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Convention 2004
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Academy Election 2004: MAKE YOUR VOTE COUNT

The 2004 election to determine the Academy’s President-Elect and three Members-At Large of the Board of Directors will be conducted January 20 through February 18, 2004. In accordance with Academy By-Laws, only Fellow members of the Academy—including Life, Retired, Disabled, Family Leave and International Fellow members—may vote.

Eligible members with an e-mail address on file will receive an electronic notice inviting them to vote online. Eligible members without an e-mail address will receive a paper ballot in the mail and are asked to return their vote postmarked no later than February 18, 2004.

Eligible members who do not receive either of these communications by January 26, 2004, are requested to call the Membership Department at 1(800) 222-2336, ext. 1047 or e-mail ssebastian@audiology.org to verify eligibility and receive instructions on how to vote.
Clearly, the microcomputer ought to be able to be programmed to what we do. This theme that underestimates the value of the very nature of this rarely comes from within. Rather, there seems to be a concern that technology will somehow reduce the need for our services rather than expand the need. The basis for this rarely comes from within. Rather, there seems to be a common theme that underestimates the value of the very nature of what we do.

I remember it first during the early days of microcomputers. The latest threat to audiometry comes from a black box, marketed to physicians as a replacement for audiological services. Because it is based on misguided assumptions about the nature of the value that audiologists add to the process, if it has any use at all, it is likely only to be when implemented as a way of screening patients to determine who gets to see the audiologist.

Yet these technologies, when first introduced, were held up by some as a threat to the very existence of audiology. Some of you may recall that OAEs were going to end the need for audiologists. Cochlear implants, of course, were going to eliminate the need for audiological intervention. In fact, the clinical implementation of these technologies has had exactly the opposite effect. With few exceptions, advances in technology, rather than reducing the need for our services, have created new opportunities for us to be better at what we do and reach more patients needing our services.

These technologies, of course, were not designed specifically to reduce the need for audiological services. Yet their introduction had some from outside the profession touting the likelihood. Today, despite innumerable examples to the contrary, there continues to exist a fear that technology will somehow reduce the need for our services rather than expand the need. The basis for this rarely comes from within. Rather, there seems to be a common theme that underestimates the value of the very nature of what we do. Clearly, the microcomputer ought to be able to be programmed to go down-ten, up-five, and, then, who would need a person to do so? The implementation of microcomputer-based audiometry was, of course, hugely successful in replacing Bekesy audiometry in screening, industrial, and military applications. But it had little impact clinically because of the very real value that we, as audiologists, add to the assessment process. I can just hear my very talented staff right now saying, “Give me a day, even an hour, in which I could test cooperative young adults with no ear disease.” It is just not the nature of what we do.

The latest threat to audiometry comes from a black box, marketed to physicians as a replacement for audiological services. Because it is based on misguided assumptions about the nature of the value that audiologists add to the process, if it has any use at all, it is likely only to be when implemented as a way of screening patients to determine who gets to see the audiologist.

This theme, that the value of what we do is such that technology can be used to replace, rather than enhance, our services is also repeated within the hearing aid industry. Much of this comes from the misconception that we sell devices rather than services related to the dispensing of a prosthetic instrument. Doubtless we bring some of this on ourselves by bundling our costs, thereby front-end loading the ongoing cost of our care. Nevertheless, the idea of hearing aids as a commodity rather than devices that require a valuable professional component leads some who do not fit hearing aids to reach the conclusion that our services may not be required. Today we see individuals selling hearing aids over the internet and a new effort to provide over-the-counter hearing aids, approaches that imply that the technology will solve the problem with no service needed. The idea is simple – technology now makes it possible to fit a hearing aid very effectively on KEMAR, so why not on patients. I can just hear my very talented staff right now saying, “Give me a day, even an hour, in which I could fit KEMAR with hearing aids. Imagine – two ears, no counseling about reasonable expectations, no explanation of batteries, no endless follow up…”

The FDA has recently received petitions encouraging a change of ruling to permit the sale of over-the-counter hearing aids. The idea is simple: estimates suggest that 80% of patients with hearing loss who could use hearing aids do not pursue them for some reason. The FDA petitions assume that the barriers include the delivery system and the cost. The petitions first suggest removal of medical clearance, thus eliminating a mandatory visit to a...
physician. There are data from our colleagues in the VA over the past ten years to show that audiologists are fully capable of evaluating patients without a physician referral and are able, by virtue of their training and the very testing that they perform and interpret, to identify individuals who require medical assessment. The petitions go on to propose allowing individuals to buy hearing aids over-the-counter. Providing hearing aids over-the-counter simply underestimates the value of what audiology adds to the dispensing process.

The American Academy of Audiology has responded to the FDA petitions by reiterating its 2000 position statement on pre-device assessment. It is the position of the American Academy of Audiology that every person seeking treatment of hearing disorders through the use of amplification devices receive a comprehensive audiological evaluation prior to purchase. In addition, the Academy has urged the FDA to require a serious burden of proof of efficacy and safety on any proposed change in delivery model.

With the dawning of every new technology there is both unwarranted enthusiasm and equally unwarranted fear. If past is prelude, the value of what we do will continue to transcend, and indeed be enhanced by, technological advance.

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**Undergraduate Degree Requirement**

Ross Roeser responded to Stuart Horn (AT, 15:6) that an undergraduate BA or BS degree in communication sciences and disorders is no longer considered by the pending revised ASHA standard to be a prerequisite for AuD studies. Apparently, however, a completed BA or BS degree per se is still a required prerequisite for entrance into an AuD program. Now maybe I am numbed by the frozen winter tundra here in Canada, but I wonder if all schools in medicine, optometry, dentistry, etc., require a completed four-year bachelor’s degree as a prerequisite for entrance in the first place! It is my understanding that the AuD is a clinical/professional doctorate, which does not necessarily require completion of a bachelors degree. I worry that we might be “pricing ourselves out of the market.” Is it not possible to begin, say, doctoral studies in optometry with some two to three years of specified prerequisite undergraduate courses? I know, for example, that this is the case for entrance into the School of Optometry in Waterloo Ontario. A completed doctorate in optometry might, therefore, take some six to seven years after completing high school. It may very well be that in the US all clinical doctorates do indeed require completed four-year bachelor’s degrees. If so, please disregard this letter. If they do not, however, it might behoove audiology to shed some of its myopia and take another look here.

—Ted Venema, Kitchener, Ontario, Canada
At this writing, Academy membership reached an all-time high of 9,011. Utilizing Department of Labor statistics, and extrapolating for the audiologists who are self-employed and therefore not counted in the figures maintained by the DOL, there are approximately 13,500 audiologists employed full or part-time in the United States. The American Academy of Audiology is proud to be the largest independent professional organization of audiologists.

It is through your active support, either through committee participation or simply by renewing your membership on an annual basis, that the Academy is able to accomplish its mission of promoting quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness and support of research. During the past year, the Academy achieved numerous goals related to this mission. This is a direct result of each member’s ongoing support and contributions to the Academy and to the profession.

In 2003, the Academy worked diligently to have the Medicaid definition of a qualified audiologist changed to be uniform with the Medicare definition, which deems state licensure in defining an audiologist. This process has taken many years to come to fruition and is now in the final stages of approval by the Federal government.

Another area of focus for the Academy in 2003 was a legislative campaign to encourage Congress to support direct access to audiology services. As a result of Academy efforts, legislation was introduced in the House and Senate (H.R. 2821/S. 1647) to provide Medicare beneficiaries the option of going directly to a qualified audiologist for hearing and balance diagnostic tests. H.R. 2821, introduced by Rep. Jim Ryun (R-KS) and Rep. Lois Capps (D-CA) and S. 1647, introduced by Senators Ben Nighthorse Campbell (R-CO) and Lois Capps (D-CA) and introduced by Rep. Jim Ryun (R-KS) and Rep. Tim Johnson (D-SD) are currently gaining support in the House and Senate as a result of ongoing support and contributions to the Academy and to the profession. The Academy was also successful in working with the Department of Veterans Affairs, American Speech-Language-Hearing Association (ASHA) and the Academy of Federal Audiology Services and Speech-Language Pathologists (AFASLP) to get S. 1156, the Department of Veterans Affairs Long-Term Care and Personnel Authorities Enhancement Act, passed during 2003. For more information about this recent success story, see the Washington Update in this issue of Audiology Today.

Concurrent with its efforts on Capitol Hill, the Academy focused on research and education. The new American Academy of Audiology Foundation was launched in 2003 with a mission to raise funds and support programs of excellence in education, promising research and public awareness in audiology and hearing science. The Foundation will have a Gala event during Convention 2004 in Salt Lake City to honor Marion Downs and to raise more money to support research. The Foundation will also be sponsoring a special breakfast during Convention 2004 honoring the new Academy Research Award recipients.

In addition to this new source of support for research, the Academy provided members with new educational opportunities through the use of virtual seminars. The inaugural year for this program provided members with five different programs with topics including: Update on Cochlear Implants and Meningitis; HIPAA “How To” Approach for Your Audiology Practice; Change Your Luck: A Fearless Approach to Getting and Keeping Patients through Marketing and Customer Service; Hearing Aids and Digital Cell Phones: Providing Intelligent Answers to Your Patients’ Questions; and Audiologic Rehabilitation for Children with Unilateral Losses. Over 1,400 audiologists took advantage of this exciting new educational format.

James Jerger and the editorial staff of the Journal of the American Academy of Audiology (JAAA) worked tirelessly in 2003 to continue to provide members with a top quality scientific journal. Due to the high volume of quality submissions received in 2003, the JAAA saw an increase in pages published in 2003 and pages slated for publication in 2004.

In an effort to assist our academic members, the Academy published the first Academy and Audiologists in Academia newsletter. In addition, the Academy coordinated a Consensus Conference on the 4th year AuD program. This conference provided a forum for academicians and practitioners to come together to discuss a unified plan for the future of the AuD 4th year students. This program received financial support from the American Academy of Audiology Foundation and the Department of Veterans Affairs.

In addition to the many successes in 2003, the Academy continues to expand the valuable benefits available to members. The Academy has recently added a conference call service, Connect-Us Group Communications, to its list of membership benefits. Other discounted services available to Academy members include Research Dome (an online research subscription service), Framing Success (quality frames for Academy membership certificates), MBNA credit card, car rental discounts, Compensation & Benefits survey and more.

This article is just a short summary highlighting a few of the Academy’s major accomplishments in 2003. These achievements reflect the Academy’s progress towards fulfilling its vital mission. It is through your continued support that the Academy is able to make these positive steps for your profession. Thank you for joining the other 9,010 Academy members by continuing to support your professional organization. Audiology Rocks!
The American Academy of Audiology Board of Directors published “Ethical Practice Guidelines on Financial Incentives from Hearing Instrument Manufacturers” in *Audiology Today*, 15:3, pg 19-20 and also posted this Position Statement on the Academy website at www.audiology.org. The guidelines outline various practices that create potential conflicts of interest and therefore should be avoided. For example:

- Audioligists should not accept incentives such as trips, cash, merchandise, and gifts that are based upon products purchased.
- No “strings” should be attached to any gift from a manufacturer.
- Trips sponsored by a manufacturer are not acceptable if they are a reward to the audiologist for past sales or if acceptance of the trip commits the audiologist to future purchases.

The Academy Ethical Practice Board (EPB) was asked to consider whether the above guidelines are applicable if the financial incentives originate from a “buying group.” In other words, if the audiologist is obtaining hearing aids from a number of different manufacturers and receives incentives such as trips or cash from the buying group, would a conflict of interest still be present? Proponents of an exemption argue that the audiologist is removed from any conflict of interest because the incentive comes from an outside management group that is not associated with one specific manufacturer.

The opinion of the EPB is that such incentives as trips, cash rebates or other financial inducements based upon number of purchases within the buying group do constitute a violation of the conflict of interest guidelines and are to be avoided. The EPB’s opinion is that the arrangement, as described above, still places the audiologist in the position of a conflict of interest, as the trips, cash rebates, etc., would be obtained based upon a certain volume of hearing aids purchased. A patient could question whether hearing aids were recommended based on an actual hearing health care need or on a “reward” offered by the buying group. An incentive program that reduces the cost of hearing aids based on the number purchased, or “volume discounts,” is acceptable as the patient may benefit from lowered costs.

Audiologists should be aware that accepting incentives, which in effect creates billing statements that do not reflect the true cost of the instruments, may be illegal if reimbursement is based on that invoice. Further, accepting gifts or incentives associated with dispensing any instrument paid for by a government program is illegal, even if the audiologist is only billing the government for diagnostic services.

**ETHICAL PRACTICES BOARD ADVISORY**

**BUYING GROUPS, TRIPS, CASH REBATES AND CONFLICTS OF INTEREST**

Two Featured Sessions on ethics presented at Convention 2003 have been selected for the Ethics continuing education CD-ROM:

- The Ethics of Audiologic Research and Collaboration with Industry (FS801)
- Ethical Practices Board Draft Conflict of Interest Guideline (FS805)

Each CD-ROM includes: complete audio track and slides, learner assessment questions, session evaluation, user-friendly interface and .3 CEUs (user must be on the Academy’s registry to earn CEUs). ABA Certificants: CEUs earned from this CD-ROM count toward the ethics continuing education requirement.

