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Message from the President

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I was reading the abstract “Avoiding Commoditization of Audiology in the Hearing Aid Distribution Process” of our key note speaker, David Fabry, for this year’s conference in Whistler, and thinking about the issues Dr. Lin presented last year in St. John’s. The issues they raise gave me pause to reflect on my several years as a clinician and the changes that I have experienced as an audiologist.

I have been a clinician since 1986. The majority of my career has been working with pediatrics. The biggest change I have seen is the early identification of hearing loss which brings on a myriad of challenges, one of which is the fitting of a hearing aid on one so little. While in training, one of my professors was teaching us about the DSL. He remarked that a fitting rational moved hearing aid fitting from an art to a science. He said in his day they would look at the audiogram, look at the hearing aid specs, pick a hearing aid and with the screwdriver adjust the potentiometers, a little less in the lows, a little more in the highs and voilà, come up with a fitting. With fitting rationales, verification equipment and computerized hearing aids available today our fittings are more evidenced based. Working with stake holders and parents we can be more confident that we are providing the access to speech sounds which is a vital part of oral communication.

Early identification of hearing loss has added to the complexity involved in our counselling skills. The compassionate delivery of the diagnosis to new parents is the most difficult aspect of my job these days. On the parent’s side, one of the most stressful periods in a person’s life is when their child is born. Life has changed irreversibly with the responsibility of caring for a new family member. Then you add the layer of the unknown of a hearing loss. There is comfort in the science of the hearing aid fitting. The challenge now is the counselling.

How our counselling has changed extends to the service provision to the adult population as well. Speaking with a few of my colleagues who have worked with adults in private practice this is what they are telling me. Baby boomers walk into the clinic having “researched” products on the web and bring with them preconceptions about the exact product they want. This leads to the need for counselling about what is appropriate what is not appropriate and the need for the clinician to justify the choices that are being made on behalf of the client. Our job becomes almost filtering through and debriefing on the excess of information.

Aggressive advertising leads to the expectation that the hearing aids will restore hearing to “normal.” Counselling around these expectations is challenging. In addition the use of wireless devices and the rapidly changing technology in the accessories that are available gives rise to the need to be constantly current. We need to be realistic about the recommendations for an individual as well as patient and be available with our support in the use of the newest technology.

As audiologists we need to do a better job of informing the public of the benefits of our professional services. The hearing aids are expensive because they come as a packaged deal. As we

move further into the 21st century and as technology dictates our actions may we not forget the true value of “human” face-to-face communication.

This is my final address for the president’s column. It has been an honour to serve CAA these past 9 years, first on the conference committee working with student volunteers then on the board and finally as president. I have had the pleasure of working with very dedicated clinicians during these past years. I invite you to experience the rewards of volunteering for the Canadian Academy of Audiology, your professional organization.