



MINNESOTA ACADEMY OF AUDIOLOGY Newsletter

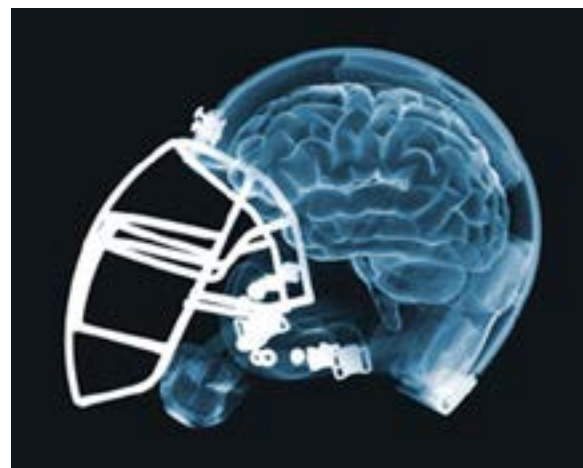
Feature Story

Football and Hearing Loss: Is There a Connection?

By Jenne Tunnell, AuD

Ah, fall! The time of year when fallen leaves crackle underfoot and the crisp autumn air is tinged with the scent of smoke from neighborhood bonfires. The season for apple-picking, football games, and my favorite: the Pumpkin Spice Latte!

Before you curl up on the couch with your bowl of Doritos to watch the next game of footie however, chew on this information: retired NFL players may have a higher risk for hearing loss and tinnitus than the general population. This makes sense if you think about the number of head injuries that NFL players suffer from.



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Head Injuries in the NFL

A recent study presented at the American Academy of Neurology (AAN) in April this year concluded that more than 40 percent of retired NFL players suffered a brain injury during their career. Researchers studied 40 retired NFL players, ages 27-56, with an average career in the NFL of seven years. The majority of players had retired from the game for less than five years. The players averaged eight concussions each during their respective careers, and 31 percent of them had additional concussive hits that were never diagnosed as concussions.

Researchers conducted cognitive and memory tests along with traditional and sensitive MRI scans called diffusion tensor imaging. Fifty percent of the subjects had delayed executive function, 45 percent had delayed learning or memory function, 42 percent had difficulties with attention or concentration, and 24 percent showed abnormal spatial and perceptual function. MRI imaging confirmed that 43 percent of the subjects, or 17 players, had evidence of traumatic brain injury. Thirty percent, or 12 players, demonstrated axonal disruptions of the nerve cells affected by the injuries. The study's main author, Dr. Francis X. Conidi, MD, DO, of the Florida Center for Headache and Sports Neurology and Florida State University College of Medicine in Tallahassee, FL stated, "This is one of the largest studies to date in living retired NFL players and one of the first to demonstrate significant objective evidence for traumatic

cont.

Football, cont.

brain injury in these former players.” Dr Conidi, also a member of AAN, added “The rate of traumatic brain injury was significantly higher in the players than that found in the general population.”

What percentage of players who sustain a TBI suffer from hearing loss or tinnitus as a result?

Dr. John Leonetti, MD, Professor of Otolaryngology and Neurological Surgery and program director of Cranial Base Surgery at Loyola University Chicago Stritch School of Medicine, stated that there are two mechanisms that could make this possible: “A blow to the head can cause the brain to wiggle like Jell-O, thereby damaging the nerves that connect the brain to the inner ear. It can also create a shock wave that damages the cochlea.” Leonetti recently attended a meeting of the Chicago chapter of the NFL Players Association and asked how many players had experienced concussions during their careers. Every attendee raised their hand. When asked how many have experienced hearing loss, 25 percent raised their hands. When asked how many suffer from tinnitus, half the group raised their hands. Leonetti concluded that while there is no proof that NFL players are suffering hearing loss and tinnitus at a higher rate than the general population, there is sufficient anecdotal evidence, along with scientific knowledge of the effects of blunt force trauma to the head, to warrant a “scientifically rigorous study to quantify the risk of hearing loss and tinnitus among retired NFL players.”

Concussion Watch

Frontline has a [website](#) where they track the number of concussions in the NFL. The website shows a rise in the number of NFL players with concussions, and shows data from 2012 totaling 171 concussions. According to the site, concussions are on the rise with 199

concussions documented in 2015. The site also organizes the statistics in terms of positions. Stating that for offensive play, the wide receivers are more at risk, and for defense, the cornerback positions are almost twice as likely to sustain a concussion than the rest of the team.

What is the NFL doing about it?

