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All copy received by Audiology Today must be accompanied by a 100M Zip disk or CD clearly identified by author name, topic title, operating system, and word processing program (in WordPerfect or Microsoft Word, saved as Text). Submitted material will not necessarily be returned. Specific questions regarding Audiology Today should be addressed to Editor, Audiology Today, 11730 Plaza America Drive, Suite 300, Reston, VA 20190 or by e-mail to jnorth1111@aol.com.
COMING IN JAAA IN MARCH

March 2005 (Vol.16, No. 3)

Educational sponsorship for this issue will be provided by the American Academy of Audiology

¬ Five-Year Changes in Middle-Ear Function for Older Adults Terry L. Wiley, David M. Nondahl, Karen J. Cruickshanks, and Ted S. Tweed
¬ Estimating Audiometric Thresholds Using Auditory Steady-State Responses Terence W. Picton, Andrew Dimitrijevic, Maria-Cecilia Perez-Abalo, and Patricia Van Roon
¬ Clear Speech for Adults with a Hearing Loss: Does Intervention with Communication Partners Make a Difference? Rachel Caissie, Melanie McNutt Campbell, Wendy L. Frenette, Lori Scott, Iliona Howell, and Anouk Roy
¬ Multiple Auditory Steady-State Responses to Bone-Conduction Stimuli in Adults with Normal Hearing Susan A. Small and David R. Stapells
¬ Human Frequency-Following Responses to Binaural Masking Level Difference Stimuli James R. Wilson and Ananthanarayan Krishnan
On March 30th, the world’s largest gathering of Audiologists will convene in Washington, DC for the American Academy of Audiology’s 17th Annual Convention & Expo. This year’s convention will provide attendees with unique and innovative educational opportunities, as well as social and entertainment events. There will, of course, be special political events including the State Leaders Network Workshop on Capitol Hill and the Political Action Committee (PAC) reception at the Hotel Washington, across from the White House. The location of this year’s convention in the nation’s capital could not be a more fitting venue for our continued journey on the road to autonomy. This road, as you well know, must pass through Washington, DC. We hope you will plan to attend and be a part of this milestone convention.

A few short years ago, the profession of Audiology and audiologic care was barely on the radar screen of congressional leaders. Today, thanks to the work of the Academy’s past and present leadership and highly able staff, we will have a United States senator, a congressman and additional federal government guests in attendance. In January, Academy leadership met with an economic policy advisor at the White House regarding public policy issues affecting Americans with hearing and balance disorders. Washington now knows who we are, that we are coming to their city, and they are ready to welcome us.

Those welcoming us will be Senator Tom Harkin (D-IA), who will highlight this year’s opening ceremony as one of our keynote speakers. Senator Harkin is a sponsor of the Hearing Health Accessibility Act (S 277). Like Senator Bob Dole who spoke to us in San Antonio, Senator Harkin was a sponsor and advocate of the Americans with Disabilities Act and Closed Captioning. He is deeply committed to the needs of Americans with hearing loss and will share his own personal experiences. Also at the General Assembly will be the well-known political couple and pundits James Carville and Mary Matalin will provide their special brand of Washington insider humor.

Representative Jim Ryun (R-KS) is not only an Olympic champion, he is the champion of Audiology and patient rights, the creator and sponsor of the Hearing Health Accessibility Act (HR 415) in the House. He will be joining us again at this year’s convention, attending a variety of special events. Representative Ryun was with us last year in Salt Lake City, and his wife, Anne, who provided a moving and inspirational talk at our General Assembly.

On January 26 and February 3, the Hearing Health Accessibility Act was introduced in the House and Senate respectively. Representative Jim Ryun (R-KS) introduced the legislation in the House and Senators Tim Johnson (D-SD), Mike DeWine (R-OH) and Tom Harkin (D-IA) followed suit in the Senate. The Hearing Health Accessibility Act seeks to allow Medicare beneficiaries a choice of seeing an audiologist or physician for audiologic services. It does not seek to expand our scope of practice. It is an issue of patient rights, allowing Medicare beneficiaries the same rights afforded to others through federal programs such as the Federal Employees Health Benefit Plan (FEHBP) and the Veterans Administration.

Fourteen of the co-sponsors of the bills from the 108th Congress have signed on again as of mid-February. In the last session of Congress, we had approximately 54 co-sponsors in the House and five in the Senate. The legislation was introduced during the last half of the 108th session. We are off to an excellent start with the legislation introduced at the start of the 109th Congress. We need to work to ensure that all our previous co-sponsors are on board as well as pursue many new co-sponsors, including new members on the House Energy and Commerce, House Ways and Means, and Senate Finance Committees.

The Academy’s success in educating congressional leaders this past year is a direct result of the efforts by Academy members and their patients.
this past year is a direct result of the efforts by Academy members and their patients. An aggressive letter writing campaign to congressional representatives played a major role in educating the legislature about the importance of direct access to their constituents. Another factor was our ability to increase our Political Action Committee (PAC) finances through the outstanding efforts of Chair Tomi Browne and her tireless PAC Advisory Board.

**OBTAINING DIRECT ACCESS WILL BE A POLITICAL ENDEAVOR... NOT A MIRACLE**

At last year’s General Assembly, our keynote speaker, Mike Eruzione, Captain of the 1980 USA gold medal hockey team, stated that winning the gold medal, was not, as the title of the movie implied, a miracle, but rather a sporting event. He commented that the Red Sox winning the World Series would be a miracle. Well, the Red Sox won the World Series and it wasn’t a miracle. It was a great team effort fueled by a belief that it could be done against the odds and that they were a team of destiny.

In my speech as President-Elect in Salt Lake City, I told you that we needed 9,700 mosquitoes all working together to make direct access a reality. Our goal was to raise $100,000 dollars for the PAC each year for the next two years. If each of our members contributed at least $10, we would reach this goal. I am pleased to report that 700 Academy and NAFDA members have stepped up to the plate and made contributions. We now need the rest of our members to do the same.

**BE AN ADVOCATE...WHAT YOU CAN DO TO HELP**

First, contribute to the PAC. If you did so last year, THANK YOU. But you need to do it again. This is a new session of Congress with new faces and new opportunities to educate old and new leadership. Plan to attend the PAC reception on Wednesday night at the Washington Hotel roof top terrace, across from the White House. Contact Sherie Gayle at the Academy for further details and to RSVP. It going to be a great event.

Also, go to the Academy website (www.audiology.org/professional/gov/da.php) and download the sample letters for yourself and your patients. It will be more effective to have your letters on your professional stationary and faxed to the Members’ offices. Personal emails and phone calls to the Health Legislative Assistants are also important. Letters from patients are particularly helpful and we have seen a great response from patients when they are asked to help. They understand what direct access means to them and their ability to obtain audiological care.

Eruzione told us the story of Coach Brook’s final comments to the US Hockey team after beating the Russians. They had one more game to win; they had to beat Finland to win the gold. I will leave you with his words “You belong here, this is your moment...if you don’t do this you’ll regret it the rest of your lives.”

*The American Academy of Audiology PAC is a bipartisan political action committee operated by and in accordance to guidelines established by the Federal Election Commission. This political action committee is for members of the Academy to join together and contribute voluntary funds collected from Academy members to support candidates for federal political office in accordance with federal election law. The information included in this communication related to the PAC is for Academy members ONLY and is being provided for informational purposes, and is not a solicitation by, or an invitation to contribute to the American Academy of Audiology PAC.

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**On Being “Of, By and For” Audiologists...**

A number of members have expressed concerns about the intent of our membership policy that takes effect in January 2007. The policy states “Effective January 1, 2007 an applicant must hold a doctorate degree with a major in audiology from a regionally accredited academic institution. This requirement shall not apply to applicants who were Fellows in good standing prior to January 1, 2007.” The policy to hold a doctorate degree with a major in audiology from a regionally accredited academic institution applies to new entrants into the field of audiology and reinforces the Academy’s support and efforts to make audiology a doctoring profession.

A much greater concern has been expressed that this policy means the Academy will no longer be ‘Of, By and For’ all audiologists, but rather will support and advocate for doctoral-degreed audiologists only rather than serving audiologists who have not acquired their doctoral degree. As President, I can unequivocally speak for the Board of Directors and assure you that the Academy will always advocate on behalf of all audiologists who are qualified to practice. The American Academy of Audiology is an inclusive organization that aims to strengthen our profession, support our professionals and serve the hearing and balance needs of the public. The American Academy of Audiology will continue to be ‘Of, By and For’ all audiologists.
Your Voice Does Count…
Be Heard During Convention 2005

The American Academy of Audiology is comprised of 9,736 individuals. Each of you plays an important role in the profession of audiology. As is typical with a professional organization, approximately 10% of the membership is extremely active in one capacity or another (Board member, committee member, convention presenter, etc.), with the remaining members supporting the organization by paying their annual dues and enjoying the many benefits afforded to the members. This is perfectly acceptable. One of the reasons the Academy exists is to provide those benefits that you enjoy (AT, JAAA, advocacy, patient pamphlets, etc).

However, this is a unique time. Your Academy is on the verge of achieving an important legislative change that would allow Medicare patients seeking hearing health care to see an audiologist directly for an evaluation without having to first receive a referral from a physician. But 10% of the membership cannot accomplish this advocacy task alone. Each member needs to take action to ensure that the voice of audiology is heard. Members of Congress actually do care what their constituents have to say. When a constituent takes the time to drop by their office to let them know what they are concerned about, it makes an impression.

Before I moved to Washington, I never would have thought that I could make a difference by going to Capitol Hill and walking into my representative’s office. But as the Academy’s Executive Director, I have experienced this firsthand when I met with my Representative and successfully encouraged him to sign on to the Academy’s direct access bill.

Take advantage of your time in DC during Convention 2005. Make a major contribution to your profession and to the patients whom you serve. Set aside a time during your stay in DC to visit your senators and representatives. Go to Capitol Hill. Drop off your business card along with the Direct Access Talking Points. Let your representative know why you stopped by and that you would really appreciate his or her support on bill HR 415. Then go over to the Senate and let your senator know you want his or her support on bill S277. It won’t take you more than an hour to make two to three visits. But it could change audiology forever. You could make a positive difference in your patients’ lives by letting your voice be heard.

Visiting Your Members of Congress (or their Legislative Assistant on Health Care Issues)

It is recommended, but not necessary, to make an appointment with the office. You can reach your members offices through the Capitol switchboard at 202/224-3121 or contact information is available on www.congress.org. You may also do a “drop-by” without an appointment.

► Ask for the Health Legislative Assistant and inquire as to his/her availability for a 5-10 minute meeting to discuss access to hearing health services.

► If you get voicemail, please leave a message expressing your interest in setting a time to drop by. If he/she is unable to meet, request their email or fax number to send them a copy of the Academy talking points and your letter of support for HR 415/ S 277.

► Arrive at least 5 minutes prior to scheduled time. Take a copy of the Direct Access Talking Points to leave with your business card (talking points available at www.audiology.org/professional/gov/datp.php).

► Introduce yourself and discuss why direct access is important to the patients whom you serve. Discuss your training and qualifications to treat individuals with hearing loss.

► Answer any questions that the Health Legislative Assistant may have.

► Leave behind a copy of the Direct Access Talking Points with your business card.

It’s that simple! If you have any questions or need more information, the Academy Health Policy Staff can assist you.
Call for Committee Volunteers

The American Academy of Audiology Board of Directors approved the current Strategic Plan (www.audiology.org/about/lrsp.pdf) in January 2003 and developed goals and objectives for the next two to five years which will shape and influence the future of the Academy and the profession. The Board of Directors recognizes that the accomplishment of these goals and objectives would be impossible without the service of many volunteer members. The Board encourages you to volunteer your time and talents and get involved with your Academy which was created to be OF, BY and FOR AUDIOLOGISTS!

The Academy Board recently revised Academy policy with regard to committee participation. The Committee Chair shall be appointed by the President. Committee members shall be appointed by the Chair. Chairs will normally have served on the committee prior to assuming the chairmanship. Chairs serve a one-year term, renewable for two additional one-year terms (3 years total).

Committees are comprised of a Chair, no more than 9 members, a Board liaison, and a student member unless the composition is otherwise stated in the Policy & Procedures Manual as required by virtue of the nature of the committee. Committee members serve a two-year term. Initially, committees start with one-half of the committee serving a two-year term and one-half a three-year term to create 50% turnover annually. Committee members, if eligible for membership, must be members of the Academy to serve on a committee. An individual not eligible for membership may be appointed as a non-voting member of the committee.

STANDING COMMITTEES OF THE ACADEMY:

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<thead>
<tr>
<th>Committee</th>
<th>Chair/Co-Chairs</th>
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<tbody>
<tr>
<td>Awards &amp; Honors Committee</td>
<td>Sharon Sandridge</td>
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<tr>
<td>Coding and Practice Management Committee</td>
<td>Deb Abel</td>
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<tr>
<td>Convention 2006 Program Subcommittees</td>
<td>Pat Feeney</td>
</tr>
<tr>
<td>Education and Standards Committee</td>
<td>Dianne Meyer</td>
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<tr>
<td>Government Relations Committee</td>
<td>President Elect</td>
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<td>International Committee</td>
<td>R. Jan Smith and Robert Sweetow</td>
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<td>Marketing Committee</td>
<td>Clarke Cox and Gyl Kasewurm</td>
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<td>Membership Committee</td>
<td>Deb Carlson</td>
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<td>Publications Committee</td>
<td>David Fabry</td>
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<tr>
<td>Research Committee</td>
<td>Sherri Jones</td>
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<tr>
<td>State Network Committee</td>
<td>Karen Glay</td>
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Please indicate your first, second and third choices by marking a 1, 2 or 3 next to committees that interest you.

1. Awards and Honors
2. Coding and Practice Management
3. Convention 2006 Program Subcommittees
4. Convention-Community Support
5. Convention-Employment Service
6. Convention-Exhibitor Courses
7. Convention-Featured Sessions
8. Convention-Instructional Courses
9. Convention-Pre-Con Workshops
10. Convention-Research Podium & Posters
11. Convention-Round Tables/Focus groups
12. Convention-Student Research Forum
13. Convention-Student Volunteers
14. Education and Standards
15. Government Relations
16. International
17. Marketing
18. Membership
19. Publications
20. Research
21. State Network

STANDING COMMITTEES OF THE ACADEMY: Please submit this form to:

American Academy of Audiology, Attn: Committee Sign-Up
11730 Plaza America Drive, Suite 300
Reston, VA 20190
Fax: 703-790-8631
If you have any questions, please call Ed Sullivan at 1-800-222-2336 ext. 1034.

YES! I would like to volunteer to serve on a committee July 1, 2005-June 30, 2006.

Sign me up!!

Name ____________________________________________________________
Position _________________________________________________________
Address _________________________________________________________
_______________________________________________________________
City _____________________________________________________________
State, Zip ______________________________________________________
Phone ______________________ Fax _______________________________
E-Mail ______________________

Academy Committee Sign-Up Form
Amendment to "American Wartime Military Audiology" Monograph

In my account of the American Wartime Military Audiology (Audiology Today, Monograph No. 1, January 2002) I listed in Appendix 2 what I thought was the entire staff of the World War II Borden General Hospital Hearing Center. Unfortunately, I had overlooked the entries earlier in the historical report of the Center, where a separate list contained the names of the physicians of the medical staff for the Center, one of whom called my attention to the omission. I apologize for the oversight.

