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Audiology Today accepts contributed manuscripts dealing with the wide variety of topics of interest to audiologists including clinical activities and hearing research, current events, news items, professional issues, individual-institution-organization announcements, entries for the calendar of events and materials from other areas within the scope of practice of audiology.

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Audiologists from around the nation descended on Washington, DC, March 30-April 2, to enjoy the innovative, new programs presented at Convention 2005. The meeting brought legislators to the Convention and sent audiologists to visit their legislators on Capitol Hill. This issue of Audiology Today features the Convention wrap-up summary, and sets the stage for next year’s meeting in Minneapolis with our new brand, “Audiology NOW!” As the 2005 conference drew to a close, many were heard to comment that it was “absolutely the best convention yet!” And we agree!
I have often stated that our journey toward autonomy must pass through Washington, DC. On March 31-April 2, more than 6,700 audiologists gathered together for Convention 2005 in the nation’s capital. We were honored to have Senator Tom Harkin (D-IA), Representative Jim Ryun (R-KS) and former Secretary of Health and Human Services Tommy Thompson as Convention speakers. The State Leaders Network met in the Rayburn House Office building followed by an afternoon visiting Congressional offices to discuss the Hearing Health Accessibility Act. Thanks to the combined efforts of the Academy’s leadership, committee members, membership and Academy staff, we continue to move toward autonomy with purpose and progress. Our journey for autonomy has now taken us literally through Washington, DC!

A SINGLE DESIGNATOR DEGREE

The AuD is now well established as the single designator degree. It is not an experiment, it is not a fad, and it is the future. Doctors of Audiology are becoming recognized as the integral provider of hearing and balance services. The Academy, in cooperation with the Academy of Dispensing Audiologists (ADA) and Audiology Foundation of America (AFA), has developed model-licensing language, which is now being utilized in numerous states. The requirement of a doctoral level degree for new graduates and new entrants into the profession, is becoming widely accepted. The AuD has become the credential by which competency will be determined. The veracity of the AuD must be protected. This Academy is resolute in its position that the AuD degree was meant to be a four-year, first professional degree and has published this statement. We also need to own our own professional standards and the Academy’s expanded Education and Standards Committee, chaired by Dianne Meyer, is hard at work on this task.

ACCREDITATION COMMISSION ON AUDIOLOGY EDUCATION

We cannot protect the integrity of the AuD degree without an independent AuD university program accreditation body, free from subordination or influence of another profession. The AuD curriculum and clinical training must reflect the demands of today’s practitioner. The Accreditation Commission on Audiology Education, (ACAE), chaired by Academy Past-President Angela Loavenbruck, is creating a web-based accreditation process that will soon become the gold standard when it is implemented next year. The ACAE has been jointly funded by the Academy and ADA as well as significant support from the AFA. In December 2004, I testified before the United States Department of

Promises to Keep and Miles to Go...

Richard Gans, PhD, President, American Academy of Audiology

Education on our commitment to have AuD education meet the highest standards. A copy of the transcript is available at www.audiology.org/news/20050207.pdf.

ETHICS

The world has changed and we must change with it. In recognition of this, our Academy and the ADA jointly developed ethical guidelines for clinicians and researchers. Our Ethical Practice Board has done a superlative job in educating members about these changes as we all learn how to adapt. The Academy has worked cooperatively with the Hearing Instruments Association (HIA). HIA has developed model guidelines for their member companies which also reflect the changing times. An autonomous doctoring profession that cares for America’s hearing and balance must reflect that responsibility in all of its professional behaviors and actions. The interests of the patient must always come first.

REIMBURSEMENT

During this past year, the Academy has actively worked with the Centers for Medicare and Medicaid Services (CMS) on issues of reimbursement. We have opened the dialogue on the issues of reimbursement for automated tests, incident to billing by physicians, and tests conducted by untrained or unqualified individuals. This Academy is determined to protect the audiological care of all Americans. We have also worked collaboratively with Medicare Intermediaries and other third party payers on issues of fraudulent billing practices of audiological codes by non-audiologists. Our
Coding and Practice Management Committee, chaired by newly elected Academy Board of Directors member Deb Abel, continues working on position statements, white papers and communication with our members and government agencies.

**State Licensure**

Audiologists practice the profession of audiology based on each individual's state license. There is now state licensure or registration in 50 states, with progress recently in Idaho and Montana. Thanks to the great work by the Government Relations Committee (chaired by Gail Whitelaw) and the State Network Committee (chaired by Karen Glay) and the State Licensing Subcommittee (previously chaired by Barry Freeman and now chaired by Pam Ison), we will continue to make great strides. This is critical for several reasons. First, we must ensure that our state license language accurately reflects our education and competencies. Secondly, there are still states that require audiologists to hold two licenses, one for audiology and one for dispensing. This is not right. We must continue to work for a single license in those states.

**Direct Access**

There is no single issue that is as critically important to the profession as Direct Access—the Hearing Health Accessibility Act. By the end of the 108 session of Congress, we had growing support with over 50 co-sponsors in the House of Representatives. Now we are in the 109th session, and we must be tireless in our efforts to enact this simple change in the Social Security Act which will allow Medicare patients the option to seek audiological care from an audiologist or physician.

We made great strides in the last session of Congress… because of you and your willingness to be an advocate is commendable. You did this by contributing to the Academy’s Political Action Campaign (PAC), by writing letters to members of Congress and having your patients write letters as well. Our PAC Board, chaired by Tomi Browne, has done an outstanding job of continuing to raise funds. Our goal is to raise $100,000 each year of the 2-year session of Congress. Remember to contribute your share: Just $10 per member of our Academy donated each year would get us there. I know direct access is an important issue to each and every one of you. So, I am asking for your help once again. It is right there within your grasp. Direct Access can become a reality. Right now you hold the destiny of the profession in your own hands. You cannot blame other associations, other professions, only you can do this.

I challenge you and the Academy membership to surpass last year’s donations. I am pleased to report that PAC donations at the Washington, DC convention were in excess of $25,000. But money is not enough; we all need to write, email and call our members in Congress. Have your patients write letters, too. Visit our website [www.audiology.org/professional/gov](http://www.audiology.org/professional/gov) for information and sample letters for you and your patients. If you have not yet made your 2005 PAC donation, please do so. Every dollar moves us closer to direct access.

**And, Finally….Thank You**

In this, my last President’s Message, I would like to thank the Academy National Office staff. Our Executive Director, Laura Fleming Doyle and the entire staff are dedicated and consummate professionals. I also wish to thank all of you who serve so selflessly on committees and task forces. I am grateful for the guidance and mentorship of Past Presidents Bob Glaser, Dave Fabry, Angela Loavenbruck and Brad Stach for providing me with the wisdom of their experiences. I must express my extreme gratitude to my colleagues and co-workers at the American Institute of Balance, and especially to my wife and partner, Patricia, for her support during the past year.

It has been a great honor to serve as your Academy president. I am proud to be a member of this Academy and proud to be an Audiologist. On July 1, 2005, it will be time for the baton to be passed to our new president, my good friend and fellow Board of Directors member for the past five years, Gail Whitelaw. This Academy and the profession are in capable hands through her leadership and vision. In my role as Past-President and then Academy member, I will continue to carry our vision forward. As personified by the words of the great American poet, Robert Frost “…I have promises to keep, and miles to go before I sleep.”

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Academy President Richard Gans recognizes Amy Donahue (left) of the NIDCD and Teri Hamill (right) with the President’s Distinguished Service Award.
The American Academy of Audiology is an organization that now stands on the precipice of adulthood. At this time next year, we will be celebrating our 18th anniversary — the “coming of age” for the Academy so to speak. We all know that reaching adulthood is the culmination of experience, guidance, growing pains, making mistakes, and learning from those mistakes, all of which the Academy has experienced. I remember as a teenager, my dad often repeating the phrase “with rights come responsibilities.” As the professional organization representing audiology, we must stand ready to address both our professional rights and our responsibilities.

The Academy has grown in recognition and strength in the years since our inception. We are acknowledged as the voice of audiology, from Capitol Hill to media outlets. During this convention, more than 80 state leaders met with their Senators and Representatives to discuss issues facing audiology. Participation in this legislative process is both your right as an American and your responsibility as a professional. A simple phone call or visit to your legislator’s office is an individual effort that leverages the Academy’s advocacy efforts. You should be proud of the growth in contributions to your AAA PAC during this past year. These contributions have allowed us the “right” to access the political process on behalf of audiology. I encourage each member of the Academy to see this as an ongoing professional responsibility, and making a contribution to both AAA PAC and your state academy PAC should be an ongoing part of our professional culture.

The Academy’s motto recognizes that we, as audiologists, are “caring for America’s hearing”. You will note that this motto does not use the term “hearing health care providers.” We will continue to advance audiology as the profession that diagnoses and treats hearing and balance disorders. We will resist attempts to blur distinctions between audiologists and lesser qualified providers. We continue to recognize the diversity in the profession of audiology that is reflected in our membership and we will continue to be responsive to the diverse needs of the professionals – all the while promoting a unified profession. The Academy works in partnership with each of you to make audiology essential in the lives of our patients, our consumers and our students. Our coming of age involves promoting the process of audiology along with the products of audiology…the process is broad and includes advancing language and literacy skills in children, enhancing the quality of life for adults and preserving independence and mobility for older adults.

As the Academy matures, our sophistication in addressing the needs of the profession grows. Much of this work of addressing the goals and needs of the profession is performed by dedicated members who volunteer on committees. As examples of the outstanding contributions of our committees, the Education and Standards Committee is involved in the critical task of developing standards for the profession, an important responsibility of the Academy. The Coding and Practice Management Committee continues to focus on addressing the current state of reimbursement in audiology, while being cognizant of the “watch for what you wish for situations” inherent in dealing with third party payers. We certainly have the right to be paid fairly for our skills and the responsibility to future generations of audiologists to continue to address these issues.

As individuals mature, they grow by reaching beyond their immediate circle of contact and outside their area of comfort. As the Academy matures, it is imperative we continue to develop an inclusive organization that recognizes the global nature of the profession of audiology. In the book The Wisdom of Crowds, author James Surowiecki states that groups of people are better than a select few at fostering innovation, solving problems and coming to wise decisions. The Academy will continue to be a member-driven organization that can capitalize on the benefits of involvement by “crowds’ of audiologists.”

In his now infamous “swarming mosquito” speech at Convention 2004, Academy President Gans challenged membership to support the PAC…and you did, in “swarms.” This year I challenge you to make a difference and continue your commitment to the Academy in a different way. I am often perplexed when a member suggests that “the Academy should do this” or “the Academy should do that.” This Academy sits in every seat in this auditorium, every chair of each session at this convention. At the risk of sounding trite, I encourage YOU to be the change.
you wish to see in our profession. In the coming year, I invite you to participate in “Members Connect,” an expansion of the Members Concerns program initiated under Robert Glaser’s presidency. Members Connect will provide opportunities to exercise your rights and responsibilities as a member of this Academy by sharing your views, ideas, and concerns with Academy Board members and committee chairs.

Another responsibility of coming of age is planning for the future. During the coming year, the Academy will focus on developing our future leadership, particularly targeting programs for audiologists working in their first decade of practice. This young professional’s leadership initiative mirrors the efforts of many mature organizations in developing their future leadership. The Academy has a strong foundation, and these young leaders will be the architects of the future of our profession.

In closing, I want to talk about the energy and passion of audiology. I had the unique opportunity to participate in an appreciative inquiry process this year in my daughter’s elementary school. This process, a type of strategic planning, focuses on the positives of organizations through the people involved in those organizations. It is through the shared history and vision of individuals that organizations gain their strength and sense of purpose. A concept of the appreciative inquiry process is that both individual members and organizations are like sunflowers: they turn their heads in the direction of the energy, and processes must be in place to create positive energy. I realize that one of my favorite aspects of being President elect is not when I talk to audiologists but in those wonderful opportunities I have to talk with audiologists. I am consistently impressed at the passion with which you share your stories, your ideas, and your concerns. This passion creates the positive energy that keeps our Academy focused on the future, and your involvement is our legacy for the profession. I look forward to the ‘swarm’ of activity in working with each of you as members who are actively and passionately involved in the American Academy of Audiology.

Let’s Make Every Month Better Hearing Month!

You can help increase awareness of hearing health and share this CELEBRATION with your patients, family and friends by giving them BETTER HEARING WRISTBANDS!!

Available from the AAA Foundation with a donation of $3.00 per band (plus S&H).

Contact Kathleen Culver today at kculver@audiology.org
Proceeds from wristband sales support research and education in audiology and the hearing sciences.
Inside the Beltway

The following speech was delivered during the General Assembly at Convention 2005 in Washington, DC.

For those of you who don't know, you are now in a world commonly referred to as “Inside the Beltway.” Where high energy and fast-paced are the norm. People who live and work inside the Beltway deal with issues that affect every corner of our nation and more often than not, the world. It is an exciting place to live and work and we are so pleased that you are here and can experience a little part of what it is like to be “inside the Beltway.”