In an effort to address the long-term implications of head injuries, the NFL implemented a concussion protocol in 2009. The protocol has been revised and adjusted over the last seven years, as more information has emerged regarding the seriousness of the impact of TBIs on player’s health. On July 25th, 2016, the protocol was modified to add disciplinary action for teams who do not comply. Potential disciplinary action includes a requirement for club employees or medical team members involved to attend remedial education; and/or result in a maximum fine of \$150,000 against the club. The second and subsequent violations of the concussion protocol will result in a minimum fine of \$100,000 against the club. Additional language specifies that if the motive for not following the protocol is due to competitive considerations, the Commissioner of the NFL may require the club to forfeit draft picks and impose additional fines.

Violations are determined by a representative from both the National Football League Players Association (NFLPA) and NFL to monitor compliance to the protocol, and investigate any potential violations. The results of any investigations are reported to the Commissioner, who has the ultimate authority to determine disciplinary action.

The Concussion Protocol

1. When a potential concussion is identified the player shall be removed immediately from the field.

2. The NFL team physician and the unaffiliated neurotrauma consultant (UNC) review the video of the play and perform a focused neurological examination.
3. Madden Rule: If there is suspicion of a concussion, the player will be escorted to the locker room for a full assessment.
4. If the player is diagnosed with a concussion, there is no same-day return to play.
5. If the player passes the exam, he will be monitored for symptoms throughout the game.

In addition to the team physician and the UNC, the NFL also employs two independent athletic trainers (ATC) tasked with watching the game with binoculars and video replay to provide oversight and assist with spotting injuries that may otherwise be missed. A rule was added to the protocol in 2015 which allows the ATCs to stop the game with a medical timeout in order to remove an injured player. The protocol outlines seven observable symptoms used to identify players with concussions. These are:

1. Loss of consciousness
2. Slow to get up following a hit to the head
3. Motor coordination or balance problems
4. Blank or vacant look
5. Disorientation
6. Clutching of head after contact
7. Visible facial injury in combination with any of the above

The concussion protocol also includes a five-step process that a player must go through in order to be cleared to return to play:

1. Rest and recovery
2. Light aerobic exercise
3. Continued aerobic exercise and introduction of strength training
4. Football specific activities
5. Full football activity/clearance

cont.

Football, cont.

Controversy

Chronic Traumatic Encephalopathy

In 2015 the film "Concussion" was released starring Will Smith, and told the story of forensic pathologist Bennet Omalu, MD. This brought the issue of Chronic Traumatic Encephalopathy (CTE) to the attention of the public through mainstream media.

In 2005, Bennet Omalu found evidence of CTE in the brain of former Pittsburgh Steelers player Mike Webster. Since this discovery, 91 other former NFL players have been tested for CTE at the VA-BU-CLF Brain bank at Boston University with 87 of these tests showing signs of CTE.

Suicide of linebacker Junior Seau in 2012

According a study by the National Institutes of Health (NIH), retired NFL linebacker Junior Seau had a degenerative brain disease when he committed suicide in May 2012.

Seau died of a self-inflicted gunshot wound to the chest in his beachfront home in Oceanside. His family agreed

to have his brain studied, to determine whether there could possibly be a link between the head injuries sustained by a football player and his suicide. Researchers from that school later determined that Duerson suffered from a neurodegenerative disease linked to concussions, and that played a role in triggering his depression.

Concussions are under-reported in football, said Dr. David A. Hovda, director of the UCLA Brain Injury Research Center.

"Athletes are like military personnel in that they don't tell the truth," Hovda said in May. "They want to go back to play, or they want to go back and be with their unit, so they're less likely to be straightforward with a physician or trainer or coach."

On April 9, 2013, a lawsuit involving 4,100 plaintiffs and 222 consolidated lawsuits against the NFL were held by a federal court.

While the class-action lawsuit was a combination of hundreds of actions brought by more than 5,000 ex-NFL players, the settlement applies to all

players who retired on or before July 7, 2014, Judge Anita Brody ruled. It also applies to the family members of players who died or are incapacitated. Payouts are on hold however, as the settlement is being appealed by some former players. According to the NFL concussion settlement website, "No claims for benefits can be submitted now and none have been submitted. No awards have been issued."

Considering the increase in the number of concussions reported by Concussion Watch, the number of head injuries continues to rise each season. Fans and bloggers have speculated that the NFL's Concussion Protocol is not destined to make a significant difference in the long run. Considering the chaos and dynamics of the game, the late onset of concussion symptoms, the prominent denials of actual injuries by the players themselves so that they can get back in the game, and difficulties in establishing accountability for following protocol, it seems as if nothing will ever change unless the game itself is no longer football.

Aud Ball Humor



In a moment of inspired desperation, Joey figured out he could use his PE tubes for a "Trick", when he ran out of "Treats" this Halloween.



