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The American Academy of Audiology is a professional organization of individuals dedicated to providing quality hearing care to the public. We enhance the ability of our members to achieve career and practice objectives through professional development, education, research, and increased public awareness of hearing disorders and audiologic services.

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APPRECIATION IS EXTENDED TO STARKEY LABORATORIES FOR THEIR SPONSORSHIP OF COMPLIMENTARY SUBSCRIPTIONS TO AUDIOLOGY TODAY FOR FULL TIME AUDIOLOGY GRADUATE STUDENTS.
One of the most challenging aspects of volunteer-led professional organizations is to maintain consistency of purpose from one board to the next, as one third of the members rotate off each year. Certainly, the ultimate goal should be to maintain flexibility to the changing educational and professional landscapes without veering from the Academy’s core principles. To that end, Past-President Robert Glaser assembled a committee of thirty-two persons to develop a strategic planning document for the Academy. The members included the current Board and National Office Staff leaders, plus Academy members comprising a broad spectrum of experience, practice areas, and geography. Prior to the face-to-face meeting in January 2000, participants completed an extensive workbook that required their input on a variety of issues, including the Academy’s future goals and priorities for the next five years. These “homework” assignments provided the framework for ensuing discussion, and ultimately the foundation for the strategic planning document contained in this issue of Audiology Today. I encourage you to read the plan for yourself, and invite your comments by phone, fax or e-mail.

As I assume the role of your Academy president on January 1, 2001, I have a number of objectives to accomplish during my one year in office. I would like to highlight three of the most important issues on my agenda. These issues are the clinical practice of audiology, post-graduate education and the need for additional research in audiology.

Clinical practice: Hearing instrument dispensing represents a necessary, but not sufficient component of Audiology’s future success. Threats posed by competing health care professionals, internet applications, and direct-to-consumer sales all are significant, but the underlying issue of “incident to” billing affects the ability of all audiologists to receive fair compensations for diagnostic and rehabilitative services for hearing and balance. The Academy has made progress towards the recognition of Audiology by the Health Care Financing Administration (HCFA) and the Department of Labor as a health diagnosis category, but more work is necessary. Autonomy does not preclude collaboration with other health care workers; it ensures that we can control our own destiny, rather than allowing others to control us. This will require legislative efforts at the local, regional, and national levels.

Education: The transition to a doctoral-level profession must continue. This is essential for a variety of reasons, including professional independence, recognition by HCFA as a diagnosing profession, and in response to our expanding scope of practice. It is impossible to prepare audiologists with a two-year graduate degree for state-of-the-art clinical practice in audiology. Further, it is difficult to justify the need for over 100 training programs in audiology. In the future, we must have a fewer number of programs, each with more faculty and students than in the current system. To that end, the Academy must assist and facilitate with the development of accreditation and certification models to ensure that minimum educational standards are met across all programs. Also, we must ensure that existing audiologists have a reasonable mechanism for earning their AuD from a regionally accredited university through distance education.

Research: One element that has consistently distinguished Audiology from other hearing health care professions has been our focus on research. It is the bedrock on which education and clinical practice are based, and yet less than a dozen PhDs were granted in Audiology last year in the United States. We cannot meet the demand for teaching, science, and leadership without growing these numbers; further, Audiology’s presence at NIH, in terms of funding and committee participation must also increase. To that end, the Academy must provide greater support for researchers devoted to the study of hearing and balance mechanisms. The focus on clinical service provision and the AuD must not undermine the integrity and importance of the PhD to our professional future.

Just as blueprints need bricks and mortar, goals require action to be realized, and this is impossible without persistence, hard work, and the efforts of many. I look forward to working for you and with you during the years ahead as we embark on our new strategic plan and the need to move issues of clinical practice, education and research onward and upward.
The American Academy of Audiology reviews its hopes, ambitions and vision for the profession every five years. This past January in Fort Lauderdale, Florida, 32 invited participants provided guidance for the Academy’s new five-year strategic plan. These individuals consisted of the Board of Directors and audiologists from all workplace settings.

Renewal of the strategic plan every five years is crucial in the ability of the organization to serve its members. Since its inception the purpose of the Academy is to function as an organization of, by and for audiologists. However, details in terms of how the organization views itself and its relationship to consumers and to the marketplace needs to be articulated as well as providing a road map for future directions.

**CORE VALUE**

As a member-based organization, the American Academy of Audiology feels that each and every one of its actions should be based upon the core value that members are first. This premise means that above all other considerations member welfare should represent the Academy’s call to action.

**CORE PURPOSE**

The Academy’s core purpose is to enhance professional welfare by providing professional development through services and through continuing education. Enhancing member welfare includes ensuring our autonomy by promoting the profession’s recognition among consumers, health care organizations and legislative and regulatory agencies. Our autonomous practice will lead to our continued professional viability.

**MISSION STATEMENT**

The mission of the American Academy of Audiology is to foster the provision of efficacious hearing health care that optimally meets the nonmedical needs of persons with impaired hearing.

**CRITICAL SUCCESS FACTORS**

The planning session participants identified seven critical areas that will lead to the success of the Academy and thereby provide value to its members:

1. The Academy’s strategies and action plans must be consistent with trends in healthcare delivery.
2. The Academy must cultivate trusting, cooperative relationships with audiology educational programs so that the training provided to future audiologists is consistent with the mission.
3. The Academy must work cooperatively with other organizations that share the Academy’s vision and mission.
4. The Academy must move toward better representation of consumers and consumer interests.

5. The Academy must remain flexible in its view of the audiologist’s role in hearing healthcare delivery, including service delivery models, educational models, rehabilitative strategies and so forth.

6. The Academy needs to foster and support outcomes-oriented clinical research and the development of clinical researchers.

7. The Academy needs to foster cooperative interactions among consumers, practitioners, clinical researchers, manufacturers and (when appropriate) government regulators that result in hearing healthcare products and services that meet consumer needs and expectations.

**GAPS THAT EXIST IN AAA’S CRITICAL SUCCESS FACTORS**

Participants of the strategic planning session identified several gaps that interfere with the professional autonomy and public perception of the profession. Those gaps identified include:

- Lack of agreement among professionals regarding the AuD degree
- Lack of cooperation between professional organizations
- Limited number of AuD programs
- Lack of consumer and professional awareness of audiology
- Lack of awareness of ABA certification program
- Lack of definition and recognition by other professionals.

Following examination of these points, it was recommended that the Academy attempt to define, support and communicate the importance of ABA certification to members, consumers and other professional agencies. In addition, outcomes of the session suggested the need to establish relationships with state licensing agencies and to develop a plan for members to become involved with their individual health care communities.

Outcomes of the session indicated that the profession of audiology may suffer from the lack of research in the future. Gaps identified include:

- Limited research conducted by audiologists
- Shortage of PhD researchers and mentors in academic environments
- Shortage of resources available for research.

Participants in the strategic planning session examined the collaborative relationships of audiology related associations and found that these relationships may be interfering with unification of the profession. Results of this investigation revealed the following gaps that prevent growth of the Academy:

- Lack of unity within Academy membership
- Inadequate communication between the Board and membership
- Limited member participation
- Fighting among professional associations.

Several objectives were selected to promote growth and to initiate improved communications both between the Academy and its membership and between the Academy and other professional organizations. The Academy website should be upgraded to become a better information portal to the membership and a listserv should be developed and promoted to encourage reciprocal communication among and between members and the governing body of the Academy.

**ACTION PLAN**

Following careful evaluation and assessment of the results of the Strategic Planning Session, an Action Plan was devised with a goal for completion by the end of 2005. Strategies selected to accomplish this action plan include:

**Objective - Transitioning the profession to doctoral level**

**Goals:**

- 30 AuD programs will exist and 100% of new students will be trained at the doctoral level.
- 10 distance learning AuD programs will provide sufficient enrollment to transition remaining masters level audiologists to the doctoral level and 5 training programs will award both a PhD and an AuD degree.
- 25% of Academy members will possess a doctoral degree.

**Action Steps:**

- Work with existing and proposed audiology programs to implement AuD programs four year and distance learning programs.
- Develop and disseminate educational materials to Academy members to
encourage enrollment and participation in AuD programs.

- Hold national meetings to develop educational goals and delivery mechanisms.
- Formulate a plan to market the AuD to undergraduate programs at key universities (Academy Marketing Committee).
- Prepare materials that can be modified and used as marketing materials to recruit the best and brightest students into the profession (Residency Matching Program).

**Objective - Third party reimbursement increase a minimum of 4-5%**

**Goals:**
- HCFA will recognize audiology as the point of entry for hearing healthcare services before the end of 2005.
- Audiology will be placed in the health diagnosis category of the SOC codes within two years.
- Payment to audiologists will be on par with physicians within the next year.

**Action Steps:**
- Establish a network of audiologists to be resources for Academy members with reimbursement questions.
- Publish reimbursement information on the website and in audiology publications whenever possible.
- Promote ongoing communication with HCFA through Chair of Reimbursement Committee and Chair of Governmental Affairs.
- Establish relationships with all state licensure boards.

**Objective - Promote ABA certification**

**Goals:**
- The number of ABA certificate holders will increase by 25% over the next twelve months.

**Action Steps:**
- Licensure lists from all 50 states will be obtained by the end of 2000 and ABA materials will be mailed to all active members and prospective members.
- Ten university programs will be targeted over the next six months and ABA materials will be distributed to each.
- The purpose of the ABA certification will be communicated with membership through the website and Academy publications.

**Objective - Increase proportion of non-dues generated revenue**

**Goals:**
- At least 50% of nondues revenue will be provided through programs other than the Annual Meeting and Convention by the end of 2005.
- Nondues revenue will increase to at least 50% of the revenue base by the end of 2003.

**Action Steps:**
- Develop a proposal for products and services to increase nondues revenues including estimated revenues and develop plan for implementation with appropriate time frame.
- Assign an individual to monitor the proportion of nondues revenue to make quarterly reports to the Executive Director and the Board.

**Objective - Improve communication between the Board and members of the Academy**

**Goals:**
- Timely information will be provided between the Board and members of the Academy and provide method of...
LONG RANGE STRATEGIC PLAN

exchange of information among members by the end of 2001.

- Appropriate staff will be integrated into all communication meetings and conference calls by end of 2001.
- 25% of members will be contacted by the end of 2001.

Action Steps:
- Continue Members Concerns Program.
- Hire new staff member to assist with all communication issues.
- Establish listserv for members.
- Provide training to key office personnel on function of audiologists in daily life.

Objective - Promote awareness of profession of audiology

Goals:
- Promotion of profession will occur through both public awareness efforts and widespread recruitment of potential students in various health related fields before the end of 2001.
- A Consumer Marketing Campaign will be developed for use by Academy members by the end of 2001.
- The importance of the Audiology Awareness Campaign will be analyzed and involvement of the Academy will be determined by the end of 2001.
- Increase visibility of audiology with national and state legislators by the end of 2001.

Action Steps:
- Meet with marketing consultants to develop plan to improve awareness of audiology.
- Continue legislative efforts to clearly define audiologists in state and federal laws.
- Develop a plan to educate children and prospective students about the profession of audiology.
- Develop marketing materials for the profession and distribute the information to strategic points across the country.
- Hire marketing director for Academy staff.

Objective - Foster and support outcomes-oriented clinical research and the development of clinical researchers

Goals:
- The number of audiologists involved in clinical research will increase by 25%.
- A central repository for data collection and dissemination will be developed/implemented before the end of 2001.
- Additional practice algorithms will be developed/implemented by Dec. 31, 2001.
- A course in clinical research to be presented annually at the Annual Convention will be developed and initially presented beginning in April, 2001.

Action Steps:
- Create incentives for research within the Academy or Foundation.
- Introduce Mentoring Program at 2001 Convention.
- Develop and market course on clinical research for 2001 Convention.
- Provide a forum on the Academy website for research information.
- Distribute the existing practice algorithms.

AMERICAN ACADEMY OF AUDIOLOGY
STATEMENT OF ACTIVITIES
Fiscal Summary:
Year End December 31, 2000

Revenue

Annual Convention $1,588,802
Membership Dues 896,659
Audiology Today 301,957
Marketing 160,020
Continuing Education 96,608
JAAA 71,990
Publications 46,370
Investment Income 38,063
Mailing Lists 24,987
Certification 17,745
Miscellaneous 3,828

Total $3,247,029

Expenses by Function

- Administration 38%
- Convention 34%
- Publications and Communications 17%
- Other Membership Services 11%
Audiologists may find themselves dealing with a communication disorder that receives little or no attention academically or professionally. This communication disorder is not a syndrome or a clinical entity. Rather, it is a situation that an audiologist may find him or herself in when dealing with the media, resulting in various levels or forms of miscommunication or a disorder of communication; hence, a different kind of “communication disorder”.

Most interactions with the media are straightforward; however, the potential for miscommunication always exists. Not long ago, I found myself in the midst of a “communication disorder”. Audiology related infection control is a personal area of clinical and academic interest. As such, a preliminary study was recently completed at St. Louis University Medical Center in which hearing aid surfaces were swabbed and analyzed for bacterial and/or fungal content. Upon completion of the study the hospital’s Department of Public Relations (PR) contacted me regarding the results, implications and conclusions of the study. Since research or clinical activity potentially generates good publicity the PR department often contacts employees in these very situations. With regard to the hearing aid study, the initial response was “no comment” since no conclusions could be reached as a result of the study. Eventually, I reluctantly agreed to share some of the findings of the study, including some of the recovered microorganisms found on hearing aid surfaces.