Price: $75 members
Contact: molek@audiology.org for more info
The Marketing Scene

MAKING PATIENTS FEEL WELCOME

GYL KASEWURM, AuD, ST. JOSEPH, MI AND HELENA SOLODAR, AuD, ATLANTA, GA

Experienced private practitioners Gyl Kasewurm and Helena Solodar are the authors of a virtual seminar entitled “Change Your Luck: A Fearless Approach to Getting and Keeping Patients Through Marketing and Customer Service.” This is the third in a series of articles that emphasizes information provided in that seminar. Readers who wish to purchase a copy of the seminar can do so at www.audiology.org.

Our last article summarized a variety of ways to implement a marketing plan. Successful planning and careful execution of your plan should create a steady stream of patients into your office. Getting new patients is the first step and making them “patients for life” is the second. How do you make often demanding and unrealistic hearing-impaired patients committed to your practice?

In many industries, delivering exceptional customer service has become the next competitive battleground. Knowing what patients want and improving how they feel about hearing health care and hearing aids is not an easy task. Harvard Business Review found that two-thirds of customers stop doing business with an organization because they feel unappreciated, neglected or treated indifferently (Anderson & Zemke, 1998). Providing extraordinary service can bolster both reputation and revenue and influence the life of every patient you see. When exceptional customer service becomes a central part of who you are as a professional, it has the power to touch and change your luck.

A friendly, smiling face should be the first thing a patient sees when they enter your office.
Consider offering coffee and cookies and provide current reading materials. Take care that a patient’s wait time is short and if they do have to wait, notify them of the estimated wait time.

where your customers can feel good” (Greiner & Kinni, 1999). A friendly, smiling face should be the first thing a patient sees when they enter your office. Consider offering coffee and cookies and provide current reading materials. Take care that a patient’s wait time is short and if they do have to wait, notify them of the estimated wait time. Experience has shown that patients don’t mind waiting a short time for quality care as long as they know what to expect.

Build a relationship

The purpose of any business is to create emotional connections that result in loyalty to your practice or place of business. The object is to make your patients feel like part of your family. This relationship begins with a genuine interest in the patient and their hearing loss. Amazing relationships start with amazing products. Regularly notify patients of new technology and revolutionary developments in the field of hearing care. Patients want and have a right to have the best. We have all had the unfortunate experience of a patient going to a competitor because they thought a new technology was exclusively available there. You may want to offer minor repair service to patients on a walk-in basis. Keep track of patient visits and contact patients when you haven’t heard from them in a specified period of time. If you seem disinterested, patients will take their business elsewhere.

Communicate, communicate, communicate

Take every opportunity to let your patients know that you care about them and their hearing loss. Convey a minimum of four communications to a patient each year. Consider sending birthday cards to all patients, thank you cards to new patients, and recognize patient’s accomplishments and special events. Sending an anniversary card is a quick and inexpensive way to make a patient feel special. Some practices have yearly picnics or quarterly birthday parties for their patients. How about an Open House that is dedicated to social activities and not to selling products? Finally, make certain that your pricing and policies are presented to patients in writing to avoid future misunderstandings.

When exceptional customer service becomes a central part of who you are as a professional, it has the power to touch and influence the life of every patient you see. The result can be nothing short of amazing, both in your bottom line and in the many hours that you spend at work.

References

Next in the Marketing Scene – Maintaining Exceptional Customer Service In Your Practice.
As the year 2003 came to a close, the number of practitioners Board Certified in Audiology by the American Board of Audiology (ABA) reached more than 800. Over 90% of certificants completing their initial three-year certification period met the continuing education requirements and earned recertification. The ABA continues to seek participation in its programs from audiologists of all practice settings across the profession, in the United States and internationally.

Recently, the ABA reached another important milestone. The ABA received confirmation that following a thorough review of the requirements and administration of its professional certification for audiologists, the Department of Defense (DoD) has approved the ABA professional certification program for audiologists. This approval allows DoD audiologists who become Board Certified in Audiology the opportunity to qualify for “Board Certification Pay.” This DoD program is intended to provide an incentive for the highest level of professional achievement among audiologists and other non-physician health care providers. The ABA is proud to have earned this recognition.

Over the past two years, the ABA has earned similar recognition from the Council for Accreditation of Occupational Hearing Conservation (CAOHC), as well as the licensing boards for audiologists in Maryland, Minnesota and Ohio. It has been individual audiologists in each organization and state who have coordinated efforts to present and explain ABA programs and program requirements. The Board of Governors are grateful to David Chandler, Craig Johnson, Julie Perreault, and the many other audiologists who contributed their valuable time and expertise assisting ABA efforts to expand the availability of professional certification programs.

During the final meeting of the ABA Board of Governors in 2003, the Board reviewed the work completed since certifying its first audiologists in 1999, as well as to plan future activities designed to improve the professional practices of all audiologists. The development of its first specialty certification program in cochlear implant services continues. Plans are underway to create and distribute a variety of high quality continuing education activities. With its 2003 elections complete, the ABA welcomed James Beauchamp, Patricia Kricos and Donald Vogel to the Board of Governors. The terms of these three new governors run from January 2004 through December 2006, and they replace William Beck, Caroline Hyde, and fill a new board position created in 2002. The ABA looks forward to the important contributions they will make in accomplishing the ABA goal of creating quality professional certification programs.

The ABA expects to reach important milestones in 2004. We look forward to approving our 1,000th Board Certified Audiologist, as well as the launch of our first specialty certification program. We are very aware that the success of the ABA is due in large measure to the willingness of dedicated audiologists to work for change on behalf of the ABA within their states. As the number of state licensing agencies and other organizations that recognize the value of ABA certification grows, the choice for all audiologists grows. The ABA Board of Governors congratulates all Board Certified Audiologists on choosing the ABA. We could not have moved forward so quickly without you.

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PURPOSE AND SCOPE

This position statement addresses the issues relevant to audiologists engaged in preventing occupational noise-induced hearing loss. Audiologists’ roles and responsibilities as overseers for hearing loss prevention programs (American Academy of Audiology, 1997) and essential qualities of best practices for preventing noise-induced occupational hearing loss are outlined. This document is not intended to address community or recreational noise, nor is it designed to be a how-to guide that specifies the details inherent to a hearing loss prevention program.

STATEMENT OF BELIEFS

No one needs to lose his or her hearing in order to earn a living. Noise-induced hearing loss is preventable.

BACKGROUND

The average, otherwise-healthy person will have essentially normal hearing at least up to age 60 if his or her unprotected ears are not exposed to high noise levels (i.e., levels above 85 dBA). According to the American National Standards Institute (Annex A of ANSI S3.44 B1996 at age 60, the median material hearing impairment is only 17 dB and 12 dB for males and females, respectively, (ANSI, 1996). Aging alone should not prevent the average person from enjoying normal hearing throughout all or most of his or her working career. Unfortunately, this is not the case for those who are occupationally exposed to high noise levels.

Estimates suggest that there are upwards of 5 million, perhaps as many as 30 million Americans occupationally exposed to noise levels greater than 85 dBA (NIDCD, 1999; Berger et al., 2000). At present exposure limits, (OSHA,1983) one in four of these workers will develop a permanent hearing loss as a result of trying to earn a living (Prince, et al., 1997). Many of these workers, perhaps a majority, will also develop tinnitus in addition to a hearing loss. In his review of the problem, Dobie (1993) described data from one Swiss study in which NIHL was a factor in 18% of all hearing loss cases. According to the National Institutes of Health, approximately one third of all hearing loss can be attributed to noise exposure, and “occupational hearing loss is the most common cause of noise-induced hearing loss” (NIH, 1990, pp. 3-4). The impact of hearing impairment on occupational safety and health was underscored by a recent finding that sensory impairment — particularly hearing loss — is associated with a substantially increased risk of occupational injury (Zwerling et al, 1997). The need for hearing loss prevention extends beyond the obvious practical desire to preserve hearing and/or limit the economic impact of hearing loss. Hearing health is clearly intertwined with a healthy, safe workplace.

ROLE OF THE AUDIOLOGIST

Although an appropriately certified technician may perform air conduction threshold tests in support of an occupational hearing loss prevention program, OSHA (CFR 29, 1910.95, 1993) specifies that only audiologists or physicians may be responsible for the audiometric monitoring program. This includes responsibility for the quality and appropriate performance of audiometric monitoring tests, as well as reviewing problem audiograms to determine whether there is a need for further evaluation.

The American Academy of Audiology promotes the audiologist as the principal advocate for and supervisor of programs that manage the hearing health of people exposed to hazardous noise.

The audiologist designs, implements, and coordinates occupational and community hearing loss prevention programs. This includes identification and amelioration of noise-hazardous conditions, identification of hearing loss, recommendation and counseling for use of hearing protection, employee education, and the training and supervision of non-audiologists performing monitoring audiometry in the occupational setting (American Academy of Audiology Scope of Practice Statement, 1997).

There are numerous regulations that attempt to address the problem of hazardous noise exposure and noise-induced hearing loss in the United States. A factory worker in the manufacturing sector is covered by a different regulation than a carpenter in the construction sector; a coal miner is covered by a different regulation than a truck driver; an Army soldier is covered by a different regulation than a Navy sailor. However, hazardous noise exposure transcends standards and regulations. A 95 dBA exposure to a logger in Oregon is equally harmful to hearing as a 95 dBA exposure to an agricultural worker in Florida. The fact that hearing damage risk may vary somewhat as a function of race or gender (ANSI S3.44-1996) does not negate the fact that noise can and does harm the hearing of workers regardless of their age, race, or gender.

Audiologists must know what particular regulation is relevant to a given individual or group and must be capable of implementing a program that complies with the appropriate regulation. The American Academy of Audiology promotes the proper care of the noise-exposed patient which incorporates best practices for preventing noise-induced hearing loss.

BEST PRACTICES FOR PREVENTING NOISE-INDUCED OCCUPATIONAL HEARING LOSS

Audiologists must play a leading role in helping workers keep the hearing they had when they entered the workforce. Best practice would call for audiologists to be pro-active about the problem and
think in terms of hearing loss prevention rather than hearing conservation. Preventing noise-induced hearing loss requires that every facet of the problem be addressed. An effective hearing loss prevention program (HLPP) involves a comprehensive effort consisting of the following elements: (1) performing initial and annual audits of the work environment, labor and management needs, and HLPP procedures; (2) assessment of noise exposures; (3) engineering and administrative control of noise exposures; (4) audiometric evaluation and monitoring of hearing; (5) appropriate use of personal hearing protection devices; (6) education and motivation; (7) record keeping; and (8) program evaluation for effectiveness (NIOSH, 1996). But even when a comprehensive program is in place, noise-induced hearing loss can and does occur (Ohlin, 2000). Unless best practices have been adopted, people exposed to hazardous noise are at risk of unnecessary hearing loss.

The best way to prevent noise-induced hearing loss is to eliminate the hazard.

Audiologists need to have a sufficient understanding of acoustics to know when to engage the services of an acoustical engineer. When engineering and administrative controls have not eliminated the hazard, best practices mandate six components for hearing loss prevention. Each component is described below.

1. The noise hazard must be realistically defined. The American Academy of Audiology promotes the use of a 3-dB exchange rate (Suter, 1992) in conjunction with an 85 dBA permissible exposure limit (PEL) (NIOSH, 1998). This constitutes the best practice for defining a noise hazard. Thus, any daily noise exposure should be controlled so that an individual’s occupational exposure would be less than the combination of exposure level (L) and duration (T), as calculated by the following equation:

\[
T (\text{min}) = \frac{480}{2(L-85)/3}
\]

Furthermore, when the daily exposure consists of periods of different noise levels, the daily dose (D) should not equal or exceed 100, as calculated according to the following equation:

\[
D = \frac{C_1/T_1 + C_2/T_2 + ... + C_n/T_n}{100}
\]

where

\[C_n = \text{total time of exposure at a specified noise level, and}
T_n = \text{exposure duration for which noise at this level becomes hazardous.}
\]

When using equation 1, above (i.e., an 85 dB PEL with a 3-dB exchange rate), and using A-weighting with Aslow® exponential averaging to measure continuous-type noise, the American Academy of Audiology recognizes a ceiling limit of 129 dB for 1 second. Exposure to continuous-type sounds above this limit, even for brief instances of less than 1 second are considered hazardous. For impulsive-type sounds, exposures that exceed 140 dBC, peak SPL for any duration (no matter how brief) should be considered hazardous. Impulsive-type sounds are generally considered more hazardous than continuous-type sounds. Therefore, the American Academy of Audiology concurs with the ANSI S3.44 (1996) provision that a 5-dB "penalty" may be added to time-weighted averages derived from exposures to impulsive sounds.

2. Annual monitoring air conduction audiometry must be performed with methodology appropriate to the goal of accurately measuring hearing threshold levels. Best practice dictates that anyone exposed to hazardous noise should have a baseline as well as annual monitoring hearing tests.

A. Audiometric tests should be performed by an audiologist, physician, or technician with appropriate credentials. If audiometric tests are performed by a technician, all tests must be conducted under the supervision of an audiologist or physician.

B. All audiometry is to be conducted with audiometers that meet the specifications of and are maintained and used in accordance with the American National Standard Specifications for Audiometers (ANSI S3.6-1996, 1996b).