Spotlight on the Graduate Student Administrator

By Ryan Denny

I am a third-year audiology doctoral student. I originally grew up on a small farm in Hewitt, Minnesota. Aside from audiology, I enjoy hunting, fishing, sports, and spending time with my family. I am the current graduate student administrator for the Minnesota Lions Hearing Device Loaner Program, located at the University of Minnesota. I feel very fortunate to have been offered such a great position as I pursue my graduate degree. I have always been a strong proponent for early intervention for infants and young children newly identified with hearing loss. I thoroughly enjoy interacting with audiologists in the area to help the pediatric population.



Interestingly, I began college undecided on a major and I had never even heard of audiology. I initially thought I would pursue medicine or physical therapy.

My advisor, an Audiologist, convinced me to take a course in speech-language and hearing science. I was immediately attracted to the dynamic nature of speech language pathology and audiology and all they had to offer. Feeling drawn to the people I worked with, I became immersed in learning more about the nature of the professions and the science behind them. I felt as though

I had discovered that audiology encompassed the perfect hybrid between science and service to individuals I was seeking. However, awaiting graduate school admission, I was given the

opportunity to be an interim Speech-Language-Pathologist (SLP) at a public school. My role there was to work with high school students on social communication strategies. Although I enjoyed working with my students, the opportunity to work as an SLP helped me realize my passion for audiology.

Now that I'm in my third year of graduate school, I have grown to appreciate the gratification involved in helping others to hear. I feel my internal moral compass allows me to stay grounded and be grateful for the opportunity I have to help others in need. I have many aspirations for the future and understand they will take time to achieve. As a professional, I envision managing my own private practice and dispensing hearing aids. I am confident that with sedulous work ethic, I will be able to have a positive impact on the lives of those who need hearing help.

I continue to adjust to the administrator responsibilities while managing clinic, school, and work. The Loaner Program has been working diligently to upgrade the current website with a more user-friendly layout. I look forward to what the future brings, and continuing to improve the unmet needs of our Loaner Program to provide a resource for those in need of hearing help.

Want to learn more about the Minnesota Lions Hearing Device Loaner Program, or make a donation? Our website is currently under construction, so stay tuned and I will be sure to let MAA membership know as soon as it is live! Meanwhile, feel free to contact me via [email](#). I look forward to working with you!

Need Help? Advertise Your Audiology Jobs

Ever heard that expression: "Hire in haste, regret at your leisure?" Hiring someone on your team who is a good fit is extremely important and shouldn't be rushed. If you have a job opportunity and are looking for that special person, post it here!



The deadline for submissions for the next newsletter is: December 30, 2016.

Please limit your post to no more than 200 words and provide a link to an application, or contact information, along with the job description. Email your ad to [Jenne Tunnell](#).

You Are What? An Audiologist?

By Mary Richter, AuD

How many of us have heard that before? October is national audiology awareness month! Now is a great time to do provide education for family, friends, coworkers, patients and other members of public regarding what an audiologist is, what we do, how we can help in communication and balance needs, hearing conservation and more! The Audiology Awareness Committee's mission is to make "audiologist" a household word. As a committee, we try to attend as many public events and health fairs as possible including organizing the hearing screening booth at the state fair.

This year the audiology awareness committee helped organize the silent auction at the Upper Midwest Audiology Conference that helped provide scholarships to three high school seniors with hearing loss. We also just wrapped up the 2016 State Fair screenings which was a great success with 1598 people coming through the booth this year for screenings! Thank you to everyone who volunteered!

The committee has also participated in a variety of other activities including a booth and hearing screenings at Lube-Tech Health Fair, public education seminar about hearing loss and hearing aids at Presbyterian Homes of Bloomington, conducted two public education seminars through St. Paul Community Education program last spring and attended the Deaf and Hard of Hearing Wellness day at Sanneh Organization where 250 deaf and

hard of hearing elementary children came through 20 minute sessions with audiologist and otolaryngologist to talk about keeping ears and hearing aids safe during summer activities, ear anatomy and hearing conservation.

Since 2014, we have been working with St. Paul Community Education program to provide seminars in spring and fall targeting topics of hearing loss, tinnitus and hearing aids. There is an upcoming class that will be at Rice Street Library on Monday, October 17, 2016 from 1:00 – 3:00 PM (last 30 minutes of the class will be presentation from MN Department of Human Services Telephone Equipment Distribution Program). People can contact St. Paul Community Ed to register for the class.

If you are interested in helping with events such as those above, consider joining the Audiology Awareness Committee! Even if you are not on the committee, you can organize and participate in events in your own community to help support your patients and practice while spreading the word about audiology services!

