above, examine the ethics inherent in various delivery models, and discuss the “value added” by having audiologists, as opposed to nonaudiologists, provide related services. It is time for the profession to take a very clear stand and agree on a best practices model for hearing aid delivery that is in the best interest of the patient and allows the skills offered by the audiologist to be valued and recognized. 

REFERENCES

- American Academy of Audiology. (2000) Pre-purchase assessment guideline for amplification devices. *Audiol Today* 12(3):39.
- Chisholm et al. (2007) A systematic review of health-related quality of life and hearing aids: final report of the American Academy of Audiology task force on the health-related quality of life benefits of amplification in adults. *J Am Acad Audiol* 18(2):151–183.

The opinions expressed in this Viewpoint are those of the author and in no way should be construed as official policy of the American Academy of Audiology.

AMERICAN
ACADEMY OF
AUDIOLOGY



Registry of Clinical
Externship Sites

The Registry of Clinical Externship Sites is a web-based resource that describes over 100 externship sites. Universities, students and clinical sites have FREE access! Those who elect to be listed agree to abide by the clinical education guidelines set forth by the Academy.

SITE REGISTRY GOALS:

- To facilitate communication between universities & clinical sites
- To identify high-quality externship experiences

CLINICAL SITES:

Participate in AuD Clinical Education by joining the registry

STUDENTS/UNIVERSITIES:

View a detailed description of a clinical site
www.audiology.org/academiaresearch/academia/registry

Questions? Contact
siteregistry@audiology.org

Coming Soon in JAAA Vol 19, No 1, Jan/Feb 2008



ARTICLES

The Effects of Monotic and Dichotic Interference Tones on 40 Hz Auditory Steady-State Responses in Normal Hearing Adults
Shaum P. Bhagat

Multivariate Predictors of Music Perception and Appraisal by Adult Cochlear Implant Users
Kate Gfeller, Jacob Oleson, John F. Knutson, Patrick Breheny, Virginia Driscoll, and Carol Olszewski

Reception Thresholds for Sentences in Quiet, Continuous Noise, and Interrupted Noise in School-Age Children
Andrew Stuart

Effects of Expansion Algorithms on Speech Reception Thresholds
Christi L. Wise and Justin A. Zakis

User Preference and Reliability of Bilateral Hearing Aid Gain Adjustments
Benjamin W.Y. Hornsby, H. Gustav Mueller

Hearing and Balance Screening and Referrals for Medicare Patients: A National Survey of Primary Care Physicians
Carole E. Johnson, Jeffrey L. Danhauer, Lindsey Latiolais Koch, Kristina E. Celani, Ilian Priscilla Lopez, and Victoria A. Williams

The “Boomer” Audiologist With Age Comes Wisdom

You know who you are, and there are plenty of you out there. You entered this field of audiology back in the 1960s and 70s, and you officially qualify for the designation “baby boomer.” You’re in your 50s or 60s now, and you’ve “been around the block” more than a few times in your life. Your career of helping people with hearing loss is probably at least 75% over by now, and those thoughts of low stress retirement are becoming more and more commonplace. You might catch yourself daydreaming about a time when you don’t have to say a single spondee or remove any cerumen; no one asks you to adjust their hearing aid so they can hear better in the noisy restaurant or says “I do hear better, but can you....?”; and the sentence “If everyone talked like you I wouldn’t need hearing aids” never comes up in conversation.

When you look back over your last 20–30 years in working with hearing aids, you are amazed at the changes that have occurred. It seems like it was just yesterday that you used your little screwdriver to adjust trimmers and did not need glasses to do it. First there was the low-cut pot and output control. Then came the high-cut pot or “feedback control” (Gus Mueller called it the “speech intelligibility reduction pot”). I remember being very excited when the “active tone controls” appeared ... you could get an unheard of 20–25 dB change in gain at 500 Hz with a simple 270 degree rotation with

your screwdriver!