Similar to a classic game of “Telephone” in which one person whispers a statement to another person, who repeats it to another, then to another, the statement heard at the end of the “telephone line” does not necessarily accurately reflect the original statement. The sharing of information with a PR department often results in a one page press release summarizing a story or event. The press release, typically approved by parties involved, is then released to those sources who pay the PR department to have their name on such a list. From that point the information may be re-released to other sources an infinite number of times. In my case, one radio station in Washington DC and one newspaper in Akron, Ohio picked up the study. However, the headline messages in both cases had acquired an alarming tone warning listeners and readers alike that seeking the clinical services of an audiologist may be ‘hazardous to your health’ and that hearing aids ‘are linked to causing meningitis’. Obviously, those statements did not accurately reflect or interpret information originally provided; however, the misleading information was circulating. In my mind the communication disorder, at this point, quickly turned into a communication disaster and assistance was sought from the American Academy of Audiology. President Robert Glaser, Communications Director Sydney Davis, the St. Louis University Public Relations Department and I worked together to issue a press release that not only clarified the misleading headlines but informed the media of hearing loss and the importance of seeking hearing health care from audiologists.

On a daily basis, audiologists relay significant amounts of information with colleagues, patients, students and other professionals. From time to time audiologists are asked to provide information, feedback, insight or clarifications regarding hearing loss, clinical strategies or technological advances to the media. The media serves as a platform from which our expertise is shared with the general public. In this instance, we not only do a good thing by sharing our knowledge, we simultaneously advertise our services as well as the profession of audiology to an audience much larger than our daily clinical load. Discussing relevant information with the media appears to be a natural extension of professional responsibility since most of the information sought by the media relates and closely mirrors information we would present to patients. Nevertheless, the following general thoughts should be kept in mind when dealing with the media:

- The job of the media is to relay information; however, it also involves catchy headlines that can sometimes create a story when one really does not exist.
- The target audience is a general public with very limited knowledge of audiology and audiology issues. Too much information may be counterproductive.
- For live radio or TV interviews, ask for questions ahead of time in order to prepare appropriately. If questions are not provided, prepare a list of potential questions in your own mind and prepare appropriately.
- Do not be pressured into an interview and/or making statements based on theoretical or hypothetical instances.
- In the event of an anticipated press release, have at least one colleague review the information and provide feedback prior to providing approval.
- In the event of an anticipated press release, have at least one lay person review the information and provide feedback prior to providing approval.

Academy members should contact the Director of Communications at the National Office of the American Academy of Audiology for assistance with public relations matters.

The opinions expressed in this Viewpoint are those of the author(s) and in no way should be construed as representative of the Editor, officers or staff of the American Academy of Audiology.
How many times have you come up against a tough case or a technical question and not known where to turn? You could phone a colleague…. but that's not a sure thing. You could dig out your old textbooks… but who wants to climb up to the attic? You could just wing it… but that's universally frowned upon by your profession. So what's an audiologist to do?

Point your web browser to www.audiology.org and tap into The Academy's expert panel of audiologists. Provided as a service to our members, Ask An Expert! is here to help you tackle the toughest technical challenges and the trickiest professional questions.

With Ask An Expert!, you can quickly find answers to questions about diagnosis, calibration, reimbursement, hearing aids, legislative issues and much more. Here’s how it works: Go to Ask An Expert! (under Professional Resources at www.audiology.org), click on a topic or on an expert's e-mail address, type in your question, and you will receive a personal response from one of our experts within 24 hours. It’s that simple!

Led by Ombudsman Dennis Van Vliet, our panel includes the best and brightest audiology has to offer. They are ready to answer your questions, help you find references, and suggest resources that can help in your research. You will find frequently asked questions and answers archived and grouped by topic in a special Reference Resource Area. In fact, it’s a good idea to check there first, before e-mailing your question.

Consumers will find their own simplified version of Ask An Audiologist! in the Consumer Resources area of www.audiology.org. They’re invited to e-mail Dennis Van Vliet with their questions, and Van Vliet will in turn refer their e-mail to the proper expert, the National Office, or another resource for an answer. Consumers can expect an expert reply within 48 hours. This feature will work in conjunction with the special Ask An Audiologist! bulletin board where consumers can check for frequently asked (and answered) questions from our panel.

Nowhere on the web will you find so much audiology expertise in one place. In fact, it’s like having your own resource consultants right on your desktop! So go to Ask An Audiologist! today with your toughest audiology questions…. Our expert panel is standing by.

Ask The Audiology Experts:

Ask An Audiologist!
Dennis Van Vliet
Balance Assessment & Vestibular Rehabilitation
Richard Gans
Diagnostic & Clinical Audiology
Lisa Hunter
Hearing Aids
Ruth Bentler
Legislative Issues
Craig Johnson
Reimbursement
Sheila Dalzell
Pediatrics and Infants
Sandy Gabbard
Technology, Computers and the Internet
Glen Meier
Tinnitus & Intra-Operative Monitoring
William Martin
ABA Advanced Certification with Specialty Recognition
A New Gold Standard of Excellence

On the weekend of November 18, 19, and 20, 2000 a special task force of the American Board of Audiology (ABA) met at the American Academy of Audiology headquarters to develop a program of advanced certification with specialty recognition. The members of the task force consisted of members of the ABA and non-board members selected using the following criteria: they were likely to apply for such certification, generally supported the notion of advanced certification with specialty recognition, but had no preconceived notion about the process. The meeting resulted from a vision for the profession developed at a long range planning session of the ABA in October 1999. The Board of Governors of the ABA believes that our existing program of board certification clearly establishes that audiologists function as independent hearing healthcare professionals. Board certification in audiology communicates to the general public assurance that they will be well treated by an audiologist who is competent in a wide range of professional activities. Advanced certification with specialty recognition identifies individuals with additional expertise in a specialty area of audiology. The advanced certification program will function in concert with the ABA board certification program, but independent of that program in that audiologists may chose to participate in either program alone, or both.

Like the ABA board certification program, participation in the advanced certification with specialty recognition program will be completely voluntary and not a prerequisite for clinical practice. State licensure or registration (applicable in 47 states) is the minimum legal requirement for practicing audiology. Board certification is a standard beyond licensure that is achieved by many of our colleagues in other professions and is a credential that is recognized by employers and the general public alike. Board Certification in Audiology strengthens our profession and enhances our professional status with our professional colleagues and patients. The advanced certification with specialty recognition program is intended to complement board certification that identifies audiologists with special expertise and experience in areas of specialization.

The task force met to address two primary goals: to design a program for Advanced Certification with Specialty Recognition; and, to develop an action plan for implementing that program, including identifying necessary resources. Through discussions led by facilitator Brian Walden, many potential benefits to practitioners of Advanced Certification with Specialty Recognition were identified. These benefits include recognition of audiologists’ special expertise with consumers and employers. The task force focused on developing mechanisms for identifying the knowledge and skills required for areas of specialty certification and for verifying that individuals possess those knowledge and skills.

The task force recognized that the scope of practice of audiology encompasses identifiable areas of clinical practice that demand specific knowledge and expertise. Practice areas discussed that might be appropriate for specialty recognition included pediatric audiology, educational audiology, geriatric audiology, amplification and aural rehabilitation, cochlear implants, occupational hearing conservation, intraoperative monitoring and vestibular evaluation and rehabilitation.

The American Board of Audiology will receive the report of the task force by January 1, 2001. The Board’s next task will be to develop plan details for implementation. Members of the Academy will be informed of progress as this program develops. Although the goals and general characteristics of the advanced certification with specialty recognition program have been established, the details of the program are yet to be developed. The guiding focus of the ABA is that this program serves the needs of audiologists. To this end, the Board seeks the advice and assistance of interested individuals and organizations. Input should be provided to Robert Keith, Chair, American Board of Audiology or Marilyn Weissman, Director of Certification. You can contact us through 1-800-AAA-2336, or through the Academy website at www.audiology.org.

Five Steps to Professionalism

1. Graduate degree in audiology
   - Trains you to engage in the wide scope of practice enjoyed by audiology

2. State licensure or registration
   - Identifies you as legally entitled to practice your profession within your scope of practice as identified by your individual state.

3. Membership in professional audiology organizations (e.g. AAA, ADA, EAA, MA, ARA, etc.)
   - Provides you with professional continuing education, engages in political, reimbursement, and legislative activities in your behalf, promotes professional activities to the general public, advocates for best practices in the profession, enables interdisciplinary relationships with other organizations, provides professional camaraderie.

4. Board Certification in Audiology
   - Identifies audiologists who are competent to practice in a wide range of professional activities

5. Advanced Certification with Specialty Recognition
   - Identifies audiologists who have demonstrated distinguished expertise in a specialty area of audiology

For additional information on Board Certification in Audiology and application forms visit our website at: http://www.audiology.org/professional/aba/
Families of children with autism encounter multiple challenges. Among the most stressful challenges are yearly identification of a developmental disorder and subsequent confirmation that the child is considered to be within the autism spectrum. Similar to other developmental disabilities including permanent childhood hearing loss (PCHL), autism has profound consequences for the communication, social and behavioral development of a child. Currently, the average age of diagnosis of children with autism is 6 years, similar to PCHL; however, parents typically report that they were aware ‘something was wrong’ with their child at about 18 months of age, years before the presence of the disorder is confirmed. Like PCHL, early identification, comprehensive evaluation and timely, appropriate intervention (evidence-based and accepted clinical practice) appears to result in better outcomes for children with autism and their families.

In the midst of seemingly complex, controversial and emotionally-charged issues surrounding identification, differential diagnosis and current treatment approaches, the Child Neurology Society (CNS) and the American Academy of Neurology (AAN) requested the development of comprehensive ‘Practice Parameters for the Diagnosis and Evaluation of Autism’ for their members. A multidisciplinary panel was brought together, headed by Dr. Pauline Filippek of the University of California, Irvine. While the Practice Parameters were particularly intended for neurologists, a multidisciplinary Consensus Panel consisting of members of professional and parent organizations and representatives from the National Institutes of Health. Eleven professional organizations, including the AAA, were asked to participate in the process to ensure that a comprehensive, multidisciplinary, family-centered plan for the screening and assessment be developed. Treatment recommendations likely will be developed by a similar group in the near future. The practice parameters were developed through a thorough literature review; therefore, the recommendations for identification and assessment delineated are considered evidenced-based. Each research article considered was weighted according to the strength of its research design.

The consensus process and the development of the two (now published) documents were completed through electronic mail and face-to-face meetings. Numerous revisions and modifications of the documents were made. When completed, each representative organization was offered the opportunity to endorse the AAN Practice Parameters. The Academy Board of Directors endorsed the Practice Parameters in July, 2000.

The purpose of this article is to raise the awareness of audiologists to the existence of these two aforementioned reports and a third Guideline sponsored by the New York State Department of Health Early Intervention Program. These are important clinical practice documents that directly relate to our clinical practice with children with autism. As such, the content of these documents will be reviewed specifically addressing those sections most relevant to our profession. The importance of a comprehensive audiologic evaluation in the assessment of children with autism is stressed in all three reports. It is encouraging that other professions recognize that an audiologic evaluation completed by a qualified audiologist is a mandatory first step in the identification/diagnostic process. The three documents overviewed are: 1) the ‘Screening and Diagnosis of Autistic Spectrum Disorders’ (1999) published in the Journal of Autism and Developmental Disorders; 2) the Practice Parameters: ‘Screening and Diagnosis of Autism (an evidence-based review)’ from the Quality Standards Subcommittee of the American Academy of Neurology (2000) published in Neurology; and, 3) the New York State Clinical Practice Guideline on Autism/Pervasive Developmental Disorders (1999).

1. REVIEW - JOURNAL OF AUTISM AND DEVELOPMENTAL DISORDERS (1999)

This is comprehensive report that serves as the detailed basis of the AAN’s Practice Parameters. The publication delineates the core features of children having autistic spectrum disorders (pervasive developmental disorders) and the three recognized areas of deficit: reciprocal social interactions, verbal and nonverbal communication and restricted and repetitive behaviors or interests (DSM-IV; APA, 1994). The 45-page publication focuses on these criteria, delineating the characteristics and behaviors. In addition to describing autistic spectrum disorder, Asperger disorder, Childhood Disintegrative Disorder, Atypical Autism/PDD Not Otherwise Specified (PDD-NOS) and Rhett Syndrome are also reviewed.

The report suggests that the screening and diagnosis of children with autism involves two stages or “levels”. Level 1 is the broad developmental screening stage (developmental surveillance) that is intended to identify infants and children who are at risk for atypical development. A high index of suspicion in Level 1 screening necessitates specific testing. Level 1 test results consistent with a developmental delay requires that the child be referred to early intervention programs.
or to the school district as well as comprehensive Level 2 evaluations. Level 2 is comprised of formal diagnostic procedures, specifically, comprehensive evaluation (profiling) of the child’s strengths and weaknesses in various developmental areas (for later design of an individualized intervention program) and a complete medical and neurological evaluation.