Below are some ideas and links to some resources to help you get started:



- Post a "Meet the Audiologists!" display board in your workplace. Include pictures and short bios for each audiologist.
- Put up a "Protect Your Hearing!" display board in your workplace. Include examples of different levels of damaging sounds and examples of hearing protection.
- Partner with your local community education program to provide resources about audiology services.
- Offer to perform hearing screenings for a day or one day of each week in October.
- Pass out earplugs with your clinic's contact information on them at a public venue.
- AAA resources:
 - [Awareness tools](#)
 - [How's Your Hearing](#)
- [NIDCD article](#)

Platinum Sponsor SPOTLIGHT

New Models, More Patient Choices with CapTel® Captioned Telephones

Practices throughout Minnesota are now certifying patients to receive a free CapTel Captioned Telephone as part of their overall patient offering. CapTel shows word-for-word captions of everything a caller says over the phone. It is similar to closed captions on TV, only for phone calls.

The overwhelming choice of audiologists nationwide, CapTel restores patient confidence over the telephone, knowing they will catch every word.

Certifying patients for CapTel is a smart business move, bringing more potential patients into your office and positioning your practice as the go-to source for all their hearing concerns. Ranked #1 in service and satisfaction, CapTel helps increase your patients' overall hearing experience.

A Free CapTel Phone for Your Patients

To be eligible, a person must have difficulty hearing over the phone to

the extent that, in your professional opinion, captioning support is needed to communicate effectively over the phone. There is no minimum decibel threshold requirement.

Certifying is easy! Simply go online to www.OEIUS.org and click on "Certification" to set up an account. It's convenient, secure, and HIPAA-compliant. Printed certification forms are also available for your office. Experienced CapTel representatives deliver the phone directly to your patient's home or office and provide free installation support.

Why CapTel?

- #1 in technology – inventor of Captioned Telephones
- #1 solution recommended by Professionals nationwide
- #1 in service and satisfaction, proudly made in the USA
- #1 in variety of phones to meet every patient's need



There are different CapTel models to match a patient's comfort level:

1. CapTel 840i - Traditional telephone model, for patients who are more comfortable with a traditional telephone look and feel.
2. CapTel 2400i - Touch-screen model, for patients who prefer a touch-screen interface and built in speakerphone option.
3. CapTel 880i - Large Visual Display model, for patients with low vision who require extremely large display screen.

Requirements

CapTel telephones require telephone service, high-speed Internet access, and access to standard power outlet. WiFi compatible.

Hassle-Free for Your Office

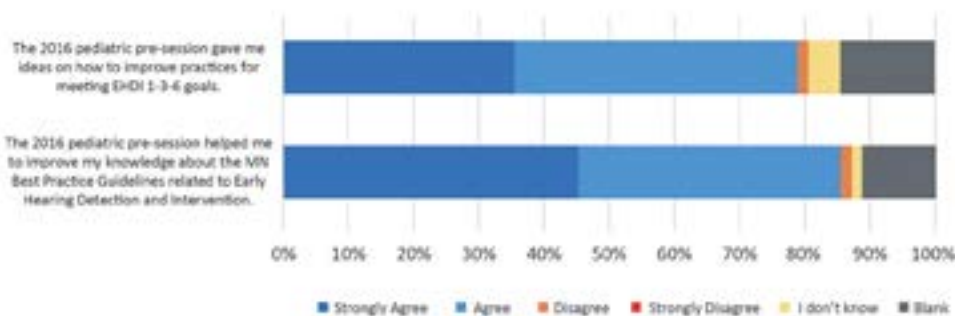
Alexandra Cooper, Outreach Lead for CapTel throughout Minnesota, helps make it easy for practices by providing free in-home installation and training.

To get started, contact:

Alexandra Cooper
612-300-1565
Alexandra.cooper@oeius.org
www.oeius.org

We're happy to provide brochures and Certification Forms for your office, and provide a demo phone for your patients to try for themselves.

MDH/MAA Co-Sponsor Conference Session



MAA and MDH co-sponsored the 2016 pediatric pre-session to the Upper Midwest Audiology conference. There were nearly 100 attendees, including both clinical and educational audiologists. Evaluations were very positive, with around 80% of respondents agreeing that the pre-session improved their knowledge of EHDI guidelines and gave them ideas on how to improve practices for meeting 1-3-6 EHDI goals. The event was well received, and over 90% would be likely to attend a similar session in the future."

Message From Your President

The Election (no, not that election) & Other Autumn Fun

By Analise M. Ludwig,
AuD, CCC-A, FAAA

Now that Pumpkin Spice season is upon us, we can get cozy and think about all of the audiology excitement that is yet to come as the weather cools down. First, if you haven't already, make sure to vote in the MAA election. Check your e-mail from September for the subject line "Vote Now! – 2016 Board of Directors Election" and follow the link provided to cast your vote(s). The candidates are all enthusiastic about leading the way towards continued success of the Academy, and they need your support! Voting ends October 31st. After you have voted, give yourself a pat on the back and head over to renew your MAA membership for the coming year.