We lived through fads like “automatic noise reduction” (for you youngsters out there, it was just an automatic low cut), which some advertising told us would “eliminate background noise.” Remember the marketing graphic showing speech and noise going in one side of the “filter” and speech coming out the other? Those of us who came through that era will always have a healthy skepticism of the marketing departments. And who can forget the stock in-the-ear hearing aids that snapped into the half earmold shell? It’s a colorful and interesting history.


When the leading edge of the boomers started in this field, there was no such thing as a PC, NOAH, or HiPro. Tympanometry, the auditory brainstem response, and cochlear implants were primitive techniques in research labs or in early development, and otoacoustic emissions were unheard of (pun intended). So we have seen incredible changes in our field, mostly good ones. For years we dreamed about having more flexibility in adjusting the parameters of hearing aid amplifiers. With the development of programmability in hearing aids, we have much more control now over the amplified signal our hearing aid patients receive. The tools available to us to control and manipulate amplified

sound continue to multiply. So while we may not have enormous personal physical flexibility these days, we sure do have flexible hearing aid circuitry. That’s not to say that we always know what to do with all that flexibility, but we got it. With age of course comes wisdom, and living through many of these developments we have learned that the advances we hoped for haven’t necessarily solved all the problems we thought they would.

I hope you boomers out there reading this are now nodding your head and saying, “I’ve been there and it has been quite a ride.” You youngsters, if you’re still reading at this point, may be saying, “Another geriatric audiologist reminiscing about the old days.” That’s true, but there are lessons to be learned from your “forefathers.” Some of us boomers may not have noticed, but we are entering that geriatric period and are starting to look and act more and more like our typical patients. The good part is that a bit of gray hair and a confident manner brought about by years of experience makes us very effective in getting patients to follow our recommendations. On the other hand, if we are truthful, we have to acknowledge that a number of the following things might now apply to us:

- It is sort of fun to talk about how different things used to be when you were coming along
 - Loud, noisy restaurants are not appealing
 - Bifocals or reading glasses sure come in handy
 - If you're not coloring it, there's some gray somewhere
 - You kind of like watching *Jeopardy*
 - Your memory just isn't quite as sharp as it used to be; you write it down if you really want to remember it
 - Driving at night seems more difficult
 - You sure are stiff when you climb out of bed in the morning
 - You wonder why they don't make any good sitcoms like *M*A*S*H* anymore
 - Talking about your children or grandchildren is fun
 - Talking about your ailments, medications and surgeries may not be fun, but you sure find yourself doing it
 - A nice, quiet evening at home is quite enjoyable
 - It's getting hard to keep up with all the new technology that is coming out
- Yes, fellow boomers, as we age, not only do we "become our parents" but, as audiologists, we are becoming more and more like our patients, both in our hearing and in our lifestyles. Many of us have spent our careers with a primarily elderly population. Having spent so many of my waking hours with the elderly in my 33-year career as an audiologist, I'm very comfortable around this group. When I tell my golfing buddies that I can easily carry on a long and interesting conversation with an 88-year-old

woman, they look at me in disbelief.

The bottom line: time in practice gives us valuable experience that allows us to become better and more effective audiologists. At the same time, we should recognize that we have unknowingly been preparing ourselves quite well for this "next phase" of our life. From years of interacting with our elderly patients, we know a lot about what our future may be like, both the good and the difficult. Hopefully we will deal with it all gracefully, realistically and with good humor, and will be one of those patients who says "I don't care what it looks like, I just want to hear better." 

The opinions expressed in this Viewpoint are those of the author and in no way should be construed as official policy of the American Academy of Audiology.