C. Audiometric tests must be conducted in a test space where background noise levels do not interfere with valid measures of hearing thresholds. Ambient noise levels should conform to all requirements of the American National Standard Maximum Permissible Ambient Noise Levels for Audiometric Test Rooms (ANSI S3.1-1999).

D. At a minimum, audiometry should consist of pure-tone air-conduction threshold testing of each ear at 500, 1000, 2000, 3000, 4000, and 6000 Hz. To enhance the decision about probable etiology, testing at 8000 Hz is strongly recommended.

E. (1) Baseline air conduction audiogram should be obtained within 6 months of employment unless exposures are expected to periodically equal or exceed a time-weighted average (TWA) of 100 dBA, in which case a baseline should be obtained within 30 days. All baseline tests must be preceded by 12 hours of effective quiet. Hearing protectors should not be used as a substitute for quiet.

(2) Subsequent hearing thresholds measured during annual monitoring may show improvement or decrements in hearing. When and how such changes warrant revising the baseline audiogram is subject to many considerations. The National Hearing Conservation Association has developed a Professional Guide for Audiometric Baseline Revision (NHCA, 2001). The American Academy of Audiology endorses this guide for use within the context of administering a hearing conservation program that is compliant with the OSHA Hearing Conservation Amendment (CFR 1910.95).

F. A monitoring air conduction audiogram should be obtained annually. If feasible, these should be scheduled well into a work shift so that temporary changes in hearing due to insufficient noise controls or inadequate use of hearing protection can be observed. The results should be compared immediately with baseline hearing levels. The availability of audiometric database management systems makes such comparisons feasible and also makes it possible to provide patients with timely feedback regarding the presence or absence of hearing changes. This is significant because timely feedback is an important factor in
promoting increased use of hearing protectors (Zohar, Cohen, and Azar, 1980).

G. A confirmation hearing test to determine the presence/absence of a significant change in hearing threshold should be obtained within 30 days of a monitoring audiogram that detects a significant change.

3. Protocols capable of identifying meaningful changes in hearing should be employed. The purpose for monitoring audiometry is to provide timely detection of significant changes from baseline hearing threshold levels. The American Academy of Audiology finds that the current OSHA method for identifying Standard Threshold Shifts (STS) does not constitute the best practice for identifying meaningful changes in hearing. OSHA (1983) uses the term Standard Threshold Shift (STS) to describe significant changes from baseline hearing levels. The OSHA Standard (paragraph (g) (10)) defines STS as “a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear” (OSHA, 1983). OSHA also permits the use of age corrections when computing threshold changes. Age corrections may be both suitable and useful for risk analyses of group data. However, age correction of individual audiograms before checking for threshold shifts is counterproductive to detecting temporary changes in hearing before they become permanent (Merry and Franks, 1995). “Many professionals feel that if intervention for threshold shifts is delayed until after age-corrected STS has occurred, then significant hearing changes will not receive needed follow-up attention” (NHCA, 2001).

Consider the example of a 40-year old male who had baseline HTLs of 0 dB and presents with current thresholds of 10 dB at 2000 Hz, 10 dB at 3000 Hz, and 40 dB at 4000 Hz. After applying the age correction, the average threshold change would be less than 10 dB. Even though this patient exhibited significant changes in hearing, he would have "passed" his hearing test; he would not have been identified as having an STS, and no intervention would have been applied to prevent additional hearing loss.

Royster (1992, 1996) studied 8 criteria for detecting significant threshold shifts and applied each criterion to 15 different industrial hearing conservation databases. Royster demonstrated that the OSHA STS criterion identified true positives only 57% of the time. By comparison, the 15-dB TWICE method (a 15 dB shift at any test frequency affirmed by an immediate retest) identified true positives 71% of the time. When a 15-dB TWICE method has identified a suspected STS, a confirmation hearing test should be performed within 30 days to determine whether the STS was a temporary or permanent threshold shift. This test should be performed when the patient has been in a quiet environment for at least 12 hours immediately prior to the test. If the confirmation test demonstrates a persistent STS, the change likely represents a permanent threshold shift. When an STS is confirmed, the audiologist should follow appropriate guidelines (e.g., 29 CFR 1910.95) for disposition of persons identified as having an STS, including (1) counseling the employee and notifying his/her employer, (2) retraining the worker to ensure he/she can properly use personal hearing protection, and (3) referring the worker for follow-up clinical audiological evaluation or otological examination, as appropriate. Additionally, the audiologist should determine if the hearing change must be recorded on an OSHA Log 300 per 29 CFR 1904.10.

The STS should function as a sentinel for identifying significant changes in hearing. Therefore, the American Academy of Audiology recognizes the 15-dB TWICE method, followed within 30 days by a confirmation audiogram as the best practice for identifying significant noise-induced threshold shifts.

4 Educational methods and materials should be tailored to the specific audience. The goal of education and training is not just to inform, but also to motivate. The success or failure of a hearing loss prevention program, including employee buy-in, depends upon effective education and training (Berger, 2001). Education and training must be relevant to a person’s specific needs if hearing health behaviors are to be influenced positively (Stephenson, 1996). For example, individual feedback can be given either to encourage workers to adopt better hearing loss prevention behaviors or to affirm existing behaviors, depending on the presence or absence of an STS. Workers may know loud noise can damage hearing, but they may be ill-informed about the hearing hazard inherent to the specific tools they use or the environment in which they must work. The hearing loss prevention program audit can provide opportunities to find out what particular hearing hazards are present and what resources labor and management are willing to bring to bear to address these hazards. Education and training can be tailored to address specific attitudes, beliefs, and behavioral intentions labor and management have about hearing loss prevention. In other words, education and training must consist of more than showing a film and passing out a pamphlet or it will be ineffective. Through effective training, individuals can become motivated to adopt hearing loss prevention behaviors (Berger, 2000). This means education and training content must be framed within the context of the needs of each audience. Dynamic, relevant training will imbue workers with a sense of personal control over their hearing health, lead to the development of intrinsic motivation to adopt positive hearing health behaviors, and diminish reliance on ineffective systems based on external rewards and punishment (Merry and Franks, 1995).

5. The attenuation ratings for hearing protectors must be based on methods that yield realistic estimates of the amount of protection provided as a device would be worn. The American Academy of Audiology endorses the use of the subject fit procedure, Method B, of ANSI S12.6-1997 to describe the amount of attenuation a personal hearing protection device (HPD) can be expected to provide as it would actually be worn. Research has demonstrated that the amount of noise reduction provided by an HPD as it is actually worn bears little relationship to the noise reduction rating (NRR) shown on the HPD’s label (Berger, Franks, and Lindgren, 1996). Additionally, the NRR was intended to be used with C-weighted
sound measures. Royster (1995) described how the subject fit method can be used to derive a noise reduction rating (NRRSF) that addresses both of these issues. The NRRSF provides both a simple, realistic estimate of the protection a user can expect to receive, as well as a measure designed to be used with A-weighted sound levels (Berger, 2000).

6. Hearing protector devices (HPDs) should be individually fit, or, at a minimum, fit in small groups. Failure to fit hearing protectors properly and to wear them consistently is probably the leading cause of occupational noise-induced hearing loss (Sweeney et al., 2000). Studies show that hearing protectors use/non-use is determined by removing barriers to their use and by imparting users with skills needed to select and wear the right hearing protector for his/her needs (Lusk et al., 1994; Lusk et al., 1995). Audiologists can ensure that hearing protectors they recommend address barriers to their use by taking care of the 4-C’s: comfort, convenience, cost, and communication. There are hundreds of hearing protectors available (NIOSH, 1994). There is an HPD that meets every attenuation need, that can accommodate every ear size and shape, and a device for every price range. There is a large variety of hearing protector devices designed to enable users to communicate and/or hear important sounds. Without proper instruction in how to fit and use hearing protectors, people will get only a fraction of the available hearing protection (Berger, 2000). Each person who must be exposed to hazardous noise should receive individual or small group instruction on how to fit and use personal hearing protector devices.

CLOSING STATEMENT

Occupational hearing loss impacts everyone in our society. It is so commonplace that it often is viewed as a normal part of aging (Suter, 2000). The prevalence of occupational hearing loss does not diminish its impact on those who suffer its effects, on their family members, or on society. In fact, “preventing noise-induced hearing loss would probably do more to reduce the societal burden of hearing loss than medical and surgical treatment of all other ear diseases combined” (Dobie, 1993, p. 1). The American Academy of Audiology supports audiologists leading the efforts to prevent occupational hearing loss through comprehensive hearing loss prevention programs.

REFERENCES

Hearing loss and tinnitus are among the most common service connected disabilities for veterans, and VA Medical Centers are often the front line of defense for treating these problems. In addition to fulfilling the mission of treating veterans, the VA is poised to have a pivotal role in the education of future audiologists. To address the needs of patient care and the evolution of the field of audiology, the James H. Quillen VAMC of Mountain Home, TN and East Tennessee State University (ETSU) have formed a unique relationship to offer a clinical doctorate degree.

Hearing loss in veterans is often caused by noise exposure during military services. Based on decades of research, it is common knowledge that hearing loss increases with age, which will naturally increase the number of veterans with substantial hearing loss as the veteran population ages. As most hearing losses are not amenable to surgical or medical intervention, the evaluation and rehabilitation of hearing and balance-related disorders are the responsibility of audiologists who became an integral part of health care in the VA in the 1940s just after WWII. The hearing loss incurred by many veterans during military service impairs communication and therefore impacts overall quality of life. Typically, hearing loss is treated with amplification systems like hearing aids and other assistive listening devices, whose sophistication has paralleled developments in analog and digital technology. Because of the large number of (1) veterans seeking hearing-health care from the VA and (2) hearing aids issued annually by the VA, the VA is a prime clinical training site for audiologists pursuing graduate degrees.

In audiology, the master’s degree has been the entry level for practice. As the scope of practice in Audiology has vastly increased during the past 20 years, a doctoral degree is becoming the educational requirement for the entry-level audiologist. In most universities the new degree designation is Doctor of Audiology or AuD. University programs are now preparing to meet these new entry-level requirements by 2007. As recruitment and retention of audiologists are vital issues to the VA, the VA’s interest in and involvement with the changes underway in the educational programs is substantial both at the local and national levels.

At the Mountain Home Veterans Affairs Medical Center, a special relationship has evolved between the Audiology and Speech Pathology Service and the Department of Communicative Disorders at East Tennessee State University (ETSU). Since the early 1980s, graduate students from ETSU completed traineeships at the VA, but the VA had little other involvement in the University program. Gradually, as the VA staff increased to six doctoral level audiologists, the VA audiologists became substantially more involved in the University program. Several years ago, when the issue of the doctoral program in audiology was first raised at ETSU, it was apparent to both the VA and University faculties that a fully integrated VA/University program was the logical way to meet the needs of the students and the needs of both institutions.

THE INTEGRATED PROGRAM

The VA audiologists, who initially had adjunct appointments at ETSU, now have “full-time geographic” appointments that...
A Model AuD Educational Program

involve all academic rights and responsibilities. The VA and University faculty function as one with the VA audiologists involved in every aspect of the academic program that in addition to teaching ranges from policies to curriculum to stu-

dent selection to faculty recruitment, etc.

With the exception for pediatrics, the VA Audiology Clinic is the main clinic site for the University program. The graduate students participate in a variety of clinics including hearing evaluations, hearing aid evaluations, auditory evoked potentials, vestibular evaluations, hearing aid problems, and primary care. A tinnitus clinic at the VA is conducted by one of the University faculty. Each morning a clinic staffing is held during which the graduate students present all of the patients scheduled for that day. Learning to open and close the clinic each day and gradually progressing to full involvement with patients introduces the students to clinic activities from the ground up. The information learned in the clinic is presented during monthly Audiology Grand Rounds during which students make formal case presentations to VA, university staff and community audiologists.

Students are fully integrated into the Audiology clinic during their first year of their academic program when they spend three half-days/week observing and becoming familiar with audiology activities. These activities include interactions with patients, family members, and other staff at the Medical Center. During the second and third years of the doctoral program, students spend two to three days a week in the VA audiology clinics as graduate student clinicians. The fourth year is a full-time clerkship that in most cases will be at a distant site thereby providing students with a diversity of clinical experiences. Because of their extensive VA experiences, our students are prime candidates for these clerkship positions in other VA facilities.

The VA and University cooperate to fund many of the students. The University provides tuition scholarships to the students with VA stipend traineeships from the Office of Academic Affiliations (OAA). The umbrella of our research component is the Auditory and Vestibular Dysfunction Research Enhancement Award Program (REAP) sponsored by the Rehabilitation Research and Development Service. Several students funded by the REAP to work in the labs three half-days per week also receive tuition scholarships from the University.

Two of the most important benefits of this unique affiliation are the increased quality of hearing health care that veterans receive and the variety of clinical services provided to veterans by students and staff from both institutions. In addition to the extensive hearing aid program at the VA, students gain experience in tinnitus and vestibular assessment and rehabilitation. These are specialty areas not found in all doctoral programs. Faculty members involved in the program include Faith Akin, Dan Bell, Pat Chase, Marc Fagelson, Diane Leonard, Owen Murnane, Colleen Noe, Sherri Smith, Jacek Smurzynski, Larry Shotland, and Richard Wilson. More information on the audiology program is available at our websites: www.va.gov/621quillen/clinics/asp and www.etsu.edu/cpah/commdis.