I would recommend renewing online before November 30th, because you'll get

a \$15 discount on membership dues, a chance to win a \$50 Target gift card, and a chance to win a free registration to the Upper Midwest Audiology Conference 2017! And while we're thinking about membership, I have a challenge for you: I challenge all of you wonderful MAA members to find a colleague that is not yet a member, and convince him/her to join the academy. Let's continue building our strong state audiology community and include as many folks as we can!

I would like to take this opportunity to thank the Academy for the awesome experience of serving as President in 2016. I have been amazed by the dedication, commitment and excellence demonstrated by the board, the MAA committee chairs and members, and our membership.

In closing, since it is October, let's get inspired by a few really spook-tacular jack o' lanterns:



Minnesota Early Hearing Detection and Intervention (EHDI) depends on partnerships from Minnesota's audiologists. MDH distributes the SoundMatters quarterly EHDI newsletter to keep audiologists informed about EHDI data, events, stories, and relevant research.

To join the distribution list, contact MDH at health.newbornhearing@state.mn.us.

To access [past newsletters](#) along with current EHDI resources and guidelines, visit

<http://www.improveehdi.org/mn/>. MDH – EHDI thanks you for all you do

for children and families!



Awards & Honors: Nominations Open

Know an audiologist who has gone above and beyond, either for the field of Audiology or for the Minnesota Academy of Audiology? Each year MAA recognizes deserving individuals at the Upper Midwest Audiology Conference (UMAC). Awards and Honors nominations will be accepted through November 15, and the online form can be saved and [emailed](#) to us.

Visit our [website](#) for descriptions of the awards and to view past recipients. Thank you for taking the time to recognize a colleague, mentor, or someone who has inspired you to do your best work!

The Sponsorship Committee is looking for one good person!



We currently have an opening on the committee for a volunteer looking to be involved in the MAA sponsorship program. Committee members communicate with assigned sponsors to help them renew annual, answer questions about MAA and our sponsorship program, and ensure they meet deadlines for renewal, exhibiting, newsletter ads, and other MAA sponsor activities. This is a rewarding position which helps support MAA activities throughout the year.

If you have what it takes to be part of the Sponsorship Committee, contact John Coverstone by [email](#) or phone at 612-695-3127 today.



Let's Loop the Twin Cities!



Presenter: Juliette Sterkens, AuD

HLAA National Hearing Loop Advocate
American Academy of Audiology - Presidential Award
Academy of Doctors of Audiology - Leo Doerfler Award
UW-Oshkosh Distinguished Alumni Award
Wisconsin Audiologist of the Year
Creator of [www.LoopWisconsin.com](#)



Dear Audiologist, you are invited to a FREE Breakfast Meeting!!

Breakfast including eggs, bacon, various treats and coffee served before work!

Goal:

Help our patients advocate for themselves and some very simple ways to help our patients get the most out of their hearing aids! We will have a portable demo loop that you can borrow from LoopMN. We will show you how to use it!

When:

Friday October 21st from 7:00-8:30 AM

Where:

Conveniently located right in St. Louis Park, off HWY 100



TowerLight Inspired Senior Living
3601 Wooddale Avenue South | St. Louis Park, MN 55416

Why:

Community venues all over the United States and Europe are looped. We all want to see improved hearing accessibility in the Twin Cities as well. This technology is not old and it is not going away.

Organized & Sponsored by Loop Minnesota



Please RSVP by Wednesday, October 19 to:

LoopMinnesota@gmail.com or call 952-767-0672



State Fair Success!



THANK YOU to the 52 audiologists and audiology graduate students who volunteered to screen hearing at the 2016 Great Minnesota Get Together! Those 52 volunteers covered 62 time slots across the 12 days of the fair for a total of 217 hours of volunteering! This year was a very busy one for the MAA booth as there were 1598 total screenings completed across the 12 days (1365 full screens and 233 otoscopy only). Hearing screening totals were higher for 2016 than the previous five years at the fair. (See photos at left.) The success of the booth screenings is dependent on those who help fill the time slots and the audiology awareness committee is very grateful for each and every volunteer that helps!

The Audiology Awareness Committee members were privy to resoundingly positive feedback from attendees this year, highlighting the incredible difference we can make in the short time we spend with the fair-goers! There were several people who came to the booth this year to thank us for recommending further diagnostic testing in a previous year as they are now successful hearing aid users!

Despite the overall success of the fair booth this year, there is always room for improvement. There were nine time slots that went unfilled by volunteers this year, during which we either had to turn people away from our booth or a single volunteer was working alone (often at a busy time where help would have been appreciated). The Audiology Awareness Committee struggles every year with recruiting members to fill the volunteer times and would greatly appreciate any help or suggestions to better fill these times for future years. We feel very strongly that MAA's presence at the fair is making a large, positive impact and it is good to have a state organization representing audiologists at a state event such as the Fair, however we cannot continue to do so without the support of members, like YOU.