The National Headquarters for the American Academy of Audiology is about 20 miles from where we are today. It is there that 24 staff members work year round with 12 Academy-elected Board of Directors and over 300 volunteer audiologists who work on committees to affect positive change for audiologists and the profession of audiology. While I do not have time to talk about every committee, I would like to give you a brief update on some of the accomplishments of these volunteers and staff during the past year.

First and foremost, your Academy has continued to grow in number and in stature. Since 2001, membership has grown from 7,100 to well over 9,700. A 37% increase in just 4 years! That’s amazing, but more important than an increase in members, the American Academy of Audiology is now known to the agencies and legislators here in Washington, DC. Four years ago, people “inside the beltway” had seldom, or never, even heard of the Academy. The persistence and hard work of your leadership and committee volunteers has truly made a difference and raised high the banner of audiology.

One reason we are holding our Convention inside the beltway is because of the impact government has on your profession. As President-Elect, Gail Whitelaw served as the chair of the Government Relations Committee. This committee has worked diligently over the past several years to gain awareness on Capitol Hill for the profession of audiology and to achieve the goal of audiology as an autonomous profession. With the strong support of Representative Jim Ryun, a bill was introduced into this new Congress that would allow Medicare patients to have direct access to audiology services.

Motions

The following items were approved during the March 2005 Board of Directors meeting in Washington, DC:

- To amend the long-term investment policy to read: “The Academy is committed to a strategy of financial health that includes a long-term investment fund. The Board of Directors shall support this investment through annual allocated contributions and additional income as available. The monetary goal of the long-term investment fund is to accumulate savings to an amount equal to six months operating expenses of the Academy.”
- To draft a position statement on the proper supervised use of automated testing.
- To approve a $65 discount for Fellows who stop work and return to school full time to obtain their doctoral degree while they are in the program.
- To approve the following members for life membership: Harvey J. Gardner, PhD and Chester D. Opalsky, PhD.
- To support, in concept, the recommendation of the addition of JAAA pages and consider this specifically as part of the FY 2006 budget.
- To accept the proposal for the development of a job analysis and a national exam, in principle, with a specific dollar amount to be determined as part of the FY 2006 budget process.
- To accept the following recommendations of the Task Force on Web Advertising for referral to the web editor and webmaster for implementation, as possible, within the constraints of web capabilities:
  - Advertisements that promote a specific product or service on the public pages of the AAA website give the appearance of Academy endorsement and should be avoided.
  - Advertisements on any page accessible to the public should be limited to products and services offered directly from or endorsed by the Academy.
  - Restrict banner ads and Corporate Logo Links to password restricted areas of the website.
  - To assist the public and Academy members in locating audiology-related products and services, consider listing all corporate sponsors and their link on a single web page.
  - The current “proposed guidelines” on advertising should be formalized, expanded, and made available to anyone visiting the website.
  - Advertising guidelines should restrict ads to companies and organizations in agreement with the Academy’s mission, philosophy and ethical guidelines.
  - A disclaimer is needed in the advertising guidelines, and ultimately on the website, stating that no endorsement is expressed or implied by accepting ads or sponsors for the website. Additionally, the sponsor is not permitted to influence Academy policy or actions.
  - Pop-up ads, animated and flash ads detract from the professional content of the Academy website and should be restricted.
  - Advertising should be directed toward the audiologist and not the consumer.
  - Consider labeling each ad as “advertisement” or “corporate website sponsor.”
EXECUTIVE UPDATE

These efforts to affect change on Capitol Hill require a fiscally strong Political Action Committee. Under the direction of Tomi Browne, Chair of the new Academy PAC Advisory Board, PAC dollars have grown from only $5,500 in 2001 to over $70,000 raised since we met in Salt Lake City last year. Of this, over $50,000 was spent in 2004 and 2005 to support the campaigns of Members of Congress who have had and who could potentially have the greatest influence on achieving direct access.

The State Leaders Network, chaired by Karen Glay, provides critical support for members at the state level. As a part of this network, audiologists from 38 states descended upon Capitol Hill yesterday and visited over 200 Congressional offices to request their support of Direct Access.

In Washington, ethics is always an issue of prime concern. Under the direction of Teri Hamill, the Ethical Practices Board has worked diligently to develop a new textbook entitled “Ethics in Audiology: Guidelines for Ethical Conduct in Clinical, Educational and Research Settings.” This publication, affectionately known as “the Green Book,” is currently at press and will be available for purchase later this year.

Just as agencies inside the beltway deal with regulations, your Professional Practices Committee, under the chairmanship of Craig Newman, is currently overseeing the development of guidelines and position statements on a variety of topics including: Auditory Processing Disorders; Classroom Acoustics; and Pediatric Assistive Listening Devices.

The Coding and Practice Management Committee, under the direction of Deb Abel, has worked diligently this past year to assist members with coding and reimbursement issues. This committee works in cooperation with ASHA to review and assess codes at the AMA CPT/RUC meetings. This committee is in the final stages of developing an invaluable resource, a Reimbursement Manual, which will be published this summer.

Federal agencies make decisions on funding some of the most advanced research in the world right here inside the beltway. In 2004, our Research Committee, under the direction of Sherri Jones, reviewed numerous applications and selected the recipients of over $39,000 in research grants that was funded by the AAA Foundation. The collaboration between the Academy and the newly reorganized AAA Foundation, chaired by Barbara Packer, has enabled numerous awards for research this year that would not have been possible otherwise.

Of course, you just have to look around you to see the work of Catherine Palmer and the Convention 2005 Program Committee. This year’s Convention focuses on changing the delivery of education.

The numerous achievements of the Academy this past year would not have been possible without the support and dedication of an amazing staff. I have the honor and privilege of working with these people everyday, and I am pleased to tell you they are awesome! Their enthusiasm for the work they do for your national association truly makes a difference in your profession.

And just as decisions made in our nation’s capital have an impact on the rest of the country and the world, you can make a decision to make a difference in your profession; make a difference for people with hearing loss.

CEUs are Just a CD Away!

If you missed Convention 2005 or attended Convention and missed these two sessions, here’s an opportunity for you! The 2005 CD-ROM features two important sessions from the most recent, successful Convention.

Selected Sessions from Convention 2005 CD-ROM (CDR3) for .3 CEUs:

1) FS103 - Dead Regions in the Cochlea: Diagnosis & Clinical Application
This popular session by Brian Moore had comments from attendees like “Best session of the entire conference!!!!” and “One of the best courses I attended. Information can be used immediately to provide better service to my patients.”

2) FS808 – Research to Underpin Policy & Clinical Practice
Stuart Gatehouse’s well-received session earned the following comments, “Very useful information and ideas to ponder” and “great presentation!”

A CD-ROM on Reimbursement from Convention 2004 (CDR2) is available for .15 CEUs. Learn and earn from the comfort of your home or office! Each user friendly CD-ROM includes: complete audio track and PPT slides, learner assessment questions, a session evaluation and CEUs (must be on the Academy’s CE Registry).

Fees: CDR3 $75 (per CD-ROM), CDR2 $35 (per CD-ROM).
For more information and an order form contact Meggan Olek, molek@audiology.org
Additionally, in accordance with the Academy’s By Laws, Karen Jacobs, AuD, was appointed to fill the un-expired term of two years created by Paul Pessis’ election to President-Elect. Jacobs is President and owner of AVA Hearing Center, Inc, in Grand Rapids, MI. Jacobs has been active in the State Leader’s programs and the development of grassroots networks to advance the profession of audiology.

For more information on the elected candidates, visit www.audiology.org/professional/candidates/2005.
Combined Acoustic and Electric Hearing for Severe High-Frequency Hearing Loss

It is estimated that there are more than 28 million hearing-impaired individuals in the United States; however, the vast majority of these are not profoundly deaf and therefore do not qualify for standard cochlear implants. The most common form of adult hearing loss is a high-frequency sensorineural deficit, caused by damage to hair cells in the basal end of the cochlea. In these individuals, the apical hair cells still function normally for the accurate perception of low-frequency sounds. The primary difficulty lies in an inability to distinguish the higher-frequency sounds of speech (such as consonants) that are crucial for human communication. Traditional acoustic amplification (hearing aids) is often ineffective in transmitting these speech sounds to those individuals with severe high-frequency hearing loss. What is needed for these patients then is a way to bypass the missing or damaged inner cells at the basal half of the cochlea and get high-frequency speech information to the brain.

Traditional cochlear implants have shown that speech information can be successfully transmitted to the brain using direct electric stimulation of the auditory nerve. However, electric stimulation using traditional cochlear implants has a number of disadvantages when compared to acoustic hearing. These disadvantages tend to be related to the limited frequency resolution provided by current electrode arrays, in which even the best users behave as if they are receiving only 6-8 independent channels of frequency information, compared to the much finer frequency resolution provided by acoustic hearing. For instance, we have found that while normal-hearing listeners can discriminate relative frequency differences of about 0.1%, and hearing-impaired listeners might require as much as 1% difference, cochlear implant listeners can require frequency differences of 10% to 100% for discrimination. Thus, for users of traditional cochlear implants, speech can sound “fuzzy,” and other signals such as music are non-melodic and often unpleasant. This also can make it difficult to separate people’s voices when several people are talking at once. Another disadvantage of traditional implants is that any residual hearing is usually destroyed as a result of the implantation surgery, and subsequently the patient needs the implant and processor to be “powered up” for basic sound awareness.

One solution to the problem of severe high-frequency hearing loss that has been developed at the University of Iowa is the short-electrode or “hybrid” cochlear implant (Figure 1). This implant (supplied by Cochlear Corporation) is designed to stimulate only the basal end of the cochlea and to preserve the residual low-frequency acoustic hearing; thus these patients hear sounds through combined acoustic plus electric stimulation. Depending upon the degree of hearing loss in the lower frequencies, some of these patients require the use a hearing aid for the low frequencies, while some do not. The electrode currently used is inserted only 10 mm in length, with 6 channels of electric stimulation assigned to transmit the sound information corresponding to frequencies above 750-1000 Hz. In a multi-center FDA clinical trial with these devices, 24 patients have been implanted with “short” electrodes to date, and residual hearing was preserved to within a median value of +/- 10 dB postoperatively. In one patient, residual hearing did disappear about 2 months post-operatively following a viral infection. In all cases, however, patients’ speech recognition performance (using combined electric and acoustic hearing) is better now than it was pre-operatively. These results have been so encouraging that the FDA clinical trial has been extended and expanded to include recruiting patients who have normal hearing up to 1500 Hz with severe high-frequency hearing losses in the higher frequencies.

One of the findings of our studies is that speech recognition performance continues to improve (for combined acoustic and electric hearing) for 6 to 9 months following the initial hookup of the implant. At the present time, we have speech recognition results from 9 patients who have been using the device for at least 12 months.

Figure 1
Comparing these patients speech recognition scores for CNC words between the 12-month post-hookup recognition scores (acoustic + electric) and the pre-operative scores (acoustic only) showed that all patients improved with the addition of the electrical stimulation, including the one patient who lost his residual acoustic hearing. The mean improvement observed from adding the electric stimulation was 39%; the range of improvement across patients was from 18 to 66%. Keep in mind, that the acoustic-only score represents the best that the patient had been able to achieve with the help of state-of-the-art hearing aids. Thus the hybrid cochlear implant represents a powerful rehabilitative strategy for many patients who may not be receiving satisfactory benefit from hearing aids. Analysis of errors from our consonant-recognition test shows that the primary benefit of adding the electrical stimulation on speech recognition is a marked improvement in the perception of the place of articulation for these patients. This is in line with the subjective reports of many of these patients after receiving the hybrid implant that “speech sounds very much like it used to, only clearer.”

Since these patients perceive the lower frequencies through their residual hearing, it is no surprise that speech sounds “very much like it used to.” An added benefit is that music also sounds pleasant to these patients as well. Since the fundamental frequencies of nearly all musical selections lie below 750-1000 Hz, these patients, as a group, do considerably better than traditional cochlear implant patients on discriminating musical intervals, perceiving directions of pitch changes and recognizing familiar melodies. Research by Kate Gfeller’s research team here at Iowa has measured melody recognition in these patients, and they score over 80% correct on their standard test. Compare this to 87% correct for normal-hearing subjects and only 25% correct for traditional long-electrode cochlear implants. One of our short-electrode patients is employed as an audio engineer; preserving his residual hearing and the associated musical perception abilities has been crucial in allowing him to continue to function at his job.

We have also measured the ability of the short-electrode patients to understand speech in a background of other talkers; a situation where having the ability to separate the different voices is crucial. We used an adaptive task, in which the listener is asked to identify simple spondees words, and the level of the background signal (competing speech from two other talkers) is adjusted to find the signal-to-noise ratio at which 50% of the spondees can be accurately identified. We also tested users of traditional cochlear implants, listeners with sensorineural hearing loss and normal-hearing subjects for comparison. The spondees were highly understandable by all subjects when presented in quiet, so this test primarily reflects the listeners’ abilities to resist a competing-talker background. Normal-hearing listeners do extremely well at this task, and listeners with moderate to severe hearing loss show approximately a 15-20 dB disadvantage compared to the normals. However, users of traditional long-electrode cochlear implants show, on average, a 35 dB disadvantage compared to the normals! The short-electrode users perform at a level approximately equal to the moderate hearing loss group. In another analysis, we selected a group of the 11 highest-performing traditional implant users to form a group matched to the 9 long-term short-electrode users for their ability to understand speech in quiet. In this comparison, the short-electrode patients showed a 5-dB advantage over the traditional implant users for speech understanding in the competing-talker background. Thus the advantage for speech in noise shown by the hybrid patients is strongly suggested to be a result of the preserved residual hearing and its ability to separate the target voice from the competing voices. This advantage in noise, and the related preservation of the aesthetic qualities of music and other sounds, is a compelling reason to preserve residual hearing in patients when possible.