At the outset, the Level 1 ‘investigations and specific screenings’ include a complete audiologic evaluation. The screening and diagnosis algorithm both recognizes and affirms the importance of a formal audiologic assessment in the differential diagnosis of children suspected of having a developmental disorder. The section titled ‘Formal Audiologic Assessment’ is specific with regard to the importance of early detection of hearing loss and the potential for co-occurrence of autism and hearing loss. The increasing availability of newborn hearing screening is discussed with the benefit of early detection of infants with permanent hearing loss present at birth. However, the section cautions that until such time as newborn hearing screening is ‘universal’, any child with ‘delayed language or at risk for autism should be provided with a referral for audiologic testing on the same day that a concern is identified’ (p. 453). Parent concern regarding auditory responses (decrease sensitivity, inconsistent response, no response or unusual response to environmental sounds and sources) would also necessitate immediate referral for audiologic assessment. The description of Level 1 states unequivocally that a ‘comprehensive hearing test should be provided by an audiologist with experience in the assessment of young and difficult to test populations’. Importantly, the need for a referral to an audiologist is stressed regardless of the results of any neonatal hearing screening. Early assessment and the use of a test battery approach (behavioral audiometry, middle ear measurement and electrophysiologic procedures) is stressed. Some cautions are proffered including the reliance on unconditioned response procedures (behavioral observation audiometry, BOA) for estimating hearing sensitivity in children suspected of developmental delays. A brief review of the use of operant audiometry techniques follows. A section on the role of auditory electrophysiology (specifically, the auditory brainstem response, ABR), evoked otoacoustic emissions and middle ear measurement follows. In all cases when literature was available to support the use of a specific test technique or assessment protocol with young children at risk for autism (or another developmental disorder), references were provided.

The section on the Level 1 audiologic assessment concludes with several recommendations: 1) avoid any delay in referral for comprehensive audiologic evaluation; 2) seek facilities with experienced audiologists and current technologies; otherwise, enter a consortium arrangement for service provision; 3) provide referral for medical evaluation when hearing loss is detected; 4) actively participate in the surveillance process; 5) refer children for in depth psychological and sensorimotor assessment when a developmental disorder (regardless of hearing loss status) is suspected; and, 6) aggressively monitor and follow children with autism who develop otitis media with effusion.

The recommendation section at the conclusion of this comprehensive review reiterates the importance of parental and
practitioner concern regarding speech, language or hearing problems. The recommendations specify that concern should result in “immediate referral for a formal audiologic assessment regardless of whether or not the child passed a neonatal hearing screen” (p. 469). Again, the concluding recommendations stress the need for qualified audiologists experienced in the assessment of infants and young children and the availability of appropriate facilities and technologies for the completion of a comprehensive audiologic evaluation.

2. PRACTICE PARAMETERS - NEUROLOGY (2000)

The Quality Standards Subcommittee (QSS) of the American Academy of Neurology supported the development of evidence-based Practice Parameters for clinical decision making by physicians with regard to children with autism spectrum disorders. The detailed review of 2,500 articles in the previous report was the basis for the development of the AAN’s Practice Parameters. Practice Parameters are strategies for patient management that assist professionals in clinical decision making. The review of evidence which resulted in the development of the specific Practice Parameters covered the major areas of surveillance, screening and differential diagnosis of children with developmental disorders. Based on the review of evidence, knowledge gaps were identified and a series of recommendations for future research were generated.

Evidence-Based Practice Parameters

In the Practice Parameters, three types of recommendations are made based on available evidence and expert clinical judgement. Evidence-based practice parameters (i.e., clinical practice guidelines; see below) are held to a rigorous standard. The basis of support categorizes each recommendation into one of three categories:

1) Standard: Meaning that the specific principle for management reflects a high degree of clinical certainty (i.e., that clinical trials that directly address the question have been completed or that there is overwhelming evidence from well-executed research investigations when the randomized clinical trial design is precluded).

2) Guideline: Meaning that there is moderate clinical certainty (usually this recommendation requires well-designed and executed studies or a strong consensus on a specific clinical practice); or,

3) Practice Option: Meaning that the clinical utility of the recommendation is uncertain, for example conflicting evidence or opinion exists in the area.

The AAN Practice Parameters specifically state that children with developmental delay and/or autism should receive audiologic assessment early in the initial screening. The recommendation for audiologic assessment is one of two ‘laboratory studies’ that is specified as critical to diagnosis. The Practice Parameters state that the audiologic assessment includes behavioral audiometric measures, assessment of middle ear function and electrophysiologic procedures performed by an audiologist with experience in pediatric assessment using current testing protocols and technologies.

Future Research

The Practice Parameters include the following research recommendations: “Further insight into the emergence of early auditory behaviors that are considered atypical and may be prevalent in children with autism [are needed]. Studies also are needed on the audiologic characteristics of individuals with autism to help assess peripheral hearing sensitivity and supra-threshold responses.”

3. CLINICAL PRACTICE GUIDELINES - NEW YORK STATE (1999)

In an effort to ensure optimal intervention through the state’s Early Intervention (EI) Program, the New York State Department of Health in 1996 began the development of a series of evidence-based Clinical Practice Guidelines for Assessment and Intervention for young children with various developmental disabilities aged 0 to 3 years. One of the first developed was the Clinical Practice Guideline Autism/Pervasive Developmental Disorders. Assessment and Intervention for Young Children (Age 0-3 Years). Three products are available: Report of the Recommendations, Quick Reference Guide, and Guideline Technical Report (a complete review of all articles considered in the development of the Guideline and evidence tables).

The Report of the Recommendations would be of interest to clinicians working with young children with autism/PDD and the Technical Report would be useful to clinical researchers. The Report of the Recommendations provides a thorough review of Assessment including early identification, screening tests for autism, assessment instruments, components of the developmental assessment, and recommended health evaluations. The assessment of hearing using objective test procedures is recommended in the developmental assessment. In the Intervention section, behavioral and educational approaches, experiential approaches, and medication and diet therapies are examined and evidence-based recommendations on the use of numerous treatment approaches currently available to parents of young children with autism/PDD are provided. One intervention practiced by some audiologists, ‘Auditory Integration Training’ (AIT), is specifically not recommended as an intervention because of the method’s lack of demonstrated efficacy.

WHY IS THIS IMPORTANT TO AUDIOLOGISTS?

The recent review and Practice Parameters of the AAN addressing children with autism are considered important to our profession for several reasons. First, these documents recognize the important role of audiologists in the multidisciplinary differential diagnosis of children with autism/PDD. Second, the documents affirm that audiologists are the professionals qualified to provide formal, comprehensive hearing assessment of individuals suspected of having a developmental disorder. Third, the documents delineate the important role of the audiologic evaluation in the initial stage of the detection and assessment process. Fourth, the documents recognize that clinical experience and the availability of current technology are required in the comprehensive audiologic evaluation of children at high risk for autism (or any developmental disorder).

WHERE DO WE GO FROM HERE?

Endorsement of the AAN Practice Parameters suggests that audiologists are likely to be included on multidisciplinary teams for the screening and diagnosis of children with autism and/or developmental disorders. Therefore, it is important for audiologists to take a proactive role in ensuring that audiologic evaluation is not an afterthought in the workup of children sus-
pected of having a developmental disorder. Inclusion in the AAN’s Practice Parameters affirms this critical role for our profession.

As such, audiologists who will be involved in multidisciplinary teams need to ensure that they are can provide a comprehensive battery of tests and can complete assessments of children at risk for autism in a timely manner. Clearly, delays in evaluation or repeated audiologic assessments because poor test reliability or lack of particular test equipment at the initial stages of the assessment process could impede the movement of the child through subsequent stages of the evaluation. This can cause unnecessary stress for families, uncertainty regarding the child’s hearing status by other professionals evaluating the child for autistic spectrum disorder and delay in diagnosis and initiation of early, appropriate intervention.

The Academy could decide to develop its own Practice Parameters; an evidence-based guideline for the audiologic screening, confirmation and management of children with autism and/or developmental disabilities. It is important to remember that Practice Parameters are not intended to be binding, only educational. A practice guideline provides recommendations to the practitioner to assist in decision making and service provision and to promote knowledge of the scientific basis of any clinical practice. A fully informed practitioner results in fully informed consumers so that families of children with autism can fully participate in decision making regarding their child’s audiologic assessment and management. Unarguably, evidenced-based clinical practice parameters/guidelines will be critical to the reimbursement of audiology services in the 21st century. Evidence-based practice also allows families of children with autism/PDD to fully appreciate the difference between the ‘science’ and the ‘art’ of audiology services.

ACKNOWLEDGEMENTS:
The author wishes to thank the Board of Directors of AAA for her appointment to the multidisciplinary team drafting the review article and the Practice Parameters. Sharon Fujikawa is gratefully acknowledged. She shepherded the Practice Parameters through the AAA Board of Directors facilitating the endorsement of that document by our Academy. Thanks also to Jackson Roush who reviewed the audiology sections of the 1999 Journal of Autism and Developmental Disorders prior to its publication and provided useful comments to this author and to Dr. Pauline Filipek who reviewed this current submission.

Supported (JSG) in part by HD36080 (“Auditory Processing in Autism”, M. Dunn, PI) from NIH-NICHD and DC00223 (“Early Auditory Experiences and Later Auditory Outcome”; J. Gravel, PI; project within the Clinical Research Center for Communicative Disorders, R. Ruben, PI) from NIH-NIDCD.

REFERENCES:


As you know, choosing hearing aids can be a confusing and often stressful experience for those dealing with hearing loss for the first time. Many of our members have asked, “Why doesn’t the Academy produce an easy to read, fact filled brochure that I can give to my patients?” We’ve heard your requests and are pleased to introduce “Selecting Hearing Aids That Are Right For You” — the newest addition to our collection of exceptional marketing and educational publications.

Over the past year, Michael Valente, of Washington University in St. Louis, headed up the Task Force on Hearing Aid Information for Consumers to develop this comprehensive, full-color brochure. The brochure offers a step by step guide to purchasing hearing aids and covers a broad range of hearing aid topics including styles, technology and why consumers should consult an audiologist. We’ve also included The American Academy of Audiology’s Pre-Purchase Assessment Guideline for Amplification Devices and ample space for you to stamp your practice’s name and contact information on the back.

Enjoy the attached or our new consumers hearing aid brochure with our compliments. “Selecting Hearing Aids That Are Right For You” is available in packages of 100 at $40 for members ($50 per 100 for non-members). To order, visit the Academy Store at www.audiology.org to download a Publications Order Form or contact The National Office at 800-AAA-2336, Ext 204.
Convention 2001 Update

The Three “Rs”: Attend a Pre-Convention Workshop to... Re-tool, Renew, Refresh your skills!

Lisa Hunter, Education Chair

Be sure to save time in your convention planning to select one of three exciting intensive Pre-Convention Workshops at the 13th Annual Convention and Exposition in San Diego. These workshops offer something for everyone, and promise to provide brand new information from leaders in each of three areas: Infant Diagnosis and Amplification, Vestibular Evaluation, and the Aging Auditory System. The Education Committee, including Al DeChicchis, Patricia Gillilan, Wendy Hanks, Patti Martin, Kirsten McDaniel, Frank Musiek, Barbara Packer, Jill Preminger, Marcia Raggio, and Vishakha Rawool has been hard at work designing these courses:

WHAT COMES NEXT?
A PRACTICAL WORKSHOP FOR DIAGNOSIS AND INTERVENTION AFTER NEWBORN HEARING SCREENING

Tuesday and Wednesday,
April 17-18, 9am - 5pm both days

Speakers: Sandra Abbott Gabbard, University of Colorado Health Sciences; Caroline Abdala, House Ear Institute; Arthur Boothroyd, Professor Emeritus, City University of New York and Scholar in Residence, San Diego State University; Janet Des Georges; Marion Downs, National Center; Karen Johnson, House Ear Institute; Robert Nozza, Temple University; Yvonne Sininger, House Ear Institute; Judith Widen, University of Kansas Medical Center

Workshop Coordinator and Moderator: Lisa Hunter, University of Minnesota

As Universal Newborn Hearing screening programs are becoming a reality in many states, audiologists are realizing a need to re-tool and update their practice skills in this important area. Never before have we been faced with the prospect of diagnosing so many very young infants with hearing loss and the golden opportunity to provide intervention so early. With this opportunity comes the need for advanced education and training to serve this unique population. This intensive workshop will provide two full days of education and hands on practice in approaches to physiologic and behavioral assessment, amplification and family centered counseling throughout the process. Each morning will consist of didactic presentations from leaders in the assessment and management of congenital hearing loss. Each afternoon will be filled with a unique round robin format of workshops presented by manufacturers coupled with expert clinicians. Attendees will be provided with extensive course materials. This course is intended for a range of attendees including beginners and novices. The workshops allow for personal attention to questions and ideas for implementing or advancing services in infant assessment and habilitation. This two-day workshop will include breakfast, lunch and refreshment breaks to allow for maximal educational time. Single day registration is available. The Tuesday session will focus on diagnostic methods and the Wednesday session will focus on amplification and follow up. Preregistration is strongly encouraged, as space for the hands on workshops is limited.

NEW ADVANCES IN THE DIAGNOSIS AND TREATMENT OF DIZZINESS

Wednesday, April 18, 2000, 9am - 5pm

Speakers: Richard E. Gans, The American Institute of Balance and Dennis P. O’Leary, University of Southern California Workshop Moderator: Barbara Packer, Nova Southeastern University

Audiologists have a growing opportunity to play an increasingly important role in vestibular diagnosis and treatment. This one-day preconvention workshop will provide attendees with the latest information on practical diagnostic testing and treatment applications, the most recent research and a preview of future trends in the vestibular sciences.