If you would like to get involved in the committee or if you have any suggestions on how we can improve recruitment efforts for 2017, please contact [Mary Richter](#).



UMAC 2017: Coming Soon

Mark your calendars to join the Minnesota Academy of Audiology for the Upper Midwest Audiology Conference 2017! The event will be held January 26th-28th in downtown Minneapolis at Marquette Hotel's Windows on Minnesota.

PLEASE NOTE the change in month and location for the 2017 conference. Exciting topics and speakers are in store! Visit the MAA [website](#) for full details and registration.



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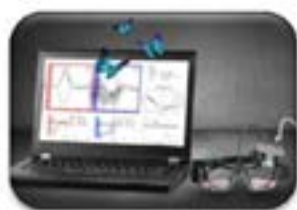
**GSI - Audiostar
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**Audioscan -
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**Interacoustics -
EyeSeeCam**



**GSI - Tymptstar
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**Interacoustics -
AT235h**

We hope you are enjoying your summer!

www.Midwestsi.com

Fall Into New ICD 10 Codes

By Rebecca A. Younk, Au.D., CCC-A

This October, while you are out enjoying the changing of the leaves, you will want to study up on the new ICD 10 codes. These codes went into effect October 1, 2016. Although, there are several new codes, the ones below will certainly be used most frequently!

Finally, more ways to code different types of hearing loss in different ears.

- H90.A11: Conductive hearing loss, unilateral, right ear, with restricted* hearing loss on the contralateral side
- H90.A12: Conductive hearing loss, unilateral, left ear, with restricted* hearing loss on the contralateral side
- H90.A21: Sensorineural hearing loss, unilateral, right ear, with restricted* hearing loss on the contralateral side
- H90.A22: Sensorineural hearing loss, unilateral, left ear, with restricted* hearing loss on the contralateral side
- H90.A31: Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted* hearing loss on the contralateral side
- H90.A32: Mixed conductive and sensorineural hearing loss, unilateral,

left ear, with restricted* hearing loss on the contralateral side

**Restricted means abnormal.*

NOTE: You would need to select two of the above codes to reflect different hearing losses in different ears.

More Codes for Tinnitus Too

- H93.A1 Pulsatile tinnitus, right ear
- H93.A2 Pulsatile tinnitus, left ear
- H93.A3 Pulsatile tinnitus, bilateral
- H93.A9 Pulsatile tinnitus, unspecified ear

Postprocedural Codes – Can't Forget These

- H95.41 Postprocedural hemorrhage of ear and mastoid process following a procedure on the ear and mastoid process
- H95.42 Postprocedural hemorrhage of ear and mastoid process following other procedure
- H95.51 Postprocedural hematoma of ear and mastoid process following a procedure on the ear and mastoid process

- H95.52 Postprocedural hematoma of ear and mastoid process following other procedure

Want to Learn More?

There are several great resources available to Audiologist who would like to know more about ICD 10 and coding in general. I know as a new business owner with a small practice that takes lots of managed care, these resources have been a tremendous help.

- Audiology Online has a [Billing and Coding Bootcamp](#) section
- Academy of Doctors of Audiology (ADA) has many [online resources](#) including webinars, superbills and other documents
- American Academy of Audiology has an entire section on [Practice Management](#) which included topics such as Billing, Coding & Reimbursement
- Kim Cavitt, Au.D. [Audiology Bootcamp](#): Compliance, Coding & Reimbursement. For ADA members, Dr. Cavitt is a free resource included in membership (not including Bootcamp tuition)

Welcome New Members

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ASHA AuD Education Summit: What's it to me?



By Ashley R. Hughes, Au.D., FAAA
and Sarah Blue

Audiologists today have opportunities that many other professionals will never experience – we've witnessed the changes of our new and growing profession firsthand. With the infancy of Audiology dating back a mere century, many current Audiologists have practiced through the exponential "growth spurt" of the profession during its adolescence. Perhaps the largest landmark of this change has been the progression of minimum education requirements: first from a Bachelor's degree to a Master's Degree and now finally to the Doctorate of Audiology.

Advances in the profession have yielded countless dividends in both professional knowledge and patient's quality of care. However, any time there is transformation, there inherently arises the need for reevaluation. The generally evolving nature of our field, and more specifically, the developing educational requirements to enter the field demand this attention as well. Now that the Doctorate of Audiology model has been the required minimum for nearly ten years, it is time to have that discussion. Is the current AuD structure still the best fit for our profession? What would our other potential options be? What education models are other healthcare professions using? What are the benefits and shortcomings in our own education model compared to other models?