The new short-electrode or hybrid cochlear implant appears to offer an opportunity for improving the lives of a large number of patients who, in the past, had to choose between wearing a hearing aid that provided little benefit for them, or (if their hearing was poor enough) sacrificing the natural sounds of acoustic hearing in order to receive a traditional long-electrode cochlear implant.

**RECOMMENDED READINGS:**


Congenital hearing loss is one of the most common of all birth defects. Each year in the United States, more than 12,000 babies are born with a hearing loss. Every state and most U.S. territories have implemented Early Hearing Detection and Intervention (EHDI) programs to ensure the identification of hearing loss in infants as soon as possible. These programs are largely based on the EHDI 1-3-6 plan, consisting of three core national goals: 1) screening all infants before 1 month of age, 2) ensuring diagnostic audiologic evaluation before 3 months of age for those who do not pass screening, and 3) enrolling babies identified with hearing loss in early intervention services before 6 months of age. EHDI programs require the reporting of accurate and complete information from various sources to ensure all infants receive recommended services in accordance with the 1-3-6 plan.

It is estimated that currently 80 - 90% of the infants born in the United States are being screened for hearing loss according to data collected on behalf of the Directors of Speech and Hearing Programs in State Health and Welfare Agencies (DSHPSHWA). Typically, the initial hospital based newborn hearing screening programs report results to the EHDI program on a consistent basis; however, the same is not true for diagnostic audiological evaluations. National estimates indicate approximately 50% of infants failing their hearing screening are not confirmed as having received an audiological evaluation. It is unclear whether an audiologist has seen these infants or if the audiologist is not reporting the results of the evaluations to the EHDI program.

This is a serious issue, particularly considering the limited resources of EHDI programs. EHDI program staff spend significant time tracking down a confirmatory diagnosis when an audiologist does not report test results to the EHDI program, including normal hearing and confirmed hearing losses. This unnecessary use of staff time diverts valuable resources needed to assist children and their families who have not yet received recommended follow-up services.

Although many states do not legislatively mandate the reporting of results from diagnostic evaluations, it is one of the most effective ways audiologists can assist EHDI programs by helping them avoid needlessly contacting providers or families of children who have already received services.

Every audiologist, including those in both the private and public sectors, needs to be cognizant of the need to report all confirmatory tests results to the EHDI program. Although prompt audiological determination of the site of the hearing loss (conductive, cochlear, or neural) is critical, EHDI programs can also benefit from information concerning an infant “still in process.” When audiologists report the results of ongoing evaluations and monitoring, the EHDI program can ensure all children are receiving follow-up services. Good communication between the audiologist and the EHDI program is paramount for success. Contact information for EHDI programs is available on the Centers for Disease Control and Prevention (CDC) EHDI website at: www.cdc.gov/ncbddd/gov.

The Centers for Disease Control and Prevention (CDC) protects people’s health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

The opinions expressed in the Viewpoint are those of the authors and in no way should be construed as representative of the Editor, officers or staff of the American Academy of Audiology.
The Clinical Use of P1 Latency as a Bio Marker for Assessment of Central Auditory Development in Children with Hearing Impairment*

With the advent of newborn hearing screening, audiologists are required to make decisions regarding management of hearing loss for an infant at a very early age. Behavioral audiometric thresholds are difficult to obtain in infants and thresholds do not completely assess the contribution of amplification to central auditory system development. We are examining the possibility that the P1 Cortical Auditory Evoked Potential (CAEP) may aid in evaluating the benefit from a hearing aid and/or cochlear implant in hearing-impaired infants.

**Development of Central Auditory Pathways after Intervention with a Cochlear Implant**

It is reasonable to suppose that the maturation of the central auditory pathways plays a significant role in the development of speech and language skills in children. In our previous research we have investigated the development and plasticity of the central auditory pathways in normal hearing children and hearing-impaired children fitted with cochlear implants. Our measure of the maturity of central auditory pathways is the latency of the P1 cortical auditory-evoked potential. The P1 response is generated by auditory thalamic and cortical sources (Erwin and Buchwald, 1987; McGee and Kraus 1996 and Liegeois-Chauvel, et al., 1994; Ponton and Eggermont 2001). Because P1 latencies vary as a function of chronological age, they can be used to infer the maturational status of auditory pathways in normal hearing children, hearing-impaired children and congenitally deafened children who regain hearing after being fit with a cochlear implant (Ponton et al., 1996 a,b,1999; Ponton and Eggermont 2001; Eggermont et al., 1997, Eggermont and Ponton 2003; Sharma et al., 2002a,b,c; 2004). For example, we examined P1 response latencies in 104 congenitally deaf children who had been fit with cochlear implants at ages ranging from 1.3 years to 17.5 years and who had at least 6 months of experience with the devices. A comparison of P1 latencies in the cochlear implanted children with those of age-matched normal-hearing peers revealed that implanted children with the longest period of auditory deprivation before implantation — 7 or more years — had abnormal cortical response latencies to speech. Implanted children with the shortest period of auditory deprivation — approximately 3.5 years or less — evidenced age-appropriate latency responses. Our data suggested that there is a sensitive period of 3.5 years during which the central auditory system is maximally plastic and that implantation within this time period will result in age-appropriate cortical responses to sound within months after implantation. On the other hand, we have found abnormal cortical responses in children implanted after age 7, in some cases even after 10 years of stimulation (Sharma, Dorman and Spahr, 2002c).

The similarities between the critical age cut-offs for normal P1 latencies and reported age cut-offs for development of speech and language in cochlear-implemented children are striking. Several investigators report children implanted under ages 3-4 years show significantly better speech perception and language skills compared to children implanted after age 6-7 years (Kirk et al., 2002; Summerfield, 2002; Manrique 2002). These data suggest that poor performance in late-implanted children may be due to underlying neurophysiologic deficits in central auditory development and plasticity. Evidence from animal and human studies indicate central auditory pathways do not develop in the absence of sound stimulation (Ponton et al., 1996a,b; Kline et al., 1999; Kral et al., 2000; Sharma, Dorman and Spahr, 2002a). Thus, hearing-impaired infants are at-risk for abnormal maturation of central auditory pathways if they do not receive adequate sensory stimulation through amplification and, consequently, will be at-risk for delayed or abnormal speech and language development. Given the central auditory pathways are maximally plastic only in the early years of development (Sharma, Dorman and Spahr, 2002c; Král et al., 2002, Klinke et al., 2001), there is a limited time-frame for determining whether conventional amplification is providing the stimulation needed for auditory development.

P1 latencies are useful for monitoring the development of the human central auditory pathways following cochlear implantation. We have previously charted the time course of plasticity and development of the central pathways following implantation in congenitally deaf children after they were fitted with cochlear implants by age 3.5 years. At the time of stimulation with the cochlear implant, the P1 latencies were extremely delayed. However, the cortical evoked responses showed rapid changes in morphology and latency that resulted in age-appropriate P1 latencies by 3-6 months after implantation (Sharma, Dorman and Spahr 2002; Sharma, Dorman and Kral In press).

**P1 Latency as a Bio-Marker of Central Auditory Development**

A premise of our research is that if early intervention with amplification or electrical stimulation is to be successful then at the very least, the hearing aid or cochlear implant should provide enough stimulation for the normal development of the central auditory pathways. Our current research is assessing the sensitivity of the latency of the P1 cortical auditory evoked potential as a bio-marker of the development of the central auditory pathways in children with hearing losses who receive intervention through conventional hearing aids, multichannel cochlear implants, or a combination of the two technologies. Our goal is to provide clinicians with an objective tool to evaluate whether acoustic amplification for hearing impaired children has provided sufficient stimulation for normal development of the central auditory pathways. Using this marker clinicians will be able to monitor the maturation of central auditory pathways after intervention with amplification and/or once electrical stimulation is initiated. We highlight our technique in a case report described below:

**Illustrative Case Report**

We describe the case of a child who was...
P1 latencies in the hearing impaired population. Finally, we are developing techniques to minimize the occurrence of an artifact in scalp recordings from cochlear implant patients.

REFERENCES

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*This paper is derived from the presentation by Dr. Sharma at the inaugural Marion Downs Pediatric Lecture Program, American Academy of Audiology Convention, Washington DC. 2005. The program was sponsored by the AAA Foundation through an educational grant provided by The Oticon Foundation.
Hearing loss is prevalent in our noisy society, and it seriously affects the quality of life through diminished speech understanding and the emergence of tinnitus. One of the main causes of hearing loss is noise. This type of hearing loss results in both cochlear and auditory nerve damage and is assumed to be permanent. New evidence indicates that moderate sound exposure after noise trauma reduces hearing loss and might eliminate a potential cause of tinnitus.

Several study results led to these latest findings. Fukushima et al. (1990) exposed chinchillas to noise of sufficient loudness to induce hearing loss. After noise exposure, the ossicles were removed unilaterally. The ossicle removal resulted in attenuation of incoming sounds (~50 dB) after noise exposure, compared to the intact ear. The ear without ossicles or the sound deprived ear, acquired greater sensorineural hearing loss than the intact ear, suggesting that acoustic stimulation after noise exposure might reduce sensorineural hearing loss. It is also known that severe cochlear damage is followed by reorganization of the cortical tonotopic map (Robertson & Irvine, 1989; Rajan et al., 1993; Eggermont & Komiya, 2000). Specifically, neurons with a characteristic frequency (CF) within the frequency band of the hearing loss acquire CFs corresponding to frequencies at the edge of the hearing loss. Consequently, more neurons than normal are most sensitive to these frequencies (Rajan et al., 1993; Eggermont and Komiya, 2000). This central reorganization is likely caused by the decrease in firing rate in auditory nerve fibers in the damaged area, and it might contribute to tinnitus.

Collectively, these earlier findings motivated Noreña & Eggermont (1995) to complete a study in which their first objective was to examine whether acoustic stimulation after trauma might influence the amount of noise-induced hearing loss. A second goal was to explore whether presenting tones within the frequency region of the hearing loss might prevent central reorganization by compensating for the decrease in firing rate caused by the hearing loss.

Two groups of cats were exposed to high frequency noise (~5 kHz) at approximately 120 dB SPL for at least 2 hours. Afterwards, one group of cats was placed in a quiet environment for at least 26 days. The other group was continuously stimulated with random high-frequency tone pips (matching the frequencies of hearing loss) at 80 dB SPL or at a level 40 dB greater than their high frequency hearing thresholds for the same duration. This level was sufficient to stimulate the auditory system, taking into account the expected hearing loss in the high frequencies, yet also low enough not to further damage the auditory system.

The group of cats that were stimulated with tones for several weeks after traumatic noise exposure developed a less severe hearing loss (from 6-8 kHz, with an average 35 dB hearing loss) compared to the cats placed in a quiet environment (from 6-32 kHz, with an average 40 dB hearing loss). Also, tonotopic reorganization of primary auditory cortex could no longer be demonstrated.

These study results suggest that noise-induced hearing loss can be limited by targeted stimulation after the trauma, although the mechanisms underlying the protective effect on hearing are not yet known. Additionally, stimulating the frequency region corresponding to the hearing loss appeared to compensate for the decrease in firing rates in the auditory nerve fibers caused by hearing loss, preventing the cascade of central changes that would normally lead to cortical tonotopic map reorganization and perhaps the generation of tinnitus.

References

Inquiring Minds Want to Know...

As you may know, one of the benefits of Academy membership is to have our committee available to address the coding and reimbursement issues, concerns and questions we all encounter. We take those questions and seek the answers from the experts on the committee. Soon, many of these Frequently Asked Questions (FAQs) will be posted to the website! There were several burning questions that have been brought to our attention and we’d like to make the answers available for your reference:

Q: What CPT code shall I use for the Dix Hallpike?
A: As you know, a Dix Hallpike is a type of positional test used in the diagnosis of vestibular disorders. If this procedure is performed without a recording, then you may code this using 92532, positional nystagmus test. If this is performed and recordings are taken, then 92542 would be used, however this code requires a minimum of four positions.

At this time, there are no codes for cantholith repositioning maneuvers such as the Epley. These services may be identified by several physical medicine codes when billing private payers. For Medicare, an audiologist is limited only to billing for diagnostic tests and is not able to bill for treatment.