Diagnostic techniques, evaluating all variants of BPPV, noncompensated high frequency vestibular dysfunction and gaze stabilization problems will be presented. The program will also utilize some of the most recent advances in Video-oculographic recordings to assist clinicians in differential diagnosis of peripheral and central vestibular abnormalities. Breakthrough technology and future technological advances in telemetry will provide the audience with insight into an emerging method of evaluating vestibular and balance function in patients while they move and ambulate through their normal and everyday activities. Future testing technology which allows evaluation of a patient’s orientation in space will provide new testing capabilities during the patient’s activities at home, work or in athletic competition.

OUR AGING POPULATION:
CURRENT RESEARCH AND CLINICAL IMPLICATIONS

Wednesday, April 18, 1-5 pm

Speakers: James F. Wilott, University of South Florida; Terry L. Wiley, University of Wisconsin-Madison; Karen J. Cruickshanks, University of Wisconsin-Madison; Barbara Weinstein, Lehman College, CUNY, Graduate School and University Center

Workshop Moderator: Al DeChicchis, University of Georgia

The number of individuals who are now living into their 70s or even 80s is increasing at a rather rapid rate. As the elderly population continues to grow nationally, the overall effects associated with the aging process have important implications for audiologists. This workshop brings together a group of well known investigators who will address auditory issues in aging from both a basic and an applied dimension and present findings from epidemiologic studies on age-related hearing loss. Current animal research models will be highlighted as well as discussion of clinical applications related to the aging process. Case presentations and data from the National Council on Aging Study on hearing aid use in older adults will be used to highlight important clinical issues.
DIAGNOSTICS
Auditory Microbiology: Pathogenesis and Treatment Identification
Chuck Edmiston, Gene W. Bratt
This presentation will initially discuss pathogenesis and toxicity of bacterial and viral infections in general; and then, focus attention on those infections common in otitis media and externa. The discussion will identify those antibiotic drug regimens effective in managing infection, the resistance among organisms once thought to be sensitive to standard drug intervention and the re-emergence of ear disease as a manifestation of drug resistance. Guidance will be provided in the management of nosocomial infections and drug resistance.

Additional Diagnostic Sessions:
• Diagnostic Competency: The Bar is Being Raised
• Adult Diagnostic Audiology: Grand Rounds
• Developmental Effects of Otitis Media
• Pediatric Grand Rounds
• What is an Audiologist Doing in the Operating Room?

PRACTICE MANAGEMENT
The Role of the Internet in Dispensing
Robert D. Wolfe
Fast paced changes in internet delivery of hearing aids requires all audiologists to examine the obvious pitfalls as well as the potential for the ever increasing market. Current practices, including manufacturer sites and strategies, will be discussed. Finally, the use of a website to support an audiology practice, including passive educational and marketing services to patients, will be explored.

Additional Practice Management Sessions:
• The Best People for the Front Desk and Making Your Practice Customer Friendly
• Using Technicians: Private Practice and Military Perspectives

AMPLIFICATION
Disposable, Starter, and Instant Fitting Hearing Aids
Robert W. Sweetow
The era of disposable and starter hearing aids has arrived. Will this concept have an everlasting and dramatic effect on our profession or merely be a flash in the pan? In this session, the availability and need for disposable and starter hearing aids is explored. The impact on the consumer and professional in terms of finances, methods of instant dispensing, quality of patient care and influence on the overall scope of aural rehabilitation is detailed.

Additional Amplification Sessions:
• From Lab to Clinic: Modifying or Mindsets
• Current Trends in Middle Ear Implants
• Directional Microphones and or Noise Reduction
• Digital Signal Processing Hearing Aids: A Report Card
• Pediatric Fitting: The Aided Audiogram and (hopefully) Beyond

REHABILITATION/COCHLEAR IMPLANTS
The Multichannel Auditory Brainstem Implant
Robert Shannon, Steven Otto
The FDA recently approved the multi-channel auditory brainstem implant (ABI) for use in patients with no remaining auditory nerve, a condition primarily caused by bilateral vestibular schwannomas (neurofibromatosis type 2). The ABI electrically stimulates the human cochlear nucleus to produce auditory sensations. This session will review the history of the ABI, patient selection, intraoperative monitoring, anatomy of the human brainstem, speech processor programming issues, management of nonauditory side effects, speech recognition results and future improvements.

Additional Rehabilitation/Cochlear Implant Sessions:
• Hearing Aid Orientation: Practical Methods of Implementing
• Challenging Cases in CAPD Management
• Current and Future Challenges for Implant Selection Criteria

HEARING SCIENCE
Advances in the Genetics of Deafness – Connexin 26
Richard Smith
Most families with a congenitally deaf
SESSIONS:

• Sessions: Additional Vestibular patients will be summarized. Importance of space study results for effects of microgravity on the auditory and vestibular problems. Present knowledge and current status of near absence of gravity acting upon the otolith receptors. Long duration flight effects on the inner ear and brain function are transient and result from near absence of gravity acting upon the otolith receptors. Long duration flights present serious vestibular and auditory problems. Present knowledge and current plans for amelioration of the unattended effects of microgravity on the auditory and vestibular systems will be summarized. Importance of space study results for patients will be summarized.

CHILDREN WITH AUDITORY DEFICITS

Barbara R. Murphy, Cheryl DeConde Johnson, Gail Gegg Rosenberg, Kris English, Joseph Smaildino

Management of children with auditory deficits in the educational setting will be addressed. The following topics will be considered: relevant educational audiological assessment, functional listening evaluation, identification of educational concerns and needs, classroom acoustics, implementation and use of amplification in the classroom setting, management of children with central auditory processing disorders and counseling of children and families. The importance of a strong liaison between the clinical and educational audiologist will be stressed.

ADDITIONAL HEARING SCIENCE SESSIONS:

• Rescue, Repair and Regeneration of Sensory Hair Cells
• Effects of Conductive Hearing Loss on Auditory Development
• Fast Talking and Slow Listening: Recent Findings on Aging
• New DOAE Findings in Infants and Adults: Clinical Implications

VESTIBULAR ASSESSMENT AND MANAGEMENT

The Inner Ear and Space Exploration—An Otic Odyssey 2001
F. Owen Black

Short space flight effects on the inner ear and brain function are transient and result from near absence of gravity acting upon the otolith receptors. Long duration flights present serious vestibular and auditory problems. Present knowledge and current plans for amelioration of the unattended effects of microgravity on the auditory and vestibular systems will be summarized. Importance of space study results for patients will be summarized.

ADDITIONAL VESTIBULAR ASSESSMENT AND MANAGEMENT SESSIONS:

• Pediatric Fitting: The Aided Audiogram and Beyond
• Evaluation and Management of Balance Disorders

PROFESSIONAL ISSUES

Clinic to Classroom – Supporting

CHILDREN WITH AUDITORY DEFICITS

Barbara R. Murphy, Cheryl DeConde Johnson, Gail Gegg Rosenberg, Kris English, Joseph Smaildino

Management of children with auditory deficits in the educational setting will be addressed. The following topics will be considered: relevant educational audiological assessment, functional listening evaluation, identification of educational concerns and needs, classroom acoustics, implementation and use of amplification in the classroom setting, management of children with central auditory processing disorders and counseling of children and families. The importance of a strong liaison between the clinical and educational audiologist will be stressed.

ADDITIONAL PROFESSIONAL ISSUES SESSIONS:

• Classroom Acoustics: Standards and Technical Update
• Selecting an AuD Program
• Member Concerns
• Taking Audiology Services to a Third World Country
• Professional Liability Concerns for the Audiology Professional
• Using Our Knowledge of Social Styles to Better Counsel Patients

HEARING CONSERVATION

The Molecular Revolution and Preventing Hair Cell Death
Richard Dana Kopke, Donald Henderson, Richard Salvi

The molecular biology revolution is impacting the fields of otology and audiology. New information is accumulating regarding the genetic response of the inner ear to noise and toxins. Oxidative stress plays a major role in the loss of hair cells. Several pathways of programmed cell death operating in the injured inner ear have been identified. In this seminar we will review the latest information regarding the inner ear’s genetic response to stress, molecular mechanisms of oxidative injury and recent information describing cell death pathways activated in the injured inner ear. This will be followed by basic science and clinical examples of pharmacological protection from noise trauma and ototoxins. The session will also explore strategies to rescue the inner ear hair cells and neurons from cell death and exciting possibilities in the realm of mammalian inner ear hair cell regeneration.

ADDITIONAL HEARING CONSERVATION SESSIONS:

• Starting an Industrial Hearing Conservation Division

NO CHARGE FOR INSTRUCTIONAL COURSES!

Instructional Courses will once again be a highlight of Convention 2001 in San Diego. The American Academy of Audiology 13th Annual Convention will feature over 100 different instructional courses. In the past, registrants were charged $10.00 for each instructional course that they attended. This year, convention registration fees will include attendance at an unlimited number of courses.

The Instructional Course Subcommittee carefully reviewed the hundreds of submitted proposals in an effort to include only those of the highest educational content and quality. A variety of learning experiences will focus on the areas of amplification, diagnostics, hearing conservation, hearing science, practice management, professional issues, rehabilitation/cochlear implants and vestibular assessment and management.

All of the instructional courses will be equipped with LCD projectors in addition to the standard audiovisual equipment. Also, for the first time the Academy will work with presenters to provide comprehensive handouts on each presentation for all attendees. The Subcommittee made every effort to prevent commercialism in these educational presentations.

The Convention 2001 Preliminary Program and Registration Book, which will be mailed in January, will include descriptions of the 100 instructional courses as well as other sessions. The plethora of educational courses is an excellent way to customize your convention experience!
The world of audiology is headed for San Diego from April 18-22, 2001 for the American Academy of Audiology 13th Annual Convention. Each year the convention gets bigger and better offering innumerable educational adventures, boundless exhibit space, cutting-edge products and equipment, never-ending social events and countless networking opportunities.

As the educational opportunities increase and social events grow in popularity, spare time at the convention becomes a valuable commodity. Already overworked hearing healthcare professionals arrive with jam-packed schedules that have limited flexibility and little hope for free time. Attendees search for a few free moments to enjoy one of the most beautiful cities in the world. Suppose you decide to steal some time for yourself, how will you spend it? Here’s a few tips:

Since the Convention Center is just a short walk from any of the hotels, take an extra hour, dial room service and enjoy eggs benedict on the balcony or hotel patio. Whether your hotel features the city’s sun-sparked skyline or a sail-festooned harbor, the near perfect climate will enhance a few stolen moments in the morning before dashing off to your first session of the day.

If you are lucky enough to be faced with a free afternoon, consider reveling in the 70 miles of palm-crested shores that backdrop the boardwalks just outside the Convention Center. The sprawling beach and expansive promenade afford views of the sparkling bay that extends along the waterfront from the Convention Center to the Maritime Museum. Who could resist the casual beachfront avenues that are ripe for blading, biking, basking or jogging?

Adventure seekers with extra time to spare can walk or take the red trolley to Seaport Village, also near the convention hotels. This delightful park, where the air is filled with subtle, savory aromas of local cuisine, abounds with life. The meandering pathways feature whimsical shops and tree-shaded picnic areas with unforgettable views of the city and its maritime life. As you stroll farther you will notice one of the highlights of the village, the Broadway Flying Horses Carousel. This merry-go-round was originally installed at Coney Island in 1890. Seaport Village purchased it in the 1970s and spent more than two years restoring it to its original splendor.

Nearby Horton Plaza offers a colorful conglomeration of shops, eateries and architecture. Covering 7 1/2 city blocks, the Disneyland of shopping malls is in the heart of San Diego and just a short walk from the Convention Center. It is also a wonderful place to break for lunch. The Fish Market’s green-lipped mussels, crab louie and sushi bar will wow the seafood aficionado. Dedicated shoppers can skip lunch to indulge in the acclaimed Nordstrom shoe salon.

Lucky enough to have a free day? Hurdle the Coronado Bridge north on I-5 and find yourself in the international resort community of La Jolla. Though small enough to walk, its delightful village area is always full of surprises. Wander up the cobblestones where art and renowned Torrey Pines Golf Course and hike the magnificent wilderness of the Torrey Pines State Reserve.

Before you depart San Diego take some time to explore the rich and varied nightlife the city has to offer. For down-home blues, raggae and rock, you will not dare miss Solana Beach’s cavernous Belly Up Tavern where Big Mama Thornton, Etta James, Jimmy Cliff and Leon Redbone have gigged. As you head back to your hotel, stop at the Top of the Hyatt on the 40th floor of the bay-side Hyatt Regency for a flute of champagne. Dotting the posh entry are simple black and white photos of turn-of-the-century San Diego. Salute the night with a stroll on the beach where you can draw a heart in the sand — a fitting adieu to another fabulous Academy convention experience!
STUDENT VOLUNTEERS NEEDED!

Student Members! Attend Convention 2001 free by volunteering a half day of your time during the convention. As a volunteer you will be asked to spend a half-day monitoring one of the many educational programs available at the Convention. As our “thank you,” you will receive a free registration to the Convention. Applications for student volunteers can be obtained by contacting Ed Sullivan at 800-222-2336 ext. 205 or by writing to him at Esullivan@audiology.org.

Apply now! Only a limited number of volunteers are needed; therefore, not all applications may be accepted. To become a student volunteer you must be a student member of the Academy. Student Membership is open to all students who are enrolled full-time in an audiology curriculum and is available for $100 per year. Those who are accepted as student volunteers will be required to arrive in San Diego early enough to attend a Registration and Orientation at 5:00pm on Wednesday, April 18th.

