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How Can We Speed Up Audiology Knowledge Translation?

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Over the past 10 days I have attended three conferences involving audiologists, otologists, and auditory scientists. All of these events were valuable for two-way knowledge exchange, by which I mean I was offering some of my knowledge base, and more importantly learning new ideas from others.

The Sound Wave Symposium is an event held every two years totally organized by audiologists at the Rady Children's Hospital in San Diego (affiliated with UCSD). This is a continuing education event for audiologists and attracts a large number of clinicians from all over California and beyond. This year there was a focus on balance disorders and progressive hearing loss. This event was a perfect model for "knowledge translation" and updating of new trends in audiology, as well as for networking.

An event with similar goals, on a somewhat grander scale, was the 2018 Annual Conference of the Canadian Academy of Audiology (CAA). This year saw a record attendance in Niagara Falls, and was a huge success. This conference offers continuing education for audiologists, networking and socializing, and, of course, an opportunity to see new products from the hearing healthcare industry. Worldwide there are scores of such audiology conferences and workshops each year, each with a goal of moving audiology to the next level. Over the past few decades steady progress has been made but not, I would suggest, at a "revolutionary" pace.

Between the two events described above I attended a small workshop in Toronto sponsored by The Hearing Foundation of Canada (THFC). This group consists of audiologists, engineers, scientists, and otologists from across Canada and holds an annual workshop to explore the world "beyond the

audiogram." We have labeled ourselves the Canadian Interdisciplinary Hearing Sciences, Otology and Audiology Consortium (CIHSOAC), and the goal is to chart the future of hearing healthcare. By this I mean that we are seeking (and hoping) to bring new ideas, and emerging areas of investigation to bear on clinical practice.

The first gathering of a group similar to the CIHSOAC was also sponsored by The Hearing Foundation of Canada some twenty years ago in the form of a symposium called "Beyond the Audiogram." This was organized by Prudy Allen and myself and held at the National Centre for Audiology (NCA) at Western. The snappy title was novel back then – now I see it used everywhere! The goal of this conference was to give a boost to the "bench to bedside" movement of ideas in audiology. With a little regret I have to say that many of the new ideas discussed two decades back have not yet impacted clinical audiology, but I am reminded that is all healthcare disciplines it often takes a generation to move ideas from textbook to practice.

At our last CIHSOAC meeting we focused on two important areas. Hearing loss in the aging population, with particular reference to the recently revealed correlation between hearing loss and dementia. At the other end of the lifespan we discussed the genetics of hearing loss, and the huge leaps that have occurred in recent years to define genetic causes of hearing dysfunction. In regard to these two important topics, I do hope that hearing healthcare professionals can be informed, be receptive, and embrace the new ideas and challenges in dealing with patients (clients?) in the early years, and much later in life.

At the three symposia described above, I pushed my arguments that we should pay more attention to the etiology of hearing loss, because this can inform us more about functional deficits that are not revealed by behavioural threshold measures. If there is one phrase that I would like to hear daily in audiology it is "beyond the audiogram," the same phrase that Prudy Allen and I promoted 20 years back. I was heartened when I witnessed a little something at the tail-end of the 2018 CAA Annual Conference. It was in a forum where hearing aid manufactures were describing their new technical innovations. One speaker described the scenario where three clients had **identical audiograms**, but each needed very different types of hearing aid settings, sound processing and habilitation strategy. Yes, exactly!