



MINNESOTA ACADEMY OF AUDIOLOGY Newsletter

Featured Article

History of Dizziness and the Vestibular System

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The vestibular system is ancient. Dating back to the Precambrian era, the primitive form of the vestibular has been around for approximately 600 million years.³ These early vestibular systems, in jellyfish-like creatures, utilized a statocyst organ to determine up and down motions similar to the modern otolith organs. As time passed, the vestibular system began to change to incorporate more components including kinocilium to aid in the detection of prey. As the evolution of the vestibular system continued, a single canal was developed and eventually all three semicircular canals developed.³

Although the structure has been around for millions of years, people did not know exactly how the vestibular structures functioned until only a couple hundred years ago. Meanwhile the concept of dizziness was known since early history. In 330 BC, Aristotle described dizziness as being caused by drinking too much wine.⁹ Similarly, Aristotle’s successor, Theophrastus, wrote about dizziness being caused by alien breath, drinking too much, moving the head in circles, and seasickness.¹⁴ Around this same time Hippocrates wrote about older adults struggling with hearing and dizziness.¹¹ It wasn’t until around the 2nd century AD that Aelius Galenus, AKA Galen first described the anatomy of the inner ear. Galen was a physician, surgeon, medical researcher, and philosopher working in Rome. Galen most likely used animal models to describe the inner ear because Roman religion forbade dissections of humans.¹ He noted the inner ear structure was comprised of the labyrinth and the nerve that connected to it, but he believed it was an air-filled structure.^{13,18} This first description was important because this was considered the most accurate information on the ear, and the rest of the body, for centuries until the Middle Ages.

It was not until Andreas Vesalius in the 1500s that Galen’s work was re-evaluated. In 1543, Vesalius wrote his manuscript “*De humani corporis fabrica*” where he updated Galen’s description of the ear and particularly addressed human ear anatomy.¹⁸ Around the same time, Bartolome Eustachi wrote his manuscript “*Epistola de auditus organis*” about the human inner ear.¹⁸ However, they both continued to believe that the inner ear was air-filled as Galen had original hypothesized. The concept that the inner ear and labyrinth was fluid filled was not introduced until Theodor Pyl’s dissertation in 1742 followed by Domenico Cotugno’s experiments discovering perilymph in 1761.⁶ In addition to the works of Vesalius and Eustachi, Gabriele Falloppio was the first to clearly describe intricacies of the inner ear such as the round

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Dizziness, cont.

The concept that the inner ear and labyrinth was fluid filled was not introduced until Theodor Pyl's dissertation in 1742.

and oval windows, the semicircular canals, the scala vestibuli, and the stapes.¹⁰

Although the anatomical descriptions were becoming more complete, the function of the vestibular structure remained elusive. Du Verney (1648-1730), a French anatomist considered a founder of scientific otology, wrote extensively on the ear. He hypothesized that the semicircular canals and the ampullae could act like trumpets amplifying sound traveling through the inner ear.⁵ During this time, there were researchers who continued to believe that the semicircular canals were related to hearing such as Josef Hyrtl's 1847 published work *Handbook of Topographic Anatomy*.^{7,17} Although Hyrtl had an amazing collection of inner ears for many lifeforms, he still believed that the semicircular canals had a role in audition and not equilibrium. However, other researchers had different findings, most notably Flourens and his pigeons.

Marie Jean Pierre Flourens, a French physiologist, performed experiments on pigeons by purposefully cutting one of their semicircular canals. He noted that the hearing of the pigeon did not change, but the balance and flight did.¹⁹ Additionally, he noted that the head/body moved in the plane of the cut canal and that the pigeons would fly in circles.² In 1842, not only did Flourens discover that the vestibular portion was related to equilibrium, but he refuted the notion that the vestibular system was related to hearing.¹⁶ In 1870, Friedrich Goltz published the "hydrostatic concept" describing how the semicircular canals

could relay where we are in space.¹² These findings led the way for Ewald's research and subsequent three laws on endolymph movement in the semicircular canals. Meanwhile Ernst Mach and Josef Breuer combined their work on the physiology of the otolith organs. Ernst Mach used his knowledge of physics to explain the perception of linear acceleration and centrifugal force, while Breuer used his medical knowledge to explore otolith and semicircular canal function. The scientists wrote a joint paper called the Mach-Breuer Theory about the otolith maculae and semicircular canal function.¹⁵

As the understanding of the mechanism was being researched, the concept of clinical implications for vestibular loss were being explored. Prosper Ménière famously presented his paper in 1861 which described several patients with vertigo. In this paper he described a patient with sudden attacks of vertigo, loud noises in his ears, and changes in hearing.² Although he did not fully understand the cause or an appropriate treatment (bleeding the patient), this was the most notable start to clinical vestibular assessment. Following Ménière, Gustav Alexander described post-acute lesion nystagmus in 1912. Also at this time, Robert Bárány was experimenting with the basic concept of what became caloric testing. Bárány used cool and warm water to generate a nystagmus response.² Bárány's clinical work also included using post-rotational nystagmus testing as a clinical measure, using the Romberg test on vestibular patients and past-pointing.

Charles Hallpike in the early 1900s continued to expand clinical testing. He created a standardized caloric test modeled after Bárány. Hallpike's caloric testing is still essentially used today. His seminal paper with Margaret Dix in 1952 introduced the world to the

Dix-Hallpike maneuver, creating the first maneuver to evaluate benign paroxysmal positional vertigo (BPPV).⁴ Since Hallpike and Dix, there has been a flurry of research and additional vestibular testing and treatment procedures have been developed. In the past 60-plus years there have been: Halmagyi and Curthoys in the 1980s describe the head impulse test to detect canal paresis, Epley describe a canalith repositioning maneuver in the 1990s to treat BPPV, creation of the vestibular evoked myogenic potentials test, research on migrainous vertigo, and so many more advances. There is still much more to research and discover about the vestibular system.