The American Speech-Language-Hearing Association (ASHA) is in the midst of preparing to address some of these questions. The [ASHA AuD Education Summit](#) is scheduled to take place on October 27th and 28th, 2016. They have invited representatives of audiology programs, professional associations, credentialing bodies, and students to join the conversation and help identify strategies for improvement. They will be identifying challenges of the current clinical education model, identify possible alternative models, and developing possible strategies for making necessary improvements.

The impact of the ASHA Education Summit will be felt by the entire field of Audiology. As witnessed through our history, changes in the education provided to upcoming Audiologists directly influence the future of our profession. Conversations about the education model for students should be inclusive of Audiologists from all areas of

the profession, not only for students and university faculty. Your voice matters in this dialogue. The ASHA Education Summit will be available for online viewing. If interested in viewing online, please [e-mail](#). Please note that you must have an ASHA login to view online.

The discussions at the ASHA AuD Education Summit will be changing the sails and setting the helm for the direction our ship will travel. You deserve to have a say in the direction of your future and the future of your profession. Remember the inspirational words of Dr. Seuss, "Unless someone like you cares a whole awful lot, nothing is going to get better. It's not." As a united group, let us take our profession places we never thought we would go, starting with the Audiologists of tomorrow!

Ashley Hughes is a research audiologist at Starkey Hearing Technologies. Sarah Blue is a fourth year Au.D. candidate at Northeast Ohio AuD Consortium.

Release Your Inner Muse!

An exciting opportunity exists for a member to join our Communications and Publications team.

Do you like to draw, write, edit, or simply want to share ideas for stories for our readership? The Communications and Publications team welcomes you to join us and help to make the newsletter the source of relevant information and entertainment for Audiologists in the Midwest. Contact our chair, [Ashley Hughes](#), if you are interested.

No time for participation on the committee? No worries—just send your ideas and submissions to editor [Jenne Tunnell](#).





Sine Off: Opinion

Does the American Academy of Audiology Represent All Audiologists Equally?

By Courtney Coburn, Au.D., FAAA

Around this time last year, I received the annual call for nominations for the Board of Directors and the President-Elect positions of the American Academy of Audiology (AAA). Excited to participate in the nominations process, I submitted a letter to the Nominations Committee in support of a person I believed to be a strong, worthy candidate. Not long after, I received a response email that my candidate would not be considered for the slate because she did not meet the years of experience requirements added to the [Policies and Procedures Manual](#). Specifically, the Nominations Procedure in Section III.F.2 outlines the following requirements for the member-at-large and president-elect positions, respectively:

- “Applicants must have a minimum of ten years in the profession to be eligible to apply for a member-at-large position.”
- “Applicants must have a minimum of fifteen years in the profession and/or must have current Academy board experience to apply for a president-elect position.”

Upon receiving this email, I was surprised and concerned. Although I do not believe that any position on the Academy Board should be specifically reserved for newer professionals, I firmly believe that any qualified individual should be considered to serve as a leader regardless of their length of tenure in the field. Further, I believe that it should be left to the general membership to determine whether or not a particular candidate is “qualified”. Thus, although I believe the addition of the years of experience requirements was well-

intentioned, I also take issue with these requirements for several reasons.

Firstly, I am concerned with the lack of transparency from the Board during the creation and adoption of these requirements. To my knowledge, the general membership was neither consulted nor informed about the changes to the Policies and Procedures. Unlike the Bylaws, the Academy Board is not required to obtain feedback from the membership-at-large prior to making a change to the P&P. However, the addition of “years of experience” as a requirement to serve in a leadership position within the Academy is a significant change, and members should have been directly consulted in some capacity. As evidenced by the growing support from membership for our stance, I believe that many Academy members would not have supported these changes had they been given the opportunity to provide feedback.

Secondly, I see “years of experience” as an arbitrary requirement that has little (if any) established relationship to an individual’s leadership abilities. We’ve had many wonderful leaders of the Academy with fewer years of experience than this at the time of their service. Additionally, other professional associations in audiology do not have “years of experience” prerequisites for serving in their key leadership positions.

Additionally, I worry that these requirements will alienate a portion of our membership. Being relatively new to the field myself, it is bothersome to me that I simply *cannot* be represented by someone in my ‘demographic’ at the highest level of leadership in the Academy. Moreover, I worry that these changes will further the perception amongst new professionals that the Academy does not represent us well and

does not recognize our thoughts and concerns.

Finally, I believe these requirements will prevent the development of future leaders within our profession. We must prepare future leaders to serve, and we are taking a step backward by preventing qualified individuals from being considered for key leadership positions.

