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Industry News

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The Canadian Academy of Audiology

International Consensus Statements on Intraoperative Testing for Cochlear Implantation Surgery

A final core set of 24 consensus statements was generated, covering wide areas of intraoperative testing during CI surgery. These statements may provide utility as evidence-based guidelines to improve quality and achieve uniformity of surgical practice.



The global hearing aid company WS Audiology posted at the company's LinkedIn profile that WS Audiology, GN Group and Demant were greeted by the Danish Minister of Health, Sophie Løhde, for our joint efforts to support Ukraine with a coordinated donation of hearing aids to people in need of hearing care.

"It is a good and trustworthy cooperation that has been established and a proof that things can be done when we work together," said Sophie Løhde.

In Ukraine, the Red Cross will support the project to find the most qualified partners. The Danish government is helping with financial compensation to the local partners or hearing clinics.

For the full post please go to WSA

LinkedIn: https://www.linkedin.com/feed/update/urn:li:activity:7205167110157668352/

Photo: WS Audiology.

Amplifon Listed Among The Global 2024 'Leading Employers'

Mississauga, May 8, 2024 – **Amplifon**, the world leader in hearing care services and solutions, was included in the **2024 Leading Employers list at a global level**. This was the first time an Italian multinational company was included, having been certified for each of the geographical areas (Europe, the Americas and Asia Pacific) and the 26 countries in which it operates.

The certification follows a multi-step process that starts with an analysis of the company's reputation and then considers employee satisfaction, global communication with new talent and overall employee benefits.

Leading Employer is a research institute that certifies companies as employers of excellence thanks to an analytical model that evaluates the 'strength' of corporate brands, assessing their credibility and reputation.

"This certification confirms our commitment to our employees on a global level. Our people are at the heart of our success and a critical component to our growth strategy as a business, which ultimately allows us to help more people rediscover all the emotions of sound," said **Silvana Iseni, Vice President of HR for Amplifon Americas.**

The Amplifon Group currently employs more than **20,300 people in 26 countries** on five continents. Over 100 nationalities are represented at Amplifon. More than **70% of the company's workforce is made up of women**, with an **average age of under 40**. Each year the company provides each of its employees with an average of **at least three days of training**.

Amplifon Americas is made up of ~2,000 employees dedicated to serving the diverse needs of its customers through several unique and independent brands: Miracle-Ear, with more than 1,500 locations in the United States, Amplifon Hearing Health Care, with more than 6,000 clinics across the country, Amplifon Canada, with more than 140 locations, and GAES, with 140 locations across Latin America.

Amplifon

Amplifon is the world's leading group in hearing care services and solutions. Its goal is to empower people with hearing loss to rediscover all the emotions of sound, offering innovative and personalized products and services to guarantee the best solution for each customer. Founded in Milan in 1950, Amplifon is now present in 26 countries around the world with approximately 9,700 points of sale and more than 20,300 people representing over 100 nationalities. It is listed on the Milan Stock Exchange (Euronext Milan) and has annual revenues of more than 2 billion euros. For more information: https://corporate.amplifon.com

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Permission granted from HearingTracker.com to reprint this free picture bank from Resound

GN's “New Norm” Free Photo Bank on Unsplash to Change Visual Misperceptions of Hearing Loss and Hearing Aids

Celebrating today's World Hearing Day theme of “Changing Mindsets,” GN has established a photo bank depicting modern hearing aids worn by real-life users. The photos are available on the popular free image website Unsplash.com.

By Karl Strom
Published 03 March 2024



Nashville musician Jacob Kulick and his hearing aids.

GN, the Danish parent company of ReSound and Beltone, is launching *The New Norm* campaign to change the outdated visual perceptions people have about hearing aids and hearing loss. GN has created an image bank of free photos depicting six inspiring real-life hearing aid wearers within Unsplash.com. This website provides royalty-free downloadable photos and is particularly popular with media members, freelancers, videographers, and others.

The images are available starting today, Sunday, March 3, which coincides with the World Health Organization’s World Hearing Day 2024 and this year's theme, “Changing Mindsets.” The result is a striking, perception-shifting collection of free images that GN hopes will help replace the use of outdated and stereotypical imagery.

