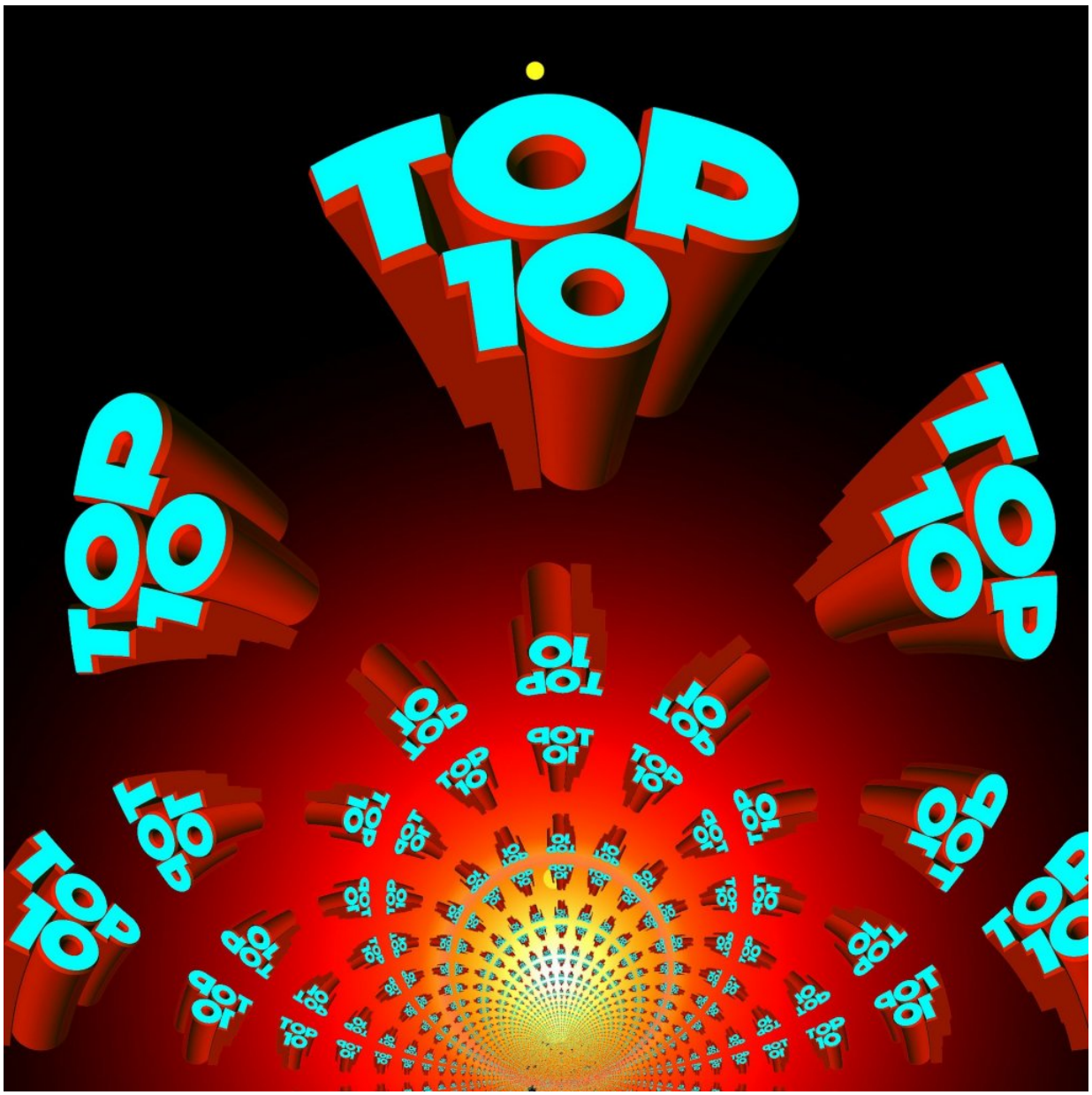
Canadian Audiologist

The Official Publication of the Canadian Academy of Audiology

# 2018 Top 10 Wish List from Audiologist Working in Support

Published January 22nd, 2018

Peter Stelmacovich, MCl Sc




Working for a hearing instrument manufacturer, we use a variety of means to solicit input from our valued customers as to how we can improve the quality of service to you, the audiologists working in the trenches. However, I wondered if our audiologists also had some wishes from you. So, all in the spirit of helping one another, here is a list of the top 10 wishes for 2018 from our audiology team.

