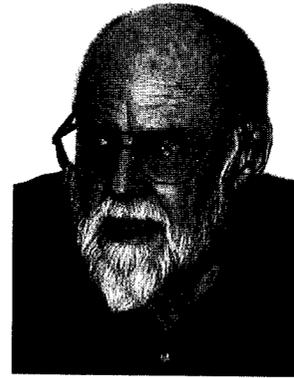


Editorial

Quo Vadis?



I get quite a few letters from students-in-training. They are mostly concerned about the future of the profession. A recent letter from Jeffery Lichtenhan, a student at the University of Kansas, asks,

Do you believe the field of audiology will even be in existence for another generation of young audiologists?

I ask this question because of issues such as the following: (1) advancements in research on hair cell regeneration are becoming rapid, (2) imaging techniques may become so precise that one will be able to look into the auditory system instead of needing audiology diagnostics, (3) technology (e.g., automated otoacoustic emissions and auditory brainstem responses do not need audiologists), (4) implantable hearing aids and cochlear implants without the need of an audiologist, and (5) the AuD making the clinical career more appealing than a research career (which is the foundation of all clinical sciences) for the best and brightest students.

My answer is that I am guardedly optimistic. I am optimistic because the lessons of history in this field converge on one indisputable conclusion. Virtually every past advance in technology has been good for the field. I suspect that will continue to be the case as hair cell regeneration, imaging, automation, implantable aids, and cochlear implants move forward. As technology marches inexorably onward, the patient base will grow, our own techniques will improve, and the need for professionals who understand the consequences of auditory impairment on every aspect of daily living, and know how to quantify it, will only increase. We may have to take a step backward from time to time. Our role, for example, in detecting space-occupying lesions in the cerebellopontine angle will undoubtedly decline. And we will probably be forced out of the vestibular testing business, which some of us think would not be such a bad thing anyway. But detecting and assessing other kinds of auditory disorder will certainly take their place. In this issue of *JAAA*, for example, Diana Emanuel of Towson University in Maryland reports the results of a survey on common practices employed by audiologists for the detection of auditory processing problems in children. It is clear from the survey that, although not everyone is up to speed yet, this is a rapidly growing arena for audiologic expertise. And there are vastly more children with auditory processing disorders than there are persons with acoustic tumors.

I cannot tell you exactly how every technological advance is going to play out, but I am relatively cer-

tain, based on the last 50 years of our history, that the role of the audiologist will expand, rather than contract, as new interventions are developed and refined.

That's the good news. I am only *guardedly* optimistic, however, because I think that Jeffery's query raises a good point about the impact of the rapid increase in AuD programs. What will happen if we lose our research base? Will we become a profession of highly degreed hearing aid salesmen? Clearly, the danger in promoting the clinical doctorate is attenuation of the PhD research base of the profession. Without a scientifically trained cadre of researchers persistently advancing the boundaries of knowledge in our field, we run a very real risk that we will become stagnant and fail to move with the inevitable tides of change until we are engulfed by them.

The key, I believe, lies in the AuD programs themselves. They must include a strong research component. Most AuDs are not likely to become serious researchers, but it is imperative that they appreciate the importance of research and be able, at least at some level, to understand and evaluate what researchers do. In their AuD training, they must be exposed to the important questions that remain unanswered, the tools and techniques for exploring them, and the capacity to recognize the relevance of research findings for clinical practice.

This issue of *JAAA* contains three examples of the kinds of research activities that the profession must continue to support. Lisa Fox and Susan Dalebout, of the University of Virginia, evaluated an innovative method for deriving mismatch negativity waveforms by calculating median, rather than mean, voltages across individual epochs of electroencephalographic activity. Cynthia Fowler, of the University of Wisconsin, along with Chris Bauch and Wayne Olson of the Mayo Clinic, studied the effect of click polarity on the diagnostic value of ABR waveforms in detecting acoustic tumors. Finally, Rebecca Estes and James Jerger, of the University of Texas at Dallas, and Gary Jacobson, of the Henry Ford Hospital, Detroit, studied the hemispheric asymmetry of event-related potentials in children who are poor listeners. These three articles illustrate the kinds of research activities that are so important to achieving a better understanding of auditory disorders and improving the delivery of clinical services.

Our profession has, at this point in time, reached a fork in the road. We can take the branch that supports a strong research base and continue to thrive, or we can take the branch that maintains a narrow focus solely on training for the provision of clinical services and risk the professional oblivion so feared by our student inquirer.

James Jerger
Editor-in-Chief