



MINNESOTA ACADEMY OF AUDIOLOGY Newsletter

Feature Story

Beyond the Test Booth: Disaster preparation with a hearing loss

By Dennis Van Vliet, Au.D.
Board Certified in Audiology



In October of this year, a combination of a wet winter encouraging open country brush growth and hot dry winds in the fall exploded into devastating fires in the wine country of northern California. Sonoma County was hit very hard by the disaster. Christi Warren of the *Press Democrat* [reported](#) on October 17 about how members of the deaf community were affected by the fires. The hot winds fanning the flames incinerated brush, trees and houses as it moved swiftly west from open space into homes and businesses. Many citizens were caught unaware of the danger and had to rush out of their homes at the last moment as the fire approached. The community of deaf individuals were especially isolated. As the cell towers and phone lines were disabled by the fires, first responders resorted to bullhorn announcements in the streets for evacuation, and neighbors pounded on doors to try and alert unaware families.

As I read the *Press Democrat* article, I couldn't help but think about our clinical routines, wondering if we offer enough information for our patients to keep themselves safe during any emergency. I know that Catherine Palmer, PhD has integrated a personal safety section into hearing aid orientation for the patients at the University of Pittsburgh Medical Center, something we all should formalize and offer routinely. A good resource for additional information is AU Bankaitis, PhD at Oaktree Products. She recommends looking at a [resource link](#) accessible from the Oaktree online catalog.

The fires in California were unusual in their speed of progression, and the scope of the damage. However, natural disasters of any kind can come upon us without much warning. As a part of comprehensive care, we should provide our patients with information that will assist them to understand their individual needs and necessary accommodations required for emergency action. They will be better equipped to develop emergency plans and be ready with effective alerting systems, a network of neighbors and family to look after each other, and a plan for meeting up or communicating in the event of a disaster.

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How to Win Patients and Influence Community Communication

A Step by Step Guide for Looping Your Community

By Susan M. Taulia, Au.D. and Mary T. Caccavo, Ph.D., Lafayette Hearing Center
Adapted with permission from *Audiology Practices*, Vol. 6, No. 4



These days, we see a lot of articles and “buzz” about how private practice audiologists can distinguish themselves from all the “big box” retailers and other competition. We contend that an important key to set yourself apart from your competition is advocacy for hearing loops in your community. In our practice this has become a vital part of our Pillar-of-Community marketing strategy.

We know who you are. You are like us. You go to conferences and hear about looping and think to yourself, “Yeah, that is a good idea.” Then you go home, file your notes away, and do nothing.

If you want more patients, better quality patients, and happier patients, you owe it to yourself and your community to begin a community looping program. This article will give you the basic building blocks for how to do this. **Nobody else is going to do this for your community.**

Step 1: Loop Your Waiting Room

Looping your waiting room is *not* optional. You have to have your waiting room looped so that you can have a place demonstrate the loop in a controlled environment. You also then have a unique place where patients who have poor hearing can hear the TV when nobody else can. Our waiting room is looped. Patients love to come in and listen with their telecoil setting. We use the waiting room to demonstrate the clarity of the looped signal to friends and

loved-ones. We use it to demonstrate the “WOW” effect of the loop to local *PIPs* (people in power); leaders of houses of worship, library directors, community center directors, etc. Purchase two or three loop receivers with headphones so you can demonstrate your loop for people who come into your waiting room and do not use a t-coil or have hearing loss.

You cannot become a looping expert yourself, nor do you want to. You already have a career as a successful audiologist.

Step 2: Cultivate Your Looper

You cannot become a looping expert yourself, nor do you want to. You already have a career as a successful audiologist. Therefore, you need to develop a looping expert. You can do this by contacting the major loop equipment manufacturers for trained people in your area. If you are unlucky enough to have nobody in your area who knows anything, then you will have to cultivate someone from what you have to work with—local AV people who are willing to get trained on looping and have the expertise and small-business insurance, as well as the required electrical/carpentry/flooring skill for seamless installations.