Here is the list of the medical staff:

Major Leslie E. Morrissett
Captain Howard C. High
Captain Daniel W. Brickley
Major Walter P. Work
1st Lt. Aram Roopenian
Captain Earl E. Phillips
Major Harold M.E. Boyd
Captain Rugie R. Coates
1st Lt. Daniel J. Reagan
1st Lieutenant Ludwig A. Furchtgott
1st Lieutenant A. Curtis Jones, Jr.
1st Lieutenant Francis C. Edmonds, Jr.

—Moe Bergman, Tel Aviv, Israel

Response to "Trouble in California"

I am amazed at the amount of inaccurate information presented by Dennis Van Vliet in his "Trouble in California" letter to the editor (AT, 16:6, pg 13). Since I have first hand knowledge regarding both of the topics he discussed, I would like to present different sides of these stories.

Regarding Vertigo Diagnostics, Inc.’s (VDI) “abusive billing and unlicensed provision of diagnostic vestibular testing,” I would like to inform Van Vliet that VDI is a licensed Medicare independent provider that has created a large network of ENTs, neurologists, and vestibular physical therapists who evaluate and rehabilitate vestibular disabled individuals primarily in Orange County and some parts of Los Angeles County. VDI has created a “hands-on” training model for ENG that exceeds both the current practicum provided at the California State University Audiology training programs and the practicum offered by the manufacturers of ENG equipment. VDI, however, was the only group that testified in front of the Speech Language Pathology Audiology Board. I testified on behalf of VDI. When the Board ruled that only audiologists could actually perform ENGs, VDI complied in full with this ruling and hired licensed audiologists to perform the testing.

Unfortunately, there is a large group of individuals in Los Angeles who have purchased ENG equipment and are providing tests in Los Angeles County. They have hired audiologists to “supervise” and are billing under the audiologist’s Medicare PIN number. The California Academy of Audiology (CAA) has been working hard to alert the state’s audiologists that this is considered fraud and will not be tolerated by Medicare. At the state meeting in September, Academy President Richard Gans discussed this problem, which is occurring on a national level, and reiterated that this is also an ethical issue. However, VDI is in total compliance and is not part of this problem.

When Governor Schwarzenegger was elected, one of his promises was to make state government lean and efficient. To that goal, over 200 bureaucrats were given the task to investigate every aspect of state government and to make recommendations. When that task was completed, the Governor appointed a 21 person commission called The California Performance Review Commission whose only function was to collect and listen to public comment on the proposed recommendations. My husband served on this commission. In the final draft of the commission’s recommendations, Speech-Language-Pathology and Audiology is to be transferred into Health and Human Services with other allied health professions. It is now up to CAA and CSHA to monitor this to make sure that it is included in the package of recommendations that need legislative approval.

What needs to be addressed is why Audiology and Speech-Language-Pathology was placed in the Commerce and Consumer Protection Department in the first place. When my husband asked that question, he was told “because they sell hearing aids.” As a previous president of CAA, I am well aware of our numerous fights with the California hearing aid dispensers in their attempt to provide and be reimbursed for diagnostic audiologic evaluations. Although Audiology prevaile, we obviously did not get our message across to the government bureaucracy that audiologists are not hearing aid dispensers. Even our colleagues in Speech Language Pathology were tainted by this incorrect perception. As Audiology continues providing hearing aid services to our patients, we must be mindful to educate both our elected officials and our patients as to the entirety of Audiology and the mission that we serve.

—Cyndy Fox, Granada Hills, CA

Editor’s Note: When the “Trouble in California” Letter to the Editor was submitted to AT (Nov-Dec, 2004) published reports had the CA Speech-Language Pathology and Audiology License Board slated to be grouped under “Commerce and Consumer Protection” as a part of Governor’s California Performance Review reorganization. All other health and allied health related professional groups were to be organized under a new “Health and Human Services” department. At or about press time of the Nov-Dec AT, following a review by the Governor’s team, it was announced that the Speech-Language Pathology and Audiology License Board would actually be joining the other health professions under the Health and Human Services Department.

On February 17, 2005, however, The Sacramento Bee reported that Governor Schwarzenegger would be submitting a letter to the state’s little Hoover Commission indicating that the proposal to eliminate 88 regulatory and policy-setting boards and commissions needed further review, and was being withdrawn. For now, apparently the California licensing board for speech pathology and audiology will continue in its current form.
ACADEMY HONORS

Join us as we honor these individuals at the Academy Awards Reception on Thursday, March 31, 2005, 6:00-7:30pm during the 17th Annual Convention & Expo in Washington, DC.

CAREER AWARD IN HEARING

Dr. Lucille Beck's outstanding career clearly merits recognition by the Academy as the recipient of the 2005 Career Award in Hearing. Her innumerable contributions to audiology place her among the best of the best in our profession. She has influenced the direction of our profession through her research, teaching and professional service. As one of the founding members of the Academy, the fifth President, and a member of the Board of Directors, she helped to establish audiology as a significant player in the health care reform program. She fought for and obtained the right for patients in the VA to seek direct access to audiology services. As a researcher, Dr. Beck has contributed to the scientific base of audiology through her numerous publications in the area of amplification. She served as a section editor for “Hearing Aids and Aural Rehabilitation” in Ear and Hearing for seven years and was the principal investigator in the landmark VA multicenter hearing aid trial study. An article co-authored with Jerry Punch was awarded the Editor’s Award from Ear and Hearing. She is a member of the graduate faculties of both George Washington and Gallaudet University where she sets high standards for aspiring audiologists in their amplification courses by advocating evidence-based research and practice. She serves as a consultant to such agencies as the Federal Drug Administration (FDA), National Institutes of Health (NIH), Department of Defense (DOD), American National Standards Institute (ANSI), National Academy of Science (NAS), and Self Help for Hard of Hearing (SHHH), to name a few. She has received such prestigious awards as the ASHA Fellow, the Special Friend of Hearing-Impaired People from SHHH, a Distinguished Service Award from the Academy, the Outstanding Collaborator Award from Gallaudet University, the Commissioner’s Special Citation from the FDA, the Superior Performance Award from the VA, and the Hammer Award from then Vice-President Gore. In November 2000, Dr. Beck was awarded the Presidential Award for Meritorious Executive Service from then President Clinton. In 2002, she became the first non-physician to be appointed the Chief Consultant in the Rehabilitation Strategic Health-care Group in the VA. In this role, Beck influences public policy, research and clinical practice in audiology on a national level. Her commitment to the field of hearing, the profession of audiology and the Academy are without parallel and are most deserving of the Career Award in Hearing.

Rochelle Cherry, EdD

Individuals who have a significant impact on the training of student audiologists in the capacity of supervisor or teacher/instructor are honored with the Clinical Educator Award. Rochelle Cherry, EdD, is the quintessential educator and the 2005 recipient of the American Academy of Audiology Clinical Educator Award. Dr. Cherry has dedicated her professional life to teaching, educating, and transforming students into professionals. The students attending Brooklyn College have had the privilege of learning from one of the best! What may set Dr. Cherry apart from other educators is her ability to get to know her students. She identifies the strengths and weaknesses of each student and builds on those. She matches clinical practicum sites with the individual to maximize the experience for the student and the site. She is successful in this because she genuinely is interested in the person. By getting to know the person, she develops an understanding of the student. Dr. Cherry has become a lifelong mentor and friend to many of her students. She is described as challenging but fair in the classroom. She has high expectations of her students and expects them to give full effort. Yet, she maintains the same expectations for herself. She is the consummate consumer of research and educational material, which she passes on to her students. Her expectation for her students, and herself, is to acquire and maintain a level of knowledge that promotes best practices and service delivery. In addition to her educational responsibilities of teaching, arranging all audiology external placement sites and providing clinical services, Dr. Cherry has maintained a research career. She routinely is awarded grants to investigate some aspect of clinical audiology. She established an Assistive Device Center on campus through state funding. She is the co-developer of the APD screening tool used by many clinics, the Selective Auditory Attention Test (SAAT). Dr. Cherry has found the balance among teaching, service and research, as evidenced by the respect she has earned from students, and the profession. She is passionate about her field and successfully instills that passion in her students. She has the gift of challenging her students to think beyond the textbook, to see beyond the hearing loss, to become advocates for patients, and to never settle for the status quo. She certainly exemplifies the utmost in clinical education!
JERGER AWARD FOR RESEARCH IN AUDIOLOGY

Robyn Cox, PhD, is at the forefront of research in the arena of amplification. With over 70 articles published in refereed journals, including 63 of which she is first author, she has made long-term, significant contributions to the field’s clinical and scientific knowledge bases. The majority of her articles have been published in premier journals such as the Journal of the Acoustical Society of America, Ear and Hearing, Journal of Speech and Hearing Research, and Journal of the American Academy of Audiology, to name a few. Her research received Ear and Hearing’s Honorable Mention Award in 1982, and in 1989, she was awarded the prestigious Editor’s Award from Ear and Hearing. Dr. Cox received her PhD from Indiana University in 1974 and has spent the majority of her career at the University of Memphis where she directs the Hearing Aid Research Lab (HARL). She has been well recognized within her university for her outstanding research accomplishments, as evidenced by being the recipient of the “Superior Performance in University Research Award” on four separate occasions. In 1992, she received the “Memphis State University Distinguished Research Award” for her work. Her research has covered a breadth of topics in the amplification arena from earmold acoustics to hearing aid selection issues to probe microphone measurements. Yet, she is most widely known for her work in the development of subjective self-report measures as well as objective outcome measures. Most notably has been the development of the Abbreviated Profile of Hearing Aid Benefit (APHAB). The APHAB has become one of the most widely utilized measurement tools to document subjective hearing aid benefit, both by clinicians and researchers. Following the APHAB, the Satisfaction with Amplification in Daily Life (SADL) questionnaire and its companion, the Expected Consequences of Hearing Aid Ownership (ECHO), were developed and have gained widespread acceptance as well. She was also one of the developers of the International Outcome Inventory for Hearing Aids (IOI-HA). In addition to the subjective outcome measures, Dr. Cox has developed speech materials to directly evaluate changes in speech communication resulting from amplification use, such as the Speech Intelligibility Rating (SIR) test, the Connected Speech Test (CST), and most recently, the Revised Speech in Noise (RSIN) test. She also has a long history of outstanding work in the development and evaluation of hearing aid fitting approaches, including the MSU loudness approach for nonlinear hearing aids and the Contour Test of loudness; she was also a member of the development team of the IHAPF. The Veteran’s Administration and the National Institute on Deafness and Other Communication Disorders have recognized and reinforced the quality of Dr. Cox’s research program by awarding her over $3.75 million dollars in grant funding. Dr. Cox’s work has been consistently directed toward exploring the practical issues in patient care while maintaining the highest degree of research rigor. She is a highly respected expert in the area of amplification and a researcher who inspires respect and admiration from the profession. She embodies the principles established by Dr. James Jerger, for whom this prestigious award is aptly named.

HUMANITARIAN AWARD

Today, disadvantaged athletes that participate in the Special Olympics are screened for hearing loss as part of the Healthy Athlete Program because of the tireless efforts of this year’s Humanitarian Award recipient, Gilbert Herer, PhD. In 1996, the Healthy Athlete Program was established to improve access to health care for individuals with intellectual disabilities who may receive less than optimal health care. In 1999, Dr. Herer led the effort to include audiology in that screening program. Audiologists now join optometrists, podiatrists, dentists, physical therapists, and nutritionists, among other health care professionals, in actively screening Special Olympics athletes. During 2003, more than 250 Healthy Athlete screenings were conducted in the United States and in 55 other countries. Since its inception in 2000, the Healthy Hearing Program has screened over 10,000 athletes in 23 states and 22 countries—all under the guidance of Dr. Herer. Initially, the program involved the screening of hearing and the generation of a report with appropriate recommendations. Because this program became borderless, the report had to be translated into multiple languages—this was no small task, one that was, once again, under the direction of Dr. Herer. The Healthy Hearing Program has demonstrated that nearly 30% of the special needs athletes fail the hearing screening and that approximately one-half of those have a permanent sensorineural hearing loss. While many would be content in maintaining the screening program, Dr. Herer was not ready to settle. In 2004, he took his program to the next phase. He moved the Healthy Hearing Program from a hearing screening program and the collection of incidence and prevalence data to a hearing assessment, follow-up and treatment program. His dedication and efforts have translated to an important recognition of the influence of hearing status on the lives of these special needs athletes. The creation of the Healthy Hearing Program is a capstone to his outstanding audiology career. For over 40 years, Dr. Herer devoted his life to establishing and providing hearing health care to children. His professional leadership and innovative clinical work; teachings and publications serve as models for all audiologists to emulate. Dr. Herer’s numerous career contributions, as well as his enormous dedication to improving the quality of life for special needs athletes, are well deserving of recognition from the Academy.
The Professional Achievement Award is presented to an individual who has created, developed, implemented and/or directed a new program of the highest caliber for the primary purpose of providing clinical service, clinical research, or the teaching of audiology. Dianne Meyer, PhD, is the 2005 recipient of this award for her tireless efforts in the development of the first Doctor of Audiology (AuD) program in the state of Illinois. In 1999, as Chair of the Department of Communication Disorders and Science and Director of the Section of Communicative Disorders at Rush University Medical Center, Dr. Meyer visualized the future of audiology, understood the strengths of the Rush University program, and set forth to create, develop, and implement an AuD program. While most other department chairs were discussing the feasibility of implementing an AuD program, Dr. Meyer was actively creating and designing the program for Rush University. This was no small task, given that there were no templates to follow, no other programs to use as a model. Instead, she established an Advisory Board composed of well-known experts in the profession to advise and provide counsel. She developed a curriculum that utilized her current faculty as well as the expertise of off-campus professionals. She recognized the importance of working with the local clinicians and enlisted them to be supervisors, mentors and preceptors for clinical training. Understanding the enormous task of finding extern sites for the 3rd- and 4th-year externs, she encouraged the Illinois Academy of Audiology to establish a committee to directly address this issue. Actively engaging the students and soliciting their opinions and comments not only provided valuable feedback but made the students part of the process. As a champion of the students, she promotes student participation at professional meetings and activities and encourages students to become members of professional organizations. Under her guidance, the first NAFDA chapter in Illinois was established. It has been through Dr. Meyer’s innovative thoughts, her drive to be on the cutting edge, and her endless energy that the Rush University AuD program has been established and is now recognized as a premier program by U.S. News and World Report. Dr. Meyer is most deserving of this recognition for taking the profession of audiology to the next level.

Dianne Meyer, PhD

PROFESSIONAL ACHIEVEMENT AWARD

FRONTIERS IN HEARING:
EMERGING PRACTICES

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Clinical & research focus groups
Contributed papers (deadline 5-1-05)
Keynote presentations from nationally-known, hearing health care professionals
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Using headphones with personal stereo systems (PSS) is a common sight in everyday society. For the past couple decades, the “Walkman” has been demonized by “responsible adults” while fully embraced by the youth. In the 1970s and early 1980s a few articles came out in peer-reviewed journals warning that maximum output levels from PSS could be outrageously high (Wood and Lipscomb, 1972; Katz, et al, 1982), and the inevitable overinterpretation by well-meaning mothers and hearing conservationists said headphones are dangerous.