Join the fun! Sail into the Future and kick off Convention 2001 at the Student Welcome Reception following the Student Volunteer Orientation, open to all students and recent graduates. Enjoy complimentary refreshments while hearing a short presentation on the highlights of the Convention. Don’t miss this great opportunity to support the Academy.

CONVENTION 2001 AT-A-GLANCE

TUESDAY, APRIL 17
- Exhibitor Registration
- Pre-Convention Workshops

WEDNESDAY, APRIL 18
- Convention & Exhibitor Registration
- Pre-Convention Workshops
- Exhibitor Training Classrooms (ETC)

THURSDAY, APRIL 19
- Convention & Exhibitor Registration
- First-Timers Breakfast
- Featured Sessions
- General Assembly
- Exhibit Hall: Academy Employment Services

FRIDAY, APRIL 20
- Convention & Exhibitor Registration
- Academy Business Meeting & Breakfast
- Featured Sessions
- Exhibit Hall: Academy Employment Services & Poster Sessions
- State Leaders Luncheon
- Student Research Forum Luncheon
- Instructional Courses
- Research Podium Presentations
- A Variety of Manufacturer-Sponsored Events

SATURDAY, APRIL 21
- Convention & Exhibitor Registration
- Post Presidents Breakfast
- Featured Sessions
- Instructional Courses
- Exhibit Hall: Academy Employment Services & Poster Sessions
- Trivia Bowl
- Convention Closes

SUNDAY, APRIL 22
- H ave A S A F E T R I P H O M E !
Participation in the first international meeting on Newborn Hearing Systems exceeded all expectations. More than 450 audiologists, physicians, parents, research scientists, deaf and hard-of-hearing consumers and early interventionists from 60 countries attended NHS 2000 held in Milan, Italy, October 12 -14, 2000. This two and one-half day conference provided state-of-the-art scientific and clinical information on systems of newborn hearing care, including universal newborn hearing screening, audiologic and otologic evaluation and diagnosis and audiologic, medical and speech-language intervention for deaf and hard-of-hearing infants. American Academy of Audiology members providing keynote addresses at this prestigious conference included Marion Downs (historical perspective on early identification), Christine Yoshinaga-Itano (effect of early identification and intervention on child development), Pat Stelmachowicz (amplification for infants), and Karen Jo Doyle (otologic evaluation of infants). Additional American keynote speakers included Roz Rosen (perspective of the deaf community) and Betty Vohr (newborn hearing screening and public health). Keynote addresses will appear in *Seminars in Hearing* 21:4 (December 2000). In addition to keynote addresses, participants demonstrated the strong international interest in early identification and intervention through more than 140 contributed oral and poster presentations. At the conclusion of NHS 2000, conference coorganizers Ferdinando Grandori (Italy) and Deborah Hayes (United States) announced plans to convene NHS 2002 in Northern Italy in late spring 2002.
### American Academy of Audiology Continuing Education Calendar

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<thead>
<tr>
<th>Event</th>
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<td><strong>Technology Cruise 2001 – Rhapsody of the Seas</strong></td>
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<td>January 7-13, Jan. 28 – Feb. 3, February 4-10 – Mexico</td>
<td>Starkey Laboratories, Inc., Contact: Laura Jewell 800-328-8602</td>
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| **Winter Audiology and Hearing Aid Conference**                       |                                             |                                                          |
| January 12-13 – Tulsa, Oklahoma                                       | Oklahoma Hearing Aid Assn., Contact: Bruce Mow 918-836-0777  |

| **A Practical Short Course in Auditory Evoked Potentials and Otoacoustic Emissions** | January 17-20 - New Orleans, LA | LSUMC/Kresge Hearing Research Lab., Contact: Sharon Loeb 504-568-4785 |

| **Earmold Impression Techniques-Solutions in Silicone**               | January 17 – Portland, OR           | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Practice Management**                                              | January 18 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Beyond Technology: The Human Connection**                          | January 19 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **The Sonus Solution…Beyond Hearing Aids: A Sonus AR Program**       | January 20 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **The Key to Successful Hearing Aid Fittings: Patient-Centered Approach** | January 22 – Portland, OR | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Vestibular Assessment & Management**                               | January 22-26 – Clearwater/St. Petersburg, FL | American Institute of Balance, Contact: Richard Gans 800-245-6442 |

| **Assessment of Modern Hearing Aids Using Probe Microphone Measurement** | January 24 – Portland, OR | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **CIC Fittings & Modifications**                                     | January 25 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Hearing Aid Trouble Shooting & Modifications**                     | January 25 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Cerumen Management**                                               | January 26 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Infection Control**                                                | January 26 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Managing the Tinnitus Patient**                                    | January 27 – Portland, OR            | Sonus, Contact: Michele Fusco 888-333-9152 x 244         |

| **Technology for the New Millennium**                               | January 27 – Newport Beach, CA       | Starkey Laboratories, Inc., Contact: Lindsay Olson 800-328-8602 |

| **AHAA's 2001 Convention**                                           | January 29-30 – Las Vegas, NV         | American Hearing Aid Assoc., Contact: Sharon Grant 800-984-3272 x 317 |

| **Case Study CEU Program**                                           |                                             |                                                          |
| American Institute of Balance, Contact: Richard Gans 800-245-6442    |

| **Advanced Technical Seminar – 2001**                                |                                             |                                                          |
| February 2 & 3 – Orlando, FL • March 24 – Richmond, VA               | Audina Hearing Instruments, Contact: Billie Howell 800-223-7700 |

| **MN Academy of Audiology Annual Winter Meeting**                    |                                             |                                                          |
| February 2 & 3 - Minnetonka, MN                                      | Minnesota Academy of Audiology, Contact: Ann Allen 952-885-0095 |

| **Platinum Series Workshop**                                         |                                             |                                                          |
| February 7-9 - Nashville, TN                                         | Advanced Bionics Corp., Contact: Patti Trautwein 818-678-2575  |

| **ENG Workshop**                                                     |                                             |                                                          |
| February 8-9 – Clearwater/St. Petersburg, FL                        | American Institute of Balance, Contact: Richard Gans 800-245-6442 |

| **Controversial Issues in Pediatric Audiology**                     |                                             |                                                          |
| February 8-9 – New York, NY                                         | Beth Israel Medical Center, Contact: Jane Madell 212-844-8792  |

| **Vestibular Rehabilitation Workshop**                              |                                             |                                                          |
| February 21-23 – Clearwater/St. Petersburg, FL                      | American Institute of Balance, Contact: Richard Gans 800-245-6442 |

| **26th Annual Hearing Conservation Conference**                     |                                             |                                                          |

| **Otoacoustic Emission Workshop**                                   |                                             |                                                          |
| February 23-24 –Vancouver, BC – Canada                              | Starkey Laboratories, Inc., Contact: Mel Gross 800-328-8602 |

| **Cochlear Implants in Children**                                   |                                             |                                                          |
| February 28-March 3 – Los Angeles, CA                              | House Ear Institute, Contact: Margaret Winter 213-353-7005 |

| **AAS Scientific and Technical Meeting**                            |                                             |                                                          |
| March 15-17 – Scottsdale, AZ                                        | American Auditory Society, Contact: Wayne Staab 602-789-0755 |

| **New Developments in the Practice of Modern Clinical Audiology**   |                                             |                                                          |
| March 29-31 - New Orleans, LA                                       | LSUMC/Kresge Hearing Research Lab., Contact: Sharon Loeb 504-568-4785 |

| **22nd Annual Neuro/Audiology Seminar in Savannah**                 |                                             |                                                          |
| Topic: Advanced ABR Applications                                    |                                             |                                                          |
| April 27-28 – Savannah, GA                                          | St. Joseph’s-Candler Health Sys., Contact: Barbara Gatens 912-927-5479 |

| **Seminars in Hearing Self Study**                                  |                                             |                                                          |
| Seminars in Hearing, Contact: Nan Ratner 301-405-4217              |

| **Earn CEUs from Chats/Articles at**                                |                                             |                                                          |
| Audiologyonline.com, Contact: Joanne Slater 314-577-6110            |

| **American Academy of Audiology Annual Conventions & Expositions**  |                                             |                                                          |
| 13th Annual Convention & Exposition, April 19-21, 2001            | San Diego Convention Center, San Diego, CA, Gail Gudmundsen, Chair |
| 14th Annual Convention & Exposition, April 18-21, 2002            | Philadelphia Convention Center, Philadelphia, PA, Barbara Packer, Chair |
| 15th Annual Convention & Exposition, April 3-6                    | San Antonio Convention Center, San Antonio, TX |
| 16th Annual Convention & Exposition, April 15-18, 2004            | Los Angeles Convention Center, Los Angeles, CA |
| 17th Annual Convention & Exposition, April 7-10, 2005             | Washington, DC Convention Center, Washington, DC |
If the election of 2000 is any indication, we are in for a most unusual 107th Congress. (The 107th Congress will be sworn in on January 3, 2001 for the years 2001 and 2002.)

At the moment, it looks as though:

• Senior political appointees for the new Administration will not be in place until mid to late 2001; and

• Power in Congress is so evenly balanced between the Republicans and the Democrats that they will either work together or accomplish nothing at all.

From a parochial perspective the Congressional elections were good for the Academy. Congressman Ed Whitfield (R-KY) easily won reelection. Our friends in the Senate, particularly Senator Tom Daschle (D-SD) and Senator Tom Harkin (D-IA), will be even more powerful as Democrats and Republicans will share power equally.

Our goal in 2001 will be to work with the new Administration and the new Congress to move the Academy agenda forward. The Academy’s Board of Directors has established the following priorities for the 107th Congress:

• Provide direct access to audiologists for diagnostic tests under the Medicare program. While the Academy has met twice with senior HCFA officials on this issue, we still have not received an answer to our request that HCFA eliminate the physician referral requirement for audiology diagnostic tests covered by Medicare. The Academy will raise this issue again with the new HCFA leadership once it is installed. However, it is likely that the Academy will need to join forces with consumer, senior citizen, and disability groups, as well as with other professional associations, to achieve this goal.

• Resolve the problem of Medicare carriers denying reimbursement for diagnostic tests where no medically treatable condition is discovered. HCFA has already promised to add a provision to the Medicare Carriers Manual clarifying that hearing tests needed for a medical evaluation of hearing loss or injury are reimbursable even if no medically treatable condition is discovered. While HCFA has been dragging its feet, we still hope HCFA will accomplish this before the end of this administration.

• Eliminate the physician supervision requirement for vestibular testing. HCFA has also promised to change its policy of requiring physician supervision of audiologists performing vestibular function tests. The Academy will follow up with HCFA and expects that HCFA will issue a Program Memorandum on this issue in 2001.

• Improve Medicare reimbursement by increasing practice expense relative value units (RVUs) for audiology procedures. According to HCFA, the practice expense RVUs for audiology procedures currently are based on practice expense data for other specialties that perform audiology procedures. If the Academy collects its own survey data on audiologists’ practice expenses, HCFA is required to consider that data in refining the RVUs for audiology procedures. The Academy may therefore wish to hire a contractor to collect survey data on audiologists practice expenses for submission to HCFA.

• The FDA hearing aid regulation: There is some indication that FDA’s hearing aid proposed rule, which has been pending for several years, may be released for public comment in 2001. (However, given the arrival of a new Administration additional delay is possible). Once a proposed rule is issued, the Academy will actively participate in the rulemaking through submission of comments. The Academy will emphasize that the interests of the hearing disabled will be best protected by requiring a comprehensive pre-purchase audiological assessment by a qualified audiologist.

• Medicaid/HCFA: Currently has two different definitions of who is a qualified audiologist, one for the Medicare program and one for the Medicaid program. The House of Representatives has urged HCFA to reconcile its two different definitions. We will work with the new Administration to this end.

• Standard Occupational Classifications: Throughout 2001 and beyond, the Academy should continue to urge its members to contact the Office of Management and Budget (OMB) regarding the inaccuracy of classifying audiologists as therapists.

Beyond these specific issues our goal will be to develop additional Congressional relationships, build our PAC, and work more closely with audiology consumers. Further, with the new Administration comes an opportunity to develop relationships at the ground floor. We should participate fully.
A Long Range Plan was completed with input from a representative group of Academy members diversified by locus of practice, teaching and research. The group included practitioners, hospital clinicians, educational audiologists, professors, researchers and hearing aid industry audiologists.

A plan to facilitate appropriate changes in HCFA reimbursement policies for audiology services was developed and implemented. These efforts were the culmination of the Academy's Government Affairs Committee, the Committee on Reimbursement and our lobbyists in collaboration with the leadership and lobbyist team of the Academy of Dispensing Audiologists:

- HCFA has agreed to allow vestibular testing without a physician's supervision.
- HCFA has indicated that sensorineural hearing loss will now be reimbursed without the need to establish it as a medically treatable condition. The revised Medicare Carrier’s Manual indicates that diagnostic tests will be covered even where no medically treatable condition is discovered, as in sensorineural hearing loss. It will result in acceptance of the diagnosis of sensorineural hearing loss when submitted by claim.
- HCFA has agreed to consider reimbursement for audiologists for aural rehabilitation, vestibular rehabilitation and cochlear implant services.

Additional meetings are scheduled with HCFA to maintain ongoing dialogue regarding audiology services.