You must be able to work closely with this person. You have to develop and cultivate this relationship. Furthermore, just because the person knows how to install a loop and measure a loop signal

doesn't mean they REALLY know what they are doing. You will still need to be involved with your looper to ensure that the “job” they are doing has satisfactory results. It only takes one bad looping experience to turn everyone off. You cannot afford a bad looping experience, especially in the beginning!

Step 3: Cultivate Your Torchbearers

You cannot be enthusiastic enough about hearing loops on your own. You need to get your patients excited. Go through your database and pick patients with moderate hearing loss and with whom you have a good relationship. Invite a small group to your office after hours for a demonstration of the loop. Program the loop setting on their devices ahead of time. Have them bring their significant others with them. Explain to this select group what the loop is, have them listen to it, and get them excited about it. Have your group brainstorm places that they would like to see looped. Single screen movie theaters are ideal, as are churches, libraries, and other venues that host smaller meetings and groups.

Step 4: Pick Your Target for Looping

Once your torchbearers decide where they want to focus their efforts, get them to start campaigning the *PIPs* associated with these places. Your torchbearers can invite the *PIPs* to come to your office and listen to the loop for themselves. Your torchbearers can brainstorm how to fund the looping effort. Your looper can measure the target facility and lay down a “test loop” in the facility and do a presentation for the *PIPs*. Your looper

cont.

Looping, cont.

should be able to provide the facility an estimate of the installation costs as well. It is critical that you stay involved at this point—have your looper deliver the quote for installation in person and attend the meeting at which the proposal will be discussed by the PIPs. You may wish to consider funding part of the installation in exchange for recognition of your practice.

Step 5: Tell Them Tell Them Tell Them!

Once you get your first loop installed, your work is just beginning. You need to host an open house at the newly looped facility. Show up with loop listeners (you purchased for your own waiting room) and invite everyone! Invite the press, the public, your patients—anyone who can spread the word and get excited about the loop. Have “readers” or an ongoing sound input so that you are free to move about and interact with people

coming to the open house. You might even be crazy enough to bring a laptop and programming cables and do some looping set ups on the spot. Have packets of information available about the hearing loop. Have refreshments and door prizes. Get people in your community excited about the better hearing that loops provide! Make sure clear signage is installed to notify the public about the presence of the hearing loop.

Step 6: Pick Your Next Target

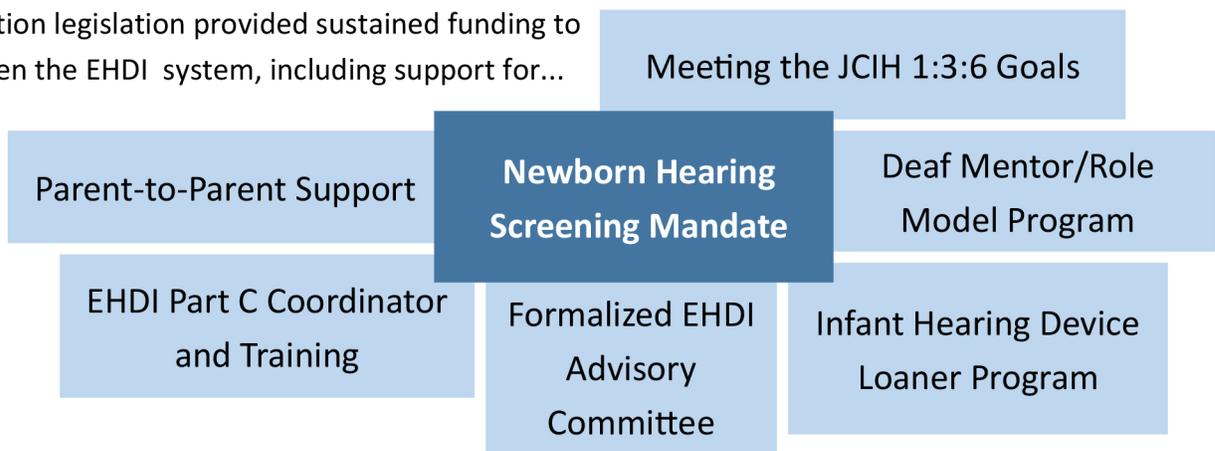
Once you have your first loop, have your torchbearers pick your second target. Dr. Linda Remensnyder, a looping advocate and former private practice audiologist from Chicago, says that “Loops beget loops.” She is right. Once people with hearing difficulties within your community see the power of the loop, they get excited. This excitement is catching and spreads like wildfire. You just have to be ready to ride the wave.