Are PSS headphones dangerous or not? Articles presenting research into this question fall on both sides of the fence, but the sum of the literature suggests PSS can cause hearing damage if used at high volume control settings for long durations over a period of time. But the question begs, what is the cut-off level? How loud is too loud? It’s not just how loud (that is, the level), but it’s the Time-Weighted Average (TWA is the combination of the level and the duration of exposure) that should be considered. Another way to describe the maximum allowable TWA is “noise dose” where a 100% noise dose reflects the highest permissible exposure. Numerous studies into occupational noise exposure and regulations to protect the hearing of the noise-exposed worker tell us that if a person regularly exceeds the maximum safe exposure (greater than a 100% noise dose), then over time, that person will sustain noise-induced hearing loss. How can this be translated to using headphones? Does it need to be?

To date, audiologists have not had useful guidelines for telling people what listening levels are ok and what levels are not. Such guidelines would help the audiologist counsel the patient how to keep from regularly exceeding a 100% noise dose. True, it’s likely that a good number of people self-regulate their listening (listen at levels and for durations that don’t exceed a 100% noise dose). But the literature suggests that between 5% and 20% do not (Catalano and Levin, 1985; Rice et al, 1987a, 1987b).

Journal articles have reported sound levels from PSS measured on audiometric calibration equipment, measured in the listener’s ear canal, and in the ear of KEMAR (an acoustically “correct” manikin). The output signal that has been measured from headphones has been primarily music of one genre or another. The different methods used to make measurements confound making easy comparison from one study to another. The standard for deciding if an exposure (that is, noise dose) is hazardous comes from the damage-risk criteria set forth by various agencies, such as the International Standards Organization (ISO), National Institute for Occupational Safety and Health (NIOSH), and the Occupational Safety and Health Administration (OSHA). These damage-risk criteria are based on population studies of hearing loss in unprotected workers and noise survey data that was collected in the soundfield. The acoustical properties of the ear canal and the effect of coupling a PSS to the ear are fundamentally different than were the conditions in the studies used to develop the damage-risk criteria (Prince, et. al, 1987).

Thus, measures of output from headphones must be adjusted carefully in order for it to be meaningfully compared to damage-risk criteria (that is, determined whether or not an exposure is hazardous).

To overcome these challenges, Fligor and Cox (2004) used KEMAR (with appropriate acoustical conversions) and a reference output signal to measure output levels from headphones. Since the output levels can be dramatically different from one song to another across and within music genres, a reference signal of white noise was used. The output using white noise was compared to a song from each of eight music genres. Some individual songs were overestimated by the white noise reference signal, but for the most part, output levels using white noise matched output levels using music.

Rather than survey the hearing of individuals who use PSS or determine (again) how many were at risk for chronic noise overexposures, we measured output levels from multiple manufacturers and multiple styles of headphones. Based on these measurements, we calculated the time it would take a listener to reach a 100% noise dose for a given PSS, headphone, and volume control setting. Although there were significant differences between PSS...
manufacturers, with maximum output levels being between 91 and 121 dBA, the smaller the headphone (i.e., in-the-ear earphones vs. over-the-ear earphones), the higher the output levels at a given volume control setting. Across models within one manufacturer, output levels were similar as long as the same headphone was used. Our study also looked at peak output levels from percussion beats in the music. At the highest volume control setting, some peaks in music samples exceeded 130 dB SPL (with the highest level recorded at 139 dB SPL).

In all, we concluded that a person would reach a 100% noise dose within 1 hour of listening with the volume control set to “7” (where “10” is the highest level), if the person were using supra-aural headphones (that is, headphones that rest on top of the ear). For safety recommendations, it was suggested that a PSS user limit the volume control to no higher than “6” and limit daily listening to 1 hour, if using supra-aural headphones. Using headphones that resulted in boosting the output levels (in-the-ear earphones used in this study) decreased the tolerable listening time at level “6” to one-quarter (that is, 15 minutes of listening) to one-twelfth (only 5 minutes of listening). The actual decrease varied considerably from model to model.

The recommendations and specific guidelines based on our research data reported (Fligor and Cox, 2004) are theoretical and assume that damage-risk from music is the same as damage-risk from occupational noise. This may not be a for-gone conclusion. Further studies into the effect of temporally and spectrally varying sounds on susceptibility to noise-induced hearing loss are needed. Enjoy your headphones, but watch your noise dose.

**References**


Automated Audiometry: Progress or Pariah?

The 1963 textbook Modern Developments in Audiology (J. Jerger, editor) devoted an entire chapter to the topic of automated pure tone audiometry, a logical development in an era in which sophisticated technology was beginning to find its way into clinical test environments. Because audiometry is governed by a set of rules that can be expressed as algorithms, and because a large proportion of our patients are capable of following instructions required to obtain accurate test results, automation of our most basic test potentially can increase the accuracy and decrease the cost of a procedure that is performed millions of times each year in the US alone.

I became convinced that, used properly, automated testing could positively influence the practice of audiology. In 1999, I began a research and development program to develop and evaluate automated hearing tests. The National Institutes of Health Small Business Technology Transfer program has funded the program since 2001. A fundamental principle of the methods developed under that program is that computer technology is capable of doing more than turn stimuli on and off and control frequency and levels. The computer is capable of tracking patient behaviors that can be exploited as quantitative, validated quality indicators, at least in part replacing the expert knowledge of the experienced audiologist. In 2002, the United States Patent Office awarded patent no. 6,496,585 for the method of obtaining a pure tone audiogram with a number of quantitative quality indicators. The system is currently in a multi-center clinical trial.

In 2003, a new company know as Tympany Inc., introduced The Otogram™, an automated pure-tone and speech audiometer. Pure-tone audiometry is performed by an automated Hughson-Westlake procedure. Masking noise is automatically presented to the non-test ear when needed. Speech-recognition tests are performed by a closed-set, picture-pointing task.

The Otogram™ and the Hearing Health Network (HHN) formed by Sonic Innovations, Inc. after they acquired Tympany Inc. in 2004 have raised many concerns among audiologists. In my view, many of these concerns result from a marketing strategy that has not been viewed as friendly to audiologists. Consequently, the discussion of the emerging technology of automated diagnostic hearing testing is occurring at a time when some audiologists feel threatened. If automated audiometry goals had been presented as efforts to help audiologists, rather than replace them, the discussion may be more centered on the clinical value of automated tests and their most appropriate place in various clinical settings.

The rationale for placing hearing test equipment in primary care offices is that there is a large number of hearing-impaired people, most of whom have not sought the services of audiologists. Twenty-four million is the number that has been widely used by professional organizations and industry to argue for a wide range of programs to reach the unserved hearing-impaired public. Clearly, there are many Americans with hearing loss that could benefit from the services of audiologists. It follows that building relationships between audiologists (“hearing health professionals”) and primary care physicians would benefit those patients and would bring more patients to audiology offices.

It is my opinion that even though some form of hearing testing in primary care offices would benefit patients and audiologists, I think it is unlikely that it will happen at a significant level. My opinion is based on two factors. First, there is strong resistance in the primary care market to the level of commitment required to implement hearing testing, even automated testing in their offices. Second, we can take a lesson from tympanometry. Tympanometry can be justified for most patients that are seen in primary care offices, requires no space, takes 10 seconds, is reimbursable, requires little record-keeping, and has little associated overhead. Despite the efforts of manufacturers who cater to that market, only 5% of Medicare billings for tympanometry are by primary care physicians (Freeman, 2005, unpublished communication). My family physician who sees many children for otitis media does not use tympanometry, although there is an instrument in the office. If primary care physicians are not interested in incorporating tympanometry into their practices, I think it is unlikely that automated diagnostic audiometry will find its way into that arena in any significant numbers.

That is my opinion but it remains to be proven. It behooves us to establish some principles that govern our policies and recommendations regarding automated diagnostic hearing tests.

1. Automated audiometry potentially is a tool that can increase accuracy and decrease costs associated with routine hearing testing. Accuracy of automated testing systems should be studied thoroughly in laboratory and clinical settings.

2. When sufficient information exists to understand the accuracy of automated test systems and their impact on audiologic services, audiologists should have the prerogative to decide if and how they should be used in their practices.

3. The use of automated testing technology by professionals who are not trained in hearing assessment is a concern to audiologists.

4. Some form of hearing assessment should be a component of physical examinations performed by primary care physicians.

5. Diagnostic hearing evaluations should not be performed in physician offices unless licensed audiologists perform them.

6. Hearing testing that is performed in physician offices should be designed to accurately determine the need for diagnostic testing by a licensed audiologist. Tests that are diagnostic in nature should not be performed in physician offices unless they are performed by licensed audiologists or unless they are specifically designed as screening tests.

The American Academy of Audiology is actively pursuing a program to develop better relations between audiology and primary care medicine. We should encourage physicians to include hearing in their review of systems when examining patients. The American Academy of Audiology is actively pursuing a program to develop better relations between audiology and primary care medicine.
Audiologists are well aware of the established fact that 80% of hard-of-hearing people do not seek treatment for their hearing loss. Kochkin succinctly presents a number of reasons why people resist the idea of getting hearing aids:

- Inadequate information
- Stigma and cosmetics
- Misdirected medical guidance
- Not realizing the importance of hearing
- Misbelieve that hearing aids don’t work
- Failure to trust in a hearing aid dispensing professional
- Unrecognized value of hearing aids
- High price of hearing aids

Although this is valuable information, determining who is more resistant to purchasing hearing aids—women or men—has remained pure speculation. To my knowledge, there are no studies reported in the literature that explicate this information despite the fact that resistance to hearing aids has been discussed in literally hundreds of articles worldwide.

Resistance to hearing aids embraces very basic emotions in people. One of the most commonly reported is denial of hearing loss. While denial of hearing loss may be a factor for some patients, what many of us more loosely refer to as denial of hearing loss is more often a function of denial of treatment (resistance). That is, the majority of hard-of-hearing people probably recognize the presence of their hearing loss, but choose to do nothing about it.

In clarifying this issue, it would be helpful to know who holds more resistance to purchasing hearing aids—women or men—and then professionals could develop appropriate gender-specific advertising or rehabilitation strategies. That is, strategies presented to men might well be distinctly different from those strategies that target women.

**Procedure**

In an attempt to answer the question, “Who is most resistant to hearing aid purchases: women or men?” audiologists attending two separate conventions were surveyed with a brief questionnaire. The survey was administered during the American Academy of Audiology Convention in San Antonio, TX, April 3-5, 2003 and at the annual meeting of the Academy of Dispensing Audiologists, Sanibel Island, FL, October 8-12, 2003.

Figure 1 shows the actual survey, which included one central question: “Which gender (if any) do you find in your dispensing practice most resists the idea of getting hearing aids?” This question was posed irrespective of a patient getting hearing aids or not getting hearing aids. This question also was not designed to differentiate resistance among those who fail to purchase hearing aids versus those who make the purchase but are either not happy or require substantially greater counseling efforts. Furthermore, the author realizes that the question itself will provide only perceptual responses.

Convenience sampling was used yielding descriptive information among those surveyed. A total of 139 audiologists at AAA and 80 audiologists at ADA were surveyed, totaling 219 respondents. Those who walked past the Auricle Ink Publishers exhibit were randomly invited to participate in the survey. These data, therefore, may not be representative of the field of audiology as a whole. Nine surveys were purged from the final data analysis from respondents who failed to meet the survey criteria, including duplicate survey submission from the same respondent at both conventions. The AAA reports about 70% of their membership was female in 2003 while ADA had about 62% female membership at the time of the survey. The data presented below represents 146 female audiologists, or 70% of 210 total respondents.

**Results**

Table 1 summarizes total results. As seen, 99% of audiologists reported finding some level of resistance to hearing aids among some patients regardless of gender specificity, and only one percent reported “No Resistance.” This does not presuppose that audiologists believe such resistance was found among all their patients. Table 1 reveals that the majority of audiologists (54%) reported men are six times more resistant to the idea of getting hearing aids than women (9%). The data reported by 36% of the surveyed audiologists indicated that men and women were equally resistant. No significant differences were found in the responses of audiologists who were members of AAA or ADA (Table 2), and no response differences associated with the
gender of the audiologist were found (Table 3). In short, both male and female audiologists were in agreement that hard-of-hearing males are more resistant to hearing aid purchases.

**Conclusions and Discussion**

Results from the present survey suggest that audiologists perceive men to be more resistant to getting hearing aids. While information collected from this survey is clearly subjective (i.e., actual patient purchase patterns were never collected), the results are based on the perspective of dispensing audiologists from their personal observations. Unfortunately, surveying patients directly presents certain challenges and barriers that must be overcome if gender “resistance” is to be accurately measured.

If, in fact, proportionally more men than women have greater difficulty accepting hearing aids, then we need to communicate differently between genders to motivate them to seek hearing solutions. This audiologist suspects that resistance in men might be seen as a sign of weakness while in women it might be seen more as a sign of aging. The implications for treatment might lead us in two entirely different counseling or marketing communication directions. For example, a counseling strategy or market message showing how treated hearing loss improves communication and intimacy might be highly effective for females but a dismal failure for men.

Similarly, demonstrating how treated hearing loss can lead to a greater enjoyment of specific male versus female endeavors might generate greater motivation for men. For example, if a man’s resistance to hearing aids is caused by a belief that hearing aids are a sign of weakness, then a television commercial designed to appeal to women is not likely to stir a man to action, and in fact it may even reinforce his beliefs that hearing aids are for “weak” people. Hearing aid advertisement themes in the recent past tend to be very sophomoric—an aided older gentleman gleefully interacting with his grey-haired wife in their living room. An ad that might resonate better with a man could show a rugged-faced rodeo cowboy successfully completing his eight-second bull ride and throwing his hat straight up in the air in celebration. As his hat sails up, the camera zooms in to reveal he is wearing binaural hearing instruments. Instead of a perception of weakness, the message sent is one of strength. Perhaps we might learn something from the style of the “Hungry Man” frozen dinner ads.

Future research questions might include: (a) What emotional construct is behind the resistance in men and women to purchasing hearing aids? (b) What is the critical point when resistance becomes the basis for not getting hearing aids? (c) How many men compared to women walk into audiology practices but due to their resistance, leave with no hearing instruments?

**Table 1:** Percent of patients who are resistant to hearing aids as reported by audiologists.

<table>
<thead>
<tr>
<th>Patients more Resistant to Hearing Aids</th>
<th>Percent</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>9%</td>
<td>(18)</td>
</tr>
<tr>
<td>Men</td>
<td>54%</td>
<td>(113)</td>
</tr>
<tr>
<td>Equal</td>
<td>36%</td>
<td>(76)</td>
</tr>
<tr>
<td>No Resistance</td>
<td>1%</td>
<td>(3)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(210)</td>
</tr>
</tbody>
</table>

**Table 2:** Response Difference: AAA vs. ADA Audiologists’ Patients more Resistant to Hearing Aids

<table>
<thead>
<tr>
<th>Audiologists’ Patients more Resistant to Hearing Aids</th>
<th>AAA</th>
<th>AAA</th>
<th>ADA Percent</th>
<th>ADA (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>10%</td>
<td>(13)</td>
<td>6%</td>
<td>(5)</td>
</tr>
<tr>
<td>Men</td>
<td>50%</td>
<td>(66)</td>
<td>61%</td>
<td>(47)</td>
</tr>
<tr>
<td>Equal</td>
<td>38%</td>
<td>(51)</td>
<td>32%</td>
<td>(25)</td>
</tr>
<tr>
<td>No Resistance</td>
<td>2%</td>
<td>(3)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(133)</td>
<td>99%*</td>
<td>(77)</td>
</tr>
</tbody>
</table>

p= .166

*Total does not equal 100% due to rounding.