This article was adapted from an original that was published in Vanguard, July-August, 2003, pgs. 20, 23.
**Wednesday**

**PRE-CONVENTION WORKSHOPS**
Organized by the Education Committee
Salt Palace Convention Center
Wednesday, March 31
8:30 am - 5:30 pm

These full or half-day sessions provide in-depth training by carefully selected speakers. These hot topics were determined by past convention feedback. They include clinical research, ASSR, coding and reimbursement, sound field amplification, management of minimal hearing loss, pharmacology, ototoxicity and patient management, aural rehabilitation for dispensing practices, behavioral methods for fitting amplification to children and new views of auditory processing disorders. You may choose one topic for the entire day or mix and match among the half-day topics. Each half-day Pre-Convention Workshop is worth .35 CEUs. Each full day Pre-Convention Workshop is worth .7 CEUs. Please note that there is limited seating for the Pre-Convention Workshops: a confirmation and ticket are required.

**STATE LEADERS WORKSHOP & LUNCHEON**
Sponsored by Healthcare Providers Service Organization
Marriott Downtown Hotel
Wednesday, March 31
9:00 am - 11:30 am

All State leaders will be invited to attend the 4th Annual State Leader Workshop & Luncheon, which offers an opportunity to network and build relationships for successful advocacy in state efforts as well as supporting national initiatives. Our goal is to strengthen the grassroots voice of audiology by linking our national and state organizations into a mutually supporting network.

Speakers will offer insight into current issues into a mutually supporting network. By linking our national and state organizations into a mutually supporting network.

These full or half-day sessions provide in-depth training by carefully selected speakers. These hot topics were determined by past convention feedback. They include clinical research, ASSR, coding and reimbursement, sound field amplification, management of minimal hearing loss, pharmacology, ototoxicity and patient management, aural rehabilitation for dispensing practices, behavioral methods for fitting amplification to children and new views of auditory processing disorders. You may choose one topic for the entire day or mix and match among the half-day topics. Each half-day Pre-Convention Workshop is worth .35 CEUs. Each full day Pre-Convention Workshop is worth .7 CEUs. Please note that there is limited seating for the Pre-Convention Workshops: a confirmation and ticket are required.

**CONSUMER WORKSHOP**
Marriott Downtown Hotel
Wednesday, March 31
9:00 am - 11:30 am

The Academy will be hosting an informative consumer workshop addressing hearing, hearing aids, balance and related topics. Prominent local audiologists will host the free workshop for the media and consumers who are interested in the challenges and options associated with hearing impairment. There will be six brief presentations. The workshop will conclude with a panel discussion that will be open to questions from consumers.

Topics will include types and causes of hearing loss, the effects of hearing loss, amplification, digital hearing aids, noise reduction, cochlear implants, middle ear implants, assistive listening devices and balance disorders.

Early arrivals to Convention 2004 are encouraged to attend this special session.

**FOCUS GROUPS**
Marriott Downtown
Wednesday, March 31
3:00 pm - 5:00 pm

New this year! This new interactive group of sessions is designed to facilitate in depth and lively discussions of some of the “hottest” topics in audiology. The topics this year include issues in Supervision, Relationships between Audiologists and ENT Physicians and Telehealth and Audiology. Start the Convention right this year by joining your colleagues for two hours on Wednesday afternoon for what is certain to be stimulating and interesting conversation.

**STUDENT VOLUNTEER ORIENTATION**
Grand America Hotel
Wednesday, March 31
5:15 pm - 6:00 pm

Student volunteers must arrive in Salt Lake City on Wednesday before the convention. Students are required to attend the Student Volunteer Orientation meeting where they will receive information about job assignments and on-site responsibilities. In addition, information and suggestions for making the best use of your time and planning your convention experience will be offered. If you would like to apply to become a volunteer, complete the Student Volunteer application. If you are accepted as a Student Volunteer, the application will serve as registration for the convention.

**AAA FOUNDATION GALA**
Grand America Hotel
Wednesday, March 31
5:30 pm - 7:00 pm

Join us for a fun celebration as we honor Marion Downs with a 90th Birthday Party! Come and meet this legendary audiologist as we pay tribute to her outstanding career and innumerable contributions to our profession. An AAA Foundation donation of $50 or more admits you to this not-to-be-missed entertaining event. Your donation includes drinks, hors d’oeuvres and an opportunity to get to know Marion Downs – up close and personal! This AAA Foundation-sponsored fundraising gala promises to set the tone for the festivities of the Convention 2004 Opening Night Reception that follows.

**OPENING NIGHT RECEPTION**
Grand America Hotel
Wednesday, March 31
7:00 pm - 9:00 pm

Ready for an Opening Night Reception that will literally take your breath away? Join us at the exquisite Grand America Hotel for an evening filled with high-flying thrills and trampoline skills. The Flying Aces – all former Olympic athletes – are guaranteed to dazzle you with their airborne antics. Come enjoy Utah’s finest cuisine, catch up with old friends, and be part of the most exciting show in town. (Cash Bar) Ticketed event, please remember to bring your ticket.
Roles and responsibilities of the comprehensive tutorial on: hearing conservation. This course will offer a understand and employ “best practices” of Supervisors” of HCPs, audiologists should fully roles of audiologists as “Professional may stimulate interest in HCPs and increase testing in hearing conservation programs (CAOHC invites any audiometer engaged in supervision of audiometric monitoring component of Hearing Conservation Programs). The procedures of our group members will be reported in a uniform manner and meet the highest of standards for measurement, documentation and reporting of service and calibration, information and thus establish a GOLD standard for our industry. For more information, e-mail david.miller2@med.va.gov.

COUNCIL FOR ACCREDITATION IN OCCUPATIONAL HEARING CONSERVATION (CAOHC)

(Your Role As) The Professional Supervisor of the Audiometric Monitoring Component of Hearing Conservation Programs
8:00 am - 5:00 pm
The Council for Accreditation in Occupational Hearing Conservation (CAOHC) invites any audiologist engaged in supervision of audiometric testing in hearing conservation programs (HCPs) to attend this course. Because new federal record keeping and reporting requirements may stimulate interest in HCPs and increase roles of audiologists as “Professional Supervisors” of HCPs, audiologists should fully understand and employ “best practices” of hearing conservation. This course will offer a comprehensive tutorial on:

• Roles and responsibilities of the Professional Supervisor
• Elements and organization of a successful HCP
• Latest tools to identify and prevent noise-induced hearing loss

NATIONAL ASSOCIATION OF SPECIAL EQUIPMENT DISTRIBUTORS (NASED)
5:00 pm - 9:00 pm
NASED is a trade association dedicated to establishing, maintaining and monitoring the professional and ethical standards of our members. The procedures of our group members will be reported in a uniform manner and meet the highest of standards for measurement, documentation and reporting of service and calibration, information and thus establish a GOLD standard for our industry. For more information, e-mail pdzone@aol.com.

NATIONAL ASSOCIATION OF FUTURE DOCTORS OF AUDIOLOGY (NAFDA)
8:00 am - 5:00 pm
The National Association of Future Doctors of Audiology (NAFDA) will hold its 5th Annual Convention in conjunction with the Academy’s 16th Annual Convention & Expo in Salt Lake City, Utah. NAFDA will welcome more than 1000 Doctor of Audiology (AuD) and PhD students a day prior to the Academy’s Convention March 30, 2004. All NAFDA members and Academy attendees are welcome to join NAFDA at an open meeting at 6:00pm on Thursday April 1st to hear exciting speakers and discuss the future of Audiology. Check the Final Program for room assignment. For more information, e-mail NAFDA@nafda.org.
INTERNATIONAL RECEPTION
Marriott Downtown Hotel
Thursday, April 1
7:30 pm - 9:00 pm

The International Reception is open to all members to assist the International Committee and the Board of Directors in welcoming our colleagues from outside the United States. The reception is a chance to get acquainted with audiologists from all over the world and help officials familiarize our guests with the highlights of the convention. The Academy appreciates that our colleagues from overseas incurred substantial costs to be part of our convention and we hope to make you feel comfortable during your stay with us in Salt Lake City. Please join us.

Friday
ACADEMY BUSINESS MEETING & BREAKFAST
Salt Palace Convention Center, April 2
7:00 am - 8:00 am

Rise early and enjoy a light breakfast when the Academy Board of Directors hosts the Annual Business Meeting. Learn what your Academy has been up to over the past year and celebrate the many goals that have been accomplished on members’ behalf. This provides just another opportunity to meet with Academy leaders to learn more about the future of The Academy.

STUDENT RESEARCH FORUM & LUNCHEON
Salt Palace Convention Center, April 2
11:30 am - 1:00 pm

The Student Research Forum & Luncheon will feature audiology graduate student research award winners reporting on their research projects. Sponsored by the American Academy of Audiology Foundation, each award recipient will receive a $500 cash award along with a plaque recognizing his or her achievement. Please take the opportunity to congratulate the winners and to hear the best in audiology graduate student research. (CEUs WILL BE OFFERED)

POSTER PRESENTATIONS & RECEPTION (PP)
Salt Palace Convention Center, April 2
4:00 pm - 5:30 pm

NEW! This year all Poster Presentations will be presented at one time during this Wine and Cheese Reception (cash bar). Presenters will be available to discuss their research so come by to see what you’ve been missing. The Posters will be displayed and available for viewing during the entire convention. Due to the extended deadline for Research Posters, to allow for just-in-time research, the abstracts will be included in the Final Program. (CEU’s NOT OFFERED)

Saturday
TRIVIA BOWL & RECEPTION
Siemens Hearing Instruments, Title Sponsor
Co-Sponsored by Knowles Electronics and Rayovac Corp.
Salt Palace Convention Center, April 3
4:30 pm - 6:30 pm

Join the fun! This highly anticipated Academy tradition pits students, researchers and practitioners against each other in an exciting battle of wits and memory. Academics not your strong suit? This is the one place where your command of obscure audiological tidbits can put you ahead of the pack. Join your colleagues for a high-spirited evening of free flowing food, drink and fun. We invite everyone to participate. Due to its overwhelming success, audience response systems will be used again to capture the answers in real time. Mark your registration form if you plan to attend. For more information on how to put a team together to compete in the Trivia Bowl, contact Annette Williams at 1(800) 222-2336 x1038 or by email awilliams@audiology.org.

OPEN HOUSES
Salt Palace Convention Center, April 3
6:30 pm - 8:30 pm

The Academy is offering the opportunity to host Open Houses to universities and state organizations. Let the goal of hosting your open house be to project a positive public image and inform the audiology community about your organization’s many endeavors. Let it also provide an opportunity to learn about your university or organization and, hopefully, the many good things you are doing to serve your community and make it a better place. Have a great ending to the convention by attending a party sponsored by your alma mater or state organization and enjoy the company of your current and former colleagues. Check the Final Program for the room locations. If you would like information on hosting an Open House, contact awilliams@audiology.org.
This year, the Academy’s Employment Service Center will be “rocking” with employment opportunities for job seekers (especially first-time job seekers), employers, and those looking to sell or buy a practice. As an added benefit this year, the Academy will offer daily on-site courses within the Employment Service Center that will be beneficial to anyone searching for a new job.

The Employment Service Center has a lot to offer. This year, we are introducing more benefits to employers and job seekers including an added online calendar feature to set-up and schedule your interviews. We have also added on-site courses on resume writing, interviewing, salaries and demographics. Post your job for the Employment Service Center now, and it will stay posted until the end of the Convention. It’s easy to get started:

**EMPLOYERS:**
- Post positions on www.audiology.org/HearCareers and flag them as Employment Service Center jobs
- Positions designated in www.audiology.org/HearCareers as

**NEW IN 2004**

**Box Lunches**
The Academy will provide daily box lunches to attendees in the exhibit hall to allow you uninterrupted time with your vendors, suppliers and clients. Lunch will be provided to those registered for the full Convention and their spouse or guest. Expo Only registrants and One Day attendees will receive lunches only for the day they have registered to attend sessions.

Lunches provided:
- Thursday 12:00 pm - 1:30 pm
- Friday 11:30 am - 1:00 pm
- Saturday 11:30 am - 1:00 pm

**Employment Service Center opportunities** may be posted as early as January 2004 and remain posted until April 3, 2004, or a minimum of 30 days (whichever is later), for one low convention rate
- Search a database of resumes before and during convention
- See which job seekers will be attending convention
- **NEW!** Set up your own interview appointments with job seekers in advance of convention using the online interview schedule system
- **NEW!** Display and update Employment Service Center calendar for interview scheduling
- **NEW!** Schedule advance reservations for interview space
- **NEW!** Internal messaging system to communicate with job seekers with ability to send, receive and delete internal messages

**JOB SEEKERS:**
- Post your resume on HearCareers
- Flag your resume to show that you are attending the convention
- Search job postings for employers who will be interviewing at convention
- Request interviews with employers attending convention
- Apply for jobs before and during convention
- **NEW!** Display and update the Employment Service Center calendar for interview scheduling
- **NEW!** Internal messaging system to communicate with employers with ability to send, receive and delete internal messages
- E-mail notifications for Employment Service Center activity

**SET UP INTERVIEWS IN ADVANCE**

We have made it easier for employers to set up interviews prior to arriving in Salt Lake City. First, employers should post their position(s) on www.audiology.org/HearCareers. You can then search the database of resumes for job seekers that are attending convention or wait for a job seeker to apply to your posted position. You will have the ability to use the NEW online interview scheduling. You can reserve interview space on Thursday, April 1 from 1:00 pm until 6:00 pm; Friday, April 2 from 9:00 am until 5:00 pm; and/or Saturday, April 3 from 9:00 am until 3:00 pm. Interview space will be assigned on a first-come, first-served basis and must be reserved prior to Convention. Contact Laura Franchi, Membership Benefits Coordinator, at lfranchi@audiology.org or 703-226-1039 to reserve your interview space by March 10, 2004. Employment Service Center personnel will also be happy to assist employers and job seekers with setting up interviews on-site.