Adding hearing loops to your community will change your practice. It will change your life as an audiologist. Looping efforts will tell your community that you are a cut above your competition and that you care about community communication. You cannot buy the gratitude and goodwill your community will show you from your efforts. You will gain patients in spades. Enough about better waiting rooms and improving patient experience scores—the best way to stand out from your competition is to become a looping champion in your community.

Drs. Taulia and Caccavo are private practice audiologists in Lafayette, Indiana. Lafayette looped its first facility in the fall of 2012. Since then, more 48 than facilities in their community have been looped, with more facilities being outfitted with hearing loops all the time.

Thank you, Minnesota audiologists, for continued advocacy for your EHDI system!

The 2007 Minnesota Early Hearing Detection and Intervention legislation provided sustained funding to strengthen the EHDI system, including support for...



Since the 2007 EHDI Legislation...

Loss to follow up after hearing screening referral has dropped from **44% to 7%**

More than **800 children** have received loaner devices

More than **2937 children** have been identified as D/HH





Message From Your (Past) President

An Introduction and a Farewell

By Jennifer Reside,
Au.D.

Now, as I write to you as Past President, I would like to take this opportunity to introduce you to the 2018 Minnesota Academy of Audiology President, Dr. Stephanie Luepke. She was kind enough to take a few minutes to answer some questions:

JR: Tell us a little bit about you and your family:



SL: My husband, Darren, and I have been married for six years. We have two children; Nora (5) and Henry (3). Our family pet is a dog, Toby. We live in Lakeville, MN and enjoy our community, going to parks, spending time on the boat, and getting away on trips when we can!

JR: Tell us something about you that we would never guess.

SL: I love motocross! I worked at a motocross track during my high school and college years, and love to follow the sport! My time at the track resulted in a passion for event planning.

JR: Where do you currently work?

SL: My role at Advanced Bionics is a Clinical Specialist. I have the opportunity to work with the Cochlear Implant audiologists and surgeons in MN, IA, and WI. This is a new role

for me, within the last year, and I am enjoying the change!

JR: What encouraged you to choose audiology as your profession?

SL: I was fortunate to work with Dr. Rebecca Crowell during my undergraduate career at St. Cloud State University. She inspired me to pursue audiology, and was supportive throughout my graduate school journey.

JR: Tell us more about your background in audiology.

SL: I completed my Au.D. at Central Michigan University. My goal was to return to MN after my education. I completed my 4th year at Gundersen Lutheran Hospital in LaCrosse, WI. During my 4th year, I joined MAA and attended my first conference. I took the opportunity to network, and returned to MN after graduation. My first-year practicing included several part time positions before accepting a full-time position at HealthEast working in diagnostics, hearing aids, and cochlear implants. I worked at HealthEast for five years before moving to my current position at Advanced Bionics.

JR: What are your goals for MAA in 2018?

SL: Engagement! It is tough to find the time in busy schedules to volunteer- I know that first hand! I think that local involvement is essential in today's audiology climate. I want to find unique ways to engage with our membership, and those interested in joining. I am passionate about maximizing resources,

and using the unique strengths of our leaders to meet our organizational goals.

Needless to say, I am excited for this year and all the amazing things our Dr. Stephanie Luepke will bring to our organization.

As I reflect over the past year, I realize that I have discovered both more about myself and as well as the critical value of teamwork. We, as an organization, would be nowhere without our incredible team. I am so thankful to our volunteers who have worked tirelessly promoting our profession and educating the public on the importance of hearing and vestibular health.

I hope that each member gives thoughtful consideration to joining in on MAA's activities. I know that time commitments may seem daunting, but each contribution really does go a long way!

There are a variety of committees with varying time commitments, and it's likely that there's something available that speaks to every personal and professional interests. For example: Do you enjoy writing, research, or keeping up with the latest best practices? Are you charismatic, or do you simply have a knack for requesting donations? Are you detail-oriented and good at organizing events? Do you have constructive ideas to share? MAA needs your insights, experiences, and voices.