Effective January 1, 2001, Federal employees covered by the FEHBP Blue Cross & Blue Shield plan, approximately 70% of all Federal employees may go directly to a participating audiologist for hearing care. This major advancement for those in need of our services is the culmination of efforts begun in 1996 by the Government Affairs Committee of the Academy.

Ongoing discussions were held at the Department of Labor regarding the placement of audiology in the appropriate standard occupational classification code (SOC Code). Audiology was removed from the Speech Pathologist/Audiologist classification to our own distinct category. Unfortunately we remain in the “Therapist” Class of providers and efforts continue in order to change that location to the 29-1000 Health Diagnosing and Treatment Practitioners.

The President’s Initiative on Science was established in Audiology to enhance science in audiology and to evaluate the status and retention of PhDs in our discipline.

A Position Statement on Pre-Purchase Assessment Guideline for Amplification Devices was adopted. The Position Statement was sent to every state licensing or registration board or attorney general and was sent to identified state leaders throughout the country. See the Position Statement on the Academy web site www.audiology.org for the complete text.

A Position Statement on the Role of the Audiologist in Newborn Hearing Screening Programs was adopted. This Position Statement was sent to every state licensing or registration board or Attorney General and also was sent to appropriate state leaders and can be viewed on our web site www.audiology.org for complete text.

The Task Force on Hearing Aids was completed. A consumer brochure on hearing aids is enclosed in this issue of AT.

The Task Force on Tinnitus produced a brochure and a position statement on tinnitus assessment and treatment.

A Task Force on Supervision in Audiology has been established.

The Task Force on Hearing Screening in Adults and Children has been established and is in formative progress.

The Task Force on Academy Communications was formed and is in the process of evaluating all Academy methods of communicating with members and the general public.

The Task Force on Hearing Conservation was formed. A Position Statement on Hearing Conservation is in Draft form and a consumer safety brochure is planned.

Two new standing Committees were established: the Committee on Linguistic and Cultural Diversity and the International Committee.

An archival process for all Academy Documents was developed.

Regional educational conferences were established. Dates, topics, marketing and locations will be developed through the Education Committee.

A handbook reviewing job interviewing skills and resume preparation developed by Don Vogel and the Membership Committee was printed and distributed.

The Academy Website at www.audiology.org was expanded to include special features such as “Find An Audiologist”, “Ask An Audiologist”, and an interactive password protected online membership directory.

The “Audiology Clinical Practice Algorithms and Statements” was adopted and printed in the Special Issue of Audiology Today, August 2000. This collaborative effort of the American Academy of Audiology, ASHA and the Department of Veteran's Affairs, focussed on a common policy for the entire profession that would benefit recipients of hearing health care.

The Joint Committee on Infant Hearing Year 2000 Position Statement was adopted and printed in the Special Issue of Audiology Today, August 2000.

The Members Concerns Program was established including over 300 contacts between members of the Board of Directors and the general membership. Each meeting of the Board was opened with a roundtable discussion with topics and information provided by the membership through these meetings. The program will continue as it helps the Board understand the needs and position of the members of the Academy. It provides members with a direct and open access to the Board.

All government and political affairs of the Academy were placed under the Governmental Affairs Committee Chair including coordination with other member organizations and political or federal agencies.

The Academy position on hearing instrument dispensing practices with the Department of Health and Human Services (HHS) was established. HHS has received and is reviewing the FDA’s recommendations for hearing instrument dispensing. A combined position statement was issued to Secretary Donna Shalala on behalf of the American Academy of Audiology and the the Academy of Dispensing Audiologists. The Academy has requested a meeting with the Secretary to further clarify our position.

The findings and report of the Consensus Conference on the Diagnosis of Auditory Processing Disorders in School-Age Children was endorsed.

A Physician Referral Kit has been developed and is currently being tested by the Marketing Committee.

An affiliation agreement with the National Association of Future Doctors of Audiology (NAFDA) was signed.

The Acting Executive Director hired several new staff members including a full time Public Information Specialist.

An audiology training program at Academy Headquarters for all staff members was established.

The Board established the President’s Panel on Governance by assembling a panel of Past Presidents to review the structure of governance of the Academy. As a result of their report, the Board has hired a consultant to evaluate the viability of the Academy’s current governance structure.
ARIZONA

AUDIOLOGIST:

Busy ENT practice in Phoenix, AZ is seeking FT/PT audiologist. Duties include basic diagnostic testing, ABR, ENG, ECOG and HA dispensing. CCA-A or CF-A (sup avail) will be considered. Salary, commission and benefits available. Contact: Mary (623) 848-8890; Fax: (623) 848-7848.

CALIFORNIA

IMMEDIATE POSITION AVAILABLE:

Dispensing audiologist in the San Diego area. Full or part time. Established business with a strong doctor referral base. Excellent people and technical skills are a requirement. Ability to program advanced hearing aids. Some experience in ENG and brainstem procedures will be considered. Will consider a strong CFY person. Someone who is a quick learner. Competitive salary with bonuses. Training provided for ENG and brainstem. Fax resume and salary requirements to: Coburn Hearing Assoc. (619) 589-7391 or call (619) 589-5414, e-mail to coburnpat@aol.com.

FLORIDA

HELP WANTED:

Part time dispensing audiologist or hearing aid specialist wanted for Audiologist owned primarily hearing aid office in Deerfield Beach, FL. Knowledge of latest hearing aid technology and ability to sell a must. Could lead to partnership. Call (954) 570-9631 or Fax (954) 429-3403.

CLINICAL AUDIOLOGIST:

Full range of clinical responsibilities at a prestigious major medical clinic. Duties could include some or all of the following: audiological evaluations, hearing aid dispensing, vestibular assessment, ABRs, OAEs, cochlear implants. Possibility for mainly hearing aid dispensing if desired. Primarily adult population. Master’s degree in audiology or AuD required, several years of experience preferred, would consider CFY. Competitive salary, excellent fringe benefits, located on the beautiful north-east Florida coast. Send resume, statement of professional goals and two letters of recommendation to: David B. Hawkins, Ph.D., Audiology Section, Mayo Clinic, 4500 San Pablo Road, Jacksonville, FL 32224 OR e-mail information to Hawkins.David@mayo.edu. Position available January, 2001.

ILLINOIS

AUDIOLOGIST:

Due to expanded services, the Audiology Department of Loyola University Health System (LUHS) seeks experienced audiologists for new full time and part time positions. Working closely with ENT faculty, these positions will see a variety of patients from neonates to ultra-geriatric. Opportunities exist to participate in the training of ENT residents as well as participate in universal newborn hearing screening and our very active intraoperative monitoring and dizziness programs. We also have a thriving, very comprehensive hearing aid dispensing program for patients of all ages. Qualified candidates must have a Master’s degree in audiology, be proficient in a wide range of diagnostic procedures and have state of Illinois audiologist licensure or eligibility and IDPH certified hearing aid dispenser licensure or eligibility. Preferred candidate would also be CCA-A.

We offer a competitive salary based on experience and a comprehensive benefits package that for full time positions includes: ten paid holidays, personal days, a matched retirement savings plan, on-campus Health and Fitness Center, educational benefits for you and your dependents at Loyola University Chicago, multiple health and dental plans to choose from, and MUCH MORE! Part time positions are eligible for prorated benefits.

Loyola University Medical Center is located ten miles west of downtown Chicago. For more information about LUHS visit our web page at www.luhs.org. Mail or fax resume to Human Resources, Loyola University Medical Center, 2660 S. First Avenue, Maywood, IL 60153, Fax: (708) 216-4918. Equal opportunity employer/educator, smoke-free environment. “We Also Treat the Human Spirit”

KANSAS

CHAIR

Wichita State University, Department of Communicative Disorders and Sciences; full time, tenure eligible appointment (see www.education.twu.edu/positions.htm for complete position description. AA/EO).

MICHIGAN

AUDIOLOGIST, CCC-A:

The University of Michigan Cochlear Implant Program is seeking a full time audiologist for pre- and post-operative evaluation and treatment of pediatric and adult cochlear implant patients. Experience working with cochlear implants, hearing aids, pediatric patients (minimum 2 years experience) and auditory (re)habilitation strongly preferred. Proficiency in sign language preferred but not required. Send resume to: Terry Zwolan, PhD, Director, University of Michigan Cochlear Implant Program, 475 Market Place, Building 1, Suite A, Ann Arbor, MI 48109, e-mail: zwolan@umich.edu, fax: (734) 998-8119.

AUDIOLOGIST:

Busy, expanding ENT office in Grand Rapids, MI area seeks full time audiologist. Work includes routine diagnostics and hearing aid dispensing. Experience preferred. Because the four-physician practice has a satellite location, candidates should be prepared to be assigned a rotating schedule that includes working at both offices. Excellent hourly pay, beautiful environment and benefits package. Mail your resume with salary requirements to: Audiologist Position, W.M.O.A., 655 Kalamazoo SE, Grand Rapids, MI 49546, or Fax it to: (616) 575-1219.

MISSOURI

ACADEMIC OTOLARYNGOLOGY POSITION IN AUDIOLOGY:

Saint Louis University, a Catholic, Jesuit institution dedicated to education, research and healthcare, is seeking applications for a full time faculty position in the Department of Otolaryngology at the Assistant/Associate Professor level commensurate with expertise and level of training. Applicants must have a Master’s degree in audiology. The successful candidate will be responsible for management of all aspects of an academic audiology division within the Department with both urban and suburban locations.

The Otolaryngology-Head and Neck Surgery Program at Saint Louis University is ranked 19th in the country by U.S. News & World Report and has an active, fully accredited, well-recognized residency program. Interested applicants should send a current curriculum vitae to: Eric W. Sargent, MD, Assistant Professor, Dept. of Otolaryngology-Head and Neck Surgery, Saint Louis University School of Medicine, 3635 Vista Avenue at Grand Blvd., St. Louis, MO 63110-2520. Saint Louis University is an equal opportunity/affirmative action employer.

NEW YORK

AUDIOLOGIST:

Diagnostic and rehabilitative audiology with hearing aid dispensing in audiology private practice. MA/MS or AuD Board certification. ABA or ASHA. Rochester is located in Upstate Western New York in the beautiful Finger Lakes Region. Rochester is ranked among the East’s most livable cities with outstanding cultural and recreational opportunities. Contact Sheila Dalzell, The Hearing Center, 2561 Loc de Ville Blvd., Suite 101, Rochester, NY 14618. Ph: (716) 461-9192; Fax: (716) 461-9196.

Pennsylvania

MOBILE UNITS:

Let our 31 years of experience in building and using mobile hearing test units make you more efficient and profitable. A good selection of demonstrator units is always available. Free marketing training available with all sold units. Healthcare Enterprises, 3621 Cardinal Drive, Sharpsville, PA 16150, Phone: (724) 962-4051, www.healthcareenterprises.com
AUDILOGIST: Multiple office private practice in Lancaster, Pennsylvania seeks a full time or part time audiologist. CCC-A preferred but will consider a strong CFY. We provide a complete range of audiological services for a pediatric through adult population. Duties include comprehensive audiometry testing and hearing aid dispensing with a strong emphasis on digital and programmable technology. Mail resume to: Red Rose Hearing Center, 2229 Dutch Gold Drive, Lancaster, PA 17601. Or fax resume to Red Rose Hearing Center at (717) 290-7702. Or call Red Rose Hearing Center at (717) 290-7700.

TENNESSEE AUDILOGIST: Vanderbilt Bill Wilkerson Center for Otolaryngology and Communication Sciences has one full time position available for an audiologist in an outpatient clinic setting. Responsibilities include audiologic assessment and rehabilitation for all age groups. Experience in behavioral testing, ABR, otoacoustic emissions and hearing aid dispensing required. Graduate student supervision is an integral part of this position. If you are interested in this position, please send your resume and three letters of recommendation to: Mary Sue Fino-Szumski, PhD, MBA, Vanderbilt Bill Wilkerson Center, 1114 19th Avenue South, Nashville, TN 37212, Phone: (615) 936-5000, Fax: (615) 936-5013. Vanderbilt University is an Affirmative Action/Equal Opportunity Employer.

PROFESSOR & DEPARTMENT HEAD UNIVERSITY OF TENNESSEE, KNOXVILLE: The Department of Audiology and Speech Pathology, The University of Tennessee, Knoxville, invites applications for the position of Department Head. The department includes 15 academic faculty, 26 clinical faculty and 13 support personnel. We offer BA and MA degrees in audiology and speech pathology and a PhD in speech and hearing sciences. The clinical and academic programs are fully accredited by PSB and CAA. The University of Tennessee, a Carnegie I designee, is the state's comprehensive land grant university with over 1200 faculty members in 21 colleges and schools. The Head is charged with responsibilities that include: facilitating curriculum development, facilitating clinical services, managing human resources, allocating faculty and staff workloads, managing the budget and other responsibilities appropriate to the position. The Head will immediately lead the Department through the process for implementing the AuD degree. Successful applicants should present strong evidence of management and mentorship experience, success in optimizing the teaching and research talents of faculty and professional staff and participation in an academic environment with a reputation for excellence in teaching, clinical service and research. The applicant should possess strong interpersonal skills and the ability to work cooperatively in a diverse and complex academic community. An earned doctorate is required and current ASHA Certification of Clinical Competence is preferred. Applicants must have a demonstrated knowledge and commitment to the development of diversity among the faculty and student populations and a commitment to multicultural curricular development. This is a nine month academic appointment and will begin on August 1, 2001. Salary is competitive and also carries an administrative salary augmentation. Preference will be given to applicants with a proven history of external funding. Applicants should have a demonstrated commitment to and knowledge of equal opportunity and affirmative action. Review of applications will continue until the position is filled. Applicants should provide a letter of intent, which includes the applicant's vision of a nationally distinguished department, a curriculum vita and three references to: Dr. Stephen J. Handel, Interim Head, Department of Audiology and Speech Pathology, The University of Tennessee, 457 South Stadium Hall, Knoxville, TN 37996-0740. UTK is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA Employer.