Changing Mindsets with New Imagery

It has become commonplace to read an excellent article or online post related to hearing loss or

hearing healthcare but then see accompanying photography showing only older people who are wearing HUGE flesh-colored outdated hearing aids—devices that would have represented old technology even if it were 40 years ago and Ronald Reagan were president. *HearingTracker* and many others have pointed out this problem on web posts, and photos of old, ugly hearing aids have become a pet peeve among audiologists, hearing aid specialists, and consumers who wear hearing aids.



On the left, some screenshots of photos typically used by media when reporting on hearing healthcare issues; on right, some examples of more modern hearing aids.

Enter GN. The company has initiated "The New Norm" photography campaign with the goal of changing the way people *literally see* hearing aids, thereby challenging outdated perceptions and breaking stigmas. "This is a selection of royalty-free images of real people wearing real hearing aids," explained GN Senior Product Marketing Manager Ceri Whittaker in a press briefing about *The New Norm* campaign. "And we've created it specifically to challenge some outdated and inaccurate beliefs that people hold around hearing and hearing technology."

New free photos that accurately depict hearing loss and hearing aids

Captured by photographer and hearing aid wearer Gala Ricote, the photos featured on Unsplash.com do not show old people wearing clunky-looking technology; instead, they depict a wide variety of successful, intriguing personalities from all walks of life who wear and benefit from modern hearing aids. The new photo gallery includes Welsh Paralympic athlete Olivia Breen, Amsterdam-based comedian Lara Ricote (Gala's sister), UK singer-songwriter James Page (aka Sivu), New York DJ Julie Slavin (aka, DJ Hesta Prynn), US historian and author Jaipreet Virdi, and Nashville musician Jacob Kulick.

The *New Norm* image bank provides media, academia, non-profits, and others reporting on hearing loss access to free, high-quality images that represent the modern era of hearing aids and celebrate life with hearing loss. Ranging from close-up in-ear shots displaying the latest hearing technology, to fun lifestyle imagery showing real life achievements, the image bank provides a wider selection of positive photos of real-life people wearing today's hearing aids.



Paralympic athlete Olivia Green with her hearing aids.

Photographer Gala Ricoti, who has worn hearing aids from a young age, appears to have been the right person for the job. “Growing up, the visual representation of hearing aids has always been these bulky, elderly visuals of people wearing them. I had never identified with any of the images that I saw,” she said. “And since I've had them from a young age, I've been able to see firsthand the advantages of the technology. So I feel like the visual representation hasn't evolved, and people's perception of hearing loss is still stuck in the past, although the technology has gotten so much better.

"I'm hoping that through these images, we can humanize the experience and be able to showcase the grace and the strength of everyone wearing hearing aids and their confidence. Hopefully, they will spark conversations and create a more inclusive world.”

Ricote added that the project wasn't exactly easy. “Honestly, it's hard to see the hearing aids. And even when I was taking the pictures, it was difficult to try to capture them—they're so small. And so I hope these images can help update people on what this technology looks like now, instead of what they're used to seeing with the outdated perceptions.”



Comedian Lara Ricote with her hearing aids.

Stigma and the paradox of hearing aid miniaturization

At *The New Norm* campaign briefing, Jill Mecklenburger, AuD, principal audiologist in GN's Global Audiology Group, cited several statistics that point to popular misconceptions about hearing loss and hearing aids:

- 4 out of 5 people with hearing loss don't use hearing aids, partly due to denial, stigma, and worries about appearance.
- By some estimates, 344 million people globally are missing out on the sounds of life, communicating, socializing, and audio from TV and digital content due to hearing loss.
- Research from GN indicates that 45% of those aged 40 to 49 have noticed changes to their hearing, yet less than 10% of people in that age range wear hearing aids.
- About half of these people who do seek help rank appearance and visibility of hearing aids as one of their top-3 most important factors when considering to adopt them.
- Hearing loss is now recognized as the largest modifiable risk factor for dementia.

For many people who have hearing loss, aesthetics and the physical appearance of the devices remain a major issue. A 2011 study by Gagné, Southall, and Jennings noted that, historically, about 40% of adults with hearing loss who do not use hearing aids cite self-stigma as one of the top-5 reasons for their non-purchasing decision. Self-stigma occurs when people internalize what they believe are public attitudes and suffer numerous negative consequences as a result. Although attitudes surrounding hearing aids and the so-called "hearing aid effect" have hopefully improved over time, the misconceptions about how hearing aids may make you look old or infirm still persist.