Patricia Gaffney, Au.D. is currently an associate professor at Nova Southeastern University (NSU) in Ft Lauderdale, FL. She earned her bachelor's degree from The George Washington University in Washington, DC and her Doctor of Audiology from the University of Pittsburgh. She joined the audiology department at NSU in 2007. She is also the director of the NSU United Kingdom Doctor of Audiology program. Her specialty is vestibular diagnostics and treatment. At NSU she teaches the introductory vestibular class, vestibular lab, the advanced vestibular class, and a vestibular specialty course designed for advanced students who wish to specialize in vestibular diagnostics and treatment. She also teaches geriatric audiology, amplification I and II and accompanying labs. In addition to teaching, she sees patients in the NSU Audiology clinic with students seeing a mixture of vestibular and hearing aid patients and is a member of the NSU interprofessional fall prevention clinic. Dr. Gaffney has presented at various national and state meetings on various topics including vestibular, amplification, and professional issues. Dr. Gaffney also maintains memberships in several

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Dizziness, cont.

organizations, volunteers for various committees, and has previously served on the American Academy of Audiology Board of Directors. She is currently on the board of trustees for the American Academy of Audiology Foundation and the President of the Audiology Practice Standards Organization.

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Message From Your President

Lessons Learned in a Whirlwind Year

Ashley Hughes, Au.D.
2021 MAA President



This year has already been a whirlwind. In some ways, it feels like it's still January (as a Minnesotan, I'm thankful it's not). But somehow, UMAC 2021 and the second annual Virtual 5k Walk, Run, or Roll for Audiology Awareness are already behind us. In just a few short months, the 2021-2022 MAA Board of Directors will begin their term.

I began volunteering with MAA in 2015, when I relocated to Minnesota from California. I was welcomed by MAA with open arms and since then have volunteered on committees, chaired committees, served on the MAA Board of Directors, and now had the honor of serving as President. MAA has been a focal point of my audiology career since finding this wonderful and driven group of audiologists.

I volunteer with a handful of other organizations and committees, but none compare to the impact we are able to make as a state organization. I want to share a few things I learned through MAA in hopes of motivating you to begin—or continue—volunteering with our hard-working and fun organization.

1. All of our members are incredibly motivated and bright. Every year, as the new Board members and committee chairs begin their terms, I'm in awe of their ideas, initiative, follow-through, and grit. I learned so much from, and look forward to continuing to work and volunteer with each of you.

2. We are here to learn from each other.

After graduating, it's so easy to fall out of the growth mindset. However, if you foster strong relationships and open communication with your colleagues, the learning and education never ends. I have built so many strong connections with MAA members, audiologists, and students alike; these are now people I can reach out to when I have questions on vestibular testing, ototoxicity, or even need a pair of eyes to proofread something.

3. Leadership takes time and practice.

When I started with MAA, I had so much to learn about leadership, coaching, and mentorship. I've realized I still have much more to learn and always will. I have volunteered in various leadership positions over the years; each teaches me something else. I look forward to continuing to grow in this capacity.

4. There are multiple paths that lead to the same result. Anyone who knows me knows that I am highly organized, almost to a fault. I like to have processes and I like to see them consistently followed. However, sometimes processes can be limiting; they can put people and ideas in a box. Many individuals flourish with fewer restrictions or criteria, and then we have the opportunity to see their true potential. Does it really matter *how* something is getting done, or does it matter *that* something is getting done?

5. These relationships will last a lifetime. I intentionally say *will* and not *can*. Any relationship can last a lifetime, but in a small profession filled with dedicated individuals, these

relationships will last. We will keep in touch, we will stay friends, we will volunteer together, and we might even get to work together sometime!

I want to thank the MAA Board, volunteers, members, and staff for allowing me to join you on this path and lead us this past year. I will say one last time (for now) how incredibly thankful and grateful I am for the time I spent with you and for everything I learned.

I look forward to working and volunteering with you again!



Welcome New Members

Audiologists

Elizabeth Butler, Au.D.
Karin Ross, Au.D.
Rebecca Thiesse, Au.D.

Pending License

Jayce Hapka
Morgan Klingsporn

Students

Calvin Duong
Koryn Greskowiak
Mikayla Gustafson
Zachary Herbert
Amanda House
Jessica Krause
Jessica Presley
Melanie Putman
Ryan Schwantes
Madeline Sicora

The Effects of PPE on Individuals Who Are Deaf/Hard of Hearing

Tina Childress, Au.D., CCC-A

Founder, Audiologist at See.Hear.Communication.Matters.



As an audiologist, late-deafened adult, and bilateral cochlear implant recipient who is fluent in ASL, I have experienced first-hand the barriers that masks and social distancing introduce to individuals with hearing loss. I will continue to follow recommendations to do this in an effort to mitigate the effects of COVID-19 but the anxiety and stress that this has brought to my Deaf/Hard of Hearing (DHH) peers cannot be ignored. Communication for everyone has been hampered with the removal of visual cues, the acoustic dampening of sounds, and the effects of increased distance. For individuals who are DHH, this has been “amplified.” Below are some questions and answers that I get asked regularly.

Which face mask or shield is “best”? In my opinion, it’s like asking what shoe is “best” – it depends on the individual and the situation.

In my educational audiology practice we have adjusted our protocol to minimize close patient contact, but we will be using masks AND shields during otoscopy and tympanometry.

When I spend time outdoors with my family, trying to find places where there are not a lot of people but then we *do* encounter people, I may just be using a cloth mask or a shield (and keeping my distance as much as possible). Luckily, my family all use sign language when I am not able to understand them with my cochlear implants.

Be sure to check with your local public health department to see what is allowed, especially with regard to face shields. Guidance can change from day-

to-day and there are situations where face shields alone are not acceptable such as the healthcare setting.

If I have to run to the grocery store by myself, I tend to use a mask with a clear window to help others understand me better and also to raise awareness of masks with this option. In situations when I am not able to understand what someone is saying, I use a speech-to-text app on my smartphone with a small external mic plugged so it can reach people farther away.

There are also days when I decide that I want to just go in “deaf mode.” I can wear whatever mask I have available, not worrying whether they’re going to pull off my CIs or not. I wrote a blog post called “[Shifting the Communication Burden](#)” about the freedom of having the hearing person accommodate me vs. the other way around.

As more mask and shield studies come out, I have come to the realization that instead of assuming that we know what’s best for each individual in terms of PPE, that we need to think about whether they’re an auditory learner or a visual learner. I made the same mistake in the beginning. I was all #TeamFaceShield #TeamClearWindowMask until my colleagues pointed out how much the rigid plastic of these options degraded the speech signal. In another blog post called “[Perspectives from a Deaf audiologist](#): How masks, face coverings and shields affect my speech perception ability,” I talked about how the different styles of PPE affected me, a very good user of my CI technology and how it could potentially have a bigger impact

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Effects of PPE, cont.

on those who do not do as well as me with speech discrimination.