WASHINGTON ASST PROF, AUDIOLOGY: Permanent tenure track, nine month, summer teaching possible, starting date August 16, 2001. Responsibilities: Teach primarily at the graduate level with the possibility of undergraduate instruction in audiology to include hearing and speech science, pediatrics, electrophysiology, auditory disorders, aural rehabilitation or hearing aids, dependent on background and interests; develop a research program and direct graduate student research; may include clinic supervision; service to the university, profession and the community. Qualifications: Doctorate in audiology or closely related field, with CCC-A preferred and documented successful teaching and research experience and a history of positive interaction with and mentoring of students. University information at www.wsu.edu. Send letters of application, vita and three letters of recommendation to Jeffrey D. Nye, MS, Chair, Audiology Search Committee, Washington State University-Spokane, 601 West First Avenue, Spokane, WA 99201-3899, Phone (509) 358-7589, FAX: (509) 358-7600, nyc@wsu.edu. Review of applications will begin January 1, 2001. The position will remain open until filled. Washington State University is an equal opportunity/affirmative action educator and employer.

For information or to place a classified ad in Audiology Today, please contact Patsy Meredith at (303) 372-3190 or Fax (303) 372-3189.
It is amazing that humans are able to successfully understand speech. Speech is a complex signal that is made up of rapidly changing acoustic cues. Despite the signal’s complexity and its variability from one talker to another, we are able to perceive speech even when it is presented in competing background noise. Among the reasons that adults are able to achieve this feat is that we do not attempt to process the entire complex sound (the forest). Instead, we unconsciously focus on spectral, temporal and intensity cues (the trees) that we know from prior experience will be most helpful in decoding the sound. Even though infants have less listening experience than adults, 6-month-old infants are able to discriminate many speech sounds (Kuhl, 2000). Because infants have less listening experience than adults they may use listening strategies that are not experience related.

Infants approach listening tasks in a fundamentally different way than adults. Bargones and Werner (1994) have shown that adults selectively listen for specific cues (trees), whereas infants do not. In fact, infants have great difficulty selectively focusing on relevant cues. For example, during a threshold testing experiment, adults were able to detect tones at quieter levels if they knew when a sound was going to occur. Infants, in contrast, were not only poorer at detecting sounds in general, but they are especially poor when prompted to listen (Werner and Formisano, 1999). These findings suggest that infants, in comparison to adults, are less able to selectively attend to signals. Furthermore, when hearing thresholds were measured in noise, adults were able to separate the tone from the noise with less difficulty than infants. Tone detection in noise was 10 dB worse for infants when compared to adults. These results suggest that not only do infants have more difficulty attending to a signal, they also have greater difficulty separating important details of signal such as a tone, from a complex signal such as noise (Werner, 1999).

So, how do infants process complex signals such as speech? To date, little is known about how the developing auditory system processes the critical spectral, temporal and intensity cues used to discriminate speech. The work of Werner and others aims to fill this void by defining what is normal and what is abnormal perceptual development. They also investigate whether impaired sound processing results from middle ear immaturity, primary auditory neural immaturity, or from processes such as attention and memory. Not only will this work improve the basic science of our field, this knowledge will improve our current understanding of clinical disorders. For instance, when older children demonstrate difficulty hearing in noise or discriminating fine temporal and spectral cues, impaired speech processing is often attributed to “immature” auditory function. However, until we can determine the normal course of “maturation,” attributing impaired speech processing to “immature” function is speculative.

BIBLIOGRAPHY


AARP Looks At “Cool” New Hearing Aids

In the January/February issue of Modern Maturity (AARP’s flagship publication reaching 30 million members) look for an overview of the hippest new hearing aid innovations for the New Year. From Sonic Innovations “one-stop” fittings...to Phonak’s adjustable wristwatch remote control...to Songbird’s disposable aid and more...this informative piece places hearing aids in a hip, new light.

Also included, Academy Board member Alison Grimes weighs in with the first quote of the article and the American Academy of Audiology gets a nice promotion for the “Find An Audiologist” feature on our web site.

If you don’t receive Modern Maturity, look for the article at www.aarp.org.

Also worth a look, “Baby, Can You Hear Me?” in the December Reader’s Digest. This informative article gets right to the point and makes a strong case for early hearing screening in newborns. If you’d like a copy just contact the Communications Department at the AAA National Office, 800-AAA-2336, ext.204.
For the first time in Academy history, membership has climbed to over 7100! Ed Sullivan, Director of Membership for the Academy noted, “The Academy has reached a milestone as membership climbed to 7140 on December 4, 2000. We have been aggressive in our marketing efforts this year and as a result have added hundreds of new members.” While Sullivan hesitated to make predictions for the future, he did speculate that the number of members would continue to grow during the last three weeks of the year 2000.

In 1988, audiologists across the United States quickly rallied to join James Jerger and the small group of thirty founding audiologists to help get the newly organized American Academy of Audiology off and running. Early recruitment efforts resulted in nearly 2000 AAA Fellows by the end of 1989. Membership continued to grow rapidly throughout the first few years and then remained steady during the late 1990’s. As a result of the combined efforts of Sullivan and a proactive Membership Committee, chaired by Gyl Kasewurm, the American Academy of Audiology concluded the millennium with a record number of members! Kasewurm and the Membership Committee will continue to expand membership recruitment efforts during 2001. For information and applications about membership in the Academy, contact Ed Sullivan, Director of Membership at esullivan@audiology.org or by telephone at 800-AAA-2336, ext. 205.
A Salary and Benefit Survey, developed by the Academy Membership Committee (Gyl Kasewurm, Chair), was initially distributed to attendees at the 12th Annual Convention in Chicago, March 2000. The original distribution yielded 525 responses from convention participants. In an effort to increase the survey sample size the questionnaire was sent to the entire Academy membership by fax or e-mail during June of 2000. Members were advised not to send duplicate responses if they had completed a questionnaire at the Chicago convention. An additional 1137 responses were received from the second distribution for a total response sample of 1662, which is 23.7% of the total Academy membership. The gender distribution of respondents was 80% female and 20% male.

Nearly one half of respondents work in either an audiology private practice (25%) or an ENT office (24%). The remaining respondents work in hospitals (19%), clinics (13%), public and private schools (5%), Veterans Administration (3%), universities (2%), Federal agencies (2%), industrial settings (3%) or other medical settings (3%). Master’s degrees were held by 85% of the respondents while the remaining 15% reported holding doctoral degrees.

The Academy 2000 survey results showed an average annual base salary for an audiologist to be $52,706. Audiologists who are paid a commission received an average commission of $15,293. Of those who received a bonus in addition to salary, the average bonus is $7,952. These results from the Academy Survey suggests that the compensation for audiologists is steadily increasing since smaller sample studies of audiologists’ salaries reported by ASHA indicated a median salary of $44,000 in 1999 and $48,000 in 2000. When analyzed by place of employment, the Academy 2000 data indicates that audiologists in federal government and private practice settings have the highest average salaries ($62,835 - 65,626) while those employed in ENT office settings report the lowest average salaries ($41,102).

The survey data revealed significant differences in the overall compensation packages between males and females. Males receive an average salary of $73,695, which is $20,989 more than the mean of the total survey population, whereas females receive an average salary of $47,660, which is $5,100 below the mean of the total population. This difference may be due in part to the fact that more women work part time than men. Furthermore, a larger percentage of men holding doctoral degrees responded to the survey than women and more men hold the title of owner and/or supervise more staff than their female counterparts. There were no significant differences in the types of benefits that men and women receive from employers.

As expected, salaries for doctoral level professionals were significantly higher than for audiologists holding Master’s degrees. Respondents who hold PhD or EdD degrees reported an average salary of $88,000 while those holding AuD degrees reported average salaries slightly above $69,000. Individuals holding Masters degrees reported annual average salaries of $48,000.

The most common employment benefits described by the survey respondents included health insurance (82%), paid vacation time (80%), eight paid annual holidays (71%), continuing education support (68%) and paid sick leave (61%).

Results from the Academy’s Salary and Benefit 2000 Survey support the position that audiologists’ salaries are steadily increasing annually. A full report of the survey procedures and results with more detailed information is available through the Academy National Office for $20 and can be obtained by contacting Ed Sullivan at 800-222-2336 ext. 205 or at Esullivan@audiology.org.

Membership SubCommittee Members 2000 Salary and Benefits Survey: Gyl Kasewurm, Chair, St. Joseph, MI; Dennis Burrows, Kalamazoo, MI; Deborah Carlson, Galveston, TX; Karen Jacobs, Grand Rapids, MI.

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**RUSH UNIVERSITY**

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You are cordially invited to attend

**WORKING WONDERS WORKSHOP**

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**When?** April 20, 2001

**Basic**
Session 1 8:30am-10:00am
Session 3 1:15pm-2:45pm

**Advanced**
Session 2 10:30am-12:00pm
Session 4 3:15pm-4:45pm

**Where?** American Academy of Audiology Convention
2001 San Diego

*CLASS SIZE IS LIMITED…*

CALL 1-888-727-3366
Sam Lybarger, one of the true pioneers of the hearing aid industry, passed away in November from a stroke. Lybarger was trained as an engineer and ultimately became President of the Radioear Hearing Aid Company. He held a number of important patents related to acoustics and hearing aids and worked closely with the American Bureau of Standards. He developed an early “master hearing aid unit”, standardized the bone conduction oscillator, the 2 cc coupler and the telephone coil used in today’s hearing aids. Lybarger was especially well respected by all who knew him and has been described as “an engineer’s engineer and a gentleman’s gentleman”. Lybarger was a featured speaker at the “Aural History” session at the Academy’s 1992 Convention held in Nashville.

Gail Rosenberg has accepted a position with Teltronics as Director of Special Needs Education for Interactive Solutions. Rosenberg concludes a distinguished career with the School Board of Sarasota County. She is the current president of the educational Audiology Association.

New NAFDA Officers
NAFDA held its first elections for national officers at each Chapter by official ballot. Here is the list of NAFDA Officers for 2001:

Executive Officers:
President: Jina Scherer (Central Michigan)
Past-President: Delbert Ault (Louisville)
Vice President: Jennifer Hutchison (Gallaudet)
Secretary: Katie Phelan (Florida)
Treasurer: Lindsay Gillette (Florida)

Committee Officers:
Alumni Affairs: Trisha Lyn (Nova Southeastern)
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Education: Shannon Van Hyfte (Ball State)
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Public Relations: Maura Kenworthy (South Florida)

These officers will be in office January 21, 2001 - January 19, 2002. Current NAFDA Officers and these Officers-Elect will meet in San Diego, CA, October 24-29, 2001 to discuss Board issues and new NAFDA Chapters. Information on these officers and AuD programs will be at www.nafda.org soon.

A.U. Bankaitis left her position as Director of Audiology, Department of Otolaryngology-HNS at St. Louis University Medical Center and has joined the divisions of Marketing and Clinical Affairs at Otologics, LLC, in Boulder, CO.

Preliminary Conference Announcement:
The AG Bell Association will host a summer conference titled, The Human Genome Project and Hearing Loss from July 27-29, 2001 in Bethesda, MD. Keynote speaker will be Dr. Francis Collins of the Human Genome Institute as well as an outstanding faculty. For more information contact AG Bell at (202) 337-5220, x123 or e-mail rparlakian@agbell.org

Barry Freeman, Dean of the Nova Southeastern University Programs in Communication Sciences and Disorders, recently met with Football Hall of Fame coach, Don Shula, to discuss plans for the continued growth of the Nova Southeastern University Audiology and Speech Language Pathology programs. Coach Shula was the honorary chairperson for “Voices for Children,” an annual event to support speech language pathology and audiology services for children with severe communication disorders.

Illinois Obtains Single Licensure
In early December, 2000, the State of Illinois 91st General Assembly passed SB1404 which exempts audiologists from the Hearing Instrument Consumer Protection Act (HICPA). Since the passage of the HICPA in 1984, dispensing audiologists and hearing aid dispensers have been regulated by the Illinois Department of Public Health. The Speech Language Pathology and Audiology Act, which was passed approximately two years after the HICPA, is administered by the Illinois Department of Professional Regulation (IDPR).

Since the enactment of the SLP/A licensure law, dispensing audiologists have been required to maintain two licenses. With the passage of SB1404, audiologists will be regulated only by the IDPR, effective January 1, 2001. In addition, graduate audiology students are no longer regulated by the HICPA, and they may dispense hearing aids with out a license under the supervision of an audiologist licensed by IPDR.
Lucille B. Beck Receives Presidential Rank Award for Meritorious Executive Service

On November 28, 2000, Lucille B. Beck, director of Audiology and Speech Pathology Service for the Department of Veterans Affairs received the Presidential Rank Award for Meritorious Executive Service. The Presidential Rank awards recognize executives with careers of sustained accomplishment, i.e., executives who have consistently demonstrated strength, leadership, integrity, industry and personal conduct of a level that has established and maintains a high degree of public confidence and trust.

