Audiology Today

EDITORIAL BOARD

Editor
Jerry L. Northern
Vice President, Professional Services, HEARx Ltd.
Editorial Office
2681 East Cedar Avenue
Denver, CO 80209
(303) 777-4300, FAX (303) 744-2677
jnorth1111@aol.com

EDITORIAL STAFF

Suzanne Hasenstab
Medical College of Virginia
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Patricia McCarthy
Chicago, IL

Term Ending 2001
Alison Grimes
Providence Speech & Hearing
1301 Providence Avenue
Orange, CA 92868
alisonaud@aol.com

Gyl Kasewurm
Professional Hearing Services
3134 Niles Road
St. Joseph, MI 49085
gy1@parrett.net

Brad Stach
Central Institute for the Deaf
4560 Clayton Avenue
St. Louis, MO 63110
bstach@wustl.edu

Term Ending 2002
Sheila M. Dalzell
The Hearing Center, Inc.
2501 Lac DeVille Blvd.
Rochester, NY 14618
sheila-larry-dalzell@worldnet.att.net

Gail I. Gudmundsen
GudHear, Inc.
41 Martin Lane
Elk Grove, IL 60007
gudhearkao@ao1.com

Robert W. Sweetow
University of California Medical Center - San Francisco
400 Parnassus Avenue
San Francisco, CA 94143-0340
rsweeetow@orca.ucsf.edu

Term Ending 2003
Richard E. Gans
American Institute of Balance
11290 Park Boulevard
Seminole, FL 33772
rgans@dizzy.com

Catherine V. Palmer
University of Pittsburgh
4033 Forbes Tower
Pittsburgh, PA 15260
cvp@vms.cis.pitt.edu

Gail M. Whitelaw
Ohio State University
141 Pressey Hall
1070 Carmack Road
Columbus, OH 43210
whitelaw.1@osu.edu

BOARD OF DIRECTORS

President
David Fabry
Mayo Clinic, Audiology Sect. (L5)
200 1st Street, S.W.
Rochester, MN 55905
fabry.david@mayo.edu

President-Elect
Angela Louwenbruck
Loovenbruck Audiology, P.C.
5 Woodglen Drive
New City, NY 10956-4237
eartoday@aol.com

Past President
Robert G. Glaser
Audiology & Speech Associates
15 Southmoor Circle, NE
Dayton, OH 45429-2407
rgglaser@aol.com

BOARD MEMBERS-AT-LARGE

Sheila M. Dalzell
The Hearing Center, Inc.
2501 Lac DeVille Blvd.
Rochester, NY 14618
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whitelaw.1@osu.edu

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All copy received by Audiology Today must be accompanied by a 100M Zip disk or CD clearly identified by author name, topic title, operating system, and word processing program (in WordPerfect or Microsoft Word, saved as Text). Submitted material will not necessarily be returned. Specific questions regarding Audiology Today should be addressed to Editor, Audiology Today, 2681 E. Cedar Avenue, Denver, CO 80209.
In another victory for the Academy, HCFA issued a Medicare Program Memorandum (Transmittal B-01-34) clarifying that Medicare carriers may not automatically deny coverage of hearing tests because they result in a diagnosis of sensorineural hearing loss. The Program Memorandum becomes effective May 29, 2001. Some Medicare carriers have been routinely denying claims from audiologists for reimbursement of hearing tests which result in a diagnosis of sensorineural hearing loss. This new Program Memorandum makes it clear that this practice is inappropriate.

According to HCFA, hearing and balance tests are covered by Medicare when ordered by a physician in order to make a diagnosis of, or determine the appropriate medical or surgical treatment for, a hearing deficit or related medical problem. This is true “even if the only outcome is the prescription of a hearing aid.” The fact that no medically treatable condition is found does not negate the need for the tests. Coverage is determined by “the reason the tests were performed rather than the diagnosis...” In other words, if audiologic diagnostic tests are ordered by a physician as a necessary part of a medical evaluation, Medicare covers them even if the tests do not discover any medically treatable condition.

The Academy has been urging HCFA to issue this clarification for some time and we hope it will resolve the problems that some audiologists have been having with their carriers. If your Medicare carrier denies reimbursement for hearing tests simply because they result in a diagnosis of sensorineural hearing loss, direct the carrier to this Program Memorandum. If the carrier still refuses to reimburse you, bring the matter to the attention of HCFA and/or the Academy.
“There are many ways of going forward, but only one way of standing still.”
-Franklin D. Roosevelt

This year’s Convention was the best yet! The annual convention in San Diego was an indication that the Academy is moving forward in many ways. Perhaps the greatest crime that we could commit would be to stand on our merits and get lost in our achievements of the past. That said, sometimes it’s okay to pause – if only for a moment – to catch our breath and appreciate what has been accomplished. First of all, Convention Chair Gail Gudmundsen and her committee organized an outstanding conference that attracted 7321 participants to San Diego, making it the largest assembly of audiologists on the planet. Also, I wish to recognize those “unsung” heroes and heroines of the Convention - The Academy National Office Staff. New Executive Director Laura Fleming Doyle and her colleagues worked tirelessly throughout the year and during the convention - all for our benefit.

Secretary Tommy Thompson’s presence at the Opening General Assembly is major indication of legislative progress made by your Academy. The fact that the Secretary of Health and Human Services (HHS) traveled across the country to address our membership indicates that the Academy and audiology are on this administration’s “radar screen.” Keep in mind that Secretary Thompson is in charge of the Food and Drug Administration, the Health Care Finance Administration (HCFA) which includes Medicare and Medicaid, and the National Institutes of Health. As a result, HHS impacts virtually every setting germane to audiology, including clinic, research, education and industry environments. His message was supportive and he gave every indication that he will work with the Academy on audiology issues.

Ironically, on the same day that Secretary Thompson was addressing our members, HCFA issued a Medicare Program Memorandum confirming that physician supervision is not required for vestibular function tests performed by a qualified audiologist (HCFA Transmittal B-01-28, April 19, 2001). Another Medicare Program Memorandum issued shortly after (HCFA Transmittal B-01-34, April 30, 2001) states, “If a physician refers a beneficiary to an audiologist for evaluation of signs or symptoms associated with hearing loss or ear injury, the audiologist’s diagnostic services should be covered, even if the only outcome is the prescription of a hearing aid.”

Hopefully these reports are a harbinger of good news for the future and they will provide improved access for patients to receive audiology services. Also, the second memorandum signals the importance of the Academy’s new primary care physician referral campaign, as it states, “If a beneficiary undergoes diagnostic testing performed by an audiologist without a physician referral, then these tests are not covered, even if the audiologist discovers a pathologic condition.” The fact that “diagnostic” hearing evaluations are referenced by HCFA indicates significant progress is being made but it falls short of our goal of autonomous practice. The Academy looks forward to working with Secretary Thompson and HCFA towards that end.

The Heart of Rock and Roll! Huey Lewis also was an important part of the Opening General Assembly. Lewis spoke eloquently about his experience with sudden onset hearing loss and his experience with audiological care provided by Robert Sweetow at the University of California, San Francisco. The fact that Lewis is from the “baby boomer” generation is symbolic of the changing face of our patient population. Further, his presence was felt for the rest of the meeting as we enjoyed record attendance at those events (Student Research Forum, Academy Business Meeting) where his autographed harmonicas were given away as door prizes. Hmmmm! Perhaps the next marketing campaign should focus on a Huey Lewis “signature” hearing aid!

The Opening General Assembly served to recognize those who provide service, leadership and scholarly activity to the Academy. Special mention is deserved for this year’s Presidential Award recipients who developed the Joint Committee “Audiology Clinical Practice Algorithms and Statements.” They are Gene Bratt, Kathleen Campbell, Evelyn Cherow, Alison Grimes, George Haskell, Larry Higdon, Patricia McCarthy and Douglas Noffsinger. This document represents the possibilities when collaborative group efforts place professional practices ahead of personal interests. I would like to extend special acknowledgement to Evy Cherow, who will leave ASHA where she has devoted the past twenty years of her career to representing audiologists’ clinical and research services. Congratulations, Evy, from the American Academy of Audiology, for all of your past and future activities on behalf of all audiologists.

AAA Convention attendance continues to grow each year and international attendance is a large part of that increase. This year over 1273 attendees were from outside the United States. In order to continue that trend we must continue to provide attendees with the opportunity to share their research via poster and platform presentations and offer opportunities to exchange information regarding audiology practice models from around the world. The Academy
must extend our reach beyond North America. The International Committee will provide the Academy Board of Directors with direction regarding global opportunities.

Over 300 Student Volunteers from around the country assisted in making the San Diego convention run smoothly. Their commitment to volunteer service suggests that the future of audiology is in good hands. Numerous Academy strategic planning goals are related to educational goals, including the transition to a doctoral level profession and the shortage of PhDs, and we rely on input from student members to assist with this process. At the Research Roundtable, those in attendance heard from several graduate students concerned over the transition and the need for the Academy to be a professional home for all audiology students. Change is difficult, dialogue is essential. I appreciated their willingness to speak out on these issues.

**ACTION ON THE PROPOSED BYLAW CHANGES**

The Board of Directors voted on four proposed bylaw changes designed to increase member representation and assist with leadership recruitment. After extensive discussions, direct member input, and “member’s concerns” forums, only two of the four proposed changes were passed: (1) to increase the size of the Nominations Committee and (2) to impose term limits for members of the Board of Directors. The other two measures did not receive the two-thirds vote of the Board necessary to amend the bylaws so the Board of Directors will remain at a total of 12 members and the president-elect will continue to be elected by the full Academy membership each year.

The Academy is facing many issues in the immediate future including audiomeric technicians, accreditation of AuD programs, bolstering the scientific base of our profession and continuing a forward press for legislative policies that affect our ability to provide autonomous patient care. We will move forward on those issues in the months and years ahead, guided by our strategic plan and support from our membership. Stand still for a moment however, and reflect on the progress that has been made.

And finally, if you weren’t in San Diego for our outstanding convention, make plans now for “History in the Making” next year in Philadelphia. Mark the dates: April 18-21, 2002, and if you have issues, concerns or comments, please contact the National Office or any of the Board members, whose live-link addresses are on our website at www.audiology.org and in every issue of AT.

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**CALL FOR NOMINATIONS**

**for the Board of Directors and President-Elect**

Nominations for the three positions for Member-at-Large and for President-Elect of the American Academy of Audiology may be made by any member of the Academy.

Members-at-Large serve a three year term in office beginning January 1, 2002.

The President-Elect serves a one year term beginning January 1, 2002 followed by a year of service as President and a third year as Past President of the Academy.

Please submit your nominations in writing or via email to Robert Glaser, Chair, Nominations Committee, American Academy of Audiology, 8300 Greensboro Dr., Suite 750, McLean, VA 22102-3611 or by e-mail at rgglaser@aol.com.