Bottom line: If someone is an auditory communicator, use a paper or cloth mask. If they are a visual communicator, use a mask with a clear window or face shield.

My friends joke that I'm a "mask and shield hoarder" since I have quite a collection going. Here are my favorite features for masks and shields:

Masks

Clear window – If I want others to wear a mask with a clear window, then I am going to model this as well. It is also helpful to use when I am with my DHH friends and colleagues who are visual communicators. I prefer a clear window size that is large enough to see my entire mouth and is made of a more rigid plastic so that when I breathe, the plastic doesn't get sucked to my lips. Fogging will be an issue with ALL clear windows so pre-treating them with something like a drop of soap or dish soap or applying anti-fogging spray is recommended.

Style – I prefer a mask that has darts in it compared to a flat panel. The darts help bring the mask off my face a little bit so I have more room to breathe and talk as opposed to a flat panel style.

Nose piece – Some masks have nose pieces that are either sewn into the mask or can be applied with an adhesive back. They serve to better shape the mask to your nose and prevent droplets from escaping, which also helps prevent your glasses from fogging up.

Adjustable ties – I wear glasses in addition to my CIs and do not have a lot of room behind my (apparently small) ears. When I have used masks with ear loops, I have had to take off my cochlear implants, put on the mask and then put

on the ear loops. For me, I have found that adjustable straps that fit behind my head work best.

Breathability and temperature – It appears that masks that are made of cotton are more breathable than those of other materials. They are also less likely to make you feel hot.

Reusable/washable – I only know of one mask made on Etsy that has this. For all my other masks with clear windows, I wash them by hand and let them air dry.

Shields

Velcro strap – I prefer shields with this feature because it doesn't get stretched out like elastic straps can. It also seems to be easier to put on when I am trying to make sure my cochlear implant headpieces are in place.

Length and wrap around – The shield will be most protective for others if it extends below the chin and wraps around to the back. There are even face shields that can attach to the bill of a baseball cap.

Cloth extensions – This feature is found on a few select shields. It gives the appearance of being a beekeeper. In my

opinion, this is the best solution as the shield gives full facial access with the while the cloth extensions help prevent respiratory droplets from escaping.

Reusable/washable – Shields are typically more expensive than masks so being able to safely use them for extended or additional periods is ideal.

If you can, I would encourage you to have different products on hand and talk to others to see what they like. Just like some people prefer heels or dress shoes, others prefer sandals or sneakers. The important thing is *using* them.

If you'd like more information, I have (co)created some additional resources:

- My [blog](#) has a survey about features the respondents like/don't like for masks and shields.
- A [knowledge base](#) that I co-created with a friend outlines a variety of different masks and shields, vendors, DIY patterns and tips for preventing fogging.
- I also have a slew of [lists and feature grids](#) on a variety of topics but especially captioning apps and videoconference accessibility. You can find them here.

Tina Childress informal testing					
August 12 and 14, 2020					
		Auditory Only		Auditory + Visual	
		Quiet	+5 Noise	Quiet	+5 Noise
No mask		96%	92%	X	100%
Paper mask		92%	96%	X	X
Cloth mask		92%	76%	X	X
Mask with clear window		80%	76%	96%	96%
ClearMask™		80%	76%	92%	100%
Face shield		72%	0% <small>Stopped at 0/10 words</small>	96%	72%
<small>NU-6 word lists Presented by Beth Parrott, Au.D., CCC-A at 50 dB HL, MLV, boom mic in front of masks/shield</small>					



Mary Kochendorfer, Au.D.

Stillwater Medical Group



What has been the most rewarding part of your career so far?

The day-to-day interaction with our patients is by far the most rewarding part of my audiology career. I do a small amount of administrative work in my job, which I also enjoy, but my true passion is patient care. I love educating our patients and seeing the final result of those challenging hearing aid fittings. I also enjoy the relationships I develop with the patients and their families and the everyday diversity of this career.

You have had a very successful career at Stillwater Medical Group. What advice do you have for students and new audiologists?

Audiology is a science and an art. Not all patients will fit the mold of what you learn in graduate school and that is OK. Utilize your science background and also think outside the box often. Audiology is an ever-changing field and you will never be bored! Make sure to avoid getting into the rut of treating every patient the same because they are all so very different in their needs.

What surprised you the most about the past year providing audiologic care during COVID-19?

The flexibility of our patients and staff! As we all know, COVID-19 protocols change rapidly and I was amazed at how flexible we all can be.

How did you keep your family busy during quarantine?

Being outside! We love to downhill ski, cross country (skate) ski, water ski, hike and explore any and all of the state and county parks!

We camped a lot last summer. Our bucket list for this summer is visiting Bannf, Canada or heading out west with our camper and visiting the Badlands and maybe Yellowstone National Park.

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Cochlear is dedicated to helping people with moderate to profound hearing loss experience a life full of hearing. We have provided more than 600,000 implantable devices, helping people of all ages to hear and connect with life's opportunities.

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A Tumultuous Relationship: Audiologists Versus Hearing Aid Dispensers

Alison Stich, Au.D.

Audiologist at Hearing Lab in Crystal Lake, IL

Adjunct Professor and Clinical Coordinator at College of DuPage

When I first entered private practice as a new audiologist in 2012, I found that the relationships between audiologists and hearing instrument specialists was strained. I knew very little about hearing instrument specialists, as the owners only hired audiologists. When our ownership changed, the new owners hired hearing instrument specialists, which allowed me to see what they could do in our field versus audiologists. There was considerable tension between the professions, as we seemed to provide similar services at our dispensing clinics. The audiologists tended to look down on the hearing instrument specialists due to their training and education. I have found this to be false for the most part. Working with several dispensers over the years has shown me that they are extremely capable of fitting and dispensing hearing aids.

When consumers think about hearing, they assume hearing aids. As both audiologists and hearing instrument specialists dispense hearing aids, it is easy to see why consumers are confused about who provides hearing care and what the different credentials mean. A consumer should be able to get excellent care from both professionals when being fit with hearing aids, but they may not know that things like vertigo and tinnitus are the specialty of an audiologist.