**IMPORTANT:** All job seekers and all employers must check in at the Employment Service Center and provide local contact information. Preferred check in time is 1:00 pm - 1:30 pm on Thursday, April 1.

**AUDIOLOGY ROCKS WITH FEATURED SESSIONS**

Please join a distinguished group of invited presenters as they provide sessions on a wide range of topics from classic ‘oldies,’ such as diagnostic grand rounds in pediatric and adult audiology, auditory processing disorders, and counseling, to today’s ‘pop hits,’ such as advances in hearing aid technology, a protocol for hearing aid fitting in children, ethics, and issues related to 4th year AuD students. Featured sessions also cover the topics of marketing, outcome measures, clinical imaging of the ear, and hearing science, among many others. These sessions will be Rockin’ and are included as part of your registration fee.
New Feature
TAKE ADVANTAGE OF ON-SITE COURSES!
Each day will bring a new and informative course related to such topics as resume writing, the interviewing process, salaries and demographics. We have included this new feature in order to provide Convention participants the opportunity to hone their skills and gain confidence in the job-seeking process. Although CEUs cannot be offered for participation in these particular courses, we hope that you will take advantage of attending one or all of the classes if the subject matter is important to you at this stage of your professional career. Be sure to stop in to preview the action and claim your seat for the class and day of your choice.

Resort Day
Enjoy a day in the Rockies at Solitude Mountain Resort. To help you take advantage of the Utah experience, a pre-convention “Day in the Rockies” has been planned for Tuesday, March 30th at Solitude Mountain Resort. Solitude is only 30 minutes from downtown Salt Lake. If you are looking for more than one day of relaxation and skiing, discounted accommodations can be arranged for convention attendees for the weekend through Wednesday prior to Convention.
This is a win/win situation that you simply can’t pass up!

Blood Drive
GIVING BLOOD ROCKS
Building on the success of last year’s blood drive in San Antonio, the 3rd Annual Blood Drive will take place on Thursday, April 1 (no fooling!) from 12:00 to 5:00 pm. If you are interested in spending a little less than an hour to be a lifesaver by donating a pint of blood, contact Kay Park at parkkr@stlomercy.net. An estimate of the number of potential donors is needed in order for the Blood and Tissue Center to staff the center efficiently.
Remember to give blood and remember the gift of life.

New in 2004
DO YOU HAVE A PRACTICE FOR SALE?
If you have a practice for sale, you can post this opportunity in the Employment Service Center. Fill out the Practice for Sale posting form in the preliminary program book. You can conduct interviews for the sale of your practice at Convention. Contact Laura Franchi at lfranchi@audiology.org or 703-226-1039 for more details.

New in 2004
ROUND TABLES
Limited seating. Tickets required.
• Dealing with Patient’s Objections to Hearing Aids
• Pediatric Outcome Measurement Tools
• SSW Study Group
• Making Newborn Hearing Screening Follow-Up Successful
• Hearing Loss & Workers’ Compensation
• AuD/PhD Audiologists: Is There Anybody Out There?
• Establishing Minimal Competencies for Off-Campus Placement
• Everyday Ethics: Where Do You Draw the Line?
• Fourth-Year AuD Clinical Experiences: Let’s Face Reality
• Hard-of-Hearing Audiologists: Joining Forces
• Itemization of Service & Delivery: The New “Unbundling”
• Legal Issues Affecting Intraoperative Monitoring
• Realities of Working as a Doctor of Audiology
• Surviving a Medicare Audit
• Women in Audiology & The Challenges We Face
• Audiologic Rehabilitation: We Must Do More!

New in 2004
SPECIAL EVENTS
• Opening Night Reception
• General Assembly
• Academy Awards Reception
• Academy International Reception
• Academy Annual Business Meeting
• Student Research Forum
• Trivia Bowl

New in 2004
INDEPENDENT SATELLITE EVENTS
• Association of VA Audiologists (AVAA)
• Council for Accreditation in Occupational Hearing Conservation (CAOHC)
• National Association of Special Equipment Distributors (NASED)
• National Association of Future Doctors of Audiology (NAFDA)
CONVENTION 2004
MARCH 31–APRIL 3, 2004
Salt Lake City

EARLY ADVANCE ON-SITE
CONVENTION REGISTRATION

**It's NOT too late to register for a Pre-Convention Workshop on Wednesday, March 31, 2004!**

**Full Day Workshops:**
- Auditory Steady State Responses: A Hands-On Workshop
- Current Issues in Pharmacology, Ototoxicity & Patient Management

**Morning Half-Day Workshops:**
- YOUR Clinical Research Study: From Soup to Nuts
- Practical Audiologic Rehabilitation in Busy Dispensing Practices
- New Views of Auditory Processing Disorders
- Code Blue...How to Resuscitate Your Practice
- New Perspectives in Minimal Hearing Loss

**Afternoon Half-Day Workshops:**
- Behavioral Methods for Fitting Hearing Aids to Children
- Sound-Field Amplification: Theory & Practical Applications

**PRE-CONVENTION WORKSHOPS** - (FEES ARE IN ADDITION TO THE CONVENTION REGISTRATION) Limited seating. Tickets required.

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<th>WORKSHOP</th>
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MARCH 31–APRIL 3, 2004  
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On December 8, 2003, President Bush signed Public Law 108-170, the Department of Veterans Affairs Long-Term Care and Personnel Authorities Enhancement Act of 2003. This legislation represents another important victory for the profession of audiology in general, and specifically for our colleagues in the VA system.

The new law will elevate the status of audiologists working in the Department of Veterans Affairs. Currently, audiologists at the VA are classified as regular civil service employees under Title 5 of the U.S. Code. They are paid under the standard federal civil service General Schedule (GS) pay scale and are promoted in accordance with civil service rules. With the enactment of S. 1156, audiologists in the VA system will be classified as so-called “hybrid” employees, subject to both Title 5 and Title 38 of the U.S. Code. The VA health care work force includes civil service employees whose employment is governed by Title 5, “nonhybrid” employees (e.g., physicians) whose employment is governed exclusively by Title 38, and “hybrid” employees whose employment is governed by both Title 5 and Title 38.

By moving audiologists from civil service status to “hybrid” status, S. 1156 makes it possible for the VA to provide audiologists with pay and benefits that are competitive with the private sector. This will improve the VA’s ability to recruit and hire audiologists, thereby benefiting the VA, the veterans it serves, and the audiologists whom it employs. The new law does not change the qualifications required for audiologists to provide services to veterans.

The American Academy of Audiology worked quickly and effectively to add audiologists to the list of professions elevated to Title 38 status under this legislation. In doing so, we joined forces with other audiology associations, including the American Speech-Language-Hearing Association (ASHA) and the Academy of Federal Audiologists and Speech-Language Pathologists (AFASLP). This status change and forward progress is another example of federal law changing to recognizing audiologists as important providers of health care services.
TAKING THE "FAST TRACK" TO INFORMATION

Marie Linvill

The Fast Track option has become very popular in southern California, an area of the country known for extensive commutes. These pay-per-use lanes allow drivers to bypass the slower, but free highway lanes. The obvious benefit is that Fast Track saves you time, conveniently taking you exactly where you want to go. When starting down the pathway to information, one must navigate a similarly vast and jammed mega-highway of options. Finding the information you want requires the effort of traversing multiple sites, phrasing and rephrasing search queries, and backtracking around dead ends. When looking for articles, books, people, or websites within a specialized field like audiology, the effort becomes even greater. The ComDisDome member benefit (available at www.audiology.org) removes this time-consuming and frustrating effort by providing multiple resources, pre-screened for relevance in a single location. The ComDisDome is a veritable "Fast Track" to information in the Audiology profession and the benefit is time savings, convenience, and confidence in your search for professional information.

ComDisDome saves you time by applying a single search query to multiple types of prec-
INTERVIEW WITH A LEGEND:
Jack Vernon

Jerry L. Northern, PhD

During a recent trip to Portland, I had an opportunity to become re-acquainted with one of the true gentleman scientists in our field, Dr. Jack Vernon. Dr. Vernon is recognized as the modern-day “father” of tinnitus and the penultimate champion of the tinnitus patient. Few others have committed themselves so extensively to the investigation of a single symptom of hearing disorders or worked so exhaustively to develop remedies or treatments to help the millions of people who experience tinnitus. Although claiming to be “retired,” Dr. Vernon still spends a full day every Friday answering telephone questions and numerous e-mails from tinnitus patients and professionals seeking advice from all over the US.

Vernon began his professional career as a sensory psychologist at Princeton University. While at Princeton, working with Glen Wever and Merle Lawrence, he published numerous reports on the hearing thresholds and cochlear microphonics from a wide variety of mammals, reptiles and insects and whatever else he could hold down in his laboratory. In 1966, Vernon was recruited to become the Director of the Oregon Hearing Research Center at the Oregon Health and Sciences University in Portland, where he remained as a teacher and researcher for 30 years. He was awarded Professor Emeritus status in 1996.

Jack Vernon’s notoriety, however, stems from his founding of the first US tinnitus clinic in Portland in 1968 followed by establishment of the American Tinnitus Association (ATA) in 1971. It is no mere accident that both Jack Vernon and the ATA National Office are in Portland. Vernon has been recognized with honors for his work by many professional organizations, and he will be bestowed with the American Auditory Society’s prestigious Life Achievement Award during their annual meeting in Scottsdale, AZ, during March 2004. This soft-spoken southerner is truly a Renaissance man who has wide interests and expertise in many areas. Born in Tennessee and raised in Virginia, Jack was a pilot during World War II. Thanks to the GI Bill, he was able to attend the University of Virginia where he earned his BA, MS and PhD in psychology. Jack is absolutely one of the easiest persons with whom to spend a pleasant afternoon talking about all sorts of interesting things – but this time we tried to focus on his long and productive career:

AT: I guess we should start at the beginning and ask you how you got started in the study of hearing.
VERNON: My first job was as a researcher at Princeton University, where I worked with Glen Wever for 14 years in the early days of cochlear microphonics. We were fascinated with the amount of information this technique could provide about hearing. We measured cochlear microphonics in everything from salamanders to grasshoppers to the ring-tail lemur, and we were especially interested in the hearing and echo localization abilities of bats.

AT: And when did the problems of tinnitus become a focus of your life?
VERNON: I left that perfectly good job at Princeton to join Dave DeWeese, MD, the Head of the Department of Otolaryngology at the Oregon Health and Science University (OHSU) in Portland. Our facility in Oregon was one of the early Kresge Hearing Research Laboratories, and I was searching for a clinical research area in which we could establish ourselves in an area that required a multi-disciplinary team approach to solve problems. About that time I met Dr. Charles Unice, a physician who had tinnitus, and we began to discuss the lack of knowledge about tinnitus and the dearth of treatment options available. Tinnitus was clearly an unresolved problem and presented a challenging collection of paradoxes.

AT: And so you started a specialty clinic just to work with tinnitus patients?
VERNON: The OHSU Tinnitus Clinic was the first medical clinic devoted exclusively to the treatment of tinnitus. We realized that tinnitus is a symptom that is associated with nearly every known hearing disorder. A model that others have followed, the Tinnitus Clinic helps patients from all around the world. The OHSU Tinnitus Clinic has served as a training facility for literally thousands of health care professionals interested in the problems and treatment of tinnitus patients. We developed the largest database of information from tinnitus patients that visiting
researchers have found useful in the understanding of this medical symptom.

**AT:** How did you become an advocate of the masking technique as a means to treat tinnitus?

**Vernon:** Well, it started once when I was having lunch with my friend, Dr. Unice. We were outside standing near a decorative waterfall when he suddenly announced that he couldn’t hear his tinnitus. I didn’t think I was ever going to get him away from that water fountain. It turned out, of course, that the broadband frequency spectrum of the waterfall masked his tinnitus and he felt relief for the first time in years. Off we went then to the laboratory to try and reproduce this “relief” for tinnitus through various forms of acoustic masking. What we learned quickly was that the masking technique did indeed help the majority of tinnitus patients, but the masking itself represented a paradox to us because it does not obey or follow any of the laws that we associate with psychoacoustic masking.

**AT:** Were you the first to try masking tinnitus?

**Vernon:** Oh no. Jones and Knudsen, as early as 1928, attempted to relieve tinnitus in patients using a noise generator activated by ordinary 60 Hz household electricity. But we had lots to learn in those early days. For example, ‘noiselike’ tinnitus is easily masked by a pure tone. Further, since the loudness of tinnitus is actually present at very low sensation levels, it doesn’t require much masking to achieve relief. The commonly experienced high-pitched tinnitus hampered our early attempts to mask it because our initial maskers peaked at 1500 Hz and provided little energy above 3000 Hz. Today’s masking circuits have come a long way in our ability to program specific bandwidth and include the masker in all sizes of hearing aids.