US historian and author Jaipreet Virdi has studied and written about hearing aid advertising and

perceptions of hearing loss. She wears hearing aids and is featured in some of *The New Norm* photos taken by Ricote. "If you look at early 20th Century advertisements for hearing aids, they introduce a wide demographic of users—including children, young people, and young couples—and they aim to target the hearing aid user within [a larger age group], promoting the benefit hearing aids can provide," she says. "For example, the ads might show a mother hearing a child or a child hearing a teacher...However, by the late-20th Century, these ads became essentially standardized where we only start to see images of elderly people. And, the irony is there is also a paradox that comes with stigma and technology: the smaller hearing aids become, the more that stigma can increase because we can't see them anymore."

Whittaker agrees. "For as long as I can remember, we've talked about invisibility and discretion in hearing aids," she said. "The drive towards delivering hearing care has led to increased miniaturization of hearing technology with devices getting smaller and smaller. And the reality is that today's hearing aids are so small and so ergonomic that you actively have to *look for them*. So you might notice someone in the queue at the supermarket wearing hearing aids if you're standing directly behind them.

"But on the whole, the average person just doesn't see the vast majority of hearing aids being worn every day, all around us," says Whittaker. "Modern hearing aids have, in effect, become invisible. And one of the side effects of that is that if you asked the average person to describe a hearing aid, they will probably describe something like [a large, ugly, older-technology device]."

The New Norm collection of beautiful and empowering images will be available for free download from Unsplash starting today. You can find them by typing "hearing aids" or "hearing loss" into the Unsplash search engine.

Karl Strom
Editor in Chief
Karl Strom is the Editor in Chief of HearingTracker. He has been covering the hearing aid industry for over 30 years.

Kate Dekok AUD, MBA Promoted to Vice President of Sales for Bernafon and Philips Canada



Kate Dekok AUD, MBA

Kate Dekok AUD, MBA has recently been promoted to Vice President of Sales for Bernafon and Philips Canada. Since joining Demant in 2021 as the National Director of Sales for Philips and Sonic, Kate has seamlessly taken on the additional role of managing the Bernafon Brand. Armed with a Doctor of Audiology degree and an MBA from Ivey Business School at Western University, Kate brings a wealth of expertise to her new position.

Kate is a seasoned senior executive with extensive experience within the medical device retail and wholesale sectors. Kate has a proven track record leading field managers, clinicians, and support teams using robust change management skills and strategic thinking. Kate is a successful entrepreneur with disciplined execution to drive engagement and ensures successful P&L management.

Her unwavering dedication to her team and Demant at large is evident in her consistent commitment to every goal she sets. Kate prioritizes collective welfare before swiftly taking decisive action, embodying Demant's core values in every aspect of her work.

Adele Mansour Has Joined WSA Audiology Canada As The Regional Sales Manager And Field Trainer for Atlantic Canada

WSA Audiology Canada is pleased to announce that Adele Mansour has joined the organization as the Regional Sales Manager and Field Trainer for Atlantic Canada to represent its Widex and Signia brands. Adele is a graduate of the Audiology program at Dalhousie University and has practiced clinically in Nova Scotia before joining WSA. Adele is a proud resident of Halifax and is well situated to connect and provide her dedicated expertise to existing and future customers. Welcome Adele.