Nominations must be received at the Academy office or via email by 5:00 PM EDT, June 15, 2001.
T he American Academy of Audiology recently complet-
ed a Strategic Planning Session and developed goals and objectives for the coming year which will shape and influence the future of the Academy and the profession. The Board of Directors recognizes that the accomplishment of these goals and objectives will be impossible without the service of many members. The Board would like to recognize and commend the many members of the Academy who currently serve the Academy on various committees and task forces and encourages you to volunteer your time and talents to get involved with the only organization OF, BY and FOR AUDIOLOGISTS! I don’t know what your destiny will be, but one thing I do know: The only ones among you who will be really happy are those who have sought and found how to serve. —Albert Schweitzer

AMERICAN BOARD OF AUDIOLOGY
Chair: Robert Keith
Objectives:
1. Increase the number of ABA certificate holders by 25% in 2001
2. Communicate purpose of ABA Certification

AWARDS & HONORS COMMITTEE
Chair: Robert Keith
Members: Saunja Terrell, Ruth Bentler, Michael Cevette, Kris English, Bruce Plakke, Steffi Resnick, Michael Wynne
Objectives:
1. Develop a slate of candidates to be honored by the Academy

CONVENTION 2002 COMMITTEE
Chair: Barbara Packer
Members: Delbert Ault, Gyl Kasewurm, Jill Preminger, Teri Hamill, Rieko Darling, Craig Johnson, Bopanna Ballachanda, Tom Frank, and Jerry Northern
Objectives:

EDUCATION COMMITTEE
Chair: Lisa Hunter
Members: Kirsten McDaniel, Vishakha Rawool, Al DeChicchis, Patricia Gillilan, Wendy Hanks, Patti Martin, Michael Metz, Frank Musiek, Barbara Packer, Jill Preminger, Marcia Raggio
Objectives:
1. Increase number of AuD programs.
2. Develop and disseminate educational materials.
3. Work with residency matching program to develop materials to recruit students.
4. Develop a plan to educate children and high school students regarding the profession of audiology

ETHICS IN AUDIOLOGY
PRESIDENTIAL TASK FORCE
Chair: Brian Walden
Members: Lucille Beck, Fred Bess, Gail Gudmundsen, David Hawkins, Patti McCarthy, Dennis VanVliet, Dave Fabry, Angela Loavenbruck
Objectives:
1. Identify areas that need new ethical standards in response to changes that have occurred in audiology and provide appropriate recommendations

FINANCE COMMITTEE
Chair: Brad Stach
Members: Dave Fabry, Angela Loavenbruck, Bob Glaser, Laura Fleming Doyle
Objectives:
1. Budget development, investment management, audit review, financial performance review

GOVERNMENT AFFAIRS COMMITTEE
Chair: Craig Johnson
Members: AU Bankaitis, Debbie Abel, Melanie Herzfeld, Greg Wilson, Charlotte Godfrey, Marti Frazer, Pamela Ison, Charlie Stone
Objectives:
1. Implement intent of Federal Blue Cross/Blue Shield legislation
2. Increase awareness of audiology concerns in Washington
3. Increase grass roots efforts of AAA members in Washington
4. Pass Medicaid audiology bill
5. Persuade governmental regulatory agencies and federal health insurance carriers to allow direct access to audiologists

INTERNATIONAL COMMITTEE
Chair: Robert Traynor, David Baguley
Members: Marshall Chasin, Leda Russo, Lena Wong, Mohammed Shabana, Janet Smith, Marcella Escobar, Ken Bozeman, Ted Glattke, Robert Cowan, Jose de la Madriz, Steen Olsen, I. Rabin
Objectives:
1. Sponsor 1 or 2 international conferences each year
2. Assist in meeting academic and clinical responsibilities as world leaders in Audiology to consumers in developing countries
3. Develop organizational liaisons with other countries in academic and clinical efforts to provide audiological services
4. Facilitate interactions of academic and clinical information among colleagues from other countries

LINGUISTIC AND CULTURAL DIVERSITY COMMITTEE
Chair: Bopanna Ballachanda
Objectives:
1. Increase the number of AuD applicants from culturally diverse populations in this country
2. Increase number of Minority Scholarships
3. Initiate a Minority Leadership Program

MARKETING COMMITTEE
Chair: Jennifer Lathrop
Members: Delbert Ault, Lucille Beck, Barry Freeman, Sergei Kochkin, Peter Marinovich, Michael Marion, Glen Meier, Jerry Northern, Michael Robinson, Helena Solodar, Kady Williams, James Wise
Objectives:
1. Provide Board with input regarding efficacy of collaborative marketing effort with other major audiology organizations
2. Develop marketing materials for the profession and distribute to strategic points across the country
3. Assist in formation of plan to market AuD programs to undergraduate programs

MEMBERSHIP COMMITTEE
Chair: Steve Huart
Members: Delbert Ault, Risa Barnett, Dennis Burrows, Deb Carlson, Laurel Christensen, Patrick Feeney, Karen Jacobs, Robert Madory, Kirsten McDaniel, William McFarland, Jerry Northern, Terrey Oliver, Peter Marincovich, Michael Marion, Glen Meier, Jerry Northern, Michael Robinson, Helena Solodar, Kady Williams, James Wise
Objectives:
1. Identify needs of members that might be met by affinity programs
2. Advise and assist with Member Development
3. Monitor and mentor relationship with NAFDA

NOMINATIONS COMMITTEE
Chair: Bob Glaser
Members: Michael Marion, Gyl Kasewurm, Robert Sweetow, Catherine Palmer
The Immediate Past-President serves as the Chair of the Nominations Committee which is composed of three members-at-large from the current Board of Directors. The Nominations Committee members are elected by the Board of Directors. It is the responsibility of the committee to present a slate for Board of Directors’ Members-At-Large and President-Elect.
YOUR ACADEMY COMMITTEES IN ACTION!

PROFESSIONAL PRACTICES COMMITTEE
Chair: Alison Grimes
Objectives:
1. Develop, review and adopt standards of practice
2. Review scope of practice

TASK FORCE ON HEARING SCREENING IN ADULTS & CHILDREN
Chair: Lucille Beck
Objectives:
1. Develop position statement for best practices in screening hearing in adults and children

TASK FORCE ON INFANT HEARING - PEDIATRIC AMPLIFICATION
Chair: Sandra Gabbard
Members:
Leisha Elten, Ruth Bentler, Todd Ricketts, Shane Moodie, Alison Grimes, Anne Marie Tharpe, Cheryl deConde Johnson
Objectives:
1. Develop guidelines for pediatric amplification

TASK FORCE ON VESTIBULAR ISSUES
Chair: Richard Gans
Members:
Gary Jacobson, Steven Mock, Don Worthington, Patricia Harrington-Gans, David Citron, Greg Frazier and Jeannie Singer
Objectives:
1. Develop position on vestibular diagnostic treatments and scope of practice

TASK FORCE ON SUPERVISION IN AUDIOLOGY
Chair: William Beck, Barbara Ohlin
Members:
Fredrick Rahe, Barbara Vento, and Therese Walden, Gyl Kasewurm, Don Bender
Objectives:
1. Review the supervisory role of audiologists in all service delivery settings as well as in the training of audiologists

PUBLICATIONS COMMITTEE
Chair: Ross Roers
Members:
Holly Hosford-Dunn, Louise Loiselle, Frank Musiek, Wende Yellin, James Jerger, Jerry Northern, Brad Stach
Objectives:
1. Maintain JAAA, Audiology Today and the AAA Website as high quality and meaningful publications of the Academy
2. Continue to make publications of the Academy cost effective for AAA members

RESEARCH COMMITTEE
Chair: Brenda Ryals
Members:
Laurel Christensen, Susan Morgan, Michael Gorga, Joseph Hall, Linda Hood, Sherri M. Jones, Sharon Kujawa, Susan Morgan, Nancy Tye-Murray, Sandy Gordon-Salant, Kelly Tremblay
Objectives:
1. Develop strategies to increase number of audiologists in funded clinical research
2. Maintain/expand new investigator research award program
3. Determine feasibility of central repository for data collection and dissemination
4. Participate in development of course for clinical researchers to be presented at Convention 2002
5. Investigate provision of incentives for research conducting within Academy
6. Assist Publications Committee with updates on research

STATE AFFILIATES COMMITTEE
Chair: Gail Whitelaw
Members:
Leaders from all 50 states
Objectives:
1. Support state issues and state affiliate leaders
2. Identify state issues and align them with national academy interests
3. Strengthen state leader network to increase grassroots support of Academy goals

AAA COMMITTEE/TASK FORCE SIGN UP FORM

YES, I would like to volunteer to serve on a committee or task force. Sign me up!!

Name ____________________________________________
Position __________________________________________
Address __________________________________________
City ______________________________________________
State, Zip _________________________________________
Phone __________________ Fax _______________________
E-Mail ____________________________________________

Please indicate your first, second and third choices by marking a 1, 2, or 3 next to committees/task forces that interest you.

1. American Board of Audiology
   2. Awards and Honors
   3. Convention 2002
   4. Education
   5. Ethical Practices
   6. Ethics in Audiology Task Force
   7. Finance
   8. Governmental Affairs
   9. International
   10. Linguistic and Cultural Diversity
   11. Marketing
   12. Membership
   13. Nominations
   14. Professional Practices
   15. Task Force on Academy Documents
   16. Task Force on Hearing Conservation
   17. Task Force on Hearing Screening
   18. Task Force on Infant Hearing Screening
   19. Task Force on Vestibular
   20. Task Force on Supervision
   21. Publications
   22. Research
   23. State Affiliates
   24. Website Committee

Please submit this form to: American Academy of Audiology
8300 Greensboro Drive, Suite 750
McLean, VA 22102-3611
Fax: 703-790-8631

If you have any questions, please call Ed Sullivan at 1-800-222-2336 ext. 205.
The Clearinghouse for International Audiology Opportunities (CIAO) was created to allow audiologists to share information about the specific projects in other countries. Check out this information resource at www.audiology.org/CIAO.

Many audiologists find themselves looking toward volunteering in developing countries that are experiencing significant hearing health care needs. Yet, until recently, audiologists having interest in volunteering their services in other countries had little other than word of mouth from their colleagues to investigate potential resources available in the destination country of volunteer service. It was not unusual for audiologists to return from foreign excursion projects only to discover information that would have made efforts far more effective.

Features seen when touring through this multifaceted site are specific to audiologists seeking contacts and places to volunteer services abroad. A growing list of “Service Programs” show organizations’ email and/or postal addresses that either actively provide some type of service in foreign countries or may offer funding or supplies to individuals planning a project. Some of the organizations are specific to audition and hearing health, while others are generic volunteering opportunities.

More effective volunteerism starts by interacting with other professionals who have volunteered their skills in other countries. The “Audiology Opportunities” section provides a listing of other audiologists who have submitted their specific information to CIAO about countries in which they have volunteered their services. Within the nine geographic regions around the world, it is possible to find a listing of individuals by the country of travel with contact information by email and/or telephone number.

Other pertinent travel information is found within the “What travel tips might make the effort more productive” section. “Culturegrams,” published by Brigham Young University, and “Cross Culture Solutions” offer insight into the customs of societies found abroad, and hopefully help travelers avoid embarrassing or costly situations that can occur when traveling. Other pertinent travel information can be obtained by contacting the “Tourism Offices Worldwide Directory.” To assess the political climate of a potential travel site, it is also wise to make contact with the US State Department, and the foreign embassy of the country of travel. In addition to physical safety while traveling, it is also advisable to seek information about the health risks and necessary immunizations/vaccines required or encouraged by contacting the Centers for Disease Control and Prevention.

“Tips for working with interpreters” (EW Lynch & MJ Hanson) are handy if the national language in the country of travel is not familiar to the volunteer. Though working through an interpreter can be a long and arduous task, the process can be facilitated immensely by being familiar with suggested tips. In addition, travel with a list of common audiological terms translated into the language used in that country can greatly enhance the interpretation process. A list of audiological terms translated into Spanish or Portuguese can be found within this webpage.