Alas, my time as the MAA President has ended. I deeply enjoyed my experience and wish the new Board a warm welcome to the 2018 year!



Make 2018 the “Year of You, AuD”

By Kristin Gravel,
Au.D.

Despite journalistic humming that audiology is a low-stress profession, I can speak to feeling exhausted and deflated after a long day, week, or even a particular appointment. I have been reading *Built to Last* by Jim Collins & Jerry Porras, and a quote has repeatedly popped up in my mind: “Resiliency (not perfection) is the signature of greatness, be it a person, an organization, or a nation.” Resiliency is something that some are born with; others need to develop this trait. That’s where I am in my career, learning how to be resilient, as our field is called to adapt in a rapidly changing healthcare landscape.

But how do we learn to become resilient? How do we learn to adapt with changes in legislation, business practices, and technology? What other skills can audiologists develop to promote a fulfilling career?

One of the highlights of this past year has been my involvement with the Early Career Professionals (ECP) Committee of the American Speech-Language-Hearing Association (ASHA). My colleague and MAA member, Jesi Spratt, is involved with the New Professionals Committee with the American Academy of Audiology (AAA). These committees have been formed in the past 3-5 years for two reasons: 1) new professionals want to engage with their professional organizations and 2) existing leaders in professional organizations are recognizing that the next generation of leaders needs the skills to prepare themselves to lead in an uncertain and complex world.

I was surprised to find that standards for AuD program accreditation include

advocating for one’s profession (ACAE, 2016) and understanding the role of professional organizations (CAA, 2017) (Figure 1). These are laudable competencies for audiology students, though admittedly, most of my “effective leadership skills” were developed after I started my career, through active engagement in professional organizations. The same is true for my appreciation of the advocacy done by our professional organizations.

Roles in MAA, AAA, and ASHA have allowed me to observe and interact with effective leaders as they provide guidance on endeavors that I am tasked with spearheading.

Passion is a Side Effect of Mastery

In the book, *So Good They Can’t Ignore You: Why Skills Trump Passion*, author Cal Newport writes that the strongest predictor of seeing one’s work as a calling are the years spent on the job. In other words, passion is a side effect of mastery. In this same vein, you may not know that you have a love for leadership if you haven’t had exposure to it, but

you may find that after you experience a leadership role in your professional organization, this may be one of the highlights of your career.

Newport outlines the Self Determination Theory (SDT – not to be confused with the audiology acronym) for identifying what drives people to be intrinsically motivated. SDT purports that there are three basic psychological needs that must be met to foster well-being. First, one needs a sense of autonomy, or some degree of control over his/her life. Second, one needs to have a level of competence, knowing that he/she has skills and can build mastery. Finally, one needs a sense of relatedness, or connection to other people and the universe, when seeking out new challenges and possibilities on his/her own accord. Volunteering in your professional organization can achieve each of these psychological needs – you can volunteer on your own time, providing professional input while connecting with like-minded individuals.

cont.

Figure 1. AuD Program Standards

ACAE Standards (2016)

Professional Responsibilities and Values include:

- 13. Develop and apply effective leadership, writing and verbal presentation skills to advocate for one’s own profession and for patients served.

ASHA Council on Academic Accreditation (CAA) Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (2017)

Professional Practice Competencies include:

Professional Duty:

- Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services.

The Year of You, cont.

Finding Your Fit

Many audiologists start their professional volunteering with their state association. Consider making a resolution to volunteer on a new committee this year, stretch yourself to do something new, and maybe come away with a new skill or pieces of knowledge. Below are brief descriptions of tasks performed by each committee (not exhaustive):