Q: What’s the difference between coding and reimbursement. Aren’t they the same?
A: There is a difference between coding and reimbursement, they are not synonymous. Coding is assigning a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code for the procedure(s) you’ve performed, specifying an International Classification of Diseases (ICD-9-CM) diagnosis code that supports that CPT/HCPCS code in addition to the “signs and symptoms” with which the patient has presented to your office. Reimbursement, on the other hand, is what Medicare or the third party payer sends to your office for payment or to the patient as determined by the contract that patient has with that insurer or the contract the insurer has with you.

Just because a code exists, doesn’t mean that it will be reimbursed at levels that we will find acceptable or that accurately reflects the time and effort involved in performing the service. The Relative Value Scale (RVS) Update Committee, otherwise known as the RUC, recommends appropriate values to the Centers for Medicare & Medicaid Services (CMS). Through this process, payments are determined by the resource costs needed to provide them. This includes three components: physician work, practice expense and professional liability insurance. CMS then applies the conversion factor to those values to determine the payment adjusted for geographical differences in resource costs. In the case of most audiology codes, work is not recognized and there is a special formula applied to the non-physician work pool codes. Recently, there was some discussion about the new time-based auditory processing codes and the low reimbursement granted to these procedures. The non-physician work pool formula was not applied to these codes resulting in a lower reimbursement.

As long as the contract allows balance billing, the patient can pay for the services you provided. They of course need to be aware of this at either the time of procuring the appointment or as part of the appointment. In addition, you’ll need to provide an Advanced Beneficiary Notice (ABN) or Notice of Exclusions from Medicare Benefits (NEMB), as specified by your Medicare carrier if that patient is a Medicare beneficiary. For the non-Medicare beneficiary, a financial waiver should be signed by the patient or their guardian. As reimbursement from insurers is likely to continue on a downward spiral, this will become more important to the health of your practice and/or facility.

Q: Why can’t audiologists bill Medicare for cerumen management or evaluation and management codes?
A: Medicare will only reimburse audiologists for diagnostic services when a medical necessity exists. That is why we cannot submit 69210 (removal impacted cerumen) as it is a surgical code, not a diagnostic code even if that cerumen needs removed before diagnostic testing can be performed. As an aside, Medicare assumes cerumen will be removed by the physician referring to you for an audiologic assessment. We know this is often not the case! This is also the reason why an evaluation and management code (E & M) cannot be billed to Medicare for audiology services. Other third party payers may reimburse us for cerumen removal and/or an E & M code, but that would be dependent on each insurance carrier’s policy. Many of those insurers look to Medicare as the gold standard and follow suit. In those instances when Medicare won’t pay for services, provide the patient with an ABN or NEMB, whichever is appropriate as stated by your local Medicare carrier, in order for you to bill the patient.

• On a personal note, it has been one of the greatest professional experiences to have chaired this committee for the last two years. The information learned has been invaluable. The friendships made with other committee members and staff are like no others. I would urge you to take that initiative, to “step up to the plate” and help serve your profession in this manner. It will come back to you in more ways than you could ever imagine!
**Medicare Expands Coverage of Cochlear Implants**

The Centers for Medicare & Medicaid Services (CMS) announced on April 4, 2005 that it is expanding coverage of cochlear implant devices to help treat severe hearing loss. Previously, Medicare covered cochlear implants for beneficiaries with open-set sentence recognition test scores of 30 percent correct or worse. CMS is expanding the current coverage in beneficiaries who have test scores of 40 percent or less correct, and will cover cochlear implants in beneficiaries who have open-set sentence recognition test scores over 40 percent up to 60 percent if they are participating in a clinical trial of cochlear implantation that meets the requirements outlined in the national coverage decision found at www.cms.hhs.gov/coverage. CMS anticipates that the clinical trial of cochlear implantation will help the agency learn whether even more can benefit significantly by an implant. The decision was effective April 4, 2005.

**Get Ready to Apply for your NPI!**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services (HHS) adopt a standard unique health identifier for health care providers. Last year, HHS published the Final Rule that adopts the National Provider Identifier (the NPI) as the standard unique health identifier for health care providers. Beginning on May 23, 2005, health care providers may apply for NPIs. The compliance date for all covered entities is May 23, 2007. When the NPI is implemented, covered entities will use only the NPI to identify health care providers in all standard transactions. Legacy identification numbers (e.g., UPIN, Blue Cross and Blue Shield Numbers, CHAMPUS Number, Medicaid Number, etc.) will not be permitted. Health care providers will no longer have to keep track of multiple numbers to identify themselves in standard transactions with one or more health plans. However, the Taxpayer Identifying Number may need to be reported for tax purposes as required by the implementation specifications.

The NPI is a numeric 10-digit identifier, consisting of 9 numbers plus a check-digit in the 10th position. It is accommodated in all standard transactions, and contains no embedded information about the health care provider that it identifies. The assigned NPI does not expire; and at the current rate of health care provider growth, can continue to be assigned for 200 years. All health care providers are eligible for NPIs. Health care providers who transmit any health information in electronic form in connection with a transaction for which the Secretary has adopted a standard are covered entities (45 CFR 160.103) and are required to obtain and use NPIs. Health care providers who are not considered covered entities may also apply and be assigned an NPI.

Health care providers will be assigned NPIs upon successful completion of an application form. The form can be submitted on paper or over the Internet. Once a health care provider has been assigned an NPI, it must furnish updates to its data within 30 days of any changes.

The National Provider System (NPS), being built under a Centers for Medicare & Medicaid Services (CMS) contract, will process the applications and updates, ensure the uniqueness of the health care provider, and generate the NPIs. The NPS will be able to produce reports and information based on requests from the health care industry and others.

Fox Systems, Inc., has been chosen by CMS to be the enumerator, and tasked to operate the NPS under a CMS contract. Fox will process applications from health care providers and operate a help desk to assist health care providers in obtaining the new NPI.

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**Linkup! Linkup! Linkup!**

Are you constantly trying to market your practice to new patients, keep them coming back, or simply provide information about hearing care to them?

Adding your practice website to your listing on Find an Audiologist is just the ‘linkup’ you need to succeed.

As an Academy member, your name and your business address and phone number are automatically posted on Find an Audiologist. We even list multiple office addresses where you can be found. Now you can list your professional practice website address and open the door of your practice to new and current patients. The annual fee for this service is $100. But if you sign up before June 30, 2005, the price is only $50 (multiple office addresses are free). To have your website posted on Find An Audiologist (and in the Online Member Directory) contact Sarah at ssebastian@audiology.org or 703-226-1047. You can also download the form from our website.

In today’s world it seems everyone has a website. If future patients are searching for an audiologist, your website could be just the link to bring them your way.

So if you have one, don’t hide it. **Subscribe today and Linkup!**
Since 1999, the American Board of Audiology has been granting Board Certification to audiologists based on training and experience that demanded evidence of continued professional development. Each year since then, the number of Board Certified Audiologists has continued to grow. In the credentialing world, the achievement of 10% participation in a certification program relative to the profession’s association membership is a significant milestone. Currently, 10% of the American Academy of Audiology members are also Board Certified Audiologists.

The ABA continues to move forward with new programs. In November 2004, the ABA announced the availability of Cochlear Implant Specialty Certification, and audiologists seeking this specialty certification have had two opportunities in the past few months to sit for the qualifying exam. The ABA proudly adds cochlear implant specialty certification to its growing list of accomplishments, but there is still much work to be done.

Although the ABA has made great strides in attaining recognition at state and national levels, we need all of our certificants to help increase our visibility and recognition with their state regulatory agencies. ABA has achieved recognition for expedited licensure in Maryland, Michigan (preliminarily), Minnesota, Ohio, Illinois, Washington and for registration in Colorado. Recognition does not mean that ABA certification is a requirement of licensure or registration. Rather, ABA Certification serves as a single instrument confirming the professional met and surpassed required coursework and professional experience mandated by one’s state of residence. The inclusion of ABA language in your state’s rules and regulations allows portability when a professional moves from one state to another. Webster’s defines portability as being capable of being carried or moved about. When ABA Certification is recognized within the state licensure statute and/or its rules and regulations, it allows the professional, when moving from one state to another, to obtain licensure in an expedited manner.

Portability is not the same as reciprocity. Reciprocity is defined as moving back and forth alternately; giving and taking something mutually; making a return for something given or done; being complementary or at least equivalent. When state licensure boards accept reciprocal licenses, it means you can move from one state, enter a state that has reciprocity with your present state and continue practicing with little if any effort. There are few states that offer formal reciprocity at present. In general, state licensure boards want to set their own standards, not have them dictated by other states.

Why is portability so important? A Bureau of Labor Statistics news release published in August 2004 examined the number of jobs that people born in the years 1957 to 1964 held from age 18 through 38. The title of the report is “Number of Jobs Held, Labor Market Activity, and Earnings Growth among Younger Baby Boomers: Results from More Than Two Decades of a Longitudinal Survey.” This report found that younger baby boomers held an average of 10.2 jobs from ages 18 to 38. Portability is an issue that should be addressed to make these transitions easier for our certificants.

Clearly portability is a desirable goal and by now I hope you are asking yourself, “What can I do to help?” Certificants need to alert the ABA when changes to their licensure laws are being considered. This gives the ABA an opportunity to contact the licensure board and discuss requirements for board certification, and how ABA Board Certification exceeds their minimal standards. ABA's goal is to have Board Certification included in every state’s rules and regulations to increase portability for our certificants.

I hope each of you will help ABA achieve its goal of even greater recognition by state regulatory agencies. If you are willing to assist in this endeavor, please contact Sara Blair Lake, Director of Certification, at slake@audiology.org. ABA is on a roll; stay tuned for more exciting news.
Marketing isn’t important for everyone, or is it? Most people would agree that marketing is necessary if you work in a private practice. However, if you dispense hearing aids for a VA Hospital, do you need to know how to market? If you teach in an AuD program, do you need to know how to market? If your focus is research, do you need to know how to market? The fact is we all need to know how to market one thing – Ourselves.

You are unique and therefore possess characteristics, attributes, and skills that no one else has. Being one of a kind is an asset, not a liability, and how you convey your uniqueness is essential to reaching your goals in life. I once read that it’s important to know how to market yourself in thirty seconds. If you meet someone in an elevator and you have thirty seconds to tell him or her what you do, what do you say? I used to say, “I am an audiologist.”

Reactions such as, “That’s nice,” and “What?” usually followed. I learned by people’s lackluster responses that my comeback wasn’t very interesting. Now I reply, “I brighten people’s lives with better hearing.” You never know when or where you may meet someone who could change the course of your life. If you found yourself in an elevator with Donald Trump or Oprah Winfrey, what would you say? A unique opportunity is sure to occur sometime in your life. Be prepared!

Knowing how to market yourself is extremely important when you are interviewing for a job. A job interview can be stressful and sometimes intimidating but it can also be an exciting opportunity to take a positive step on your career path. Previous experience or education isn’t enough to convince an employer that you are the right person for the job. The outcome is dependent on how well you can sell yourself. You have to go into an interview confident that the job is yours to win. You are doomed from the start if you go in with “your fingers crossed” hoping that the employer will “give you the job.” Nobody is going to “give you a job.” You must be solidly confident that you are the best person for the job and have what it takes to do the job and then be able to “sell” that to an employer.

If you don’t know how to market yourself, here are some thoughts to get you started.

1) Know yourself.

Everyone has strengths and it’s important to know what yours are. You can’t sell yourself if you don’t know what traits you have that make you special. What do your colleagues, family and friends tell you are your strongest qualities? Once you know what your strengths are, find someone who needs them and will pay for them. While it’s important to understand and appreciate your strengths, it’s also beneficial to be aware of your weaknesses. No one is perfect, but you can make a “perfect” employee for someone if you maximize your strengths and minimize your weaknesses.

“It is never too late to be what you might have been.”
–George Eliot

2) Do your best.

Strive to do your best in everything you do. Don’t settle for mediocrity. Your life is the sum total of all the little actions you take each day. Successful people have a single-minded devotion to purpose. Their daily habits add up to something special. You don’t suddenly become an accomplished author. You write a paragraph each day. Make sure that you do the best with every little action you take as you are creating your future one action at a time. Remember, you become what you believe you are so start by believing that you are the best!

“I am the greatest. I said that before I knew I was.”
–Mohammed Ali

3) Know your target.

Do you know what you really want from life? Have you set your sights on an “ideal” job? Goal setting is very important for achieving your desires. You have to know what the target is before you can hit it. However, goal getting is the next step – knowing what you want, investigating what it will take to have it, and then taking action to reach the goal. How do you know if your goal is the right one? Frankly, you may not know until you get there. However, if you search your heart, you most likely do know what you want and you probably even know how to get there. Is there something stopping you?

“If you look up, there are no limits.” –Japanese proverb

4) Know your worth.

I routinely ask prospective job applicants, “What do you feel you are worth to this practice?” “Hmms” and “Uhhs” seem to follow. Many people are afraid if they say what they are worth, they will be too expensive and no one will hire them. Be your own best marketer. Know what you are worth to a business or organization, be able to back it up with data and tell your prospective or present employer why you command such a price. Know how your unique qualities will help the business grow or improve. If you value yourself and you know your value to the business or organization, your employer will value you, too.