**Table 3:** Response Difference: Women vs. Men Audiologists’ Patients more Resistant to Hearing Aids

<table>
<thead>
<tr>
<th>Audiologists’ Patients more Resistant to Hearing Aids</th>
<th>Female</th>
<th>Male Percent</th>
<th>Male (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>9%</td>
<td>8%</td>
<td>(5)</td>
</tr>
<tr>
<td>Men</td>
<td>56%</td>
<td>48%</td>
<td>(31)</td>
</tr>
<tr>
<td>Equal</td>
<td>35%</td>
<td>39%</td>
<td>(25)</td>
</tr>
<tr>
<td>No Resistance</td>
<td>—</td>
<td>5%</td>
<td>(3)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>(64)</td>
</tr>
</tbody>
</table>

p= .583

**References**


NEW ADVENTURES ON THE INFORMATION SUPER HIGHWAY: Audiologists’ Uses of the ComDisDome

Carole E. Johnson, Auburn University; Jeffrey L. Danhauer, University of California Santa Barbara; and Summer Raye Karns, Auburn University

The ComDisDome—commonly referred to as “The Dome”—is a great new search tool that enables clinicians, researchers/academicians, and students to save time by expediting access to specific information resources. The ComDisDome enables users to search, save, and share information on all aspects of audiology from research data in peer-reviewed publications to clinical services, to manufacturers’ products, and to interact with authors, colleagues, students, manufacturers, help groups and patients, all with ease, speed and efficiency. The purpose of this article is to demonstrate some of the various uses of the ComDisDome as an efficient and valuable information retrieval system.

STRUCTURED VIEWS OF THE COMDISDOME

The ComDisDome has three major views: (1) Search/Results, (2) Save and Share, and (3) Browse/Resources.

THE SEARCH/RESULTS FEATURE. The search engine component of the ComDisDome is accessed in the “Search/Results” view. Users simply type search strings into the “search” box and click “search.” The proprietary algorithm used by the ComDisDome focuses results (hits) based on the precise search string entered by the user, and as more keywords are added, the hits become more specific. For example, the string “cochlear implants in congenitally deafened children” produces fewer, but more specific targeted hits (i.e., 18 articles, 26 books, 0 dissertations, 0 grants, 2 web resources, 55 selected authors, and 0 institutions) than merely entering “cochlear implants,” which results in a far greater number of less specific hits (i.e., 2,599 articles, 113 books, 54 dissertations, 792 grants, 2,946 web resources, 199 selected authors, and 0 institutions). From “Results” view, the ComDisDome instantly retrieves results across multiple content areas, presenting respective numbers of hits identified for a given search, and saving users from having to search across various databases, publisher web sites, and public search engines. Relevant and high quality information is presented across categories of peer-reviewed journal articles, books, dissertations, grants, web resources, selected authors and institutions. Figure 1 shows an example of how a simple click on the tab of a content area of choice (e.g., “central auditory processing”) displays the identified items for the first page of “hits” for Books.

The screen shown in Figure 2 displays the table of contents, indexes and reference lists, an available feature for most textbooks in our discipline. Where full text is available, searchers can view and/or download specific pages, chapters or entire books. A list of local libraries holding each book is provided, which is especially useful for those accessing university library sites having open URL capabilities. Otherwise, users may order text directly from publishers by simply clicking the “Get this Book” or “Get this Article” icons on the screen. Further, double clicking on any of the authors on a given reference provides the user with a list of all other works published by that person, as well as the affiliation, email address, web page, and degrees held.

The ComDisDome allows users to save identified items in designated folders for retrieval at another time. Further, users can arrange their hit list based on “Keyword,” “Publication Date” or “First Author.” Unique features accompanying the search results would be found on the right-hand side of the screen as shown in Figure 3.

In the ComDisDome’s “Topic Guide” is “Related Topics” in which a list of additional...
resources is posited for users wishing further exploration on a particular subject. Figure 4 shows a topic display of relevant hits in each content area for the search string “Hearing Aid Fitting.” We have displayed only the first three top-ranked hits of 151 books, 457 articles, 44 dissertations, and 295 selected authors, but any or all of the hits retrieved could be saved to the user’s folder on this topic by clicking on the box to the left of each item.

THE SAVE AND SHARE FEATURE. Figure 5 shows how each user has a unique personal bookshelf that codes folders as either “Private,” which are accessible to only the user or “Shared,” which can easily be made available to students, colleagues, patients and others on the Web. Numerous options are available so that users can easily create, delete, copy, move or rename folders, which can also be added, removed or updated from the Web. Individual items in the folders can be selected for certain functions (i.e., removal or exportation to popular reference management programs) and are also coded as either private or shared. This feature is useful for preparing and updating reading lists and syllabi for specific classes, researchers transmitting data, or the sharing of information among clinicians.

THE BROWSE/RESOURCES FEATURE. The “Browse/Resources” feature contains two components: (1) “ComDisCorner” and (2) “Topic Guide.” The “ComDisCorner” is an organized and browsable categorization of web sites in Audiology that allows users to access “Associations and Groups,” the “Conference Calendar,” the “Resource Lists,” “Links of Interests” and “Professional Connections.” These links provide a wealth of information for researchers, clinicians, and patients, and they can put searchers in direct contact with the sources they need.
The “Topic Guide” provides a listing of relevant and refereed information organized by major topics in audiology. The “Topic Guide” can also be accessed by clicking on an item appearing in the “Related Topics” section found on the right-hand side of the screen displaying search results. Again, Figure 4 shows how “Topic Guide” displays the major topic area (e.g., “Hearing Aid Fitting”) on the left side of the screen, below which are listed subtopics (i.e., “Earmolds,” “Comparative-Prescriptive Fittings,” “Hearing Aid Evaluations [HAE]”). The “Author Profile” feature is especially useful because it puts users in direct contact with authors and professionals based on any keyword search, and permits users to ask them specific questions about their work.

EXAMPLES OF COMDISDOME APPLICATIONS

The ComDisDome includes an excellent audio-visual tutorial that easily and clearly helps users master all aspects of the program. Sample applications for clinicians, academicians/researchers and students are presented here to highlight the ComDisDome’s features.

Applications for Clinicians

- The “Resources List” under the “ComDisCorner” can be used to browse equipment manufacturers’ web sites for the latest in clinical products; direct links to manufacturers are provided.
- A list of support groups can be assembled and made available for patients’ internet access by searching the “Patient Support Groups” link found under “Associations and Groups” in the “ComDisCorner;” direct links to the support groups are also provided.
- The “Save and Share” feature of the ComDisDome can be used to save materials with clinician’s comments to be internet accessible by parents of children recently diagnosed with a hearing loss in order to provide them with additional reading materials or support group connections.

Applications for Academicians/Researchers

The ComDisDome can be used in planning academic courses:

- Selection of textbooks (e.g., entering search strings of course titles produces scores of textbooks for possible adoption; publishers can then be contacted directly via the Internet)
- Creation of reading lists of relevant research articles that can be made available to students on the Web through the “Save and Share” options
- Identification of and contact with equipment manufacturers
- Acknowledgment of relevant web sites of professional associations and patient support groups
- Acquiring resources for term papers, honors theses, annotated bibliographies,
Audiologists’ Uses of the ComDisDome

• Using links to manufacturers’ web sites to explore the newest technology

Authors and/or professors can use the ComDisDome for all stages of textbook development or selection of texts and article reading lists for classes. Evaluation of available texts is easily accomplished by reviewing topics covered in the table of contents and references. The “Save and Share” feature may be used to create folders of relevant references organized by topic or chapter title.

The ComDisDome can be used to conduct evidence-based practice systematic literature reviews.

Applications for Students
• Students usually find that ComDisDome searches result in similar, but often more relevant hits than those provided by other search engines. For example, a student researching “functional listening difficulties in children with unilateral hearing loss” used the search string “unilateral hearing loss and children” and the ComDisDome recovered 131 articles, 157 books, 5 dissertations, 10 grants, 98 web resources, and 249 selected authors from her search. The “Advanced Search” feature allowed the student to refine the search further by text, title, author name, ISBN, key word, time window, publication date or first author.

• Students can use the ComDisDome to find definitions of terms or as a tutor suggesting a host of new concepts for further exploration. For example, using the Topic Guide for a search on “hearing aids” produces a definition of the term derived from the audiology dictionary included in the ComDisDome, plus related topics of “Hearing Aid Fitting,” “Hearing Aid Controls,” “Hearing Aid Evaluation,” “Hearing Aid Potentiometer,” etc.

• The ComDisDome is an excellent resource for students seeking research mentors or applying to university programs. The ComDisDome’s Author and Institution Profiles provide direct links to departmental web pages, researchers and teachers or universities of interest.

SUMMARY

This article presents a brief overview of some of the major features of the ComDisDome information search engine. Applications for researchers, clinicians, academicians, instructors and students accessing several dimensions of the ComDisDome are provided. An annual fee is charged for use of the ComDisDome, which is discounted to active Academy members at www.audiology.org. For more information, contact Membership Benefits at the Academy National Office, 800-222-2336, ext. 1034. A free trial of the ComDisDome is available at www.ComDisDome.com.

Disclaimer: Jeffrey L. Danhauer is a shareholder and serves on the Board of Directors of ContentScan, Inc., the producer of the ComDisDome.
Cisplatin is one of the most effective and widely-used chemotherapeutic drugs available. It is commonly used to treat testicular, bladder, lung, stomach, and ovarian cancers as well as some tumors of the central nervous system. Side effects of cisplatin therapy include renal insufficiency, nausea, vomiting, and permanent sensorineural hearing loss. Typically this hearing loss is bilateral and is first evident as a high-frequency loss that can progress to lower frequencies. Approximately 12-25% of patients receiving cisplatin experience significant permanent hearing loss (Simon et al, 2002).

Cisplatin causes degeneration of the outer hair cells of the organ of Corti, first at the base and progressing apically with continued drug exposure. The pathogenesis of cisplatin-induced hair cell death appears to involve the generation of reactive oxygen species (‘free radicals’) within hair cells, since antioxidants have a protective effect against cisplatin-induced ototoxicity in animal models (Clerici et al, 1996; Kopke et al, 1997).

Results of several studies have indicated that cisplatin ototoxicity is more severe in patients treated with higher doses of cisplatin. Other risk factors that have been reported for cisplatin-induced hearing loss include the age of the patient (younger patients seem to be more susceptible to cisplatin-induced hearing loss), presence of central nervous system tumors, cranial radiation therapy, and a history of noise exposure (Scheib et al, 1989; Bokemeyer et al, 1998; Bertolini et al, 2004).

New evidence indicates that the hearing loss resulting from cisplatin exposure may not be evident until months or even years after the end of cisplatin therapy (Bertolini et al, 2004). In addition, early cisplatin-induced hearing loss may progress for an extended period of time. Bertolini et al (2004) examined hearing thresholds of 120 children receiving cisplatin therapy for a variety of malignant tumors. Shortly after the end of treatment, significant hearing loss (defined as thresholds greater than 40dBHL at 2, 4, and 8kHz in the better ear) was evident in only 5% of the children.

During extended follow-up evaluation, the number of children with significant hearing loss increased to 11% at two years after treatment. Cisplatin-induced hearing loss progressed even further until it was evident in 15% of the children at later follow-up evaluations averaging 7 years post-cisplatin treatment. In the longest-term follow-up group, 39% of the children had developed a measurable hearing loss (thresholds greater than 40dBHL at 4kHz and above) that had not been evident at the first evaluation following cisplatin chemotherapy.

There was no evidence of recovery of hearing in any of the children. These data indicate that cisplatin-induced hearing loss can continue to progress long after the end of cisplatin chemotherapy, and the authors recommend that all patients treated with moderate doses of cisplatin (defined as cumulative doses of 400 mg/m² or higher) receive audiometric evaluations over an extended period of follow-up.

**References**


Join Us for the Inaugural Marion Downs Lecture in Pediatric Audiology

Washington, DC Convention Center
Room 146BC
Friday, April 1, 10:00 – 11:30 am

American Academy of Audiology Convention 2005 • Washington, DC

“A New Clinical Technique for Assessing Central Auditory Development in Infants and Children with Hearing Aids and Cochlear Implants”

Anu Sharma, PhD,
Callier Center for Communication Disorders
The University of Texas at Dallas, Dallas, TX

Support the AAA Foundation and their mission to raise funds in support of audiology research, education and public awareness. Your generous donations support the Student Research Forum and Academy Research Awards. For more information, registration and tickets for Foundation Convention activities, visit www.audiologyfoundation.org

AAA Foundation Follies & Silent Auction

(Wednesday, March 30, 5:30 – 7:00 pm, Rm 206 Convention Center, ticket required)

Come and meet your friends in an intimate festive nightclub atmosphere...have a drink and enjoy the entertaining “Foundation Follies.” And be sure to check out the fabulous items available by bid in the Foundation Silent Auction!

AAA Foundation Breakfast

(Thursday, March 31, 7:00 – 7:50 am, Rm 206, Convention Center, ticket required)

The annual AAA Donor and Research Award Recipients Recognition Breakfast will feature a full course breakfast. The event will honor and student research award winners and their mentors. The AAA Foundation will also honor Benefactors and Sponsors who have generously supported the Foundation. Everyone is invited.

AAA Foundation Convention Exhibit

Stop by the AAA Foundation Exhibit Booth in the Academy Center to meet the Foundation Trustees. Here is your chance to pick up the new Spirit of Better Hearing Notecards and Better Hearing wristbands. Proceeds from the sale of these items benefit the AAA Foundation.

Support the AAA Foundation and their mission to raise funds in support of audiology research, education and public awareness. Your generous donations support the Student Research Forum and Academy Research Awards. For more information, registration and tickets for Foundation Convention activities, visit www.audiologyfoundation.org
The following year brought Carville to New Jersey, where he guided Frank Lautenberg’s campaign for U.S. Senate to victory, defeating Rhodes Scholar and Heisman Trophy winner Pete Dawkins. Carville next managed the successful 1990 gubernatorial campaign of Georgia’s Lt. Governor, Zell Miller, including a tough primary win over Atlanta mayor Andrew Young.

In 1991, Carville – who had already become prominent in political circles – drew national attention when he managed Senator Harris Wofford from 40 points behind in the polls to an upset landslide over former Pennsylvania Governor and U.S. Attorney General Richard Thornburgh. With the starting and unpredicted Wofford win, Carville had exposed the political vulnerability of George Bush, who had been enjoying 91% approval ratings during the Gulf War.

Having wounded the sitting President in 1991, Carville finished the job the following year, when he guided William Jefferson Clinton to the Presidency in 1992. In 1993, Carville was named Campaign Manager of the Year by the American Association of Political Consultants for his leadership of Clinton’s fearsome and intense “War Room” at campaign headquarters in Little Rock. Carville was also the focus, along with George Stephanopoulos, of the feature-length Academy Award nominated documentary The War Room.

Carville is also an author. (We’re Right, They’re Wrong: A Handbook for Spirited Progressives; And the Horse He Rode In On: The People vs. Kenneth Starr; Stickin’ and Buck Up, Suck Up…and Come Back When You Foul Up), speaker and television personality who serves as co-host — along with Paul Begala — on CNN’s Crossfire, where he can be seen doing battle with Bob Novak and Tucker Carlson.

On the RIGHT Mary Matalin
Matalin formerly served as assistant to President Bush and counselor to Vice President Cheney, and was the first White House official to hold this double title. Before joining the Bush/Cheney White House, Matalin hosted CNN’s critically acclaimed debate show, Crossfire. Former founding co-host of the Washington-based political weeknight talk show, Equal Time, Matalin’s humor, straightforward discussion, and ability to talk about the hottest political issues in Washington helped her to make the show one of the most talked about programs in CNBC’s history.