1. **Please perform hearing aid verification.** If there is a complaint of certain sound quality problem such as the device is too loud/soft or sound quality, it is very helpful to know what is happening in the ear canal. Verification measures will show anything excessive or inadequate gain at any frequencies.
2. **Please don't expect the hearing instrument to perform miracles for patients with poor word identification scores.** While technologies such as non-linear frequency compression may improve speech intelligibility by making certain previously inaudible speech frequencies available again, a patient with poor word identification requires considerable counselling and assistance beyond the hearing instrument. This may include speechreading counselling, use of sign language or referral to a cochlear implant centre.
3. **Please perform Speech-in-Noise testing.** Often the team gets asked fitting advice for patient having continued troubles hearing in background noise, yet a speech in noise test were not performed that would indicate what technology would be needed by patient. For example, if the speech in noise test indicates that a signal to noise ratio of 15 dB is needed, then no company's directional microphone technology can deliver this. You can fine tune forever, and you will never achieve 15 dB of noise reduction from the directional microphones of hearing aids alone. Consider an adaptive digital remote microphone such as the Roger Pen.
4. **Please select a hearing instrument with appropriate power for the client's hearing loss.** We frequently see hearing losses that are under-fit with a hearing aid with inadequate power. Or fitting a RICS on every single patient.
5. **Please do not be afraid to provide honest and truthful advice to the patient,** especially those with more severe or complex hearing losses. For example, we have seen many cases of patients that should be referred to a Cochlear Implant Centre, but there is reluctance on the part of many clinicians to have this conversation. Or patients who insist on inappropriate amplification that does not meet their needs. At least make sure that the patient is making an informed decision.
6. **Too much technology.** Many patients have lots of additional accessories that they have not been counselled how to use. We strongly recommend selecting the least amount of equipment that meets the most amounts of needs. We also recommend creating a treatment plan that outlines the patient journey. In this plan, you can map when you will introduce the additional technologies. And you will document which expressed need this equipment is meeting. Throwing too much technology at a patient on the day of the hearing aid fitting can be overwhelming.
7. **Failure to introduce additional equipment when such system would provide significant benefits.** This is of course the complete opposite of #6. For example, there are many patients who would benefit from adaptive digital remote microphones. This could be either due to the severity of the hearing loss (all patients with severe losses), the environments (working adults frequently in meetings), or poor hearing in noise (as found by an appropriate speech in noise test). Again, our job is to be an honest broker, making sure that the patient makes an informed decision. In the case of an introducing an adaptive digital remote microphone, plant the seed early in the fitting process, but fit it after acclimatization period.
8. **Assuming feedback reduction algorithms in hearing aids perform miracles.** The various feedback reduction algorithms used in today's modern hearing instruments have helped immensely to achieve a feedback-free listening experience for our clients. But they do not change the laws of physics. One needs to critically look at the results of a feedback test and see if sacrifices have been made to the hearing aid frequency response. Moreover, do not use feedback reduction to compensate for a poor physical fit.
9. **Poor understanding of compression.** Sometimes the complaints the audiology team gets are that the hearing aid sounds like an echo or just weird. Excessively high compressions ratios may be the culprit. Please look at the compression ratios to see if there are either too high, or in some

cases all over the place. Lowering the compression ratios may solve the fitting problem.

10. **Using audiology support as a library for any and all articles on hearing loss.** All hearing aid manufacturers have lots of marketing materials, some of which may be hype and others which are indeed based on high quality research. But beyond that, we do not have all the audiological journals at our fingertips. When you ask the team, they just use Google Scholar which you already have access to.

    Wishing you a healthy a prosperous 2018!