In the US, the audiology doctorate tends to be consistent between schools, with most requiring nearly one hundred graduate credits, plus nearly two thousand hours of clinical practicum. Any program accredited by the

American Speech-Language-Hearing Association (ASHA) requires its students to meet all of ASHA's Knowledge and Skills Acquisition standards. These standards cover a broad range of topics, including embryology, business management, calibration, diagnostic testing, verification, validation, and many more. Education is a large part of our field, requiring providers to stay on top of new hearing technologies, testing protocols, verification measures, and many other things.

The audiology doctorate program allows the graduate to diagnose and treat hearing and balance disorders, including hearing loss, tinnitus, auditory processing disorders, dizziness, hearing conservation, cerumen removal, and intraoperative monitoring. After graduation, the Praxis examination is required by all states in order to obtain licensure. There are some states that still require American Board of Audiology certification, or membership with ASHA, in order to be licensed; furthermore, some require audiologists to have a dispensing license as well as their audiology license. Overall, the education requirements are consistent countrywide, which should mean that every audiologist in every state knows how to do the same work at the same level after graduation.

Education requirements for hearing instrument specialists differ greatly between states. For example, Alaska requires a high school diploma or GED and a \$10,000 bond, while Utah requires two full years of clinical experience,

passing written and practical exams, and National Board Certification before they will license a hearing instrument specialist. Most states require a written exam (usually the International Hearing Society's "International Licensing Examination for Hearing Health Professionals"). Many require a practical exam and a few require a written exam about the laws and regulations of the state. The scope of practice of a hearing instrument specialist can vary from state to state as well, with some allowing cerumen management while others do not. The general scope of a hearing instrument specialist is to perform hearing tests in order to fit hearing aids. They are not allowed to treat tinnitus in any state, despite an available certification.

Clinical requirements also vary widely state to state, with about half requiring some hands-on training. The most common amount of clinical training required is between six and twelve months, but they vary as much as just a few weeks in South Dakota to two full years in Utah. With job accessibility being a common complaint, clinical hours requirements have diminished or disappeared in many states. Illinois used to require six months of clinical training, but now requires none before licensure.

The differences in training and education requirements for hearing instrument specialists are problematic. Audiologist licenses transfer easily from one state to another, because the educational requirements are generally the same.

cont.

Relationship, cont.

Transferring a hearing instrument specialist license between states can be difficult, especially if one state requires the International Hearing Society written and practical.

In Illinois, if a person wishes to be a hearing instrument specialist, they must complete 12 credit hours of education: three hours of anatomy and physiology of the hearing mechanism, three hours of hearing science, three hours of intro to audiology, and three hours of aural rehabilitation. These hours can be completed through the International Hearing Society's online distance learning program, through the College of DuPage's Hearing Instrument Dispensary program, or another equivalent program.

College of DuPage offers the only in-person hearing instrument specialist training program in the state of Illinois. The program is currently taught by three audiologists, including myself: two in private practice, and one manufacturer trainer. Our students undergo 15 months of coursework, including labs and clinical training. The required classes meet our state's educational requirements, plus a three month or longer placement at a local clinic. During their classes, they receive hours of lab time, which allows them to have hands-on time to practice hearing tests, masking, impressions, hearing aid programming, aural rehab, etc. The passing rate for the ILE exam for our graduates has been well above the <50% rate for the entire state of Illinois, coming in at 67-75% over the past two years. Our passing rate for the IHS practical exam is 100%.

Most agree that consistency between states would greatly improve care in states where education requirements are lacking; furthermore, it would make licensure easily transferable between states. My students at College of DuPage were shocked to find out the differences

A nationally accepted exam and training program would allow consumers to receive similar care from state to state; furthermore, it would allow a hearing instrument specialist to easily transfer their license from one state to another.

in education between states, because they realized the education they received had prepared them very well to see patients after licensure; they asked me how one could pass a licensure exam only taking a distance learning course, and without having hands-on experience. Most audiologists would agree with this as well, as we are required to have thousands of hours of clinical experience before licensure.

A nationally accepted exam and training program would allow consumers to receive similar care from state to state; furthermore, it would allow a hearing instrument specialist to easily transfer their license from one state to another. One recommendation would be to require a high school diploma or GED, the International Hearing Society's distance learning program, six months of clinical training, then a written and practical exam. This would allow the profession to be accessible to those without a college degree, but still require

education enough to perform complete hearing tests, refer to audiology or ENT when necessary, and appropriately fit hearing aids. A practical exam may be difficult in states with very remote areas, but there is little reason not to require a test that can be taken at any certified testing center.

Moving forward, I hope that a national education program for hearing instrument specialists can be created and followed by all states. This may help change a tumultuous relationship into a professional one, and reduce consumer confusion between the two professions and their training requirements. If you are interested in changing the education requirements in your state, please contact your state licensing board.

Dr. Alison Stich grew up in southeastern Wisconsin, attending the University of Wisconsin - Milwaukee for her undergraduate studies in communication sciences and disorders, then Salus University for her doctorate in audiology. Following her graduation, she returned to the Midwest to practice audiology. She has been serving the Chicagoland area since 2012. Since 2018, she has worked in the Hearing Instrument Dispensary Program at the College of DuPage as an adjunct professor, and now as the clinical coordinator. Her professional interests include adult hearing aids, infection control, ethics, and professional issues.

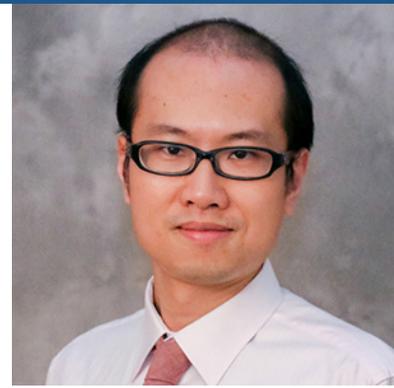
MAA State Fair Plans Canceled

In late August, MAA leadership made the decision to pull out of the 2021 Minnesota State Fair. This was a difficult decision to make, especially since the State Fair is one of our largest events of the year. However, the safety of our membership and patients is our top priority. As such, with COVID numbers changing by the day and limited restrictions implemented at this year's Fair, we chose not to participate. We want to thank everyone who signed up to volunteer and a special thank you to the Audiology Awareness Committee for their hard work and flexibility planning for the event. We hope our members will consider volunteering at the 2022 Minnesota State Fair!

Revisit Health Literacy to Promote Effective Communication in Audiology Practice

Jingjing Xu, Ph.D.