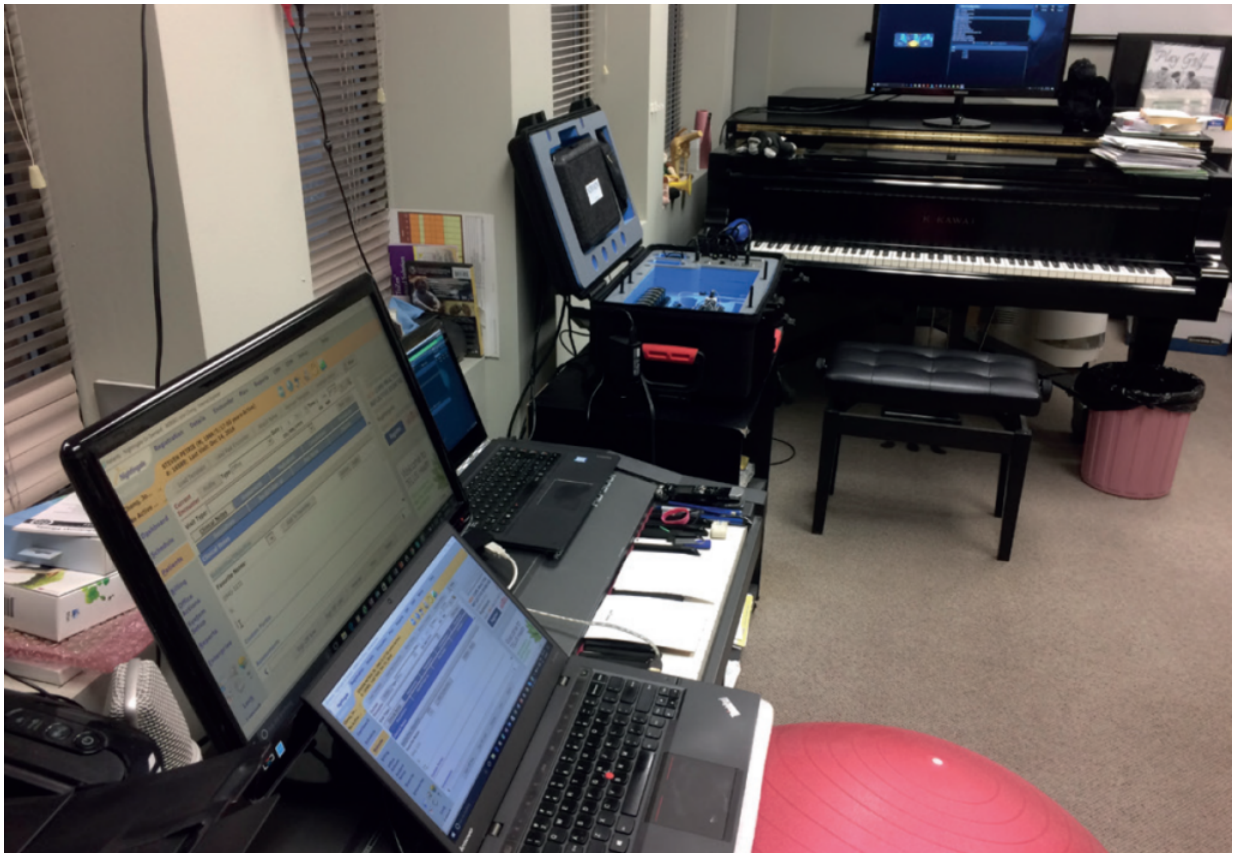
Adele Mansour

IN CONVERSATION WITH

Marshall Chasin: the harmony of music and audiology

BY GARETH SMITH

Marshall Chasin, synonymous with the science of hearing and the art of music, discusses the techniques and technology he has employed over this career... so far.



Marshall’s clinic – complete with the piano he uses in a 30-second test to quickly identify cochlear dead regions.



Real ear measurement can be performed while the musician is playing their instrument in order to provide precise sound level measurements with and without any specific hearing protection.

What's the difference between your practice now and when you first started out?

I began working with musicians in the mid 1980s and, quite frankly, I didn't know what was important and what was not. I had been a clinical audiologist for five years already and thought that I knew my way around the clinic. While that was probably true of hearing assessments and hearing aids of the day, that certainly was not true of working with performing artists. About that time, I went into private practice and went from a practice with four other audiologists and a large support staff to being a sole practice audiologist with only a rudimentary logistical structure and staff. This, in itself, was quite a large change. Since then, I have expanded my practice significantly but remain the sole audiologist dealing with musicians and their problems. The largest change has been decades of information and resource expansion as well as a fine-tuning of tests and interventions that are tuned to the needs of the performing artist. Much of that information has been 'translated' for the musician and can be found on my website at www.MusiciansClinics.com.

What developed your interest in music and audiology?