**AT:** What other procedures or techniques have you studied to relieve tinnitus – and what about that electrode I recall that you requested Dr. DeWeese to surgically place on your round window for a time?

**Vernon:** Well we have studied just about everything! In addition to all types of maskers, we have used biofeedback, electrical stimulation, and evaluated numerous pharmaceuticals looking for a medical means to reduce tinnitus. Everything I know about tinnitus I have learned from my patients. We have been tremendously successful with the masking technique with our patients at OHSC, and it is clear that tinnitus can be temporarily turned off or repressed by proper manipulation of external sounds. Along the way we discovered the phenomenon of residual inhibition in which the reduced intensity of the tinnitus is reduced for some time after the masking noise is removed. And, yes, I had a ball electrode placed at my round window in the early 1970s so that we could study human cochlear potentials.

**AT:** So where are we today in the treatment of tinnitus?

**Vernon:** We’ve come a long way. Of course, the fact that there is still no cure for tinnitus is a telling commentary on our need to understand more about the problem. But we still have lots of avenues open to us. I’m impressed with the new studies using PET scans, various pharmacological agents, and the antioxidant effort to reduce hearing loss from noise-exposure. We have so many new opportunities I wish I had another lifetime to study them!

**AT:** You must be particularly pleased and proud of the tremendous impact the American Tinnitus Association has had on the field of hearing disorders?

**Vernon:** Indeed. Founded in 1971 with Dr. Unice, we began the ATA as a small volunteer group working out of an small office or two. Today the ATA is the nation’s preeminent voice on tinnitus. The ATA is now more than 30 years old, has grown into his own facilities with a growing staff. The ATA provides an untold amount of support to tinnitus patients, public education on tinnitus, has awarded more than $1,000,000 to support research projects, and helps to manage 40 self-help tinnitus groups around the country.

**AT:** Any advise for audiologists who see tinnitus patients in their clinical work?

**Vernon:** It seems to me that most audiologists have never embraced the tinnitus patient. Perhaps it is because they have not had the necessary training in their graduate programs. The patients who call in to discuss their problems with me seldom mention the audiologist as a professional who has helped them. In fact, I’m disappointed that so few audiologists have called me (503-494-2187) on my Friday office day for advise on how to help their problem tinnitus patients.

**AT:** Since you are still working one day a week with tinnitus patients, what goes on for you the rest of the week?

**Vernon:** I love to read and I thoroughly enjoy playing golf – in spite of the fact that I am not very good on the links. I have recently taken up woodworking and carving – in fact, I have been carving totem poles! And, besides enjoying spending time with my wife, Mary, my lifelong love of sailing continues in my 25’ sailboat and my 8’ sailing dingy. 🛥️
In this article we will attempt to provide guidance to audiologists providing services to tinnitus patients in an assortment of work settings. For audiologists to be fairly reimbursed, creative (and legal) approaches must be used, at least until the time comes that proper coding exists.

Several typically reimbursable procedures may be employed during the comprehensive audiologic evaluation of the tinnitus patient. Among the most common CPT codes utilized by audiologists regardless of their work setting are:

- 92557 – Comprehensive Audiological Evaluation
- 92567 – Tympanometry
- 92568 – Acoustic reflex thresholds
- 92587 – Otoacoustic emissions – limited
- 92588 – Otoacoustic emissions - comprehensive

Examples of descriptions for the commonly reimbursable procedures listed above are as follows:

- 92557 – Comprehensive Audiological Evaluation
  This extensive audiological test battery assesses hearing sensitivity and provides a basis for tinnitus measurements and management.

- 92567 – Tympanometry
  This test measures the pressure-compliance function of the middle-ear system to assist in ruling out middle-ear pathology.

- 92568 – Acoustic Reflex Thresholds
  This test measures the contraction of the stapedius muscle in response to sound. It is used as part of the battery to rule out middle ear and auditory nerve dysfunction.

- 92587 – Otoacoustic Emissions – limited (single stimulus level, either transient or distortion products)
- or

- 92588 – Otoacoustic Emissions, comprehensive or diagnostic (comparison of transient and/or distortion product at multiple levels and frequencies)

These tests assess cochlear outer hair-cell function to assist in identifying location of auditory pathology.

The following procedure is often used in the evaluation and treatment of tinnitus patients and may not be reimbursable in all situations:

- 92562 – Loudness balance test
  This test matches the loudness and pitch of the tinnitus to externally generated stimuli.

  (Since loudness and pitch matching are often, though not always, used during a tinnitus evaluation, the CPT code 92562 for a Loudness balance test may be justifiably used for the purpose of this procedure.)

Any of the codes mentioned thus far can be followed by modifier -22 (unusual procedural services), although typically, for the purpose of tinnitus billing, only the 92557 would be appropriate. This means that the service provided is greater than that “usually provided for the listed procedure.” Documentation explaining the procedure should accompany the claim since the modifier –22 may prompt a review or audit by payers. When approved, it could result in an additional 20-50% of the allowable rate, however, the reimbursement rate for using modifier –22 is typically poor.

In addition, when codes are not clearly available, many providers of tinnitus services may opt for CPT 92700. This is a code for unlisted otorhinolaryngological services or procedures. When using this code, a written report and/or description of codes is required. The following are examples and descriptions of 92700 codes.

- 92700 – (with modifier) Tinnitus Pitch and Loudness Match
  This test is performed to assess the tinnitus pitch and loudness match in both ears. This code should not be used if 92562 also is billed.

- 92700 – (with modifier) Speech and Pure Tone Tolerance Measures (LDL)
  This test helps assess the presence of hyperacusis (increased sensitivity to sound) using both pure tones and speech.

- 92700 – (with modifier) Minimum Masking Levels
  This test is performed to determine the effectiveness of noise (usually broad band) to mask the tinnitus.

- 92700 – (with modifier) Directive Counseling
Directive counseling is designed to educate and present the tinnitus sufferer with a meaningful logical progression of information in order to initiate treatment.

92700 – (with modifier) Sound generators — Binaural
Sound generators are wearable therapeutic devices that provide a background of non-masking “white” noise. They are designed to assist the tinnitus habituation process over a period of approximately two years. These devices are neither tinnitus maskers nor hearing aids and should not be regarded as either by insurance carriers.

92700 – (with modifier) Custom Ear Plugs
These special custom earplugs assist in protecting the ears by attenuating loud noise.

If the treatment mode includes the use of hearing aids or combination hearing aids/sound generators, normal codes for hearing aid purchases (V5060-5130), hearing aid selection (92590 - monaural or 92591 - binaural), electroacoustic analyses (92594 - monaural or 92595 - binaural), and hearing aid checks (92592 - monaural or 92593 - binaural) may be appropriate.

One must exert caution, however, in billing for procedures, i.e. hearing aids, that are known not to be covered by certain entities, such as Medicare. This will be discussed in detail shortly.

Beyond these codes, there are differences that must be taken into account in billing, depending on the work setting. Thus, the following sections are divided into billing for audiologists working in rehabilitation agencies, and audiologists in private practice.

REHABILITATIVE AGENCIES

The definition of a Rehabilitation agency is “an agency that provides... an integrated multi-disciplinary rehabilitation program designed to upgrade the physical function of handicapped, disabled individuals by bringing specialized rehabilitation staff together to perform as a team. At a minimum, a rehabilitation agency must provide physical therapy or speech pathology services and a social or vocational adjustment service.” So, two further codes (with descriptions) that may be used by audiologists working in certain rehabilitative settings only include:

92506 – Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status
This procedure encompasses the initial evaluation seeking the cause of the tinnitus as well as the severity and nature of the tinnitus and the patient’s difficulty coping with the symptom.

92507 – Treatment of speech, language, voice, communication, auditory processing disorder (includes aural rehabilitation)
Various therapeutic and rehabilitative efforts directed toward retraining the brain’s perception can be employed to lessen the impact of tinnitus. These may include further counseling or repetitive auditory exercises designed to emphasize certain regions of the auditory system. This procedure is generally used following initial evaluation.

When hearing loss is present, wearable amplification is known to assist tinnitus patients by 1) providing acoustic stimulation that can be utilized by the brain toward the habituation process, 2) reducing perception of tinnitus because of masking from ambient noise, and 3) reducing stress and fatigue created by the extra effort required to listen for effective communication.

92507 should not be used in conjunction with 92700 (with modifier) – Directive Counseling. Use one or the other.

Given the fact that tinnitus can exist with or without a peripheral site of lesion, and since there is a plethora of evidence linking tinnitus with a central locus, it is certainly not unreasonable to consider tinnitus to be an auditory processing disorder. Unfortunately (and quite astonishingly), Medicare does not reimburse audiologists for any “treatment” codes, including aural rehabilitation. Medicare specifically defines aural rehabilitation as speech-language pathology (SLP) codes. Since SLP’s cannot bill Medicare directly, these procedures can only be billed by an otolaryngologist or by an institution such as a hospital outpatient department or clinic. Since speech-language therapy is included in Medicare’s definition of “physical therapy,” otolaryngologists can only bill for these services under the “In-office ancillary” exception to the Stark laws.

This means that while audiologists working in hospital or other rehabilitation settings may bill using these codes, independently practicing audiologists are not covered for rehabilitation services, at least under Medicare regulations. Other third-party payers might reimburse audiologists for these services.

In addition to, or instead of the above, audiologists in rehabilitation settings also can bill in the manner described below for private practice audiologists.

PRIVATE PRACTICE

Audiologists in private practice settings may use alternative approaches in receiving reimbursement for tinnitus services, when the codes discussed above are not deemed appropriate. As mentioned earlier, submitting CPT code 92700 with a modifier to 3rd party payers is an option. Although these codes usually do not get reimbursed by Medicare, many Medicare HMO plans and other third-party payers may reimburse for these procedures when supplemented with a written report and/or description of codes. Thus, it would be prudent and worthwhile to check with your local insurance providers.

Alternatively, private practice audiologists providing tinnitus services may wish to proceed in the following manner for collecting reimbursement. Inform patients seeking tinnitus evaluation, consultation and treatment that they will be responsible for payment of services rendered at time of their appointment.

Depending on the clinic and whom they have insurance contracts
Providing Audiology Services to Tinnitus Patients

with, the patient may be responsible to pay for all audiological
tests done or just for the tinnitus evaluation, consultation and treat-
ment. In other words, if a particular clinic has a contract with a
certain insurance company (Medicare included), standard audio-
logical tests (i.e., 92557) are filed with their insurance company.
Patients should be informed in advance that the tinnitus evaluation
and consultation are charges that most insurance companies
will NOT pay for, and therefore, they are expected to pay out of
pocket at time of service. Additionally, patients should be provided
with proper documentation of procedures and codes so they can
initiate a claim with their insurance company, and hopefully,
receive some form of reimbursement. Given the frustrating nature
of tinnitus and the possibility that reimbursement will either be
low or totally denied, expect there to be patients who are upset.
Thus, explaining the billing and payment process, verbally and in
writing prior to providing services is critical. Also note that some
insurance contracts specify that clinics may NOT bill above the
contractual arrangement.

In some cases, in order for the patient to be reimbursed,
Medicare must first deny the claim. But audiologists must be cau-
tious to not commit potential fraud by billing for procedures that
they know are not covered by Medicare. So, when in doubt, use
the GY, GZ, or GA modifiers. The GY modifier is used to indicate
that the item or supply is statutorily non-covered (as defined in the
Program Integrity Manual (PIM) Chapter 1, §2.3.3.B) or is not a
Medicare benefit (as defined in the PIM, Chapter 1, §2.3.3.A). The
GZ modifier should be used to indicate that it is expected
Medicare will deny an item or supply as being not reasonable and
necessary and when the audiologist does not have an Advance
Beneficiary Notification (ABN) signed by the patient. The GA
modifier is used to indicate that it is expected that Medicare will
deny an item or supply as not reasonable and necessary and when
the audiologist does have an Advance Beneficiary Notification
(ABN) signed by the patient.

The GY and GZ modifiers should be used with the specific,
appropriate HCPCS code when one is available. In cases where
there is no specific procedure code to describe items or supplies, a
NOC must be used with either the GY or GZ modifiers.

In cases where there is no specific procedure code for an
item or supply and no appropriate NOC code available, the
HCPCS code A9270 should be used to bill for statutorily non-
covered items and items that do not meet the definition of a
Medicare benefit.

CONCLUSIONS:

The AAA Coding and Practice Management Committee is
comprised of a group of individuals working diligently in con-
junction with the American Speech-Language-Hearing
Association in the effort to design more equitable reimburse-
ment codes. Generating changes is difficult because of the fact
that proposals for additions or changes to CPT coding must be
approved by the AMA. To date, unfortunately, all efforts at con-
vincing the AMA to support additional CPT codes have been
unsuccessful. This may be due, in part, to the fact that many
audiologists are still filing audiological services under physi-
cians’ PIN numbers. While easing the process of collecting
reimbursement, this practice regrettably minimizes our leverage
in trying to persuade the AMA to approve CPT codes for tinni-
tus services. Moreover, it hinders efforts toward the autonomy
we have been conscientiously seeking as a profession. The tin-
nitus reimbursement pendulum has not stopped swinging…what
applies today may not apply tomorrow, so stay attentive of
future developments.