Research Audiologist at Starkey Hearing Technologies



The CDC Healthy People 2030 initiative sets a goal to increase the hearing aid adoption rate from 24.4% to 26.4% for adults with hearing loss. While this is encouraging and a welcome move in our field, you may wonder how we can get more people with hearing loss to start their hearing healthcare journey. According to the recent MarkeTrak 10 survey, 60% of people reported that the first person they sought hearing related information from was a hearing healthcare professional. This puts audiologists in a unique position to play a key role in our patients' hearing healthcare journeys. Individuals with hearing loss need information to understand their hearing loss, the distinctive impact of their hearing loss, and available treatment options that are in sync with their values, preferences, and needs. Research has demonstrated that effective communication with patients can empower them to make informed decisions, resulting in higher hearing aid uptake, better treatment outcomes, and greater patient satisfaction.

Health literacy is one of the easily overlooked factors that can have a substantial impact on the effectiveness of communication with your patients. Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (U.S. Department of Health and Human Services, 2009). A systematic review concluded that low health literacy is associated with poorer health outcomes and poorer use of healthcare services. The National Assessment of Adult

Literacy (NAAL, 2003) found that about 36% of people have limited health literacy. According to the report, patients commonly seen in our clinics (i.e., patients over 65 years of age), children, and adults who did not complete high school are at the greatest risk for low health literacy.

Evaluate hearing health literacy for clinical materials

The American Speech-Language-Hearing Association (ASHA) has been advocating for incorporating health literacy in hearing healthcare practices for decades with the vision of “Making effective communication, a human right, accessible and achievable for all.” Previous research has shown that people who are seeking hearing healthcare are typically older and may have limited health literacy. Surprisingly, research has shown that 69% of the hearing aid guides or manufacturer manuals are unsuitable for their intended audience with regard to the hearing impaired population's health literacy levels. Thus, it is important for us to provide patient-friendly clinical materials to educate our patients about their hearing loss, help make informed decisions, and establish a trusting relationship with our patients to achieve greater patient satisfaction and higher efficiency in our clinics.

Clinical materials include but are not limited to patient facing websites, brochures, education materials, instructions, user manuals, and outcome measure materials. Clinical tools for evaluating health literacy for audiological materials are available. Drs. Barbara Weinstein and Jennifer Gilligan have

developed a patient-centered health literacy toolkit, which allows hearing healthcare professionals to evaluate the appropriateness of their clinical materials. They also recommended that clinical materials should be written at 5th grade reading level or below; use second-person pronouns; avoid jargon; use active voice and short sentences; and use 14-point or larger, high-contrast, simple fonts. Reading level can be assessed using online tools such as www.ReadabilityFormulas.com.

Evaluate your patient's hearing health literacy

In order to provide clinical materials and carry out an effective conversation with our patients with appropriate health literacy levels, we can proactively evaluate the patient's health literacy level. It is worth noting that health literacy is not determined by education level. According to the National Academy of Medicine, the following populations are identified as at-risk for low health literacy: the elderly; people with speech, language, hearing and vision disorders; people with cognitive or mental disorders; non-English speakers; ethnic minorities; people in poverty; and people who are homeless.

One such tool is the Rapid Estimate of Adult Literacy in Audiology (REALA). This was developed by Dr. Hua Ou and her team at Wayne State University to evaluate patients' hearing health literacy. REALA was based on the most widely used tool, the Rapid Estimate of Adult Literacy in Medicine (REALM). REALA

cont.

Health Literacy, cont.

includes 48 words related to hearing healthcare (e.g., frequency, noise-induced, modulation, and neuroma). When using this tool, the patient is asked to read the 48 words aloud. If the patient can correctly pronounce 43 or more words, then this person is considered as having sufficient audiology-related health literacy. If the patient can correctly pronounce 33 or less words, then this person is considered to be at risk of limited audiology-related health literacy.

For patients with limited audiology related health literacy, communication can be improved by avoiding the use of profession-specific jargon. Additionally, the patient's significant other could be invited to participate in the patient's healthcare journey. These small changes in how we provide information to our patients can substantially reduce

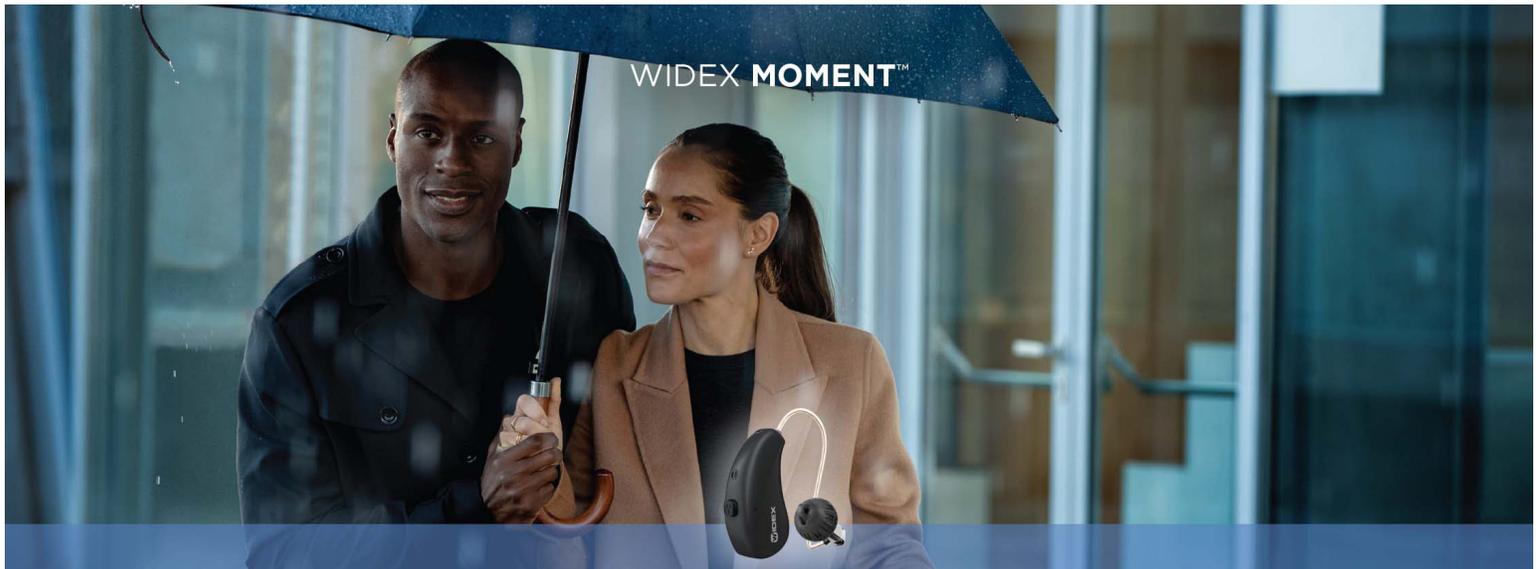
communication barriers due to health literacy and other patient-related factors such as declined cognition, poor memory, and language.