Unlike many of my colleagues, I had never heard of audiology until I was in graduate school. I had done my undergraduate in theoretical mathematics at the University of Toronto and was interested in formal communication systems such as formal algebras – what linguistics would call formal syntax. When graduate school came along, I had three options: pursue a graduate degree in mathematics, become a high school mathematics and computer science teacher, or do graduate work in linguistics. I decided to follow the linguistics route but, after an undergraduate in pure sciences, I found the humanities to be rather 'vague'. That is certainly not the case today but, in the late 1970s, that was the state of affairs. My graduate advisor mentioned the field of audiology to me and that was the first time I had considered (or even heard of) that field. In Canada, the working degree at that time in the field of audiology was the master's degree and I went to the University of British Columbia on the west coast of Canada. After graduating in 1981, I went to work at the Canadian Hearing Society in Toronto and, in 2003, obtained my Doctor of Audiology degree. While I was a student, in order to make rent I would frequently play my guitar in the local parks. I wasn't very good, but after three or four songs, people moved along, so three or four songs was all that I needed. Shortly after going into private practice in 1985, I encountered many musicians from a local orchestra whose conductor was quite the task master, which resulted in music-induced hearing loss and many physical and emotional injuries. My partners at the Musicians' Clinics of Canada were physicians who took on the physical and emotional injuries, while I took on the hearing loss and tinnitus concerns. I consider myself a second-rate musician but that is probably one
of my strengths. You don't need to be a musician in order to work with musicians – just an audiologist. Whether its room acoustics, speech acoustics, earmould acoustics, or the acoustics of musical instruments, the formulae are all the same.

What's in your audiologist's toolkit that you won't be without?

Even though I started working with musicians in 1986, it wasn't until 1988 that the first uniform (or flat) attenuation earplug for musicians came out. I have been recommending these since then and I couldn't imagine working with musicians and not being able to provide these, or similar uniform attenuation devices, to the performing artist. When properly fit, the musician should forget that they are wearing anything in their ears but now can be exposed 32 times as long before damage can occur (with 15 dB of uniform attenuation). Another element in my toolkit is the sheer amount of clinical and research knowledge that has been accrued in our field. Mead Killion

invented the perfect hearing aid for music in 1988 (the same year that he came out with the ER15 earplug from Etymotic Research (www.etymotic.com)) and that hearing aid – called the K-AMP – was the mainstay for hard of hearing people, musicians or otherwise, who wanted to hear music without distortion. When hearing aids became 'digital' in the early 1990s, our field took a major step backwards. It has only been in the last several years that we now have digital hearing aids that are as good as the 1988 analog K-AMP technology. Real ear measurement has also been an invaluable tool, not only for hearing aid verification, but for the acoustic assessment of musical instruments as measured in the musicians' ear. Another tool that I find to be quite important is my clinical piano; however, given the current state of affairs, any computer-generated series of tones can be just as good. I use my clinic piano (to play very poorly but also) to quickly ascertain cochlear dead regions. If two adjacent piano notes are not perceived to have different pitches, then this marks the beginning of a region of severe cochlear damage where gain needs to be reduced for music, or frequency transposition needs to be implemented for speech. It is a 30-second test – essentially a same/different task whether two adjacent notes are the same or different pitch. This test is as effective, and significantly more clinically efficient, compared with the 8-10-minute TEN(HL) test for cochlear dead regions.

Who are your heroes/mentors?

The field of audiology is blessed to have many generous and knowledgeable people that have served as my mentors. Dr Mead Killion has always been there to answer my questions and bend over backwards to help in any way that he could. And Dr Brian Moore, recently retired from Cambridge in the UK, has always been at the forefront of providing translational research that had direct clinical ramifications. There have been others along the way such as Dr Richard Seewald, Dr Robyn Cox, Dr Margo Skinner and Dr Michael Valente who have also been very supportive.

Looking back on your illustrious career, do you have any regrets? Any opportunities you overlooked or misjudged? What do you wish you had done differently?

I don't know how 'illustrious' my career has been – we Canadians tend to be understated over the pond here in the colonies. But to answer your question, I don't have any regrets. I feel good about being able to serve the needs of performing artists while providing a state-of-the-art clinic. Its not altruism – I get as much from working with musicians as (hopefully) musicians get from coming to see me.

I have always had an excellent work/life balance with a proper balance between teaching, research, clinic interventions, and family life. I got to see my kids grow up, and now my grandchildren: no regrets at all. Perhaps I should have invested more in Amazon, Google, and Apple in the early years, though!

In your book, Music and Hearing Aids: A Clinical Approach, you identify a number of important research areas. Are you aware of any progress in answering those questions?

What a good question. Yes, each of the unanswered questions are spoon-sized and can be accomplished within the confines of a graduate project such as a Capstone study. I am in contact with students and researchers who are actively working in these areas. The exciting thing is that each of these mini projects has direct clinical ramifications and can inform clinical interventions.