“Every man has to seek in his own way to realize his true worth.”
–Albert Schweitzer

5) Have some fun.

The average individual spends a third of his life working, a third sleeping and a third playing. If you love your work and your work is also your play, then two thirds of your life will be play. It is up to you to create your life. No one else can do it for you. If it’s fun for you, it’s right for you. If you don’t like your life, change it! I don’t mean to say that you should throw away your present career and start a rock group, but you need to know what makes you happy. In case you haven’t heard, life is short and we only get one chance at making our life what we want it to be.

“I never did a day’s work in my life. It was all fun.”
–Thomas Edison
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 our 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.

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

**Discounted Conference Call Services:**
The American Academy of Audiology has recently entered into a partnership with Connect-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.

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

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**Professional Liability Insurance:**
The Academy has endorsed the professional liability insurance program offered through Healthcare Providers Service Organization (HPPO). We selected this program because of the plan’s many benefits, affordable rates, and their commitment to customer service. For more information, call 1-800-982-9491 or visit their website at www.hpso.com.
Audiologists from across the US and international boundaries flocked to our nation’s capital as 6,747 attendees joined the 17th Annual American Academy of Audiology Convention & Expo to cast their “vote” for audiology. The final attendance figure was composed of 4,179 attendees and 2,568 exhibitors which is the third highest in the history of the Academy — and the highest since September 11, 2001. The meeting proved to be an overwhelming success as audiologists “voted” in Washington DC from March 30-April 2.

Members of the American Academy of Audiology took full advantage to visit their congressional offices and raised the visibility of the profession. The Convention was loaded with ample opportunities for continuing education, entertaining programs, updates on technology, sightseeing and meeting with old friends and making new contacts. Wednesday, March 30th marked the start of many audiology events, including excellent Pre-convention workshops, Focus Group meetings, Independent Satellite meetings, and Exhibitor’s meetings. Excitement reigned as members spotted friends they had not seen since last year’s meeting in Salt Lake City and with anticipation of the Convention opening.

Convention Program Chair, Catherine Palmer, and the 2005 Program Committee worked diligently throughout the year to fine-tune the Convention experience for attendees. Cheryl Kreider Cary, Deputy Executive Director for the National Office, and her hard-working staff, carefully planned and executed every fine detail of the meeting.

Through cooperative efforts between the Program Committee and the National Office staff, many innovative changes were instituted in the Convention format for the Washington, DC meeting. New activities for this year included the AAAconnect network of registered attendees interested in similar topic tracks, new “interactive” sessions whereby attendees participated in the discussions via audience response systems, “late breaking featured sessions” presenting the very latest in “hot” topics and information, a new focus on “going green” to conserve natural resources by reducing extraneous paper handouts and favoring post-convention online speaker’s outlines and Power Point presentations, (visit www. audiology.org) and a special pre-convention course and innovative training session for those interested in improving their speaking skills.

The Convention 2005 registration peaked at 6,747 — the second highest annual convention attendance.

The Convention 2005 Program Committee (from left) George Lindley, Sharon Sandridge, Francis Kuk, Patricia Gaffney (NAFDA Representative), Catherine Palmer, David Fabry, Therese Walden, Karen Helfer, Robert Turner and Wendy Hanks.

The beautiful new Washington DC Convention Center provided ample space for an enormous exhibition hall, meeting rooms, and a warm and welcoming Academy Center entrance area. By design, the 2005 Program Committee decided to limit the number of concurrent instructional courses in an effort to improve the quality of the selected programs while making it easier for attendees to choose which session to attend at any given hour. The Washington DC weather provided mild days with a substantial Friday evening rainstorm as audiologists scrambled between manufacturer sponsored parties. Shuttle buses transported attendees from their hotels to the Convention Center every few minutes, although the sidewalks were crowded with walking audiologists.
The 2005 Program Committee worked with their combined total of approximately 85 subcommittee members and nearly 25 national office staff to bring together this outstanding Convention and exposition. It requires 12 busy months of intense effort from the committee volunteers and National Office staff to pull together and successfully produce this world’s largest gathering of audiologists. Everyone kept the goals in mind to meet our new themes of Acquiring knowledge, Advancing science and Accessing technology.

PRE-CONVENTION WORKSHOPS AND FOCUS GROUPS. Some 465 attendees took advantage of the seven full-day or half-day outstanding Pre-Convention Workshops. Workshop topics included a wide range of areas from cochlear implants, to evidence based hearing screening and diagnosis, pediatric amplification, student supervision, reimbursement and billing, balance disorders and auditory aging. One group of participants discussing mentoring students agreed to begin an email bulletin board so that they can continue sharing ideas and information throughout the year. Those members attending the reimbursement workshop (We’re in the Capital - So Let’s Increase Your Capital!) on billing issues stated that they needed more time to cover all the new exciting information. Focus Groups brought together members with common causes to pursue updates in information and create working groups. Topics at the 2005 meetings included supervision of AuD students, genetics, training issues for audiologists with hearing impairments, and specialty certification in pediatric audiology.

Participant evaluations from the Pre-Convention courses and focus groups will be forwarded to the 2006 Program Committee for use in their planning of next year’s meeting.

The OPENING NIGHT RECEPTION festivities provided a gala atmosphere to welcome convention-goers to Washington, DC. Thousands of attendees mingled in the Convention Center foyer, sampled hors d’oeuvres and drinks, and greeted old friends, colleagues, teachers and students. The evening featured welcoming remarks from Catherine Palmer, Chair. However, the highlight of the evening was the show provided by the well-known and award-winning political satire comedy group, The Capitol Steps. Convention registrants howled with laughter as The Capitol Steps impersonated many of our famous politicians, highlighting their questionable political successes and, in particular, pointing fun at their foibles. Following the hilarious antics of The Capitol Steps, busloads of members left the Convention Center for a wonderful Washington by Moonlight Tour of the monuments and memorials.

With little regard for political correctness, the Capitol Steps comedy team entertained audiologists at the Opening Night Reception.

At THE GENERAL ASSEMBLY, a full-house of enthusiastic audiologists were treated to a special Washington, DC-oriented program. Michael Webb of the renowned Navy Sea Chanters performed the National Anthem and the all-services Armed Forces Color Guard presented the colors. Following addresses by Academy President-Elect Gail Whitelaw and President Richard Gans, the keynote speaker, Senator Tom Harkin (D-IA), stepped to the podium to deliver a message of hope and challenge urging audiologists to move forward with the direct access bill. Senator Harkin, an acknowledged advocate for health care issues, reminisced and described his relationship with his deaf brother who brought to light for him the problems faced by our nation’s hearing impaired public. Senator Harkin, a long-time user of hearing aids, expressed gratitude to his audiologist, and our newly elected member of the Academy Board of Directors, Therese Walden, for her clinical services on his behalf. Pat Feeney, Program Chair for 2006, unveiled the new branding for the Convention, henceforth to be known as AudiologyNOW!” scheduled for Minneapolis, April 5-8, 2006.

The final act of the General Assembly featured James Carville and Mary Matalin, the well-known, politically polarized couple with...
their off-the-cuff, light-hearted repertoire and on-going feud known as “All’s Fair: Love, War and Politics.” During the General Assembly, President Gans award-

James Carville and Mary Matalin addressed the General Assembly as Keynote Speakers.
ed the Presidential Distinguished Service Award to Teri Hamill for her extraordinary leadership of the Ethical Practices Board and to Amy Donahue for her support of audiology research at the National Institute on Deafness and Other Communication Disorders (NIDCD).

As the Convention got underway on Thursday, March 31st, audiologists selected from more than 28 FEATURED SESSIONS over the three-day meeting featuring top audiologists, hearing scientists, and medical experts from around the world presenting topics of interest to the Academy membership. These 90-minute sessions provided state-of-the-art and cutting edge clinical relevance of basic research information on a wide variety of topics, often to standing-room-only audiences. New for this year, and enjoyed by attendees, were 5 interactive featured sessions whereby participants could respond to questions and issues posed by the speakers through an audience response system which could immediately reflect opinions and consensus on various topics. Interactive Featured Session topics included government relations, ethical practice issues and real-world hearing aid practices. Also new this year was the addition of the highly successful “Late Breaking” featured sessions, designed to provide the absolute newest information on issues that came to light after the traditional proposal deadline earlier in the year. Convention 2005 marked the first annual Marion Downs Pediatric Lecture (funded by the AAA Foundation) presented by Anu Sharma of the University of Texas - Dallas Callier Center.

INSTRUCTIONAL COURSES provided, in general, a smaller group learning atmosphere so that participants had an opportunity to interact with the speakers. Karen Helfer and her Instructional Course subcommittee selected the best of all the submissions for the meeting. Convention attendees were faced with some 50 choices of instructional courses - each of which focused on clinical topics. The Instructional Course presenters were encouraged to provide new stimulating interactive and innovative “active learning” situations. Instructors responded to the challenge with creative handouts that required participants to “fill-in-the-blanks,” interactive small groups working together to problem-solve and lively discussions on various topics.

The format of the POSTER PRESENTATIONS & RECEPTION session was a repeat of a new feature introduced at last year’s convention in Salt Lake City. George Lindley and his subcommittee reviewed a record number of poster program proposals. Although all of the 128 accepted posters were up for viewing throughout the Convention, Friday afternoon added an element of fun with refreshments available while authors stood by their work to discuss their research and answer questions from interested convention attendees. Based on the obvious enthusiasm and large turn-out, this event promises to become a highlight of our future meetings.

RESEARCH AWARDS. The Student Research Forum, funded by the AAA Foundation, featured presentations from five award winning research projects at a well-attended luncheon. A new feature of the poster presentations involved the selection of two award winning student research posters with cash prizes provided by the AAA.

Convention attendees enjoyed participating in selected featured sessions through the audience response system.

Marion Downs and Barbara Packer present a commemorative award to Anu Sharma in appreciation for her presentation of the inaugural Pediatric Audiology Lecture.

Rachel McArdle, of Bay Pines VAMC, discusses her research poster on “Homogeneity of the 18 QuickSIN Lists.”

Appreciative audiologists crowded the scientific poster event.
Foundation with a gift from an anonymous donor. Congratulations to student poster winners Jennifer Shackelford from the University of South Florida and Erin Schafer from the University of Texas at Dallas. Additional research awards were presented at the annual AAA Foundation Celebration Breakfast.

EXHIBITOR COURSES. Convention Exhibitor Course Subcommittee Chair Robert Turner and his subcommittee, expanded the number of Exhibitor Courses this year. The courses were provided by 16 different companies and 45 speakers. The topics included hearing aids, cochlear implants, diagnostics, hearing science, practice management, rehabilitations, and vestibular assessment and management. Many of the sessions encouraged audience participation including interactive discussions of case histories and hands-on activities. These courses provided audiologists with a unique combination of science, clinical data, and the newest product information and application.

EXPO 2005. More than 200 exhibitors showed their newest products and technology in the huge exhibit hall. Crowds of audiologists perused the aisles of exhibits to meet and talk with exhibitors. Complimentary box lunches provided in the exhibit hall each day were a popular highlight among attendees. Expo 2005 provided one-stop shopping for those who visited the extraordinary displays from manufacturers, publishers, product distributors, allied health groups and other audiology organizations. Several of the exhibitors used the exhibit hall time to offer educational activities within their booths and at the Demo Theater. Plenty of informational walk-away items were seen being carried out of the hall by the throngs of audiologists. Tired feet found places to sit and relax among the plethora of culinary choices provided by some exhibitors including flavored coffees and cappuccinos. The New Product Showcase, located outside, provided a quick overview and new venue for exhibitors to showcase their newest products and technology.
The International Reception allowed audiologists from around the world to see and visit friends and colleagues to exchange stories and compare experiences. The reception provided a great opportunity to network and collaborate with other professionals visiting Washington, DC from abroad. The International Reception also provided a wonderful chance to meet the Academy International Committee members and for all to mix and mingle with Academy leaders.

Nearly 500 student volunteers were needed to help with Convention 2005. Students from around the country traded four hours of their time during the Convention to participate in the Student Volunteer Program. Candidate members of the Academy, who were selected to be volunteers, were required to spend half a day assisting the National Office staff by distributing handouts, helping with audio-visual equipment, providing support at the registration booth and working in the Academy Center. As a “thank you,” the volunteers received complimentary convention registration. Student Volunteers attended an orientation program under the direction of Francis Kuk, Chair of the Student Volunteer Subcommittee. Other speakers included Academy President Richard Gans, Executive Director Laura Fleming Doyle, Convention Program Chair Catherine Palmer, Jerry Northern, Sharon Sandridge and Carmen Brewer.

The Blood Drive was again successful and appreciation is extended to those attendees who donated their time and personal resources (i.e., blood) to a community blood bank.

Cheerful audiologists donate blood to support community blood banks.
most worthy cause. The Community Support Subcommittee thanks those of you who donated blood for taking time away from your busy convention schedule to support this worthy community cause.