Health literacy and the future outlook of our profession

We live in an era where technology and innovations are advancing at a disruptive pace. Rapidly evolving technologies, such as sensors, machine learning, and wireless and mobile technologies have reshaped our lives as well as the landscape of hearing healthcare. Moreover, the pandemic has shifted the healthcare delivery modality. Teleaudiology usage has surged as patients and hearing health professionals can safely access and provide hearing healthcare. Our profession is facing unprecedented opportunities and challenges with these changes. We

should keep in mind that audiology is a rehabilitative profession. Patient education, intervention, and counseling are essential parts of the rehabilitation process, which require effective communication with our patients whether it is in-person or virtual. Using appropriate health literacy is the very first and critical step to achieve successful outcomes and patient satisfaction.

Before joining Starkey in 2016, Jingjing Xu was a research assistant professor of audiology at the University of Memphis. He received his masters degree in Engineering Acoustics from the Technical University of Denmark and his Ph.D. in Communication Sciences and Disorders from the University of Memphis. His research interests include acoustics, speech recognition, hearing aid outcome measures, and ecological momentary assessment.



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MAA Awards: Honoring Dedication in Audiology

Congratulations to our wonderful award recipients Dr. Cynthia Hogan and Dr. Diana van Deusen. Drs. Hogan and van Deusen were honored (virtually) at the Upper Midwest Audiology Conference on February 19 for their commitment to audiology. It is dedicated clinicians like these two women that keep the profession propelling forward.

Honors of the Academy Cynthia Hogan, Ph.D.



Dr. Hogan has dedicated over three decades to the practice of audiology. She currently serves as a consultant

at Mayo Clinic in Rochester, including positions as the Director of the Mayo Clinic Hearing Aid Program and Chair of the Division of Audiology at Mayo Clinic. Throughout her career, she has worn many “hats” including speech language pathologist, audiologist, educator, professor, invited speaker, researcher, volunteer, humanitarian, leader, colleague, and beloved friend.

She has been a member of the Minnesota Academy of Audiology for 12 years. During this time she has contributed as a member of the Board of Directors, member of the Continuing Education Committee, and Treasurer. She has chaired organization committees, participated in thesis review committees, edited and reviewed journal publications, and provided direct mentorship to over 63 audiology students, ENT residents, and new professionals.

Out of the office, you'll find Dr. Hogan

spending time with her children, hauling her kayak to the next good body of water (sometimes with the family pup Maverick in tow), or enjoying a football game.

Outstanding Achievement in Audiology

Diana van Deusen, Au.D.

Dr. van Deusen retired in June 2020 after over thirty wonderful years of providing clinical and educational services. She consulted with thousands of individuals with hearing loss, providing evaluation, hearing aids and assistive devices, and instructing clients and their family members in speechreading, sign language, Cued Speech, and communication strategies.

Dr. van Deusen served on the faculty of the Speech, Language and Hearing Sciences at the University of Minnesota from 1988 to 2002, where she taught courses in Audiology, Auditory Rehabilitation, Sign Language and Counseling, and supervised graduate students in the clinic. She also worked as an educational audiologist in the St.

Paul Public Schools, providing consultation for many deaf and hard of hearing students, aged 3 through 21 years for



18 years. Additionally, she served as an audiological consultant to the University of Minnesota's Craniofacial Clinic, the MN State Attorney General's office, and as an editorial consultant for Language, Speech and Hearing Services in the Schools.

Since her retirement, Dr. van Deusen has enjoyed spending her time with her husband, Frank. Dr. van Deusen is a member of the quartet, Heartfelt, which released their album in 2019. When she's not playing with her two granddaughters, you can find Dr. van Deusen out on nature walks photographing wildlife.

Our Thanks to UMAC Emcee Eliz Greene

It was our pleasure having Eliz as our emcee for the first virtual Upper Midwest Audiology Conference (UMAC) 2021. She was a delight to work with—friendly, capable, organized, and professional. Eliz created and managed the presentation schedule, coached and planned with each speaker individually, pulled everything together with Zoom, and took time to learn a bit about the audiology profession so she could interact knowledgeably.

Eliz was engaging with the audience, kept speakers on task, showed appreciation to our sponsors and exhibitors, and made UMAC a more interactive and enjoyable experience for all. Overall, she did a fantastic job hosting and was one of the highlights of the event as evidenced by comments from the participant evaluations.

Eliz is an amazing event emcee and with the added pressure of hosting our first virtual event, she made it a seamless, fun, and energetic conference. The virtual UMAC would not have been as successful if Eliz was not there supporting and implementing our vision. For more information about Eliz and the services she provides, [visit her website](#).

FDA Clinical Trial Studies the Effect of Cochlear Implantation on Asymmetric Hearing Loss or Single-Sided Deafness in Children

The Lions Children's Hearing & ENT Clinic at M Health Fairview (Minneapolis, MN) is participating in a multicenter longitudinal study to evaluate the effects of asymmetric hearing loss or single-sided deafness in children and the possibility of restoring hearing abilities through cochlear implantation. Dr. Jill Firszt, Washington University in St. Louis, is principal investigator of the NIH/NIDCD-funded clinical trial.

The study focuses on children who are 4-14 years of age. The poor ear (the ear to be implanted) has thresholds in the severe to profound hearing loss range. The better ear has thresholds in the

mild to moderate range (for asymmetric hearing loss) or near normal range (for single-sided deafness).

Performance with an initial hearing aid trial with conventional amplification is compared to performance with a cochlear implant over time. Multiple test sessions evaluate speech understanding, sound localization, and quality of life.

For more details, contact study site PI Dr. Kristi Gravel at kgravel1@fairview.org or 612-365-8318. Information is also available on www.ClinicalTrials.gov (NCT # 04793412).