Matalin took her sharp wit and free-spirited political repartee to the airwaves with her own three-hour afternoon radio program on the CBS Talk Radio Network. With The Mary Matalin Show, she was named one of the 100 Most Important Talk Show Hosts in America in 1996, 1997 and 1998.

Matalin held senior positions in the George H.W. Bush 1988 campaign, and upon his election, was appointed chief of staff for the RNC. In 1992, President Bush named her deputy campaign manager for political operations. As the on-board planner who traveled with President Bush throughout the 1992 campaign, she emerged as the vocal, and occasionally controversial, defender of the president and his policies.

Matalin has made frequent television appearances as a political commentator, and has written for various periodicals including Newsweek and The Los Angeles Times. She has also co-authored a best-selling political campaign book All’s Fair: Love, War and Running for the President with her husband…

Whether your political views fall to the left, right or center, James Carville and Mary Matalin will get you thinking! America’s most well-known, politically diverse couple will be joining us at General Assembly for a lively discussion of love, war and politics.

On the LEFT James Carville
Carville is America’s best known political consultant. His long list of electoral successes shows a knack for steering overlooked campaigns to unexpected landslide victories and for re-making political underdogs into upset winners. Carville’s winning streak began in 1986 when he managed the gubernatorial victory of Robert Casey in Pennsylvania. A loser in three previous attempts (dubbed the “Three-Time-Loss from Holy Cross” by the media), Casey — with Carville’s guidance — was able to defeat popular Lieutenant Governor William Scranton, Jr. in a remarkable comeback-from-behind win. In 1987, Carville helped Wallace Wilkinson — a candidate with less than 1% of the vote in early polls — win a hard-fought gubernatorial campaign in Kentucky.

Mary Matalin
Matalin has made frequent television appearances as a political commentator, and has written for various periodicals including Newsweek and The Los Angeles Times. She has also co-authored a best-selling political campaign book All’s Fair: Love, War and Running for the President with her husband…

Carville and Matalin reside in the Shenandoah Valley of Virginia with their two daughters Matty and Emma.

Full bios of Mary Matalin and James Carville are available online at www.audiology.org/convention.
GENERAL Assembly:
Senator Harkin to Address General Assembly

The Academy is pleased to announce that Senator Tom Harkin (D-IA) will also address the General Assembly. Senator Harkin is a long-time leader in the fight to improve health care. As co-chair of the Senate Rural Health Caucus, he’s successfully pushed legislation to bring health professionals to small towns and rural areas. As ranking Democrat on the Senate panel that funds most health programs, he’s guided efforts to focus more on prevention and early intervention as a means of reducing costs and improving quality. Along with Republican Senator Arlen Specter, Senator Harkin has led the effort to double medical research funding to speed up cures for killers like cancer, heart disease and Alzheimer’s disease. Senator Harkin joined Senator Tim Johnson (D-SD), Senator Mike DeWine (R-OH), and Senator Arlen Specter (R-PA), as a cosponsor of the Hearing Health Accessibility Act (S277), the audiology direct access bill, recently introduced in the U.S. Senate.

Senator Harkin has a personal and family familiarity with hearing impairment. Senator Harkin authored the 1990 Americans with Disabilities Act with former Senator Bob Dole. This historic legislation protects the civil rights of more than 54 million Americans with physical and mental disabilities. He’s also led efforts to improve educational opportunities for children with disabilities.

Senator Harkin is a Senate Co-Chair of the Congressional Hearing Health Caucus. He has also repeatedly championed health research funding initiatives as Ranking Member of the Senate Labor, Health and Human Services, and Education Appropriations Subcommittee. He is a well-respected leader on Capitol Hill, serving for over 30 years.

For a complete bio on Senator Harkin, see http://harkin.senate.gov/biography/index.cfm.
NEW LEARNING EXPERIENCE
Get ready for an exciting, interactive and rich educational program at Convention 2005! Our presenters have been working hard to create an interactive learning experience. They began by attending a virtual seminar to share ideas about how to make small and large sessions interactive. Also, the Academy is providing a creativity coach to assist presenters on site as well as a variety of materials in the Presenters Creativity Room. Don’t be intimidated; you only have to be as interactive as you like! Of course, being interactive is not new to the convention as many of you have enjoyed the Round Table and the Focus Groups discussion forums in years past. We hope you will continue to enjoy these.

Additional features of the new learning culture:
• Learners will be engaged in selected sessions through Audience Response Systems as well as Continuous Learning opportunities in others
• To offer the hottest topics in audiology, two Featured Sessions will be selected right before convention
• Attendees will receive an upgraded Notebook for meaningful note-taking

Interactive Featured Sessions
Audience Response Systems
FS801 Audiology Priorities in the 109th Congress, Thursday, March 31, 8:00 – 9:30am
FS802 Medicare 101: The “How To’s” of the Centers for Medicare & Medicaid Services (CMS), Friday, April 1, 8:00 – 9:30am
FS803 What’s Happening in the Agencies: The Alphabet Soup of the Federal Government, Friday, April 1, 10:00 – 11:30am
FS805 How’s Your EQ (Ethical Quotient): An Interactive Session, Saturday, April 2, 8:00 – 9:30am

Continuous Learning
FS201 Impact of Training on Brain Remapping, Hearing Loss, and APD, Thursday, March 31 8:00 – 9:30am
FS805 How’s Your EQ (Ethical Quotient): An Interactive Session, Saturday, April 2, 8:00 – 9:30am

CE REGISTRY
Save time at Convention - join the CE Registry now!
In order to receive a transcript from Convention 2005, you must be a member of the Academy's CE Registry. This service provides tracking of all Academy approved CEUs earned, transcripts and a historical record.
To check your 2005 CE Registry status, email mcross@audiology.org. Or join today at: www.audiology.org/professional/ce/join05c.pdf.

NEW LEARNING EXPERIENCE
Tell me…I’ll forget
Show me…I’ll remember
Involve me…I’ll understand

- Chinese Proverb
James Jerger Award for Excellence in Student Research supported by the AAA Foundation. Two $500 awards for best poster presentation, authored by a student, will be presented at the Poster Presentation & Reception on Friday, April 1, from 4:00pm–5:30pm. The Academy’s Research Committee will be judging the student posters onsite at the convention. Awards will be presented at the start of the Poster Presentation Reception.

Curious about how research is conducted in scientific literature? If so, plan to attend Evidence Based Medicine: Evaluating Scientific Literature on Saturday, April 2 from 3:00-4:30pm.

Evidence Based Medicine: Evaluating Scientific Literature. Evidence Based Medicine (EBM) involves the evaluation of scientific publications to document the efficacy and safety of patient treatment options so an informed treatment choice can be made. There are a number of research design and analysis considerations that need to be made in conducting an EBM review. This presentation will summarize those considerations critical to making a proper scientific evaluation, and provide examples from the audiology literature to illustrate the techniques. Presenters: Ron Marks, PhD, U of Florida M. Samantha Lewis, PhD, National Center for Rehabilitative Auditory Research

Extended deadlines to bring you the cutting edge! Research Podiums and Posters had an extended deadline—December 3, 2004—to provide researchers additional time to submit the most up-to-date and complete research findings. To view the abstracts go to www.audiology.org/convention and click on the Itinerary Builder link. The Final Program will contain the full listings for the Research Podiums and Posters.

Research Podiums and Poster Sessions: The American Academy of Audiology convention provides a unique opportunity for clinicians and researchers interested in hearing and balance to present recent findings to attendees. The poster and podium committee faced a daunting task in choosing the most novel and interesting projects from among hundreds of quality submissions, finally selecting over 40 research podiums and 136 posters. Posters and podiums cover a broad range of theoretical and clinical issues. Presentations are divided into major topic areas including Amplification, Cochlear Implants, Diagnostics, Hearing Conservation, Hearing Science, Professional Issues, Rehabilitation, and Vestibular Assessment/Management. From new and emerging clinical tools, such as VEMP testing, to recent findings related to Expansion in hearing aids, to revisiting old standbys such as better ways to conduct word recognition testing, there’s a little something for everybody.

DISCOVER RESEARCH ADVANCEMENTS Student Research Forum, Friday, April 1, 11:30am – 1:00pm Research Posters, Friday, April 1, 4:00 – 5:30pm Research Podiums, Saturday, April 2, 11:45am – 12:45pm
@audiology

New in 2005! Cyber Café, CEU Manager, Message Center and AAAconnect will all be in one central location! There will be 40 workstations set up to keep you on the technological cutting edge!

AAAconnect: AAAconnect lets you search more than 6000 attendees in the Convention 2005 registration database—by keyword, product type, areas of expertise, and more. Use the power of this new technology to identify exactly the people who hold the key to your professional objectives.

CEU Manager: By entering the unique pass code given out by the presenters you can record your CEUs on-site and print a transcript.

Cyber Café: Sponsored by Starkey, stroll in to check your e-mail or visit the World Wide Web!

Message Center: Looking for an attendee? Want to leave a message for a friend? Stop by the message center to connect!

ExpoCard: Sponsored by Widex Hearing Aid Co. Use your ExpoCard to access CEU Manager, Cyber Café, AAAconnect, and Message Center and to receive information from exhibiting companies.

ARE YOU LOOKING FOR A CAREER IN AUDIOLOGY?

If you are looking for a job, whether you have just graduated or are looking for a change, then you need to visit HearCareers! HearCareers is the Academy’s online employment service site that allows job seekers to post their resumes and view job postings for FREE. After posting your résumé, you will have the ability to apply for jobs directly through HearCareers.

HearCareers was recently selected as one of 40,000 online programs to be listed in the 2005-6 Weddle’s Guide to Employment Related Internet Sites.

Attending Convention? With Convention just around the corner, this is the perfect time to take advantage of HearCareers. Jobs and resumes are taken directly from HearCareers and posted in the Employment Service Center. When posting your resume, mark it with the American Flag icon so that employers are aware that you will be available for interviews at the Employment Service Center. An internal messaging system is built within HearCareers so that employers and job seekers are able to directly communicate in order to set up interviews.

ARE YOU LOOKING TO HIRE AN AUDIOLOGIST?

The Academy’s HearCareers site allows employers to advertise an employment position, while at the same time providing the opportunity to search resumes of job seekers seeking employment in the field of audiology. Members can take advantage of the discounted rate of $245 for one posting, $625 for three postings, or $980 for five postings. Non-members can take advantage of the HearCareers rate of $295 for one posting, $750 for three postings or $1120 for five postings. All jobs remain listed on HearCareers for 30 days.

Make sure your employment opportunity is available for audiology professionals to view and apply for online.

Attending Convention? Employers attending convention can post a job online at HearCareers and it will remain posted until the end of Convention (April 2) at no extra charge! Set up your own interviews directly with job seekers through the Academy’s HearCareers site and reserve private interview space. The Employment Service Center will provide a confidential site for job seekers to explore employment opportunities.

2005 DEMO THEATER

Be sure to stop by for exciting product demonstrations!

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THE ACADEMY CENTER
Take a walk through the Academy Center and discover the many benefits of membership. If you want to find the latest marketing materials, learn more about ABA certification, or pick up a unique audiology souvenir, Academy staff will be on hand to answer all of your questions. Located on The bridge outside of the exhibit hall, this area will help you make the most of your membership. Here’s what you’ll find when you visit:

Advocacy Booth – Advocacy, Autonomy and More!
Stocked with resources to aid the profession, the Advocacy Booth features up-to-date Fact Sheets essential in your coding and reimbursement endeavors, the popular PAC contributor posters great for any office, and handy congressional directories, every advocate’s must-have. Contact Congress on issues facing the professional at the Academy’s Advocacy Call Center.

American Board of Audiology™ (ABA) Certification
Are you Board Certified in Audiology? Join the increasing number of your professional colleagues who have already chosen to demonstrate their commitment to quality hearing and balance care through the attainment of this voluntary credential.

American Academy of Audiology Foundation (AAAF)
Stop by, meet your Trustees and find out how you can “vote” to support their mission to raise funds and support programs of excellence in education, promising research and public awareness in Audiology and hearing science.

Helping hands
Ever wonder how the small number of Academy staff pull off an event for 6000+ people each year? In addition to the very talented and productive full-time staff, the Convention Department hires a student enrolled in an event management program at a local university. For the fourth consecutive year, an intern will assist the convention department before convention as well as the week of Convention. While the Academy benefits by having an additional set of hands, the student benefits from experiencing a large, live event as well as receiving course credit for this real world, hands on experience. Stepping into this year’s role is Peter Edwards, a sophomore at George Mason University, completing his degree in Tourism and Events Management as well as a minor in Business. If you see Peter at the Convention please give him a warm welcome to the world of convention planning and Audiology!

Journal of the American Academy of Audiology (JAAA)
The Journal of the American Academy of Audiology is a vital part of every audiologist’s education. Visit the JAAA booth at the Academy Center to pick up the current issue and learn more about the publishing of this important resource.

Marketing & Educational Tools
You’ll find everything you need to perk up your audiology practice right here. Pick up copies of our newest consumer brochures, browse, ask questions and save room in your suitcase for lots of exciting new ideas for your practice.

National Association of Future Doctors of Audiology (NAFDA)
NAFDA was established in 1998 as an organization dedicated to the advancement of education and technological training in the profession of audiology with emphasis in enhanced patient care.

International Hospitality Center
Members and international delegates will find directions and some linguistic assistance in getting around the Convention for those with limited English skills. Additionally, the International Hospitality Center is where other international organizations, such as the International Society of Audiology and the Pan American Society of Audiology are available to discuss their organizations with you.
EXHIBITING companies (as of 2/22/05)

NEW PRODUCT SHOWCASE

Come see this special area located outside the exhibit hall which will showcase all the new products being introduced this year by the following.

The is your opportunity to see it here first!

Company Booth #

Hearing Components 1223
Magnatone 1004
Motorola 1871
Natus Medical Incorporated 1820
Oticon, Inc. 643
Phonic Ear 1208
SboTek Hearing Systems 663
Sonics innovations 145
SpeechView US 612
Starkey 1237
Unitron Hearing 1411
Vivosonic, Inc. 900
Westone 853
TRIVIA bowl

Title Sponsor: Siemens Hearing Instruments
Co-Sponsors: Knowles Electronics & Rayovac

Trivia Bowl and Reception

For the sixteenth year, the Academy will present the fun-filled Trivia Bowl as the wrap-up event of the convention. Join Gus Mueller, acknowledged audiology trivia guru, and Jerry Northern, master of ceremonies, in this traditional battle of wits and memory. Everyone is invited to join in for a high-spirited evening of food, drink and fun on Saturday, April 2nd from 4:30 – 6:30 pm. Take a shot at the practice questions below to test your trivia skills:

1. Washington DC is home to historic and noted Walter Reed audiology department. The basic research for this audiological special test was conducted at Walter Reed in the late 1960s:
   a. the SISI
   b. the ABLB
   c. the dirty-word spondee
   d. the Bekesy LOT
   e. acoustic reflex latency

2. This significant audiological event took place in the Washington DC area in early October, 1997:
   a. AAA web site hits the world wide web
   b. Clinton fitted with hearing aids
   c. Audiologist sighted using recorded speech material
   d. Unveiling of the first CIC digital hearing aid
   e. Janet Reno and Jerry Northern spotted together in secluded night club

3. While attending the convention, you’ll certainly want to sample some traditional Maryland steamed crabs—by the way, where are a male crab’s ears located?
   a. on his stomach
   b. on his front legs
   c. just above his eyes
   d. on either side of his crustacean
   e. crabs don’t have ears

Answers: 1. (d), 2. (b), 3. (e)
Credentials play a large role in defining a profession. Through the hard work of many individuals and groups who are a part of the profession, state licensure and the AuD have been established as defining credentials for our field. Just as there is need for licensure beyond completing formal education in audiology, there is need for national board certification. Credentials are what the public looks for when they seek the services of professionals. While state licensure defines the minimum requirements necessary to practice audiology, Board Certification in Audiology is a voluntary certification that signifies that the holder meets a higher standard. The American Academy of Audiology established the American Board of Audiology in 1997 with the goal of creating professional recognition for all audiologists, unrelated to membership in any organization. In 1998, the American Board of Audiology awarded the first Board Certification in Audiology. Since that time Board Certification in Audiology has become one of the defining credentials for practicing audiologists.