Next time you are online, point your browser to www.audiology.org/CIAO.
To implant or not implant is a topic of debate: Is it ethical for parents to decide that their hearing-impaired child be fitted with a cochlear implant (Lane and Bahan, 1998)? Does fitting a pre-lingually deafened child with a cochlear implant improve their ability to understand speech? Do cochlear implants provide enough information to develop an auditory based linguistic system, as well as oral language?

The debate of whether it is “ethical” or “unethical” for parents of deaf children to decide whether their children should receive a cochlear implant will likely not be resolved by science. However, scientific investigations do suggest that if a child becomes profoundly deaf before the age of three, and his/her parents decide to seek a cochlear implant, they maximize the chances that the child will be able to interact in the hearing world (Svirsky et al. 2000).

Svirsky and colleagues argue that cochlear implants do provide the necessary auditory experiences to enhance speech perception and oral language development. In an initial study, Svirsky found that profoundly deaf children without cochlear implants develop English language skills at less than half the rate of their peers who have normal hearing. In another study, Svirsky et al. (2000) examined the English language skills of pre-lingually deaf children with cochlear implants before and after implantation. Seventy profoundly deaf children were assessed four months before implantation and at several intervals after implantation (up to 30 months). They compared normal hearing children, deaf unimplanted and deaf implanted children using the expressive section of the Reynell Development Language Scale. This test has three components: structure, which assess the complexity of expressive language; vocabulary, which assesses the child's ability to name objects and pictures as well as to describe internalized concepts; and content, which assesses the more creative uses of language.

According to these measures, Svirsky et al. (2000) report that the rate of language development after implantation exceeded the poor results observed in unimplanted deaf children (p<0.001). Furthermore, the rate of language development for implanted children was similar to that of children with normal hearing. This suggests that, on average, the auditory input provided by a cochlear implant prevents further language delays after implantation. Despite a large amount of individual variability, the best performers in the implanted group seemed to be developing an oral linguistic system based largely on auditory input obtained from a cochlear implant.

BIBLIOGRAPHY


The Academy Finds the Heart of Audiology at the San Diego Convention!

The 13th Annual Convention & Expo: An Outstanding Success!

It may have been the Academy’s proudest week as more than 7,000 participants in attendance in San Diego celebrated the 13th annual Academy Convention! The Convention was an educational plethora by anyone’s standards. The educational choices were simply overwhelming with nearly 40 featured sessions, more than 100 instructional courses, myriad poster sessions and abundant round table discussions. The pre-convention workshops were very popular and received rave reviews from registrants. So many good things going on and so little time to get to them all!
General Convention Activities

**GALA FESTIVITIES IN SAN DIEGO!**

The taste of a Mexican fiesta lured convention goers to the annual Opening Night Party. Over 3000 party goers were dazzled by the repeat performance of the Chicago based group, *Poi Dog Pondering.* While the beat of the band strained some listeners’ ears, the beautiful Sails Pavilion Ballroom and open veranda over the Mission Bay Marina provided wonderful views and ample space for attendees to meet old and new friends. Food and thirst-quenching libations heightened the spirits of festive participants. On subsequent evenings, convention participants were treated to celebrations at the San Diego Zoo, merriment aboard lavish yachts, and even survival challenges on an isolated island.

**ACADEMY BUSINESS MEETING**

The Academy business meeting sponsored by Songbird Hearing Aids held early on Friday morning met with the highest attendance ever (Perhaps it was the complimentary breakfast?)! There were more than 300 Academy members present to hear updates from Academy Board of Directors, Committee Chairs and the National Office staff. Most attendees at the business meeting stayed through to the end to take their chance to win an autographed Huey Lewis harmonica. Whether attendees were drawn by the call of the harmonica or the free breakfast, all left with a better appreciation and understanding of the many recent accomplishments and growth of the American Academy of Audiology.

**EXHIBIT HALL ROCKS!**

As in previous years, the world-class exhibit hall did not disappoint convention attendees. Many exhibitors included educational activities within their space. Enthusiastic professionals visited more than 400 exhibition displays from manufacturers, publishers, product distributors, allied health groups and audiology partner organizations who filled the acres of space in the giant exhibit hall. The San Diego Audiology Exposition featured “one stop shopping” for an exhaustive range of products and services with opportunities for prizes and gifts. Many brave spectators tested their rock climbing skills on the wall provided by Oticon — who contributed monies to the AAA Foundation as each climber reached designated levels on the wall. No doubt, all who were browsing the largest exposition devoted to “hearing” products in Academy history, took home new knowledge and bags of “informational goodies.”

**FIRST-TIMERS’ BREAKFAST**

More than 300 first-time convention participants began the Convention by attending the First Timer’s Breakfast. These early risers enjoyed a delightful breakfast and presentations by President Dave Fabry, Gyl Kasewurm and the ever-seasoned conven- tioneer, Jerry Northern. Academy Board Members were on hand to meet and greet the first timers. The Oberkotter Foundation sponsored the breakfast and provided each attendee with their new *Guide for Parents* package packed with information for the parents of young children recently diagnosed with hearing impairment. The success of this First Timer’s event makes it certain to become a permanent feature of future conventions.
The theme of this year’s convention is “Setting Sail for the Future.” Last year, in my President-Elect Address, I referred to Tennyson’s Ulysses, which talked of sailing beyond the sunset to new worlds. When the weather is smooth the wind is strong and the destination is known. This is an attainable goal. In rough seas, however, protective measures are required to avoid disaster. In sailing nomenclature, a “sea anchor” will assist with navigation and prevent the boat from capsizing. The Academy’s sea anchor is our strategic plan and it has been updated in the past year to provide direction for the next five years.

With any strategic planning process, the first challenge is to identify our basic mission, which for the Academy is to foster the provision of efficacious hearing health care that optimally meets the nonmedical needs of persons with impaired hearing. Embedded in these words is a fundamental premise of teamwork between clinicians, educators and researchers. Ironically, this collaborative spirit will help us achieve our goal of providing independent patient care without supervision by other healthcare professionals. I want to emphasize that doesn’t mean we won’t collaborate with other healthcare professionals and related professional organizations. If they share our mission, we will work with anyone. Further, we are not mandating that audiologists need to be the captains of the hearing healthcare team but we are not going to stand on the sidelines either.

Moving next to educational goals, our direction has been clear. The transition of the profession to the doctoral level is well underway. There are now 15 AuD programs accepting students and an equivalent number in various stages of development. The challenges ahead relate to the development of accreditation standards for educational programs and for the Audiology Foundation of America (AFA) to develop an icon used to identify our profession. By pooling our resources and talents, the impact will be much greater than when we go it alone.

Last year, President Glaser had the AuD students stand up at the Opening General
Assembly as a symbol of the future of audiology. This year, I want to ask the PhD students in the audience to stand. Now I would like to have the AuD students also stand up. This total group represents the future of our profession. That is not to say that the Academy will not support those in master’s degree programs but our strategic plan and our future is based on the doctoral degree. That being the case, we are at a crisis stage with regards to research and the education of future researchers within our professional ranks. As critical as the AuD is to our clinical success in the future, it will not be possible without strong PhDs (audiologists) to develop and refine our research agenda.

One of the objectives of the Academy’s strategic plan is to foster and support outcomes-oriented clinical research and the development of clinical researchers but I don’t think that it goes far enough. Although I have spent the majority of my career in clinical practice, the education that I received at the University of Minnesota in the basic sciences has enabled me to be a better consumer of research, even when not engaged directly in the collection of data. Further, some of the most influential research had very little to do with clinical relevance, at least at the start (for example, otoacoustic emissions). We cannot be so limiting as to place restrictions on the type of research that the Academy will promote because the scorecard on clinical applicability is often not judged until years transpire. Rather, we develop a collaborative model of mutual respect between AuDs and PhDs regarding our collective goals for audiology in the future. Further, we cannot allow the situation to remain as unbalanced, in terms of numbers, as it is at the present time. There have been preliminary discussions between the Academy and other professionals and NIDCD regarding future strategies to increase the number of audiologists engaged in research careers and there is a Roundtable Research Forum at this convention on the same topic. At that forum, Brenda Ryals and Lisa Hunter will unveil the results of a recent survey of Academy members in research careers. There are no easy answers to this issue but we must not ignore the fact that a problem exists and recognize those who attempt to provide solutions.

One of the privileges of serving as Academy president is to present an award to the person or persons who serve the Academy in unselfish fashion. I cannot think of a group that embodies the spirit of volunteerism better than this year’s award winners. If the central theme of my message is collaboration, with an emphasis on the combination of research, education and clinical practice, then the team that developed the Audiology Clinical Practice Algorithms and Statements is exemplary. This document, which was published in a special issue of Audiology Today in August 2000, was the culmination of nearly three years of effort. The overall goal was to maximize the value of health care to patients for adults and children—were procedures that have relevance to most audiologists in clinical practice. If you have not read this document, I encourage you to do so. It is with great pleasure and esteem that I present the 2001 President’s Distinguished Service Medal to the authors of this important document: Gene Bratt, Kathleen Campbell, Evelyn Cherow, Alison Grimes, George Haskell, Larry Higdon, Patricia McCarthy, and Douglas Noffsinger.
I have enjoyed serving as Academy President for nearly four months. During that time I have traveled to many locations, including Puerto Rico, Australia, Italy and Brazil. The Academy is truly a global organization and it is a tribute to Briseida Northrup and her committee members from the Council on Diversity and International Exchange (CODIE) that their efforts required the committee to be divided into two - The International Committee, headed by Robert Traynor and David Baguley and The Committee on Cultural and Linguistic Diversity, headed by Bopanna Ballachanda. I also want to acknowledge the recipient of the CODIE Award, Dr. Poonpit Amatyakul, for his pioneering work in the development of graduate degree programs in audiology in Thailand.

In closing, I must acknowledge the support of Mayo Clinic for allowing me to take on this “volunteer” position and for recognizing the importance of scholarly activity that transcends RVUs or CPT codes. In addition I want to thank my colleagues in the Audiology Section at Mayo Clinic who have been very supportive and understanding during the past several years, during which time my clinical productivity has declined and my attentions have often been focused elsewhere. I am biased but I think that they are the finest group of audiologists anywhere in the world.

Finally, I want to thank my wife, Lee, and daughter Loren, who have patiently endured many weekends alone while I travel around the globe as an ambassador for the Academy. Audiology has enabled me to travel the world “on my ears,” but it has also extracted a toll that is difficult to repay, particularly for my family.

I look forward to serving the Academy in this office for another eight months, twelve days and ten hours, after which I will return to my life as a clinical audiologist. It is a privilege and honor, and I will do the best that I can to represent you well. Thank you.

Of all the issues facing the practice of audiology, perhaps the most significant is related to reimbursement. This will be the case until audiologists are recognized by the federal government as qualified providers of diagnostic and rehabilitative hearing health care services. When the Academy Board of Directors was considering keynote speakers for this convention, it was obvious that new Secretary of Health and Human Services, Tommy Thompson, was at the top of our list. Marshall Matz, legislative counsel for the Academy, summed it up eloquently stating, “It is an extraordinary tribute to the American Academy of Audiology and its members to have Secretary Tommy Thompson with us at the Convention in San Diego. Hosting a Cabinet Official, the Secretary of Health and Human Services in particular, is another political step forward for the Academy.

Secretary Thompson has jurisdiction over the Food and Drug Administration as well as the Health Care Financing Administration, which administers both Medicare and Medicaid.”

In addition to reimbursement another area vital to our future is our focus on research. In his role as Secretary of Health and Human Services Thompson oversees the National Institutes of Health which includes the National Institute on Deafness and Other Communication Disorders. Obviously, we are incredibly fortunate to have the person who holds so many keys to our future with us today to address this audience.