Table A – Two Primary Audiology Divisions.

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<tr>
<td>92568 – Acoustic reflex thresholds</td>
<td>92568 – Acoustic reflex thresholds</td>
</tr>
<tr>
<td>92587 – Otoacoustic emissions – limited</td>
<td>92587 – Otoacoustic emissions – limited</td>
</tr>
<tr>
<td>–or–</td>
<td>–or–</td>
</tr>
<tr>
<td>92588 – Otoacoustic Emissions-comprehensive</td>
<td>92588 – Otoacoustic Emissions-comprehensive</td>
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<tr>
<td>Tinnitus Evaluation and Consultation</td>
<td>Tinnitus Evaluation and Consultation</td>
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<tr>
<td>92562 – Loudness balance test</td>
<td>92562 – Loudness balance test</td>
</tr>
<tr>
<td>–or–</td>
<td>–or–</td>
</tr>
<tr>
<td>92700 with modifier – Tinnitus Pitch and Loudness Match</td>
<td>92700 with modifier – Tinnitus Pitch and Loudness Match</td>
</tr>
<tr>
<td>92506 – Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status</td>
<td>92700 with modifier – Directive Counseling</td>
</tr>
<tr>
<td>92507 – Treatment of speech, language, voice, communication, auditory processing disorder (includes aural rehabilitation)</td>
<td>92700 with modifier – Directive Counseling</td>
</tr>
<tr>
<td>–or–</td>
<td>92700 with modifier – Speech and pure tone tolerance measures</td>
</tr>
<tr>
<td>92700 with modifier – Speech and pure tone tolerance measures</td>
<td>92700 with modifier – Minimum Masking Levels</td>
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<tr>
<td>92700 with modifier – Minimum Masking Levels</td>
<td>92700 with modifier – Minimum Masking Levels</td>
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</table>
The past few years have seen an explosion of scientific research on stem cells and the potential of these cells to replace cells in the nervous system that have been destroyed by disease or trauma. Recent evidence indicates that stem cell technology may one day be used to treat Parkinson’s disease and other neurological disorders, spinal cord injury, diabetes, heart disease, and hearing loss.

The term “stem cell” can refer to any cell in the body that meets several criteria (reviewed by Verfaillie et al., 2002): first, a stem cell is able to undergo cell division in a manner that is self-renewing. This is, the cell division produces at least one daughter cell that is exactly like the parent stem cell and capable of dividing again. In this way, stem cells are capable of sustaining their own population. Second, a stem cell division produces daughter cells that are capable of becoming more than one cell type. For example, in the bone marrow, hematopoietic stem cells are capable of giving rise to all of the types of blood cells. The third criterion for a stem cell is that it is capable of functionally repopulating damaged tissue. For example, bone marrow stem cells have for years been transplanted into patients with leukemia or other disorders that result in the destruction of their own bone marrow. These stem cells are capable of restoring bone marrow function in these patients because they are able to repopulate the bone marrow and produce all of the cell types there. Finally, stem cells can produce new differentiated cells in tissue that has not been damaged.

Two major types of stem cells are under investigation. Embryonic stem cells are the most versatile stem cells, because they are capable of giving rise to every tissue type in the body. These cells are present only during the very early stages of embryonic development. As development progresses, stem cell populations become progressively more limited in the types of tissues they can form. The second major type of stem cell is the adult stem cell. These are cells that are present in adult tissues that normally undergo cell turnover. These include bone marrow stem cells, muscle stem cells, neural stem cells that can give rise to certain populations of neurons and glia in the brain, and epidermal stem cells that give rise to skin. Under certain conditions, both embryonic and adult stem cells can be grown in culture. Some of these cells have been induced to differentiate into various types of cells, including cardiac muscle cells, neurons, and insulin-producing cells.

Stem cell research as it relates to hearing loss is a very new field of study, but encouraging progress has already been made. In the laboratory of Dr. Stefan Heller at Harvard Medical School, mouse embryonic stem cells have been grown in culture and induced to differentiate into cells that resemble the sensory hair cells in the inner ear. When these cells were transplanted into the developing ears of chickens, they populated the hair cell layer and appeared to be very similar to the chicken hair cells surrounding them (Li et al, 2003b). Similar results were found using adult stem cells collected from the vestibular systems of adult mice (Li et al, 2003a).

There are still many obstacles to the use of stem cells to replace hair cells that have been lost due to noise trauma, ototoxic drug exposure, aging, or genetic disorders. First, there is not currently a good method for delivering cultured cells to the inner ear. Second, it is not known whether the transplanted hair cells are functional in their new location. Third, it is difficult to generate large numbers of differentiated cells from cultured stem cells, although the culture methods will likely improve with continued research. Finally, it is possible that transplanted cells will be rejected by the immune system. Still, the field of stem cell research is generating exciting results that suggest that these cells may eventually be useful therapies for a wide variety of disorders that are primarily due to cell degeneration, including hearing loss.

**BIBLIOGRAPHY**


CALIFORNIA
AUDIOLGY FACULTY:

The University of California at San Diego (UCSD), School of Medicine, invites applications for an audiology faculty position in the AuD Joint Doctoral Program with San Diego State University (SDSU). A doctoral degree (PhD or AuD) and a minimum of three years of full-time clinical experience are required. Applicants must have evidence of strong teaching ability in audiology and a breadth of clinical skills. Responsibilities include teaching courses in the AuD Program, student clinical supervision, and coordination of audiology clinical training activities at UCSD. Applicants with some administrative experience and a willingness to serve as Co-Director of the AuD program for the UCSD campus are highly desirable. Participation in research is desirable, but not a primary focus of this position. Applicants are expected to obtain a California license in Audiology by December 2004 and a California Hearing Aid Dispensers license within one year of appointment. Salary is dependent on candidate’s qualifications and budget considerations. Send a letter of application, including a description of teaching, clinical, and administrative experiences, a vita, and 3 letters of recommendation to: Dr. Jeffrey Harris, Chief of Otolaryngology Head and Neck Surgery, University of California San Diego, 200 W. Arbor Drive MC# 8895, San Diego, CA 92103-8895. Review of completed applications will begin January 15, 2004 and continue until position is filled, with the appointment to be effective at the beginning of the Fall Quarter, 2004.

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ILLINOIS
RESEARCH SCIENTIST/ASSISTANT RESEARCH AUDIOLIGST:

Widex Hearing Aid Company, committed to excellence in producing the world’s finest digital hearing instruments, is expanding its research operations in its Lisle, Illinois facility. As a result, we have a great opportunity for a Research Scientist with a PhD in Audiology, hearing science, or related field (clinical experience not required); in addition to an Assistant Research Audiologist at a Masters Degree level. These positions would entail research and development of amplification systems; assisting in the design, data collection and documentation of research studies; and development and refining rehabilitation and outcome measures protocols.

Salary is competitive with degree and experience.

All responses will be viewed with the strictest of confidence. Kindly forward all resumes, cover letters with salary requirements to: Widex Office of Research in Clinical Amplification, Attn: Francis Kuk, PhD, 2300 Cabot Drive, Suite 415, Lisle, IL 60532.

Widex is an equal opportunity employer. We are committed to providing equal opportunities for employment and advancement without regard to an individual’s race, religion, national origin, age, sex, sexual orientation, marital status, disability, or any characteristic protected by local, state, or federal law.

NEW MEXICO
BUSINESS FOR SALE:

THE HEARING HEALTH CARE ACCESSIBILITY ACT

In July 2003, U.S. Representatives Jim Ryan of Kansas and Lois Capps of California introduced The Hearing Health Accessibility Act (HR 2821). Senators Ben Nighthorse Campbell of Colorado and Tim Johnson of South Dakota later introduced a Senate companion bill (S 1647). These bills seek to change the Social Security Administration’s Medicare law. Under current law, for audiological services to be paid, a physician referral is required for Medicare beneficiaries. The change in law would remove this requirement. The full content and details of these bills have been previously published in AT as well as on the AAA website at www.audiology.org/professional/gov.

Since the introduction of the House bill an additional two-dozen congressional House co-sponsors have been added through the efforts of the Academy and its members. To complete this first phase, more Members of Congress will need to sign on as co-sponsors. In phase two, there will be hearings and committee meetings. The final phase will require a vote by both the House and Senate and avoid a presidential veto. We literally are pushing forward an act of Congress to effect change. The process is neither simple nor quick.

Direct access will allow Medicare beneficiaries the option of seeking care from either audiologists or physicians. Direct access is not a change or expansion in scope of practice; it merely allows Medicare beneficiaries the same access to audiologists enjoyed by veterans since 1992 and Federal employees (including members of Congress and their staff) since 1998, through other federal programs. The bills seek to have the federal government’s health care policies uniform for all its beneficiaries.

THE IMPORTANCE OF AUTONOMY

Direct access is an important step in the profession’s march towards Limited Licensed Practitioner (LLP) status. The ultimate goal for the profession of audiology is to attain similar status as other doctoring professions, such as dentistry, podiatry, and chiropractic. The long-term process of maturing into an LLP began in earnest with changes in the Department of Labor SOC codes, under the guidance of then Academy President Carol Flexer. The LLP movement has been advanced by the development of the AuD degree and would be furthered by the change in Medicare law.

Why is direct access and evolution to LLP important for all audiologists regardless of employment setting? We are a relatively small and young profession. How government defines and reimburses audiologists ultimately affects us all. If bright young recruits to the profession do not see opportunity, then they select other disciplines. Our academic community, regardless of how excellent a product they provide, simply cannot sustain itself in the absence of students. Our academic colleagues in Physical Therapy recently saw this following the Balanced Budget Amendment of 1999, which adversely affected the previously high numbers of students matriculating in PT programs.

If we are defined and treated as primarily a “physician helper” profession, although our education, degree and scope of practice is one of an autonomous doctoring profession, then our professional and economic opportunities are significantly limited. This negatively affects private, physician and hospital-based practitioners, the core of our profession. Most third party payers use Medicare policies and reimbursement schedules to set their own policies toward audiologic care. Fortunately, many Preferred Provider (PPO’s) and Managed Care Organizations (MCOs) have already recognized the high quality of care and cost benefit of allowing their enrollees direct access to audiology.

ACTION PLAN

Through Federal legislation we will achieve our most important goals...professional autonomy, direct access and parity in reimbursement. Three things must happen for the profession to accomplish these important goals.

1. Support among Congressional leaders needs to be increased in both the House and Senate.
2. The Academy’s Political Action Committee (PAC) must be strengthened and better funded.
3. The Academy’s membership must be mobilized to implement an effective Congressional grassroots program.

As an organization we have become more politically astute with the guidance of our lobbyist Marshall Matz and our Director of Health Care Policy Jodi Chappell. The Academy will continue to forcefully move our agenda forward, but members need to be active participants in the process.

The following actions, which can be implemented immediately by members, are:

1. Send a letter to your Representative and Senator inviting them to co-sponsor HR 2821 and S 1647. The process of composing letters has already been done for you. Go to www.audiology.org click on your profession on the side bar and then click on government relations on the next side bar. There you will find an assortment of sample letters.
2. Visit your Representative’s or Senator’s office in your district. Each Representative and Senator has a local office that offers constituent services. We will send you the information packages and talking points for your visit.
3. Ask your patients to send letters. Sample letters are also available on the AAA website. You can help them by keeping templates on your computer or having postcards available for them to sign.
4. Ask your physician friends to send letters of support to their Congressmen and Senators.

RICHARD E. GANS, PhD, SEMINOLE, FL AND TOMI BROWNE, MED, ARLINGTON, VA
5. Donate to the AAA Inc. Political Action Committee.

**What is a Political Action Committee (PAC)?**

A political action committee is the legal way that members of an organization or association, such as AAA, can take an active role in federal elections. Through the PAC, members can express support for, contribute to, or spend money on behalf of candidates for election to the offices of President of the United States, United States Senator, and United States Representative. (Simply put, we support legislators who, in turn, will support our issues.) Funding is entirely voluntary and is made through personal contributions sent directly to the PAC. The approach is completely bi-partisan and does not reflect support of any political party or philosophy. Although membership fees may be used to pay for our lobbyist, they cannot be used for PAC contributions. Our members must donate our PAC monies.

The Academy must participate in the political process like other health care professions. We do not need to spend at the same level as some other groups, but we must be in the game. Last year, the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), with approximately the same number of members, made PAC contributions of $221,000. Last year, AAA members contributed only $13,000 to our PAC. This is not an unreasonable goal and would allow us to have greater impact on Members of Congress.

**A PAC Contribution is an Investment in Your Future**

When you received your Academy membership renewal, you noticed a separate line item for a PAC contribution. If you made a contribution, thank you. If not, this is an excellent time to make your contribution or perhaps even give a little more. If you have not yet renewed your membership, please remember to make your PAC contribution when you do.

What we need is all our 9,011 members giving something. Just imagine how much more access we would have to Congress if we could raise an average of just $20 per member (naturally, if you are able to give more, then please do so), we would have $176,000 in our PAC. This is not an unreasonable goal and would allow us to have greater impact on Members of Congress.