The founders of the American Board of Audiology were convinced that certification was an added value for audiologists. Not only must an audiologist demonstrate knowledge and expertise beyond formal education in order to obtain ABA certification, s/he must engage in continuing education in order to maintain ABA certification. Because many employers, and certainly patients, require that practitioners meet a higher standard, Board Certification in Audiology is rapidly becoming an employment and practice multiplier. In ever increasing numbers, audiologists and others are realizing the value of ABA certification.

ABA certification provides prestige for the profession of audiology. To say that we have to demonstrate having gone beyond the minimal entry-level requirements of the profession is of value to our profession. Certification levels the playing field with other professions who have certification. How many health care professions can you name which do not have certification? ABA certification is prestigious for the individual audiologist as well. Verification of having more than entry-level knowledge and expertise is of value to me personally as an audiologist. ABA certification is voluntary, and it indicates that I have gone beyond that minimum standard required to practice audiology regardless of membership in any professional organization. It says to my patients, my colleagues, my employer, health care institutions, and private agencies that, in addition to many years of experience, I am more than willing to meet a higher standard of professional knowledge. It also means that I regularly engage in professional information gathering so that I continue to increase and refine the body of knowledge and expertise from which I draw, whether in the areas of professional ethics, best-practice methods, or treatment plan options, as I practice audiology. Audiology is a challenging and rapidly changing profession. In order to properly serve those who seek audiologic care, I must regularly engage in a continuing education activity whether I enroll in a professional workshop for more in depth study in a particular area; attend a professional conference where current theories, practices, and research are presented and discussed; or read and study professional journals to be aware of cutting-edge research.

ABA certification attests to my diligence regarding continuing professional education.

There is certainly a need for certification just as there is a need for licensure. Licensure defined minimal standards necessary to practice audiology. But certification by the American Board of Audiology signifies that the audiologist exceeds minimal standards.
Recently, some members have inquired about the ethical implications of advertising promotions that focus on issues other than the benefit the hearing device can provide, or the services and qualifications of the audiologists. For example, some promotions offer a “free” consumer product, “free” turkeys or a “free” vacation with purchase of amplification. The appropriateness of “two-for-one” offers has also been questioned.

There are three distinct issues:
- Is this form of advertising legal?
- Is it ethical?
- Is it appropriate professional behavior?

Audiologists may seek clear delineation in regard to these three questions. Sometimes the lines are not entirely clear.

The issue of legality of the advertising should not be addressed by the Academy. Many State licensure boards and Federal agencies have guidelines concerning the claims that can be made in advertising and the ways in which advertisers identify themselves. When these guidelines are violated, criminal or regulatory agencies become involved. If laws are broken and providers are found guilty, the possibility of ethical misconduct will arise.

Advertising can be unethical. For example, it is unethical for advertising to:
- Result in patient exploitation
- Result in charging for services that are not rendered
- Place or appear to place the audiologist in a conflict of interest situation
- Provide inaccurate information about the performance of the device
- Guarantee results from use of the device that cannot be substantiated
- Misrepresent the qualifications or affiliation of the audiologist
- Be dishonest or illegal

It is probably this last category that raises the ethical and legal issues in regards to these advertisements. Are the advertisements accurate? When two-for-one hearing aid pricing is offered, how would the State interpret the sale of a single unit to a unilaterally impaired patient at a cost other than the price paid by a person who purchases two hearing aids? Is the item offered for “free” truly free? If the audiologist participates in a program whose costs are offset by the manufacturer, there may be ethical issues. Is the hearing aid paid for through insurance, and if so, is it the intention of the insurance company to subsidize the consumer product or “free turkey”? The factors that could place such advertising in ethical jeopardy — offering rewards of goods, trips, cash or turkeys—are essentially contained in the details of the specific advertisement.

If such advertising practices involve the participation of the hearing aid company in any covert or hidden manner, or if such practice involves commitments for past, present, or future purchases, ethical constructs will likely have been breached. The published Conflict of Interest Guidelines provide further information at www.audiology.org/professional/positions/ethics.pdf.

However, if the audiologist participates openly in the promotion, paying specified (and line-item invoiced) fees to the manufacturer or another party when a patient is successfully treated, the promotion may have no legal or ethical consequences. If the audiology office or practice pays for the incentive in the same manner as he or she would pay for any newspaper advertising, and if the incentive is advertised in such a manner as to be free from deceit, the advertising probably does not violate the Academy’s Code of Ethics. However, even if not unethical, the advertising may not be professionally appropriate.

Past Academy President Barry Freeman asks:

“Is this really a question of ethics or professionalism? We truly have ‘met the enemy and they are us.’ What is the ‘professional message’ this sends to our patients? It says ‘we make so much money on our products that we can afford to give you this trip’ or ‘I’m competing with the car dealerships to get you to buy a hearing aid rather than a new car.’ Despite all the efforts of the professional associations to have audiology recognized as a profession, we have practitioners who continue to undermine these efforts by sending the message that ‘we don’t provide quality hearing care’ but, rather, ‘we provide overpriced retail products.’ And when the Academy approaches State and Federal legislatures to try to receive better recognition for what we are and what we do, they (the Federal agencies) pull out this ad…and make their own conclusion.”

Freeman views these marketing efforts as comparable to “free hearing tests.” That is, we do not value our services. The message is that we are over-educated salespeople. How sad that we have licensed audiologists who just cannot recognize the damage they do to the profession and persons we serve. Never mind their lack of pride in the profession.

Academy members who participate in these sorts of advertising promotions may respond that, since their advertising is not unethical nor is it illegal, their right to make such promotions should not be an issue, and the Academy should not question their right to do business in any manner they deem appropriate. The bottom line is that they are correct—the Academy has no say, so long as the advertising does not cross the lines to become illegal or unethical. However, as Freeman points out, this is certainly not the message that the field of Audiology purports to convey to consumers, reimbursing parties, or governments. As such, the members of the Academy have every right to oversee the behaviors of other members of their own professional group. In fact, that is the requirement of Rule 8c: Individuals shall inform the Ethical Practice Board when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.
**CONVENTION ETHICS**

Educational opportunities will abound in Washington, DC at the Academy’s Convention 2005. You will also find ample activities to help you network, socialize, or just plain relax with your colleagues during the meeting. The convention will also offer various Academy-sponsored, exhibitor-sponsored and private parties and dinners as part of the convention experience. To meet the letter and spirit of our “Ethical Practice Guidelines on Financial Incentives from Hearing Instrument Manufacturers” will require attendees to perform some pre-planning to select activities that are both fun and enhance collegial exchange. The cost of any manufacturer-sponsored social events should be modest (typically under $100 value) and have no strings attached. The event must be “open” to all, although the host may restrict it to those who RSVP or those who stop at their exhibit booth. Invitations for “best customers” should be avoided. The social aspect of the Convention is meant to facilitate discussion among members and serve a professional interest.

**STATEMENT ON USE OF THE TERM “DOCTOR” IN ADVERTISING**

The American Academy of Audiology recommends that, in printed media such as on business cards, in letterhead, and in advertisements, audiologists with doctoral degrees in audiology or a directly relevant area refer to themselves in one of the following manners:

- Jane Doe, AuD, Doctor of Audiology
- Jane Doe, AuD
- Jane Doe, PhD, Audiologist
- Jane Doe, PhD

Members are advised to check applicable state laws, including licensure laws, before referring to themselves in writing in another manner or using other terminology, such as Dr. Doe, without further designation of degree.

**USE OF THE TERM “AU D CANDIDATE” DEEMED INAPPROPRIATE**

Some student members have used the term “AuD candidate,” to describe their academic status, which the Ethical Practice Board and Board of Directors has determined to be inappropriate. Use of the term “AuD Candidate” is not consistent with first professional degrees, regardless of the student’s academic standing, and use of the term is not consistent with the recommendations of the Consensus Conference on AuD Education. Attempts to restrict the use to those who have completed the majority of the degree requirements would likely result in disparity of the qualifications among those allowed by their university to use the term. Therefore, there should be no public use of the term AuD candidate while a person is a student.

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**Do the Right Thing. Get “the Green Book”!**

To meet the growing need for practical advice on common ethical issues faced by audiologists, the Academy’s Ethical Practice Board has authored a book on the subject entitled *Ethics in Audiology: Guidelines for Ethical Conduct in Clinical, Educational, and Research Settings* (affectionately referred to as “the green book” for its green cover). Written in a concise and accessible style, chapter titles include “Standards of Professional Conduct,” “Ethics in Audiological Research,” “Relationships with Hearing Instrument Manufacturers,” “Ethics of Professional Communication,” “Child and Elder Abuse,” “Ethical Issues in Practice Management,” “Ethical Considerations in Supervision of Audiology Students and Employees,” and “Ethical Issues in Academia.” And as if all this relevant and timely information weren’t enough, you’ll have the opportunity to participate in the Green Books CEU Program.

If you own or work in an audiology practice, conduct audiological research, or teach audiology students, you have no doubt encountered ethical dilemmas that were difficult to reason through on your own. We encourage you to take *Ethics in Audiology* as a guide along your professional journey.

**Do the right thing. Get “the green book”!**

*Ethics in Audiology* is available to members for $45.00 and to non-members for $75.00 (bulk rates are also available). Visit the Academy Center at convention to pick up your copy. For more information, contact Joyanna Wilson, Publications Manager, at jwilson@audiology.org or 703-226-1031.
Fortunately or unfortunately, practices inevitably grow and the clinician that initially had time to work all of these positions must now spend more of his/her time seeing patients to generate the practice income. Thus, these various jobs are filled by employees that may or may not share the same values and motivation leading to the ultimate success of the practice. These employees become the “voice of the practice” to the outside world, from the initial telephone contact to scheduling appointments, greeting the patients, and interacting with colleagues, suppliers and referral sources. Employees have a major influence on virtually every component of the practice and it is essential that they are well motivated and feel good about their contribution to the team effort that provides services to the hearing impaired. Since these expensive ambassadors will become the personality of your practice, representing you and/or your business to the outside world, the process of hiring and maintaining good employees while terminating unproductive or bad employees is paramount to success.

Hiring Employees

Employees are the single most expensive overhead component of the practice, considering that their withholding, benefits, salary and commissions can cost much more than the ABR unit or that new VNG system. Burrows (2004) indicates that it is impossible for audiologists to understand all of the implications and laws pertaining to employment, especially when employment law does not always comply with common sense, fairness, and logic. Robbins (2001) indicates that managers are individuals that get things done through other people, and therefore, the real key to success in a practice or the management of an Audiology entity is successful hiring. As new managers, we often idealistically assume that our employees will be loyal, qualified, dress appropriately, always be polite and courteous, seldom take breaks, never be absent, never complain, have no psychological disorders, and totally share our vision of the company.

Ellison (1999) points out that employees may not be honest about their credentials, may or may not be loyal, may or may not enjoy their job, probably do not want to work to make the doctor or hospital rich, may not be computer literate, may be discriminatory toward certain types of patients and unfortunately create a significant management challenge. Since both administrative and professional employees have a major impact upon the care of patients, careful selection of employees is good patient care. Further, the additional effort expended in the hiring process can reduce difficulties encountered during the employees’ tenure and possibly reduce legal ramifications upon their departure.

The Interview

Obviously, the purpose of the interview is to determine if the applicant meets the job requirements outlined in the advertisement and if they are able to provide the work required by the position. Of course, just as in the advertisement, interview questions about race, religion, sex, disability, national origin or ancestry are generally illegal, particularly if they are designed to exclude applicants based on these issues. Although we are usually determined to obtain the best-qualified person for the position from the pool of candidates, Hunt (2005) indicates that hiring decisions often focus too much on technical skills and expertise, overlooking the “soft skills.” If individuals are hired on technical skills alone, it can result in personnel that have the cognitive firepower for success, but lack the social skills to effectively use what they know. Hunt suggests that this is a bit like having a car...
with a powerful engine, but lacking the steering and brakes necessary to make it win at the racetrack. Thus, during the interview process you should also note qualities such as self-awareness, sensitivity to others, social intelligence or method of influencing the behaviors and perceptions of others, and self control under stressful situations. These are not easy to assess in the interview process but should actually be the main considerations once the basic skills to perform the job are reviewed.

**Employee Handbook**

Once an employee is hired, it is essential from the beginning of the employer/employee relationship that the practice rules for employees are presented in a clear and concise manner. Ellison (1999) indicates that if you do not make the rules for the employees, they will make them for you. Thus, to protect the practice and the employee it is a good idea to obtain an agreement from the employee to abide by the company’s rules and regulations as well as other issues, such as the company’s right to use pictures or photographs of employees, confidentiality and non-compete agreements, and drug and alcohol use policies and specifics. These and other issues can all be presented in an employee handbook. The employee handbook allows the employee access to the expectations and conditions of their employment while answering many of the common questions. Concerns such as, “How much vacation time and sick leave do I get?”; “What are the raises, benefits, holidays?”; “Do I get Family Medical Leave, Maternity Leave, and Leaves of Absence?”; “What are the hours of this job?”; “Do I have to dress up?”; and others, can easily be answered in writing with an employee handbook. In the absence of an employee handbook, the interpretation of specific items can become vague and ambiguous, allowing the employees to make up their own rules. Sample employee handbooks can be obtained from the internet and modified according to the needs of the practice (e.g., www.certifiedemployeehandbook.com). Even with the expertise offered by “professional” or template employee handbooks, it is a good idea to have an attorney review the final version to insure that the practice complies with all state and federal regulations.

**The Non-Compete Agreement**

If your Audiology practice employs one or more additional audiologists, these professionals over time will build their own clientele and referral network. Thus, as these employees become more and more important in the generation of practice income, it will become clear that they could threaten the clinic’s success if they were to leave and work for the competition or set up their own clinic in close proximity to the practice. Therefore, to reduce the likelihood of employee competition, non-compete agreements are often necessary for professional staff as insur-
Commonly there is a “honeymoon” period for new administrative or professional employees. This is a time when some mistakes and interpersonal interactions are overlooked and simply considered a part of getting to know the new person and the new employee getting to know the practice. Eventually, it is necessary to evaluate employee performance, another problem area of the audiologist owner/manager. Although in small practices this is often done informally, Corley et al (2004) suggest that these appraisals can pinpoint employee skills and competencies that need improvement while outlining possible methods to improve performance. These evaluations can also provide feedback as to how the employee sees the organization and facilitates the justification for rewards, such as, further training and career development. Although performance evaluations are usually conducted once per year, the process may be done at other necessary intervals to insure that practice goals for patient care are met as well as the possible development or documentation of problem employees. There are many performance evaluation methods available on the internet. The specifics of the chosen performance evaluation are often determined by the practice owner and should reflect performance in many areas. It should include a good job description, as presented in the original advertisement, a clear communication of expectations, and a review of the written policies as presented in the employee handbook.