Clinical Practice Guidelines Open for Review

There is now available for peer review a document entitled:

“Clinical Practice Guidelines: Remote Microphone Hearing Assistance Technologies for Children and Youth (Birth to 21 Years)” (also including “Supplement A”)

The document draft can be found at: <http://www.audiology.org/publications/documents/positions/> and is available for member review and comments until February 15, 2008. Hard copies are available upon request at amiedema@audiology.org or 703-226-1033. Member comments and responses regarding the draft document may be submitted to Pat Kricos, Strategic Documents Chair, pkricos@geron.ufl.edu or 352.392.2113.

BEST Practice Management

2008 Make It the BEST Year of Our Lives!

A new year is a time for reviewing the past and projecting the future. These reflections help guide our course for the coming year. As we reflect, shouldn't the goal be to make 2008 the BEST year of our lives? Regardless of whether we own or work in an audiology practice, statistics and market research suggest that audiologists are faced with incredible opportunity. The question is how to achieve our potential.

The first step is to love our patients, and success is sure to follow. We must realize that when working with patients, listening carefully is often more powerful than saying a lot. When we embrace the person in front of us and show them we care about more than their hearing, we begin to forge a relationship that can last a lifetime. Making patients feel like a part of a family will go a long way toward creating patients for life. In short, we should do everything we can to make patients feel special, like part of a family.

According to industry sources, the average audiologist convinces less than half of the patients who need hearing aids to purchase them. As professionals, we certainly don't want to employ high pressure sales tactics to convince patients, but we can be better prepared to overcome the common objections that patients present us with every day. One of the ways to convince patients is to demonstrate new technology and to let them hear what they are missing. While we would like to believe that patients will just take our word for granted, most patients want audiologists to show them why they should do something about their hearing problems. Just imagine how our market would grow if we did a better job of convincing patients that they needed to do something about their hearing loss. Now that's an opportunity!

The Academy code of ethics states: *Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.* To be the best audiologist we can be means that we must truly believe in the services and products that we provide and be prepared to work long hours to get others to believe in them, too. If we aren't

100% convinced of the benefits of the services and products we offer to patients, our patients won't believe in them either.

Since there seems to be an increasing shortage of audiologists, we must learn how to delegate. The advent of the AuD degree makes it more important than ever for audiologists to be aware that most other medical and allied health professions already have well-developed technician positions. Physicians, nurses, optometrists, physical therapists, occupational therapists, dentists, and veterinarians all routinely employ trained technicians. Moreover, a review of audiology practice today shows that technicians are being used successfully in a variety of practice settings, including the military, the VA, educational institutions, hospitals, industrial settings, and private practices. When such minor but time-consuming tasks as analyzing hearing aids, cleaning hearing aids, troubleshooting equipment, and completing paperwork are removed from an audiologist's workload, it frees more time for the work that our professional education has prepared us to do such as patient and family counseling, rehabilitative therapy, diagnostic procedures, supervising and teaching students and much needed research.

Finally, if we want to give our best to patients, we have to be at *our* best. Our society is driven by the thought that a busy person is a successful person. A book entitled *The Wealthy Spirit* by Chellie Campbell asks, "When did human beings become human doings?" We need to allow ourselves time to enjoy life and the fruits of our many years of education and hours of hard work. Time off and having fun is like putting gas in a tank. Everyone needs fuel to recharge their batteries. When we allow ourselves time to do the things we love to do, the world will look brighter in the morning.


Make 2008 the BEST year of your life professionally and personally, and of course, if you are looking for the BEST tools for managing an audiology practice, go to the BEST section of the Academy Web site at www.audiology.org.

Gyl A. Kasewurm, AuD, is the owner and President of Professional Hearing Services in St Joseph, MI

Membership Has Its Privileges!

Deals on **HEARCareers** Job Postings at **AudiologyNOW!**:

PAY FOR 30 – GET 90!