Secretary Thompson’s address today would not be possible; however, without the assistance of my colleague and good friend, Dr. Thomas McDonald, Chair of the Department of Otorhinolaryngology at Mayo Clinic in Rochester, Minnesota. Captain, my Captain, I don’t know how I can ever repay you and I know that if we could clone the collaborative model that we have at Mayo, the world would be a much simpler place.

Unfortunately, the world is not an ivory tower; however, and audiology faces many challenges to our scope of practice. I am very honored and proud to welcome Secretary Tommy Thompson to address the Academy. But first, a few background remarks are necessary.

Prior to serving as Secretary, Mr. Thompson served as Governor of the great state of Wisconsin since 1987. During his record setting tenure he was noted for welfare reform, during which the monthly caseload declined by 90%, while the economic status of those taking part in the program improved. Another focus of then Governor Thompson was to improve health insurance coverage for low-income children and families in the state of Wisconsin, enrolling over 77,000 individuals as of November, 2000.

Mr. Thompson was born in Elroy, Wisconsin in 1941, and received both his bachelor’s and juris doctorate degrees from the University of Wisconsin. He began his career in public service when he was elected to the Wisconsin State Assembly in 1966. He and his wife, Sue Ann, have three children — Tommi, Kelli, and Jason.

Without further ado, I invite my fellow Wisconsinite, Secretary Tommy Thompson, to address the 2001 American Academy of Audiology Opening General Assembly.
An attentive crowd of nearly 3,000 audiologists witnessed an historic event when US Secretary of Health and Human Services (HHS) Tommy Thompson spoke at the Opening General Assembly at the San Diego Convention. The event marked the first time that a cabinet level official has attended an event sponsored solely by audiologists. Secretary Thompson heads the federal government’s largest departments, including the monster-sized federal health insurers programs, Medicare and Medicaid. These agencies are part of the Health Care Financing Administration (HCFA) which manages all of the nation’s reimbursement issues - topics of importance to all audiologists.

The Secretary extended a warm welcome to all audiologists. “I want you to come in and talk to me,” Secretary Thompson told the standing room only crowd. “If you have problems, come in and see me. Everyone else does!”

Secretary Thompson emphasized new plans and programs to bring an innovative spirit to the huge Health and Human Services Department and its more than 300 programs. He told the audience of appreciative audiologists that he plans to partner with the profession to make government more responsive to public needs.

“Why do we have two national health department definitions for audiologists? Why don’t we get the organizations together, sit down and solve the problem once and for all?” Thompson quipped. Thompson’s remarks were often interrupted by applause from cheering audiologists who fully appreciated his concerns for our problems of providing hearing services to the nation.

Secretary Thompson admitted having a unilateral, sudden hearing loss in his right “Republican” ear causing him to listen with his left “Democratic” ear.” His personal experience with hearing loss gave him a new appreciation of the communication difficulties experienced by persons with hearing deficits.

Secretary Thompson, formerly the longest serving Governor in Wisconsin, was eager to meet audiologists from his home state. During his speech to the general session he emphasized his intent to provide fresh and innovative thinking to his position. “I’m an activist and I want to get the job done,” noted Thompson. The Secretary sent an important message to audiologists by recognizing the need for our direct access to Medicare and Medicaid patients. His emphatic promise to address the concerns of audiologists brought roaring applause from the audience.

Convention attendees were thrilled and honored to have such an influential government official serve the keynote address to the Convention. There is little doubt that the profession of audiology has made significant inroads toward achieving national legislative support as the Secretary has new knowledge of our growing profession. Secretary Thompson found he shared a common bond with Academy President Dave Fabry when he learned they were both “Hog-riding Harley lovers.” Fabry awarded Thompson a plaque of appreciation from the Academy (as well as a new Harley-Davidson tie) to the Secretary and noted to the general assembly that the Secretary’s visit will contribute greatly to the mission of our Academy and will long be remembered by audiologists as a highlight of the 13th Annual Convention in San Diego.
The introduction of Huey Lewis by Robert Sweetow included some surprise references to the singer’s top recording hits: “Our next speaker is well known to all of you. Despite enormous demands on his time, he agreed without hesitation to attend our convention and share his personal experience with sudden hearing loss, how it affected his professional and personal world, and his convoluted journey to reach the world of audiology. Huey Lewis is responsible for producing more hits than Tony Soprano, Vito Corleone, Al Capone and Anna Kournikova’s website. I desperately tried to remember the titles of his many hit songs even though I put my ‘Heart and Soul’ into thinking about them, I even tried to invoke the ‘Power of Love’ to help me. Finally, I gave up trying to write a clever introduction because frankly...’It’s Hip to Be Square’. All right, even I admit this introduction is kind of corny. As I reviewed it last night I thought to myself, ‘If This Is It, I Want A New Drug’. Now if you don’t know who Huey Lewis is, you just totally missed the point of my introduction. So without further ado, here is the ‘Heart of Rock and Roll’, Huey Lewis.”

Opening Session

Attendees of the Opening Session were entertained by the harmonies of the Pacific Sound, an award-winning chorus of barbershoppers from Southern California, including our own AAA Past Board Member, Michael Marion. A brass band ensemble entertained the crowd with an excerpt from the appropriate music of “2001–A Space Odyssey”, featuring our own Academy President Dave Fabry, playing lead on tympani drums. An international tribute and the national anthem from Pacific Sound followed.

The general session’s favorite speaker, however, was rock and roll legend Huey Lewis, lead vocalist of Huey Lewis and The News, who gave a warm and humorous account of his personal experience with sudden hearing loss. He related his efforts to identify the cause of his hearing loss and search for treatment as suggested by friends and family members. Lewis was especially concerned about his unilateral hearing problem with fear that it would affect his singing. After futile and hopeless visits to physicians (who gave him the proverbial advice, “learn to live with it”), a chiropractor and an acupuncturist, he finally encountered an audiologist, Robert Sweetow, at the University of California San Francisco Medical Center. His description of his adventures in seeking help with his hearing loss hit home with the audiology audience who expressed their appreciation for his acknowledgement that it was an audiologist who provided him with the most hope for his problem. Huey Lewis accepted a plaque from the Academy and expressed his appreciation to all audiologists for our supportive efforts in behalf of persons suffering hearing loss.
A frequent comment, when I ask patients why they’ve come to see me, is that they have difficulty hearing their spouses. I often joke that as an audiologist I know a lot about hearing but not enough about listening to your spouse. At one-time or another all of us have said to a spouse or a child, “I know you’ve heard me but you are not listening.” In my term as president-elect and then president of this Academy, I hope to learn a great deal about asking the right questions and hearing, listening and responding to the needs of audiologists. Certainly the honor of being elected to this position gives all of the Academy’s board a unique opportunity to view this wonderful profession and its practitioners, researchers, students and teachers from a privileged vantage point. The Academy’s Strategic Plan is an attempt to respond appropriately to the voices of our membership and to take actions based on the belief system that comes from listening. Here are some beliefs about what our members hope for themselves and their profession.

Audiologists believe that this Academy has an obligation to set high standards for its members. In response, the Academy has supported and will continue to support the development of both distance and in-house AuD programs as the entry-level preparation for clinicians. In response, President Fabry has established a task force, chaired by Brian Walden, to review the Academy Code of Ethics to ensure that it addresses our members needs in the current healthcare environment. Certainly our members believe that a Code of Ethics should be based on adherence to high standards, not on the forced purchase of a certificate. This association would never cheapen the concept of ethical practice by equating it solely with the purchase of a particular certification, or by requiring the purchase of a particular certificate as a requirement of membership. We aim to represent all licensed audiologists.

Audiologists believe that the heart of the audiology profession, and the key to the broad preparation clinicians need, is the research and academic community. The need to recruit PhD students to meet the scientific and educational needs of our profession is critical. In response, Bob Glaser, and now President Fabry, and most certainly I, have pledged to devote the Academy’s resources to developing and implementing strategies to support the academic and scientific community. The necessary support for development of AuD programs and doctoral level entry into this profession must not be viewed as, or result in, reduced support for PhD programs whose core responsibility is the creation of scholars, teachers and researchers. I hope to make this effort a hallmark of my service to the Academy in the coming two years.

Audiologists sincerely believe that their work is unique and critical to the hearing impaired community we serve. They believe that they can, and should, be the entry point into the hearing healthcare system. And, they believe that they should be recognized and reimbursed fairly for the essential services they provide. In response, the American Academy of Audiology and the Academy of Dispensing Audiologists have joined together to inform and to petition HCFA, the Congress and other third party payers to accomplish these goals. The Academy continues to petition the Department of Labor for more accurate definition of the audiology profession in the SOC codes. We have redoubled our efforts to ensure that audiologists, like other diagnosing and treating professions, are recognized by their licensure status – not their purchase of an entry level certificate. We will support the upcoming efforts that will be necessary to ensure that licensure laws reflect the higher standard now required for the practice of audiology.

Finally, audiologists wish to be recognized as an autonomous profession and to be represented by a professional organization with only their needs in mind. It is harmful to the audiology profession to have its needs confused or associated with the very different needs of the profession of speech-language pathology. It is impossible to participate in meetings at HCFA, the Department of Labor or with congressional leaders without being aware of how the historic pairing of these two different professions clouds the goals we have for our profession. The Academy aims to promote awareness of the profession of audiology and its practitioners.

My e-mail address is eartoday@aol.com. Please help me to hear and listen to your concerns by writing to me there. I thank you for allowing me the honor of representing you and the profession.

President-elect Angela Loavenbruck

ADDRESS BY PRESIDENT-ELECT ANGELA LOAVENBRUCK

President-elect Angela Loavenbruck addressed the Opening Session at the San Diego Convention with a stimulating short speech which highlighted her vision for the future, her impassioned love of the profession, and the sentiment that audiologists should be recognized by their degrees and credentials and not merely by a certificate.
ACADEMY HONORS

The 2001 Honors of the Academy were presented during the Opening General Session. Selected from nominations submitted to the Academy Honors Committee chaired by Robert Keith, Frank Brister and Christine Gerhardt-Jewell were honored for their Humanitarian Service. The Career Award in Hearing was presented to Mark Ross and Salah Soliman. James Lankford was the recipient of the Clinical Educator Award. The Jerger Career Award for Research in Audiology was presented to Brian Walden for his more than thirty years of scientific contributions to the profession.

GRATITUDE FROM SALAH SOLIMAN

Editor’s Note: Although Salah Soliman of Egypt was unable to personally accept the Academy Career Award in Hearing at our Convention in San Diego as he was participating in the wedding of his daughter, he sent the following letter of appreciation:

To: Members of the Academy of Audiology

I am indeed honored to receive this very distinguished award from the Venerable Academy. It has not only lifted my spirit but will be conducive to work harder to serve those who are less fortunate with hearing disabilities. I had planned to attend the convention and receive the award personally but unforeseen circumstances beyond my control did not permit me to live this glorious moment. Indeed, it is one of the most cherished moments in my career. Finally, dear friends, allow me to express my deep gratitude and sincere thanks to all of you, especially those who nominated me and expressed their judgment on what I have achieved during my career.

—Salah M. Soliman,
Professor of Audiology, Ain Shams University, Cairo, Egypt.

RELIVE THE EXCITEMENT OF CONVENTION 2001!

Did you miss a course that you really wanted to attend?

Wish you had taken better notes?

Or maybe you’d like to play Tommy Thompson’s rousing speech for your staff?