**FIRING EMPLOYEES**

Termination is a challenging experience for both the employee and the employer. Nemo (2005) reports that if you have made a hiring mistake it is best to fire the employee as quickly as possible — as weak employees rarely become strong ones. Although employers have significant power over their employees, Appold (2005) suggests that when terminating problem employees it is necessary to be tactful and document your reasons. Employers, however, can terminate an employee’s employment at any time, for any reason, and will not become liable to the employee for any harm this may cause unless their termination violates the provisions of an employment contract. Johnson (2000) lists some of the power that employers may exercise over their employees: 1. Employers can hire and fire virtually at will. 2. Employers set all policies and procedures that employees must follow. 3. Employers set wages, benefits, and raises based upon any standard they choose (within legal guidelines). 4. Employers have free access to all property on their premises, such as employee lockers and lounges, bulletin boards, and computer systems. 5. Employers own and control access to employee files. 6. Employers generally understand the employer-employee relationship better than the employee. 7. Most employees are not likely to make a formal complaint about any grievances or problems they have with their employer. 8. Many employees feel intimidated by their employer.

**“At-WILL” EMPLOYMENT**

The basis of this tremendous employer power is “at-will” employment. Johnson (2000) and the website www.legaldefinitions.com (2005) state that “at-will” employment occurs when an employee is not under contract. They further indicate that an employer can dismiss an “at-will” employee hired for an indefinite term at any time for any non-discriminatory reason. Likewise, the “at-will” employee is free to terminate their employment at any time. Although most states have “at-will” employment, these “at-will” employment doctrines are being significantly eroded. Some of the legal challenges and exceptions to “at-will” employment include breach of implied contracts through an ill-conceived employee handbook, public policy violations, reliance on a written offer of employment, and intentional infliction of emotional distress. Employers must be careful not to imply a contract or employment duration in any verbal or written communications to meet...
the spirit of “at-will” employment. Unfortunately, for at-will employees, you can be fired for any number of job-related, and non-job-related reasons; for instance, your supervisor can fire you if he or she doesn’t like the clothes you wear, or if you tell lame jokes, or even if you simply rub your employer the wrong way.

**Before You Terminate the Employee - Ask These Questions**

Burrows (2004) suggests some specific questions that employers should answer before firing an employee. Note that they may change significantly from state to state. Although it is a good idea to discuss your options with an attorney, generally the manager should consider the following items when terminating an employee:

1. Is the employee a member of a protected class?
2. Has the policy for discipline and performance improvement been followed?
3. Is the termination for valid business reasons? If so, are the procedures for determining who is to be fired fair and non-discriminatory?
4. Is there an employment contract – written or implied?
5. Do published manuals limit the scope of action?
6. Is the decision the result of a fair, proper procedure?
7. Would termination prevent vesting of benefits in the near future?
8. Did the employee engage in activity that may be protected?
9. Have other alternatives been considered?

**Summary**

Good employees result in good patient care. Obviously, it is essential to hire the correct person for each job, one that can get along with the rest of the staff as well as conduct the administrative or clinical procedures. When necessary, it is best to terminate those that do not work out in the practice as soon as possible and in a professional manner. As in other management considerations of the practice, it is always a good idea to consult your attorney before conducting any questionable activities regarding hiring and firing. This difficult area of practice is one where even the most conscientious clinicians can fail because, as Will Rodgers indicated so long ago, we might have lots of education, but employee management is not something that we are “educated on.”

**References**

The new 109th Congress has convened, and the issue of direct access for audiology services in the Medicare program is again front and center, building upon the progress of the 108th Congress. (Each Congress is a two year period. Bills that do not become law at the end of a Congress die and the bill must be reintroduced during the next Congress.) We are pleased that Congressman Jim Ryun (R-KS) and Senator Tim Johnson (D-SD) reintroduced the Hearing Health Accessibility Act, and now our goal is to build upon the progress made with the previous Congress and move the bill forward. The next step, for all of us, is to get as many cosponsors as possible. The House bill is H.R. 415; the Senate bill is S. 277. Before we push ahead, however, let us review the progress to date:

- The Department of Veterans Affairs wrote to Senator Ben Nighthorse Campbell reporting that the VA has allowed direct access since 1992 and that “The policy has provided and continues to provide high quality, cost-effective and successful hearing care to veterans.”
- The Congress, in report 108-10, noted “both the Department of Veterans Affairs and the Office of Personnel Management allow participants in their respective health care programs direct access to audiologists, and (we) recommend that CMS adopt a policy for Medicare consistent with these successful initiatives.”
- S. 1647 and HR 2821 were introduced in the 108th Congress to allow direct access in Medicare, as allowed by the VA and OPM.
- Mr. Joel Kaplan, Deputy Director, OMB, wrote that “Although Conference Report 108-10 encourages CMS to issue a regulation to allow direct access to audiologists, the agency does not have the authority to do so under current law.”
- January 5, 2005, the Academy leadership met at the White House with Mr. Doug Badger, Special Advisor to the President, to discuss direct access.

There are 435 Members of Congress and 100 Senators. During the last Congress, we finished with 54 cosponsors. This year, our goal is to get 100 sponsors! Such strong support would be a statement that there is bipartisan agreement that this legislation needs to become law. The next step will be to find an appropriate vehicle, i.e., a piece of legislation moving through the legislative process to which we can add our bill as an amendment. That part is our job here on Capitol Hill. Your job is to write to your Congressional delegation asking them to cosponsor the direct access legislation.

The key points to make with Congress are:

- The bill has been endorsed by the American Academy of Audiology, the American Speech-Language-Hearing Association and the Academy of Dispensing Audiologists.
- The Department of Veterans Affairs (VA) and the Office of Personnel Management both allow beneficiaries of their health care programs direct access to an audiologist. The VA reports that: “The practice has provided and continues to provide high quality, cost-effective and successful hearing health care to veterans.”
- Direct access would facilitate access to hearing care without expanding the scope of practice for audiologists or diminishing the role of medical doctors.
- Direct access would ensure high-quality care as the Medicare statute now recognizes state licensure as the appropriate standard for determining who is a qualified audiologist.
- Medicare currently allows beneficiaries direct access to a range of non-physician practitioners including: podiatrists, optometrists, chiropractors, clinical nurse specialists, clinical psychologists, clinical social workers, nurse-midwives, nurse practitioners, and physician assistants.

In order to find out whether or not your Member of Congress has already cosponsored the legislation, you can check the Library of Congress web site. These links to cosponsor lists are posted on the Academy’s DirectAccess web page. If your Members of Congress have not yet sponsored our bill, please send a note, letter or e-mail asking them to do so (there is a draft on the Academy web site at http://capwiz.com/audiology/issues/alert/?alertid=2983626&type=CO); if your Members of Congress have already signed on to co-sponsor the bill, send them a thank you note.

Onward to victory!!
A question for all managers: do your employees know the basics of good behavior? Sure, they know the obvious rules—don’t falsify documents, don’t surf inappropriate websites, don’t divulge patient information. But what about the more subtle “rules” that aren’t covered in the employee handbook?

Quint Studer, nationally acclaimed management educator and author of *Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference* (2004), contends that most managers don’t pay enough attention to setting standards for employee behavior. “Obviously, you want employees to leave a positive impression on customers,” says Studer. “And it’s also important for morale to have everyone behaving in appropriate ways. Here’s the heart of the issue: if you don’t spell out which behaviors are acceptable and which are not, you can’t hold people accountable for them.”

In his book, Studer explains how to create and use a Standards of Behavior contract to boost employee morale, patient satisfaction, and profitability. Studer offers the following tips for creating your own Standard:

**Seek input from all employees in creating the document.** Studer often suggests that his hospital clients put together a “Service Team” to spearhead the initiative and create the first draft. You may wish to do the same. Just be sure that everyone has a chance to review the document and provide input before it’s finalized.

**Review other organizations’ Standards of Behavior.** If you’re having trouble getting started, find copies of such documents used by other organizations. Even if you decide that some of the standards aren’t relevant to your company, it will give you a good “jumping off” point.

**Be crystal clear and very specific in your wording.** Don’t write, “Display a positive attitude.” Do write, “Smile, make eye contact, and greet patients by name.” Don’t worry about insulting people’s intelligence. Sometimes people really, truly don’t know what is appropriate behavior and what isn’t. For instance, if you don’t want commonly used “slang” phrases used with patients, you need to identify them right up front. One Standards of Behavior document created by a Studer client contains the phone etiquette directive: Avoid phrases like “OK,” “Yeah,” “Hold on,” “Honey,” and “See ya.”

**Hold a ceremonial Standards of Behavior “roll out.”** Once you have finalized your Standards of Behavior document, it’s time to implement it. Hold an employee forum or company meeting in which you introduce the standards and distribute pledges for everyone to sign. You may even hold activities designed to educate employees about some of the points. Make it fun. But do have everyone sign a pledge—it’s amazing how much more seriously people take rules when they’ve signed on the dotted line.

**Hold people accountable when they violate a standard.** Make sure all employees know they’ll be held accountable for the behaviors outlined in the Standards of Behavior document. Then, just do it. One thing is clear: the Standards of Behavior pledge gives you something to hold people accountable to. It’s worth implementing for that reason alone.

**Create a designated “Standard of the Month.”** Every month, highlight a specific standard. This will boost awareness of the standards in general and will get people thinking about how that specific one applies to their daily lives. Let’s say, for example, that you decide to focus on your policy for dealing with disgruntled patients. At the beginning of the month you might send out a “reminder” e-mail detailing the policy. Next, you might ask employees to write up real-life or hypothetical scenarios in which they must deal with angry or dissatisfied customers. Finally, you might hold a staff meeting in which you recruit people to “act out” both sides of a conflict: the disgruntled customer and the employee trying to soothe her. Not only is this fun and often hilarious, it can be a valuable learning tool, as it forces people to see both sides of an issue.

**Update the Standards of Behavior.** The standards shouldn’t be carved in stone, preserved behind glass, and never touched again. As time goes by, you may see that one or two directives are not working and need to be changed. You may also discover new standards that need to be added as your company grows and evolves in new directions. Make changes as necessary. Your Standards of Behavior should be a “living document” that serves your company—not the other way around.

**Have new applicants sign it right up front.** Before you even interview prospective new employees, have them read and sign your Standards of Behavior. You will be able to eliminate people from the race up front if they visibly balk at conforming to your culture. But more important, when you do hire someone, there will be no doubt in his mind what you expect of him.

Studer says just knowing that a Standards of Behavior document exists—and knowing that their signature is affixed to a pledge to uphold it—is enough to keep average employees on their toes. It creates an extra boost of awareness that really does affect day-to-day behavior. Best of all, it functions as a tidal pull on lower-performing employees.

“Your goal should always be to bring low and middle performers closer to the level of your high performers,” says Studer. “That’s what a Standards of Behavior document will do for your company. It forces people to do their best and to be their best.”

“When everyone is adhering to the right standards and working toward a common goal, morale improves,” Studer contends. “Job performance improves. Customer satisfaction improves. Profitability improves. And to think, it all begins with a piece of paper! Start working your Standards of Behavior today. It will take you one giant leap closer to becoming a world-class organization.”

**Reference**

Representative Jim Ryun (R-KS) reintroduced the Hearing Aid Tax Credit Act (HR 414) on January 26, 2005. This legislation would provide a tax credit of up to $500 per device toward the purchase of hearing aids. The tax credit is not refundable and may be taken either by a parent purchasing a hearing aid for a dependent child or parent ($500 per dependent per device) or by an individual age 55 or older purchasing a hearing aid for themselves. The credit can be utilized once every 5 years. The bill provides the consumer complete freedom to choose any level of hearing aid technology from any professional provider. The credit will apply to any hearing device that is considered a “qualified hearing aid” under the Federal Food, Drug, and Cosmetic Act.


This legislation is a step forward to providing financial assistance for individuals with hearing aids. The Academy understands that this tax credit will not apply to all individuals and would not be a benefit that all individuals with hearing aids could benefit from. However, due to the political climate and budgetary considerations, the beneficiaries of this tax credit have been limited to certain populations to make this a more feasible option on Capitol Hill. Given that hearing aids and related services are often reimbursed at a low rate or are not a covered benefit at all, the Academy applauds Rep. Ryun for his leadership to bring some relief to patients with hearing loss.

2004 Compensation and Benefits Study Now Available

The American Academy of Audiology 2004 Compensation and Benefits Study is now available on www.audiology.org in the Members Only area of the web site. Non-members may purchase the report for $30 by contacting the Academy membership department at 1(800)222-2336x1044.

Data for the study was collected in October 2004 and drew a greater response from members than the previous 2002 study. In 2002, 22% of Fellows responded compared to 38% in 2004. In 2002, 26% of respondents were men and 74% were women. In 2004, 22% were men and 78% were women.

Among full-time employees, the mean salary for all respondents rose from $55,450 to $61,005, a 4.45% gain. However, the gap between men and women mean salaries widened.

The mean salary for men grew from $68,612 to $74,153, while women grew from $54,934 to $57,365. The gap in 2002 placed women $13,678 below men and grew to $16,788 in 2004.

Work setting high and low salary for settings with at least a 5% response rate shifted slightly. ENT remained the lowest salary location while the VA inched ahead of private practice.

As expected, higher salaries were reported by those with greater experience and positions of responsibility. Check out the full report on the academy web site at www.audiology.org.

AAA Foundation Sponsors Silent Auction at Convention 2005

The AAA Foundation will display a unique and interesting display of Silent Auction items during the Foundation Gala event on Wednesday evening, March 30 in Washington DC. from 5:30 - 7:00 prior to the Convention Opening Night Reception. The Silent Auction is under direction of Foundation Trustee, Gyl Kasewurm. The bid items have been generously donated to the AAA Foundation to be used in a fund raising to support Academy research activities including the Student Research Forum and Academy Research Investigator Grants. For more information about the AAA Foundation convention activities, visit www.audiologyfoundation.org

Tinnitus Treatment and Management - ATA’s Course for Professionals

The American Tinnitus Association continues its successful 4-week online educational course for professionals. Audiologists, otolaryngologists, psychologists, hearing instrument specialists, and other healthcare professionals are invited to participate.

The online course will be offered:
April 25 - May 21, 2005

Tinnitus Treatment and Management - ATA’s Course for Professionals is designed to give health care professionals a detailed view of tinnitus causes, triggers, neurophysiology, treatments, medical and audiological evaluation and management, sound therapies, coping techniques, alternative approaches, current research, the emotional impact that tinnitus has on patients, and the resources that are available to patients worldwide.

Earn CEUs!

The 4-week course consists of online reading materials, a one-hour weekly Chat with each instructor, an Interactive Message Board, and a weekly quiz. CEUs are offered through the American Academy of Audiology (1.6 CEUs) and the International Institute of Hearing Instruments Studies (16 contact hours).

Class size is limited to 20 per course. Register early!

Online and mail-in registration are available.

For complete syllabus, chat times, instructor list, and fees, visit: www.ata.org/about/tinnitus/professional/pro_course_regis-
ter.html or contact Barbara Tabachnick Sanders, ATA Director of Education, 800-634-8978 ext. 216, or barbara@ata.org.