Luna – Audiometry made Plug & Play

Midwest Special Instruments is proud to introduce the Interacoustics Luna, a new type 4 audiometer built into a headset. This industry-leading headset design provides a portable solution for easy and fast hearing screening of all age groups. The calibration is stored in the headset, so as soon as you install the software and connect the headset to your Windows® PC, laptop or tablet, you are ready to start testing your patient.

Luna is pre-loaded with three hearing tests (manual, automatic, random automatic) and offers both pure tone, warble as well as pulse tone. The user can select just the frequencies and levels they wish to test.

All test results are automatically saved and can be printed or saved to PDF, or can be exported as XML file to send to electronic health records.

The circumaural headset provides much more background noise attenuation than traditional headsets. This background noise is a common issue in most facilities that do not use a sound booth for their pure tone hearing screening exams.



Midwest Special Instruments www.midwestsi.com

For more information, please contact: Matt Williams

800-328-6709 x6353 or matt@midwestsi.com



Student Spotlight

Abby Bross

Doctoral Student of Audiology, '21 • University of Wisconsin-Madison

Please tell us a little bit about yourself.

I grew up outside of Milwaukee, Wisconsin and completed my

undergraduate degree in Speech Pathology & Audiology at Marquette University. In 2017, I moved to Madison, Wisconsin to begin my Au.D. program at the University of Wisconsin. After completing three years of academic, research, and clinical experience in the Madison area, I moved here to Saint Paul, Minnesota to begin my externship through the M Health Fairview medical system. I am primarily located at the Lions Children's Hearing & ENT Clinic at the University of Minnesota Masonic Children's Hospital. For the months of February and March, I have rotated to the M Health Fairview Clinics and Surgery Center to expand my experience working with adults. I accepted the offer to complete my externship with M Health Fairview because I felt extremely confident that my supervisors would support my own personal growth as a clinician. I am very grateful for the clinical education I have gained during my time with M Health Fairview so far.

What are you most looking forward to in your future career in audiology?

My dad has always told me, *if you chose a career you love, you'll never work a day in your life*. I quickly recognized the truth of this statement when I began my externship at Lions. My life has been changed by working full-time in a field I am passionate about with patients I am eager to serve. It never feels like something I have to do, but rather something that I am excited to do. I love feeling challenged by the cases I encounter and feeling empowered knowing I have the resources to address these challenges in stride. I love being surrounded by a team of professionals who are as passionate about working with patients with hearing loss as I am.

As I prepare to be a new professional, I am eager to become more involved in the Minnesota Academy of Audiology. I recently attended the virtual Upper Midwest Audiology Conference, where I was able to witness the importance of continuing education and collaboration amongst audiologists at the state level. I am excited to be a part of the audiology community in the state of Minnesota and to contribute to accomplishing the advocacy goals of MAA.

Do you have any pets? What is your answer to the age-old question, dogs or cats?

I do! My husband, Ryan, and I have a rescue pup named Finnigan! We don't know for sure, but our vet thinks that he is an Australian Shepherd and Smooth Collie Mix. Honestly, he is a ton of fun. His whole body wiggles when he wags his tail and he could chase a Frisbee for hours. Since moving to Minnesota, we have enjoyed exploring local state parks to go hiking with Finn. We also invested in all the gear we needed to take him tent camping with us for the first time. I am definitely a dog person. Admittedly, I don't know a lot about cats. I recently found out that you don't have to "potty train" cats to use a litter box, and that blew my mind. I had no idea!

Thinking about your experience throughout graduate school, clinical rotations, and your externship; if you could give any piece of advice to students who will be starting their externship shortly, what might that advice be?

I often remind other students to have confidence in themselves. Each student who is preparing to enter his or her externship has already dedicated countless hours towards an education in audiology. Continue to be eager to learn. Ask lots of questions, ask follow-up questions to those questions, and share your own opinion. Then, apply the new knowledge you gain in the future. I think this is so important to continue to make strides forward in a professional career.

I also would advise graduate students to build meaningful relationships. Take time to build rapport with your patients by actively listening and recognizing their needs. Step away from your tasks for a moment to build relationships with your supervisors and interdisciplinary professionals. I truly believe strong professional relationships are essential throughout a career in audiology and building these types of relationships as an extern has helped me grow as an emerging professional.

Do you have any fun or unique hobbies?

I love to cook! It's a great activity in the evenings or on the weekends to spend some time with my husband, and unwind away from a screen. We love to try new and unique recipes. Some of our favorites have been experimenting with homemade curries and pizza crusts. I was gifted a pasta maker for Christmas, and you would not believe the difference fresh pasta makes! Homemade noodles are the perfect addition to soups, and taste great as a part of a carbonara or pesto dish!



Committing to a Life Without Student Loans

Natalie J. Nelson, Au.D.

Audiologist and Phonak clinical trainer

Student loan debt is at an all-time high due to its accessibility and the ease of over-borrowing. Oftentimes, borrowers graduate with more money in student loans than is feasible to pay back over a reasonable amount of time. Due to this trend, many graduates are putting off the finer things in life such as purchasing a home, getting married, or starting a family.

When looking at student loans by the numbers, there is nearly \$1.7 trillion dollars in outstanding loan debt, 45 million student loan borrowers, and the default rate currently lies between 10-20%. As a result, student loans are now the second largest source of household debt in the United States behind only mortgage debt; consequences of defaulting on your student loans can range from late fees, a declining credit score, inability to obtain future student aid or deferment benefits, and even academic transcripts being withheld from the institution attended.

In 2020, COVID-19 changed everything about the world we knew including federal student loan repayment. With the CARES (Coronavirus Aid, Relief, and Economic Security) Act and subsequent executive orders, borrowers with federally held student loans halted their repayment schedule beginning in March 2020 and continuing on until at least January 2022. Through the government's interest-free forbearance period, federal student loans do not accrue interest and federal borrowers are not required to pay their monthly minimum payment.

Paying off your student loans is a personal decision and requires quite a bit of personal sacrifice if you want to do it quickly. For me, the internal motivation to completely pay off my undergraduate and graduate student loan debt began to appear during my 4th year externship. After graduating in 2017, I spent my federal student loan six-month grace period researching and better understanding the types of loans I had taken out, the interest rates, and the type of repayment options offered by the federal government. With my newly acquired knowledge in hand, I set out to repay \$136,000 in federal and private student loan debt in five years-time. At the time of this publication, I am happy to say that I am now four years post AuD graduation, and I completely paid off my student loans last month in August 2021, just three years and nine months after I began making payments.