The rank of Meritorious Executive is awarded to no more than 5% of career senior executives. Dr. Beck is the first audiologist to achieve this honor. The Honorable William J. Clinton, President of the United States of America, conferred the rank of Meritorious Executive in the Senior Executive Service. President Clinton’s written remarks recognized Dr. Beck “for sustained extraordinary accomplishment in management of programs of the United States government and for leadership exemplifying the highest standards of service to the public, reflecting credit on the career civil service.” In addition to Presidential recognition for her career contributions the award is accompanied by a cash prize.

Beck was honored for her leadership of the VA’s 1000 Audiology and Speech Pathology professionals in approximately 150 VA medical centers around the country. Her clinical program direction was cited for providing high quality health care to veterans with hearing, speech, language and related disorders. Recognizing that technology, such as hearing aids, is an integral part of the rehabilitation of veterans with communication disorders, Beck’s outstanding direction of technical assessment initiatives and programmatic management of communication-related rehabilitative technologies were recognized for their excellence. Her programs blend best professional practices with efficient business practices.

Beck has made significant contributions to the health and quality of life of the nation’s veterans and to the professions she represents. Beck led the development of innovative educational initiatives for VA professionals and for the training of future audiologists and speech pathologists. She has established collaborative initiatives for VA with the National Institutes of Health and the Department of Defense. Her accomplishments in the areas of education, professional and community service and research reflect her commitment to excellence. She has served as president of the American Academy of Audiology and received that organization’s Distinguished Service Award. She served on the Board of Trustees for Self Help for Hard of Hearing Persons. She has been a member of the Ear, Nose, and Throat Advisory Panel for the Food and Drug Administration and was awarded the Commissioner’s Special Citation. She has held academic appointments at George Washington and Gallaudet Universities teaching graduate courses at both institutions. She has contributed to many publications and presentations and is a recognized expert in hearing aids. It is with great honor to the American Academy of Audiology that our past president, Lucille Beck, has received this highest career recognition in the Civil Service of the United States.


The Noise Manual was initially published in 1958 with subsequent editions in 1966, 1975, 1986 and the new 5th edition in 2000. The Noise Manual is a project of the American Industrial Hygiene Association’s Noise Committee and five editors, Elliott Berger, Larry Royster, Julie Royster, Dennis Driscoll and Marty Layne. Additionally, a dozen other authors and 21 reviewers participated in the project which yielded an 800+ page text with 18 chapters and 4 appendices.

The materials of the text are grouped into four sections: I: Fundamentals of sound, vibration and hearing; II: Elements of a hearing conservation program; III: Noise interference and annoyance; and, IV: Regulations, standards and laws.

Within each section is extensive coverage by recognized experts in their respective fields. Appendices are provided that include the OSHA Noise Standard and Hearing Conservation Amendment, over 200 references for good practice, properties of materials and engineering conversions and a copy of the newly released National Hearing Conservation Association (NHCA) guide to revision of baseline audiograms (for STS or for apparent hearing improvements). The book may be ordered by contacting the American Industrial Hygiene Association (AIHA) at 703-849-8888 or visiting their web site at www.aiha.org.

SHHH National Day of Hearing Testing 2000

The massive project undertaken by Self Help for Hard of Hearing People to raise awareness of hearing problems was deemed a huge success by the SHHH National Office. The National Hearing Test Day was complimented with publicity from an Ann Landers letter regarding the SHHH program. Some 22 states issued proclamations from their governors regarding the importance of hearing and the need to identify hearing loss. SHHH summarized the effort reporting that 75,850 people were given hearing screenings in 2,050 sites across the nation, or an average of 37 individuals screened at each site. In addition, SHHH reports that during the April campaign their website measured a record number of hits (364,251) with each visitor spending almost ten minutes on the website. SHHH will repeat the campaign on May 5, 2001, changing the name to the National Day of Hearing Screening. Save the date!
For many years the rehabilitation of children with hearing impairments has been a difficult goal to attain in the country of Panamà. Children with hearing problems are grouped in the same classroom with children who have normal hearing and multiple handicapping conditions and it is not for purposes of mainstreaming or inclusion. The lack of trained school personnel to work with students with hearing impairment and the lack of resources to purchase amplification have contributed to the paucity of appropriate intervention. The 1990 Census in Panamà showed that hearing loss is the second most prevalent handicapping condition at the national level.

In order to address these issues the Foundation for the Aural-Oral Re/Habilitation of the Hearing Impaired Child (Fundación Pro Re/Habilitación Auditiva y Oral del Niño - F.R.H.A.O.N.) was formed in 1997. Their mission is to advocate for the rights of children with hearing impairment in the city of Chitrè, Herrera, thus their motto: “I can’t hear...Help me do so!” They want to help children assume their place in society with dignity and be able to communicate and interact in their environment. The Foundation raises money through local radio campaigns, donations and contributions of local businesses and corporations, collection of money in the downtown streets and fund raising activities such as cattle raffles, dinner parties and dances.

The Foundation provides auditory rehabilita-

tion to children with hearing problems through an aural-oral school, hearing aid fitting, cochlear implant evaluation, surgery and mapping and followups. So far, twenty children have been fitted binaurally with new, donated hearing aids and 11 additional children have received cochlear implants.

The AAA CODIE $1,000 award will go toward additional hearing aids and accessories for children in need. We would like to acknowledge the following individuals who supported our efforts in a very altruistic way: Peter Roland, Otolaryngologist, UT Southwestern Medical School for performing all 11 surgeries, Ross Roesser, Lee Wilson and Brisy Northrup from the Callier Center at UT-Dallas for training, donating hearing aids, supplies and teaching our staff in workshops. Our gratitude to Cochlear Corporation, the Mexican Institute of Hearing and Language (IMAL), the doctors and staff of the hospitals “Caja de Seguro Social” and “El Vigia” and the people from Chitrè who believed in our cause and gave us their pennies and dollars.

For further information, contributions and/or donations, please contact: Leyda Díaz de Rodríguez at ledero@latinmail.com.
Poonpit Amatyakul, selected as the recipient of the Academy’s Committee on Diversity and International Exchange Award for 2001, is a professor at Mahidol Medical School in Thailand. He is a consummate ENT physician, superb teacher, magnificent mentor and powerful advocate for people with disabilities and their families.

Poonpit is an internationally recognized leader in the field of communication disorders. He is known for his pioneering work involving school-aged children with middle ear disorders. His work led to numerous grants from the Lion International club to fund his project of maintaining the hearing of young school children. The first graduate program in communication disorders in Thailand was established by Poonpit and in the last 10 years he achieved his dream by creating the very first college for individuals with deaf, blind and physical disabilities in Asia. Poonpit ensured the civil rights for deaf people and he appears frequently in the national media, bringing the field of communication sciences and disorders to public attention.

Poonpit received the Distinguished Teacher Award from His Majesty, the King of Thailand. He has presented more than 100 papers and workshops worldwide and is the author of numerous articles dealing with prevention, assessment, treatment of hearing loss and music.

Poonpit received his medical training at Mahidol University in Thailand. He completed his graduate degree in audiology from Temple University in Philadelphia while serving as an ENT resident. The Division of Communication Disorders in Thailand is responsible for educating over 200 speech-language pathologists and audiologists. The majority of graduates work in either ENT offices or in rehabilitative medicine. Poonpit will be recognized and receive his award during a ceremony at the Academy’s San Diego Convention in April, 2001.

AAA FOUNDATION GOLF TOURNAMENT
at the Annual AAA Convention, San Diego 2001

Sign up today for the First Annual AAA Foundation Golf Tournament!

When: April 20, 2001 at 1 PM
Where: DoubleTree Golf Resort
San Diego, CA

Type of Tournament: Florida Scramble
Cost: $100/player donation to the AAA Foundation
(Donation includes green fees, golf cart, range balls, goody bag and lunch.)

More information and a registration form are available at:
www.audiology.org/professional/foundation/

Transportation will be provided to and from the DoubleTree Golf Resort.

Manufacturers’ sponsorship is welcomed. Please contact Creig Dunckel, Chair, AAA Foundation.

Official Entry Form
AAA FOUNDATION 1ST ANNUAL GOLF TOURNAMENT

Please list the names of your foursome below. Golfers will be paired if a foursome is not listed.

Name/Handicap:
1. ________________________
2. ________________________
3. ________________________
4. ________________________

Mail entry no later than April 1, 2001 to:
D. Creig Dunckel
6809 W. Northwest Highway
Dallas, Texas 75445
Telephone: 214-906-7309
We need to get back to what audiologists are uniquely qualified to be. By virtue of our technologic training and people orientation, audiologists are in an optimal position to be the prime keepers of the hearing care process. How many otolaryngologists have the time or inclination to be people people. Most of them are surgeons after all! How many engineers do you know who aren’t terrified at the prospect of talking about feelings? Let’s stop waiting to engulf you!

The answer lies in why most people choose the profession of audiology. I believe it is because of our personal need to touch people. Many see audiology as a technologic field based on devices and technology we risk losing a golden opportunity and a niche we have to carve out for ourselves. Let us get away from the myopic obsession with technology. We cannot fight the physicians on diagnosis or engineers on technology. Accessible and cheaper MRI is making ABR a potentially historic otoneurologic test. Hearing aid manufacturers’ encoding rules threaten hearing aid selection. Implantable hearing aids put surgeons in the driver’s seat. Safeguarding the future of the profession does not lie in answering questions like “What screening device should we buy?” or “What failure criteria should we use?”

We need to get back to our roots. Audiology became a profession to meet the needs of people that other professions could not meet, namely rehabilitation of hearing impaired US WWII veterans. If we stay bound to devices and technology we risk losing a golden opportunity and a niche we have to carve out for ourselves. Let us get away from the myopic obsession with technology. We cannot fight the physicians on diagnosis or engineers on technology. Accessible and cheaper MRI is making ABR a potentially historic otoneurologic test. Hearing aid manufacturers’ encoding rules threaten hearing aid selection. Implantable hearing aids put surgeons in the driver’s seat. Safeguarding the future of the profession does not lie in answering questions like “What screening device should we buy?” or “What failure criteria should we use?”

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be embraced so that they become ingrained sets of core values. The clinical educator’s job will be even more complex because they will have to worry not only about ensuring discipline specific experiences, but also appropriate process and team experiences.

The second challenge is to those of us working in the field. We have to believe that change is possible. We have to be able to think outside the box. Who made the box anyway? Often we are too mired by history, traditional power structures and payment systems. We have to get past all that. To flourish we have to find allies and look for linkages and outreach opportunities.

We must be proactive in areas that are politically and temporally advantageous. We must look for opportunities rather than covering our butts. For example, in an institutional setting, an audiologist could set up outcome evaluations and quality assessment, anticipating external forces such as accreditation, rather than reacting to the external demand when it inevitably comes. We must dare to be the department that innovates by going after community outreach and consumer linkages. We must be seen to be proactive and helpful, not defensive. We must develop a mindset for value-added contributions individually or as a department. We must be seen to be the group who asks, “What can we do for you?” not “What can you do for us?” Remember that the first rule is that we have to be at the table, so we must be sure we have an invitation.

How to get the invitation? The usual way is by doing something innovative in a strategic direction. We must blow our own horns and make sure everyone knows of us. We must form strategic alliances and find key individuals to whom we will be useful. Most innovations occur at an interpersonal level. We have to be known by individuals around us who are in a position to advance our cause. They must know us and our work in order to advance our cause.

The sad part is that if we do not do anything, for sure nothing happens. But if we do something and the stars align, something might actually happen! The moral is to keep doing it even if nothing happens for a long time. An example of hanging in there and being at the table that seems to have paid off is happening in early identification. I cannot over emphasize the importance of strong scientific bases for the causes we espouse and promote because funding bodies require it. We must ensure that our research colleagues make it higher on the research agenda. I have to be on top of the most current evidence-based practices and we must support our research colleagues. Our profession is only as strong as its scientific underpinnings. Without outcome evaluations and cost-benefit analyses we will not even get to first base. But sadly the evidence is not always available. Therefore we must support and encourage academic audiologists to identify new principles and techniques. We need hearing healthcare scientists even if they come from allied disciplines. We need to embrace, not exclude, premier scientists from our table.

In summary what might be some guiding principles for us to follow?
- We must be “people” oriented profession-
als. We must use technology but do not forget the individual to whom the ears are attached.
- We must not waste precious time and

![The Board of Directors of the Canadian Audiology Association.](image)

The opinions expressed in this Viewpoint are those of the author(s) and in no way should be construed as representative of the editor, officers or staff of the American Academy of Audiology.
“All Canadian” Conference 2000

The Canadian Academy of Audiology held its third annual convention in Toronto, October 19-20, 2000. The special program featured an exclusive Canadian experience with “All Canadian” speakers planned by Joseph Henne, CAA 2000 Conference Chair and his committee. The convention was attended by the more than 300 registrants. The program included 21 scientific sessions and more than 10 poster presentations, complemented by a busy exhibit area. Krista Riko delivered the Opening Keynote Address, “To Survive or Flourish in Audiology” which is excerpted in this issue of AT. Social activities during the convention included a Silent Auction and “Truly Canadian” Evening Reception.

During the tenure of CAA President Ann Caulfield, the Canada Academy of Audiology established a national head office at 250 Consumers Road, Suite 301, Willowdale, Ontario M2J 4V6, Canada (800)-264-5106. CAA may also be contacted by e-mail at caa@base.onramp.ca or visit their new Website at www.canadianaudiology.com.