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From Good to Great and the Right to Hear Everything

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I have heard my friend Dr. Jace Wolfe speak many times at conferences. In some of his talks, he has often referred to a book by Jim Collins called *Good to Great.* Here is the opening paragraph of this excellent read:

"Good is the enemy of great. And that is one of the reasons that we have so little that becomes great. We don't have great schools, principally because we have good schools. We don't have great government, principally because we have good government. Few people attain great lives, precisely because it is easy to settle for a good life. The vast majority of companies never become great precisely because they become quite good. – and that is their main problem."

Could the same be said of audiology? Jace has argued that this is indeed the case and I completely agree with him. As a person living with hearing loss for 50 years, I am amazed at how far we have come. Our hearing aids have excellent sound fidelity, sophisticated scene analysis, and automatic program switching. Hearing aids talk to each other binaurally bringing a host of new benefits. The use of the otoacoustic emission has enabled us to implement universal newborn hearing screening programs. Cochlear implants have brought sound to children and adults for whom hearing aids were no longer beneficial. Things are good, yes?

Yet despite all these improvements, many patients with hearing loss still struggle especially in the presence of background noise. Children in the classroom can now hear the teacher's voice better with a wireless microphone, yet struggle to hear their peers or multimedia. Adults with hearing loss still struggle in group situations or meetings at work. This is not what one would call great results.

Hearing aids with directional microphones do indeed work well in one-on-one conversations in quiet and in moderate amounts of noise. But when the noise levels rise, when the distance between speakers increases beyond a few feet, and when multiple talkers are present, things start to fall apart.

The key to get from good to great is to consider the multitude of communicative environments our patients find themselves. And, we need to start with a belief that it is the patient's right to hear all talkers in simple and complex environments just as well as a normal hearing person.

So for a pre-school aged child, this means that we need to consider the home, the car, and daycare and the playground environments. Can the hearing aid or the cochlear implant alone meet the young child's needs? Perhaps in the home environment – but certainly not the others. The only way young children with hearing loss can hear well in noisy places is to add the wireless microphone. And, not just one additional microphone – both mom and dad can be made audible with today's advanced wireless microphones. Think of all the opportunities for speech and language development that are being lost while the child is strapped into the car seat and only hearing the car noise.

Today’s modern classroom is far different that classrooms when I was a child. No longer are the desks in rows and the only thing the child needed to hear is the teacher. Today’s student needs to hear their peers in the classroom, the computer, and the smart board. All of these things can be made audible with today’s technology. Using only one wireless microphone for these applications is good, but it’s not great.

Working adults with hearing loss also need to hear in a variety of environments. With globalization, many working adults need to participate in team meetings on-line as it is less expensive than flying everyone to one location to meet face to face. Mobile phone use is mandatory. On the social side, adults with hearing loss need to hear and understand speech in cars, restaurants, theatres and bars. This can all be achieved with multiple wireless microphones.

Finally seniors need additional help with background noise, as many of their challenges communicating in noise are due to additional central auditory processing changes and not just due to the peripheral hearing loss. There is an even greater need to assess the hearing in noise capabilities of the geriatric patient and offer solutions that work. Too often I hear seniors say that they no longer engage in certain activities because they struggle even with their personal amplification. Once again, this is neither good necessary nor is it great.

We have the skills and the technology to achieve great results with our patients. But it requires us to become less complacent. We need to recognize that we can be great.