- **Audiology Awareness:** You can be the face of audiology in the state of Minnesota through organizing hearing screenings at the state fair and participating in outreach.
- **Awards and Nominations:** Help recognize outstanding audiologists and oversee annual elections, ensuring that MAA's leadership represents its membership.
- **Coding and Reimbursement:** Stay up to date on what's new in Coding and Reimbursement through your involvement on this committee. If a member has a coding question, you can connect them with a resource or person to get them the answer they need!
- **Communications and Publications:** Plan out the next MAA newsletter, promote MAA on social media, and keep the website fresh!
- **Continuing Education:** Help plan the next Upper Midwest Audiology Conference (UMAC)!
- **Government Relations:** MAA's lobbyist works for you – the members – and this committee ensure that legislative and non-legislative topics are being addressed and communicated to the membership.
- **Membership:** Reach out to new audiologists in the state, ensure that members know how their dues are being spent and the benefits of membership.
- **Sponsorship:** Sponsorship dollars allow MAA to hold its annual conference and advance its mission of developing and supporting audiologists. Volunteers contact sponsors and help plan the Exhibit Hall at UMAC.

If you are able to commit to short-term volunteering, the Communications and Publications Committee is always seeking contributors for the MAA newsletter. You can also sign up to screen hearing at the MAA booth at the State Fair at the end of August/early September. State Fair sign-up can

cont.

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PEOPLE FIRST

The Year of You, cont.

be completed in the Exhibit Hall at the UMAC or online.

Resources

Targeted leadership development resources are also available through our national associations. ASHA recently launched the Leadership Academy, which provides online leadership development webinars at no additional cost if you are an ASHA member. The advantage of this program is the lessons can be completed at one's own pace, and no travel is needed.

AAA Resources for Professional Development

- Volunteer with AAA by signing into the AAA online community and opt in to the Volunteer Pool. You can view current committees and task forces on the [academy's website](#).
- Continuing Education opportunities are available in-person at the American Academy of Audiology Conference (formerly AudiologyNOW!) and online through eAudiology webinars. Both live and recorded webinars are available.
- The [Jerger Future Leaders of Audiology Conference](#) (JFLAC) is held every other year at AAA Headquarters in Reston, VA, and will be held again in September 2018.

ASHA Resources

- Volunteer with ASHA by submitting a [Committee Interest Form and viewing current volunteer opportunities](#).
- The ASHA [Leadership Development Program](#) is a year-long program that kicks off with an in-person meeting. Two cohorts are assembled each year.
- The newly-launched online [Leadership Academy](#) allows you to complete webinars at your own pace on topics such as conflict management, emotional intelligence, and virtual meetings.

Employer Resources

Your employer may offer leadership development programs.

Tot-Do List for 2018

- Check out the [Ida Institute's Reflective Journal](#). This is a great way to start 2018 with a fresh perspective.
- [Attend UMAC on February 23-24](#). If you can't attend both days, try to attend one. I suspect that you will be able to return to your colleagues with information to share, and implement what you learn from the conference!
- Start reading. Download an audiobook for free from your local library on leadership, emotional intelligence, or time management. Or, grab a book the next time you're waiting for a flight, at the library, or needing a quiet recovery from the holidays.

- Work with kids? Mark your calendar for a Pediatric Audiology Social Hour on January 22 from 5-7 pm at Rojo Mexican Grill (West End). This is an opportunity to network among local audiologists, including both educational and clinical audiologists.
- Interested in volunteering on an MAA Committee? Email administrator@minnesotaaudiology.com to get more information!

We're in This Together

Audiology is a profession, not a job, and every audiologist plays a role in shaping the future of our profession. Where are other MAA members in their professional journeys? Send your thoughts to communications@minnesotaaudiology.org and let us know what topics you would like addressed, or if you would like to contribute to future newsletters. Let's make it a great 2018!



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*2017 "First Fit Study" conducted at Hörzentrum Oldenburg examining the effect of own voice processing on spontaneous acceptance after first fit of hearing aids. Copyright © 2017 Signia GmbH. All rights reserved. 12/17 SI/18294-17



Introducing Our Newly Elected Board Members!



President-Elect: Rebecca A. Younk, Au.D.

Dr. Younk is the President and CEO of Associated Hearing Care of St. Paul. She graduated with her Master's degree in 1999 from Washington University, and her Doctorate of Audiology in 2007 from University of Florida. Dr. Younk believes in the holistic approach to hearing care for her patients – dismissing the notion of a “one size fits all” solution for individuals with hearing loss.