The CONSUMER WORKSHOP held Saturday morning drew a small, but vitally interested crowd to hear about new developments in the treatment of hearing and balance disorders. The local speakers packed a lot of information into a short period of time and stayed to answer all the questions the consumers had about hearing and balance issues. This year’s topics included Assistive Listening Devices in Everyday Living presented by Cindy Compton; Hearing Aids on the Internet: Is this an Option for You? presented by Teri Cygnarowicz and Ruth Marin; Reducing Noise Exposure in Everyday Activities presented by COL John Allen; and Balance and Dizziness Issues presented by Holly Burrows. The workshop concluded with an open question and answer session.

NAFDA ACTIVITIES. This year, nearly 300 NAFDA students kicked off their Convention 2005 experience by attending the 6th Annual NAFDA Convention held on Wednesday, March 30th. Invited faculty members provided interactive lectures on a wide variety of topics. The NAFDA Expo gave exhibitors an opportunity to speak with students one-on-one. The NAFDA convention wrapped with a Great Debate moderated by Dave Fabry. This year’s focus question was the hot button topic “AuD programs should be a minimum of 4 academic years.” Christopher Spankovich and Andrea Hillcock represented the 3-year residential programs while Stephen Hallenbeck and James Baer took the 4-year residential program side. Each side eloquently argued their cases while attendees enjoyed the lively discussion. The Starkey Laboratories NAFDA celebration honored the recipients of the first Starkey Hearing Foundation Humanitarian Awards. Congratulations to Phillip Griffin of the University of North Carolina and Alison Bruns of Ball State University! At the NAFDA General Meeting, AuD students showed their school pride wearing their school convention t-shirts in a wild assortment of colors, logos and themes. The Academy was pleased to provide over $6,000 in financial support for NAFDA’s Convention.

Convention Program Chair, Catherine Palmer, enthusiastically passes the baton on to Patrick Feeney, Convention Program Chair for “Audiology Now! 2006” to be held in Minneapolis, April 5-8, 2006.

WHEW! As the American Academy of Audiology Convention 2005 began to wind down on Saturday following the Trivia Bowl, many attendees decided to spend their last evening at the University and State Academy Open Houses. Convention week was exhausting, but fulfilling. Weary conventioneers said their good-byes and made their way to Reagan National, Baltimore and Dulles airports, the train station, or simply began to drive back home, making plans already to join AudiologyNOW! in Minneapolis, April 5-8, 2006.
The ever-popular Trivia Bowl was the closing event of Convention 2005. A record crowd of more than 700 audiologist game-players came to match wits with Master of Ceremonies, Jerry Northern and Master of Trivia, Gus Mueller. The traditional event was a fun-packed late afternoon activity whereby participants formed teams to cooperatively arrive at final answers to this year’s 25 most obscure audiologic questions. Special guest, Congressman Jim Ryun, citing having so much fun last year, returned to play again with his team, “H2A2.” (Hearing Health Accessibility Act) The team name contest was spiced up this year with a number of politically-charged themes including the “Supreme Corti Justices,” “Ear Force One;” and “Audiologists Against ED (Ethical Dilemmas).” Other noteworthy names included “Desperate Hair Cells,” “Hot Hair Cell Honeys,” and “So Good It Hertz.” A first-time ever tie between two teams was declared for the team name contest with the “Kiss Our ASSR,” and “Bush and the Ossicular Cheneys” receiving equal acclamation. Worthy of special mention, the National Office team scored their best Trivia Bowl performance under their team name, “Staff Infection.”

Three teams placed highest in the hard fought and competitive challenge of getting the most answers correct. Taking third place was the “Supreme Corti Justices;” the second place winning team was a surprise to all as the highest scoring student team, the “Paradigm of Odd Balls.” And the winning team of the 2005 Trivia Bowl was the “AC/DC Shift,” composed of team captain Robert Sweetow, along with high-rollers Brenda Ryals, Catherine Palmer, Donna Glick, Cindy Compton, Dennis Van Vliet, Chuck Berlin, Helena Solodar, Paul Pessis, and Dave and Liz Fabry.

And fun was had by all!
NEW PRODUCT SHOWCASE

The following companies introduced their latest products during Expo 2005. A first-time event for the Academy, the New Product Showcase was a show stopper! To relive the excitement or to acquire more information on products introduced at Convention, check the Final Program Guide for company contact information.

**Hearing Components**
- Magnatone
- Motorola
- Natus Medical Incorporated
- Oticon, Inc.
- Phonic Ear
- SeboTek Hearing Systems
- Sonic innovations
- SpeechView US
- Starkey Laboratories
- Unitron Hearing
- Vivosonic, Inc.
- Westone

**Platinum**
- Oticon, Inc.
  - Banners
  - Convention Bag
  - Convention Lanyard
- Siemens Hearing Instruments
  - Advertising
  - Banner
  - Trivia Bowl - Title Sponsor

**Gold**
- Interton
  - Convention Pens
  - Ice Cream Cart
  - Static Cling
- Knowles Electronics
  - Literature Insert
  - Trivia Bowl - Co-Sponsor
  - Advertising
- SONIC innovations
  - Convention Note Pad

**Silver**
- CTIA - The Wireless Association
  - Poster Reception
- Etymotic Research, Inc.
  - Poster Session
  - Literature Insert
- Healthcare Providers Service Organization
  - State Leaders Lunch
- Interacoustics
  - Advertising
  - Literature Insert
- Rayovac
  - Trivia Bowl - Co-Sponsor
- Unitron Hearing
  - Room Locator
- VIASYS Healthcare
  - Refreshment Break

**Bronze**
- Allyn & Bacon
  - Advertising
- GN ReSound
  - Advertising
- HearUSA
  - Advertising
- MAICO Diagnostics
  - Literature Insert
- Marcon Hearing Instruments, Inc.
  - Static Cling
- Pediatrix Medical Group
  - Static Cling
- Qualitone
  - Static Cling
- Renata
  - Literature Pub Bin

**Emerald**
- Phonak
  - Final Program
  - Ice Cream Cart
  - PPRB Wrap
  - Water Cooler Wrap
- Starkey Laboratories
  - Academy Business Meeting
  - Banner
  - Column Wrap
  - Guest Passes
  - Static Cling
  - Box Lunches
  - Advertising
  - Cyber Café

**Diamond**
- Widex Hearing Aid Co. Inc.
  - Badge Holder
  - Banners
  - Expo Card
  - Shuttle Service

**Thank You, Sponsors!**
Nearly 100 audiology leaders from 38 states held a workshop on Capitol Hill on Wednesday, March 30 to listen to presentations from Gail Whitelaw (Chair of the Government Relations Committee), Tomi Browne (Chair of the PAC Advisory Board), and Pam Ison and Barry Freeman (State Licensure Subcommittee) who discussed issues facing the profession. Through the efforts of the Academy’s Health Care Policy Department, State Leader Network members and the Academy’s leadership visited over 200 congressional offices. During this amazing effort, the state leaders met with congressional staff encouraging them to support the Direct Access Bill (HR 415/S277), the Hearing Aid Tax Credit Act (HR 414), and extending the funding for Early Hearing Detection and Intervention programs. Within a week of this outreach effort, four new cosponsors signed on to HR 415 including Rep. Tammy Baldwin (D-WI), Rep. Thad McCotter (R-MI), Rep. James McGovern (D-MA) and Rep. Jeb Bradley (R-NH). With perseverance through the legislative process and an active voice, the Academy’s public policy goals will be achieved.

Advocacy efforts continued throughout Convention with many members taking advantage of being in the nation’s capital and visiting the offices of their Members of Congress between session and convention activities. In addition, the Advocacy Booth offered audiologists the opportunity to call Congress at the Advocacy Call Center and the Academy’s Legislative Action Center was available for audiologists to send emails to Congress with only a few simple clicks. If you did not get the opportunity to make your voice heard, it is never too late to do so. Simply go to the Academy’s Government Relations page at www.audiology.org/professional/gov to find fact sheets and sample letters on issues of importance to the profession. If you attend meetings or vacation in the nation’s capital, please contact the Academy’s Health Policy Department to schedule visits with your Members of Congress on Capitol Hill.

Richard Gans (President), Jodi Chappell (Director of Health Care Policy), Karen Glay (State Leader Network Committee Chair), and Barry Freeman (former State Licensure Subcommittee Chair) take a moment for a picture outside of the State Leader Network Workshop at the Rayburn House Office Building on Capitol Hill.
The American Academy of Audiology Inc. PAC Reception

The AAA, Inc. PAC Advisory Board sponsored a reception held on the outdoor terrace of the Hotel Washington—with a fabulous view of the White House and Washington monument. Special guest, former Secretary of the Department of Health and Human Services, Tommy Thompson, entertained attendees with light commentary on his change from government official to public citizen. PAC supporters who contributed $250 or greater received a 2005 PAC lapel pin (pictured below) in recognition of their support from Tomi Browne, Chair of the AAA, Inc. PAC Advisory Board. The PAC Advisory Board is creating a culture of advocacy and involvement recognizing that audiologists must be represented on the federal and state levels as players in the political process to influence change in health policy that supports autonomy for the profession.

AAA Inc. PAC Chair, Tomi Brown greets PAC Donors.

AAA, Inc. PAC attendees include (from left) Marshall Matz, Holly Hosford-Dunn, former Secretary of Health Tommy Thompson and Helena Solodar.

PAC Donors enjoy an outdoor reception at the rooftop terrace of the Washington Hotel.

VISIT

www.audiology.org/convention/2005

FOR

• CONVENTION ARCHIVES: Handouts and presentations from Convention 2005 are now available to all registered attendees. Log-in using your Registration ID number.

• AUDIO RECORDINGS: Listen to sessions you were unable to attend by ordering audio recordings on-line and hear what you missed! There are over a hundred sessions on the CD-ROM, recorded live in their entirety. You may also purchase individual sessions.

• GENERAL ASSEMBLY WEBCAST: Relive the General Assembly via the webcast!

• LOGO APPAREL/SOUVENIRS: Don’t be left out! Be sure to purchase one or more of the fun items that were sold at Convention 2005.
“GOT GREEN?” That was the question asked of the Academy members who visited the AAA Foundation Booth at Convention 2005 in Washington, DC. Of course, the question referred to the latest trend in wrist wear…the BETTER HEARING wristband. Or how about those beautiful sets of 12 ear artwork note cards? The note cards and wristbands are being sold by the Foundation to raise money to support hearing research and education and to increase awareness of hearing health. By the end of the Convention, just about everyone was sporting at least one wristband and a box of note cards…and buying them to take home to their patients, family and friends. If you missed your chance to buy one (or a dozen!) wristband or you need some great note cards for your personal or office use, you can order both on-line at www.audiologyfoundation.org.

And speaking of style, the Foundation Follies and Silent Auction was the place to catch appearances by the latest trendsetters! Those who attended saw incredible Follies performances of Gyl “Redneck Woman” Kasewurm, Fred Rahe and the Audiology Rockers, the Ossicles and our own “Madonna,” Chris Vicente and her dancing troupe, along with audiologist and cowboy poet, Jon Richins. Music for the extravaganza was provided by Chuck Berlin, Henrik Nielsen, RT Campagna, Brad Ingrao and Kent Weaver. Jerry Northern organized the Follies and served as the Master of Ceremonies. The evening was a huge success with proceeds from the Silent Auction and ticket sales directed to support hearing research. The Foundation extends its appreciation to all those who came out and supported the fun-raising and fundraising efforts at the Silent Auction.

The AAA Foundation recognized the 2005 Student Research Award winners and their mentors at the annual Celebration Breakfast. In addition, our most generous donors were honored at the Breakfast for their continued financial support of the Foundation.

New at this year’s Convention were the James Jerger Awards for Excellence in Student Research. Jennifer Shackelford from the University of South Florida and Erin Schafer from the University of Texas at Dallas were presented with these awards at the Poster Presentation and Reception.

A standing room only crowd was in attendance at the Inaugural Marion Downs Pediatric Audiology Lecture. Anu Sharma presented an exceptionally thought-provoking lecture on the assessment of auditory development described by many in the audience as “One of the best presentations I’ve ever attended!” (see page 18 in this issue of AT). The AAA Foundation Trustees are especially pleased that the inspiration for the lecture series, Marion Downs, was in attendance to enjoy this Featured Session named in her honor.

The AAA Foundation Board of Trustees is pleased to announce the election of new officers. Effective July 1, 2005, Brad Stach will serve the AAA Foundation as Chair-Elect and Dennis VanVliet will serve as Secretary-Treasurer. Watch for other fun-filled opportunities to support the AAA Foundation throughout the year. During the past year, the AAA Foundation has contributed more than $39,000 to support young investigator and provide career research awards to further hearing research.
Janet McGuire of Flemington, NJ held the highest bid for Mohammad Ali’s autographed boxing gloves at the AAA Foundation’s Silent Auction held during Convention 2005. She bought the boxing gloves as a welcome home surprise for her husband when he returns from his second tour of Iraq.
As the cost of everything rises, so does the cost of running for our national Congress or Senate. Some of the expense costs for the most recent Congressional election in November 2004 (see www.open.secrets.org) are absolutely mind-blowing! In total, House and Senate candidates raised over $1.23 billion for the 2004 election. Senate candidates raised $489,933,781 million and candidates for the House of Representatives raised $695,827,825. The 26 incumbent senators raised, on average, $8.613 million each; the 407 incumbent House Members raised, on average, $1.122 million. These numbers represent the “hard money” directly contributed to the candidates. It does not include the huge amount of “soft” money that is spent on the campaigns by the different political parties or “unrelated” committees.