You can purchase audio cassette recordings of individual sessions from Convention 2001 by visiting our web site. Simply go to www.audiology.org/convention/2001/, follow the link, and choose the sessions you want to hear. The audio cassettes are $13 each and will be sent promptly to you by mail.
International Activities

The beautiful city of San Diego proved to be a magnificent venue for our international audiology visitors as the 13th Annual Convention once again served as host to a large gathering of international attendees. Over 1273 of the convention registrants were from outside the US. New heights of cultural diversity were present in the crowds at every event of the meeting. The growing numbers of international registrants serves as a reminder that the Academy Convention has become “the place” to meet and mingle with colleagues from around the globe. International attendance set new records this year with attendees from Brazil, Australia, Japan, England, Germany, New Zealand, Canada and numerous other countries.

The new Academy International Committee, headed by Robert Traynor from Colorado and David Baguley from England, met during the convention to outline strategies for increasing international membership in the Academy. A concept under consideration is to provide international members electronic access to our journals to reduce the expense and delay of overseas mailing of our materials. The International Reception (sponsored for the third year by Bernafon) was a resounding success and provided a wonderful opportunity to meet and establish relations with audioligic colleagues visiting from abroad. For the first time, an international audiologist, Salah Soliman, received the Honors of the Academy for his pioneering work in establishing academic training programs for audiology in his native country, Egypt.

The Committee on Cultural Diversity and International Exchange organized a special feature session on auditory neuropathy. Prior to an informative tutorial on this new auditory disorder presented by Linda Hood, Doris Lewis and Lena Wong, committee chair Brisey Northrup presented an award to Poonpit Amatyakul for his work to establish audiology training and hearing services in Thailand. Thailand has a population of 63,000,000 served by only 63 audiologists! President Fabry utilized the session to congratulate Northrup for her exemplary contributions in the promotion of cultural and international diversity in our Academy activities.
More than 350 audiology students were on hand at the convention to assist with Featured Sessions and Instructional Courses and to provide helping hands at registration and various social events. “The student volunteers were outstanding and played an integral role in helping the convention run smoothly,” according to student volunteer coordinator Paul Pessis. “The Academy is proud to embrace these students and we look forward to a long and interactive relationship for years to come,” noted Pessis.

Oticon sponsored the well-attended Student Welcome and Reception, where convention neophites were coached on getting the most from the convention experience as well as being provided information about other beneficial functions of the Academy. One of the highlights of the Student Orientation and Reception was a drawing for a harmonica autographed by Huey Lewis.

Bob Margolis steered the Student Research Forum where the results of five outstanding research projects were presented by student award winners Kelly Shea-Miller, Letitia Jean Walker, Candace Courland Hicks, Melanie Lynn Moore and King Chang. Each of the student researchers received a plaque and an award check for $500.

NAFDA (National Association of Future Doctors of Audiology) hosted a meeting where the newly elected Board of Directors revealed the outcomes of a recent strategic planning session. President Jina Scherer’s message focused on the valuable assistance the NAFDA advisory board has provided throughout the past year and unveiled plans for future activities.
Paul Pessis organized the Student Convention Volunteer Program.

Linda Hood and Student Research Award Winner Pritesh Pandya.

Ball State AuD students

University of Florida AuD students

Oticon staff hosts Student Welcome Reception.

“This is going to be so much fun!”

Hurry, hurry…

and HURRY!
The AAA Foundation was very evident around the San Diego Convention venue with sponsorship of several activities. Led by Chairman Creig Dunckel, the AAA Foundation Trustees organized a fundraising golf tournament, silent auction in the convention exhibit hall, and the new Celebration of Audiology Legends Reception. The early evening reception was designed to recognize and congratulate the recipients of the Academy honors. Open to all convention attendees, the reception featured short presentations by each of the “Audiology Legends” to discuss their personal histories, their selection of audiology as a career, as well as an opportunity for them to thank their mentors and other professionals who served as positive influences on their illustrious careers. The success of the AAA Foundation sponsored evening program promises to make this event an annual part of future conventions.

It was a windy day but the rain held off for the AAA Foundation’s First Annual Golf Tournament which was held Friday, April 20 during the Academy’s Convention in San Diego. Approximately 80 players turned out for the event that raised more than $20,000 for the Enable and Assist Program of the Foundation which provides scholarships to working audiologists seeking their AuD degree. “The tournament was a great success,” said D. Creig Dunckel, chairman of the AAA Foundation. “We are thankful to our sponsors and the players who came out to help raise money for this important program. The golf course at the Doubletree Resort was beautiful and it was a fun afternoon for everyone.”

Congratulations go out to the winning group who came in with a score of 10 under par. The group of Ken Heard, James Wise, Bob Childress and Ken Jones took first place in the tournament. Second place went to Thomas Karren, Laura Garnish and Mike Perry with a score of 64, eight under par.
Third place was a tie between four groups who each scored 66: Kurt Trede, John Balboa, Terry Roberts and Randy Schoenborn; Mike Remetta, Bill Potter, Steve Hutt and Jim Mitchell; Kerry Ormson, Steve Staller, Wes Warren and Jim Miller; and John Ditzler, Tony Lombardo, Jack Fley and Pat McGee.

There was no winner of the $10,000 hole-in-one prize but Karen Jacobs won a new Ping driver with the longest drive on hole #12. Paul Pessis took home the prize for “closest to the pin.” Participants were in for a special treat when well known actress and singer Shirley Jones joined the victory celebration in the clubhouse following the tournament.

The Foundation would like to thank everyone who came out and enjoyed the afternoon on the links. They would also like to thank Oticon for sponsoring the lunches and hole-in-one contest and Sonic Innovations for sponsoring the buses and longest drive contest. In addition, the AAA Foundation thanks all of their sponsors including Siemens, Miracle-Ear, Phonak, ESCO, Symphonix, Etymotic, Cochlear Corporation, HEARx and Songbird Hearing. We look forward to seeing everyone for our Second Annual Golf outing in Philadelphia!
For the first time in Trivia Bowl history (and a possible question for future competitions), two teams came up with precisely the same score to share the 2001 championship honors. Although the “Phonemic Regressives” were announced at the Trivia Bowl as first place winners, a recount of scores revealed an error in the posting of team points. The recount catapulted the “Phonemic Aggressions” into a tie for first place! The “Cochlear Avengers” placed second and the “Trapezoid Bodies” took third place honors. A new student team competition category was won by “AuDacity Returns.”

The “Phonemic Regressives” team holds the record for most wins in the Trivia Bowl competitions and included Jay Hall (captain), Susan Boyle, Michael Metz, Wayne Staab, Mary Lou Luebbe-Gearhart, Georgine Ray, Frank Musiek, Debbie Moncrieff, and Krista and Robert Traynor. Members of the co-champion “Phonemic Aggressions” team were John Greer Clark (captain), Todd and Jane Porter, Steve Miller, David Kirkwood, Jayne Rayman, Dennis Colucci, Maggie Hamilton, Cathie Richards, and Carol Flexer.

More than 700 audiologists attempted to meet the challenges presented by Trivia Master Gus Mueller and Prolocutor Jerry Northern, who together strived to stump participating teams with hearing and audiology-related questions from the most trivial of unknown and unimportant facts. Consensus was expressed that this year’s questions were among the most difficult in the history of the Trivia Bowl, which is sponsored annually by Siemens Hearing Instruments.

Finalists for the 2001 Trivia Bowl team name competition included “The Dead Batteries,” “Naughty-ologists,” “SSPL (Same Sad Perennial Losers),” “Concha Hear Us?,” “The AuDBalls,” “ASU (Audiology Students Unemployed)” and the “Mighty, Mighty Pure Tones.” The winning team name was determined by measuring the highest overall sound pressure of applause and audience appreciation. The winning team name was “Hidden Wax, Crouching Q-Tip.”
Now that you’ve had time to give it some thought, we’d like to hear from you. Tell us what you liked about this year’s Convention & Exposition and what you think needs improvement. That way we can make next year’s Convention in Philadelphia even better. Just http://www.audiology.org/convention/feedback/, tell us your thoughts and you’ll be automatically entered to win complimentary registration to Convention 2002 in Philadelphia.

Look Out, Philly, Here We Come!

As the sun set on the beautiful San Diego harbor and audiologists prepared for their trips home, Convention Chair Barbara Packer and the Convention Committee 2002 were already charting the course for next year’s convention in Philadelphia. “The San Diego Convention was a huge success and exceeded even our highest expectations,” exclaimed Gail Gudmundsen, Convention Chair 2001. “If the past serves as a doorway to the future, the Academy’s Convention will prove to be even bigger and better next year.” Stay tuned for further details in Audiology Today and mark your calendars right now for April 18-21, 2002 when the 14th Annual Academy Convention will make history in Philadelphia, PA.
Why Contribute to the AAA-Political Action Committee?

Our profession’s recognition by Federal Blue/Cross and Blue Shield and Secretary Thompson’s desire to update the regulations affecting Medicaid, can be traced directly to the supportive activities of the AAA-PAC. Every dollar you contribute goes directly to Congressional campaigns that support direct access to audiology services. The autonomous practice of the profession depends upon insurance carriers and governmental regulators recognizing audiologists as the managers of hearing health care. This step is vital to the interests of all audiologists regardless of practice setting. Support your future by supporting the AAA-PAC today!!

American Academy of Audiology Inc. Political Action Committee

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Paid for and authorized by the American Academy of Audiology Inc. PAC.
It might be difficult for a young audiologist to imagine our profession without hearing aid dispensing. But not selling hearing aids was at the core of audiology’s beginning in the early years. Raymond Carhart dispensed free hearing aids in his military AR programs during WWII. A two-week, or longer, process for hearing aid evaluation (HAE) was enabled by having military personnel provide this service. Out of necessity, an abbreviated HAE process had to be developed for serving the civilian population. This process was initiated after the war, primarily in speech and hearing centers in university training programs. The “academic” HAE was taught to audiology students. A patient was evaluated with two, three or more hearing aids and test scores were compared to determine which was most suitable. The selected hearing aid was recommended for purchase through referral to a hearing aid dealer. The ASHA Code of Ethics was formulated in 1948 to insure that our professional objectivity would not be tainted through rules that prohibited audiologists from selling hearing aids. Many problems with the “academic” HAE procedure were noted in the 1950s and the problems became more evident during the 1960s. Hearing aid dealers were supposed to send their customers to us for audiologic evaluation and then the dealers would sell these patients the hearing aids recommended by audiologists. This ideal seldom happened unless it was a troublesome customer plaguing the dealer!! As the public was free to go directly to the dealer for evaluation and purchase of a hearing aid they readily did so. When audiologists recommended a hearing aid the patient was supposed to return for aural rehabilitation. That return visit by the patient also was a rare occasion. If the patient was happy with the hearing aid fitting why would they bother going back to the speech and hearing center? Unfortunately, if the patient was unhappy with the hearing aid, they also did not return to the speech and hearing center. After all, who sent them for the unhappy care? Perhaps most distressing of all was the absence of patient feedback to the audiologist. This made it difficult to evolve processes and procedures that would be beneficial for patients. But with the ASHA Code of Ethics hovering over our heads, we audiologists held on steadfast to the “academic” HAE and referral to hearing aid dealers.