The American Academy of Audiology prides itself on being the largest organization of, by, and for audiologists. However, when policies such as these are instated without the appropriate input from members, Fellows like myself cannot help but question if the Academy truly represents all audiologists equally. By removing these requirements, we would not compromise the quality of our leadership; rather, we would open the door for fresh perspectives and an Academy leadership that is representative of our entire membership.

Our concerns with these policies have led us to voice our concerns to the Board in multiple capacities; most recently, we created a petition online to allow Academy membership to contribute to the discussion. If you are interested in learning more, you can [join the conversation](#). We have collected almost 300 signatures in support of our stance via email and via the petition. If you don’t agree or aren’t sure of your position – that’s okay! We appreciate discussion on this issue and welcome all viewpoints. Regardless of your stance, it is important for your voice to be heard.

The Academy wouldn’t exist without its membership – us!

Courtney Coburn is feature manager for Starkey Hearing Technologies.

EHDI Legislation S.2424: Q&A with Kate Thomas

By Jenne Tunnell, AuD

Many of you admire people like Kate Thomas, Senior Director of Advocacy and Reimbursement for the American Academy of Audiology. She works tirelessly to promote our objectives with key stakeholders on a national level. But did you know that you can play an important role in promoting change right here in your home state of Minnesota as well?

I interviewed Kate in order to gain a better understanding of what is at stake with the EHDI bill which is currently up for review in the Senate.

Jenne: What is the EHDI bill (S.2424)?

Kate: The EHDI bill is a current piece of legislation pending in the U.S. Senate. Formally, this bill is called the Early Hearing Detection and Intervention Act of 2015 and would reauthorize funding for EHDI programs over the next five years. The EHDI bill (S. 2424) was introduced by Senator Rob Portman (R-OH). The House companion to the Senate bill (H.R. 1344) passed the U.S. House of Representatives last September.

Jenne: How important is this bill to our profession?

Kate: This bill is very important as it reauthorizes federal funding for current EHDI programs and also makes a number of key improvements, including expanding EHDI programs to include young children, clarifying the roles of the Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA), and improving access to appropriate follow-up and intervention when hearing loss is identified. The reauthorization of funding for EHDI programs builds upon the initial foundation established in 2000 when this legislation was first introduced and passed. As audiologists, you know

better than anyone the importance of EHDI programs in Minnesota and how critical such programs are in identifying hearing loss in infants and toddlers and providing the necessary follow-up care.

Jenne: Why is it crucial for membership to reach out individually? Don't we have a lobbyist on the Hill?

Kate: The Academy does have an advocacy presence on Capitol Hill, but it's important that your Senators hear directly from you, their constituents. This lets them know that there are audiologists in their district who value the passage of this legislation. As the 114th Congress comes to an end, there will be many legislative priorities competing for consideration in the Senate. Having a large response from constituents, both audiologists and patients, will help distinguish the EHDI bill from other bills under consideration, and increase the likelihood that this bill will pass.

Jenne: If I contact our State Senator, does it actually make a difference?

Kate: Yes, absolutely! Constituent support for a bill can be a deciding factor in whether a Senate office decides to support and/or champion a piece of legislation. This also helps to draw attention to important bills under consideration.

Jenne: How can I figure out if my State elected officials already support this?

Kate: You can find out if your state Senator is on board by viewing the current list of cosponsors for S. 2424. If your Senator is a cosponsor, I would encourage you to send a "thank you" e-mail to his/her office. If they are not yet a cosponsor, you can send a letter via the Academy's [Legislative Action Center](#), asking them to sign on. It only takes a few minutes and makes a big difference. The Senate has adjourned until after the November 8th election, so you may also consider attending a local event or visit-

ing with your Senator while they are home in their districts.



Jenne: What happens if the bill passes? Does it have to go through any more process or review before going into effect?

Kate: The EHDI bill has already passed the House of Representatives. As long as no changes are made to the legislation when passed by the Senate, it should go on to the President for signature.

Jenne: How much time do we have to make a difference?

Kate: Congress is still in session, but they have adjourned until after the Nov 8th election. They will likely return for a short time post-election for a lame duck session. There is still time to get the EHDI bill through, though not much.

Jenne: Is it better if just audiologists make contact regarding this issue, or could we also encourage friends, family, and patients to do the same?

Kate: The more the merrier! Encourage anyone who is interested to contact their Senators and advocate for this bill!

Jenne: Where can I find the information I need in order to make a difference today?

Kate: Visit the Academy's [Legislative Action Center](#). Here you can identify your representatives and send them an e-mail in support of audiology initiatives. Feel free to personalize the message to make it your own.

Jenne: Thank you Kate for bringing this important bill to our attention, and for all you do for our profession!

Kate: And thank you for helping to get the word out, and to your membership for getting involved!

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