Now, let’s think about this a little and what it means to the American Academy of Audiology. If the average Senator must raise $8.6 million for a six-year term, he or she must raise over $1.4 million each year, or $28,000 per week, each and every week they are in office. For House members, the numbers are slightly better. The average incumbent House member is raising $550,000 per year or $11,000 per week. How can they possibly do this? The answer is that the Senators and Representatives are forced to spend more and more of their time raising money and allocating their time based on the financial return. It is important to consider how the fundraising culture can affect a Member’s official duties. For example, scheduling decisions are often made with input from the person raising the money for the Congressional Senator or Representative. Most Senators and Representatives are not pleased by the current system and indeed they feel trapped, but that is another story for another time.

Senators and Representatives, of course, have official offices to conduct public business but many (or most) now also have campaign offices that they can go to during the day to “dial for dollars,” or they can walk to the office of the political party to use the phones. They are forced to choose speaking engagements based on who has the ability to contribute to their campaigns. Fundraisers are frequently used in place of meetings with Congressional Staff in attendance. Further the price of admission has increased: Receptions and dinners cost around $1,000; birthday parties cost $1,000; golfing with a Member can be $5,000. It is important to emphasize that this is now commonplace; all Members in both parties are forced to participate in the same system.

Much of this money is raised from Political Action Committees (PACs). Although I will not comment on the huge PACs representing the Realtor Estate Brokers, Trial Lawyers and Home Builders, take a look at the numbers below to appreciate what some of our related organizations are now raising and contributing through their PAC to Members of Congress:

- American Medical Association: $2,044,899
- American Academy of Otolaryngology: $207,847
- American Speech – Language – Hearing Association: $197,291

You might ask how much did the American Academy of Audiologists, Inc. PAC contribute in 2004? Answer: $44,000 …which is significantly better than we have done in past years by some $30,000!

Clearly, the significant role money plays in politics has
become even more pronounced. The public should be very concerned about what this means for public policy and how decisions are made. The reason for writing this column, however, is not to campaign for a change in the financing of Congressional campaigns (even though that might be a good idea?). My purpose is to share the current reality and reflect on what is means for audiology and our American Academy of Audiology, Inc., PAC.

Winning the hearts and minds of Members is highly competitive and requires access. And because of the pressure on Members to raise so much money, access is frequently tied to money. In short, to win the battle of direct access for audiologists in the Medicare program, we must have direct access to those who will decide the issue...Congressional Senators and Representatives. To get direct access in Washington, it is important to have a well-funded PAC. A PAC is only a part of a comprehensive legislative strategy, but it is a crucial part. We have an excellent case on the merits for direct access and a strong grassroots base with more than 9,000 members. But it is crucial to our efforts that we fund and maintain an adequate PAC.

Thanks to the support and recent contributions from Convention 2005, the Academy is close to our PAC fund goal of $100,000. This momentum and commitment must be maintained on an annual basis. We are clearly moving in the right direction and have made great progress, but we still do not have the money necessary to adequately make the case for our profession and our issues. Tomi Browne, Chair of the American Academy of Audiology, Inc., PAC and the PAC Advisory Board are working hard to help reach the annual funding goal – and they need contributions from each and every Academy audiologist to continue our progress.

It is up to Academy members to each contribute to this major effort. Together, we can build the PAC to an effective level to help further our legislative effort and the profession of audiology.

### Convention 2005 CEU Manager Reminder!

You will have access to CEU Manager to enter your convention CEUs until midnight, May 31, 2005. Failure to record your CEUs by that time will result in a loss of CEUs - no exceptions will be made. Go to www.audiology.org/ceumanager to enter your CEUs and to print a transcript. You must be a member of the Academy's CE Registry to print a transcript. To join the CE Registry contact Matt Cross at mcross@audiology.org.
Audiology practice managers should be familiar with accounting principles, financial statements and basic terminology so they can understand the differences between income and cash flow as well as the impact of expenses on overall profit. Dunn (2000) feels that audiologists need to be conversant with common accounting terms and basic concepts to better manage their practices and protect their assets. While professionals need to use basic accounting to make decisions, Tracy (2001) indicates that they just need the fundamentals, not the technical “stuff.” Armed with this information, the audiologist manager can decide if it is a good idea to continue providing certain services or to initiate new techniques to add additional profit. The very health of a practice is indicated by its financial statements, which include the balance sheet, income statement and the statement of cash flows. These statements present how much is earned, where the earnings came from, and what it costs to earn it. Financial statements and accounting information are so important that bankers and other lenders depend heavily upon them to support their decisions to grant credit.

Once the various totals are obtained within the financial statements, they can then be utilized to track the success or failure of certain specific procedures or products to make a profit. For example, if the ENG unit has become outdated and requires replacement; knowledge of how to read a balance sheet, income and cash flow statements become extremely important in the decision to purchase a new VNG unit. If, when reviewing data, the balance referrals had slowly dwindled to 1 or 2 per month, the profitability of new equipment may be questionable. On the other hand, if there are still 10-15 referrals per month, the information offered by financial statements can be extremely helpful in reviewing the profitability of the balance component of the practice based upon the current referral base.

The totals on these financial statements are the basis of the calculation of business ratios that can be utilized to demonstrate how current practice performance compares to past performance. Ratios, tracked over time, offer important business information as to debt, liquidity, and profitability. Kasewurm (2000) feels that practice financial documents are a road map designed to serve as a guide for the life of the business. Audiology managers need a fundamental capability to read these road maps or they may find themselves lost with little knowledge as to how they got off the main road with minimal skills to return. Thus, audiology practice managers should care about reviewing financial statements and accounting information because it is not only good practice management but also facilitates good, efficient patient care.

**BALANCE SHEET**

A balance sheet presents a snapshot of the financial condition of a practice at a specific moment in time usually at the close of an accounting period such as the end of the month (Breanley, Myers and Marcus, 2002). Businessstown.com (2004) indicates that its purpose is to quickly view the financial strength and capabilities of the business as well as answer important questions such as, “Is the business in a position to expand?” “Can the business easily withstand the normal financial ebbs and flows of revenues and expenses?” “Should the business take immediate steps to strengthen cash reserves?”

Specifically, a balance sheet (Figure 1) presents assets, liabilities, and owners’ or stockholders’ equity. It displays the assets of the practice on the left side and liabilities and owners’ equity on the right side. Assets, of course, are anything the business owns that has monetary value, while liabilities are the claims of creditors against the assets of the business. In Figure 1, the assets column typically consists of some general categories such as, current assets, fixed assets, intangible assets, and total assets; these are the items owned by...
the practice. These categories are then divided into subcategories to further describe them and offer enough detail so as to understand the specifics of the assets. For example, current assets may be divided into categories such as, cash, accounts receivable, and merchandise inventories. Fixed assets include the subcategories of building, equipment, and depreciation on fixed assets. The total of all of the assets are then labeled as total assets.

On the right side of the balance sheet, liabilities are a listing of the amounts owed to lenders and suppliers, usually separated between those due in the short term and those due in the long term. As with the asset categories, liabilities are delineated into subcategories such as short term debt, accounts payable and accrued liabilities (warranty servicing, etc). These are referred to as current liabilities while a separate category is for long term debt, such as bank or other loans. All current and long term liability amounts are then totaled collectively to reflect the total liability of the practice. Also, sharing the right side of the balance sheet is the owners’ equity. This represents funds that were initially invested by the owner as well as the profit that was earned but retained in the practice.

The balance sheet gets its name from the fact that the two sides of the statement must numerically balance. Assets (A) must equal Liabilities (L) plus the Owners’ Equity (OE) as presented in the basic accounting formula A= L+OE.

**INCOME STATEMENT**

Tracy (2001) refers to the income statement as “all-important” since it gets the most attention from practice managers and investors as well as other stakeholders. Although the other financial statements are very important, the income statement is reviewed by bankers with the most scrutiny, as it discloses information that directly relates to the practices’ capability to pay back loans. The income statement (Figure 2), sometimes called a profit and loss (P&L) statement, provides a summary of a company’s profit or loss during any given period of time (Marshall, 2004). As with other financial...
statements, the income statement may be prepared for any financial reporting period. Income statements are used to track specific revenues and expenses so that the operating performance of the practice can be evaluated over a specific period of time.

Businessstown.com (2000) suggests that managers can use income statements to find out whether there are areas of the practice that are over budget or under budget and identify those areas that are causing unexpected expenditures. Additionally, income statements track increases or decreases in product returns; cost of goods sold as a percentage of sales and gives an indication regarding the extent of income tax liability. Since it is very important to format an income statement appropriate to the type of business being conducted, the structure of income statements may vary from one practice to another, depending on the particular mix of business conducted in the various areas of diagnostics, products, and/or rehabilitative services.

Specifically, Marshall (2004) states that net sales on the income statement consist of sales figures representing the actual revenue generated by the business. This figure is the total of all the sales, less any product returns or sales discounts. Directly below the net income (Figure 2) is the cost of goods sold, that is, costs that are directly associated with making and/or acquiring the products. These costs include products, such as hearing aids or assistive devices, from outside suppliers as well as materials and internal expenses related to the manufacturing process, such as faceplates and shells, if products are manufactured within the practice. Net profit, sometimes referred to as gross profit, is then derived by subtracting the cost of goods sold from net sales. Net profit, however, does not include any operating expenses, interest expenses, or income taxes. Just below the net profit is a category for selling and general administrative expenses. This subcategory is described by Tracy (2001) and Marshall (2004) as a broad catch-all category for all expenses except those reported elsewhere in the income statement. Examples of expenses that go in the selling and general administrative section of the income statement are legal expenses, the president’s salary, advertising costs, travel and entertainment, and other such costs. The income from operations, sometimes called earnings before interest and taxes (EBIT), is the result of deducting the sales, administrative, and general costs from the net profit. At this point, the interest expense is deducted and then the tax amounts are subtracted to arrive at the net income (or loss).

**Statement of Cash Flows**

Tracy (2001) refers to business as a “two-headed dragon” in that profit and cash flow are inter-related. The practice can have significant profit but if there is no cash flow, it will bankrupt rapidly and, conversely, if there is cash flow but no profit, financial difficulties are also encountered. Cash flow problems can occur, for example, if the practice is very profitable but most of the services and products are sold on the accounts receivable. This results in minimal flow of cash left to pay the employees and other business bills. To illustrate how cash flows in and out of the practice, Marshall (2004) indicates that the statement of cash flows is used to identify the sources and uses of cash during a particular financial period, which can be compared to the current period for analysis.

The statement of cash flows is broken down into three general sections (Figure 3), cash flows from operating, investing, and financing activities. The operating activities area starts with the net income from the income statement and includes all transactions and events that normally enter into the determination of operating income. This includes cash receipts from selling goods or providing services, as well as income earned as interest and dividends. Operating activities also include cash payments such as inventory, payroll, taxes, interest, utilities, and rent. The net amount of cash provided by operating activities is the key figure on a statement of cash flows. Of course, the operations section of the cash flow statement is of the most interest as this will present the specific components of the practice where cash was utilized.

The second section of a statement of cash flows, investing activities, includes transactions and events involving the purchase and sale of securities, land, buildings, equipment, and other assets not generally held in the practice for resale. It also covers the making and collecting of loans, if the practice finances products and services these loans to consumers internally. Investing activities are not classified as operating activities because they have an indirect relationship to the central, ongoing operation of the practice.

Transactions in the third category, cash flows from financing activities, this area deals with the flow of cash between the practice, the owners (stockholders) and creditors as well as cash proceeds from issuing capital stock or bonds. For example, if there was a need to transfer profit from the practice to the owners, it would be reflected in the financing activities section.

**Summary**

Often clinicians who run their own
practices are preoccupied with seeing patients and generating income that they do not take the time to review accounts or financial statements. Audiologists may not keep their own books and simply hire a bookkeeper or a Certified Public Accountant (CPA) to handle their accounting needs. A common opinion is that these business fundamentals are “not audiology” and the business component of the practice is better analyzed by an expert. These experts report the positive and negative directions of the practice and offer suggestions as to necessary changes for continued success. This is not a bad strategy for the routine day-to-day bookkeeping activities, but may leave you in the dark about specifics. Thus, it is beneficial, if not essential, to learn as much about the basic accounting process as possible to facilitate tracking of financial successes and failures within the practice that result in timely management decisions.