Most of the time when I share my student loan debt journey with others, especially those in the audiology profession, I get a lot of wide-eyed stares and raised eyebrows before being

bombarded with questions. Of those questions, the most common seems to be regarding the how and why of it all. I'm going to start with my 'why' because I find that having a 'why' will drive your 'how' and keep you motivated to continue even on days that you think escaping to desolate beach might be a better option than paying back your loans.

My 'why' isn't exciting or original. I'm an annoyingly optimistic and determined person and finishing graduate school was the only thing I thought about for four years. In 2017, I closed that chapter of my life; because I've always been one to work toward big goals, I needed another goal to fill that void. Outside of filling that void, the other part of my 'why' was purely mathematical. Once my loans moved into repayment, I realized I was accruing \$17 a day in interest! That's \$527 in new monthly interest accrual alone, and with an income-based repayment structure in place, that meant I would owe a significant amount of additional money at the end of the year than when I started.

With an uphill battle at hand and a mountain of debt, I quickly got started learning everything I could about student loans. I surrounded myself with other like-minded, young audiologists who had similar plans. I listened to debt podcasts and Googled 'how to pay off private and federal student loan debt' more times than a person should in a single day. Through it all, I came up with a strategy that worked for me.

I'd be remiss if I didn't share some of the most important things that helped

cont.

A publication of the Minnesota Academy of Audiology, distributed to MAA members with information pertinent to the field of audiology. Information contained in this publication is obtained from sources considered to be reliable; however accuracy and completeness cannot be guaranteed.

Address all questions and comments to the editors:

[Rachel E. Allgor, Au.D., FAAA](#)
[Katie Awoyinka, Au.D., CCC-A, CH-TM](#)
[Eric Robert Barrett, Au.D., ABAC](#)

Loans, cont.

sustain my student loan journey over the past few years, but I also want to use this space to help guide the next generation of audiologists, too. First and foremost - what was my strategy to pay back six-figure debt in less time than it took to earn the degree? I've summarized this in five key pieces of advice.

Education. I had to learn everything I could about how student loans work in order to find my way out of the mountain of debt I had been accruing since 2010. My biggest query was on the differences between private and federal loans as well as the different types in interest rates and percentage rates.

Debt Avalanche. This is the payment strategy that worked best for me. I paid

my individual loan tokens off in order of highest to lowest interest rate. This makes the most sense if your goal is to pay the least amount of interest overall.

Sacrifice/Goal Searching. I mentioned earlier that having a lot of student loan debt typically means putting off the finer things in life, and that still holds true when dedicating yourself to paying off debt. For me, it was crucial to determine what was most important to me in the next five, ten, and 15+ years, and consider how the debt payoff itself would affect those goals. Another piece of the puzzle was analyzing key life decisions and how I wanted to structure them into my life. This included getting married and buying a house, both of which I did in the last three years, while paying off my student loans.

Sticker System. I didn't actually use stickers, but some people do. Create a method to track your debt payoff so you can monitor your progress and keep yourself motivated. I track my payments through a spreadsheet, but for you, it might be adding a piece to a puzzle, creating a paper link chain, or coloring squares on a chart!

Support. This one was extra important to me. Setting and achieving goals can be much sweeter when you have a great support system to cheer you on throughout the process. Being a first-generation college student, I had no idea what I was doing and neither did my parents, but their continued support was instrumental in my success in graduate school and beyond. Last, but certainly

cont.

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Loans, cont.

not least, my husband and partner of (going on) ten years has been my rock and guidepost through it all. I would not be where I am today without his love and support.

Another huge key factor that helped me accelerate student debt payoff in the last ten months was the administrative forbearance and interest rate freeze due to COVID-19. I continued to pay the same set payment schedule I organized for myself while my loans were not accruing interest. Through this, I've been able to make a sizable dent in the final \$52,000 I still owe. If paying money on your frozen loans during a global pandemic is too worrisome for you, consider pulling aside the money you would normally pay monthly into a separate savings account to be applied before the interest freeze ends. That's what I have been doing since March 2020.

Now onto advice for future generations. It would be wrong of me to say I have everything completely figured out. If that were the case, I wouldn't have borrowed so much in student loans to begin with. Here are my suggestions on how to minimize your debt while still maximizing your education.

Do the research early. You don't have to wait until post-graduation to better understand the consequences of student loan debt. Review the audiology programs you've been accepted to, specifically regarding the debt-to-income ratio per university. Once you've decided on a school to attend, calculate how much tuition, fees, and room and board will cost and take out the amount needed instead of taking out the amount offered.

Look for assistantship opportunities and/or part-time work. Many universities have assistantship positions in different departments on campus.

In addition, look into tuition waiver options. Some universities have waivers for both recruitment and minority students. These can bring a semester's tuition down to solely paying for books and fees, and most assistantships also offer a small stipend in addition to your tuition reimbursement.

Apply for scholarships! I know this one is a given, but these can sometimes be found in unusual places. The best place I ever received a small scholarship from during graduate school was my local hospital auxiliary clubs.

Keep your debt payoff goals in mind when applying, interviewing, and negotiating. Make sure the position you are taking aligns with your overall goals—personally, professionally, and financially.

Whatever you do, do it for yourself and your future. Do the research and make a plan that works for your lifestyle and goals. Consider what benefits you might find from paying off your student loan debt and use those to motivate you until you cross the finish line. Paying off your student loan debt is challenging, but so is graduate school. You've worked hard on school so you know you have the capability to work hard on this, too.

Natalie J. Nelson, AuD is based in Austin, TX. In her capacity as a clinical trainer she supports hearing care professionals through training and education on Phonak's broad range of products and services. In addition, she enjoys presenting for national and state conferences and organizations in her current role and beyond.

The advertisement features a black background with the text "evolv^{AI}" in white and "A new era is here." in blue. Below this, it says "Discover the world's most innovative hearing technology." in white. A row of various hearing aid models is shown above a photograph of an older woman and a younger woman sitting on a couch, looking at a smartphone together. The Starkey logo is in the bottom right corner, along with the text "Explore Evolv AI, visit StarkeyPro.com/Evolv-AI".