For employers attending **AudiologyNOW!** 2008, the employment services provided on the Academy's job and resume posting Web site, **HEARCareers**, will be made even more valuable. For attendees of **AudiologyNOW!**, up to 60 **FREE** days of Web visibility will be added to **HEARCareers** job postings! Starting January 2, 2008, a 30-day Career Fair job posting will remain on the Web site until the end of **AudiologyNOW!**, or the full 30 days of the posting, whichever is longer. With this deal, an employer has the ability to get up to 90 days of exposure for the price of a 30-day post. In order to participate, employers must simply register as attendees by flagging their job postings with an  **AudiologyNOW!** logo. This logo will appear next to both job seekers and employers who register as attendees. Look for this symbol to determine who will be at **AudiologyNOW!**

Once a job has been flagged with an **AudiologyNOW!** logo to distinguish the employer as an attendee, the employer will be given access to the **HEARCareers** online messaging and scheduling system. Using this system, interviews with attending job seekers can be set up months before the start of **AudiologyNOW!** The Employment Service Center interview rooms will be located next to the registration area in concourse C of the Charlotte Convention Center.

VISIT
HEARCareers



TODAY:

<http://www.audiology.org/membership/careers/>

TO DO list:

Renew Academy membership ASAP!

Go online to:

www.audiology.org/membership/memberrenewal/
for directions.

If I have questions, I can contact Erin Quinn:

equinn@audiology.org

or

1-800-222-2336 ext 1051

News & Announcements

Hero's Welcome for Gallaudet AuD Student

Jolene Mancini, Gallaudet University AuD student and a Staff Sergeant in the Air National Guard, was welcomed home by family and friends at Baltimore/Washington International Airport on November 18th after a three-month stint in Iraq. Mancini was called for service during her third year in Gallaudet's AuD Program.



While in Bagdad, Mancini's job was to build, deliver, and load the munitions for A-10 jets. Working on the flight line, she supplied the needs of 24-hour missions. While serving her country, Mancini kept up with coursework on-line and advocated for hearing protection, claiming she has photos of fellow soldiers pointing to their ears to prove they were wearing their Hearing Protection Devices. While she was away, the Department of Hearing, Speech, and Language Sciences sent her regular care packages. In fact, there were so many that the base's mailroom was unofficially renamed "The Mancini Mailroom."



At the airport to give Mancini a hero's welcome were (from second left): fellow third-year AuD students Stephanie West, Kristin Follett, Samantha Kleindienst, and Jose Reyes III; audiology professor Cynthia Compton-Conley; and Mancini's sister, Patty Mancini (a helicopter pilot).

SOUND WAVES

Barry Freeman will assume a new employment position beginning in February, 2008 as Director of Education and Training for Starkey Labs, Inc. Freeman, who served as the 8th president of the Academy (1996), is currently the Chair of the Audiology Department, Nova Southeastern University, Ft. Lauderdale, FL., a position he has held for the past ten years.

James Peck, Associate Professor and Audiologist, has retired from the University of Mississippi Medical Center in Jackson, MS, after completion of 26 years of service. In addition to his private audiology practice, Peck served as Associate Director of Communicative Disorders at the University Hospital from 1986 until 1999.



On November 16, 2007, more than 80 people gathered to celebrate the amazing (and lengthy) career of **Brian E. Walden**. Dr. Walden spent his entire career at the Walter Reed Army Medical Center in Washington, DC, as Director of Research at the Army Audiology and Speech Center. Throughout his career, he worked diligently to produce the highest level of research, and this unparalleled work ethic was recognized by a multitude of organizations and associations. During his career Brian received numerous awards, including the U.S. Army Meritorious Service Medal, the Distinguished Alumnus Award from both San Diego State University and Purdue University, the Jerger Career Award for Research in Audiology and many others.

During his outstanding career, Brian contributed a vast body of scholarly work to the field and was extremely active in professional issues. He was an integral part of more than 50 working groups, scientific advisory boards, committees and task forces. Walden chaired a Presidential Task Force on Ethics for the Academy which reinstated the Academy's Ethical Practices Committee, and he was the Executive Secretary for the Joint Military Services/Department of Veterans Administration AuD Steering Committee for more than 10 years, which paved the way for many hundreds of federal clinicians to obtain their clinical doctorate while maintaining their positions in federal service.