REFERENCES
THE 2005 OHIO AUDIOLOGY CONFERENCE

More than 230 Ohio Academy of Audiology members met in Columbus to hear an outstanding faculty composed of Carl Crandell, Carol Flexer, Joseph Smaldino, Paul Pessis, Richard Gans, Attorney Robert Gippen, Helena Solodar, Ted Venema, Barry Freeman, Laurel Christensen, Dave Smriga, Dave Fabry, Robert Sweetow, Yvonne Sinner, Roxann Bonta, Deborah Moncrieff, Jeff Vehr, Joy Glen and Jodi Chappell, Director of Health Care Policy for the American Academy of Audiology. A 2005 Ohio Audiology Conference highlight was the informative and entertaining “Great Debate.” Robert Sweetow took the affirmative position and Dave Fabry the opposing viewpoint on the question: “Resolved: Third-party payment for hearing aids leads to a mangled-care environment.” AAA President-Elect and Ohioan Gail Whitelaw presented the opening session address along with comments from the AAA current President, Richard Gans. The Ohio Audiology Conference is held every other year with the next program planned for 2007.

Helene Levenfus, President of OAA introduces Gail Whitelaw for her Opening Session Presentation on the “Ohio Audiology Family.”

Kip Kelly, Student Volunteer Chair, poses with student volunteers from Ohio State University, Ohio University, the University of Akron, Kent State University, University of Cincinnati and the University of Louisville.

Deb Abel returned from Arizona to join her former Ohio colleagues at the exhibitor party.

Dave Fabry listens to Robert Sweetow’s presentation during “The Great Debate.”

Joe Smaldino describes the benefits of sound field amplification during the pre-conference.

Kim Traver and Sharon Sandridge enjoy the exhibitor party.

Jane Kukula enjoys the exhibitor party with fellow attendees, while Pete Fox dressed as Sherlock Holmes.

Craig Newman moderates the Amplification Grand Rounds with presentations by John Greer Clark, Cynthia Gensur, Pamela Minard, Chris Galizio and Mona Klingler.

CANADIAN ACADEMY OF AUDIOLOGY

The Canadian Academy of Audiology will hold their 8th Annual Conference, September 28 - October 1, 2005, at the Sheraton Center in Toronto, Canada. For information, please contact Shannon Bott at caa2005@canadianaudiology.ca or call 416-494-6672 / 800-264-5106 (ext:229).
A Library of Knowledge is Just a Few Keystrokes Away!

Sign up today for the Dome and save 30% off our already low member price!
Members of the American Academy of Audiology can subscribe to the Dome for just $45 from now until June 30, 2005 and save on this extensive online research subscription service developed especially for clinicians, educators, researchers and students in the field of audiology.

The Dome searches multiple sources such as journal articles, books, dissertations and more, to keep you updated about Audiology and Communication Sciences and Disorders. This online subscription was created by professionals that understand your needs. With links to associated content, authors, and institutions that are constantly updated, the Dome will connect you to relevant information.

To take advantage of this special offer, contact Brittany Voigt at bvoigt@audiology.org or at 1-800-222-2336 x1044.

The Educational Audiology Association (EAA) Announces the 2005 Summer Conference

The Educational Audiology Association (EAA) will sponsor the 2005 Summer Conference, “EAA: Treasured Resource”, to be held July 16 - 19 in Myrtle Beach, South Carolina. For program, registration and hotel information, go to the EAA website at www.edaud.org.

Passages

Carolyn Talbott of Portland, OR died of breast cancer in January at the age of 63. Talbott was a well known audiologist with nearly 30 years experience in working with infants with hearing loss. She initiated Oregon’s first newborn hearing screening program and worked with the Infant Hearing Resource organization, the Portland Center for Hearing and Speech and the Tucker Maxon Oral School.

Judith Gravel has accepted a new position as Director of the Center for Childhood Communications at The Children’s Hospital of Philadelphia.

Denby Fukuda, of Hawaii, was selected as the Audiology Online-NAFDA Student Writing Contest winner of 2005. Fukuda received a check from Audiology Online for $500, and her paper will be published on www.audiologyonline.com.

OAE Internet Portal Opens Discussion Forum

The Otoacoustic Emissions (OAE) Portal internet site has opened a discussion Forum for the OAE community. The Forum is designed to answer questions from OAE users and for interaction among clinicians and scientists from remote areas of the globe who do not have access to the major audiology meetings or to major scientific publications. Registration for the FORUM is free and open to all. A team of experts has been assembled to serve as moderators within specific OAE topic areas at www.oae.it or at www.otoemissions.org:

- Biophysics, Ototoxicity and related protocols
  <http://forum.unife.it/list.php?28>
  Moderator Paul Avan

- Clinical OAE Applications
  <http://forum.unife.it/list.php?30>
  Moderators Bradley McPherson and Panayiota Lalaki

- Cochlear OAE Models
  <http://forum.unife.it/list.php?34>
  Moderators Chris Shera, and Eric LePage

- Neonatal Screening
  <http://forum.unife.it/list.php?29>
  Moderators Christi Yoshinaga, Thierry Morlet, Marzanna Radziszewska and Crissoula Thodi

- OAE Hardware
  <http://forum.unife.it/list.php?32>
  Moderator Stavros Hatzopoulos

- OAE Software
  <http://forum.unife.it/list.php?31>
  Moderators Antoni Grzanka and Alireza Ziarani

- General Issues
  <http://forum.unife.it/list.php?33>
  Moderators Stavros Hatzopoulos, Thierry Morlet and Jay Hall
Free Child Development Kit from CDC

**Provides Educational Resources for Parents on Developmental Milestones**

The Centers for Disease Control (CDC), along with its several national partners, will launch the “Learn the Signs. Act Early.” campaign to help parents identify the important developmental milestones for young children. Along with height and weight, activities like smiling, pointing and pretending are all important milestones in the first years of a child’s life. In preparation for the anticipated increase in awareness and education among parents, CDC is encouraging the health care professional community to order free resource materials on measuring developmental milestones. “Learn the Signs. Act Early.” is designed to help parents identify developmental milestones in children and the early warning signs of developmental disorders, including autism, mental retardation, and cerebral palsy. Often, these warning signs can be detected when children are in their first few years of life.

The campaign encourages parents to talk with their child’s pediatrician or healthcare professional as early as possible when a delay in the development of an important skill or ability is suspected. In most cases, the earlier a developmental delay is detected, the sooner a child can receive treatment, and the better chance the child has to achieve his or her full potential. CDC’s campaign has been able to reach health care professionals by distributing these kits at more than a dozen national conferences. This resource kit, available in English and Spanish, contains a number of materials designed for providers to share with parents, including:

- Fact sheets on developmental milestones, screening, developmental disorders, and resources.
- Informational cards with milestones by age and a series of questions for the child’s key health care professional.
- An 11” x 17” “Learn the Signs. Act Early.” poster designed for an examination room.

Health care professional resource kits and additional information are available at: www.cdc.gov/actearly and 1-800-CDC-INFO. Health care professionals can also direct parents to the Web site and telephone number to order a free parent resource kit.

“Learn the Signs. Act Early.” is a collaborative effort of the U.S. Department of Health and Human Services and CDC, the American Academy of Pediatrics, the Autism Coalition, the Autism Society of America, Cure Autism Now, First Signs, Organization for Autism Research, and the National Alliance for Autism Research.

**EHDI Conference Held in Atlanta**

The National Early Hearing Detection and Intervention (EDHI) Conference was held March 3-4 in Atlanta, GA attracting nearly 400 audiologists, early interventionists, teachers, speech-language pathologists and physicians to discuss current aspects of early detection and intervention for hearing impaired and deaf babies. The annual Conference, sponsored jointly by the Centers for Disease Control and Prevention, the Maternal and Child Health Bureau, the National Center for Hearing Assessment and Management and the American Academy of Pediatrics, is aimed at promoting knowledge and awareness of successful strategies for implementing comprehensive state-based early hearing detection and intervention programs among states, private industry, advocacy, partner groups, educational organizations, professionals from all fields who deal with pediatric hearing loss and their families. Topics included hearing and language screening, audiological evaluation, medical home, early intervention techniques and programs, and surveillance issues related to infant and newborn screening. The Academy exhibited at this meeting shared EHDI materials.

**John Eichwald, Team Lead, EDHI, Division of Human Development and Disability, National Center on Birth Defects & Developmental Disabilities, CDC.**

**Heather Whitestone McCallum and Justin Osmond provided the Opening Session presentation at the recent EHDI Conference held in Atlanta, GA.**

Arlene Stredler-Brown and Anne Marie Tharpe, plenary speakers at the EDHI Conference discussed implications of mild and unilateral hearing loss in children.
Marion Downs Hearing Center Established in Denver

The Marion Downs Hearing Center (MDHC) has been established at the University of Colorado Hospital in Denver. The MDHC will hold an Opening Event on May 24, 2005. The MDHC brings together clinical, research, educational, surgical, support and prevention services for individuals who are deaf and hard of hearing. The Center is named for the University of Colorado and Health Sciences Center professor emerita, world-renowned audiologist Marion Downs. Among many other professional contributions, Downs pioneered the first newborn hearing screening project in the United States more than 30 years ago. The Marion Downs Hearing Center will work in affiliation with the University of Colorado Hospital, the University of Colorado at Boulder, and the Center for Disease Control, Health Resources Services Administration, Colorado School for the Deaf and the Blind, Colorado Department of Health and Environment, Colorado Department of Education, and Families for Hands & Voices. These multiple partnerships support planning and programs for the center. The Center was established to blend the perspectives of parents, children, physicians and researchers to give patients exposure to a variety of communication methods and programming options. A fundraising drive is currently underway to establish a free-standing building planned for the Fitzsimons medical campus that will encompass all aspects of the Center in one location. This new facility will be a model for future centers all over the world. Sandra Abbott Gabbard and Herman Jenkins are co-directors of the Marion Downs Hearing Center. The Marion Downs Hearing Center Foundation is actively seeking donations and contributions for their new building fund. For more information on the Marion Downs Hearing Center, visit the web site at www.mariondownshearingcenter.org

Leaving the Board...

Brenda Ryals, Kathleen Campbell and Holly Hosford-Dunn will complete their 3-year terms of office as members of the Academy’s Board of Directors on June 30th, 2005. The Academy is indebted to them for their hard work, volunteerism and help in moving the Academy forward through our strategic plan.

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Sound Quality Measures for Speech in Noise through a Commercial Hearing Aid Implementing “Digital Noise Reduction”

Todd A. Ricketts and Benjamin W.Y. Hornsby

Detection of the Acoustic Stapedius Reflex in Infants Using Wideband Energy Reflectance and Admittance

M. Patrick Feeney and Chris A. Sanford

Hearing Threshold Estimation in Infants Using Auditory Steady-State Responses

Gary Rance, Richard Roper, Lindsay Symonds, Lisa-Jane Moody, Christine Poulis, Melissa Dourlay, and Therese Kelly

Measuring the Ability of School Children with a History of Otitis Media to Understand Everyday Speech

Tegan Keogh, Joseph Kei, Carlie Driscoll, Louise Cahill, Alison Hoffmann, Emma Wilce, Presanth Kondaumri, and Julie Marinac

Perception of Auditory Movement in Children with Poor Listening Skills: An ERP Study

Ilse J.A. Wambacq, Kelly J. Shea-Miller, Anne M. Eckert, and Virginia Toth
Reach Hundreds of Job Seekers with HearCareers

ARE YOU LOOKING FOR A CHANGE?

ARE YOU GETTING READY TO GRADUATE?

DO YOU HAVE A JOB OPENING TO FILL?

If you answered yes to one of the above questions, then you should explore what HearCareers has to offer. The American Academy of Audiology’s employment site provides valuable resources to individuals seeking employment and to employers looking to fill a position within the audiology field.

Employers can reach hundreds of job seekers looking for employment in the audiology field by simply posting a job on HearCareers at the lowest rates available anywhere. With a 30-day job posting, employers have access to an extensive database of resumes. Employers have the option to contact job seekers directly through the site, or have job seekers contact them directly through the site. There is no limit to the length of the job posting and if they prefer, employers may list their company information as confidential. Once the job is posted, employers will have the ability to see how many times their job posting was viewed by job seekers.

Whether you are preparing to graduate or just need a change, HearCareers can help you achieve your career goal. In addition to being able to post your resume for potential employers to view, the site also provides valuable information regarding resumes and interviewing. Take advantage of one of the many features offered on HearCareers such as Notify Me! Notify Me! gives job seekers the option of receiving weekly emails alerting them that a job matching their search criteria has been posted. Up to three documents can be uploaded onto HearCareers making it easy for job seekers to apply for jobs directly through the site. There is no charge to post a resume, and if desired, it can be listed as confidential.

HearCareers provides audiology professionals with an easy and convenient way to achieve employment goals. For more information be sure to visit the site at www.audiology.org/hearcareers.

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AUDIOLOGIST:

Full time audiologist needed for busy and expanding ENT practice in beautiful and historic Charleston, SC. Experience preferred but will consider strong CFY in comprehensive audiometry, diagnostic testing and hearing aids. South Carolina license will be required. We offer competitive salary and benefits and a pleasant and professional working environment. Send resume to Michael Grubb, Charleston ENT Associates, 1849 Savage Road, Charleston, SC 29407 or fax to (843) 576-2592.

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For information about our employment website, HearCareers, visit www.audiology.org/hearcareers. For information or to place a classified ad in Audiology Today, please contact Elizabeth Hargrove at ehargrove@audiology.org or 1.800.AAA.2336, ext 1039.