**Conclusions**

In 15 short years, this Academy has become the home and the voice of audiology. It is in the vanguard of helping the profession change and mature into a truly autonomous doctoring profession. Through political awareness and participation in the process, we will succeed in the journey.
AFA Scholarships Available for AuD Students

The Audiology Foundation of America is accepting nominations for Outstanding AuD Student Scholarships through February 2, 2004. Students, who must be nominated by their program directors, are recognized for their academic achievement and professional potential. Established in 2001, the scholarships are funded by a grant from the Oticon Foundation, also known as the William Demant and Wife Ida Emilie Foundation. Previously the scholarships were awarded to two third-year AuD students, but in 2004-2005, the AFA will also award scholarships to two second-year AuD students. Each student recipient will receive $4500. For more information about the Outstanding AuD Student Scholarships visit www.audfound.org/Scholarships.asp.

Cerumen Management is Scary at Halloween?

Guest lecturer Dennis Van Vliet visited the University of Iowa to present a cerumen management practicum for Master’s and AuD students in October 2003. Diane Niebuhr, Clinical Associate Professor provided custom made Jack-O-Lantern practice mannequins with anatomically correct human ears that she had cleverly fashioned with modeling plastic, and plastic pumpkins. The students practiced with a variety of mechanical removal methods, suction and ear washing techniques with the mannequins, and then on human volunteers. The final exam for the AuD students included removal of impacted cerumen from a pumpkin that “shrieked” maniacally if the removal tools touched sensitive portions of a specially wired pumpkin head: A real twist on trick or treat!

AAA FOUNDATION GALA!!
CONVENTION 2004 • Salt Lake City, Utah
Grand America Hotel • March 31, 2004 • 5:30 to 7:00 pm

Join us for an entertaining evening as we pay tribute and honor Dr. Marion Downs, a true audiology legend, as we celebrate her 90th birthday with a gala party! For more than 50 years her publications and teachings have brought worldwide attention to the importance of pediatric audiology. Although nearly every professional hearing organization has recognized her immense contributions with various awards, the AAA Foundation will pay tribute to Dr. Downs with a fun-filled special birthday celebration. As an AAA Foundation fund-raising event, a $50 minimum donation includes admission to the party, drinks, hors d’oeuvres and birthday cake! A brief program will highlight some of the colorful events in Marion’s personal history. So be sure to mark this special event on your Convention schedule. Tickets must reserved and paid for no later than Feb. 15 by calling Katie Rothen at 800-222-2336 ext 1049. Call today to support the AAA Foundation and help us celebrate this not-to-be-missed special occasion.
Nova Southeastern University Initiates Las Vegas Campus Program

Nova Southeastern University (NSU) announced the opening of a second campus for their Audiology Department in Las Vegas, NV. NSU was among the first universities in the nation to offer the post-bachelor’s AuD degree at the Ft. Lauderdale, FL, facility. Recently, NSU opened a new campus in Las Vegas and is now accepting applications for the Las Vegas, NV, Doctor of Audiology program. Information about the NSU Audiology Department and AuD programs in both Florida and Las Vegas is available from Barry Freeman, Department Chair, by telephone at (800) 356-0026 extension 7717, or by e-mail at free-manb@nova.edu. Interested persons can also visit the NSU website at http://www.nova.edu/aud.

Molecular Biology of Hearing and Deafness Conference

A conference on the molecular biology of hearing and deafness will be held at the Hyatt Regency Hotel in Bethesda, MD on September 30 - October 3, 2004. For information: about the meeting, contact Maureen Helinski, University of California, San Diego, Office of Continuing Medical Education, La Jolla, CA 92033-0617. Telephone toll free: (888) 229-6263 or by e-mail at ocme@ucsd.edu. Additional information may be found on their website at http://cme.ucsd.edu/heardeaf.

BETTER HEARING INSTITUTE APPOINTS NEW EXECUTIVE DIRECTOR

The Better Hearing Institute (BHI) announced the appointment of Sergei Kochkin as BHI’s new Executive Director. Kochkin is well known to the audiology community as a prolific researcher, writer and sought-after speaker. BHI is a not-for-profit corporation created in 1973 to promote hearing health care across the United States. The manufacturers and suppliers who comprise the hearing industry in the US jointly fund the organization. Over the years, BHI has perhaps been best known as the producer of Public Service Announcements about hearing loss and the importance of appropriate treatment. More recently, BHI has focused on physician-directed information about hearing loss and hearing aids. BHI is headquartered in Alexandria, VA. Kochkin is a 16-year veteran of the hearing aid industry serving most recently as Director of Market Development and Market Research for Knowles Electronics, Inc. He is well known in the industry for his extensive body of hearing aid marketing and use data through the Knowles’-funded MarkeTrak survey. This data has been used extensively in training, public information and government relation activities throughout the industry.
MILITARY AUDIOLOGY ASSOCIATION ACTIVITIES

The Military Audiology Association (MAA) will hold its annual Military Audiology Short Course (MASC) in Park City, Utah, in conjunction with the Academy convention. MASC will immediately follow the Academy convention, April 5-7 at the Park City Marriott. A strong turnout of Army, Navy and Air Force military and civilian audiologists are expected to participate in this event. Keynote speakers include Kyle Dennis, Deputy Director of Audiology & Speech Pathology at the Veteran’s Administration, presenting Audiology Coding issues; and Martin Robinette, Professor of Audiology at the Mayo Medical School, speaking on EOAE Origins and Clinical Applications. MAA recently awarded $500 scholarships to three of its members pursuing their AuD degrees. Scholarship winners include: LT Andrew Hayes, Navy audiologist in Yokosuka, Japan; Holly Burrows, clinical audiologist at Walter Reed Army Medical Center in Washington, D.C.; and Pamela Cain, clinical audiologist at National Naval Medical Center in Bethesda, MD.

U of Pitt Opens Musician’s Hearing Center

The official opening of the new Musician’s Hearing Center at the University of Pittsburgh occurred in September with a special program for the public. Speakers included Marshall Chasin from the Musicians’ Clinics of Canada and Mead Killion of Etymotic Research, Inc. Barry Hirsch, Chief of Otology at the University of Pittsburgh Medical Center provided the welcoming remarks, and David Nachmanoff, singer and songwriter, provided a wonderful hour of music. Attendees included local audiologists, otologists, AuD and PhD students, local musicians, and community members. All those present at the opening ceremony received a copy of Chasin’s book, Hearing the Music, a set of ER20s musician earplugs from Etymotic Research, and a Dave Nachmanoff CD of music. The Musician’s Hearing Center is part of the Audiology Department at the University of Pittsburgh Medical Center and focuses on hearing conservation. In addition, the Musician’s Hearing Center has partnered with Etymotic Research to provide hearing protection for all of the Instrumental Music teachers and students in the Pittsburgh Public Schools.

Ciwa Griffiths, a noted educator of deaf children, passed away on December 3, 2003 at the age of 92. Griffiths, founder of the HEAR Center in Pasadena, CA was a pioneer in the training and treatment of hearing-impaired children. Trained at the Clarke School for the Deaf, Griffiths was known for her commitment to the auditory approach for helping hearing-impaired children to use their residual hearing.

University of Pittsburgh AuD students and NAFDA chapter during their annual volunteer activities meeting. The students also raised funds to feed a needy family for Thanksgiving and Christmas and provide gifts for all the family members.
## Convention 2004 Souvenirs

**OFFICIAL ORDER FORM**

<table>
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<th>Item</th>
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<tr>
<td>A</td>
<td>Audiology Rocks Baseball Cap</td>
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**SUBTOTAL**

Postage & Handling (add 10%)

Tax (VA residents add 4.5%)

**PLEASE ALLOW 4-6 WEEKS FOR DELIVERY**

**GRAND TOTAL**

**NAME**

**MEMBER NUMBER**

**CHARGE CARD NUMBER**

**NAME OF BUSINESS**

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**CITY, STATE & ZIP**

**CARDHOLDER SIGNATURE**

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During 1996, I was invited to present at the Annual Conference of the British Association of Audiological Scientists (BAAS) on the perspective of trends in the profession as demonstrated in the United States. Of course, at that time, our transition to a doctoral profession generated the most interest among audiologists in the United Kingdom. It also initiated a dialogue about the audiology education system in the UK.

Currently, there are several levels of recognized “audiologists” in the UK. There are Audiologic Technicians, Hearing Aid Audiologists, Audiological Physicians, and Audiological Scientists. Scientists have a minimum education of a master’s degree with training similar to master’s level audiologists in the US. The majority of scientists work in the National Health System (NHS) providing clinical services. Private practice in the UK has been left to the Hearing Aid Audiology dispenser who has been able to capitalize on the newer hearing instrument technologies that have not been available in the NHS until this past year.

Recently, there also has been a trend for more audiological scientists to enter the private sector with practices that often are operated after hours at the regular full-time NHS clinic. Many Audiological Scientists in the UK began following the educational changes in the US and some enrolled in distance education program to earn their AuD. Their alternative for earning a doctoral degree was to enroll in a traditional PhD program that culminated in a scholarly research project. Yet, many of the audiological scientists expressed an interest in a more clinically based advanced education, and a dialogue was opened between faculty at Nova Southeastern University (NSU), members of the BAAS, and audiological scientists practicing in the UK.

Nova Southeastern University (NSU) is the 10th largest private university in the United States with students and campuses in various locations throughout the US and Europe. The audiology department was encouraged to develop a program for current practitioners in the United Kingdom that would enhance their level of knowledge and skills while assuring the quality of education.

The first cohort of students enrolled and began attending classes in London in December 2002. The curriculum is based on the model implemented by NSU for current practitioners earning their Doctor of Audiology degree in the US Classes and faculty include:

- Advanced Vestibular Electrophysiology (Richard Gans)
- Advanced Auditory Electrophysiology (Charles Berlin)
- Advanced Amplification (David Fabry)
- Advanced Diagnostics (Brad Stach)
- Business Management and Leadership (Barry Freeman)
- Counseling and Supervision (Barbara Packer)
- Pharmacology (Jose Rey)
- Genetics (Bronya Keats)
- Pediatrics (Erica Friedland)
- Research Methods (Teri Hamill)
- Gerontology (Michelle Gagnon)

To date, the program has successfully attracted current practitioners who are earning their Doctor of Audiology degree in the United Kingdom, and new students are applying for future cohorts. Additional information is available at: www.nova.edu/aud or by contacting Barry Freeman, Chair (freemanb@nova.edu).

Pictured outside the Maria Assumpta Education Center gardens in Kensington, London, the first Nova Southeastern University cohort of Doctor of Audiology students in the United Kingdom. (Front row sitting left to right) David Reed (England), Theresa Pitt (Ireland), Maira Doran (England), and Karen Gaudoin (London). (Second row standing) Jesudas Dayalan (Dublin), Donald MacAskill (Cambridge), Gary Norman (England), Ali Mohiuddin (London), David Baguley (NSU Adjunct faculty and Head of Audiology, Addenbrooke’s Hospital, Cambridge) Kevin Thomas (England), Barry Freeman, (Chair, NSU Audiology Department).
AMERICAN ACADEMY OF AUROCIA MEMBERSHIP BENEFITS

ARE YOU TAKING ADVANTAGE OF YOUR MEMBERSHIP BENEFITS?

The American Academy of Audiology offers its members several benefits of membership. You may not even be aware of some of the advantages that come with being an Academy member. Not only are we members part of the world's largest professional organization of, by and for audiologists, but they also benefit from discounts in a number of programs. Read on to find out more about the benefits of membership with the Academy.

PUBLICATIONS:
• Audiology Today
• Journal of the American Academy of Audiology

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• 2005 - Washington, DC
• 2006 - Minneapolis, MN

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COMPENSATION BENEFITS SURVEY:
The American Academy of Audiology conducted its third annual Compensation and Benefits Survey in the Fall of 2002. A full report of the survey with detailed information is available for Academy members online at www.audiology.org/hearcareers.

NEW DISCOUNTED CONFERENCE CALL SERVICES:
The American Academy of Audiology has recently entered into a partnership with Connect-Us Group Communications – which is now the fastest growing provider of audio conferencing in the country. As a member benefit, you can take advantage of their state-of-the-art conferencing technology and award winning billing systems at special member only discounted rates.

Call Martin Garfinkel, our National Accounts Manager – at 1-866-250-9582 and tell him you are a member of the American Academy of Audiology. Connect-Us Group Communications is ready to meet the professional needs of Academy members by offering you this new member benefit.

GEICO AUTO INSURANCE:
Academy members qualify for an additional discount off GEICO’s already low rates. Call GEICO today for a free rate quote at 1-800-368-2734. Tell them you are a member.

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

MEMBERSHIP CARD/CALLING CARD:
This dual-purpose card can be used as a GlobalPhone domestic or international calling card. It is also your permanent membership card for easy reference to your membership number. U.S. rates are 5.9 cents per minute with no surcharges. To activate your calling card, call 1-800-866-895-574 or go to www.audiology.org/callingcard.

PROFESSIONAL LIABILITY INSURANCE:
The Academy has endorsed the professional liability insurance program offered through Healthcare Providers Service Organization (HPSO). We selected this program because of the plan’s many benefits, affordable rates, and their commitment to customer service. For more information, call 1-800-802-9409 or visit their web site at www.hpsco.com.

For more information about these benefits, contact Laura Franchi, Member Benefits Coordinator, at 703-790-8466 x1039 or lfranchi@audiology.org.