Member-at-Large: Ashley Hughes, Au.D.

Dr. Hughes is a Research Audiologist at Starkey Hearing Technologies. Prior to working at Starkey, she obtained her Doctorate of Audiology in 2014 from the University of Illinois at Urbana-Champaign. She currently holds leadership roles on four committees, including co-chair of the Minnesota Academy of Audiology (MAA) Communication and Publications committee, and chair of three American Academy of Audiology (AAA) committees and subcommittees.



Member-at-Large: Angela Mucci, Au.D.

Dr. Mucci is a clinical audiologist at Minneapolis Otolaryngology. She obtained her Bachelor of Arts in Communicative Sciences Disorders in 2007, and her Doctorate of Audiology in 2011 from Wichita State University. In addition to her clinical duties at Minneapolis Otolaryngology, she volunteers her time with professional organizations including chair of the MAA Continuing Education committee, as well as President of AG Bell Minnesota State Chapter.

Dr. Mucci's daughter was born deaf, and this has given her a special insight into the day-to-day life of families of both children and adults with hearing loss, which helps her better relate to and empathize with patients and their families.

The Board of Directors would like to thank all the outgoing members for their dedication and years of service: Kristi Gravel, Au.D., Tracy Altman, Au.D. and Analise Ludwig, Au.D. *We appreciated everything you've done and you all will be missed!*



Welcome New Members

Fellows

David Fabry – fabryd@me.com

Jason Leyendecker – dr.leyendecker@audiologyconcepts.com

Diana Weissbeck – dweissbeck@gmail.com

Students

Bailey Bjerke – bjerk157@umn.edu

Kristi Oeding – oedi0004@umn.edu

Associates

Ronni Molinaro – rmolin@comcast.net



Minnesota Law to Expand Hearing Loop Access

By Kim Fishman and Justin R. Burwinkel



Our patients' access to hearing loops has never been greater, as the successes of Minnesota's local activist group, Loop Minnesota, continues to mount. According to the group, the number of hearing loops available in Minnesota doubled in 2017 and new legislation is expected to contribute to this rate of growth going forward.

The Minnesota law, which requires good acoustics and hearing loops in state-funded construction, is the first of its kind and sets a new precedent nationally. The Commission of Deaf, Deafblind & Hard of Hearing Minnesotans celebrated the achievement and its benefit to individuals with reduced ranges of hearing, "From now on, whenever the state helps pay for construction or remodeling of a public gathering space in which it's important to be able to hear, contractors will be required to consider including good acoustics and hearing loops." The law applies to all meeting and conference rooms in capital funded buildings, throughout Minnesota, where the intended capacity is for at least 15 listeners.



Photo by Andrew VonBank

Rick Nelson, representing Loop Minnesota, and Beth Fraser, Government Relations Director at the Commission of Deaf, Deafblind and Hard of Hearing Minnesotans, testify before the House Government Operations and Elections Policy Committee on Feb. 1.

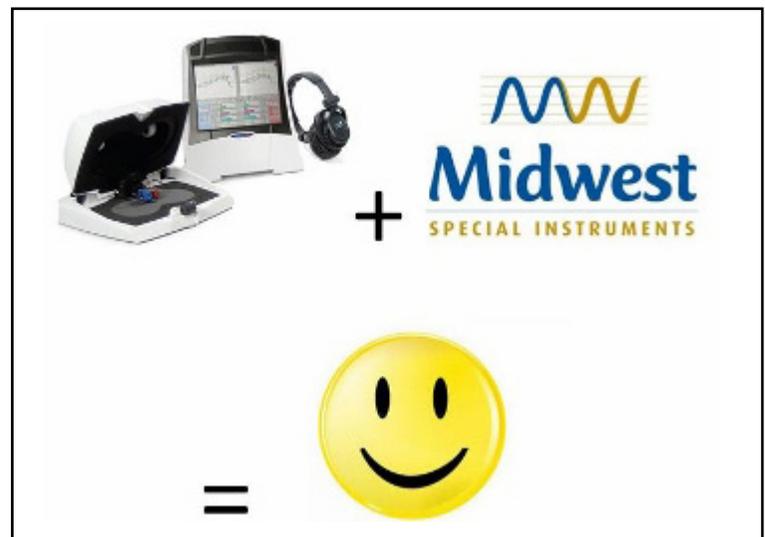
The respective bills (Senate File 161 and House File 423) were authored by the following State Senators and State Representatives:

- Ann Rest (New Hope)
- John Hoffman (Champlin)
- Julie Rosen (Vernon Center)
- Matt Klein (Mendota Heights)
- Dave Senjem (Rochester)
- Tama Theis (Saint Cloud)
- Jeff Howe (Rockville)
- Tim O'Driscoll (Sartell)
- Paul Anderson (Starbuck)

More legislation is expected; other states have already passed laws which require dispensers of hearing aids to inform patients about the availability of telecoil function. Many times patients do not know that there are hearing loops installed where they already visit and how much they could personally benefit from switching over to a t-coil memory. Sadly, patients are not well-informed about their telecoil options. We, as audiologists, need to facilitate these types of conversations for the benefit of our patients and their rights to access.

In Minnesota, patients can now find public hearing loops from the Minneapolis-St. Paul Airport and the Mayo Clinic to the Owatonna Public Library and the Anoka County Courthouse. The Mill City Museum is looped, and the Guthrie Theater is planning to pilot a temporary loop. There are many churches and places of worship with hearing loops. Gather information about what is available in your patients' community.

Loop Minnesota offers Audiologists educational materials that can be distributed to patients. More information can also be found at their [website](#). Both Audiologists and patients are welcomed to attend Loop Minnesota's meetings, which are held on the second Friday of every month.



Teleaudiology Offers an Entirely New Patient Experience



By Dave Fabry,
Ph.D., Vice
President of Global
Medical Affairs,
GN Hearing A/S

Imagine the ways that cutting-edge technologies are revolutionizing lives. The “internet-of-things,” robots, 3D printers, and driverless cars are probably a few that come to mind. You may not include hearing on that list — but you should — and it all starts with the new hearing care experience being delivered by GN Hearing.

This spring, we continued our tradition of leadership in hearing innovation with the launch of the 5th generation of GN Hearing’s 2.4 GHz wireless solution, ReSound LiNX 3D™. More than just another hearing aid, we have introduced unmatched signal processing, a more efficient fitting software and comprehensive remote fine-tuning capabilities.

With a continued focus on sound quality – both in quiet and in background noise, ReSound LiNX 3D delivers the best combination of 1) audibility, 2) speech understanding, and 3) situational awareness of other sounds beyond the talker of interest. Narrow “beamforming” microphones don’t allow for “off-axis” listening, meaning that sounds arriving from the sides or rear are attenuated and become inaudible; this is not a natural way to listen in everyday environments. By comparison, Binaural Directionality III provides up to 40% more speech understanding in noise considering speech arriving from any direction around the patient. The ability to detect, identify and shift focus

to different talkers and sounds in the environment is key for a natural listening experience.

The new ReSound Smart Fit™ software, developed together with audiologists, brings a more efficient and intuitive solution to the clinic, simplifying the process of achieving successful and efficient initial hearing aid fittings. We have found that, on average, patients typically require four to seven return visits to achieve optimal benefit from their hearing aids. Several of those visits are for fine-tuning adjustments that require chair time and resources for the audiologist, and inconvenience for the patient. With ReSound Assist, managed directly in ReSound Smart Fit, audiologists have the opportunity to streamline that process. Patients can send a request to the practitioner via the ReSound Smart 3D app at their convenience – even in the environment where they are having the issue. The audiologist can then assess whether an