When you're not in clinic, where can you be found?

Outside of my clinical duties, I can be found teaching acoustics at the University of Toronto, volunteering with several groups such as homeless shelters, and teaching karate (I am only authorised to beat up five-year-olds – the eight-year-olds come after me). I am also the (volunteer) Editor in Chief of the e-publication of the Canadian Academy of Audiology called CanadianAudiologist.ca. and it's free to subscribe to – I am told that I write 'real good'!

I also like to kayak and canoe the lakes and rivers near where I live, and gaze at the Orion Nebula through an 8" Schmidt-Cassegrain telescope on clear Canadian nights (as long as the mosquitoes are not too hungry).

What advice do you have for young hearing healthcare professionals looking to work with musicians?

I have been in this field for over 40 years and still enjoy going to work. I suggest that my younger colleagues find some element of the field of audiology, grab onto it and go for a ride. Pouring yourself into one small corner of our field and watching it grow can be very rewarding, and lends itself to career longevity and enjoyment. I still enjoy going to work and even convincing three-year-olds to hold still while I perform a tympanogram! I don't necessarily suggest working with musicians; it was my choice, but many of my colleagues who are still practising after many years and, like myself, enjoy going to work everyday, have found their own niche areas within audiology, be it vestibular, tinnitus, industrial noise control, etc. For me, musicians are interesting to work with because they allow me to use absolutely everything that I have learned in audiology: acoustics, perception, critical bandwidths and physiology.

Some of your final thoughts? Some thoughts on clinical and cooperative aspirations that may occur by cross-fertilisation internationally?

One of the most rewarding elements of being an audiologist is to liaise with other professionals that I come in contact with. I have met many engineers, physicians, researchers and musicians over the years (and can tell many 'interesting' stories). Audiology is at the crossroads of so many fields – it is the perfect field to be in, and I think that many of my colleagues would agree.



INTERVIEWEE

Marshall Chasin, AuD, Director of Audiology and Research, Musicians' Clinics of Canada; Adjunct Professor, University of Toronto (in Linguistics); Associate Professor, School of Communication Disorders and Sciences, Western University; Editor in Chief, Canadian Audiologist.

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INTERVIEWER

Gareth Smith, MSc, AuD, Consultant Clinical Scientist (Audiology), Mid and South Essex NHS Foundation Trust, UK.

Ida Joins the Demant Group

The Ida Institute has joined Demant, the global, Denmark-based hearing healthcare group.

After 15 years of funding from the Demant Foundation came to an end in 2022, the Ida Institute began exploring alternative funding models. The objective was to secure sustainable capital to allow existing Ida resources to remain accessible and to continue delivering unique innovation, training, and resources to support the implementation of person-centered practices in audiology.

The Ida Institute's addition into Demant strengthens the abilities of two complimentary organizations. Demant has vast technological expertise, a global presence, and proficiency in business systems and scaling. The Ida Institute is a global leader in person-centered care, communication, and counseling. Collectively, Demant and Ida have the tools to transform hearing care.

"I am truly excited about Ida joining Demant", says Ida Institute Director, Ena Nielsen. "This step lets us continue our work to develop and enhance delivery of person-centered care in audiology clinics around the world. Working through Demant internationally also increases our reach and ability to create awareness of all the positive effects of implementing person-centered practices."

Demant also sees the integration of the Ida Institute as a new and exciting opportunity. "At Demant, we are concerned about the whole user journey, says Søren Nielsen, President and CEO of Demant. We strive every day to deliver first-class hearing technology to people who need it. But we also realize that there is more to a good fitting and successful outcome than technology. Every person with hearing loss is different and we are committed to helping hearing care professionals do the best possible job for their clients and their families, their employees, and their businesses. The integration of the Ida Institute will strengthen this focus and enable us to support clinics even better as they continue to deliver excellent hearing care services to people with hearing loss."

Ena Nielsen will continue to head the Ida Institute team at Demant. "We are very much looking forward to continuing our journey together with many old and new friends and collaborators who share our commitment to serving people with hearing loss," she says.

AAO-HNS Publishes New 'Clinical Practice Guideline on Age?Related Hearing Loss' for Clinicians in All Care Settings

The guideline development group of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) has published a new set of guidelines to identify quality improvement opportunities and provide clinicians with trustworthy, evidence-based recommendations related to age-related hearing loss.

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