In 1966, a Conference on Hearing Aid Evaluation Procedures was convened in Chicago. Government support for such conferences was common in those heady post-sputnik days. As often occurs, an unintended consequence unfolded during the conference. The ten participants in the Professional Qualifications and Standards Panel, spontaneously, after serious discussion and deliberation and without prior thought, concluded that “Action to allow audiologists to dispense hearing aids under prescribed conditions is recommended by members of Panel VI.” Ten audiologists, James Graham, Duane Anderson, Raymond Bernero, Donald Calvert, Earl Harford, Janet Jeffers, L. Deno Reed, Phillip Yantis, Frank Lassman and David Goldstein, had dared to suggest that it could be in our patient’s interest to directly dispense hearing aids. This recommendation, of course, was in clear opposition to the rules of ASHA’s Code of Ethics. This realization seems trivial now, bordering on comical, but so outrageous was this recommendation that it took two years of negotiating our case with the ASHA National Office and the leaders of our academic training programs before the proceedings of this conference could even be published! There were expressions of shock among renowned audiologists who felt that dispensing hearing aids would undoubtedly begin the demise of audiology. There were anonymous threats mailed to proponents of the dispensing position; humorous now only in retrospect. The proceedings of the Conference, with our recommendation for audiologists to directly dispense hearing aids to patients, were published but only after we agreed to a footnote warning the reader that “…the recommendation came from the panel of ten persons and was not a recommendation of the conference as a whole nor had the recommendation been accepted nor approved by ASHA.”

ASHA finally changed its Code of Ethics 12 years later to allow audiologists to dispense hearing aids. What transpired and how this important change came to pass is yet another story for a future Historical Vignette.
<table>
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<tr>
<th>Event</th>
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<tr>
<td>Experience the Magic</td>
<td>May 24 - 27 – Orlando, FL</td>
<td>Florida Academy of Audiology</td>
<td>Gail Williamson 561-334-0213</td>
</tr>
<tr>
<td>Rehabilitation &amp; Restorative Nursing</td>
<td>May 31 – Cromwell, CT • June 14 – Cincinnati, OH</td>
<td>Healthcare Information Network, Inc.,</td>
<td>Karen Blake 315-461-0456</td>
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<tr>
<td>rehabilitating nursing</td>
<td>June 19 – Cuyahoga Falls, OH • June 20 – Columbus, OH</td>
<td>Florida Academy of Audiology</td>
<td>Gail Williamson 561-334-0213</td>
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<tr>
<td>Axiom Region Training Course</td>
<td>Various Dates/Locations in May, June, and July</td>
<td>Lori-Unitron, Contact: Denise Colo 800-888-8882</td>
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<tr>
<td>Nexus Region Training Course</td>
<td>Various Dates/Locations in May, June, and July</td>
<td>Lori-Unitron, Contact: Denise Colo 800-888-8882</td>
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<tr>
<td>Oregon Academy of Audiology Convention 2001</td>
<td>June 1 – 2 – Portland, OR</td>
<td>Oregon Academy of Audiology, Contact: Beth Carter 503-251-6350</td>
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<tr>
<td>Disposable, Entry Level and Instant Fit Hearing Aids</td>
<td>June 1 – Cleveland, OH</td>
<td>Northern Ohio Academy of Audiology</td>
<td>Sally Raycheck 440-519-6835</td>
</tr>
<tr>
<td>Managing Difficult Patients</td>
<td>June 5 – Lauderhill, FL • June 6 – Boyton Beach, FL</td>
<td>HEARx, Contact: Suzanne Younker 561-478-8770, x111</td>
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<tr>
<td>ABR/OAE Evaluation of Infants</td>
<td>June 6 - New York, NY</td>
<td>ICS Medical Corporation, Contact: Michelle Petrak 847-534-2150</td>
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<td>ENG</td>
<td>June 7-8 - Clearwater, FL</td>
<td>American Institute of Balance</td>
<td>Richard Gans 800-245-6442</td>
</tr>
<tr>
<td>Mastering Beltone’s Consultative Care Process</td>
<td>June 8 – 9 – Charlotte, NC • June 8 – 9 – Washington, DC</td>
<td>Beltone Electronics Corp.,</td>
<td>Diane Russ 773-866-7545</td>
</tr>
<tr>
<td>Understanding Otoacoustic Emissions</td>
<td>June 8 – Elmhurst, IL</td>
<td>Auditory Instruments of IL, Inc.,</td>
<td>Kevin or Jan Pearson 630-758-0515</td>
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AMERICAN ACADEMY OF AUDIOLOGY
CONTINUING EDUCATION CALENDAR

Advanced AVE Seminar
July 19 - Syracuse, NY
Beltone Electronics Corp., Contact: Diane Russ 773-866-7545

The Key to Successful Physician Marketing:
The Sonus Approach
July 21 – Portland, OR
Sonus USA, Inc., Contact: Michelle Fusco 503-225-9152

Advanced Institute: Video-Oculography (VOG)
July 26-28 - Clearwater, FL
American Institute of Balance, Contact: Richard Gans 800-245-6442

Basic Canta Training
Various Dates/Locations in May and June
GNReSound, Contact: Laura Walter 952-769-8480

Greenhouse Online Training Program
Sonus USA, Inc., Contact: Michelle Fusco 503-225-9152

Full Day Canta Training
Various Dates/Locations in May, June, and July
GNReSound, Contact: Laura Walter 952-769-8480

Advanced Applications of Digital Technology
Various Dates and Locations in May
Phonak, Inc., Contact: Melissa Pacey 630-821-5217

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

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

14th Annual Convention & Exposition, April 18-21, 2002
Philadelphia Convention Center, Philadelphia, PA,
Barbara Packer, Chair

15th Annual Convention & Exposition, April 3-6, 2003
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
COLORADO

AUDIOLOGIST:

Experienced audiologist wanted for a middle ear implant company conducting FDA clinical trials of a novel middle ear implant for sensorineural hearing loss. Otologics, LLC, is located in Boulder, CO, a mid-sized community nestled in the foothills of the Rocky Mountains. This position will require solid experience in hearing aid dispensing, strong computer and writing skills and the ability to function in a fast-paced environment. Travel to domestic and foreign clinical trial sites is required. The qualified applicant will have a Master’s or PhD in Audiology with 5-10 years of clinical experience.

This person will work in the areas of regulatory, clinical trial management and marketing. This is a full-time position and is open immediately with salary and benefits that are negotiable and competitive.

Qualified applicants should send a cover letter stating abilities and interest in this position, resume, names and phone numbers of references and salary history. Please e-mail these materials to resumes@otologics.com or fax to (303) 448-9955.

OHIO

AUDIOLOGIST:

Full time audiologist with CCC-A or strong CFY needed for multi-office BNT practice in Troy and Sidney, Ohio. MA/MS or AuD required. Must be eligible for Ohio state license. Diagnose and dispensing in pediatric through geriatric populations. ABR/ENG experience preferred. Send resume to: ORL, Inc., Attn: Kim, 41 S. Stanfield Road, Suite C, Troy, OH 45373; Phone: (937) 335-4862; Fax: (937) 335-4995.

SCHOOL DIRECTOR/PROFESSOR:

The University of Akron is a major metropolitan teaching and research institution in Northeast Ohio. The School of Speech-Language Pathology and Audiology is clinically focused and offers an undergraduate program in Speech-Language Pathology and Audiology, and graduate programs leading to MA degrees in both Speech-Language Pathology and Audiology. We are in the process of developing a joint AuD program with Kent State University. The School houses the Audiology and Speech Center and the university’s American Sign Language Program. We are accredited by both the Council on Academic Accreditation and the Professional Services Board of ASHA.

This person will work in the areas of regulatory, clinical trial management and marketing. This is a full-time position and is open immediately with salary and benefits that are negotiable and competitive.

Qualified applicants should send a cover letter stating abilities and interest in this position, resume, names and phone numbers of references and salary history. Please e-mail these materials to resumes@otologics.com or fax to (303) 448-9955.

INTERNATIONAL CANADA

FACULTY POSITION IN AUDIOLOGY ASSISTANT OR ASSOCIATE PROFESSOR LEVEL:

Applications are invited for a full-time probationary tenure track position in audiology at the assistant or associate professor level. This position requires expertise in electrophysiological aspects of audiology. Primary responsibilities include teaching graduate level courses, development of a program of on-going research and supervision of student research. Potential exists for participation in an international audiological initiative. This appointment is for 12 months per year with no summer teaching duties. Qualifications include completion of a doctorate degree. Previous teaching/research experience is an asset. Salary is competitive and will be commensurate with qualifications and experience. This appointment is subject to budgetary approval. Starting date is August 1, 2001 but may be negotiable. Applications will be accepted until the position is filled. All interested applicants may apply. However, in accordance with Canadian Immigration legislation preference will be given to qualified Canadian and permanent residents. Dalhousie University is an Employment Equity/Affirmative Action Employer. The University encourages applications from Aboriginal peoples, persons with a disability, racially visible persons and women. For further information, please contact Joy Armon, PhD, Director at (902) 494-7052 (phone); (902) 494-5151 (fax) or jamson@ids.al.ca (e-mail). Send letter of application, curriculum vitae, copies of recent publications, and three references to: Cathie Gillis, Administrative Coordinator, Faculty of Health Professions, Dalhousie University, 5968 College Street, 3rd Floor, Halifax, Nova Scotia B3H 3J5 Canada.
University of Arizona

is searching for a

DIRECTOR, HEARING CLINICS

The University of Arizona in Tucson is searching for a person to manage the Audiology Clinic operations while providing a full range of assessment and intervention services in the context of undergraduate and graduate student training.

Responsibilities include

the development and coordination of practicum externships and outreach programs. The Clinic Director will contribute to the didactic instructional program by lectures and demonstrations. Participation in research also is encouraged.

The University of Arizona is committed to developing an AuD educational program while it maintains a primary research focus. The Clinic Director will have a key role in the development of the AuD program.

Qualifications include

Master's degree in related field, CCC-A, eligibility for dispensing audiologist license in Arizona,

a minimum of five years experience involving provision of audiological services, clinic management and supervision.

A doctoral degree (PhD in related field, AuD) or similar is preferred. Emphasis in the area of assessment and intervention for pediatric and developmentally delayed populations is desirable.

The successful candidate will have a record of productivity in clinical service, management, teaching and research.

The Audiology Clinics are based on the campus of the University of Arizona, with outreach to the wider Tucson and southern Arizona community. The Clinics work in concert with the University Medical Center, public and private schools and community-based health programs.

The Audiology Program is part of the Grunewald-Blitz Clinic for Communication Disorders in Children and the Wings On Words Preschool and Kindergarten.

Tucson lies in a high desert valley surrounded by five mountain ranges. It is a year-round recreational paradise with a unique blend of western atmosphere and cosmopolitan style. Outdoor recreation opportunities abound, from camping and hiking to bicycling and horseback riding. This warm, friendly community is fondly called the “Old Pueblo”.

To apply, please submit a letter describing interests and background, a curriculum vitae and the names of three persons who will send letters of reference to:

Barbara Cone-Wesson, PhD, Chair, Search Committee, Speech & Hearing Sciences,
The University of Arizona
PO Box 210071, Tucson, AZ 85721-0071 or e-mail janew@u.arizona.edu

Review of materials will begin 5/10/01 and will continue until position is filled.