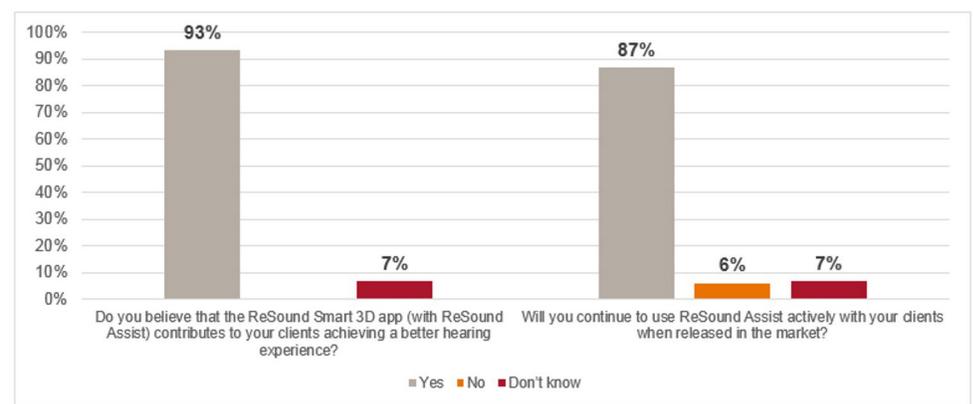
in-office visit is best, or whether the request might be satisfied by a fine-tuning package that the patient can download to their hearing aids in the ReSound Smart 3D app.

Augmenting face-to-face visits with app-based Remote Fine Tuning (RFT) adjustments completed in “real world” scenarios offers an unprecedented level of remote follow-up services while saving time (for both patient and professional), improving practice results, and enhancing satisfaction and benefit. These adjustments provide secure, cloud-based (asynchronous) teleaudiology using the fully-featured Smart Fit™ software to provide RFT anywhere in a manner that is convenient for both patients and professionals.

This is not innovation for innovation’s sake. Teleaudiology is in direct response to consumers’ evolving expectations and professionals’ desire for improving

cont.

HCPs believe that the app will contribute to a better hearing experience for clients, and they are convinced that they will continue to use ReSound Assist actively.



Market test April-June 2017 in US, Italy, Netherlands and Denmark with participation of 15 HCP's. (Wilke)

Sponsor Spotlight, cont.

engagement and patient outcomes. In particular, teleaudiology is a great option for busy people who want or need to remain connected to their audiologist without having to take time off from work, pay for parking, or fight traffic. It's also great for people who travel for business or leisure and want the comfort and security of knowing that they can get help – if needed – from the audiologist that they know and trust. Teleaudiology is also a perfect solution if a patient doesn't drive or has difficulty making special arrangements to travel for follow-up appointments with their professional. For those who want the utmost in personalization, software and firmware updates help

keep their hearing aids “state-of-the-art” longer. Finally, RFT is for people who want the latest hearing aid features and connectivity without having to resort to “Do It Yourself”. In fact, this technology provides innovation beyond the technology that fits inside the hearing aid to facilitate unparalleled innovation in hearing aid service and delivery.

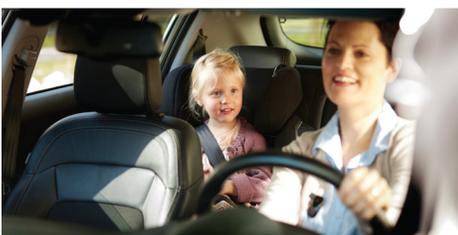
Today's hearing aid patients are interested in how technology can give them greater control over their hearing health, but they also trust the expertise of their clinician to ensure that they are achieving optimal results. ReSound LiNX 3D provides increased engagement between practitioner and patients via a

convenient, secure, easy-to-use tool that requires only the hearing aids, smart phone, and fitting software to achieve hearing care, anywhere. But don't take our word for it; survey results from those who participated in pre-launch trials with ReSound Assist and RFT overwhelmingly expressed that patients achieved a better hearing experience than with the traditional fitting process, and the vast majority plan to continue to use RFT in the future.

We are thrilled to introduce ReSound LiNX 3D to the market, and we don't plan to stop here. Every day we challenge ourselves to help people hear more, do more, and be more anywhere in life.

Hear more
Do more
Be more

than you ever thought possible



Smart Hearing

- 2.4 GHz wireless technology
- Binaural Directionality III delivers vivid spatial awareness and excellent sound quality
- Made for iPhone connectivity for wireless streaming
- One-tap access to quick adjustments on the ReSound Smart 3D app
- Remote fine-tuning and hearing aid updates with ReSound Assist

Learn more at resoundpro.com

ReSound GN

GN Making Life Sound Better

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