Canadian Audiologist

The Official Publication of the Canadian Academy of Audiology

A Conversation with an Audiologist

Published March 12th, 2015

Peter Stelmacovich, MCl Sc

Recently I had the pleasure of chatting with an audiologist who has incorporated speech perception in noise testing as part of her regular clinical protocol. She agreed to let me record our conversation and present it here in my *Canadian Audiologist* column. As many of you know, I currently work for a major hearing aid manufacturer and as such I am not in a regular clinical role. It was extremely encouraging to see someone successfully using a speech perception in noise assessment in a busy private practice.

Can you tell me what kind of speech perception in noise test that you use? And why do you use it?

I use the LiSN-S PGA test developed by the National Acoustics Laboratory in Australia. In general I use the LiSN-S PGA to give me more information about my patient's hearing needs. This in turn helps me make more appropriate recommendations regarding equipment that I will prescribe. And of course, it will influence the counseling I provide.

Could not you develop these recommendations solely from the pure tone audiogram and word identification measures?

No not at all. Research from Dr. Kathy Pichora-Fuller has shown that there are age-related changes in speech perception in noise, even if the peripheral hearing is relatively normal. Add a hearing loss on top of this, and the challenge of hearing in noise becomes even greater. Clearly the ability to understand speech in background noise is affected by hearing levels, central processing changes and cognitive abilities.

How do you present the results of the speech perception in noise testing to your patients?

Well, first I explain to the patient prior to administering the test why I am doing this assessment. I explain that hearing aids have different features and I need to make sure I select the best ones. Furthermore, sometimes hearing aids are not enough and I need to determine if additional equipment such as an FM system is warranted. The speech perception in noise testing will give me a clearer picture of how the patient will function in the real world. The LiSN-S PGA test is nice in that it has three general levels of function and recommendations I can provide including the need for directional microphone technology or an FM system.

What role does a lifestyle assessment play? How do you combine this with the speech perception in noise testing?

I need to find out what the patient's listening needs and situations are. Do they go out to restaurants? Do they communicate in a car? Are they active in their community? How important are these listening situations? Even if the patient claims that they do not go out much, I still probe further to find out if their current lifestyle is a result of the hearing loss? Was the patient more

active before the hearing loss? Do they wish to do these activities again? Together we develop a treatment plan based on all this information.

When do you make your equipment recommendations? Do you start with amplification and then introduce wireless microphone technology later?

We used to do that at our clinic but not anymore. Before, we waited until the patient reported having additional problems with the hearing aids and then introduced the FM. But we feel this is setting the patient up for failure or at least disappointment. We feel that the patient needs to be able to make an informed decision early on. So we introduce the concept of an FM system at the beginning. That doesn't mean we fit it right away. But we plant the seed for later on.

Does every patient who needs additional equipment such as wireless microphones always agree to purchase it? Why bother?

Well the test only takes about 5 minutes. The additional information I get is invaluable. And as an audiologist, my obligation is not to simply sell hearing aids. It is to help the client communicate better and live life to the fullest extent possible. The hearing aid is an extremely important tool to help this, but it is not the only tool that we have at our disposal. We also have other assistive listening devices such as FM systems. And, we also have our counseling skills. Patients come to us to improve their lives not just to buy hearing aids.

It sounds like you need to cover a lot of information in that first visit. Is this realistic?

Well, it is not all accomplished in one visit. We develop an honest relationship with our clients. Every time a patient comes to see us, the patient learns a little bit more about how to manage their hearing loss. And I also learn more about the patient as well. The patient and the audiologist are both co-managers working towards the goal of better communication.