The University of Arizona is an EEO/AA Employer-M/W/D/V.
LET'S BUILD TOGETHER A NEW ERA

In recent years, early hearing detection and intervention (EHDI) programs for identification of infants with hearing loss have become well established in many countries. Compelling research demonstrates the feasibility, validity, reliability and effectiveness of EHDI programs for dramatically reducing the effects of congenital hearing loss. As the international conference in early hearing detection and intervention NHS 2002 will address the most recent research in newborn hearing screening, audiologic and medical diagnosis and intervention for infants with hearing loss. Both basic scientific advances and clinical studies will be presented. The first NHS Conference (NHS 2000, Milan, October 2000) attracted more than 450 participants from 60 countries. The purpose of NHS 2002 is to continue this international exchange through focused presentations of basic research and clinical applications of EHDI programs. This conference is intended for physicians, audiologists, and other professionals providing care to infants with hearing loss and their families. The organizers warmly invite you to Como Lake to meet new colleagues and old friends in a region of rich and fascinating history and culture!

Venue: Villa Erba Congress Center (Como). The Congress Centre of Villa Erba is a modern structure located in the park of an ancient villa (18th century), just in front of the Como Lake, at about 30-35 km from Milan, within an easy reach from Milano Malpensa Airport. The format of the conference includes keynote addresses, free papers and poster sessions.

Submissions are invited in the following areas:
Newborn hearing screening
Audiological assessment of infants
Medical and surgical intervention for hearing loss
Genetics of hearing loss
Strategies for aural habilitation
Amplification and cochlear implants
Physiologic measures of audiological function
Language development, cognition and deafness
Neuromaturation
Auditory neuropathies
Perspectives of the Deaf community
Other topics relevant to the goal of this conference

CALL FOR PAPERS

Interested and encouraged to submit scientific and clinical papers. You may submit your paper by e-mail, though our web site or by diskette. The abstract must contain: abstract's title, full names of all authors, affiliation of all authors. The maximum length should be limited to about 300 words. Abstracts must be sent for consideration by January 7, 2002 to Ferdi Grandori. Please specify whether you prefer an oral or poster communication and provide the name and full mail address (including e-mail) of a contact person. You will be notified by February 4, 2002 whether your abstract has been accepted for presentation. Authors will be notified of the format of the presentation (oral or poster) by the end of February 2002.

REGISTRATION FEES

370 EUROs before February 22, 2002
450 EUROs after February 22, 2002
200 EUROs for 1 day registration

Includes: Access to the scientific sessions, Access to exhibits, Book of conference abstracts, Conference lunches and coffee-breaks, Certificate of attendance

IMPORTANT DATES

Abstracts submission: January 7, 2002
Notification of acceptance: February 4, 2002
Registration and accommodation: February 22, 2002

INFORMATION

In Europe contact:
Ferdinando Grandori, Center of Biomedical Engineering,
Piazza Leonardo da Vinci 32, I-20133 Milan (Italy);
Fax: +39.02.2399.3367;
E-mail: nhs2002@biomed.polimi.it

In the USA contact:
Deborah Hayes, The Children’s Hospital,
1056 East 19th Ave.; B030,
Denver, CO 80218, Phone: +1(303) 861.6424; Fax: +1(303) 764.8220;
E-mail: Hayes.deborah@tchden.org

SPONSORSHIP

European Project AHEAD II, ARSI (Associazione per la Ricerca sulla Sordità Infantile), Bio-Logic, Consiglio Nazionale delle Ricerche, Cochlear, Fischer-Zoth, ICS Medical, Madsen, Natus, Oz Systems, Phonak, SLE-Sabre

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Earlier this year when the Academy produced the brochure “Selecting Hearing Aids That Are Right For You” we had no idea how popular this newest educational tool would be! More than 20,000 brochures have been ordered since a sample brochure was included in the January/February 2001 issue of Audiology Today, making it one of our most popular and fastest selling publications to date.

The Academy’s newest full-color brochure features up to the minute information on hearing aid styles and new technologies, and walks the patient through the steps in getting a new hearing aid. A statement of The Academy’s Pre-Purchase Assessment Guideline for Amplification Devices is printed on the back of the brochure.

In addition to its easy-to-read format and updated look, the brochure boasts excellent photography. Photos of various hearing aid styles were provided as a courtesy by Telex Communications, Inc. “I’m delighted that Telex could be part of this project,” said Brian Hill, Director of Marketing and Professional Services for Telex, and a member of the American Academy of Audiology. “I believe that consumers need to know that hearing aids are the treatment of choice for hearing loss. Telex is pleased to support the American Academy of Audiology and all of its member audiologists in this educational effort.”

“Selecting Hearing Aids That Are Right For You” is available in packages of 100 copies at the cost of $40 plus shipping for members and $50 for non-members. To order copies of the new brochure for your office or your educational in-service presentations visit the Academy Store at www.audiology.org to download a Publications Order Form, or contact The National Office at 1-800-AAA-2336.

Watch for a complimentary sample of the Academy’s new “Tinnitus” brochure inserted in a future issue of Audiology Today.
The Hearing Status of Athletes in Special Olympics Program

Judy Montgomery and Gilbert Herer, Washington, DC; Melina Willems, Belgium

Most special education, healthcare or rehabilitation professionals only have contact with persons with developmental disabilities if those individuals are receiving direct services. An opportunity to interact with these persons in a highly competitive sports environment is particularly rare. Since 1968, Special Olympics Incorporated (SOI) has conducted sports training and competition programs for persons with mental retardation and closely related developmental disabilities who excel at or are interested in team and individual sports. Presently SOI programs involve teams of athletes from 154 countries worldwide and meet for Winter or Summer World Games alternating every two years.

Healthy Athletes was a new component added to these national and international events in 1991 because SOI recognized the importance of the health of competitive athletes. It quickly became clear that Special Olympics athletes still did not receive routine vision, dental and hearing healthcare. This was especially evident in developing countries, although many professionals reported limited access and recalcitrant practitioners in the United States as well. Healthy Athletes is supported by corporate sponsors and healthcare disciplines. Its screening of dental and vision conditions of athletes has its own country.

In June, 1999 hearing screening of athletes was begun at the World Games held in North Carolina. In May, 2000 another comprehensive screening program was completed at the European Games held in Groningen, The Netherlands. Results of this second hearing screening, and comments and implications of the findings are reported here for professionals, students-in-training. They were professionals, professors, and students-in-training. They were trained by and worked under the direct supervision of an audiologist with extensive experience in screening and assessment of hearing.

Screeners were trained to use otoscopes for inspection of external ear canals, otoacoustic emissions (OAE) hearing screening instrumentation, puretone audiometers, and tympanometers to screen middle ear function. A specific protocol multiple copy report form was used to collect and record the screening results for each athlete. The athlete was screened for ear canal conditions (blocked/partially blocked by cerumen or clear) and for hearing acuity. Hearing screening was conducted at 2000, 3000, 4000 and 5000 Hz using OAE equipment which was set to detect hearing loss at 25dBHL or greater. If the OAE screening showed a referral the athlete was screened again using pure tone audiometry set at 25dB HL for test frequencies of 2000 and 4000 Hz. Those referred also had their middle ear function assessed with a tympanometric screening.

RESULTS

The results of the screening at the European Games revealed 26% (138 of 529) of the Special Olympics athletes failed the hearing screening. Of this group, 52% (72) did not pass tympanometric screening suggesting the presence of a conductive hearing loss. Conversely, 48% (66) passed the tympanometric screen which implies that they failed the hearing screening due to a sensorineural loss. Each athlete who failed the hearing screening was referred to professionals in his or her respective home country for follow up assessment. When possible, this information was also conveyed orally to accompanying coaches.

The overall results of the program showed 74% (391 of 529) of the athletes passed their hearing screening; however, 19% of this group had ear canals blocked or partially blocked with cerumen. They were referred for cerumen removal. A copy of the report form was used for referral purposes.

These results from the 2000 SOI European Games are similar to those found for 310 athletes screened as part of the Healthy Hearing pilot project conducted at the 1999 World Games in North Carolina.

IMPRESSIONS

It appears that a significant number of otherwise healthy world competitor level athletes with mental retardation and closely related developmental disabilities also experience some degree of hearing loss. Although the hearing of these athletes was only...
screened and further assessment is needed, the 26% fail rate noted at the 2000 European Games far exceeds expectations for the adolescent/adult population. This outcome may be indicative of a lack of hearing healthcare or treatment among these athletes. Another indicator of this possible lack of care is the fairly large group (19% by typical expectations) which was found to have cerumen blocking or partially blocking their external ear canals in the presence of normal hearing.

Unknown or untreated hearing acuity problems can have an adverse effect on an athlete’s ability to hear directions or other competitive signals and related instructions from the coach. These circumstances can affect performance and motivation. Although the lack of identifying hearing loss is not surprising in a population of persons with mental retardation, the fact that possible hearing loss is overlooked in routine healthcare of athletes is a concern.

RECOMMENDATIONS

A hearing screening program following the Healthy Hearing protocol should continue at SOI events to determine if: 1) Current high referral rates continue to be found; 2) Specific athletes with apparent hearing problems and needs are identified; 3) Other aspects of hearing healthcare should be addressed at SOI events; and 4) The findings with SOI athletes can be used to improve the hearing healthcare of other persons with mental retardation and closely related developmental disabilities.

ACKNOWLEDGEMENT

The authors wish to gratefully acknowledge Dr. Robert E. Cooke, Chairman of SOI’s Medical Advisory Committee, for recognizing the need to add Healthy Hearing screening to the Healthy Athletes program of SOI.
The American Academy of Audiology’s Complete Physician’s Referral Starter Kit helps you build lasting relationships that will help you grow your business!

Each complete kit contains:
- The comprehensive **Building Bridges Instructional Binder** — Your key to opening the door!
- The Physician’s Hearing Health Kit including:
  - A **Physician’s Handbook** on hearing health
  - 25 educational brochures for patients
  - An interactive **PowerPoint presentation** for office visits
  - The **HearPen Screener**

The Complete Physician’s Referral Starter Kit - including the market-tested Building Bridges instructional binder - is on sale now. **Order yours today**!

Educate your office staff!
The widely acclaimed Front Line Office Training Kit effectively teaches your staff about the profession and how to work with people who have hearing loss. Each kit includes an informative videotape, educational audio cassette, an easy-to-use reference book and a workbook — everything you need to ensure that every patient is met by someone who is a good communicator AND a good listener.

Special Offer for Academy Fellows:
Members can get the Complete Physician’s Referral Starter Kit plus the Front Line Office Training Kit for only $140....**That’s a $35 savings!**

**PAYMENT METHOD**

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☐ Credit Card: ☐ Visa ☐ Mastercard ☐ American Express

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**SHIPPING ADDRESS**

**CITY/STATE/ZIP**

**DAYTIME PHONE**

**EMAIL**
Jean A. Kienapple (JAK) passed away suddenly from a brain aneurysm on April 13, 2001 at age 46. Jean completed her master’s degree at Purdue University. She practiced audiology in Indianapolis for a period of time before returning to her native Canada where she practiced in Halifax. JAK was instrumental in founding the Canadian Academy of Audiology. Jean served on the Audiology Foundation of America Board of Directors and Advisory Board. A memorial fund in Jean’s name has been established at National Centre for Audiology; Attention: Lucy Kieffer; Elborn College, University of Western Ontario; London, Ontario N6G 1H1, CANADA.

**NEW LIFE MEMBERS.** The Board of Directors has approved Life Membership in the American Academy of Audiology for Mary Lou Seeliger and William F. Carver.