GEORGIA ACADEMY OF AUDIOLOGY ANNUAL CONFERENCE

The Georgia Academy of Audiology will hold its 6th annual conference January 31-February 2, 2008 at the Marietta Conference Center and Resort. The program will include two pre-conference workshops featuring Kathryn Sledjeski speaking on Understanding Genetics and Gus Muller presenting hearing aid selection and fitting. Other speakers at the conference will include Mike Poe, Michael Phillips, Michael Nilsson, Richard Roberts, Therese Walden, Danko Cerenko, James "Jay" Hall, Gyl Kasewurm, Paul Pessis, Bob Kemp, Clem Doxey, Carmen Brewer, Tom Thunder and Alan Freint. For more information or to register, please visit: www.georgiaaudiology.org.

ALABAMA ACADEMY OF AUDIOLOGY UPDATE

The Professional Audiology Society of Alabama (PASA) has received corporate re-certification by the Jefferson County Court in Birmingham as: The Alabama Academy of Audiology (ALAA). PASA was incorporated in December of 1998 with Bettie Champion Borton as the first president with Margaret Springfield, and Richard Gresham making up the Board of Directors. Another benchmark of the Alabama Academy of Audiology's (ALAA) progress occurred this month when the Alabama Board of Examiners in Speech Pathology and Audiology (ABESPA) awarded \$4,000 to ALAA in support of continuing education efforts as part of the ALAA annual convention. At our state meeting in 2007, the continuing education activities were designated by the American Academy of Audiology for the American Board of Audiology (ABA) as Tier One level credit. ALAA has the distinction of being the ONLY organization in Alabama to offer Tier One CE credits, as well as the first state academy convention in the United States to offer 100% of its CE hours as eligible Tier One credit. For our 2008 meeting, ALAA is receiving

Academy Announces New Senior Staff

The American Academy of Audiology is pleased to announce the selection of Amy Miedema as Director of Communications, as well as audiologist and former Board of Directors member, Debra Abel, as the Director of Reimbursement.



Amy Miedema will manage the Academy's publications, to include *Audiology Today*, the *Journal of American Academy of Audiology*, books, brochures, and multimedia, as well as the Web site and public relations campaigns (Turn It to the Left) and communication efforts. She comes to the association with more than nine years of experience in publishing, marketing communications, and project management. She is a strategic thinker and planner with strong leadership skills and business acumen; skills and expertise that will continue to help grow the success of the Academy.

Debra Abel will manage the overall strategic and programmatic functions related to reimbursement, coding, and quality measures, including the development of products and services in this area. In addition, she will develop and implement specific initiatives aligned with the Academy's strategic advocacy plan. As part of her duties, Abel will also maintain relationships with key personnel of the Centers for Medicare and Medicaid Services (CMS), and other federal agencies, industry, and allied organizations. Abel was an At-Large member of the Academy's Board of Directors for more than two years and a member of the Academy since 1988. She has served as the chair of the Coding and Practice Committee (now Coding and Reimbursement Committee) from 2003-2005 and had served as the board liaison to the committee from 2005. Abel has authored and co-authored many articles and publications on the subject to include "Reimbursement/Practice Management Issues and Ethics" (2007), Coding, Billing, and Reimbursement Capture (2007), and "Everything You Ever Wanted to Know About Billing," (2007).



As a new addition to the Academy staff, Abel resigned from her position as an At-Large member of the Academy Board of Directors. The Board of Directors has appointed Erin L. Miller to complete Abel's term on the board. Erin Miller is currently the coordinator of hearing aid dispensary and clinical preceptor, at the University of Akron, OH. Her special areas of interest include adult and geriatric amplification, auditory processing disorders, state licensure and advocacy issues, and mentoring.

assistance from a professional convention planning corporation, in an arrangement facilitated by the AAA. ALAA '08, will be held at the Sandestin Hilton Resort, September 11-13.