AA News & Announcements

Hearing Aid Tax Credit Legislation Reintroduced

Round trip airline ticket anywhere in the continental US
Boxing Gloves signed by Mohammed Ali
Diamond AAA “logo” necklace

Free registration to Convention 2006
ER6 earphones from Etymotic
Tickets to the Shakespeare Theater in DC
Watch

Custom Frame for Diploma
EdyCom headset from Etymotic
Kids Toys
That famous Foundation wine

Quilt made of old Convention T-shirts
Gift cards
Energizer® Bunny
NEWS & announcements

9th Florida Academy of Audiology Annual Meeting
The Ninth Florida Academy of Audiology Annual Meeting will be held August 18-20, 2005, at the PGA National Resort, in Palm Beach Gardens, FL. Speakers will include Gail Whitelaw, President-elect of the American Academy of Audiology, and Dave Fabry, former President of the Academy. Steve Cohen will present a workshop on Common Medical Errors, and Robert Richards will organize the annual Student Research Forum. A call for papers had been issued with a deadline of March 15, 2005 and may be submitted electronically to Ali Danesh at danesh@fau.edu.

NHS 2006
The International Newborn Hearing Screening Symposium, “Beyond Newborn Hearing Screening: Infant and Childhood Hearing in Science and Clinical Practice”, announced that the next conference will be held in Cernobbio, Italy, May 31 - June 3, 2006. The program directors and conference organizers are Ferdi Grandori, of Milan, Italy, and Deborah Hayes of Denver, CO. Information about the NHS Symposium can be found at www.nhs2006.polimi.it.

III PANAMERICAN SOCIETY OF AUDIOLOGY CONGRESS
From left to right, Jose Barajas, Pedro Berruecos, Edoardo Arslan, Clemencia Baron, Brisy Northrup, Lilian Flores Beltran, and Sandy Gerber

During November of 2004, the Panamerican Society of Audiology (PASA) held its 3rd Congress in Guatemala City. Patricia Castellano de Munoz, Chairperson of the Organizing Committee, and her assistant Sandra Sosa, developed an outstanding program. Over one hundred participants from North, Central and South America and the Caribbean Islands gathered to benefit from topics in early identification and diagnosis, genetics, advanced hearing aid technology, cochlear implants, auditory neuropathy, neurological development and parent counseling. Edoardo Arslan from Italy and Jose Barajas from Spain were among a host of distinguished international speakers. Attendees enjoyed tours of colonial and neoclassical cities in Guatemala. Visit the website at www.pasaudi.org to obtain more information of future meetings or contact Pedro Berruecos, President of PASA at kefasmex@yahoo.com

PASSAGES PASSAGES

Steve Staller has accepted a new position with Advanced Bionics as Vice President of North American Field Operations, Auditory Division. Advanced Bionics is a division of Boston Scientific. Staller has more than 17 years experience with cochlear implants, and although he lives in Denver, he will be working out of Venture, CA.

Don Vogel from Hunter College at the City University of New York has been appointed the new book review editor at the Academy web site. Vogel is currently a professor at the School of Health Science at Hunter College - Brookdale Campus in New York City. He will replace Patricia McCarthy who has held the position of Book Review Editor for four years.

The following American Academy of Audiology members have qualified and been approved by the Board of Directors for Life Membership:

Moe Bergman
Mary Briggs
James Frum
Raymond Lezak
Bernard Lipin
Maurice Miller
Cynthia Raven
Thomas Tucker
Ted Tweed
Donna Wayner

Scott Haug 2005 Retreat
The Scott Haug 2005 Annual Retreat will be held from October 6-9, 2005 at the Inn of the Hills, in Kerrville, TX. Information about the conference is available at www.scotthaug.org. or by contacting Tricia Dabrowski at pdabrowski@pco.edu.
Whistleblower Policy Approved by Academy Board Of Directors

The American Academy of Audiology Board of Directors passed a Whistleblower Policy that will immediately take effect in the operations of the organization. The policy states that should any person know of, or have a suspicion about, illegal or unethical conduct in connection with the finances or other aspect of Association operations, that person should inform the Executive Director. If the alleged wrongdoing concerns the Executive Director, then the Association President or other Officer or Director of the Association should be notified instead.

Should the Executive Director, President, or other Officer or Director of the Association receive information regarding alleged illegal or unethical conduct in connection with the finances or other aspect of Association operations, that person shall inform the Executive Committee. The Executive Committee shall investigate all credible allegations. At all times respecting the privacy and reputation of individuals involved, the Executive Committee shall inform the Board of Directors if any material allegation is confirmed, or if the Committee otherwise believes that the Board of Directors should be made aware of the situation.

There will be no punishment or other retaliation for the reporting of conduct pursuant to this policy. If the person providing the information requests anonymity, this request will be respected to the extent that doing so does not impede any investigation.

HEARING AIDS TOP 2 MILLION

The Hearing Aid Industries Association (HIA) reports that hearing aid purchases in the United States topped 2 million instruments in 2004 for the first time in history at a record number of 2,146,095 units. Continuing the trend that intensified dramatically over the past year, 83% of the hearing aids purchased were digital technologies. In announcing the 2004 sales statistics, HIA Chairman Jerry Ruzicka observed, “This second million mark is an important one, but it took much too long to get here. With the help of President Reagan, the industry topped the million mark in 1983, and together we must all ensure that it is not another two decades for the next million.” Ruzicka noted that HIA programs for 2005 and beyond, including the Association’s aggressive support for a hearing aid purchase tax credit, are all targeted to the goal of increasing the absolute numbers, as well as the percentage of individuals with hearing losses who benefit from using hearing aids.

The members of HIA have voluntarily contributed sales statistics to the association on a quarterly basis for the last 40 years, enabling what was originally a group of small, entrepreneurial, privately-held businesses to track the growth of the hearing aid industry in the US. HIA is the trade association (www.hearing.org) representing the firms that manufacture the majority of the hearing aids and components sold in the United States.

Position Statement on Clinical Education Guidelines for Fourth-Year Audiology Externship Students

The Academy’s newest position statement — “Clinical Education Guidelines for Fourth-Year Audiology Externship Students” — has been posted in the Academy Documents area (http://www.audiology.org/professional/positions/) of www.audiology.org and is ready for review and comment. Please take time to read the statement and email your comments to Craig Newman at newmanc@ccf.org or mail them to the national office: American Academy of Audiology, Attn: Sydney Davis, 11730 Plaza America Drive, #300, Reston, VA 20190. If you would like to have this statement mailed to you, please call Sydney Davis at the national office at 1-800-222-2336, ext. 1033 or e-mail her at sdavis@audiology.org. All comments and suggestions should be received by April 30, 2005.

CNN’s Top Innovations includes Hearing Aids

This year—2005—marks the 25th anniversary of CNN, and they are highlighting this milestone with a series of special programs. Their recent program, Top 25 Innovations, highlighted the 25 most innovative industries in the past 25 years...and the hearing aid industry made the list! Better yet, audiologist and Academy Board Member, Helena Solodar, from Audiological Consultants of Atlanta, was interviewed extensively by CNN reporters. This widely-viewed program provided huge publicity for audiology and focused on the many benefits and new technologies offered in hearing aids.
New titles for Hearing Science Academics and Professionals from Elsevier!

**New!**

**Ecological Psychoacoustics**
Edited by John G. Neuhoff
The College of Wooster, Ohio, USA

"Ecological Psychoacoustics provides many examples of human understanding and using information about the constraints of real-world sound sources in discovering how the nervous system parses an auditory scene. Thus, Ecological Psychoacoustics will help define a new field of perception."
—William A. Yost, Associate Vice President for Research and Dean of the Graduate School, Loyola University Chicago, USA

2004, Hardback 368 pp., $69.95, ISBN: 0-12-515851-3

**New!**

**Aural Rehabilitation for People with Disabilities**
John Oyiborhoro
Director, Baro Audiology Clinic, Brooklyn, New York, USA

The first section of the book presents an overview of specific disabilities and how different cultural practices impact on their management; the second section focuses on the evaluation of hearing impairment within various disabled groups, and the third section concentrates on overall approaches to audiologic management.

2005, Hardback 336 pp., $75.00, ISBN: 0-12-531785-9

**New!**

**Handbook to Service the Deaf and Hard of Hearing**
A Bridge to Accessibility
John W. Adams
St. Mary's School for the Deaf, Buffalo, New York, USA
Pamela Rohring
St. Mary's School for the Deaf, Buffalo, New York, USA

This book provides basic knowledge of the Deaf/HH and an awareness of hearing loss and its influence on family and community life. It's unique in that it draws from the experiences of a deaf (Rohring) and a hearing (Adams) author, providing a comprehensive perspective.

2004, Hardback 272 pp., $59.95, ISBN: 0-12-044141-1

**New!**

**Literacy and Augmentative and Alternative Communication**

Martine Smith
Trinity College, Dublin, Ireland

"I highly recommend the book."
—Sarah W. Blackston, Ph.D., CCC-SLP, President, Augmentative Communication Inc., Monterey, California, USA; Partner, Rehabilitation Engineering Resource Center on Communication Enhancement (AAC-RERC)

"...Smith presents the reader with an insightful and comprehensive explanation of the ways that AAC influences literacy acquisition among special needs children..."
—Anna Danloren Sandberg, Ph.D., Department of Psychology, Göteborg University, Göteborg, Sweden

2005, Hardback 304 pp., $59.95, ISBN: 0-12-650359-1

**Movement and Action in Learning and Development**

Clinical Implications for Pervasive Developmental Disorders
Ida Stockman
Michigan State University, East Lansing, USA

"It is quite literally a "hands on" approach in which the clinician physically guides the child through nonverbal events and the production of speech about events."
—Patricia Brown, Professor Emeritus, University of Minnesota

2004, Hardback 400 pp., $69.95, ISBN: 0-12-671860-1

**Fundamentals of Hearing, Fourth Edition**

An Introduction
William A. Yost
Loyola University, Chicago, Illinois, USA

Fundamentals of Hearing is still the only non-edited book that covers sound, auditory anatomy and physiology, and psychoacoustics and auditory perception in one book at an introductory level.

2000, Hardback 349 pp., $44.95, ISBN: 0-12-775685-7

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COLORADO

ASSISTANT PROFESSOR, AUDIOLOGY:
FT tenure track. PhD in audiology or hearing science. ABD considered with expected graduation by August, 2005. CCC-A, Colorado Audiologist Registration eligible. Emphasis desired in medical/diagnostic audiology with interest in developing a personal research program and mentoring student research. Evidence desired demonstrating potential for excellence in teaching, scholarly activity, and receipt of external funding. Responsibilities include teaching, research supervision, and clinical instruction/supervision. Review of candidates will begin March 21, 2005 and will continue until position is filled. Submit currently curriculum vita, letter of interest, official transcripts, and three letters of reference to Dr. Jenny Weber, Dept. of Communication Disorders, University of Northern Colorado, Greeley, CO 80639. Questions, phone (970) 351-1595 or email jenny.weber@unco.edu. The University of Northern Colorado is an AAEO employer and is committed to fostering diversity in its student body, faculty, and staff.

OHIO

COMMUNICATION - TENURE-TRACK POSITION: THE COLLEGE OF WOOSTER, WOOSTER, OH
August 2005. Assistant Professor, specializing in audiology and/or speech-language pathology. Responsibilities include teaching courses in Diagnostic Audiology and Aural Rehabilitation. Other courses may include Introduction to Communication Sciences and Disorders, Anatomy and Physiology of the Speech and Voice Mechanism, and Hearing Science. Responsibilities would also include teaching in the College's interdisciplinary programs, including First-year Seminar, advising junior and senior research projects in the College's Independent Study program, and supervising undergraduates in the College's Audiology/Speech-Language Clinic. PhD (AuD considered) and CCC-A (CCC-SLP considered) preferred. The Communication Department is a unique mix of CSD and Communication Studies faculty members. Applicant review begins immediately and will continue until the position is filled. Submit currently curriculum vita, letter of interest, official transcripts, and three letters of reference to Dr. Jenny Weber, Dept. of Communication Disorders, University of Northern Colorado, Greeley, CO 80639. Questions, phone (970) 351-1595 or email jenny.weber@unco.edu. The University of Northern Colorado is an AAEO employer and is committed to fostering diversity in its student body, faculty, and staff.
position is filled. Send: vita, application letter, three letters of recommendation, teaching evaluations, graduate transcripts, and evidence of scholarly research and teaching excellence to: Michelle Johnson, Chair, Department of Communication, 114 Wishart Hall, The College of Wooster, Wooster, OH 44691. The College of Wooster is an Equal Opportunity/Affirmative Action Employer. Women, minorities, and persons with disabilities are especially encouraged to apply.

VIRGINIA
IMMEDIATE OPENING FOR AUDIOLOGIST:
Busy, Established ENT practice in Fredericksburg, Virginia seeks Certified Audiologist. Duties include audiological testing, ABR’s, ENG’s, OAE’s, CAP evals, and hearing aid dispensing. Please send cover letter and resume to: Sarah Davis, 1708 Fall Hill Avenue, Suite 200, Fredericksburg, VA 22401 or Fax: (540) 374-5071.

ACCOUNT MANAGERS:
Progressive manufacturer of digital processor hearing devices is opening new territories and needs one Account Manager for NY/NJ, and one for DEL/MD/VA/DC.
Positions are home-based but travel is approximately 50% overnight. MUST currently be living within the territory, have a Masters in Audiology, and a minimum of 3 years outside sales experience with hearing systems, or related medical products. $90 - $95K package includes base salary, commission, mileage allowance and expenses, and small quarterly bonus. Current resume with salary history required to: Jobs@Jgifford.com

For information about our employment website, HearCareers, visit www.audiology.org/hearcareers. For information or to place a classified ad in Audiology Today, please contact Patsy Meredith at 720-848-2828 or Fax 720-848-2811.
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**Compensation & Benefits Survey:**
The American Academy of Audiology conducted its fourth annual Compensation and Benefits Survey in the Fall of 2002. A full report of the survey with detailed information is available for Academy members online at www.audiology.org/hearcareers.

**Discounted Conference Call Services:**
The American Academy of Audiology has recently entered into a partnership with Connect-U Group Communications, which is now the fastest growing provider of audio conferencing in the country. As a member benefit, you can take advantage of their state-of-the-art conferencing technology and award-winning billing systems at special member-only discounted rates.

Call 1-800-982-9491 or visit their website at www.hpso.com.

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**HEarcareers:**
Whether you are seeking a job or filling a position, the American Academy of Audiology’s HearCareers site has everything you need to achieve your hearing career goals. This online employment service allows job seekers to post their resume and view job postings for free. HearCareers offers discounted rates to our members who post positions. Go to www.audiology.org/hearcareers to make your next career connection with HearCareers.

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This dual-purpose card can be used as a GlobalPhone domestic or international calling card. It is also your permanent membership card for easy reference to your membership number. U.S. rates are from 3.9 cents per minute with no surcharges. To activate your calling card, call 1-866-889-5714 or go to www.audiology.org/callingcard.

**Professional Liability Insurance:**
The Academy has endorsed the professional liability insurance program offered through Healthcare Providers Service Organization (HPSO). We selected this program because of the plan’s many benefits, affordable rates, and their commitment to customer service. For more information, call 1-800-982-9497 or visit their website at www.hpso.com.

For more information about these benefits, contact Brittany Voigt, Member Benefits Coordinator, at 703-790-8466 x1044 or bvoigt@audiology.org.