### MOZAMBIQUE

**AUDIOLOGY PROJECT UPDATE**

For the third time in three years the Audiology Project for Mozambique was able to provide education and clinical service to the hearing impaired. As part of the ongoing project, hospital personnel in the teaching hospital of Chicuque, Mozambique received training in advanced diagnostic audiological evaluation techniques. As patients were identified with significant hearing loss, audiologists Jackie Clark and Melissa Riley dispensed donated hearing aids. In addition, district social workers and health care workers were trained to conduct hearing screenings with children. In a country with no established hearing health care professionals, the hearing screenings are planned as a means to facilitate more accurate identification of children who might benefit from the newly established class for hearing impaired students. Starkey Labs donated battery-powered portable screening audiometers and UT Dallas Callier Center donated supplies. In addition, time also was spent in Maxixe, Mozambique conducting follow-up hearing assessments of the children in the hearing impaired class. Earmolds and hearing aids were re-issued to the children receiving benefit from amplification.

The next team for the Mozambique Audiology Project is scheduled to depart the United States on July 5, 2001 for a 2-week stay. Used or new hearing aids, audiometric earphones and audiology equipment are being sought to donate to this ongoing project to implement hearing health care in the country of Mozambique. More information about this self-funded project can be found at www.utdallas.edu/~jclar or contact Jackie Clark directly via e-mail (jclarke@utdallas.edu).

### CHARLES I. BERLIN CHAIR IN HEARING SCIENCES

The Louisiana State University Health Sciences Center Foundation has announced a fund raising campaign to establish the Charles I. Berlin, PhD Chair in the Hearing Sciences. As a fitting climax to his career, Berlin has dedicated himself to leaving LSUHSC with two endowed chairs and an endowed professorship. The Kenneth and Frances Barnes Bullington Professorship in Hearing Research has been completed through a gracious gift from Frances Barns Bullington. The Kenneth and Frances Barnes Bullington Chair has been pledged as a bequest. The LSUHSC Foundation will attempt to raise $600,000 and apply for $400,000 in matching funds from the State Board of Regents to complete a $1 million endowed chair in honor of Berlin. Berlin stated, “I want to leave a permanent legacy to LSUHSC, so my successors will never again have the yearly ordeal of searching for discretionary research dollars. Instead, they can concentrate on the science and the patients.” Individuals, groups, associations or others may send donations or obtain more information by contacting Kate Clarke, c/o LSUHSC Foundation, 1600 Canal Street, Suite 1010, New Orleans, LA 70112.

### SCOTT HAUG RETREAT

The theme of the 17th Annual Scott Haug Audiology Retreat is “Scott Haug 2001: A Space AuDyssey!” The conference is again scheduled to be held in Kerrville, TX, October 4-7, 2001. The 2001 faculty will include Obi-Wan Kenobi Don Worthington, Princess Leia Karen Kibbe, Luke Skywalker Tom Littman, and Yoda Gus Mueller. Additional information about the retreat is available at www.scothaug.org.
Secretary Tommy Thompson, in his keynote address to the American Academy of Audiology on April 19, 2001, announced his desire to reconcile the two Health Care Finance Administration (HCFA) definitions of who is an audiologist. A change would respond to a request by the Academy to harmonize the Medicare and Medicaid definitions. Currently, Medicaid uses the ASHA CCCs as the criteria for determining who is a qualified audiologist, whereas Medicare relies on state licensure. The Secretary said “I don’t know why we have two rules for audiology….Let’s sit down and solve it and get the job done.” This change is long in coming and would be a major victory for the Academy.

In 1994, the Congress enacted a definition of the term “qualified audiologist” for the Medicare program that deferred to state licensure as the mechanism for determining competency but the 1994 action did not apply to the Medicaid program. In March of 1999, Congressman Ed Whitfield (R-KY) and Congressman Sherrod Brown (D-OH) introduced legislation that would have extended the Medicare definition to the Medicaid program. The Whitfield legislation (H.R. 1068) did not move forward in the 106th Congress. While H.R. 1068 was not enacted, however, Congressional Report Language accompanying the FY 2001 Labor-HHS Appropriations Bill “urged” HCFA to promulgate a regulation on this issue. Specifically, the Congress said: “In 1994 Congress enacted a statutory definition of the term audiologist for the Medicare program, which relies primarily on state licensure and registration as the mechanism for identifying audiologists who are qualified to participate in that program. The Committee urges HCFA to promulgate regulations for the Medicaid program using the same definition of audiologist that exists in the Medicare program.”

After the confirmation of Secretary Tommy Thompson to head the Department of Health and Human Services, this report language was brought to his attention (in separate letters) by AAA President David Fabry and Congressman Ed Whitfield. These letters led to a series of conversations between President Fabry, AAA Counsel Marshall Matz and HCFA officials.

As many of you know, this rather mundane issue took on a larger meaning when ASHA decided to aggressively oppose the Whitfield legislation (even though ASHA had supported using the exact same definition and exact same words when the Congress took up the Medicare amendment in 1994). ASHA’s posture on H.R. 1068 was unfortunate. On March 26, 1999, ASHA had written to the Academy saying that it “was ASHA’s initiative that resulted in the inclusion of audiologists and audiology service in the Medicare statute in the first place.” Soon thereafter, however, on April 16, 1999, ASHA again wrote to the Academy but this time charged that H.R. 1068 was “a less than subtle attack on ASHA’s certification program.”

The reality is that it makes no sense for HCFA to have two different definitions of who is an audiologist and it makes no sense to continue using the CCCs when fewer and fewer audiology graduates participate in the ASHA certification program. Indeed, the ASHA Workforce Study published on September 30, 1999, by Vector Research Incorporated noted: “These results strongly contradict the tentative conclusion from the licensure analyses that almost all audiologists have their CCCs. Instead, they suggest that the share of new graduates who obtain their CCCs has been declining over the past ten years from about 80 percent to about 50 percent. Based on this assumption, if ASHA had 70 percent of all audiologists in 1987, our simple model predicts that this overall share would have fallen to 66 percent in 1998.

Secretary Thompson and the Bush Administration are to be commended for moving forward with a modern Medicaid definition of who is a “qualified audiologist.” Now let’s move on together to the larger issue of securing direct access to an audiologist for all Medicare participants. 

Submitted by Marshall L. Matz, Esq., Pamela Furman, Esq., and Bob Hahn, Esq., Olsson, Frank and Weeda, PC, Washington, DC and Craig Johnson, AAA Governmental Affairs Chair, Baltimore, MD
March 6, 2001

TO: The Honorable Tommy Thompson
Secretary of Health and Human Services

FROM: Ed Whitfield
Congressman from Kentucky

Dear Mr. Secretary:

Congratulations on your confirmation and your contributions to the very strong start made by the Bush/Cheney administration. I look forward to working with you in the years ahead.

Mr. Secretary, one of my special concerns has been addressing the needs for America’s hearing disabled. In my work with the American Academy of Audiology (the “Academy”), I have become aware of three small problems that the Healthcare Finance Administration (HCFA) could easily eliminate. They persist because of bureaucratic inertia. Your investigation of these three matters would be greatly appreciated.

**CONSISTENT HCFA REGULATIONS FOR THE DEFINITION OF “AUDIOLOGIST”**

In the last Congress, I introduced H.R. 1068, which would require HCFA to promulgate regulations to establish in the Medicaid program the same definition for “Audiologist” as HCFA regulations specify for the Medicare program. The Medicare definition was promulgated pursuant to statutory directions in 1994. While H.R. 1068 was not enacted, report language accompanying the FY 2001 Labor-HHS-Education appropriations bill urged HCFA to promulgate regulations, as my bill would have required.

In all candor, Mr. Secretary, I cannot imagine why HCFA continues to refuse to defer to the states in determining who is a qualified audiologist for purposes of the Medicaid program when it already does so for purposes of the Medicare program. Almost all states currently have a state licensure regime with state criteria for determining who is an audiologist. HCFA should (a) defer to the states, and (b) speak with one voice on who is an audiologist.

**ELIMINATE THE PHYSICIAN SUPERVISION REQUIREMENT FOR VESTIBULAR TESTING**

Currently, under the Medicare Program, vestibular (i.e., balance) function tests performed by a qualified audiologist must be supervised by a physician. The fact that this requirement is unnecessary was recognized in a letter from Robert A. Berenson, M.D., Director, Center for Health Plans and Providers, HCFA, to the Academy dated January 24, 2000. Dr. Berenson states, “we agree with your position and have begun the process to remove the physician supervision requirement for vestibular function tests performed by qualified audiologists” (Attachment B). Nonetheless, one year later, we are still waiting for HCFA to issue a Program Memorandum to effect this money saving change.

**CLARIFY THAT MEDICARE COVERS AUDIOLOGY DIAGNOSTIC TESTS THAT ARE NEEDED FOR A MEDICAL DIAGNOSIS OF HEARING LOSS OR EAR INJURY, EVEN IF NO MEDICALLY TREATABLE CONDITION IS DISCOVERED**

Medicare currently covers hearing diagnostic tests that are necessary for a medical evaluation of hearing loss. Some Medicare carriers, however, automatically deny coverage for hearing diagnostic tests that do not discover a medically treatable condition. As HCFA acknowledges, such denials are inappropriate.

The Academy has asked HCFA to revise the Medicare Carriers Manual to clarify that audiologic diagnostic tests needed for a medical evaluation of hearing loss are covered and reimbursable, even if no medically treatable condition is discovered. Again, in its letter to the Academy of January 24, 2000 (see attachment B), HCFA agreed and promised to “revise the Medicare Carriers Manual to include similar language that is used for eye exams” [sic]. Another HCFA official verbally assured the Academy in December 2000 that the Medicare Carriers Manual revision would be issued before the Clinton administration left office. However, HCFA failed to act.

Mr. Secretary, there are over 28 million individuals in America who are hearing disabled. Making the changes suggested above would make it easier for licensed audiologists to assist these individuals. Thank you very much for your attention to these issues.

Sincerely,

Ed Whitfield (R-Ky)
Member of Congress
A n important goal of the Board of Governors of the American Board of Audiology (ABA) is to promote recognition of its certification programs in all areas where professional certification in audiology is important. To this end, the ABA is continually contacting audiology licensing boards, health care organizations, health care insurance programs and various other organizations to provide information about the ABA certification process and, when appropriate, to request recognition of the high professional standards that Board Certification in Audiology represents.

One organization that recently reviewed the ABA Board Certification program is the Council on Accreditation in Hearing Conservation (CAOHC). CAOHC promotes hearing conservation in industry and the military and administers a program for certifying Course Directors in hearing conservation. CAOHC Course Directors are audiologists, industrial hygienists and other professionals working in hearing conservation who train Occupational Hearing Conservationists to conduct hearing conservation services. Audiologists seeking to become CAOHC approved Course Directors are required to hold a professional certificate in audiology. After reviewing the ABA's certification program, CAOHC has recently determined that audiologists who hold Board Certification in Audiology from the ABA satisfy CAOHC's requirement for professional certification.

During the annual convention of the American Academy of Audiology in San Diego, the ABA Board of Governors met with members of the Academy to discuss professional certification at a round table discussion and at the ABA booth in the exhibit hall throughout the week. Members of the American Board of Audiology made presentations reviewing the ABA certification program and efforts towards specialty certification at the Academy State Leaders Workshop as well as at the meeting of the National Association of Future Doctors of Audiology.

Convention attendees were introduced to the new logo designed for the American Board of Audiology that you see in this article. This distinctive mark and the title “Board Certified in Audiology” will be seen with increasing frequency as the number of certified audiologists continues to grow. The ABA logo and title provide ready identification of those audiologists committed to the highest professional standards of hearing care services through training, experience and ongoing continuing education.

For more information on ABA Certification contact the National Office at 800-AAA-2336, ext. 206 or check www.audiology.org on the web.