ALAA is now initiating its first entrance into politics. The ALAA has lobbied members of congress to support national legislation, such as H.R. 2329, also known as the tax credit bill. ALAA is also lobbying Alabama legisla-

tors for support of H.R.1665, the Medicare Hearing Health Care Enhancement Act of 2007, known as the Direct Access bill. In addition, preliminary discussions have been held with both the Georgia and Florida Academies of Audiology seeking ways to develop closer ties and cooperatively advance the profession in the Southeastern United States. —Submitted by Thomas E. Borton, President, ALAA

PROJECT DEAF INDIA SEEKS VOLUNTEER AUDIOLOGISTS

Project Deaf India is seeking audiologists who are willing to pay their own expenses to help with an important humanitarian project in the state of Goa, India. Because of home deliveries, private nursing homes, and public hospitals as birthing places, and the custom of keeping the mother and child for 5-7 days post delivery, an audiologist is provided with a scooter (motor bike) where he/she carries a small laptop OAE screening instrument on the bike and visits different hospitals and even home deliveries when necessary. If the infant fails the screening test, the baby is referred to a main center/medical school for additional diagnostic testing and intervention. Such a scheme is economical for India so that every birthing place does not need to invest in the purchase of a hearing screening machine. It is the goal of the project that Goa will be the first state of India where all newborns will be tested for deafness. It is estimated that the cost burden to the volunteer audiologists for food, travel and lodging will be approximately \$6000 for a 2 week stay. Additional information is available by contacting Dr. Raj Desai, Chairman, Project Deaf India at www.projectdeafindia.org.

GRADUATE RESEARCH SEMINAR: AUDITORY SYSTEM CALL FOR PAPERS: Auditory Neuroscience

June 28-29, 2008, Colby-Sawyer College,
New London, NH

The upcoming Graduate Research Seminar (GRS) in auditory neuroscience, held the weekend prior to the Auditory System Gordon Research Conference (GRC), seeks to bring together promising graduate students and postdoctoral fellows to present and discuss original research in a constructive and informal environment. Bringing together trainees to participate in both the seminar and conference will provide an ideal atmosphere for intense scientific interaction and rigorous discussion. The auditory neuroscience GRS will also provide a unique opportunity for young scientists to share in the GRC experience by fostering interactions with senior investigators. To be considered for an oral presentation, abstracts must be submitted by March 28, 2008. Please send abstracts directly to the GRS co-chairs in addition to including them with the application. Applications to attend the meeting must be submitted by June 7, 2008. For addition information please e-mail GRS Auditory Neuroscience Co-Chairs Amanda Clause or Jason Sanchez or visit the GRS web site at http://www.grc.org/programs.aspx?year=2008&program=grad_audit.

1st EHDI in Africa Conference – A Milestone Event

The 1st Early Hearing Detection in Infants (EHDI) conference ever convened on the continent of Africa was held in Johannesburg, South Africa on the 13th and 14th of August 2007. The theme was “Building Bridges in Africa: Early Childhood Development for Children with Hearing Loss” and was hosted by The Wits Centre for Deaf Studies. It was the first time that key stakeholders within the field of early childhood and deafness, including national departments of health, education and social development, came together on the African continent. The conference attendance exceeded 300 delegates from more than 12 countries including - Botswana, Lesotho, Madagascar, Mozambique, Namibia, Nigeria, Senegal, Swaziland, Spain, South Africa, the UK and the USA.

The significance of this milestone meeting was evident in the conference opening by the South African National Minister of Health who indicated the importance of uniting across Africa to provide early identification and intervention for all children with hearing loss. Keynote speakers included Christine Yoshinaga-Itano, Bolajoko Olusanya, James Hall, David Martin, Marilyn Sass-Lehrer and Beth Benedict. The conference also provided a unique platform for the dissemination of research in childhood hearing loss and deafness being conducted on the continent of Africa.

The meeting also fostered the establishment of a working group for EHDI in South Africa, envisioned to encompass Sub-Saharan Africa over time. Conference proceedings will also be published as a supplement issue in the *International Journal of Audiology* for 2008. The EHDI in Africa initiative has taken a first step towards uniting parents of children with hearing loss, professionals, governmental and non-governmental organizations to explore and develop EHDI programs across Africa. The EHDI in Africa conference will be hosted biannually with the next meeting scheduled for 2009. —(Submitted by De Wet Swanepoel and Claudine Storbeck)



Christie Yoshinaga-Itano speaks to attendees.



Jay Hall addresses delegates.



Delegates gather at the Wits Centre, Johannesburg, South Africa

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(tuku mana)

Caring
Manaaki

Communication
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korero

Excellence
Taumata teitei
(hiranga)

Audiologists

Whangarei Hospital, Northland, New Zealand

We are seeking Audiologists for our busy Department. Our services are in an exciting stage of development with great opportunities for enthusiastic Audiologists who want to contribute to our future growth.

Universal New Born Hearing Screening is currently being established in New Zealand and there are opportunities to be involved with this as well as the provision of a comprehensive range of diagnostic and rehabilitative audiological services. Excellent relationships are enjoyed with local Otolaryngologists, Paediatricians and a range of community agencies. The service is well equipped and is based in Whangarei serving the Northland region.

Northland is an area rich in Maori and European culture and offers both urban and rural lifestyles. Northland is the northern-most region of New Zealand, extending some 300 x 800 Km, covering 12,600 square kilometres and boasting a subtropical climate and some of the most scenic and exciting coastal areas in New Zealand. The opportunities for outdoor activities, water sports and fishing are superb, and the Poor Knights Islands reserve is world famous for diving. Whangarei is the major city in Northland and is a lively and increasingly popular place to live and work. The population of Northland is increasing steadily. The current population of Whangarei City is approximately 70,000, while the whole of Northland has a resident population nearer 150,000. Its popularity as a tourist destination means the population almost doubles in holiday seasons.

New Zealand has a free health system and all employees are entitled to at least four weeks paid holiday leave each year.

If you are interested in working as a respected professional in a positive environment that encourages the development of your audiological skills and knowledge, contact us today. We are happy to discuss options for full or part-time employment.

**Vacancy Number: AH07-032
No Closing Date**

Job Description and Official Application Form are available from, and should be returned to: Recruitment Officer, Northland District Health Board, PO Box 742, Whangarei Telephone: +64 9 430 4101 ext 3198 Email: jobs@nhl.co.nz or visit our website at www.northlanddhhb.org.nz

NORTHLAND DISTRICT HEALTH BOARD

Te Paari Hauora A Kōwhiri O Te Tai Tokerau



Colorado

FACULTY OPENINGS—TENURE-TRACK SLP OR AUDIOLOGY PROF (OPEN RANK): Metropolitan State College of Denver—an undergraduate-only institution of more than 21,000 students—is seeking a full-time tenure-track faculty member to teach four courses per semester including but not limited to Speech and Hearing Science, Anatomy and Physiology of the Speech Mechanism, and Language Acquisition. Faculty are expected to commit to professional development; advising and mentoring students from a large, diverse, urban population; and appropriate professional service. Applicants must have a doctoral degree in Audiology or Speech-Language Pathology. Preference will be given to applicants with: 1) college teaching experience, especially via an online delivery system; 2) at least two years clinical experience; 3) CCC-A or CCC-SLP; 4) ability to apply speech and hearing science technology to curriculum; 5) laboratory expertise in anatomy and physiology of communicative structures; 6) documentation of effective teaching, especially of non-traditional and/or diverse, urban students; and 7) evidence of interdisciplinary research and/or clinical projects. Rank & salary are commensurate with education and experience. Appointment begins Fall 2008. Applications must be submitted online at <https://www.mscdjobs.com>, position #F449, for full position announcement and application instructions. Deadline for applications: January 15, 2008. Search chair: Dr. Jean Lundy, 303-556-6965, lundyje@mscd.edu. Metropolitan State College of Denver is an equal opportunity employer and encourages women and minorities to apply.

Massachusetts

TENURE-TRACK POSITION; ASSISTANT PROFESSOR IN AUDIOLOGY OR SPEECH-HEARING SCIENCE: Worcester State College Department of Communication Sciences and Disorders has an opening for a tenure-track position in Audiology or Speech-Hearing Science. PhD, CCC (A or SLP). The position entails teaching basic undergraduate courses, teaching graduate courses in area of expertise, advising, clinical supervision, and involvement in department and college committees. Research in the applicant's area of interest is expected. The position is available September 2008. Please send a letter of application, CV, original transcripts of highest degree and 3 current, original letters of reference to Human Resources Department, Worcester State College, 486 Chandler St., Worcester, MA 01602.

Pennsylvania

AUDIOLOGIST - LANCASTER, PA: A busy 5 physician, 2 office ENT practice is seeking an additional full-time, or 2 part-time Certified Audiologist(s). Must have or be eligible for a PA license. Must have minimum 1-3 years experience in hearing aid dispensing, ABR / ENG and audiological evaluation of pediatric and adult populations. AuD preferred. Salary, commission and profit sharing plan.

Email, fax or mail resume and references to: John Ressler, Practice Administrator; jressler@lancasterent.com, fax: 717-394-5590; Otolaryngology Physicians of Lancaster; 810 Plaza Blvd., Lancaster, PA 17601

For information about our employment Web site, HearCareers, visit www.audiology.org/hearcareers or contact Vanessa Scherstrom at vscherstrom@audiology.org or 1-800-AAA-2336 ext. 1044. For information or to place a classified ad in *Audiology Today*, contact Christy Hanson at chanson@audiology.org or 1-800-AAA-2336 ext. 1062.



CHAIR - DEPARTMENT OF AUDIOLOGY

The Nova Southeastern University Department of Audiology is seeking a chairperson. The applicant must hold a doctoral degree in Audiology or closely related field from a regionally accredited university and be eligible for a Florida audiology license. Responsibilities include administration, supervision, and management of a thriving Au.D. program featuring: An on-campus clinical facility with diverse services including vestibular evaluation, auditory processing testing, tinnitus evaluation and management, as well as amplification. Clinical service contracts with off-campus audiology facilities. A wide range of internship placements in the tri-county south Florida area including hospitals, clinics, private otolaryngology and audiology practices, and educational settings. Fourth year externship placements arranged throughout the United States and internationally.

NSU is the 6th largest independent private university in the nation with more than 26,000 students—most in graduate and professional degree programs. The Audiology department is a part of the NSU Health Professions Division along with other professional degree programs such as Medicine, Dentistry, Pharmacy, and Optometry. The department is currently in its 8th year of offering the on-campus Doctor of Audiology degree. The audiology department is comprised of 50 on-campus students in Ft. Lauderdale as well as a post-Master's Au.D. program delivered in the United Kingdom.

To apply for this position, please visit: www.nsujobs.com, and apply to position number **998393**. For additional information, contact: **NSU Audiology Department, 3200 South University Drive, Ft. Lauderdale, FL 33328, <http://www.nsu.edu/adu>**.

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Audiology**NOW!**'s 20th Anniversary Celebration on the evening of Thursday, April 3 will bring thousands of audiology professionals out to play at the U.S. National Whitewater Center. In addition to dinner and dancing, attendees can participate in white-water rafting, test their skills on the ropes course or reach new heights on the climbing wall at the world's largest outdoor recreation facility.

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